SECTION A: HOUSEHOLD LISTING AND ACTIVITIES OF DAILY LIFE

SCTABOX1

A-1 Before we start the interview, I need to list the people who live (in your household/there/here) besides yourself--adults 18 or older first, then people under 18. I don’t need names, just the age, sex, and relationship to you for each person.

"Adults 18 and over in HH"

ADULT HOUSEHOLD LISTING

<table>
<thead>
<tr>
<th>Adult</th>
<th>Any others?</th>
<th>Relationship</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>--</td>
<td>Respondent</td>
<td>RSEX</td>
<td>RAGE</td>
</tr>
<tr>
<td>2</td>
<td>AYADLT1</td>
<td>ADLT1</td>
<td>ASEX1</td>
<td>AAGE1</td>
</tr>
<tr>
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<td>AYADLT2</td>
<td>ADLT2</td>
<td>ASEX2</td>
<td>AAGE2</td>
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<td>ADLT3</td>
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<tr>
<td>6</td>
<td>AYADLT5</td>
<td>ADLT5</td>
<td>ASEX5</td>
<td>AAGE5</td>
</tr>
</tbody>
</table>

AYADLT

A-1c Besides yourself, are there any other adults 18 or older who live (in your household/there/here)?

"Other adults here"

YES........................................1
NO.........................................5

ASEX

A-1d What is the sex of the FILL(first/next) person?

"Other adult-sex"

MALE.......................................1
FEMALE.....................................2

ADLT

A-1e What is the relationship of that person to you?

"Other adult-relationship"

SPOUSE........................................1
PARTNER.....................................2
BIOPLOGICAL CHILD.......................3
ADOPTED CHILD.........................4
STEPCHILD.................................5
FOSTER CHILD............................6
PARTNER’S CHILD..........................7
GRANDCHILD..............................8
NEPHEW/NIECE..........................9
BIOPLOGICAL PARENT....................10
STEPPARENT..............................11
ADOPTED PARENT........................12
FOSTER PARENT..........................13
PARTNER’S PARENT...........................14
GRANDPARENT................................15
AUNT/UNCLE..................................16
SIBLING......................................17
OTHER RELATIVE.............................18
OTHER NON-RELATIVE.........................19

*** soft consistency check – if the sex of the other HHM is the same as that of
the R and the spouse or partner codes are selected—You have told me that
you and your FILL (Spouse/Partner) are both FILL (Male/Female). Is this
correct?

*** soft consistency check – if spouse or partner codes are selected and R has
already reported another HHM as spouse or partner—PROBE: You have told me
that you have more than one spouse or partner. Is that correct?

AAGE
A-1F What is the age of that person?
/”Other adult-age”

ENTER AGE FROM 18 TO 99
________AGE

AYADLT
A-1c Are there any other adults age 18 or older who live (in your
household/there/here)?
/”Any more adults here”

YES........................................1
NO.........................................5

SCTABOX2
A-2 CHILD HOUSEHOLD LISTING

<table>
<thead>
<tr>
<th>Child</th>
<th>Any children?</th>
<th>Relationship</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AYCHLD1</td>
<td>CHLD1</td>
<td>CSEX1</td>
<td>CAGE1</td>
</tr>
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<td>CHLD2</td>
<td>CSEX2</td>
<td>CAGE2</td>
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<td>CHLD3</td>
<td>CSEX3</td>
<td>CAGE3</td>
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<td>CHLD4</td>
<td>CSEX4</td>
<td>CAGE4</td>
</tr>
<tr>
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<td>AYCHLD5</td>
<td>CHLD5</td>
<td>CSEX5</td>
<td>CAGE5</td>
</tr>
<tr>
<td>6</td>
<td>AYCHLD6</td>
<td>CHLD6</td>
<td>CSEX6</td>
<td>CAGE6</td>
</tr>
</tbody>
</table>

AYCHLD1
A-2a Is there anyone FILL (else) 17 or under who lives (in your
household/there/here)?
/”Resident child here”

YES........................................1
NO.........................................5

SKIP: IF AYCHLD1=5, ASK AYCHDEW1.

CHLD1-CHLD6
A-2b What is the relationship of the FILL (first/next) person to you?
/”Resident child-relationship”

SPOUSE.....................................1
PARTNER.................................2
BIOLOGICAL CHILD......................3
ADOPTED CHILD.........................4
STEPCHILD..............................5
FOSTER CHILD.........................6
PARTNER’S CHILD........................7
GRANDCHILD........................8
NEPHEW/NIECE.......................9
SIBLING............................17
OTHER RELATIVE........................18
OTHER NON-RELATIVE..................19

***soft consistency check – if spouse or partner codes are selected and R has already reported another HHM as spouse or partner—PROBE: You have told me that you have more than one spouse or partner. Is that correct?

CSEX1-CSEX6
A-2c..What is the sex of that person?
"Resident child-sex"

MALE..............................................................1
FEMALE...........................................................2

***soft consistency check – if the sex of the other HHM is the same as that of the R and the spouse or partner codes are selected—You have told me that you and your FILL (Spouse/Partner) are both FILL (Male/Female). Is this correct?

CAGE1-CAGE6
A-2d What is the age of that person?
"Resident child-age"

AGE ________

ENTER age from 0 to 17
ENTER “0” if the child is less than 1

***soft consistency check – if spouse or partner codes are selected—PROBE: You have told me that your spouse is FILL (age). Is that correct?

AYCHLD2-AYCHLD6
A-2a..Is there anyone FILL (else) 17 or under who lives (in your household/there/here)?
"Any more children here"

YES..............................................................1
NO.............................................................5

SKIP: IF AYCHLD2-AYCHLD6=1, ASK CHLD2-CHLD6.

SCTABOX3
A-3 LISTING OF R’S CHILDREN LIVING ELSEWHERE

<table>
<thead>
<tr>
<th>Child</th>
<th>Any children?</th>
<th>Relationship</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
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<td>AYCHDEW1</td>
<td>CHLDEW1</td>
<td>CSEXEW1</td>
<td>CAGEEW1</td>
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<tr>
<td>2</td>
<td>AYCHDEW2</td>
<td>CHLDEW2</td>
<td>CSEXEW2</td>
<td>CAGEEW2</td>
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<td>3</td>
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<td>CHLDEW3</td>
<td>CSEXEW3</td>
<td>CAGEEW3</td>
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<tr>
<td>4</td>
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<td>CSEXEW4</td>
<td>CAGEEW4</td>
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<td>CSEXEW6</td>
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<tr>
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<td>AYCHDEW8</td>
<td>CHLDEW8</td>
<td>CSEXEW8</td>
<td>CAGEEW8</td>
</tr>
</tbody>
</table>

AYCHDEW1
A2 Do you have any children of any age who are not living (in your household/there/here) with you? These may be biological, adopted or stepchildren.
"Any nonresident children"
YES........................................1
NO.........................................5

SKIP: IF AYCHDEW=5, ASK: HWKHS

CHLDW1-CHLDW8
A-3b (Let’s start with the oldest.)
“Now the second child”, “Now the third child” etc. for CHLDW2-CHLDW8
// “Nonresident child-relationship”

Is this child your biological, adopted or stepchild?

BIOLOGICAL CHILD...........................3
ADOPTED CHILD..............................4
STEPCHILD..................................5

CSEXEW1-CSEXEW8
A-3c What is the sex of that child?
// “Nonresident child-sex”

MALE.......................................1
FEMALE.....................................2

CAGEEW1-CAGEEW8
A-3d What is the age of that child?
// “Nonresident child-age”

ENTER AGE FROM 0 to 99
Age ________

AYCHDEW2-AYCHDEW8
A-3a. Do you have any other children of any age who are not living (in your household/there/her) with you?
// “Any more nonresident children”

Yes........................................1
No.........................................5
SKIP: IF AYCHDEW2-AYCHDEW8=1, ASK CHLDW2-CHLDW8.

TELFREEL
A3a. In most of the rest of the interview, I will ask a question and then read you a list of possible responses. Please listen to the list of possible responses and then choose the one that best describes you or your situation. We have found through past research that the best answer is usually the one that comes to your mind first.

First, I have a few questions about how you spend your time. In a typical week, about how many times do you talk on the telephone or Skype with friends, neighbors or relatives? Would you say more than once a day, once a day, 2 or 3 times a week, about once a week, or less than once a week?

If needed: Skype is a type of telephone communication over the internet. Users can talk as if they were using a telephone and may use a camera for video phone conversations.

// “Telephone friends or relatives” 6 NEVER OR NO PHONE WILL REMAIN AS AN UNREAD RESPONSE CHOICE, AND INTERVIEWERS WILL ONLY ENTER IT IF OFFERED BY THE RESPONDENT
AX. In a typical week, about how many times do you write or email with friends, neighbors or relatives? (Would you say more than once a day, once a day, 2 or 3 times a week, about once a week, or less than once a week)?

"Write-email friends-relatives"

1. MORE THAN ONCE A DAY  2. ONCE A DAY  3. 2 OR 3 TIMES A WEEK  4. ABOUT ONCE A WEEK  5. LESS THAN ONCE A WEEK  6. NEVER/ NO COMPUTER

SEEFREL

A4. How often do you get together with friends, neighbors or relatives and do things like go out together or visit in each other's homes? Would you say more than once a week, once a week, 2 or 3 times a month, about once a month, less than once a month, or never?

"See friends or relatives"

1. MORE THAN ONCE A WEEK  2. ONCE A DAY  3. 2 OR 3 TIMES A MONTH  4. ABOUT ONCE A MONTH  5. LESS THAN ONCE A MONTH  6. NEVER

ATTMTGS

A5. How often do you attend meetings or programs of groups, clubs or organizations that you belong to? (Would you say more than once a week, once a week, 2 or 3 times a month, about once a month, less than once a month, or never?)

"Attend meetings groups-clubs"

1. MORE THAN ONCE A WEEK  2. ONCE A WEEK  3. 2 OR 3 TIMES A MONTH  4. ABOUT ONCE A MONTH  5. LESS THAN ONCE A MONTH  6. NEVER/ DOES NOT BELONG

WORKYARD

A6. How often do you typically work in the garden or yard? Would you say often, sometimes, rarely, or never?

"Work in garden or yard"

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

TAKEWALK

A7. How often do you take walks--(often, sometimes, rarely, or never)?

"Take walks"

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

ACTVSPRT

A8. Other than taking walks, how often do you engage in active sports or exercise--(often, sometimes, rarely, or never)?

"Active sports or exercise"

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER
SECTION B: REFLECTIONS ON ONE'S LIFE

LIFESAT
B1. Now please think about your life as a whole. How satisfied are you with it—completely, very, somewhat, not very or not at all satisfied?

"How satisfied with life"

| 1. COMPLETELY SATISFIED | 2. VERY SATISFIED | 3. SOMEWHAT SATISFIED | 4. NOT VERY SATISFIED | 5. NOT AT ALL SATISFIED |

RESPCARD
Do you have the bright yellow response page available? It was mailed to you with your check, and it has 4 different pages of response options lettered A, B, C and D.

"Response card used"

YES........................................1
NO.........................................5

LOT1 ADD ICON FOR SHOWCARD – REFER TO LIST A
B2a. Now please tell me how strongly you agree or disagree with the following statements as they apply to you. Again, the best answer is usually the one that comes to your mind first, so do not spend too much time on any one statement.

Here’s the first. I am always optimistic about my future. Would you say you agree strongly, agree somewhat, disagree somewhat or disagree strongly?

"Optimistic about future"

Agree strongly.............................1
Agree somewhat.............................2
Disagree somewhat..........................3
Disagree strongly..........................4

LOT5 ADD ICON FOR SHOWCARD – REFER TO LIST A
B2e. I hardly ever expect things to go my way. (Would you say you agree strongly, agree somewhat, disagree somewhat or disagree strongly?)

"Things go my way"

Agree strongly.............................1
Agree somewhat.............................2
Disagree somewhat..........................3
Disagree strongly..........................4

LOT6 ADD ICON FOR SHOWCARD – REFER TO LIST A
B2f. I rarely count on good things happening to me. (Would you say you agree strongly, agree somewhat, disagree somewhat or disagree strongly?)

"Count on good things happening"

Agree strongly.............................1
Agree somewhat.............................2
Disagree somewhat..........................3
Disagree strongly..........................4

SLFEST3 ADD ICON FOR SHOWCARD – REFER TO LIST A
B3a. All in all, I am inclined to feel that I am a failure. (Would you say you agree strongly, agree somewhat, disagree somewhat or disagree strongly?)

"Feel I am a failure"

Agree strongly.............................1
Agree somewhat.............................2
B3b. I take a positive attitude toward myself. Would you say you agree strongly, agree somewhat, disagree somewhat or disagree strongly?

"Positive attitude toward self"

Agree strongly........................................1
Agree somewhat.......................................2
Disagree somewhat...................................3
Disagree strongly......................................4

B3d. At times I think I am no good at all. (Would you say you agree strongly, agree somewhat, disagree somewhat or disagree strongly?)

"Think no good at all"

Agree strongly........................................1
Agree somewhat.......................................2
Disagree somewhat...................................3
Disagree strongly......................................4

B4a. There is really no way I can solve some of the problems I have. (Would you say you agree strongly, agree somewhat, disagree somewhat or disagree strongly?)

"Can't solve problems"

Agree strongly........................................1
Agree somewhat.......................................2
Disagree somewhat...................................3
Disagree strongly......................................4

B4c. I can do just about anything I really set my mind to do. Would you say you agree strongly, agree somewhat, disagree somewhat or disagree strongly?

"Can do anything set mind to"

Agree strongly........................................1
Agree somewhat.......................................2
Disagree somewhat...................................3
Disagree strongly......................................4

B4d. Sometimes I feel that I am being pushed around in life. (Would you say you agree strongly, agree somewhat, disagree somewhat or disagree strongly?)

"Feel pushed around in life"

Agree strongly........................................1
Agree somewhat.......................................2
Disagree somewhat...................................3
Disagree strongly......................................4

AB ASSIST
IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION A HOUSEHOLD LISTING AND ACTIVITIES OF DAILY LIFE AND B REFLECTIONS ON ONE'S LIFE?
1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER
SECTION C: MARRIAGE AND RELATIONSHIPS

MARSTAT

C1. Now I have some questions about your family situation. Are you currently married, separated, divorced, widowed or have you never been married? /*Current marital status*/

1. MARRIED  2. SEPARATED  3. DIVORCED; MARRIAGE ANNULLED  4. WIDOWED  5. NEVER MARRIED

V  V

SKIP: IF MARSTAT = 2, 3, 4, OR 5, AND R LIVES ALONE (IS ONLY PERSON IN A1-A2d) ASK CHECK 1

SOFT CHECK: "You have indicated that the R is not married, but a spouse was listed as living in the household. If this is not correct, please change whichever response was incorrectly entered. If this is correct, please explain the situation in an F2 note at C1";

SOFT CHECK: "You have indicated that the R is married, but no spouse was listed as living in the household. If this is not correct, please change whichever response was incorrectly entered. If this is correct, please explain the situation in an F2 note at C1";

MARYR

C1a. In what year were you married? /*Year married*/

Iwer: ENTER 4 digit year.

1. YES  5. NO ---> GO TO CHECK 1

YEAR

LONGPART

C1c. For how many months or years have you been living with your partner? /*How long living with partner*/

ENTER number of month/years here and CHOOSE unit on the next screen

C1cMY

C1c  CHOOSE month or Year

Month...........................................1
Year.............................................2

Soft Check: If LONGPART > R’s age from preload -12 -> The number of years should be at least 12 years less than R’s age

C2. [INTERVIEWER CHECKPOINT]

SEE C1 AND C1c

1. R IS CURRENTLY MARRIED
Now I would like to talk with you about your relationship with your partner.

Taking all things together, how satisfied are you with your relationship— are you completely, very, somewhat, not very or not at all satisfied?

How much does your partner make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

How much do you feel your partner makes too many demands on you? (a great deal, quite a bit, some, a little, or not at all?)

How much is your partner willing to listen when you need to talk about your worries or problems— (a great deal, quite a bit, some, a little, or not at all)?

How much is your partner critical of you or what you do? (a great deal, quite a bit, some, a little, or not at all?)

How often would you say the two of you typically have unpleasant disagreements or conflicts? Would you say daily or almost daily, 2 or 3 times a week, about
once a week, 2 or 3 times a month, about once a month, less than once a month, or never?

"Partner disagreements"

1. DAILY OR ALMOST DAILY 2. 2 OR 3 TIMES A WEEK 3. ABOUT ONCE A WEEK 4. 2 OR 3 TIMES A MONTH 5. ABOUT ONCE A MONTH 6. LESS THAN ONCE A MONTH 7. NEVER

MARUPSET
C7. Taking everything into consideration, how often do you feel bothered or upset by your FILL (marriage/relationship)—almost always, often, sometimes, rarely, or never?

"Bothered-upset by relationship"

1. ALMOST ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER
SECTION D: SOCIAL SUPPORT

CHECK1

D1.

