SECTION A: HOUSEHOLD LISTING AND ACTIVITY

SCTABOX1
AA-1 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>
<td>3</td>
<td>AYADLT2</td>
<td>ADLT2</td>
<td>ASEX2</td>
<td>AAGE2</td>
</tr>
<tr>
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<td>AYADLT3</td>
<td>ADLT3</td>
<td>ASEX3</td>
<td>AAGE3</td>
</tr>
<tr>
<td>5</td>
<td>AYADLT4</td>
<td>ADLT4</td>
<td>ASEX4</td>
<td>AAGE4</td>
</tr>
<tr>
<td>6</td>
<td>AYADLT5</td>
<td>ADLT5</td>
<td>ASEX5</td>
<td>AAGE5</td>
</tr>
</tbody>
</table>

RAGE
AA-1a Before we start the interview, I need to re-list the people who live here—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. Let’s start with you. How old are you?

Age ________

RBDAY
AA-1aa What is your date of birth?

__________

***Consistency check – interview date-RBDAY = RAGE

RSEX
AA-1b INTERVIEWER OBSERVATION

Male………..1
Female………..2
AYADLT1
AA-1c  Is there anyone else 18 or older who lives here?

Yes………1
No………5

SKIP: IF AYADLT1=5, ASK AYCHLD1

ADLT1-ADLT5
AA-1d  What is the relationship of that person to you?

Spouse………1
Partner………2
Biological Child………3
Stepchild………4
Adopted child………5
Foster child………6
Partner’s child………7
Grandchild………8
Nephew/niece………9
Biological 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

ASEX1-ASEX5
AA-1e  What is the sex of that person?

Male………1
Female………2

***Consistency check – spouse/partner same sex as R?

AAGE1-AAGE5
AA-1f  What is the age of that person?

Age _________
AYADLT2-AYADLT5
AA-1c Is there anyone else 18 or older who lives here?

Yes………1
No………5

SKIP: IF AYADLT2-AYADLT5=1, ASK ADLT2-ADLT5.

SCTABOX2
AA-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>
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<td>AYCHLD3</td>
<td>CHLD3</td>
<td>CSEX3</td>
<td>CAGE3</td>
</tr>
<tr>
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<td>AYCHLD4</td>
<td>CHLD4</td>
<td>CSEX4</td>
<td>CAGE4</td>
</tr>
<tr>
<td>5</td>
<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
AA-2a Next, I need the age, sex, and relationship to you of everyone age 17 or younger who lives here. Is there anyone else 17 or younger who lives here?

Yes………1
No………5

SKIP: IF AYCHLD1=5, ASK AYCHDEW1.

CHLD1-CHLD6
AA-2b What is the relationship of that person to you?

Spouse………1
Partner………2
Biological Child………3
Stepchild………4
Adopted child………5
Foster child………6
Partner’s child………7
Grandchild………8
Nephew/niece………9
Sibling........17  
Other relative........18  
Other non-relative........19  

***Consistency check – child coded as spouse?***

### CSEX1-CSEX6

AA-2c What is the sex of that person?  

- Male........1  
- Female........2  

### CAGE1-CAGE6

AA-2d What is the age of that person?  

Age ________

### AYCHLD2-AYCHLD6

AA-1c Is there anyone else 17 or under who lives here?  

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

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

### SCTABOX3

AA-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>
<td>1</td>
<td>AYCHDEW1</td>
<td>CHLDEW1</td>
<td>CSEXEW1</td>
<td>CAGEEW1</td>
</tr>
<tr>
<td>2</td>
<td>AYCHDEW2</td>
<td>CHLDEW2</td>
<td>CSEXEW2</td>
<td>CAGEEW2</td>
</tr>
<tr>
<td>3</td>
<td>AYCHDEW3</td>
<td>CHLDEW3</td>
<td>CSEXEW3</td>
<td>CAGEEW3</td>
</tr>
<tr>
<td>4</td>
<td>AYCHDEW4</td>
<td>CHLDEW4</td>
<td>CSEXEW4</td>
<td>CAGEEW4</td>
</tr>
<tr>
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<td>CHLDEW5</td>
<td>CSEXEW5</td>
<td>CAGEEW5</td>
</tr>
<tr>
<td>6</td>
<td>AYCHDEW6</td>
<td>CHLDEW6</td>
<td>CSEXEW6</td>
<td>CAGEEW6</td>
</tr>
<tr>
<td>7</td>
<td>AYCHDEW7</td>
<td>CHLDEW7</td>
<td>CSEXEW7</td>
<td>CAGEEW7</td>
</tr>
<tr>
<td>8</td>
<td>AYCHDEW8</td>
<td>CHLDEW8</td>
<td>CSEXEW8</td>
<td>CAGEEW8</td>
</tr>
</tbody>
</table>
AYCHDEW1
AA-3a Do you have any children – these may be biological, adopted, step, or foster children - who are not living here with you at the present time?

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

SKIP: IF AYCHLDEW=5, ASK: HWKhrs

CHLDEW1-CHLDEW8
AA-3b Is this child your biological, adopted, stepchild, or foster child?

Biological Child........3
Stepchild........4
Adopted child........5
Foster child........6

CSEXEW1-CSEXEW8
AA-3c What is the sex of that child?

Male........1
Female........2

CAGEEW1-CAGEEW8
AA-3d What is the age of that child?

Age __________

AYCHDEW2-AYCHDEW8
AA-3e Do you have any other children who are not living here with you at the present time?

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

SKIP: IF AYCHDEW2-AYCHDEW8=1, ASK CHLDEW2-CHLDEW8.
HWKHRS

AD-1 Now I have a few questions about how you spend your time. In a typical week, about how many hours do you spend doing housework such as preparing food, going grocery shopping, doing laundry, cleaning or other such work around the house?

(IF R GIVES A RANGE, ASK FOR BEST ESTIMATE. IF R REFUSES, ENTER MIDPOINT OF RANGE.)
Hours ________

SKIP: IF AYCHLD1 = 5, ASK HLPTSK1

***Acceptable response 0-100

CHLDHRS

AD-2 In a typical week, about how many hours do you spend caring for the children who live here?
Hours ________

SKIP: IF CHLDHRS=0, ASK DAYCARE.

CHLDRED

AD-2a Have you had to quit work, adjust your working hours, or reduce other activities in order to care for these children?
Yes………1
No………5

DAYCARE

AD-3 During the last 12 months, were any of your children cared for by others outside of your home, such as relatives, a day care center, or a family day care home?
Yes………1
No………5

SKIP: IF DAYCARE=5, ASK HLPTSK1.
For this next question, you can look at the first inside page of your respondent booklet. Please do not look at the booklet except when I tell you.

How much trouble do you usually have finding affordable day care? Look at page 1 in your booklet. Would you say a great deal, quite a bit, some, a little, or no trouble at all?

A great deal………….1
Quite a bit………………2
Some…………………..3
A little…………………4
None at all……………5

Now let’s talk about help you may have given in the last year to friends, neighbors, or relatives who did not live with you. We are interested in help you provided during the last 12 months for which you did not receive pay.

During the last 12 months, did you provide transportation, shop or run errands, do housework or help with the upkeep of their house, or do anything else to help friends, neighbors, or relatives who did not live with you?

Yes………1
No………5

Skip: If AF-1 =5, Ask SPCLCARE

On average, about how many hours per week did you spend helping others in these ways over the past year?

(If R gives a range, ask for best estimate. If R refuses, enter midpoint of range.)

Hours ________

***Acceptable response 0-100. Allow decimals.***
Finally, I would like to ask about people who have trouble taking care of themselves because of physical or mental illness, disability, or for some other reason. Are you currently involved in helping someone like this by caring for them directly or arranging for their care by others?

Yes………1
No……….5

SKIP: IF AF-3 =5, ASK BEDCHR

How many such people do you help?

Number __________

I have a few questions about the person with whom you have the greatest involvement.

Who is [IF NUMCARE =1, FILL ‘this person’/ IF NUMCARE > 1 FILL ‘the person you take care of the most’]? What is this person’s relationship to you?

Relationship_______________

Does (he/she) live with you in your household?

Yes……….1
No……….5

Do you actually help to care for (him/her), or do you arrange for (his/her) care by others, or do you do both?

Care For……………1
Arrange for care………2
Both………………..3
CAREHRS AF-5
In a typical week, about how many hours did you spend doing this over the past year?

Hours ________

***Acceptable response 0-100. Allow decimals

BEDCHR AF-6
Now, I’d like to ask you a few questions about physical activity or exercise you may do.

Are you currently in bed or in a chair for most or all of the day because of your health?

Yes………..1
No……….5

SKIP: IF BEDCHR =1, ASK SLEEP1

PHYSACT1 AG-1
(For this next question, you can look at the second page of your respondent booklet. Please do not look at the booklet except when I tell you.)

On the average over the past year, how many days a week do you walk continuously for 20 minutes or more, either to get somewhere or just for exercise or pleasure. Look at page 2 in your booklet, would you say…

Never…………………..1
Less than once a week……..2
Once a week………………..3
2 –3 times a week ……..4
4 – 5 times a week……….5
Almost every day………..6

PHYSACT2 AG-2
Again looking at page 2 in your booklet, on the average over the past year, how many days a week do you do things around home like painting or other household improvements, or any work outside your home such as gardening, yard work, shoveling snow? Would you say…
Never………….……….. .1
Less than once a week…….2
Once a week…………..3
2 –3 times a week ……..4
4 – 5 times a week………5
Almost every day……….6

SKIP: IF PHYSACT2 = 1, ASK PHYSACT3

PHYSACT2A
AG-2a On average, over the past year about how many hours per week did you spend
doing this kind of work around the house?

(IF R GIVES A RANGE, ASK FOR BEST ESTIMATE. IF R REFUSES,
ENTER MIDPOINT OF RANGE.)

Hours /week________

***Acceptable response 0-100. Allow decimals.

PHYSACT3
AG-3 Still looking at page 2 in your booklet, the next questions are about physical
activities such as exercise, sports, or physically active hobbies that you may do
in your LEISURE time and that cause you to sweat or increase your breathing
or heart rate.

On average over the last year, how many days a week did you do LIGHT or
MODERATE leisure activities other than walking or working around the house
for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT
to MODERATE increase in breathing or heart rate? Would you say…….

Never…………………... .1
Less than once a week..2
Once a week…………..3
2 –3 times a week ……4
4 – 5 times a week……5
Almost every day……..6

SKIP: IF PHYSACT3= 1, ASK PHYSACT4
PHYSACT3A
AG-3a  Each time you did these light or moderate activities, did you generally do them for 20 minutes or more, or for less than 20 minutes?

Less than 20 minutes……1
20 minutes or more……2

PHYSACT4
AG-4  On average over the last year, how many days a week did you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

Never………………..1
Less than once a week..2
Once a week…………3
2 –3 times a week ......4
4 – 5 times a week……5
Almost every day……6

SKIP: IF PHYSACT 4 = 1, ASK SLEEP1

PHYSACT4A
AG-4a  Each time you did these vigorous activities, did you do them 20 minutes or more, or less than 20 minutes?

Less than 20 minutes……1
20 minutes or more……2
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SECTION B: PHYSICAL HEALTH AND UTILIZATION OF HEALTH CARE

SLEEP1
BA-1 Now I have a series of questions about your health.

How many hours of sleep do you usually get at night?

__________________

***Allow decimals in the answer

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

SLEEP2A
BA-2a Respondent Booklet, page 3

Now look at page 3 in your booklet. During the past 4 weeks, how often would you say you have had any of these problems related to your sleep?

Trouble falling asleep. Would you say rarely or never, sometimes, often or almost every day?

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

SLEEP3B
BA-3b How about waking up in the middle of the night and finding it hard to get back to sleep –(would you say rarely or never, sometimes, often or almost every day)?

Rarely or never……….1
Sometimes……….2
Often……….3
Almost every day……….4
SLEEP4
BA-4 How about waking up very early and can't get back to sleep—(would you say rarely or never, sometimes, often or almost every day)?

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

HEART
BA-5 The next set of questions are about health problems some people have had.
Has a doctor or health professional EVER told you that you had a heart attack?

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

SKIP: IF HEART = 5, ASK: HTTRB

HEARTYR
BA-5a In what year did it first occur?

_______

SKIP: IF HEARTYR=2001, ASK HEARTDR

HEARTMO
BA-5b Have you had a heart attack in the last 12 months?

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

HEARTDR
BA-5c Have you seen a doctor or other health professional about your heart attack in the last 12 months?

Yes........1
No.........5
HEARTMED
BA-5d Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
Yes………..1
No………..5

HTTRB
BA-6 Now I will read a list of medical conditions that usually last for some time. Has a doctor or health professional EVER told you that you had any of these conditions?
How about other heart trouble?
Yes………..1
No………..5
SKIP: IF HEART = 5, ASK: HYPER.

HTTRBYR
BA-6a In what year did it first occur?
_______
SKIP: IF HTTRBYR=2001, ASK HTTRBDR

HTTRBMO
BA-6b Have you had it in the last 12 months?
Yes………..1
No………..5

HTTRBDR
BA-6c Have you seen a doctor or other health professional about it in the last 12 months?
Yes………..1
No………..5
HTTRBMED
BA-6d Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?

Yes……….1
No…………5

HYPER
BA-7 (Has a doctor or health professional ever told you that you have) high blood pressure or hypertension?

Yes……….1
No…………5

SKIP: IF HYPER = 5, ASK: STROK.

HYPERYR
BA-7a In what year did it first occur?

_______

SKIP: IF HYPERYR=2001, ASK HYPERDR

HYPERMO
BA-7b Have you had it in the last 12 months?

Yes……….1
No…………5

HYPERDR
BA-7c Have you seen a doctor or other health professional about it in the last 12 months?

Yes……….1
No…………5

HYPERMED
BA-7d Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?

Yes……….1
No…………5
STROK
BA-8  (Has a doctor or health professional ever told you that you have had) a stroke?
Yes.........1
No.........5

SKIP: IF STROK = 5, ASK: BRONC.

STROKYR
BA-8a  In what year did it first occur?
_______

SKIP: IF STROKYR=2001, ASK STROKDR

STROKMO
BA-8b  Have you had a stroke in the last 12 months?
Yes.........1
No.........5

STROKDR
BA-8c  Have you seen a doctor or other health professional about your stroke in the last 12 months?
Yes.........1
No.........5

STROKMED
BA-8d  Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
Yes.........1
No.........5

BRONC
BA-10  (Has a doctor or health professional ever told you that you have) chronic bronchitis?
Yes.........1
No.........5
SKIP: IF BRONC = 5, ASK: ASTHM.

BRONCYR
BA-10a In what year did it first occur?

_______

SKIP: IF BRONCYR=2001, ASK BRONCDR

BRONCMO
BA-10b Have you had it in the last 12 months?

Yes……….1
No………..5

BRONCDR
BA-10c Have you seen a doctor or other health professional about it in the last 12 months?

Yes……….1
No………..5

BRONCMED
BA-10d Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?

Yes……….1
No………..5

ASTHM
BA-11 (Has a doctor or health professional ever told you that you have) asthma?