SEE A1-A3 BUT DO NOT INCLUDE FOSTER CHILDREN

☐ 1. R HAS NO CHILDREN (AT HOME OR ELSEWHERE)-->GO TO FRRELLUV

☐ 2. R HAS CHILDREN ALL UNDER 16-->GO TO PARSATIS

☐ 3. R HAS ONLY ONE CHILD AGE 16 OR OLDER

☐ 4. R HAS TWO OR MORE CHILDREN 16 OR OLDER

CHLDLOVE ADD ICON FOR SHOWCARD – REFER TO LIST B

D2. Now I have some questions about other people in your life.

In the next two questions, we want you to think about your FILL (son/stepson/daughter/stepdaughter) who is 16 or older

How much FILL (does your son/does your stepson/does your daughter/does your stepdaughter/do your children/do your stepchildren) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

"Child love and care"

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

CHLDDEMA ADD ICON FOR SHOWCARD – REFER TO LIST B

DX. How much do you feel (he/she/they) (makes/make) too many demands on you? (a great deal, quite a bit, some, a little, or not at all?)

"Child too many demands"

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

CHLDLSTN ADD ICON FOR SHOWCARD – REFER TO LIST B

DX. How much FILL (is he/is she/are they) willing to listen when you need to talk about your worries or problems? (a great deal, quite a bit, some, a little, or not at all?)

"Child willing to listen"

Iwer--IF R SAYS, "I don't talk about problems," PROBE: If you wanted to, how willing would (he/she/they) be to listen?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

CHLDCRIT ADD ICON FOR SHOWCARD – REFER TO LIST B

DX. How much (is/are) (he/she/they) critical of you or what you do? (a great deal,
At this point in your life, how satisfied are you with being a parent are you completely, very, somewhat, not very or not at all satisfied?

How often do you feel bothered or upset as a parent--almost always, often, sometimes, rarely, or never?

How happy are you with the way your [son has/stepson has/daughter has/stepdaughter has/children have/stepchildren have] turned out to this point--very happy, quite happy, somewhat happy, not too happy or not at all happy?

On the whole, how much do your friends and other relatives make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

Again, on the average, how much do you feel your friends and other relatives make too many demands on you? (a great deal, quite a bit, some, a little, or not at all?)

How much are these friends and relatives willing to listen when you need to talk about your worries or problems? (a great deal, quite a bit, some, a little, or not at all?)
willing would they be to listen?)

/*Friend rel willing to listen*/

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

FRRLCRIT ADD ICON FOR SHOWCARD – REFER TO LIST B

DX. How much are they critical of you or what you do? (a great deal, quite a bit, some, a little, or not at all?)

/*Friend rel critical of you*/

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

CONFIDANT

D9. Thinking of all your family and friends, including your FILL (spouse/partner, child/children) (and) parents, is there anyone in your life with whom you can really share your very private feelings and concerns?

/*Anyone to share feelings concerns*/

1. YES  5. NO -->GO TO RESMOBO

CONFNMBR

D9a. How many such people are there?

/*How many confidants*/

ENTER number 1-20. ENTER 20+ as “20”. ____________________NUMBER

CONFGNDR

D9b. (Please think of the person with whom you have the closest relationship.) Is this person male or female?

/*Confidant male or female*/

1. MALE  2. FEMALE

CONFREL

D9c. What is that person's relationship to you?

Valid Codes = 02-04, 10-18, 20-29, 31-36, 40-50, 61-68, 71-81, 97

/*Confidant’s relationship*/

Hard check: CONFGNDR SHOULD MATCH CONFREL GENDER

Partner/Spouse

02.Spouse of R  03.Partner of R  04.Ex-spouse  05.Boyfriend/Girlfriend

Child

10 Child, NA sex(incl. foster-child/stepchild)  11 Son (incl. adopted)  12 Daughter (incl. adopted)  13 Stepson (incl. partner’s son)  14 Stepdaughter (incl. partner’s daughter)  15 Son-in-law (incl. daughter’s partner)  16.Daughter-in-law (incl. son’s partner)  17.Foster son  18.Foster daughter
Parent
20. Parent, NA sex
21. Father (incl. adoptive father)
22. Mother (incl. adoptive mother)
23. Stepfather
24. Stepmother
25. Father-in-law (incl. partner’s father)
26. Mother-in-law (incl. partner’s mother)
27. Grandparent; great-grandparent, NA sex
28. Grandfather; great-grandfather
29. Grandmother; great-grandmother

Sibling/Sibling-in-law
31. Brother
32. Sister
33. Stepbrother
34. Stepsister
35. Brother-in-law
36. Sister-in-law
37. Aunt; great-aunt
38. Cousin
39. Other “in-law”
40. Grandchild/great grandchild, NA sex
41. Grandson; great grandson
42. Granddaughter; great granddaughter
43. Nephew; great nephew
44. Niece; great niece
45. Uncle; great-uncle

Other relatives
46. Other relative
47. Family/relative—NFS

Unrelated persons
61. Fiancée (if lives with R, code 03)
62. Housemate/roommate
63. Household employee; live-in sitter; housekeeper
64. Friend
65. Neighbor
66. Person related to R’s partner (exc. Child or parent)
67. Roomer; boarder
68. Landlord—incl. Owner of HU who employs R; incl. A relative of landlord
71. Clergy; priest
72. Physician/nurse/“hospital”
73. Co-worker/business partner/boss
74. Child-care worker (exe. 63)
75. Godchild
76. Godparent
77. Lawyer
78. Accountant; business manager; bookkeeper
79. Psychiatrist; counselor; social worker
80. School personnel
81. Police; courts; judge
87. Other unrelated

CD ASSIST
IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION C MARRIAGE AND RELATIONSHIPS AND D SOCIAL SUPPORT?
1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER
SECTION L: MEMORY

NOTE: SECTION L will be placed after Section D in the full instrument (Items L1-L7a) THEN, one item (SECRCL1) will be asked at the end of Section F because it requires a delay before it can be asked. Instructions are also below, before SECRCL1 (the delayed recall item).

MEMDATE
L1. Now I'd like to ask some questions dealing with memory. Even people with very good memories seem to forget some of these things from time to time. These are routine questions we ask everyone.

What is the date today--month, day and year?

"Date"

XX/XX/XXXX

DATECORR
L1a. The R indicated that the date today is FILL (XX/XX/XXXX). Today’s date is FILL (XX/XX/XXXX). Was the R’s response correct or incorrect?

Note that if the interview was suspended between this and the last question, the accuracy of the R’s response should be determined based on the actual date at the time it was originally reported.

"Date correct"

Correct........................................1
Incorrect......................................2

MEMDAY
L2. What day of the week is it?

"day"

Monday.........................................1
Tuesday........................................2
Wednesday......................................3
Thursday........................................4
Friday..........................................5
Saturday.......................................6
Sunday..........................................7

DAYCORR
L2a. The R indicated that the day today is FILL (XXXXX). Today is FILL (XXXXX). Was the R’s response correct or incorrect?

Note that if the interview was suspended between this and the last question, the accuracy of the R’s response should be determined based on the actual day at the time it was originally reported.

"Day correct"

Correct........................................1
Incorrect......................................2

MEMPRES
L4. What is the name of the president of the United States?

"Current President"

The correct answer is Obama. Was the R’s response Obama, incorrect, or another name for Obama?
Obama..........................................1
Incorrect......................................2
R clearly knows Obama but will not say name, or uses nickname........3

PASTPRES
L5. What is the name of the person who was president just before him?

The correct answer is Bush. Was the R’s response Bush, incorrect, or another name for Bush?

//“Past President”

Bush...........................................1
Incorrect......................................2
R clearly knows Bush but will not say name, or uses nickname........3

FSERIAL
L6. Please subtract 3 from 20 and tell me the number you get.
If R starts adding 3, REPEAT the question once.

//“Serial 3s”

RECORD first number. PRESS [Enter]

A

Soft check— if non-numerical entries are made or if any of A-F fall outside the 0-50 range. Iwer, you entered FILL (XXX). Is this what the R said?

[the following was in from the 2001 programming of wave 4] — Please do allow alphanumeric characters and numbers outside of 1-50. Have them prompt the soft check, but still be allowable, if the iwer selects “suppress.”

SKIP—IF ZERO(0) IS ENTERED, SKIP OUT OF THIS SECTION

FSERIAL
L6. Now keep subtracting 3 from this number and each new number you get, telling me the result as you go.
Just PRESS [Enter] if no more numbers are given, or if R gives a number that is 2 or less.

RECORD second number. PRESS [Enter]

B

FSERIAL
L6.

RECORD third number. PRESS [Enter]

C

FSERIAL
L6.

RECORD fourth number. PRESS [Enter]

D
FSERIAL
L6.

RECORD fifth number. PRESS [Enter]

___ E

FSERIAL
L6.

RECORD sixth number. PRESS [Enter]

___ F

FSERIAL
L6.

RECORD seventh number. If any. PRESS [Enter] to record next number (if any)
Just PRESS [Enter] if there no more numbers to enter, or if R gives a number
that is 2 or less.

___ G

FSERIAL
L6.

RECORD eighth number. If any. PRESS [Enter] to record next number (if any).
Just PRESS [Enter] if there no more numbers to enter, or if R gives a number
that is 2 or less.

___ H

SERCORR
L6a. (CORRECT ANSWER IS 17, 14, 11, 8, 5, 2) ANSWER IS:
/"Serial 3s all correct"

1. CORRECT   2. INCORRECT

SERCORRA
L6b. Must be 17. ANSWER IS:
/"Serial 3s-A correct"

1. CORRECT   2. INCORRECT

SERCORRB
L6c. Correct if A-3 = B. ANSWER IS:
/"Serial 3s-B correct"

1. CORRECT   2. INCORRECT

SERCORRC
L6d. Correct if B-3 = C. ANSWER IS:
/"Serial 3s-C correct"

1. CORRECT   2. INCORRECT
SERCORRD
L6e. Correct if C-3 = D. ANSWER IS:
/"Serial 3s-D correct"

1. CORRECT 2. INCORRECT

SERCORRE
L6f. Correct if D-3 = E. ANSWER IS:
/"Serial 3s-E correct"

1. CORRECT 2. INCORRECT

SERCORRF
L6g. Correct if E-3 = F. ANSWER IS:
/"Serial 3s-F correct"

1. CORRECT 2. INCORRECT

SERCORRG
L6h. Correct if null or if F-3 = G. ANSWER IS:
/"Serial 3s-G correct"

1. CORRECT 2. INCORRECT

SERCORRH
L6i. Correct if null or if G-3 = H. ANSWER IS:
/"Serial 3s-H correct"

1. CORRECT 2. INCORRECT

WORD RECALL
L7
Now, I’ll read a set of 10 words and ask you to recall as many as you can. We have purposely made the list long so that it will be difficult for anyone to recall all the words—most people recall just a few. Please listen carefully as I read the set of words because I cannot repeat them. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear?

(INTERVIEWER: PROBE AS NEEDED FOR UNDERSTANDING OF TASK. READ THE ITEMS AT A SLOW, STEADY RATE AS THEY COME UP ON THE SCREEN, APPROXIMATELY ONE WORD EVERY TWO SECONDS)

Hotel
River
Tree
Skin
Gold
Market
Paper
Child
King
Book

FSTRCL1
L7a
Now please tell me the words you can recall.
INTERVIEWER: PERMIT AS MUCH TIME AS R WISHES, UP TO ABOUT 2 MINUTES. ENTER ALL THAT APPLY, SEPARATED BY DASHES.

//”Word recall-first”

HOTEL………………….1
RIVER………………..2
TREE…………………3
SKIN………………..4
GOLD……………..5
MARKET…………6
PAPER…………….7
CHILD……………..8
KING……………….9
BOOK……………10
No correct answers……..11

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION L MEMORY?
1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER
SECTION E: Physical Environment and Social Environment (revised 8-6-11)

RESMOB1D

E6a

FILL (In what year did you move into the place where you are living now? / In what year did you move into that place?)

If the respondent gives his/her age at the time of the move, PROBE him/her for a date.

If the respondent indicates he/she has lived at current residence all of his/her life, PROBE for and enter year of birth.

"Year moved in"

ENTER Year

Year _________________

Hard check—If RESMOB2D > the date given at previous RESMOB2D—The year should be less than FILL (XXXX).

Hard check—If RESMOB1D-RESMOB2D < R’s birth year—The year should be greater than or equal to R’s birth year.

VALID RANGE = 1900-2011

SKIP: IF RESMOB1D< 1990, SKIP to HOUSTYPE

MOVED

E7. Is the place that you are living now the same place you lived the last time we talked to you in [FILL year of last interview]

"Moved since last IW"

1. YES 5. NO

IF YES, go to WILLMOVE
IF NO, go to MOVEHEAL

MOVEHEAL

E8. Were negative changes in your health a factor in your decision to move to this place?

"Health a factor in move"

1. YES 5. NO

MOVECOST

E8b. Were negative changes in your financial situation a factor in your decision to move to this place?

"Finances a factor in move"

1. YES 5. NO

ALL RESPONDENTS TO MOVECOST GO TO HOUSTYPE

WILLMOVE

E9. Do you want or need to move to a new residence in the next few years?

"Thinking of moving"
IF YES on WILLMOVE, go to WILLMHEA
IF NO on WILLMOVE, go to HOUSTYPE

WILLMHEA
E10. Do you want or need to move to a new residence because of negative changes in your health? /“May move for health”

1. YES 5. NO

WILLMCOS
E10b. Do you want or need to move to a new residence because of negative changes in your financial situation? /“May move for financial”

1. YES 5. NO

HOUSTYPE
E11 Now I have some questions about where you are currently living.

Do you live in a single family house, a duplex, an apartment, a town house or row house, a trailer, or some other type of place? /“House type”

INTERVIEWER instruction: if R says: “I live in a condo,” respond: we want to ask if your condo is located in a duplex, or apartment, townhouse/row house, or something else.

SINGLE FAMILY HOUSE..........................................................1
DUPLEX..............................................................................2
APARTMENT (in house or building).........................3
TOWN HOUSE/ROW HOUSE..............................................4
TRAILER...........................................................................5
NURSING HOME.................................................................6
ASSISTED LIVING FACILITY..............................................7
OTHER (SPECIFY)..............................................................8

MOBENHAN
E14. Does your home have special features to make it safer and easier to get around such as modifications for users of wheel chairs, railings or grab bars to help people get around in baths or elsewhere, or special devices to call for help?

YES . . . . . 1 ASK E14a
NO . . . . . 5 SKIP to E16 NBSATIS

/”Mobility enhancements in house”

WHATMOBENHAN
E14a. Please tell ME if your home has each of the following:

Yes/No  Ramps at street level
Yes/No  Special railings to help (him/her) get around
Yes/No Modifications for wheelchair access
Yes/No Modifications to bathroom such as grab bars or shower seat
Yes/No Special call device or system to get help when (she/he) needs it

“What mobility enhancements in house”

HsTyp-Sp
E11 Please specify

"House type-other"

ENTER open-ended response

_________________

NBSATIS
E16. The next questions are about your neighborhood. By neighborhood, I mean the
general area around your house where you might perform routine tasks, such as
visiting with neighbors, taking a walk, shopping, or going to the park.

How satisfied are you with your neighborhood? Are you completely, very,
somewhat, not very, or not at all satisfied?

COMPLETELY SATISFIED......................1
VERY SATISFIED ............................2
SOMewhat SATISFIED.........................3
NOT VERY SATISFIED.......................4
NOT AT ALL SATISFIED......................5

NBREC
E17. Is there a park, nature area, or recreational facility within ½ mile from where
you live where you can walk, participate in sports or do other types of physical
activities? A ½ mile is about a 10 minute walk for an average person.

YES.......................................1
NO........................................5

NBSAFE ADD ICON FOR SHOWCARD – REFER TO LIST C

E20 How true are the following statements?

This is a neighborhood where I feel safe from personal attacks. Is this
statement very true, mostly true, somewhat true, or not at all true?

"Safe from personal attacks"

VERY TRUE.................................1
MOSTLY TRUE..............................2
SOMewhat TRUE............................3
NOT AT ALL TRUE.........................4

NBSAFE2 ADD ICON FOR SHOWCARD – REFER TO LIST C

E21. This is a neighborhood where people feel safe walking alone in this area after
dark. (Is this statement very true, mostly true, somewhat true, or not at all true)?

"Safe walking after dark"

VERY TRUE.................................1
MOSTLY TRUE..............................2
SOMewhat TRUE............................3
NOT AT ALL TRUE.........................4

NBCOND1 ADD ICON FOR SHOWCARD – REFER TO LIST C

E22a. There is no problem with vandalism and graffiti in this neighborhood. (Is this
statement very true, mostly true, somewhat true, or not at all true)?

"Vandalism graffiti a problem"

VERY TRUE.................................1
E22b. There are no vacant houses or storefronts in this neighborhood. (Is this statement very true, mostly true, somewhat true, or not at all true)?

//Vacant deserted homes stores

Very true.................................1
Mostly true...............................2
Somewhat true...........................3
Not at all true...........................4

E22c This neighborhood is kept very clean. (Is this statement very true, mostly true, somewhat true, or not at all true)?

//Neighborhood kept clean

Very true.................................1
Mostly true...............................2
Somewhat true...........................3
Not at all true...........................4

E23a. If you were in trouble, there are lots of people in this neighborhood who would help you. (Is this statement very true, mostly true, somewhat true, or not at all true)?