Yes……….1
No………..5
SKIP: IF ASTHM = 5, ASK: ARTHR.

ASTHMYR
BA-11a In what year did it first occur?

_____
ASTHMMO

BA-11b Have you had it in the last 12 months?

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

ASTHMDR

BA-11c Have you seen a doctor or other health professional about it in the last 12 months?

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

ASTHMMED

BA-11d Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?

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

ARTH

BA-12 (Has a doctor or health professional ever told you that you have) arthritis?

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

SKIP: IF ARTHR = 5, ASK: DIABE.

ARTHRYR

BA-12a In what year did it first occur?

_______

SKIP: IF ARTHRYR=2001, ASK ARTHRDR
ARTHRMO
BA-12b Have you had it in the last 12 months?
Yes.........1
No..........5

ARTHRDR
BA-12c Have you seen a doctor or other health professional about it in the last 12 months?
Yes.........1
No..........5

ARTHRMED
BA-12d Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
Yes.........1
No..........5

ARTHRKNE
BA-12e Is it in your knees?
Yes.........1
No..........5

ARTHRHAN
BA-12f Is it in your hands?
Yes.........1
No..........5

DIABE
BA-13 (Has a doctor or health professional ever told you that you have) diabetes or high blood sugar?
Yes.........1
No..........5

SKIP: IF DIABE = 5, ASK: ULCER.
DIABEYR
BA-13a  In what year did it first occur?

_____  

SKIP: IF DIABEYR=2001, ASK DIABEDR

DIABEMO
BA-13b  Have you had it in the last 12 months?

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

DIABEDR
BA-13c  Have you seen a doctor or other health professional for it in the last 12 months?

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

DIABEMED
BA-13d  Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?

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

ULCER
BA-14  Has a doctor or health professional ever told you that you have a stomach, duodenal or peptic ulcer?

Yes.........1  
No............5  
SKIP: IF ULCER = 5, ASK: CIRCU.

ULCERYR
BA-14a  In what year did it first occur?

_____  

SKIP: IF ULCERYR=2001, ASK ULCERDR
ULCERMO
BA-14b  Have you had it in the last 12 months?

Yes……….1
No……….5

ULCERDR
BA-14c  Have you seen a doctor or other health professional for it in the last 12 months?

Yes……….1
No……….5

ULCERMED
BA-14d  Have you taken prescription medicines or other prescribed treatments for it in
the last 12 months?

Yes……….1
No……….5

CIRCU
BA-16  (Has a doctor or health professional ever told you that you have) poor
circulation to the legs or peripheral artery disease?

Yes……….1
No……….5

SKIP: IF CIRCU = 5, ASK: EMPHY.

CIRCUYR
BA-16a  In what year did it first occur?

_______

SKIP: IF CIRCUYR=2001, ASK CIRCUDR

CIRCUMO
BA-16b  Have you had it in the last 12 months?

Yes……….1
No……….5
CIRCUDR
BA-16c Have you seen a doctor or other health professional for it in the last 12 months?
Yes...........1
No............5

CIRCUMED
BA-16d Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
Yes...........1
No............5

EMPHY
BA-18 (Has a doctor or health professional ever told you that you have) emphysema or chronic obstructive lung disease?
Yes...........1
No............5

SKIP: IF EMPHY = 5, ASK: OSTEO.

EMHYYR
BA-18a In what year did it first occur?

_______

SKIP: IF EMHYYR=2001, ASK EMPHYDR

EMPHYMO
BA-18b Have you had it in the last 12 months?
Yes...........1
No............5

EMPHYDR
BA-18c Have you seen a doctor or other health professional for it in the last 12 months?
Yes...........1
No............5
EMPHYMED
BA-18d Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?

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

OSTEO
BA-19 (Has a doctor or health professional ever told you that you have) osteoporosis or bones that break easily?

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

SKIP: IF OSTEO = 5, ASK: CRAMP.

OSTEOYR
BA-19a In what year did it first occur?

_______

SKIP: IF OSTEOYR=2001, ASK OSTEODR

OSTEOMO
BA-19b Have you had it in the last 12 months?

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

OSTEOGR
BA-19c Have you seen a doctor or other health professional for it in the last 12 months?

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

OSTEOMED
BA-19d Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?

YES.........1
NO.........5
CRAMP BA-20

Next, I will read a list of physical symptoms that some people have. For each one, tell me whether you have had that symptom in the last 12 months.

In the last 12 months have you had frequent cramps in your legs?

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

SKIP: IF CRAMP = 5, ASK: BREAT.

CRAMPDR BA-20a

Did you see a doctor or other health professional about it in the last 12 months?

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

CRAMPMED BA-20b

Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?

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

BREAT BA-21

(In the last 12 months have you had) trouble breathing or shortness of breath?

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

SKIP: IF BREAT = 5, ASK: ANKLE.

BREATDR BA-21a

Did you see a doctor or other health professional about it in the last 12 months?

Yes.........1
No..........5
BREATMED
BA-21b Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
Yes........1
No.........5

ANKLE
BA-22 (In the last 12 months have you had) swollen ankles?
Yes........1
No.........5

SKIP: IF ANKLE = 5, ASK: BACK.

ANKLEDR
BA-22a Did you see a doctor or other health professional about it in the last 12 months?
Yes........1
No.........5

ANKLEMED
BA-22b Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
Yes........1
No.........5

BACK
BA-23 (In the last 12 months have you had) repeated pains in the back or spine?
Yes........1
No.........5

SKIP: IF BACK = 5, ASK: COUGH.

BACKDR
BA-23a Did you see a doctor or other health professional about it in the last 12 months?
Yes........1
No.........5
BACKMED
BA-23b  Did you have prescription medicines or other prescribed treatments for it?

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

COUGH
BA-24  (In the last 12 months have you had) constant coughing or frequent heavy chest colds?

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

SKIP: IF COUGH = 5, ASK: STIFF.

COUGHHDR
BA-24a  Did you see a doctor or other health professional about it in the last 12 months?

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

COUGHMED
BA-24b  Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?

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

STIFF
BA-25  (In the last 12 months have you had) stiffness, swelling, or aching in any joint or muscle?

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

SKIP: IF STIFF = 5, ASK: FEET.
STIFFDR
BA-25a  Did you see a doctor or other health professional about it in the last 12 months?
Yes………1
No…………5

STIFFMED
BA-25b.  Did you have prescription medicines or other prescribed treatments for it?
Yes………1
No…………5

FEET
BA-26  (In the last 12 months have you had) problems with your feet that cause pain or
limit your ability to walk?
Yes………1
No…………5

SKIP: IF FEET = 5, ASK: HURIN.

FEETDR
BA-26a  Did you see a doctor or other health professional about it in the last 12 months?
Yes………1
No…………5

FEETMED
BA-26b  Have you taken prescription medicines or other prescribed treatments for it in
the last 12 months?
Yes………1
No…………5

HURIN
BA-27  (In the last 12 months have you had) difficulty holding your urine until you get
to a toilet or leaking of urine when you cough, sneeze, laugh, or exert yourself?
Yes………1
No…………5
HURINDR
BA-27a Did you see a doctor or other health professional about it in the last 12 months?
Yes........1
No.........5

HRUINMED
BA-27b Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
Yes........1
No.........5

CANCER
BA-28 Now, thinking of your whole life, has a doctor or other health professional ever told you that you have cancer?
Yes........1
No.........5
SKIP: IF CANCER = 5, ASK: FALL

CANCYR1
BA-28a In what year were you first diagnosed?


***Upper response limit=2001

CANCYSIT1
BA-28b In what site or part of your body did you have cancer?


Did you have either surgery, radiation, chemotherapy or drugs as a treatment for it?