//Willing help neighbors

Very true.................................1
Mostly true...............................2
Somewhat true...........................3
Not at all true...........................4

E23b. Most people in this neighborhood are friendly. (Is this statement very true, mostly true, somewhat true, or not at all true)?

//Neighbors friendly

Very true.................................1
Mostly true...............................2
Somewhat true...........................3
Not at all true...........................4

E23c. Most people in this neighborhood can be trusted. (Is this statement very true, mostly true, somewhat true, or not at all true)?

//Neighbors can be trusted

Very true.................................1
Mostly true...............................2
Somewhat true...........................3
Not at all true...........................4
SECTION F: CHILD CARE, PARENTING AND HOUSEHOLD WORK

CHECKF1
F1. INTERVIEWER CHECKPOINT

SEE A-2

1. CHILD(REN) 17 OR YOUNGER LIVE IN THE HOUSEHOLD

2. ALL OTHERS--->GO TO FX (OTHCHLDH)

PERHAPS YOU WANT TO ADD A TEXT ONLY SCREEN WHERE THIS PHRASE APPEARS BEFORE ASKING F2 OR FX (IF F2 IS NOT ENCOUNTERED, AS WOULD BE THE CASE IF NO CHILDREN LIVE WITH R): Now we would like to ask you about work you may do that you are not paid for. 8-17-2011

CHLDHRS  ADD ICON FOR SHOWCARD – REFER TO LIST D

F2. Now we would like to ask you about work you may do that you are not paid for. The first question is about the care of children who live here, for which you do not receive pay.

About how many hours do you spend in an average week caring for the FILL (child/children) who live(s) here? Would you say less than 10, 10-19, 20-39, 40 or more?

//“Care hours resident children”

LESS THAN 10 HOURS.................................................................1
10-19 HOURS............................................................................2
20-39 HOURS...........................................................................3
40 HOURS OR MORE................................................................4
VOLUNTEERED: NEVER/NONE..................................................5

OTHCHLDH  ADD ICON FOR SHOWCARD – REFER TO LIST D

FX. Now we would like to ask you about work you may do that you are not paid for. The next question is about the care of children who do not live with you, for which you do not receive pay.

//“Care hours nonres children”

About how many hours do you spend in an average week caring for children who do not live with you for which you do not receive any pay. (Would you say less than 10, 10-19, 20-39, 40 or more)?

//”Care hours nonres children”

LESS THAN 10 HOURS.................................................................1
10-19 HOURS............................................................................2
20-39 HOURS...........................................................................3
40 HOURS OR MORE................................................................4
VOLUNTEERED: NEVER/NONE..................................................5

ADD interviewer instruction for OTHCHLDH: "This could be for grandchildren or other children you know, and could include babysitting without pay or other forms of unpaid care" 8-17-2011

HSHDWKHR  ADD ICON FOR SHOWCARD – REFER TO LIST D

F5. The next question is about work you do to maintain or improve your home, yard, or automobile.

Altogether, in the last 12 months, how many hours did you spend doing things to maintain or improve your home, yard, or automobile, such as: painting or redecorating; repairs; yard work; growing, freezing, or canning food; or repairing your automobile? Would you say, less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more (in the last 12 months)?

//”Hours home maintenance”
<table>
<thead>
<tr>
<th>Hours Housework</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20 hours</td>
<td>1</td>
</tr>
<tr>
<td>20-39 hours</td>
<td>2</td>
</tr>
<tr>
<td>40-79 hours</td>
<td>3</td>
</tr>
<tr>
<td>80-159 hours</td>
<td>4</td>
</tr>
<tr>
<td>160 hours or more</td>
<td>5</td>
</tr>
<tr>
<td>Volunteered: Never/None</td>
<td>6</td>
</tr>
</tbody>
</table>

8-17-2011

**HSWKHRS**

**FB. Finally, let's talk about housework.**

Altogether, in an average week, how many hours do you spend doing housework, such as preparing food or washing dishes, grocery shopping, cleaning or vacuuming, doing laundry, or sewing or mending?

/“Hours housework like cleaning”

ENTER hour(s) from 0.0-100.0

_____ HOUR(S) PER WEEK

**EF ASSIST**

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION E PHYSICAL & SOCIAL ENVIRONMENTS AND SECTION F CHILD CARE, PARENTING AND HOUSEHOLD WORK?

1. Never
2. A few times
3. Most or all of the time
4. The section was done by a proxy reporter
A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now.

(INTERVIEWER: PERMIT AS MUCH TIME AS R WISHES, UP TO ABOUT 2 MINUTES. ENTER ALL THAT APPLY, SEPARATED BY DASHES.)

"Word recall-delayed"

HOTEL..........1
RIVER.........2
TREE.........3
SKIN..........4
GOLD.........5
MARKET.......6
PAPER.......7
CHILD.......8
KING.......9
BOOK.......10
No correct answers......11
Section G: Health and Limitation of Activities (revised 8-9-11)

BED
G1 The next questions are about your health. Are you currently in bed or in a chair for most or all of the day because of your health?
//”In Bed or Chair”
YES.................................1
NO.................................5

BATH
G2 Do you currently have any difficulty bathing by yourself?
//”Bathing”
YES.................................1
NO.................................5

SKIP: IF 1, GO TO BATHDIF
IF 5, GO TO CHECKG1

BATHDIF
G2a How much difficulty do you have bathing by yourself—a little, some, a lot, or you can't do this on your own?
//”Difficulty with Bathing”
A LITTLE..............................1
SOME.............................2
A LOT.............................3
CANNOT DO..........................4

SKIP: IF 1 OR 2, GO TO INTERVIEWER CHECKPOINT (CHECKG1)
IF 3 OR 4, GO TO MEALPREP

CHECKG1
G2b INTERVIEWER CHECKPOINT:
If BED = 1, go to MEALPREP
All others, go to CLIMB

CLIMB
G3 Do you currently have any difficulty climbing a few flights of stairs because of your health?
//”Climbing Stairs”
YES.................................1
(if vol) Age is only limitation..............3
NO.................................5

SKIP: IF 1 OR 3, GO TO CLMBDIF
IF 5, GO TO WALK
CLMBDIF
G3a How much difficulty do you have climbing a few flights of stairs— a little, some, a lot, or you can’t do this at all?

"Difficulty with Climbing Stairs"

- A LITTLE.................................1
- SOME....................................2
- A LOT.................................3
- CANNOT DO............................4

WALK
G4 Do you currently have any difficulty walking several blocks because of your health?

"Walking Several Blocks"

- YES........................................1
- (If vol) Age is only limitation.........3
- NO........................................5

SKIP: IF 1 OR 3, GO TO WALKDIF
IF 5, GO TO CHECK G2

WALKDIF
G4a How much difficulty do you have— a little, some, a lot, or you can’t do this at all?

"Difficulty Walking Several Blocks"

- A LITTLE.................................1
- SOME....................................2
- A LOT.................................3
- CANNOT DO............................4

CHECKG2
G5 INTERVIEWER CHECKPOINT

If R answered "A LOT" (3) or "CANNOT DO" (4) to either CLMBDIF or WALKDIF, go to MEALPREP.
All others, go to HVYWORK.

HVYWORK
G6 Would you currently have any difficulty doing heavy work around the house such as shoveling snow or washing walls, because of your health?

"Heavy Work around the House"

- YES........................................1
- (If vol) Age is only limitation.........3
- NO........................................5

SKIP: IF 1 OR 3, GO TO HVYDIF
IF 5, GO TO MEALPREP

HVYDIF
G6a How much difficulty would you have— a little, some, a lot, or you can’t do this at all?

"Difficulty with Heavy Work"

- A LITTLE.................................1
- SOME....................................2
- A LOT.................................3
- CANNOT DO............................4
MEALPREP
G7 Because of a health or memory problem do you have any difficulty preparing a hot meal, if you had to? Would you say no difficulty, some, a lot, can only do with help from a person or special equipment, or you cannot do this at all?

//Difficulty Preparing a Meal"

INTERVIEWER NOTE: IF NEEDED, special equipment could include a special cutting board or knife, or other specially adapted kitchen tools

No difficulty ............................1
Some difficulty ...........................2
A lot of difficulty ..........................3
Can only do it with help from a person or special equipment. . .4
Cannot do it .............................5

SHOPPING
G8 How about doing all your shopping, if you had to – would you say no difficulty, some, a lot, can only do with help from a person or special equipment, or you cannot do this at all?

//Difficulty Shopping"

INTERVIEWER NOTE: IF NEEDED, special equipment could include a scooter or mobility device, or other special assistive devices

No difficulty ............................1
Some difficulty ...........................2
A lot of difficulty ..........................3
Can only do it with help from a person or special equipment. . .4
Cannot do it .............................5

MEDICATIONS
G10 What about taking medications – no difficulty, some, a lot, can only do with help from a person, or you cannot do this at all?

//Difficulty Taking Medications"

No difficulty ............................1
Some difficulty ...........................2
A lot of difficulty ..........................3
Can only do it with help from a person. . .4
Cannot do it .............................5

MONEY
G11 What about managing money – no difficulty, some, a lot, can only do with help from a person, or you cannot do this at all?

//Difficulty Managing Money"

No difficulty ............................1
Some difficulty ...........................2
A lot of difficulty ..........................3
Can only do it with help from a person. . .4
Cannot do it .............................5

Please tell me how difficult it is for you to perform each of the following activities by yourself.

REACHUP
G12 Reaching or extending your arms above your shoulders – would you say no difficulty, some, a lot, or you cannot do this at all?

//Reaching Arms Up"

No difficulty ............................1
Some difficulty ...........................2
A lot of difficulty ..........................3
Cannot do it .............................4

HANDLE
G13 (How about) writing or handling small objects – no difficulty, some, a lot, or you cannot do this at all?

//Handling Small Objects“
No difficulty ............................1
Some difficulty ..........................2
A lot of difficulty ........................3
Cannot do it ..............................4

MOBILDEVICE
G14  In the last month have you used equipment or devices such as a cane, walker or wheelchair to get around more easily, safely, or on your own?
//Mobility Devices
  1.  YES
  5.  NO

SKIP: IF MOBILDEVICE = 5, GO TO SRH

EQUIP
G14a What equipment is that?
//What equipment

  CHOOSE all that apply
  1.  WALKER
  2.  CANE
  3.  CRUTCHES
  4.  ORTHOPEDIC SHOES
  5.  BRACE (LEG OR BACK)
  6.  PROSTHESIS
  7.  WHEELCHAIR/SCOOTER
  8.  OTHER (SPECIFY)
  9.  DK (Don't Know)
 10.  RF (Refused)

SRH
G15  How would you rate your health at the present time? Would you say it is excellent, very good, good, fair or poor?
//Self Rated Health

  EXCELLENT..................................1
  VERY GOOD..................................2
  GOOD.......................................3
  FAIR.......................................4
  POOR.......................................5

LIMIT
G16  How much are your daily activities limited in any way by your health or health-related problems--a great deal, quite a bit, some, a little, or not at all?
//Limitations

  A GREAT DEAL...............................1
  QUITE A BIT................................2
  SOME.......................................3
  A LITTLE...................................4
  NOT AT ALL.................................5

FRUITVEG
G17  Now I have some questions about your daily habits. How many servings of fruit or vegetables do you usually eat in a day? (A serving is a cup of fruit or vegetable juice or a half cup of raw or cooked vegetables or fruits. Include juices and all types of raw or cooked fruits and vegetables.) Would you say 5 or more servings, 3-4 servings, 1-2 servings, or no servings of fruit or vegetables?
//Fruit and Veg

  1.  5 or more servings
2. 3-4 servings
3. 1-2 servings
4. No servings

MEDIET
G18 How many days in a week do you eat each of the following, would you say almost every day, most days, some days, rarely, or never: "Mediterranean Diet"

For each item code response as:
1. Almost every day [6-7 days per week if R asks or responds numerically]
2. Most days [4-5 days if R asks . . .]
3. Some days [2-3 days if R asks . . .]
4. Rarely or never [1 day or less if R asks . . .]

1. Red meat, such as beef or pork of products made from them such as hamburgers, hot dogs, bacon, or sausages?

2. Fish or seafood that has not been deep fried?

3. Olive oil?

4. Whole grain breads or cereals?

5. Fried foods

SLEEP1
G19 How much sleep do you usually get in a 24 hour period?
"Hours Slept"

" Minutes Slept"

***Allow decimals in the answer
*** Open-ended question, accepting responses 0-24. If R’s answer is less than 4 or greater than 12, we should be prompted to say, “You have told me that you usually get SLEEP1 hours of sleep per day. Is this correct?”

SLEEP2A
G19a During the past 4 weeks, how often would you say you have had any of the following problems related to your sleep? First, trouble falling asleep; would you say rarely or never, sometimes, often or almost every day?
"Trouble Fall Asleep"

Rarely or never........1
Sometimes........2
Often..........3
Almost every day........4

SLEEP3B
G19b How about waking up in the middle of the night or very early in the morning and finding it hard to get back to sleep; would you say rarely or never, sometimes, often or almost every day?
"Trouble Back to Sleep"

Rarely or never........1
Sometimes........2
Often..........3
Almost every day........4
WEIGHT
G20 About how much do you weigh?
//“Self Reported Weight”

IEWER: ENTER weight in pounds (valid range = 50-400) IF > 400, ENTER 400.
If Respondent gives a range, ask for BEST ESTIMATE and note range in
(Interviewer Comments) F2
_____________________ pounds

PRELOAD: Ever smokers (identified at waves 1-4) should be asked SMOKE.
Never smokers (identified at waves 1-4) should be asked EVERCIGS.

EVERCIGS
G21 Have you smoked more than 100 cigarettes in your lifetime?
//“Ever Smoked”

   Yes......1
   No......5

   SKIP: IF EVERCIGS = 5, ASK: DRINK.

SMOKE
G22 Do you smoke cigarettes now?
//“Current Smoker”

   YES........................................1
   NO.........................................5

   SKIP: IF SMOKE = 5, GO TO EVERQUIT

SMOKDAYS
G22a On average, how many days a week do you smoke cigarettes?
//“Smoking in Days per Week”

   ENTER number from 1-7.
   ENTER “1,” if R volunteers less than once per week.
____________________ day(s) per week

SMOKNUM
G22b On days you smoke, how many cigarettes or packs do you usually smoke?
//“Cigarettes per Day”

   ENTER number here. ENTER unit (Cigarettes, Packs) on next screen.
   (Decimal values are also accepted)
   __________ cigarette(s) OR __________ pack(s)

SMOKNUMU
G22c ENTER unit.

   Cigarettes.................................1
   Packs......................................2

EVERQUIT
G23 Have you ever tried to quit smoking?
//“ Tried to Quit”

   YES ....1
NO ...5
SKIP: IF EVERQUIT = 5, GO TO DRINK

QUITHELP
G24. Thinking of the last time you quit smoking (FILL “for good” if not currently smoking/“for three months or more” if currently smoking), did you make use of any products or services to help you quit such as prescription drugs, nicotine replacement products, acupuncture or hypnosis, individual or group counseling or support, or information from printed, video or internet sources?

YES . . . . 1 ASK G24a

NO . . . . 5 SKIP TO G25 DRINK

WHATQUITHELP
G24A. Please tell me if you used each of the following to help you quit.

1. A prescription pill, such as Zyban, Bupropion, or Wellbutrin?

2. A nicotine replacement product, such as nicotine gum, patch, inhaler, spray, lozenge or tablet?

3. Acupuncture or hypnosis

4. Individual or group counseling or support

5. Information from, printed, video, or internet sources?

YES (1) NO (5)

DRINK
G25 Do you ever drink alcoholic beverages such as beer, wine or liquor?

YES........................................1
NO.........................................5

PRELOAD AND SKIP: IF DRINK = 5 AND V10278 is equal to 1, GO TO INSURE1
ELSE IF DRINK = 5 AND V10278 is NOT equal to 1, GO TO EVERDRNK DRNKDAY

G25a During the last month, on how many days did you drink beer, wine or liquor?

ENTER number of days from 0 to 31
ENTER “0” if less than one per month

________________

SKIP: IF NONE, GO TO INSURE1

DRNKNUM
G25b On days that you drink, how many cans or bottles of beer, glasses of wine, or drinks of liquor do you usually have?

ENTER number of drinks from 0.0 to 20.0 (Decimal values are also accepted)

________________

SKIP: GO TO INSURE1
EVERDRNK
G25c In the past, have you ever regularly drunk alcoholic beverages such as beer, wine or liquor?
/“Ever Drink in the Past”

YES...............................................1
NO...............................................5

SKIP IF EVERDRNK = 5, GO TO INSURE1

AGESTOP
G25d How old were you when you stopped?
/“Age Stop Drinking”

_______________ Actual years

STOPHLTH
G25e Did you stop because your drinking was causing problems for your health; or causing other problems in your life; or for another reason? (CHECK ALL THAT APPLY)
/“Reason Stop Drinking”

causing problems for your health  1.
causing other problems in your life  2.
or for another reason  7.
These need to each be a separate yes/no question.