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

Have you ever had a recurrence or cancer in another site?

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

SKIP: IF CANC2 = 5, ASK: CANCTLM

In what year did you have your recurrence or other cancer?


In what site or part of your body was that cancer?


Have you been under treatment for cancer in the last 12 months?

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

During the last 12 months, have you had a fall that was serious enough to cause you to go to a doctor, an emergency room, or a hospital?

Yes........1
No........5
RECOGFR
BA-30  Now, looking at page 4 in your Respondent Booklet

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?

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

READNEWS
BA-31  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?

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

HEARCONV
BA-32  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?

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

HEARCONV
BA-33  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?

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

__________ servings

Do you ever drink beer, wine or liquor?

Yes………1
No………2

SKIP: IF ABSTAIN=1, ASK DRNKMON.
SKIP: IF ABSTAIN=DK OR REF, ASK EVERCIGS

Have you always abstained from drinking alcohol?

Yes………1
No………2

SKIP: ASK EVERCIGS.

In a typical month, about how many days do you drink beer, wine or liquor?

Days _______

IF LESS THAN ONE PER MONTH, ENTER 0.

On days that you drink, about how many drinks do you have? By drink we mean a can or bottle of beer, glass of wine, or shot of liquor or a mixed drink.

Drinks _______

***Should accept decimal values***
DRNKDY  
BB-2d  
What is the largest number of drinks you had in any single day during the past 12 months? Would you say none, 1-3, 4-10, 11-20, or more than 20?

None……….1  
1-3……….2  
4-10……….3  
11-20……….4  
More than 20……….5

SKIP: IF DRNKDY =1 OR 2, ASK EVERCIGS.

DRNKBNG  
BB-2e  
How many times during the past month did you have 5 or more drinks on an occasion?

(IF R ANSWERS NONE, ENTER 0)

# times ______

***Acceptable response 1-20

DRNKFNC0  
BB-3  
Respondent Booklet, Page 6

During the past 12 months, how many times have you been under the effects of alcohol or suffering its after- effects while at work or school, while taking care of children, or in a situation which increased your chances of getting hurt – like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming? Would you say never, once or twice, 3-5 times, 6-10 times, 11-20 times, or more than 20 times?

Never……………………0  
Once or twice…………….1  
Between 3 and 5 times…..2  
Between 6 and 10 times…3  
Between 11 and 20 times..4  
More than 20 times……….5
**DRNKAMT0**  
**BB-8**  
*During the past 12 months, did you *often* use much larger amounts of alcohol than you intended to when you began, or did you use it for a longer period of time than you intended to?*

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

**EVERCIGS**  
**BB-11**  
*Have you smoked more than 100 cigarettes in your lifetime?*

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

*SKIP: IF EVERCIGS = 5, ASK: CHECKUP.*

**CIGSNOW**  
**BB-12**  
*Do you smoke any cigarettes now?*

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

*SKIP: IF CIGESNOW = 5, ASK: MNYCIGSP.*

**MNYCIGSN**  
**BB-12a**  
*In an average day, how many cigarettes do you usually smoke?*

_______ Cigarettes or _______ Packs

***Allow decimals  
*Allow up to 100 cigarettes or 5 packs***

**CIGSYRSN**  
**BB-12b**  
*Altogether, how many years have you smoked regularly? Subtract all non-smoking periods.*

__________ years

*SKIP: ASK: CHECKUP*
***Allow decimals

***Consistency check against R’s age

MNYCIGSP
BB-13a When you were smoking, how many cigarettes did you usually smoke in an average day?

__________ Cigarettes or __________ Packs

***Allow decimals

YRSSMOKE
BB-13b Altogether, how many years did you smoke regularly? Subtract all non-smoking periods.

_________ years

***Consistency check against R age

CHECKUP
BC-1a Now, I have some questions about health care.

Some people get various kinds of checks on their health once in a while, even though they are feeling well and have not been sick Please tell me whether you’ve had any of the following kinds of check-ups within the last two years?

First, in the last two years, have you had a general physical exam by a doctor or other health professional when you were feeling well?

Yes …………1
No…………..5

DENTIST
BC-1b (How about) a routine dental cleaning and exam (in the last two years)?

Yes…………….1
No………………..5
BPCHECK
BC-1c (How about) a check of your blood pressure (in the last two years)?
Yes........1
No..........5

CHLCHECK
BC-1d Finally, a check of your cholesterol in the last two years?
Yes...........1
No............5

HICHL
BC-1e Has a doctor or health professional ever told you that you have high cholesterol?
Yes.........1
No.........5

SKIP: IF HICHL= 5, ASK: INSURE1.

HICHLYR
BC-1f What year did it start?
_______

HICHLMO
BC-1g Have you had it in the last 12 months?
Yes........1
No..........5

HICHLMED
BC-1h Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
Yes.........1
No..........5
Please turn to page 8 in the booklet. Which, if any, of the following kinds of health insurance coverage do you have?

PLEASE QUICKLY READ ALL OPTIONS TO RESPONDENT (NOT INCLUDING WORDS IN PARENTHESES UNLESS NEEDED TO HELP UNDERSTAND)

ENTER ALL THAT APPLY, SEPARATED BY DASHES

Medicare……………….1
Medigap (covers medicare deductibles and co-payments)……………2
Medicaid………………3
VA (Veterans Administration) or Champus health coverage…………4
HMO (a plan charging a fixed monthly fee paid either by you or your employer that usually requires that you go to certain doctors or hospitals) ………………5
PPO or PPS (point of service or preferred provider plan which allows a choice of doctors or hospitals at some additional cost)…………….6
Fee for service plan, such as Blue Cross/Blue Shield (allows totally free choice of providers)…………………7
Any other coverage…………………….8
No insurance………………….9

SKIP: IF INSURE1 .NE. 8, ASK: HAVEDOC

Please give me the name or a description of that coverage.

_____________________________________________

Do you have a particular doctor or clinic that you would call your regular doctor or clinic?
Yes.........1
No.........5

***Limit responses to 0-100

HOSP12
BC-4 During the last 12 months, how many separate times have you stayed overnight as a patient in a hospital?

_________ Times

***Limit responses to 0-365

NURS12
BC-5 During the last 12 months, how many separate times have you stayed overnight at a convalescent hospital or nursing home?

_________ Times

SEEDOC12
BC-6 [FILL: Other then when you were a patient overnight in a hospital or a nursing home,] how many times in the last 12 months have you seen any kind of doctor or other health professional about your health?

_______________

FILL: IF HOSP12 > 0, OR NURS12 > 0:

INDOORS
BC-7 During the last 12 months, how many days did you stay indoors because you were sick?

_______________ days

SKIP: IF INDOORS = 0, ASK: HEALTH.
INBED
BC-8 On how many of the days that you stayed inside because you were sick, did you stay in bed most of the day?

____________ days

HEALTH
BD-1 Looking at page 9 in your booklet, All in all, would you say that your health is generally excellent, very good, good, fair, or poor?

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

HEAVYWRK
BD-2a Respondent Booklet, Page 10.

Now using the options on page 10 of your booklet. Using these options, please tell me how difficult it is for you to perform each of the following activities by yourself.

First, doing heavy housework yourself, like washing windows or floors, if you had to?

I have no difficulty……….1
I have some difficulty……….2
I have a lot of difficulty……….3
I can only do it with help from a person or equipment……….4
(VOLUNTEERED: I can’t do it)……….5

LARGEOBJ
BD-2b How about pulling or pushing a large object, like a living room chair?