<table>
<thead>
<tr>
<th>INSURE1</th>
<th>G26</th>
<th>Which, if any, of the following kinds of health insurance do you have?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&quot;Health Insurance&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENTER all that apply, separated by dashes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Medicare Part A that covers hospital costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Medicare Part B that covers doctor costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Medicare Part D that covers prescription drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Medicaid (FILL State equivalent - do we have this current list</td>
</tr>
<tr>
<td></td>
<td></td>
<td>from HRS?)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. TRI-CARE, CHAMPUS, CHAMP-VA or any other military health care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Health insurance through your employer (FILL or your spouse's/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>partner's) employer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. An insurance policy that you (FILL or your spouse/partner)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>arrange and pay for entirely on your own. This could be your only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>health insurance or a supplement to the other insurance that you've</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mentioned</td>
</tr>
</tbody>
</table>

CHECKG4

G26b INTERVIEWER CHECKPOINT

If INSURE1 has no “yes” responses, Go to HINONE
If INSURE1 has any yes responses
ASK

You’ve told me you have
[fill types of insurance with yes responses above]
Do you have any type of health insurance that we didn’t talk about?

YES, MORE HEALTH INSURANCE..................1
NO, NO OTHER HEALTH INSURANCE...............5
SKIP: IF 1, GO TO HIEXP
SKIP: IF 5, GO TO DRUGCOST

HINONE

G27 From what you have just told me, you are without any type of health insurance
at this point in time. Is that correct?

"No Health Insurance"

R HAS NO HEALTH INSURANCE...............1
R HAS SOME INSURANCE.......................5
SKIP: IF 1, GO TO HIYNO

HIEXP

G27a (How is that?) What type of insurance do you have that we didn't talk about?

"Other Health Insurance 2"

Go to DRUGCOST

HIYNO
G27b  What is the main reason that you do not have any health insurance right now?  
/”Reason No Insurance”

Open ended question: Code R’s response into the category that best fits. Do not read the code frame to the R.

CANNOT AFFORD IT/TOO EXPENSIVE..............1
DO NOT WANT IT......................................2
DO NOT NEED IT.......................................3
MY JOB DOESN'T PROVIDE IT.......................4
I'M NOT FULL-TIME...................................5
JUST CHANGED JOBS................................6
JUST MOVED...........................................7
DON'T KNOW WHAT TO GET..........................8
I'M TOO ILL TO GET IT.............................9
OTHER REASON......................................10

HIYNOSP
G27bSP SPECIFY
/”Other Reason No Insurance”

________________________________________________________

IF G27 (HINONE)EQUALS 1, SKIP TO G28 (NRSHOME)

DRUGCOST
G40  Are the costs of prescription medications completely covered by your health insurance, mostly covered, only partially covered, or not covered at all by your insurance?  
/”Insurance for Drugs”

1.  COMPLETELY COVERED
2.  MOSTLY COVERED
3.  PARTIALLY COVERED
4.  NOT COVERED AT ALL.

HOSPITALCOST
G41. How about the costs of staying or being treated in a hospital?  
Are these costs completely covered by your health insurance, mostly covered, only partially covered, or not covered at all by your insurance?  
/”Insurance for hospital”

1.  COMPLETELY COVERED
2.  MOSTLY COVERED
3.  PARTIALLY COVERED
4.  NOT COVERED AT ALL.

DOCTORCOST
G42. How about the costs of seeing doctors or other health professionals outside of a hospital, for example in their office or an outpatient clinic?  (Are these costs completely covered by your health insurance, mostly covered, only partially covered, or not covered at all by your insurance?)  
/”Insurance for outpatient care”

1.  COMPLETELY COVERED
2.  MOSTLY COVERED
3.  PARTIALLY COVERED
4.  NOT COVERED AT ALL.

NRSHOME  if Ell housetype equals nursing home, skip to HOSP (G29)

G28  Have you been a resident or patient in a nursing home or long-term care facility at any time since (FILL MONTH AND YEAR OF LAST INTERVIEW)?  
/”Admitted to Nursing Home”
YES........................................1
NO.........................................5

SKIP: IF NRSHOME = 5, ASK HOSP

ENTNRSHM
G28a  In what month and year did you enter (the last time)?
"Year Entered Nursing Home"
ENTER 2-digit month _____ Range = 0-12
ENTER 4-digit year _____ Range = 1900-2011 (Or 1900-2012 for 2012 interviews)

SOFT CHECK: IF ENTNRSHM < YEAR OF LAST INTERVIEW, IWER: "You indicated that you entered the nursing home in ___. This is before the date of the last interview. Is this correct?"

LVNRSHM
G28b  In what month and year did you leave (the nursing home or long-term care facility)?
"Year Left Nursing Home"
ENTER 2-digit month _____ Range = 0-12
ENTER 4-digit year _____ Range = 1986-2011 (Or 1900-2012 for 2012 interviews), or 5000
ENTER 5000 if R indicates he/she is currently in the facility.

HOSP
G29  During the past 12 months, how many times have you stayed overnight as a patient in the hospital at least one night? FILL IF NRSHOME = 1 (Do not count any times you stayed in a nursing home).
"Number of Hospital Admissions"
ENTER number of times 0-365.
________ times

ER
G29a  During the past 12 months, how many times did you receive care in an emergency room?
"ER Visits"
ENTER number of times 0-365.
________ times

HPROF
G29b  During the past 12 months, about how many times did you go to see a medical doctor, nurse practitioner, or physician’s assistant about your own health? (FILL: Do not count health care providers seen while you were an overnight patient in a hospital, a resident in a nursing home or long-term care facility, or while in an emergency room).
"Doctor Visits"
ADD FILL IF YRNRSHE = 2010-2011 (, OR HOSP = 1-365, OR ER = 1-365
ENTER number of times 0-365.
________ times
MNTHLTH
G30 During the past 12 months, have you seen somebody for a personal or mental problem - someone like a psychiatrist, psychologist, medical doctor, clergy, or social worker?

/"Mental Health Visits"

YES........................................1
NO.........................................5

Now I would like to talk to you about some different health services that people can get. Please tell me whether you received these services in the last two years:

DENTAL
G31a Have you had a teeth cleaning or dental check up (in the last two years)?

/"Dental Visits"

YES........................................1
NO.........................................5

EYEXAM
G31b Did you receive an eye examination (in the last two years)?

/"Eye Exam"

YES........................................1
NO.........................................5

FLU
G31c (How about) a flu shot (in the last two years)?

/"Flu Shot"

YES........................................1
NO.........................................5

BP
G31d Did you get your blood pressure checked in the last two years?

/"Blood Pressure Checked"

YES........................................1
NO.........................................5

BSUGAR
G31e How about a blood test to see what your blood sugar level is (in the last two years)?

/"Blood Sugar Test"

YES........................................1
NO.........................................5

CHOLES
G31f (How about) a blood test to see what your cholesterol level is (in the last two years)?

/"Cholesterol Checked"

YES........................................1
NO.........................................5

COLON
G31g (How about) a screening test for colon cancer such as a colonoscopy, sigmoidoscopy, or a test for blood in your stool called a fecal occult blood test (in the last two years)?

/"Colon Cancer Screen"

YES ............. .1
NO ............. .5
COLON5YR
G31h Have you had a colonoscopy in the last 5-10 years? "Colonoscopy"

YES........................................1
NO.......................................5

IF RESPONDENT IS MALE, SKIP TO JOINT.

MAMMO
G31i (How about) a mammogram, or x-ray of the breast in the last two years? "Mammogram"

YES........................................1
NO.........................................5

JOINT
G32 Have you ever had surgery for any joint replacement? "Joint Replacement"

1. YES
5. NO

SKIP: IF JOINT = 5, ASK RECOGFRT

WHICH JOINT
G32a Which joint(s) was/were replaced and what year did the replacement occur? "Which Joint"

ENTER all that apply

1. LEFT HIP
2. RIGHT HIP
3. LEFT KNEE
4. RIGHT KNEE
5. HAND/WRIST AREA
6. FOOT/ANKLE AREA
7. SHOULDER(S)
8. SPINE
9. OTHER (SPECIFY)__________________________

YESTRAIN
G32b Thinking about the most recent joint replacement you had. . . How satisfied were you overall with the results of your surgery - are you completely, very, somewhat, not very or not at all satisfied? "Satisfaction with marriage"

1. COMPLETELY SATISFIED
2. VERY SATISFIED
3. SOMEWHAT SATISFIED
4. NOT VERY SATISFIED
5. NOT AT ALL SATISFIED

SATPAIN
G32c How satisfied were you with the results of your surgery for improving your pain - are you completely, very, somewhat, not very or not at all satisfied? "Satisfaction with marriage"
SATWORK
G32d How satisfied were you with the results of surgery for improving your ability to do home or yard work are you completely, very, somewhat, not very or not at all satisfied?
"Satisfaction with marriage"

SATREC
G32e How satisfied were you with the results of surgery for improving your ability to do recreational activities - are you completely, very, somewhat, not very or not at all satisfied?
"Satisfaction with marriage"

RECOGFR
G33 How much difficulty do you have seeing well enough to recognize a friend across the street, even with glasses -- would you say a great deal, some, a little, or none?
"Difficulty seeing"

A great deal........1
Some.........2
A little.......3
None.........4

READNEWS
G33a How much difficulty do you have seeing well enough to read a newspaper, even with glasses -- would you say a great deal, some, a little, or none?
"Difficulty reading"

A great deal........1
Some.........2
A little.......3
None.........4

GLAUCOMA
G34 Has a doctor ever treated you for glaucoma?
"Glaucoma"

1. YES
5. NO

CATARACT
G35 Have you ever had cataract surgery?
"Cataract Surgery"

1. YES
5. NO

SKIP: IF CATARACT = 5, ASK HEARAIID

SATVIS
G35a How satisfied were you with the results of your cataract surgery for improving your vision - are you completely, very, somewhat, not very or not at all satisfied?

/*Satisfaction with marriage*/

<table>
<thead>
<tr>
<th>1. COMPLETELY SATISFIED</th>
<th>2. VERY SATISFIED</th>
<th>3. SOMEWHAT SATISFIED</th>
<th>4. NOT VERY SATISFIED</th>
<th>5. NOT AT ALL SATISFIED</th>
</tr>
</thead>
</table>

HEARAID
G36 Do you ever wear a hearing aid?

/*Hearing Aid*/

1. YES
5. NO

HEARCONV FILL, even with a hearing aid ONLY IF g36 = 1

G36a How much difficulty do you have hearing and understanding words in a normal conversation, even with a hearing aid -- would you say a great deal, some, a little, or none?

/*Difficulty hearing*/

A great deal...........1
Some.............2
A little...........3
None..........4

HEARCONV FILL, even with a hearing aid ONLY IF g36 = 1

G36b How much difficulty do you have hearing well enough to carry on a conversation in a noisy room, even with a hearing aid -- would you say a great deal, some, a little, or none?

/*Hearing in noisy room*/

A great deal...........1
Some.............2
A little...........3
None..........4

HCQUAL
G37 How satisfied are you with the quality of health care you have received during the last 12 months? Would you say: very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?

/*Satisfaction with Health Care*/

VERY SATISFIED..................1
SOMewhat SATISFIED................2
SOMewhat DISSATISFIED...........3
VERY DISSATISFIED...............4
VOL: I did not receive any health care.........5

DELCARE
G38 During the past 12 months, did you postpone or not get some health care or surgery when you needed it because of lack of insurance or worries about money?

/*Postpone Care*/

YES.................................1
NO.................................5

DELRX
G39 During the past 12 months, did you postpone filling or not get a prescription for medicine when you needed it because of lack of insurance or worries about
money?  
/"Postpone Meds"

YES........................................1  
NO.........................................5  

USOC  
G41 Do you have a particular doctor or clinic that you would call your regular doctor or clinic?  
/"Regular Doctor"

YES........................................1  
NO.........................................5  

EOLPOA  
Now we’d like to ask some questions about the decisions that people may make for their end-of-life medical care. Have you made any legal arrangements for someone to make decisions about your medical care if you become unable to make those decisions yourself? This is sometimes called a durable power of attorney for health care.

YES........................................1  
NO.........................................5  

EOLADVDIR  
Do you have a living will or advance directive? (These are written instructions about the type of medical treatment you would want to receive if you were unconscious or somehow unable to communicate.)

YES........................................1  
NO.........................................5  

Now I have some questions about some specific health conditions and diseases that you may or may not have ever had.

PRELOAD: Previous hypertension (identified at waves 1-4) should be read PREHYPER. Never hypertension (identified at waves 1-4) should be asked HYPER.

PREHYPER  
G42 When we talked to you in [INTERVIEW YEAR] you told us that you have had high blood pressure or hypertension.  
/"Past Hypertension"

ENTER 1 to continue, GO TO HYPERB.  

HYPER  
G42a Has a doctor or other health care provider ever told you that you have high blood pressure or hypertension?  
/"Hypertension"

YES........................................1  
NO.........................................5  

SKIP: IF HYPER = 5, GO TO DIAB  

HYPERA  
G42b When were you first told you have high blood pressure or hypertension?  
/"When Hypertension"

ENTER year  

__________________________  
Hard check – If HYPERA < R’s birth date; The year should be greater than or equal to R’s birth year.  

SKIP: IF HYPERA = 2011 (if interview in 2011) or HYPERA = 2012 (if interview in 2012) then GO TO HYPERC
HYPERB
G42c Have you had high blood pressure in the past 12 months?
/*Hypertension Past Year*/
   YES........................................1
   NO.........................................5

HYPERC
G42d During the past 12 months, have you received any treatment or taken any medicines for high blood pressure that were prescribed by a doctor or other health care provider?
/*Treatment for Hypertension*/
   YES........................................1
   NO.........................................5

PRELOAD: Previous diabetes (identified at waves 1-4) should be read PREDIAB.
Never diabetes (identified at waves 1-4) should be asked DIAB.

PREDIAB
G43 When we talked to you in [INTERVIEW YEAR] you told us that you have had diabetes or problems with high blood sugar.
/*Past Diabetes*/
ENTER 1 to continue, GO TO DIABB.

DIAB
G43a (Has a doctor or other health care provider ever told you that you have) diabetes or problems with high blood sugar?
/*Diabetes*/
   YES........................................1
   NO.........................................5

   SKIP: IF DIAB 5, GO TO EMPH

DIABA
G43b When were you first told you have diabetes or problems with blood sugar?
/*When Diabetes*/
   ENTER year

   ________

   Hard check - If DIABA < R’s birth date; The year should be greater than or equal to R’s birth year.

   SKIP: IF DIABA = 2011 (if interview in 2011) or DIABA = 2012 (if interview in 2012) then GO TO DIABC

DIABB
G43c Have you had diabetes or high blood sugar in the past 12 months?
/*Diabetes Past Year*/
   YES........................................1
   NO.........................................5

DIABC
G43d During the past 12 months, have you received any treatment or taken any medicines for your diabetes that were prescribed by a doctor or other health care provider?
/*Treatment for Diabetes*/
   YES........................................1
   NO.........................................5
EMPH
G44 (Has a doctor or other health care provider ever told you that you have)
Chronic Lung Disease (such as chronic bronchitis, emphysema, sometimes called
COPD, which is chronic obstructive pulmonary disease)?
//"Lung Disease"

YES .....1
NO .....5

SKIP: IF EMPH = 5, GO TO MI

EMPHA
G44a When were you first told you have chronic lung disease?
//"When Lung Disease"

ENTER year

________

Hard check – If EMPHA < R’s birth date; The year should be less than R’s birth
year.

SKIP: IF EMPHA = 2011 (if interview in 2011) or EMPHA = 2012 (if interview in 2012)
then GO TO EMPHC

EMPHB
G44b Have you had chronic lung disease in the past 12 months?
//"Lung Disease Past Year"

YES........................................1
NO.........................................5

EMPHC
G44c During the past 12 months, have you received any treatment or taken any
medicines for chronic lung disease, emphysema or COPD that were prescribed by
a doctor or other health care provider?
//"Treatment for Lung Disease"

YES........................................1
NO.........................................5

PRELOAD: Previous heart attack (identified at waves 1-4) should be read PREMI.
Never heart attack (identified at waves 1-4) should be asked MI.

PREMI
G43 When we talked to you in [INTERVIEW YEAR] you told us that you have had a
heart attack.
//"Past Heart"

ENTER 1 to continue, GO TO MIC.

MI
G45 Has a doctor or other health care provider ever told you that you had a heart
attack?
//"Heart Attack"

YES........................................1
NO.........................................5

SKIP: IF MI = 5, GO TO HEART

MIA
G45a How many heart attacks have you had?
//"Number of Heart Attacks"

ENTER number 1-10, ENTER "10" if more than 10.

________
MIB
G45b In what year did you have your first heart attack?
"Year First Heart Attack"

ENTER year

________

Hard check – If MIB < R’s birth date; The year should be less than R’s birth year.