I have no difficulty……….1
I have some difficulty……….2
I have a lot of difficulty……….3
I can only do it with help from a person or equipment……….4
(VOLUNTEERED: I can’t do it)……….5
STOOP
BD-2c  (How about) stooping, crouching or kneeling?
I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

LIFT10
BD-2d  How about lifting or carrying weights over 10 pounds, like a heavy bag of groceries by yourself?
I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

REACHUP
BD-2e  (How about) reaching or extending your arms above your shoulders?
I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

GETUP
BD-2f  (How about) getting up from a stooping, kneeling, or crouching position?
I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

STANDUP
BD-2g  How about standing up after sitting in a chair?
I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

WALKUP

BD-2h (How about) walking up one flight of stairs by yourself?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

HANDLE

BD-2i (How about) writing or handling small objects?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

COOKING

BD-2j How about doing all your cooking yourself, if you had to?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

SHOPPING

BD-2k (How about) doing all your shopping, if you had to?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

41
WALK
BD-21  How about walking 1/4 mile without help - that's about 2-3 blocks?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

SKIP: IF RAGE LESS THAN 55 OR IF HEAVYWRK THROUGH WALKUP = 1, ASK: SCTBCP3

WALKROOM
BD-3a  (How about) walking across a small room by yourself?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

BATHING
BD-3b  (How about) bathing -- a sponge bath, shower, or tub bath?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

WASHING
BD-3c  (How about) brushing your hair or teeth, washing your face?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5
DRESSING
BD-3d (How about) dressing -- putting on a shirt, buttoning and zipping, or putting on your shoes?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

USETOIL
BD-3e How about using the toilet?

I have no difficulty........1
I have some difficulty........2
I have a lot of difficulty........3
I can only do it with help from a person or equipment........4
(VOLUNTEERED: I can’t do it)........5

**************************************************************
SCTBCP3
BC-6a INTERVIEWER CHECKPOINT

SKIP: IF SEX=MALE, ASK: SECTION C

SKIP: IF RAGE LESS THAN 40, ASK BREASTEX.

**************************************************************

MAMMO
BE-1 Have you had a mammogram – that is, an x-ray of the breast to look for cancer or other breast problems-- in the last 5 years?

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

BREASTEX
BE-2 Not counting mammograms, have you ever had a breast exam done by a doctor or other health professional?

Yes.........1
No.........5
SKIP: IF BREASTEX = 5, ASK PAPSMEAR.

LASTBREX
BE-2a How old were you when you had your last breast exam done by a doctor, nurse or physician assistant?

_____________ years old

PAPSMEAR
BE-3 There is a test for cervical cancer called a Pap smear that is often done as part of a pelvic examination. Have you ever had such a test?

Yes……….1
No……….5

SKIP: IF PAPSMEAR NOT EQUAL 1, ASK: LIVEBRTH.

LASTPAP
BE-3a Have you had a Pap smear within the last two years?

Yes…………..1
No…………….5

LIVEBRTH
BF-4 How many babies have you had that were born alive? Please include babies that died shortly after birth and babies that you placed for adoption.

_______ (Number of live births)

SKIP: IF LIVEBRTH = 0, ASK: MENARCHE

AGEBRTH
BF-4a How old were you when your first baby was born?

____________

*** Accept answers between 9 and RAGE

LOWBW
BF-4b Did any of your babies have a low birth weight – that is, a weight less than 5 and ½ pounds or 2500 grams?
PRETERM
BF-4c  Were any of your babies born prematurely – that is, at 36 weeks or earlier in the pregnancy?

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

MENARCHE
BG-1  How old were you when you had your first menstrual period? (IF NECESSARY, PROBE USING GRADE IN SCHOOL OR SEASON.)

_______ years old

(RANGE: MENARCHE < Current age)

MENOP
BG-2  Have you gone through menopause or "the change of life"?

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

SKIP: IF MENOP = 5, ASK: HYSTER.

MENOAGE
BG-3  How old were you when you had your last natural menstrual period?

___________ years old.

HYSTER2
BG-4  Have you ever had a hysterectomy?

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

SKIP: IF HYSTER = 5, or DON’T KNOW, ASK FEMHORM1
OVARECT2
BG5
How extensive was this procedure -- that is, did you have only your uterus removed, your uterus and one of your ovaries removed, or your uterus and both your ovaries removed?

Only uterus..................1
Uterus and one ovary........2
Uterus and both ovaries......3
Other (SPECIFY).............7

HYSTAGE2
BG-5a
About how old were you when you had this surgery?

_________ years old

FEMHORM1
BG-6
Have you EVER taken “female hormones” for symptoms of menopause or the change of life, or because a doctor recommended them (Please exclude birth control pills)?

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

SKIP: IF FEMHORM1=5 GO TO BIRTCNT1

FEMHORM2
BG-6a
Respondent Booklet, Page 11

Looking at page 11 of your booklet, for how many years did you take (or have you taken) hormones?

Less than 1 year.........1
1-3 years.........2
4-6 years.........3
7-9 years.........4
10 or more years........5

BIRTCNT1
BG-7
Have you EVER taken birth control pills?

YES......................1
NO......................5
SKIP: IF BRTCNT1 = 5, ASK: BRTCNT3

BIRTCNT2
BG-7a What year did you start taking them?

_______ (year)

BIRTCNT3
BG-7b Again looking at page 11 in your booklet, how many years in total did you take birth control pills? Please exclude number of years you had been pregnant, nursing, or because of other medical reasons you were not taking birth control pills.

Less than 1 year………1
1-3 years………2
4-6 years………3
7-9 years………4
10 or more years………5
SECTION C: SOCIAL ENVIRONMENT

NGBDEF2
C-1 The next set of questions ask about what it’s like to live in your neighborhood. When you are talking to someone about your neighborhood, what do you mean? Does it include just the block or street you live on, the 2 or 3 blocks around where you live, or more than 2-3 blocks?

The block or street you live on……….1
2-3 blocks around where you live……2
More than 2-3 blocks………………..3

IF NGBDEF2<3, SKIP TO NGBDEF3

NGBDEF
C-2a About how many blocks are in the area that you think of as your neighborhood? You don’t need to be exact – just an approximate number:

NUMBER OF BLOCKS IN NEIGHBORHOOD…….._____ (verbatim)

NGBDEF3
C-3 Would you say the area you consider your neighborhood is within a 5, 10, 15-minute, or more than 15-minute walk from your house?

5 minute walk……………………1
10 minute walk………………….2
15 minute walk …………………3
More than a 15 minute walk…………….4

NGBDEF3
C-4 Does your neighborhood have a name?

YES………1
NO………..5
Would you say it is very likely, likely, unlikely or very unlikely that you will move from this neighborhood in the next five years?

VERY LIKELY........................................1
LIKELY...........................................2
NEITHER LIKELY NOR UNLIKELY............3
UNLIKELY........................................4
VERY UNLIKELY.................................5

Look at page 12 in your Respondent Booklet. For each of the following, please tell me if it is very likely, likely, unlikely or very unlikely that people in your neighborhood would act in the following manner.

If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it?

Very likely........1
Likely.........2
Unlikely.......3
Very unlikely....4

If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?

Very likely........1
Likely.........2
Unlikely.......3
Very unlikely....4

If a child was showing disrespect to an adult, how likely is it that people in your neighborhood would scold that child?

Very likely........1
Likely.........2
Unlikely.......3
Very unlikely....4
CONTROL5
C-10 If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbors would break it up?

Very likely………1
Likely………2
Unlikely………3
Very unlikely………4

CONTROL6
C-11 Suppose that because of city budget cuts the library or fire station closest to your home was going to be closed down by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station or library open?

Very likely………1
Likely………2
Unlikely………3
Very unlikely………4

INTRVENE
C-12 How afraid would you be to call the police on a group of kids fighting or making trouble in front of your house?

Very afraid………1
Somewhat afraid………2
Not at all afraid………3

SAFETY1
C-13 Is there any place - within 3 blocks of your current home – where you are afraid to walk alone at night?

Yes………1
No………5
Unsure/Depends………7

SAFETY2
C-14 How safe is it to walk around alone in your neighborhood after dark? Is it:

Completely safe………1
Fairly safe………2
Somewhat dangerous………3
Extremely dangerous………4

RLNHNUM
CG–15

Now, I have a few questions about your friends and family and how you spend your time.

Not counting those who live with you, how many of your relatives or in-laws live in your neighborhood? Would you say none, one or two, three to five, six to nine, or ten or more?

None………1
One or two………2
Three to five………3
Six to nine………4
Ten or more………5

FRNHNUM
CG-16

How many friends do you have who live in your neighborhood? Would you say none, one or two, three to five, six to nine, or ten or more?

None………1
One or two………2
Three to five………3
Six to nine………4
Ten or more………5

ANONYM2
C-18

How easy is it for you to pick out people who are outsiders or who obviously don’t live in this area? Would you say it is very easy, somewhat easy, somewhat difficult, or very difficult?

Very easy……………………………1
Somewhat easy……………………2
Somewhat difficult………………….3
Very difficult………………………4
Look at page 14 in your booklet, now I am going to ask about some things you might do with people in you neighborhood.

About how often do you and people in your neighborhood do favors for each other? By favors we mean such things as watching each other’s children, helping with shopping, lending garden or house tools, and other small acts of kindness. Would you say often, sometimes, rarely or never?

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

When a neighbor is not at home or on vacation, how often do you and other neighbors watch over their property? Would you say often, sometimes, rarely or never?

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

How often do you and other people in the neighborhood ask each other advice about personal things such as child rearing or job openings? Would you say often, sometimes, rarely or never?

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

How often do you and people in this neighborhood have parties or other get-togethers where other people in the neighborhood are invited? Would you say often, sometimes, rarely or never?

Often………1
Sometimes………2
Rarely………3
Never………4
EXCHG5
C-24 How often do you and other people in this neighborhood visit in each other’s homes or on the street? Would you say often, sometimes, rarely or never?

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

COMPUTE1
C-25 Respondent Booklet, Page 15

How many hours do you spend using the Internet or e-mail in a typical week, not counting the times you do so for work — none, less than 1 hour, 1-5 hours, 6-10 hours, 11-20 hours, or more than 20 hours. (IF NECESSARY: By a week, we mean 7 days.)

None........1
Less than 1 hour........2
1-5 hours........3
6-10 hours........4
11-20 hours........5
More than 20 hours........6

COMPUTE2
C-26 Do you have access to the Internet in your home?

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

COMPUTE5
C-28 Respondent Booklet, Page 16

Do you use the Internet to do any of the following?

PLEASE READ QUICKLY THROUGH ALL OPTIONS UNLESS YOU ARE QUITE SURE R IS READING THEM CAREFULLY AND COMPLETELY.

ENTER ALL THAT APPLY
Shop………….1
Join a discussion group or chat with other people……………2
Get information about cultural events, such as the theater or museums………..3
Get information about restaurants, movies, or other entertainment………….4
Download music, movies, or other forms of entertainment…5
Look at crime statistics………..6
Get information on schools………7
Get information about hobbies …. 8
Stay in touch with friends and relatives…..9
None……………………………..10

COHES2
C-30
Look at page 17 in your booklet, now I’m going to read some statements about things that people in your neighborhood may or may not do. For each of these statements, please tell me whether you strongly agree, agree, disagree, or strongly disagree.

Adults in this neighborhood know who the local children are.

Strongly agree………1
Agree………..2
Disagree………3
Strongly disagree………4

COHES3
C-31
This is a close-knit neighborhood.

Strongly agree………1
Agree………..2
Disagree………3
Strongly disagree………4

COHES4
C-32
There are adults in this neighborhood that children can look up to.

Strongly agree………1
Agree………..2
Disagree………3
Strongly disagree………4
COHES5
C-33  People around here are willing to help their neighbors.

Strongly agree………1
Agree………2
Disagree………3
Strongly disagree………4

COHES6
C-34  People in this neighborhood generally get along with each other.

Strongly agree………1
Agree………2
Disagree………3
Strongly disagree………4

COHES7
C-35  You can count on the adults in this neighborhood to watch out that children are safe and don’t get in trouble.

Strongly agree………1
Agree………2
Disagree………3
Strongly disagree………4

COHES8
C-36  People in this neighborhood can be trusted.

Strongly agree………1
Agree………2
Disagree………3
Strongly disagree………4

COHES10
C-37  People in this neighborhood share the same values.

Strongly agree………1
Agree………2
Disagree………3
Strongly disagree………4
COHES11
C-38  Parents in this neighborhood know their children’s friends.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

COHES12
C-39  Parents in this neighborhood generally know each other.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

IMPACT
C-40  Overall, how much impact do you think people like you can have in making your community a better place to live – no impact at all, a small impact, moderate impact, or big impact?

<table>
<thead>
<tr>
<th>No impact at all</th>
<th>A small impact</th>
<th>Moderate impact</th>
<th>Big impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

CONTACT0
C-41  Respondent booklet, Page 18

Now I am going to ask about contacts you may have had with some community officials during the last year, that is from [MONTH OF INTERVIEW] 2000 to now. Please turn to page 18 in your booklet and tell me which of these you have had direct contact with during the last year. By direct we mean contact by telephone, in writing, or in-person.

PLEASE READ QUICKLY THROUGH ALL OPTIONS UNLESS YOU ARE SURE R IS READING THEM CAREFULLY AND COMPLETELY.

ENTER ALL THAT APPLY, SEPARATED BY DASHES.

<table>
<thead>
<tr>
<th>A School Principal</th>
<th>A Chair of a Local School Council</th>
<th>A religious leader in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
A director of a Neighborhood Business Association or local Chamber of Commerce in the community..................4
An editor of a neighborhood newspaper.........................5
An Alderman.............................................6
A Ward Committeeman................................7
An officer of the Chicago Police Department...............8
A director of a Community Development Organization...9
None of the above........................................10

DISORD1A
C-43
Now, I'm going to read a list of things that may be a problem in some areas, and I'd like you to give me your impressions of how many of these things you see in your neighborhood.

How much broken glass or trash on sidewalks and streets do you see in your neighborhood? Would you say a lot, some, a little, or none at all?

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

DISORD2A
C-44
How much graffiti do you see on buildings and walls in your neighborhood? (Would you say a lot, some, a little, or none at all)?

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

SKIP: IF DISORD2A=4, ASK: DISORD3A

DISORD3B
C-45
How much of a problem is the graffiti? Would you say a big problem, somewhat of a problem, or not a problem at all?

A big problem ........1
Somewhat of a problem........2
Not a problem........3
DISORD3A  
C-46  How many vacant or deserted houses or storefronts do you see in your neighborhood? Would you say a lot, some, a little, or none at all?

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

DISORD6A  
C-49    How often do you see unsupervised children hanging out on the street in your neighborhood? (Would you say very often, sometimes, not very often, or never)?

Very often........1  
Sometimes.........2  
Not very often........3  
Never........4  

NORM1  
C-51   Respondent Booklet, page 19

Now, turning to booklet page 19, I'd like to get your opinion about some early teenage behaviors. People have different opinions about how wrong things are. For each of the following activities, please tell me how wrong you think it is for teenagers around thirteen years of age.

How wrong is it for teenagers around thirteen years of age to smoke cigarettes? Would you say it is extremely wrong, very wrong, wrong, a little wrong, or not wrong at all?