SKIP: IF MIB = 2011 (if interview in 2011) or MIB = 2012 (if interview in 2012) then GO TO HEART

MIC
G45c Have you had a heart attack in the past 12 months?
"Heart Attack Past Year"

YES........................................1
NO.........................................5

HEART
G45d (Has a doctor or other health care provider ever told you that you have) any other kind of heart trouble, such as coronary heart disease, angina, congestive heart failure, or other heart problems?
"Other heart probs"

YES........................................1
NO.........................................5

SKIP: IF HEART = 5 AND MI = 5, GO TO STROKE
SKIP: IF HEART = 5 AND MI = 1, GO TO HEARTMED

HEARTA
G45e When were you first told you have heart problems?
"When Heart probs"

ENTER year

________

Hard check – If HEARTA < R’s birth date; The year should be greater than or equal to R’s birth year.

SKIP: IF HEARTA = 2011 (if interview in 2011) or HEARTA = 2012 (if interview in 2012) then GO TO HEARTMED

HEARTB
G45f Have you had heart problems in the past 12 months?
"Heart Probs Past Year"

YES........................................1
NO.........................................5

HEARTMED
G45g During the past 12 months, have you received any treatment or taken any medicines for your heart that were prescribed by a doctor or other health care provider?
"Treatment for Heart Probs"

YES........................................1
NO.........................................5

STROKE
G46 (Has a doctor or other health care provider ever told you that you had) a stroke?
"Stroke"

YES........................................1
Volunteers ONLY Possible Stroke or TIA (Transient Ischemic Attack) ... 3

SKIP: IF 5 or 3, GO TO CANCER

STROKEA
G46a How many strokes have you had? (FILL IF G46 = 3 ADD: not including mini-strokes or TIAs)
"Number of Strokes"

ENTER number 0-10, ENTER "10" if more than 10.

__________

SKIP: IF STROKE = 0, ASK CANCER

STROKEB
G46b In what year did you have your first stroke?
"Year First Stroke"

ENTER year

__________

Hard check - If STROKEB < R's birth date; The year should be greater than or equal to R's birth year.

SKIP: IF STROKEB = 2011 (if interview in 2011) or STROKEB = 2012 (if interview in 2012) then GO TO STROKED

STROKEC
G46c Did you have a stroke during the past 12 months or still have any remaining problems from a stroke that occurred earlier?
"Stroke Past Year"

YES........................................1
NO.........................................5

STROKED
G46d During the past 12 months, have you received any treatment or taken any medicines for stroke that were prescribed by a doctor or other health care provider?
"Treatment for Stroke"

YES........................................1
NO.........................................5

PRELOAD: Previous cancer (identified at waves 1-4) should be read PRECANCER. Never cancer (identified at waves 1-4) should be asked CANCER.

PRECANCER
G47 When we talked to you in [INTERVIEW YEAR] you told us that you have had cancer.
"Past Cancer"

ENTER 1 to continue, GO TO CANCERC.

CANCER
G47a Has a doctor or other health care provider ever told you that you had cancer or a malignant tumor of any kind?
"Cancer"

YES........................................1
NO.........................................5

SKIP: IF CANCER = 5, GO TO ARTH

CANCERA
G47b In what year were you first told you had cancer or a malignant tumor?

//"Year first Cancer"

ENTER year

_________

Hard check – If CANCERA < R’s birth date; The year should be greater than or equal to R’s birth year.

CANCERB

G47c What kind of cancer or malignant tumor was this? (In what part of your body did it start?)

//"Type of Cancer"

________________________________ TYPE OF CANCER (Selection from Pick List)

SKIP: IF CANCERA = 2011 (if interview in 2011) or CANCERA = 2012 (if interview in 2012) then GO TO CANCERD

CANCERD

G47d Have you had cancer or a malignant tumor in the past 12 months?

//"Cancer Past Year"

YES.................................1
NO.................................5

CANCERED

G47e During the past 12 months, have you received any treatment or taken any medicines for cancer or a malignant tumor that were prescribed by a doctor or other health care provider?

//"Treatment for Cancer"

YES.................................1
NO.................................5

As of 8/4/11, We are not going to use the PRELOAD for arthritis. REMOVE PRELOAD FOR ARTHRITIS

ARTH

G48a Has a doctor or other health care provider ever told you that you have arthritis or rheumatism?

//"Arthritis"

YES.................................1
NO.................................5

SKIP: IF ARTH = 5, GO TO FOOT

ARTHAG

G48b When were you first told you have arthritis or rheumatism?

//"When Arthritis"

ENTER year

_________

Hard check – If HYPERA < R’s birth date; The year should be greater than or equal to R’s birth year.

SKIP: IF ARTHA = 2011 (if interview in 2011) or ARTHA = 2012 (if interview in 2012) then GO TO ARTHC

ARTHBC

G48c Have you had arthritis or rheumatism in the past 12 months?
Arthritis Past Year

YES........................................1
NO.........................................5

ARTHC

G48d During the past 12 months, have you received any treatment or taken any medicines for arthritis that were prescribed by a doctor or other health care provider?

"Treatment for Arthritis"

YES........................................1
NO.........................................5

Fractures

YES........................................1
NO.........................................5

SKIP: IF FRACT = 5, GO TO URINE

Which Bone Fractured

G51a Which bone was this? SELECT all that apply

"Which Bone Fractured"

1. HIP(S)
2. KNEE(S)
3. HAND/WRIST AREA
4. FOOT/ANKLE AREA
5. SHOULDER(S)
6. SPINE
7. OTHER (SPECIFY)
8. DK (Don't Know)
9. RF (Refused)

Incontinence

G52 During the past 12 months, have you lost any amount of urine beyond your control?

"Incontinence"

YES........................................1
NO.........................................5

Cholesterol Medications

G53 Do you regularly take prescription medications to help lower your cholesterol?

"Cholesterol Medications"

1. YES
5. NO

SKIP: IF CHOLMED = 5, ASK PAINMED

Statins

G53a Is the cholesterol-lowering medication that you are taking known as a statin (such as Lipitor, Simvastatin or Atorvastatin)?

"Statins"

1. YES
5. NO
PAINMED
G54 Do you regularly take prescription or over-the-counter medications for pain in your joints or muscles?
"Pain Medications"

1. YES
5. NO

TOTALMED
G55 In total how many different prescription medications do you take every day?
"Number of Medications"

1. None
2. 1-2
3. 3-4
4. 5-7
5. 8 or more

ASPIRIN
G56 Do you take an aspirin every day to prevent heart problems or stroke?
"Aspirin"

1. YES
5. NO

MULTIVITAMIN
G57 Do you take a multivitamin every day (or almost everyday)?
"Multivitamin"

1. Yes
5. No

SKIP: IF MULTIVITAMIN = 5, GO TO MEDFORMS

CALCIUM
G58a Do you do things to increase your calcium intake, such as taking calcium tablets, or eating foods with high calcium content?
"Calcium supplement"

1. Yes
5. No

MEDFORMS
G59 Many people find it difficult to understand the things they are told or asked about by doctors, hospitals or insurance providers. The next few questions ask about how this is for you. How confident are you filling out medical forms (for a doctor, hospital, or insurance provider) by yourself - would you say extremely confident, quite a bit, somewhat, a little bit, or not at all confident?
"Health Literacy 1"

1. Extremely
2. Quite a bit
3. Somewhat
4. A little bit
5. Not at all

MEDINSTR
G59a How often do you need to have someone help you to understand instructions, pamphlets, or other written material from your doctor or pharmacy - would you say never, rarely, sometimes, often or always?
"Health Literacy 2"

1-Never
2-Rarely
3-Sometimes
4-Often
5-Always.
Now I just have a couple of questions about the way people understand health and disease risks. Which of the following numbers represents the biggest risk of getting a disease: 1 in 100, 1 in 1000, or 1 in 10?

"Numeracy 1"

1. 1 in 100
2. 1 in 1000
3. 1 in 10

If Person A’s chance of getting a disease is 1 in 100 in ten years, and person B’s risk is double that of A’s, what is B’s risk?

"Numeracy 2"

IWER: IF RESPONDENT ANSWERS 2 IN 100 (or 2 percent) THEN CODE:
1. 2 IN 100 or 2% - CORRECT
ALL OTHER ANSWERS (OR DON’T KNOW) CODE:
5. INCORRECT

How often did R receive assistance with answers in Section G Health and Limitations of Activities?
1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER
SECTION H: SELF DESCRIPTION

CESD1
H1a. I'm going to read you a list of statements describing how people sometimes feel. After each statement, please indicate how often you felt that way during the past week. Again, the best answer is usually the one that comes to your mind first. Here's the first statement.

"Felt Depressed"

I felt depressed--How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?
Never or Hardly Ever .........................1
Some of the Time ................................2
Most of the Time .................................3

CESD2
H1b. Here's the next statement. I felt that everything I did was an effort. (How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?)

"Everything an Effort"

Never or Hardly Ever ............................1
Some of the Time ...............................2
Most of the Time ...............................3

CESD3
H1c. My sleep was restless. (How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?)

"Sleep is Restless"

Never or Hardly Ever ............................1
Some of the Time ...............................2
Most of the Time ...............................3

CESD4
H1d. I was happy. (How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?)

"Unhappy"

Never or Hardly Ever ............................1
Some of the Time ...............................2
Most of the Time ...............................3

CESD5
H1e. I felt lonely. How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?

"Felt Lonely"

Never or Hardly Ever ............................1
Some of the Time ...............................2
Most of the Time ...............................3

CESD6
H1f. People were unfriendly. (How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?)

"People Unfriendly"

Never or Hardly Ever ............................1
Some of the Time ...............................2
Most of the Time ...............................3

CESD7
H1g. I enjoyed life. (How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?)

"Enjoy Life"
Never or Hardly Ever ............................1
Some of the Time .............................2
Most of the Time .............................3

CESD8
H1h. I did not feel like eating. My appetite was poor. (How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?)

///Appetite Poor///

Never or Hardly Ever ............................1
Some of the Time .............................2
Most of the Time .............................3

CESD9
H1k. I felt sad. (How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?)

///Felt Sad///

Never or Hardly Ever ............................1
Some of the Time .............................2
Most of the Time .............................3

CESD10
H1m. I felt that people disliked me. (How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?)

///People Dislike Me///

Never or Hardly Ever ............................1
Some of the Time .............................2
Most of the Time .............................3

CESD11
H1n. I could not get "going." (How often have you felt that way during the past week--never or hardly ever, some of the time, or most of the time?)

///Could Not Get Going///

Never or Hardly Ever ............................1
Some of the Time .............................2
Most of the Time .............................3

CIDIH0
HC-1. Now I have a few more questions about your emotional health. 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?

///Depressed Two or More Weeks///

REPEAT the question if R volunteers, "I was on medication/anti-depressants."

Yes.........................................1
No...........................................5

SKIP: IF CIDIH0=5, ASK: CIDIHQ.

CIDIH1
HC-1a. For the next few questions, please think of the two-week period during the past 12 months when these feelings were the 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?

///Depression Intensity///

All day long.................................1
Most of the day.............................2
About half the day..........................3
Less than half the day..................4
SKIP: IF CIDIH1=3 OR 4, ASK: CIDIA0.

CIDIH2
HC-1b. During those two weeks, did you feel this way every day, almost every day, or less often?
/”Depression Frequency”

Every day........................................1
Almost every day............................2
Less often....................................3

SKIP: IF CIDIH2=3, ASK: CIDIA0.
SKIP DK & REF to CIDIA0 - HC-9.

CIDIH3
HC-1c. During those two weeks did you lose interest in most things?
/”Lost Interest”

Yes........................................1
No........................................5

CIDIH4
HC-1d. Did you feel tired out or low on energy all the time?
/”Feel Tired”

If R asks: “Are we still talking about the same two weeks?” ANSWER: Yes.

Yes........................................1
No........................................5

CIDIH5
HC-2. Did you gain or lose weight without trying, or did you stay about the same?
/”Weight Change(1)”

If R asks: “Are we still talking about the same two weeks?” ANSWER: Yes.

Gain........................................1
Lose........................................2
If volunteered: Both gained and lost weight...3
Stay about the same......................4
If volunteered: R was on a diet............5

SKIP: IF CIDIH5=4 OR 5, ASK: CIDIH7.

CIDIH6
HC-2a. About how much did FILL (you gain/you lose/your weight change)?
/”Weight Change in Pounds(1)”

IWER: ENTER number of pounds from 1 to 50.
If 51 lbs or higher, ENTER 50
If Respondent gives a range, ask for BEST ESTIMATE

________________ # of pounds

CIDIH7
HC-3. Did you have more trouble falling asleep than you usually do?
/”Trouble Falling Asleep(1)”

If R asks: “Are we still talking about the same two weeks?” ANSWER: Yes.

Yes........................................1
No........................................5
CIDIH7 = 5, ASK: CIDIH9.

CIDIH8
HC-3a. Did that happen every night, nearly every night, or less often during those two weeks?
//“Frequency of Sleep Trouble(1)”

Every night.................................1
Nearly every night.......................2
Less often.................................3

CIDIH9
HC-4. Did you have a lot more trouble concentrating than usual?
//“Trouble Concentrating(1)”

If R asks: “Are we still talking about the same two weeks?” ANSWER: Yes.

Yes............................................1
No.............................................5

CIDIH10
HC-5. People sometimes feel down on themselves, no good, or worthless. Did you feel this way?
//“Feel Worthless(1)”

If R asks: “Are we still talking about the same two weeks?” ANSWER: Yes.

Yes............................................1
No.............................................5

CIDIH11
HC-6. Did you think a lot about death—either your own, someone else’s, or death in general?
//“Thoughts of Death(1)”

If R asks: “Are we still talking about the same two weeks?” ANSWER: Yes.

Yes............................................1
No.............................................5

SCTGCP1
HC-7. INTERVIEWER CHECKPOINT

IF (CIDIH3=5) AND (CIDIH4=5) AND (CIDIH5= 4 OR 5) AND (CIDIH7=5) AND (CIDIH9=5) AND (CIDIH10=5) AND (CIDIH11=5)....................1
All others............................................2

SKIP: IF SCTGCP1=1, ASK CIDIA0.

CIDI12
HC-8. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like FILL (losing interest in most things, feeling tired out, gaining weight, having trouble falling asleep, having trouble concentrating, feeling worthless, thinking a lot about death.) About how many weeks altogether did you feel this way during the past 12 months?
//“Total Weeks Depressed(1)”

ENTER number of weeks from 2 to 52

ENTER 52 if R says “entire year” voluntarily.

_____________ # of weeks

SKIP: IF CIDI12=52, ASK BRERCE
CIDI13
HC-8a. Think about the most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

//“Recent Month Depressed(1)”

ENTER month from 1 to 12

_____________ Month (01-12)

CIDI14
HC-8b. (Think about the most recent time when you had two weeks in a row when you felt this way. In what month and year was this?)

//“Recent Year Depressed(1)”

ENTER year from 1900 to 2001

_____________ Year

Soft Check—if CIDI14 is not within 12 months of current date, The date must be within past 12 months.

GO TO BRERCE

CIDIA0
HC-9. 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?

//“Lost Interest”

REPEAT the question if R volunteers, “I was on medication/anti-depressants.”

Yes.................................1
No....................................5

SKIP: IF CIDIA0=5, ASK BRERCE

CIDIA1
HC-9a. For the next few questions, 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 two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

//“Intensity of Lost Interest”

All day long............................1
Most of the day........................2
About half the day......................3
Less than half the day.................4

SKIP: IF CIDIA1=3 OR 4, ASK BRERCE

CIDIA2
HC-9b. Did you feel this way every day, almost every day, or less often during the two weeks?

//“Frequency of Lost Interest”

Every day..............................1
Almost every day.....................2
Less often.............................3

SKIP: IF CIDIA2=3, ASK BRERCE

CIDIA3
HC-9c. During those two weeks, did you feel tired out or low on energy all the time?
CIDIA4
HC-10. Did you gain or lose weight without trying, or stay about the same?
   If R asks, “Are we still talking about the same two weeks?” ANSWER: Yes.
   
   /*Weight Change(2)*/
   
   Gain..........................................1
   Lose..........................................2
   IF VOL: Both gained and lost weight...........3
   Stay about the same...........................4
   IF COL, R was on a diet.......................5
   

CIDIA5
HC-10a. About how much did FILL (you gain/you lose/your weight change)?
   ENTER number of pounds from 1 to 50.
   
   /*Weight Change in Pounds(2)*/
   
   If 51 lbs or higher, ENTER 50
   If Respondent gives a range, ask for BEST ESTIMATE
   ______________ # of pounds

CIDIA6
HC-11. Did you have more trouble falling asleep than you usually do?
   If R asks, “Are we still talking about the same two weeks?” ANSWER: Yes.
   
   /*Trouble Falling Asleep(2)*/
   
   Yes.....................................1
   No......................................5
   
   SKIP: IF CIDIA6=5, ASK CIDIA8.

CIDIA7
HC-11a. Did that happen every night, nearly every night, or less often during those two weeks?
   /*Frequency of Sleep Trouble(2)*/
   
   Every night.............................1
   Nearly every night......................2
   Less often..............................3

CIDIA8
HC-12. Did you have a lot more trouble concentrating than usual?
   If R asks, “Are we still talking about the same two weeks?” ANSWER: Yes.
   
   /*Trouble Concentrating(2)*/
   
   Yes.....................................1
   No......................................5

CIDIA9
HC-13. People sometimes feel down on themselves, no good, or worthless. Did you feel this way?
   If R asks, “Are we still talking about the same two weeks?” ANSWER: Yes.
   
   /*Feel Worthless(2)*/
CIDIA10

HC-14. Did you think a lot about death—either your own, someone else’s, or death in general?

If R asks, “Are we still talking about the same two weeks?” ANSWER: Yes.

//“Thoughts of Death(2)”

Yes.....................................1
No......................................5

SCTGCP2

HC-15. INTERVIEWER CHECKPOINT

IF  (CIDI3=5) AND (CIDI4=4 OR 5) AND (CIDI6=5) AND (CIDI8=5) AND
(CIDI9=5) AND (CIDI10=5) 1
All others .2

SKIP: IF SCTGCP2=1, ASK BRERCE

CIDIA11

HC-16. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like FILL (losing interest in most things, feeling tired out, gaining weight, having trouble falling asleep, having trouble concentrating, feeling worthless, thinking a lot about death). About how many weeks did you feel this way during the past 12 months?

ENTER number of weeks from 2 to 52

ENTER 52 if R says “entire year” voluntarily.

//”Total Weeks Depressed(2)”

# of weeks (02-51)

SKIP: IF CIDIA11=52, ASK BRERCE

CIDIA12

HC-16a. Think about this most recent time when you had two weeks in row when you felt this way. In what month and year was this?

//“Recent Month-Year Depressed”

_____________ Month (01-12)
_____________ Year

Soft Check—if CIDIA12 is not within 12 months of current date, the date must be within past 12 months.

H ASSIST

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION H SELF DESCRIPTION?

1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER
SECTION J: PAID EMPLOYMENT

BRERCE
J1. We would like to know about what you do.

READ SLOWLY: Are you working now for pay, looking for work, retired from a paid job, keeping house, a student or something else?
"Major activity"

ENTER all that apply, separated by dashes.

1. WORKING NOW
2. ONLY TEMPORARILY LAID OFF; SICK OR MATERNITY LEAVE
3. UNPAID FAMILY WORKER
4. LOOKING FOR WORK, UNEMPLOYED
5. RETIRED FROM A PAID JOB
6. PERMANENTLY DISABLED
7. KEEPING HOUSE
8. STUDENT
9. OTHER (SPECIFY):

ANYWORK . Are you doing any work for pay at the present time? J1a

1. YES
5. NO

GO TO J2 SKIP: IF BRERCE=5, ASK STOPWRK

SCNDJOB
J2. Do you currently hold more than one paying job?
"Second job"

YES........................................................................................................1
NO...........................................................................................................5

SKIP: IF SCNDJOB=5, ASK WK/YRWRK

TTLWRKHR
J2a. On the average, how many hours a week do you work on all of your jobs, including paid and unpaid vacation time?
"Total hours work week"

ENTER hours (1-100)
HOURS
WK/YRWRK
J3. How many weeks altogether were you employed during the past 12 months, including paid vacations and sick leave?
"Weeks worked past year"
ENTER weeks 1-52.

If the answer is 1-12, ASK: Is that weeks or months? If months, repeat the question.

JOBTNRE
J4. How long have you worked at your (FILL: main/present) job or position?
"How long this job"
ENTER number 1.0-100.0, PRESS [Enter] to enter unit on next screen. (Decimal values are also accepted)
Weeks...........................................1
Months..........................................2
Years...........................................3

J4MY4
J4. (How long have you worked at your present job or position?)
"How long job – unit"
SELECT an option
Weeks...........................................1
Months..........................................2
Years...........................................3

Soft Check-If number of years < R’s Age – 10.
PROBE: You told me that you worked at your present job for FILL (JOBTNRE) years, that means you started on this job before the age of 10. Is this correct?

OCCUP
J5. What is your occupation on your main job now? What sort of work do you do?
"Occupation"
ENTER open ended answer:
___________________________________________________________________________

WRKACTIV
J6. What are your most important activities or duties?
"Activities or duties"
ENTER open ended answer:
___________________________________________________________________________

INDUS
J7. What kind of business or industry is that in?
"Business or industry"
PROBE for detailed information about the product made where R works, or the kind of service provided; e.g., What do they make or do where you work?
___________________________________________________________________________

SELFEMP
J8. Are you self-employed, or do you work for a private employer or a municipal, county, state or federal government?
"Employment sector"
1. SELF-EMPLOYED  2. PRIVATE EMPLOYER  3. GOVERNMENT EMPLOYER

SUPVOTH
J9. Do you supervise others on your job?
"Supervise others"

1. YES  5. NO

WRKHRWK
J10. On the average, how many hours a week do you work on this job, including paid and unpaid overtime?
"Hours week this job"

ENTER hours per week 1-100.

_________ HOURS PER WEEK
(RANGE=1-100)

Hard check: if J10 is >= J2a, then "The working hours should be less than total working hours for ALL jobs"

WORKMORE
JXX. Thinking about your job or jobs over the past year, would you have liked to work more?
"Want to work more"

Yes [Go to WHYWMORE]
No [Go to WORKLESS]

WORKLESS
JXX. Thinking about your job or jobs over the past year, would you have liked to work less?
"Want to work less"

Yes [Go to WHYWLESS]
No [Go to BESTHOUR]

BESTHOUR
JXX. If you could work any number of hours you wanted to, how many hours would you like to work each week?
"Preferred weekly hours"

_________ Enter number of HOURS

EARNYR
J11. About how much do you earn per year from this job before taxes?
"Earn per year"

ENTER amount per year

$ ___________

Soft check if < or = $5000 ASK R: You’ve told me you make only FILL _____ per year from your job. Is that correct?
Soft check If ≥ $1,000,000 ASK R: You’ve told me you make _____ per year Is that correct?

ENJOYWRK
J12. How much do you enjoy doing that kind of work--do you enjoy it a great deal,
quite a bit, some, a little, or not at all?

"Enjoy work"

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

UPSETWRK
J13. In general, how often do you feel bothered or upset in your work—almost always, often, sometimes, rarely, or never?

"Bothered upset in work"

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

SATISWRK
J14. How satisfied are you with your job—are you completely, very, somewhat, not very or not at all satisfied?

"Satisfied with job"

1. COMPLETELY SATISFIED  2. VERY  3. SOMEWHAT  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

LOSEJOB
JXX. Sometimes people lose jobs they want to keep. How likely is it that during the next couple of years you will involuntarily lose your main job—not at all likely, not too likely, somewhat likely, or very likely?

"Likelihood of losing job"

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

FINDJOB
JXX. If you were to lose your main job, what do you think your chances would be of finding another job that paid about the same—would your chances be very good, good, fair, or poor?

"Find a similar job"

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

WHYWORK
JXX.

Would you say that you continue to work mainly for the income or fringe benefits (including health care insurance, retirement, or other benefits), mainly because you just like working, or is it both of these?

INCOME OR FRINGE BENEFITS
JUST LIKE WORKING
BOTH

CHGJOBHE
JXX. Since we last talked to you, have you changed jobs or modified your duties to accommodate negative changes in your health?

"Change job for health"

1. YES  5. NO
RETURNWO
JXX. Sometimes people decide to stop working for pay and then later decide to come back to work. Has this happened for you since we last talked to you in (FILL year of last interview)?

"Stopped work now working"

1. YES  5. NO

Yes [GO TO WHYRETU]
No [Go to AGERETI]

WHYRETU

Would you say that you decided to go back to work after having stopped mainly for the income or fringe benefits (including health care insurance, retirement, or other benefits), mainly because you just like working, or is it both of these?

INCOME OR FRINGE BENEFITS
JUST LIKE WORKING
BOTH

"Why returned to work"

AGERETI

JXX. At what age are you planning to retire?

"What age plan retire"

______ ENTER Age in years (enter 99 for those not planning to retire)

_____  _____  _____  _____

                 SKIP: IF WRKHR/WK<10, ASK OTHVOLHR
                 SKIP TO THE FIRST ITEM IN SECTION K]

EMPQLS5  ADD ICON FOR SHOWCARD – REFER TO LIST A
J15b Now I’m going to read you a list of some things that people tell us about their work. After each statement, please tell me whether you agree strongly, agree somewhat, disagree somewhat, or disagree strongly.

I have very little chance to decide how I do my work.  (Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

"Decide how to do work"

Agree strongly.............................1
Agree somewhat.............................2
Disagree somewhat..........................3
Disagree strongly..........................4

EMPQLS7  ADD ICON FOR SHOWCARD – REFER TO LIST A
J15c I get to do a variety of different things in my work.  (Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

"Variety of things in work"

Agree strongly.............................1
Agree somewhat.............................2
Disagree somewhat..........................3
Disagree strongly..........................4

EMPQLS13 ADD ICON FOR SHOWCARD – REFER TO LIST A
J15d I am not asked to do an excessive amount of work.  (Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)
// “Not excessive work”

Agree strongly……………………………1
Agree somewhat…………………………2
Disagree somewhat………………………3
Disagree strongly…………………………4

EMPQLS14 ADD ICON FOR SHOWCARD – REFER TO LIST A
J15e I have enough time to get my work done. (Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

// “Enough time for work”

Agree strongly……………………………1
Agree somewhat…………………………2
Disagree somewhat………………………3
Disagree strongly…………………………4

EMPQLS15 ADD ICON FOR SHOWCARD – REFER TO LIST A
J15f In my work, I am free from conflicting demands that others make. (Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

// “No conflicting demands at work”

Agree strongly……………………………1
Agree somewhat…………………………2
Disagree somewhat………………………3
Disagree strongly…………………………4

EMPSTRN1 ADD ICON FOR SHOWCARD – REFER TO LIST A
J15g My job leaves me feeling too tired and stressed after work to participate in the activities with friends and family that I’d like to. (Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

// “Too tired for family”

Agree strongly……………………………1
Agree somewhat…………………………2
Disagree somewhat………………………3
Disagree strongly…………………………4

EMPSTRN2 ADD ICON FOR SHOWCARD – REFER TO LIST A
J15h My job leaves me feeling too tired and stressed after work to participate in the activities in my neighborhood and community that I’d like to. (Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

// “Too tired for community”

Agree strongly………1
Agree somewhat………2
Disagree somewhat………3
Disagree strongly………4

OCHC
J17 How physically demanding is your work? Is it very physically demanding, somewhat demanding, a little demanding, not at all physically demanding?

// “Physically demanding work”

Very physically demanding…………………..1
Somewhat demanding…………………………2
A little demanding……………………………..3
Not at all physically demanding……………….4

OCHB
J18 In your job, how often do you inhale dust or smell strong fumes or odors while you are working? Would you say often, sometimes, rarely, or never?

// “Inhale dust in job”

Often ........................................1
Sometimes....................................2
How often do you perform dangerous work? (Would you say often, sometimes, rarely, or never?)

/"Perform dangerous work"

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

Have you ever held a regular job for pay?

/"Ever worked for pay"

1. YES
5. NO ---> OTHVOLHR

Now please think about the last regular job you had [before FILL (retirement/stopping work)]. In what year did you stop working on that job?

/"Year stopped working"

IF DK, ASK for estimate

___________ Year

Why did you FILL (retired/left your last job)?

PROBE: Were there any other reasons?
ENTER open ended answer:

How much choice did you have in deciding to FILL (retire/stop working on that job)? Was that complete choice, a great deal of choice, some choice, or no choice at all?

/"Choice to stop work"
J28. Did you leave that job earlier, later, or just about the time you wanted to? 
"Timing of leaving job"

1. EARLIER  2. LATER  3. JUST ABOUT RIGHT

LVRETIRE
J29. Are you thinking about returning to work for pay? 
"Consider returning to work"

1. YES  5. NO

Yes [GO TO WHYLVRET] 
No [Go to OTHVOLHR] 
SKIP TO FIRST ITEM IN SECTION k

WHYLVRET
J30. Are you thinking about returning to work mainly for the income or fringe benefits (including health care insurance, retirement, or other benefits), mainly because you just like working, or is it both of these? 
"Why may return to work"

INCOME OR FRINGE BENEFITS 
JUST LIKE WORKING 
BOTH

J ASSIST
IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION J PAID EMPLOYMENT? 
1. NEVER 
2. A FEW TIMES 
3. MOST OR ALL OF THE TIME 
4. THE SECTION WAS DONE BY A PROXY REPORTER
SECTION K: VOLUNTARY ACTIVITY

OTHVOLHR  ADD ICON FOR SHOWCARD – REFER TO LIST D
K2  Now let’s talk about volunteer work you may have done during the last 12 months.

Altogether, during the last 12 months, about how many hours did you spend doing volunteer work for groups and organizations such as: a church, synagogue or other religious organization; a school or educational organization; a political group or labor union; a senior citizen group or related organization; or another national or local organization? Would you say, less than 20 hours, 20 to 39 hours, 40-79 hours, 80-159 hours, or 160 hours or more (over the last 12 months)?

//"Hours volunteer work"

Less than 20 hours.........................1
20 to 39 hours.............................2
40-79 hours...............................3
80-159 hours..............................4
160 hours or more.........................5
If R VOLUNTEERS: Never/None.................................6 8-17-2011

FRRELHRS  ADD ICON FOR SHOWCARD – REFER TO LIST D
K6  Now I have a few questions about help you may have given in the last 12 months to friends, neighbors, or relatives who did not live with you, and for which you did not receive pay.

Altogether, in the last 12 months how many hours did you spend helping them, such as: providing transportation, shopping or running errands for them; helping them with their housework or with the upkeep of their house, car or other things; or doing other things? Would you say, less than 20 hours, 20 to 39 hours, 40-79 hours, 80-159 hours, or 160 hours or more (over the last 12 months)?

//"Hours unpaid friend-rel help"

Less than 20 hours.........................1
20 to 39 hours.............................2
40-79 hours...............................3
80-159 hours..............................4
160 hours or more.........................5
If R VOLUNTEERS: Never/None.................................6 8-17-2011

CAREGIVE
K7  Now I would like to talk with you about friends and relatives, including those living with you, who have trouble taking care of themselves because of physical or mental illness, disability, or for some other reason. In the last 12 months have you been involved in helping someone like this by caring for them directly or arranging for their care by others?

//Unpaid health caregiving"

1. YES 5. NO -- MEMDATE
K7a  During the last 12 months, how many hours did you spend providing such help? Would you say, less than 20 hours, 20 to 39 hours, 40-79 hours, 80-159 hours, or 160 hours or more (over the last 12 months)?

<table>
<thead>
<tr>
<th>Hours health caregiving</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20 hours</td>
<td>1</td>
</tr>
<tr>
<td>20 to 39 hours</td>
<td>2</td>
</tr>
<tr>
<td>40-79 hours</td>
<td>3</td>
</tr>
<tr>
<td>80-159 hours</td>
<td>4</td>
</tr>
<tr>
<td>160 hours or more</td>
<td>5</td>
</tr>
</tbody>
</table>

K7b  Who was that person or persons that you spent time helping?

( Specify) Interviewer instruction: Interviewer should enter as many as the respondent reports, but not read the list of possible persons to the respondents.

<table>
<thead>
<tr>
<th>Partner/Spouse</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>02. Spouse of R</td>
<td>10  Child, NA sex (incl. foster-child/stepchild)</td>
</tr>
<tr>
<td>03. Partner of R</td>
<td>11  Son (incl. adopted)</td>
</tr>
<tr>
<td>04. Ex-spouse</td>
<td>12  Daughter (incl. adopted)</td>
</tr>
<tr>
<td></td>
<td>13  Stepson (incl. partner’s son)</td>
</tr>
<tr>
<td></td>
<td>14  Stepdaughter (incl. partner’s daughter)</td>
</tr>
<tr>
<td></td>
<td>15  Son-in-law (incl. daughter’s partner)</td>
</tr>
<tr>
<td></td>
<td>16  Daughter-in-law (incl. son’s partner)</td>
</tr>
<tr>
<td></td>
<td>17  Foster son</td>
</tr>
<tr>
<td></td>
<td>18  Foster daughter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent</th>
<th>Other relatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Parent, NA sex</td>
<td>40. Grandchild/great grandchild, NA sex</td>
</tr>
<tr>
<td>21. Father (incl. adoptive father)</td>
<td>41. Grandson; great grandson</td>
</tr>
<tr>
<td>22. Mother (incl. adoptive mother)</td>
<td>42. Granddaughter; great granddaughter</td>
</tr>
<tr>
<td>23. Stepparent</td>
<td>43. Nephew; great nephew</td>
</tr>
<tr>
<td>24. Stepmother</td>
<td>44. Niece; great niece</td>
</tr>
<tr>
<td></td>
<td>45. Uncle; great-uncle</td>
</tr>
<tr>
<td>25. Father-in-law (incl. partner’s father)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sibling/Sibling-in-law</th>
<th>Other relatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. Brother</td>
<td>40. Grandchild/great grandchild, NA sex</td>
</tr>
<tr>
<td>32. Sister</td>
<td>41. Grandson; great grandson</td>
</tr>
<tr>
<td>33. Stepbrother</td>
<td>42. Granddaughter; great granddaughter</td>
</tr>
<tr>
<td>34. Stepsister</td>
<td>43. Nephew; great nephew</td>
</tr>
<tr>
<td>35. Brother-in-law</td>
<td>44. Niece; great niece</td>
</tr>
<tr>
<td>36. Sister-in-law</td>
<td>45. Uncle; great-uncle</td>
</tr>
<tr>
<td>37. Cousin</td>
<td></td>
</tr>
<tr>
<td>48. Other “in-law”</td>
<td></td>
</tr>
<tr>
<td>49. Other relative</td>
<td></td>
</tr>
<tr>
<td>50. Family/relative—NFS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unrelated persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>61. Fiancée (if lives with R, code 03)</td>
</tr>
<tr>
<td>62. Housemate/roommate</td>
</tr>
<tr>
<td>63. Household employee; live-in sitter; housekeeper</td>
</tr>
</tbody>
</table>
64. Friend
65. Neighbor
66. Person related to R’s partner (exc. Child or parent)
67. Roomer; boarder
68. Landlord—incl. Owner of HU who employs R; incl. A relative of landlord
71. Clergy; priest
72. Physician/nurse/“hospital”
73. Co-worker/business partner/boss
74. Child-care worker (exe. 63)
75. Godchild
76. Godparent
77. Lawyer
78. Accountant; business manager; bookkeeper
79. Psychiatrist; counselor; social worker
80. School personnel
81. Police; courts; judge
97. Other unrelated
ANGOUT4

M2a. Now I have some statements that describe how people react or behave when they are feeling angry or mad. Thinking of the times you feel angry or mad, please indicate how often you react in the following way—almost never, sometimes, often, or almost always.