Extremely wrong.........1  
Very wrong.........2  
Wrong.........3  
A little wrong.........4  
Not wrong at all.........5
NORM2  
C-52 How about using marijuana?

- Extremely wrong………1
- Very wrong………2
- Wrong………3
- A little wrong………4
- Not wrong at all………5

NORM3  
C-53 Drinking alcohol?

- Extremely wrong………1
- Very wrong………2
- Wrong………3
- A little wrong………4
- Not wrong at all………5

PVIOL0  
C-55 I am now going to describe some events that may or may not have happened in this neighborhood. Looking at page 20 in the booklet, for each of the following, please tell me how often it has happened in this neighborhood during the past six months.

PVIOL1  
C-56 During the past six months, how often was there a fight in this neighborhood in which a weapon was used? Would you say often, sometimes, rarely or never?

- Often………1
- Sometimes………2
- Rarely………3
- Never………4

PVIOL2  
C-57 During the past six months, how often was there a violent argument between neighbors?

- Often………1
- Sometimes………2
- Rarely………3
- Never………4
PVIOL3
C-58    Gang fights?

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

PVIOL4
C-59    A sexual assault or rape?

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

PVIOL5
C-60    A robbery or mugging?

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

VOTE1
C-61    Now I have some questions about voting and politics.

Did you vote in the last Presidential election?

Yes……1
No……5

VOTE3
C-62    How about the last Mayoral election in Chicago?

Yes……1
No……5
Please turn to page 21 in your booklet. Which of the things listed have you done in the past twelve months?

PLEASE READ ALL RESPONSES QUICKLY UNLESS YOU ARE VERY SURE R IS READY

ENTER ALL THAT APPLY, SEPARATED BY DASHES.

Signed a petition……………1
Attended a political meeting or rally………………..2
Worked on a community project…………………..3
Participated in any demonstrations, protests, boycotts, or marches…….. 4
Participated in any group that took local action for reform……………5
Participated in ethnic, nationality, or civil rights organization ….. 6
Participated in labor union …. 7
None…………………9

While you have lived in this neighborhood, has anyone ever used violence, such as in a mugging, fight, or sexual assault, against you or any member of your household anywhere in your neighborhood?

Yes………1
No………5

SKIP: IF VICTIM1 NE 1, ASK: VICTIM3

Did that happen at all in the past 6 months?

Yes………1
No………5

While you have lived in this neighborhood, has your home ever been broken into?

Yes………1
No………5
SKIP: IF VICTIM3 NE 1, ASK: VICTIM5

VICTIM4
C-68 Did that happen at all in the past 6 months?

Yes………1
No………5

VICTIM5
C-69 While you have lived in this neighborhood, have you or another member of your household had anything stolen from your yard, porch, garage, or elsewhere outside your home (but on your property)?

Yes………1
No………5

SKIP: IF VICTIM5 NE 1, ASK: VICTIM7

VICTIM6
C-70 Did that happen at all in the past 6 months?

Yes………1
No………5

VICTIM7
C-71 While you have lived in this neighborhood, have you or another member of your household had property damaged, including damage to vehicles parked in the street, to the outside of your home or to other personal property?

Yes………1
No………5

SKIP: IF VICTIM7 NE 1, ASK: POLICE 2

VICTIM8
C-72 Did that happen at all in the past 6 months?

Yes………1
No………5
Now I have some questions about the police.

How good a job are the police doing in working together with residents in your neighborhood to solve local problems? (Would you say a very good job, good job, only fair, or a poor job)?

- Very good job………1
- Good job………2
- Fair job………3
- Poor job………4

Now looking at page 22, please tell me how strongly you agree with following statements about the police.

The police are fair to all people regardless of their background. Would you say you…

- Strongly agree………1
- Agree………2
- Disagree………3
- Strongly disagree………4

The police in your local community can be trusted…

- Strongly agree………1
- Agree………2
- Disagree………3
- Strongly disagree………4

Do you participate in neighborhood meetings between residents and the police?

- Yes………1
- No………5

SKIP: IF CAPS2 NE 1, ASK: NBRACE0

Now, I have some questions about the local services and environment in your neighborhood. Looking at page 23 in the booklet, do you think the quality of the stores that serve this neighborhood, such as local grocery stores or drug stores is excellent, good, fair, or poor?
What about financial institutions that serve this neighborhood, such as banks, savings and loans, or other places where you can hold your money in an account?

Excellent………1
Good………2
Fair………3
Poor………4

How would you rate your neighborhood on its accessibility to parks or other areas where people can jog and exercise or kids can play?

Excellent………1
Good………2
Fair………3
Poor………4

What about the quality of street cleaning and garbage collection in this neighborhood?

Excellent………1
Good………2
Fair………3
Poor………4

Some neighborhoods have problems with air quality because of things like exhaust from cars, trucks, and buses; smoke from nearby industrial areas; or dust and dirt from trash or construction. How would you rate the quality of the air in this neighborhood?

Excellent………1
Good………2
Fair………3
Poor………4
SERENV8
C-85 How often do you see rats, mice, or roaches in your neighborhood?

Very often………1
Sometimes………2
Not very often………3
Never………4

SERENV9
C-86 How dangerous do you think traffic is in your neighborhood either to people driving in cars or walking on the street?

Very dangerous………1
Somewhat dangerous ………2
Not very dangerous ………3
Not dangerous at all………4

SERENV10
C-87 Some neighborhoods are noisier places to live than others. Noise can come from people living nearby, people walking or hanging out on the street, traffic, or construction. How noisy would you say your neighborhood is?

Very noisy………1
Somewhat noise………2
Not very noisy………3
Not noisy at all………4

SERENV11
C-88. How often do you encounter potentially toxic substances in your neighborhood like lead from peeling paint, asbestos or other hazardous materials in older buildings, or potentially dangerous fumes from places like factories?

Very often………1
Sometimes………2
Not very often………3
Never………4
SECTION D: PERSONALITY

LEADIN D-LEAD Next, we’d like you to answer some questions on your own. Using the computer will allow you to give your answers in complete privacy. Let me show you how to do one example and then I’d like you to complete the rest. Most people find it easier to do this themselves but, if you prefer, I could read these questions for you.

PRESS [Enter] to continue, turn the laptop around, and help respondent with the practice question.

PRACTICE D-PRAC This is a practice question. The interviewer will help you.

How much do you like living in Illinois?

1…..A great deal
2…..Somewhat
3…..Not much at all

PRESS the number corresponding to your answer, then PRESS the [Enter] key to record your answer.

ANGIN1 DA-1 Respondent Booklet, page 24 if questions are read.

Here are some statements that describe how people react or behave when they are feeling angry or mad. Thinking of the times you feel angry, for each statement please indicate how often you react or behave this way - almost never, sometimes, often, or almost always.

Respond quickly to these without thinking much, as your first impulse is usually the best answer.

When I am feeling angry or mad, I keep things in.

Almost never……….1
Sometimes……….2
Often……….3
Almost always……….4
ANGIN2
DA-2 When I am feeling angry or mad, I withdraw from people.
Almost never……….1
Sometimes……….2
Often……….3
Almost always……….4

ANGIN3
DA-3 When I am feeling angry or mad, I am irritated more than people are aware.
Almost never……….1
Sometimes……….2
Often……….3
Almost always……….4

ANGIN4
DA-4 When I am feeling angry or mad, I am angrier than I am willing to admit.
Almost never……….1
Sometimes……….2
Often……….3
Almost always……….4

ANGOUT4
DA-6 When I am feeling angry or mad, I argue with others.
Almost never……….1
Sometimes……….2
Often……….3
Almost always……….4

ANGOUT5
DA-7 When I am feeling angry or mad, I strike out at whatever infuriates me.
Almost never……….1
Sometimes……….2
Often……….3
Almost always……….4
ANGOUT6
DA-8 When I am feeling angry or mad, I say nasty things.