When I am feeling angry or mad, I argue with others. Would you say almost never, sometimes, often, or almost always?

"Argue when angry or mad"

IF R RESPONDS SLOWLY INSTRUCT HIM/HER: Respond quickly to these without thinking much, as your first impulse is usually the best answer.

Almost never................................1
Sometimes....................................2
Often..........................................3
Almost always...............................4

ANGOUT5

M2b. When I am feeling angry or mad, I strike out at whatever infuriates me. (Would you say almost never, sometimes, often, or almost always?)

"Strike out when angry or mad"

Almost never................................1
Sometimes....................................2
Often..........................................3
Almost always...............................4
ANGOUT6
M2c. When I am feeling angry or mad, I say nasty things. (Would you say almost never, sometimes, often, almost always?)

"Nasty when angry or mad"

Almost never.................................................1
Sometimes.....................................................2
Often............................................................3
Almost always................................................4

COOKMED4 ADD ICON FOR SHOWCARD – REFER TO LIST A
M3a. For each of the following statements, please indicate whether you agree strongly, agree somewhat, disagree somewhat, or disagree strongly.

Most people inwardly dislike putting themselves out to help other people. (Would you say agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

"Dislike putting self out"

IF R RESPONDS SLOWLY INSTRUCT HIM/HER: Respond quickly to these without thinking much, as your first impulse is usually the best answer.

Agree strongly................................................1
Agree somewhat.............................................2
Disagree somewhat........................................3
Disagree strongly...........................................4

COOKMED5 ADD ICON FOR SHOWCARD – REFER TO LIST A
M3b. Most people will use somewhat unfair means to gain profit or an advantage rather than lose it. (Would you say agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

"Use unfair means for profit"

Agree strongly................................................1
Agree somewhat.............................................2
Disagree somewhat........................................3
Disagree strongly...........................................4

COOKMED7 ADD ICON FOR SHOWCARD – REFER TO LIST A
M3c. I think most people would lie in order to get ahead. (Would you say agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

"Lie to get ahead"

Agree strongly................................................1
Agree somewhat.............................................2
Disagree somewhat........................................3
Disagree strongly...........................................4
M4a. I feel it is impossible for me to reach the goals that I would like to strive for. Would you say agree strongly, agree somewhat, disagree somewhat, or disagree strongly?
"Impossible to reach goals"

IF R RESPONDS SLOWLY INSTRUCT HIM/HER: Respond quickly to these without thinking much, as your first impulse is usually the best answer.

Agree strongly.............................1
Agree somewhat.............................2
Disagree somewhat..........................3
Disagree strongly..........................4

M4b. The future seems hopeless to me and I can't believe that things are changing for the better. (Would you say agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)
"Future seems hopeless"

Agree strongly.............................1
Agree somewhat.............................2
Disagree somewhat..........................3
Disagree strongly..........................4

KM ASSIST
IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN
SECTION K VOLUNTARY ACTIVITY OR SECTION M PERSONALITY DISPOSITIONS?
1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER
SECTION N: LIFE EVENTS

LEWID
N1. Next, I have some questions about experiences you may have had since we interviewed you last in FILL (MONTH OF IW, 2001/2, 1994, 1989 OR 1986).

Since we interviewed you in FILL (MONTH OF IW, 2001/2, 1994, 1989 OR 1986), have you become widowed?

/Widowed since last IW/

1. YES

5. NO

GO TO LEROB

LEWIDYR
N1a In what year did that happen most recently?

/Year widowed/

If DK. OBTAIN best estimate

________YEAR

Hard Consistency Check—If LEWIDYR < LAST INT YR—The year should be greater than or equal to the year of last interview.

SOFT CHECK—If MARYR is < year of last iw AND LEWID = 1, then : “You have indicated that the R’s current marriage began in FILL (MARYR), but that the R also was widowed since then. If this is not correct, please change whichever response was incorrectly entered”

LEROB
N2 Were you robbed or was your home burglarized since FILL (MONTH OF IW, 1994, 1989 OR 1986)?

/Robbed since last IW/

1. YES

5. NO

GO TO LEJOB

LEROBYR
N2a In what year did that happen most recently?

/Year robbed/

If DK. OBTAIN best estimate

________YEAR

Hard Consistency Check—If LEROBYR < LAST INT YR—The year should be greater than the year of last interview.

LEJOB
N3 Have you involuntarily lost a job for reasons other than retirement since FILL (MONTH OF IW, 1994, 1989 OR 1986)?

/Lost job since last IW/

1. YES

5. NO

NEXT PAGE, LEATTACK

LEJOBYR
N3a In what year did that happen most recently?
"Year lost job"

If DK. OBTAIN best estimate

_______ YEAR

Hard Consistency Check—If LEJOBYR < LAST INT YR—The year should be greater than or equal to the year of last interview.

LEJOBMO
N3b In what month did it happen?
"Month lost job"

(IF DK, PROBE FOR SEASON OR HALF OF YEAR.)

_______ MONTH

LEATTACK
N4. Have you been the victim of a serious physical attack or assault since FILL (MONTH OF IW, 1994, 1989 OR 1986)?
"Assault since last IW"

1. YES  5. NO --->GO TO LEPARDIE

LEATTKYR
N4a In what year was the most recent occurrence?
"Year assaulted"

If DK. OBTAIN best estimate

_______ YEAR

Hard Consistency Check—If LEATTKYR < LAST INT YR—The year should be greater than or equal to the year of last interview.

LEPARDIE
N5. Has a parent or step-parent of yours died since FILL (MONTH OF IW, 1994, 1989 OR 1986)?
"Parent died since last IW"

1. YES  5. NO --->NEXT PAGE, LELTILL
LELTILL
N6. Since fill (month of in, 1994, 1989 or 1986), have you had a life-threatening illness or accidental injury?
"Life threatening illness"

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>--- &gt; GO TO LESERIL</th>
</tr>
</thead>
</table>

LETILYR
N6a In what year did that happen most recently?
"Year LT illness"

If DK, OBTAIN best estimate

_______ YEAR

Hard Consistency Check—If LEJTLILYR < LAST INT YR—The year should be greater than or equal to the year of last interview.

LELTILMO
N6b In what month did it happen?
"Month LT illness"

(IF DK, PROBE FOR SEASON OR HALF OF YEAR.)

_______ MONTH

LESERIL
N7. Since fill (month of in, 1994, 1989 or 1986), have you had any serious, but not life-threatening, illness or injury that occurred or got worse?
"Serious illness"

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>--- &gt; NEXT PAGE, LEDIV</th>
</tr>
</thead>
</table>

LESRILYR
N7a In what year did that happen most recently?
"Year serious illness"
If DK. OBTAIN best estimate

_______ YEAR

Hard Consistency Check—If LESRILYR < LAST INT YR—The year should be greater than or equal to the year of last interview.

LESRILMO
N7b In what month did it happen?
/“Month serious illness”

(IF DK, PROBE FOR SEASON OR HALF OF YEAR.)

_______ MONTH

LEDIV
N8. Have you gotten a divorce since FILL (MONTH OF IW, 1994, 1989 OR 1986)?
/“Divorce since last IW”

1. YES

5. NO --->GO TO CHILDDIE

LEDIVYR
N8a. In what year did that happen most recently?
/“Year most recent divorce”

If DK. OBTAIN best estimate

_______ YEAR

Hard Consistency Check—If LEDIVYR < LAST INT YR—The year should be greater than or equal to the year of last interview.

SOFT CHECK: If MARYR is < year of last iw and LEDIV =1, then “You have indicated that the R’s current marriage began in FILL (MARYR), but that the R also was divorced since then. If this is not correct, please change whichever response was incorrectly entered.

CHILDDIE
N9. Since FILL (MONTH OF IW, 1994, 1989 OR 1986), has a child of yours died?
/“Child died since last IW”

1. YES

5. NO ---> LEOTHDIE
CHDDIEYR
N9a. In what year did that happen most recently?
"Year child died"

If DK. OBTAIN best estimate

_______ YEAR

Hard Consistency Check—If CHDDIEYR < LAST INT YR—The year should be greater than or equal to the year of last interview.

CHLDDIAG
N9b. How old was the child when it happened?
"How old child when died"

ENTER age:

LEOTHDIE
N10. Other than a spouse, parent or child, has a close relative or one of your close friends died since we interviewed you in FILL (MONTH OF IW, 1994, 1989 OR 1986)--someone you felt you could call on for advice or help if you needed it?
"Other died since last IW"

1. YES 5. NO --->GO TO LEFINPRB

OTHDICYR
N10a. In what year did that happen most recently?
"Year other died"

If DK. OBTAIN best estimate

_______ YEAR

Hard Consistency Check—If OTHDICYR < LAST INT YR—The year should

LEFINPRB
N11. Since FILL (MONTH OF IW, 1994, 1989 OR 1986) have you had any serious financial problems or difficulties?
"Financial problems since last IW"

1. YES 5. NO --->NEXT PAGE, LEOTH

FINPRBYR
N11a. In what year did that happen most recently?
"Year financial problems"

If DK. OBTAIN best estimate

_______ YEAR

Hard Consistency Check—If FINPRBYR < LAST INT YR—The year should be greater than the year of last interview.
LEOTH

N12. Again, since we last interviewed you in FILL (MONTH OF IW, 1994, 1989 OR 1986) has anything (else) bad happened to you that upset you a lot and that you haven't already told me about?

/"Other thing since last IW"

1. YES  5. NO --->NEXT PAGE, FIRED

LEOTHSP

N12a. What was the most upsetting thing that happened that you haven't already told me about?

/"What other thing happened"

ENTER open ended answer:

______________________________

LEOTHYR

N12b. In what year did that happen?

/"Year other thing happened"

If DK. OBTAIN best estimate

_______YEAR

Hard Consistency Check—If LEOTHYR < LAST INT YR—The year should be greater than or equal to the year of last interview.

FIRED

N13. Since FILL (MONTH OF IW, 1994, 1989 OR 1986), have you ever been unfairly fired from a job or been unfairly denied a promotion?

/"Fired since last IW"

1. YES  5. NO --->GO TO HIRED

WHENFIRE

N13a In what year did that happen most recently?

/"Year fired"

If DK. OBTAIN best estimate

_______YEAR

Hard Consistency Check—If WHENFIRE < LAST INT YR—The year should be greater than or equal to the year of last interview.

HIRED

N14. Since FILL (MONTH OF IW, 1994, 1989 OR 1986), for unfair reasons, have you ever not been hired for a job?

/"Not hired since last IW"

1. YES  5. NO --->GO TO POLABUSE

WHENHIRE
N14a  In what year did that happen most recently?
/*Not hired year*/

If DK. OBTAIN best estimate

______YEAR

Hard Consistency Check—If WHENHIRE < LAST INT YR—The year should be greater than or equal to the year of last interview.

POLABUSE
N15. Since FILL (MONTH OF IW, 1994, 1989 OR 1986), have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?
/*Threat by police since last IW*/

1. YES  5. NO -->GO TO WHYDIS1

WHENABUSE
N15a In what year did that happen most recently?
/*Year threatened by police*/

If DK. OBTAIN best estimate

______YEAR

Hard Consistency Check—If WHENABUSE < LAST INT YR—The year should be greater than or equal to the year of last interview.

WHYDIS1
N16 What do you think was the main reason these experiences happened to you? That is, reasons why FILL (you were unfairly fired, for unfair reasons not hired for a job, or unfairly stopped, searched, questioned, physically threatened or abused by police?).

Code R’s response into the category that best fits. Do not read the code frame to the R.
/*Why discriminated against*/

If R mentions multiple reasons, REPEAT QUESTION stressing “MAIN” reason If R insists, CODE 9 and specify.

Your ancestry or national origin.................1
Your gender.........................................2
Your race.............................................3
Your age..............................................4
Your height..........................................5
Your weight.........................................6
Some other aspect of your physical appearance..7
Your sexual orientation...........................8
Multiple reasons (SPECIFY).........................9
Something else (Specify) ____________________10

MULWHYDIS1
N16a (What do you think were the reasons for FILL (this experience/these experiences)
/*Multiple treated less respect*/

Specify

____________________

SPWHYDI1
N16b (What do you think was the main reason for FILL (this experience/these experiences)?)
DISCRIM1
N18a  In your day-to-day life how often have any of the following things happened to you?

/*Treated with less courtesy*/

You are treated with less courtesy or respect than other people. Would you say a few times a month or more, a few times a year, less than once a year, or never?

A few times a month or more................1
A few times a year.........................2
Less than once a year......................3
Never......................................4

DISCRIM3
N18b  You receive poorer service than other people at restaurants or stores. Would you say a few times a month or more, a few times a year, less than once a year, or never?

/*Receive poorer service*/

A few times a month or more................1
A few times a year.........................2
Less than once a year......................3
Never......................................4

DISCRIM4
N18c  People act as if they think you are not smart. (Would you say a few times a month or more, a few times a year, less than once a year, or never?)

/*People think not smart*/

A few times a month or more................1
A few times a year.........................2
Less than once a year......................3
Never......................................4

WHYDISC2
N19  What do you think was the main reason these experiences happened to you? That is, reasons why you are treated with less courtesy or respect than other people OR you receive poorer service than other people at restaurants and stores OR people act as if they think you are not smart).

/*Why treated with less respect*/

Code R’s response into the category that best fits. Do not read the code frame to the R.

If R mentions multiple reasons, REPEAT QUESTION stressing “MAIN” reason
If R insists, CODE 9 and specify.

Your ancestry or national origin..................1
Your gender......................................2
Your race.........................................3
Your age...........................................4
Your height.......................................5
Your weight......................................6
Some other aspect of your physical appearance..7
Your sexual orientation..........................8
Multiple reasons (SPECIFY)......................9
Something else (Specify) .......................10

MULWHYDIS2
N19  (What do you think were the reasons for FILL (this experience/these experiences)?)
//“Multiple treated less respect2”
Specify
____________________

SPWHYDIS2
N19  (What do you think was the main reason for FILL (this experience/these experiences)?)
//“Other treated less respect2”
Specify
____________________

VIGIL3
N20b  In your day-to-day life, how often do you do the following things:

Feel that you always have to be very careful about your appearance to get good service or avoid being harassed. Would you say a few times a month or more, a few times a year, less than once a year, or never?
//“Careful with appearance”

A few times a month or more................1
A few times a year...........................2
Less than once a year.......................3
Never.......................................4

VIGIL4
N20c  Carefully watch what you say and how you say it. (Would you say a few times a month or more, a few times a year, less than once a year, or never?)
//“Watch what you say”

A few times a month or more................1
A few times a year...........................2
Less than once a year.......................3
Never.......................................4

VIGIL6
N20d  Try to avoid certain social situations and places. (Would you say a few times a month or more, a few times a year, less than once a year, or never?)
//“Avoid certain situations”

A few times a month or more................1
A few times a year...........................2
Less than once a year.......................3
Never.......................................4

N ASSIST
IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION N LIFE EVENTS?
1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER
SECTION P: RELIGION

ATTEND

P1. Now I have a few questions about religion. Even people who have no religious affiliation may have some religious feelings or beliefs or engage in some religious activities, so we ask these questions of everyone.

How often do you usually attend religious services? Would you say more than once a week, once a week, 2-3 times a month, about once a month, less than once a month, or never?

"Freq attend religious services"

Enter “never” if less than once per year.

More than once a week...................1
Once a week.................................2
2-3 times a month..........................3
About once a month.......................4
Less than once a month.................5
Never........................................6

RELACT

P2. Besides religious services, how often do you take part in other activities at a church or place of worship? Would you say more than once a week, once a week, 2-3 times a month, about once a month, less than once a month, or never?

"Freq activities at church"

More than once a week..................1
Once a week................................2
2-3 times a month........................3
About once a month....................4
Less than once a month..............5
Never......................................6

RELIMPT

P4. In general, how important are religious or spiritual beliefs in your day-to-day life? Would you say very important, fairly important, not too important, or not at all important?

"Importance religious beliefs"

Very important....................................1
Fairly important..................................2
Not too important...............................3
Not at all important............................4
SECTION Q: DEMOGRAPHICS

CHECKQ1
Q1. INTERVIEWER CHECKPOINT
"R currently married"

SEE MARSTAT
1. R IS CURRENTLY MARRIED
   ☑
2. ALL OTHERS-->Go to FINSAT

SPWRK
Q2. Finally I have some questions about you and your FILL (husband’s/wife’s) background and current financial situation. Is your FILL (husband/wife) working for pay at the present time, looking for work, retired, or doing something else?

   If more than one, PROBE: Which best describes FILL (his/her) current situation?
"Spouse major activity"

1. WORKING NOW; ON SICK LEAVE
   ☑
2. TEMPORARILY LAID OFF WORK
3. RETIRED
4. LOOKING FOR WORK, UNEMPLOYED
5. PERMANENTLY DISABLED
6. KEEPING HOUSE
7. STUDENT
8. OTHER (SPECIFY):
   "SP other activity"

   Q2SP.
   Specify ________________

CHECKQ3
Q3. INTERVIEWER CHECKPOINT
"R married since last IW"

Compare MARYR to year of last iw
1. R GOT MARRIED AFTER DATE OF LAST INTERVIEW
   ☑
2. ALL OTHERS-->GO TO FINSAT
SPDOB
Q4. What is the month, day, and year of your FILL (husband's/wife's) birth? 
/“DOB new spouse”

ENTER year in MM/DD/YYYY format

____________/_________/________

MONTH       DAY       YEAR

SPBORNST
Q5. In what state or foreign country was FILL (he/she) born? 
/“State of birth new spouse”

ENTER state. PRESS CTRL-D, then [Enter] if not in the US

__________________________________STATE

SPBORNCT
Q5CT. (In what state or foreign country was FILL (he/she) born?)
/“Country of birth new spouse”

ENTER foreign country

SPEDUC
Q6. What is the highest grade of school or year of college your FILL (husband/wife) completed?
/“Education of new spouse”

ENTER number of years from 0 to 17
If R gives an answer greater than 17 years, ENTER “17”

SPHSDEG
Q6a. Did FILL (he/she) get a high school diploma or pass a high school equivalency test?
/“Spouse has GED”

1. YES  5. NO

SPBADEG
Q6b. Does FILL (he/she) have a bachelor’s degree? 
/“Spouse has BA”

1. YES  5. NO

FINSAT
Q7. FILL IF UNMARRIED (Finally, I have some questions about your back ground and current financial situation.) How satisfied are you with FILL (your/your family's) present financial situation—completely, very, somewhat, not very or not at all satisfied? 
/“Satisfaction with finances”

1. COMPLETELY SATISFIED  2. VERY  3. SOMEWHAT  4. NOT VERY  5. NOT AT ALL SATISFIED
PAYBILLS
Q8. How difficult is it for FILL (you/your family) to meet the monthly payments on your (family's) bills? Is it extremely difficult, very difficult, somewhat difficult, slightly difficult, or not difficult at all?

"Difficult to pay bills"

OWNRENT
Q9. Do you own your own home, apartment or farm, do you pay rent, or what?

IWER: This question applies to whatever the R considers to be his/her primary residence.

"Own rent or other"
WE WAS IN AND WAS TAKEN OUT 9-6, LET’S PUT IT BACK IN AS-IS

HOMEWRTH

Q9b. If you sold this (house/apartment/farm) today, how much money would you get for it after paying off the mortgage?<<show this phrase without parentheses if the answer to Q9a MORTGAGE is 1. Yes  8-17-2011

//Home worth today"

ENTER “0” If R says he/she would lose money.
ENTER “2,000,000” if R would get above two million.

$__________________________AMOUNT R WOULD RECEIVE

Soft check-If HOMEWRTH less than or equal to $10,000. Ask R: You indicated you would receive ________. Does that include your down payment?

IF HOMEWRTH .NE. DK or RF go to BEHINDMO

HMWRTH2

Q9c. While you may not know exactly how much this (house/apartment/farm) is worth, would it be $50,000 or more?

//Home worth 50K+

1. YES

5. NO
Q9d. Would it be $100,000 or more? /"Home worth 100K+"

1. YES 5. NO

V GO TO BEHINDMO

Q9e. Would it be $250,000 or more? /"Home worth 250K+"

1. YES 5. NO

V GO TO BEHINDMO

Q9f. Would it be $500,000 or more? /"Home worth 500K+"

1. YES 5. NO

V GO TO BEHINDMO

SKIP: IF MORTGAGE = YES, GO TO BEHINDMO
IF MORTGAGE = NO, GO TO FORECLOS

BEHINDMO
QXX. Sometimes people have trouble paying their mortgage. Have you fallen more than two months behind on mortgage payments? /"Fallen behind on mortgage"

Yes [GO TO INFORECL]
No [Go to FORECLOS]

FORECLOS
QXX. Have you ever lost your home due to a foreclosure or has your lender or bank started the process of foreclosing on your home?

IF NEEDED: Foreclosure of a house is when a bank takes possession of the house because the owner did not keep up with the mortgage payments. /"Ever foreclosure"

1 LOST HOME TO FORECLOSURE [Go to FORECLYR]
2 CURRENTLY IN PROCESS OF FORECLOSURE [Go to FORECLYR]
3 NO, NEITHER [Go to ASSET]

FORECLYR
QXX In what year did that happen (fill if FORCLOS=1)/begin(fill if FORCLOS=2) most recently? /"Year foreclosure"

If DK. OBTAIN best estimate

______YEAR

ASSET
Q-10a. Now I’d like to talk about assets – that is, things that you could sell, if you wanted, to earn additional money. We do not need detailed amounts, just whether you FILL (and your husband/wife) have any assets I will mention. /"Which assets"
READ the list. ENTER all that apply, separated by dashes.

- Real estate "other than your main home," such as a second/vacation home, land, rental real estate, a partnership, or money owed to you on a land contract or mortgage.

- Part or all of a business or farm.

- Money or assets that are held in retirement accounts under your or your FILL (spouse’s/partner’s) name, such as a pension, an annuity, an Individual Retirement Account (IRA), KEOGH, or a 401(k) account.

- Savings or investments, such as shares of stock, mutual funds, corporate, municipal, government or foreign bonds, bond funds (including government savings bonds and treasury bills), checking or savings accounts, certificates of deposit, or money market funds.

- One or more working cars.

- Any other savings or assets, such as jewelry, boats or other vehicles, money owed to you by others, a collection for investment purposes, rights in an estate where you are the beneficiary, or other trust funds (do not include the cash value of any life insurance policies).

- None of the above.

SKIP: IF ASSET .NE. 5, ASK: WEALTH1

Q-10b. How many cars do you FILL (and your husband/and your wife) own? Again, please include only cars that work.

/"How many cars"

1. .................................1
2. .................................2
3. .................................3
4 or more.........................4

WEALTH1

Q-11. Now, thinking about all the things you’ve mentioned above, or any other assets you FILL (and your husband/wife) may have FILL (including real estate AND all or part of a business or farm AND retirement accounts AND savings or investments AND one or more cars AND other assets), but not including your main home, how much would you say that all of your FILL (and your husband’s/wife’s) assets are worth together?

/"Total worth assets"

ENTER amount from $0 to $99,999,999

$__________

Soft Check-If < $999—All of your assets are worth $ FILL (___), is that right?
Soft Check-IF > $5,000,000—All of your assets are worth $ FILL (___), is that right?

***Set upper limit at $99,999,999

SKIP: IF respondent gives a dollar figure for WEALTH1, ASK: INCSRC

WEALTH2

Q12. While you may not know exactly how much these things are worth, would it be $50,000 or more?

/"Assets 50K+"

1. YES

5. NO
Q12a. Would it be $100,000 or more?
/*"Assets 100K+"

1. YES 5. NO

GO TO INCSRC

Q12b. Would it be $250,000 or more?
/*"Assets 250K+"

1. YES 5. NO

GO TO INCSRC

Q12c. Would it be $500,000 or more?
/*"Assets 500K+"

1. YES 5. NO

GO TO INCSRC

Q12d. Would it be $10,000 or more?
/*"Assets 10K+"

1. YES 5. NO

GO TO INCSRC

Q12e. Would it be $25,000 or more?
/*"Assets 25K+"

1. YES 5. NO

SKIP—If R answers DK or RF to any of Q12a-Q12e, Go to INCSRC.

INCSRC
Q13a. In order to get an accurate picture of your FILL (and your husband's/and your wife's) income, it helps to know the different sources of income you FILL (and your husband/and your wife) may have had during the past 12 months. We do not need detailed amounts, just whether you FILL (and your husband/and your wife) had any income from the sources I will mention.

/*"Sources of income"

READ the list, ENTER all that apply, separated by dashes

1. Income from wages, salary, commissions and tips
2. Social Security payments, including payments for children
3. Retirement pay, such as pensions, annuities, IRAs, Keoghs, 401(K) accounts, or veteran's benefits
4. Income from rent, interest, dividends, money market funds, trust funds, or other investments
5. Unemployment compensation, disability or workers' compensation, or SSI (Supplemental Security Income—a federal government program to provide money to disabled persons and low-income elderly)
6. Child support payments or alimony
7. Public assistance payments such as State or County Assistance, TANF, AFDC, or other government welfare payments
8. Food stamps (income to lower income families to purchase food) or energy and housing assistance from the government
9. Any other sources of income
10. None of the above

INCOME1
Q14. Now, thinking about all possible sources of income you FILL (and your husband/and your wife) had over the past 12 months including FILL (your income...
from a job AND Social Security payments AND retirement pay AND investments income AND unemployment or worker’s compensation AND child support or alimony AND public assistance payments AND food stamps AND other income sources) or any other income you FILL (and your husband/ and your wife) may have had, how much income before taxes would you say you FILL (and your husband/and your wife) received from all these sources?

"Total income"

ENTER amount from $1 to $9,999,999

$_____________

Soft Check-If INCOME1 > or = $1,000,000

Soft Check-If INCOME1< or = $5,000

SOFT CHECK: If INCOME1 < EARNYR (J11), IWER: “Does this amount include all sources of income including earnings from your job before taxes you told me about earlier?”

IF INCOME1 .NE. DK or RF Go to BANKRUPT

INCOME2a

Q14a. While you may not know the exact amount, would you FILL (and your husband’s/and your wife’s) total income before taxes in the last 12 months be $30,000 or more?

"Income 30K+"

1. YES 5. NO 8. DK/REF ---> Go to BANKRUPT

V

GO TO INCOME2f
Q14b. Would it be $60,000 or more?

Q14c. Would it be $80,000 or more?

Q14d. Would it be $100,000 or more?

Q14d1. Would it be $250,000 or more?

Q14e. Would it be $40,000 or more?
INCOME2f  
Q14f. Would it be $15,000 or more?  
/“Income 15K+”

INCOME2g  
Q14g. Would it be $20,000 or more?  
/“Income 20K+”

INCOME2h  
Q14h. Would it be $10,000 or more?  
/“Income 10K+”

INCOME2j  
Q14j. Would it be $25,000 or more?  
/“Income 25K+”

INCOME2k  
Q14k. Would it be $5,000 or more?  
/“Income 5K+”

SKIP—If R answers DK or RF to any of Q14a-Q14k, Go to BANKRUPT.

BANKRUPT  
QXX. Have you ever filed for personal bankruptcy?  
/“Filed for bankruptcy”

   Yes [GO TO WHENBANK]  
   No [Go to YEARAGO]

BANKRUYR  
QXX In what year did you file for personal bankruptcy most recently?  
/“Year bankruptcy”

   If DK. OBTAIN best estimate

   _______YEAR

OXX.  ASKED IF AGE IS 65 OR GREATER
{SELF} We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the Medicare files.

Could you give me your Medicare number for this purpose?

   (Under the Privacy Act of 1974, providing your number is a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.)
   1. NUMBER RECORDED
   4. R REFUSED NUMBER
   5. NUMBER NOT RECORDED (NOT REFUSED)
   8. DK
   9. RF

GO TO N231 BRANCHPOINT
   [IWER: IF R REPORTS A MEDICARE NUMBER MORE THAN 9 DIGITS LONG, IF THE NUMBER ON THE CARD IS LONGER THAN 9 DIGITS, (N227.) ENTER 999 HERE.]
(N228.) ENTER 99 HERE.
(N229) TYPE THE NUMBER FROM THE CARD IN AN F2 COMMENT AND THEN ENTER 9997 IN THIS FIELD TO CONTINUE.

{CORE} MEDICARE NUMBER:
[IWER: ENTER [1ST/2ND/3RD] MEDICARE NUMBER SEQUENCE
[(3 DIGITS)/(2 DIGITS)/(4 DIGITS)]
[M229: IWER:]
- - DK RF
N227
N228
N229
N230
[IWER: PROBE]
{CORE} Is there a letter or a letter and number combination at the end of your Medicare number?
[IWER: PRESS [ENTER] IF THERE IS NOT A LETTER OR LETTER/NUMBER COMBINATION]
DK RF
LETTER/NUMBER

N231 BRANCHPOINT: IF R IS NOT COVERED BY MEDICAID/STATE NAME FOR MEDICAID (N006 NOT 1) or R REFUSED TO GIVE MEDICARE NUMBER (N226=4), GO TO N267 BRANCHPOINT
N231
{CORE} (We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the (Medicaid/STATE NAME FOR MEDICAID) files.)
(Could you give me your Medicaid number for this purpose?)
(Under the Privacy Act of 1974, providing your number is (also) a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.)
NUMBER:
1. NUMBER
RECORDED
4. R REFUSED
NUMBER
5. NUMBER NOT RECORDED
(NOT REFUSED)
8. DK 9. RF
GO TO N267 BRANCHPOINT
[IWER: IF R REPORTS A MEDICAID NUMBER MORE THAN 9 DIGITS LONG, ASK TO SEE THE CARD. IF THE NUMBER ON THE CARD IS LONGER THAN 9 DIGITS,
(N232.) ENTER 999 HERE.]
(N233.) ENTER 99 HERE.]
(N234.) TYPE THE NUMBER FROM THE CARD IN AN F2 COMMENT AND THEN ENTER 9997 IN THIS FIELD TO CONTINUE.]
- - DK RF
N232
N233
N234
NUMBER PART 3
------- end sequence on medicare/medicaid numbers ---------

PQ ASSIST
IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION P RELIGION AND SECTION Q DEMOGRAPHICS?
1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER
Q15. This completes the interview. Thank you very much for answering these questions.

"End of interview"

PRESS “1” and [Enter] to finish the interview.
SECTION X: INTERVIEWER'S OBSERVATIONS

INTMODE
X1. Interview taken:

1. FACE TO FACE
2. BY TELEPHONE

"IW face to face or phone"

INTLANG
X2. Interview conducted in:

1. ENGLISH
2. SPANISH
3. OTHER

INTLANG
X2a. SPECIFY: ____________________________

RUNDSTND
X3. How was R's understanding of the questions?

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR

RCOOP
X4. How was R's cooperation during the interview?

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR

INTTIRNG
X5. How tiring did the interview seem to be to R?

1. VERY TIRING
2. A LITTLE TIRING
3. NOT TIRING

ENJOYINT
X6. How much did R seem to enjoy the interview?

1. A GREAT DEAL
2. QUITE A BIT
3. SOME
4. A LITTLE
5. NOT AT ALL

RDIFFRMB
X7. How much difficulty did R have remembering things that you asked FILL (him/her) about?

1. NO DIFFICULTY
2. A LITTLE DIFFICULTY
3. SOME DIFFICULTY
4. A LOT OF DIFFICULTY
5. COULD NOT DO AT ALL

RDIFHEAR
X8. How much difficulty did R have hearing you when you talked to FILL (him/her)?

"R difficulty hearing"
1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL

RCMFTPPL
X9. On the basis of your experience with R in the interview, how comfortable would you say R is in dealing with other people?
/"R comfort dealing with others"

1. NOT AT ALL  2. SLIGHTLY  3. SOMEWHAT  4. QUITE  5. VERY

RSKLLPPL
X10. On the basis of your experience with R in this interview, how skilled would you say R is in handling or dealing with other people?
/"R skilled dealing with others"

1. NOT AT ALL  2. SLIGHTLY  3. SOMEWHAT  4. QUITE  5. VERY

RCONFID
X11. How self-confident did R seem to be?
/"How self-confident was R"

1. NOT AT ALL  2. A LITTLE  3. SOME  4. QUITE  5. VERY

RDEPR
X12. How depressed did R seem to be?
/"How depressed was R"

1. NOT AT ALL  2. A LITTLE  3. SOME  4. QUITE  5. VERY

REXPRESS
X13. How was R's ability to express FILL (himself/herself)?
/"R’s ability to express self"

1. EXCELLENT  2. GOOD  3. FAIR  4. POOR