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

ANGOUT7
DA-9 When I am feeling angry or mad, I lose my temper.

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

TRTANG2
DA-11 I have a fiery temper.

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

TRTANG3
DA-12 I fly off the handle.

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

LONELY1
DA-13 Indicate how often you feel the way described in each of the following statements.

I lack companionship.

Never…………1
Rarely…………2
Sometimes……..3
Often………….4
LONELY2
DA-14 I feel left out.

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

LONELY3
DA-15 I feel isolated from others.

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

COOKMED4
DB-1 For each of the following statements, please indicate whether you agree strongly, agree somewhat, disagree somewhat, or disagree strongly. Again, respond quickly, as your first impulse is usually the best answer.

Most people inwardly dislike putting themselves out to help other people.

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

COOKMED5
DB-2 Most people will use somewhat unfair means to gain profit or an advantage rather than lose it.

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

70
COOKMED6
DB-3  No one cares much what happens to you.

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

COOKMED7
DB-4  I think most people would lie in order to get ahead.

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

COKMED8
DB-5  I commonly wonder what hidden reasons another person may have for doing something nice for me.

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

HOPELES1
DC-1  I feel it is impossible for me to reach the goals that I would like to strive for.

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

HOPELES2
DC-2  The future seems hopeless to me and I can't believe that things are changing for the better.

Agree strongly……….1
Agree somewhat……….2
Disagree somewhat……….3
Disagree strongly……….4
HOPELES3
DC-3  I don't expect to get what I really want.

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

HOPELES4
DC-4  There's no use in really trying to get something I want because I probably won't get it.

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

LOT1
DD-1  If something can go wrong for me it will.

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

LOT2
DD-2  I'm always optimistic about my future.

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

LOT3
DD-3  In uncertain times, I usually expect the best.

Agree strongly……….1
Agree somewhat……….2
Disagree somewhat……….3
Disagree strongly……….4
LOT4
DD-4  Overall, I expect more good things to happen to me than bad.

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

LOT5
DD-5  I hardly ever expect things to go my way.

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

LOT6
DD-6  I rarely count on good things happening to me.

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

SLFEST6
DF-1  I take a positive attitude toward myself.

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

SLFEST7
DF-2  On the whole, I am satisfied with myself.

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

73
SLFEST9
DF-4  I certainly feel useless at times.

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

SLFEST10
DF-5  At times I think I am no good at all.

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

PRLNMST1
DG-1   I have little control over the things that happen to me.

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

PRLNMST2
DG-2   There is really no way I can solve some of the problems I have.

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

PRLNMST4
DG-3   There is little I can do to change many of the important things in my life.

Agree strongly.........1
Agree somewhat.........2
Disagree somewhat.........3
Disagree strongly.........4
PRLNMST5
DG-4 I often feel helpless in dealing with the problems of life.

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

ANOMIE1
DH-1 Laws were made to be broken.

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

ANOMIE2
DH-2 It’s okay to do anything you want as long as you don’t hurt anyone

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

ANOMIE3
DH-3 To make money, there are no right and wrong ways anymore, only easy ways and hard ways

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

ANOMIE5
DH-4 Nowadays a person has to live pretty much for today and let tomorrow take care of itself

Agree strongly……1
Agree somewhat……2
Disagree somewhat……3
Disagree strongly……4
THANKS
DI-5 Thank you for completing this section of the survey. Please return the laptop computer to your interviewer.

COMPCASI
DI-6 IWER: Please ENTER the code that most closely describes the Respondent’s completion of the Computer Assisted Self Interview.

R completed CASI unassisted………1
R completed with some interviewer assistance (e.g., Iwer read questions R entered responses)….2
Interviewer administered CASI section….3

JHNHEN2
DJ-1 Respondent Booklet, Page 26

I am going to read you several statements. After each statement, please indicate if this is completely true, somewhat true, somewhat false or completely false for you personally.

Once I make up my mind to do something, I stay with it until the job is completely done.

Completely true……1
Somewhat true…….2
IF VOL: Don’t know……3
Somewhat false…..4
Completely false……5

JHNHEN4
DJ-3 When things don’t go the way I want them to, that just makes me work even harder.

Completely true……1
Somewhat true…….2
IF VOL: Don’t know……3
Somewhat false…..4
Completely false……5
In the past, even when things got **really** tough, I never lost sight of my goals.

- Completely true……1
- Somewhat true…….2
- IF VOL: Don’t know……3
- Somewhat false…..4
- Completely false……5

Hard work has really helped me to get ahead in life.

- Completely true……1
- Somewhat true…….2
- IF VOL: Don’t know……3
- Somewhat false…..4
- Completely false……5

Now, I want to ask you a question about how you view other people. Generally speaking, would you say that **most people** can be trusted or that you can't be too careful in dealing with people?

- Most can be trusted……..1
- You can’t be too careful in dealing with people ……..2
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SECTION E: VOLUNTARY ACTIVITY

GRPMEM1
EA-1a Now, I’m going to read you a list of organizations. For each type of organization, please tell me whether or not you are a current member.

Are you a member of any service, civic, or social/fraternal organizations, such as the Elks, Masons, Lions, Rotary Club, League of Women Voters, or a local women’s club?

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

SKIP: IF GRPMEM1=5, DK, or REF ASK GRPMEM4

GRPATT1
EA-1b Have you attended a meeting of the organization in the past twelve months?

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)

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

GRPMEM4
EA-4a (Are you a member) of a group affiliated with your religion, such as the Knights of Columbus or B’Nai B’rith?

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

SKIP IF GRPMEM4=5, DK, or REF ASK GRPMEM6

GRPATT4
EA-4b Have you attended a meeting of the organization in the past twelve months?

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)

79
GRPMEM6
EA-6a  (Are you a member of) a local organization for the elderly or senior citizens?

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

SKIP: IF GRPMEM6=5, DK OR REF, ASK GRPMEM7

GRPATT6
EA-6b Have you attended a meeting of the organization in the past twelve months?

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

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)

GRPMEM7
EA-7a  (Are you a member of) a labor union?

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

SKIP: IF GRPMEM7=5, DK OR REF, ASK GRPMEM8

GRPATT7
EA-7b Have you attended a meeting of the organization in the past twelve months?

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

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)
GRPMEM8
EA-8a Are you a member of any other organization that is associated with your work such as a business or professional organization?

Yes………1
No………5

SKIP: IF GRPMEM8=5, DK OR REF, ASK GRPMEM9

GRPATT8
EA-8b Have you attended a meeting of the organization in the past twelve months?

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)

Yes………1
No………5

GRPMEM9
EA-9a (Are you a member of) an organization active on political issues, such as the environment, abortion, gun control, or an organization active in supporting candidates in elections such as a party organization?

Yes………1
No………5

SKIP: IF GRPMEM9=5, DK OR REF, ASK GRPMEM10

GRPATT9
EA-9b Have you attended a meeting of the organization in the past twelve months?

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)

Yes………1
No………5
GRPMEM10
EA-10a  (Are you a member of) a group concerned with children or youth such as the Girl Scouts, the Boys Club, or a youth sports league?

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

SKIP: IF GRPMEM10=5, DK OR REF, ASK GRPMEM12

GRPATT10
EA-10b  Have you attended a meeting of the organization in the past twelve months?

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)

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

GRPMEM12
EA-12a  Do you belong to a block group, tenant association, or community council?

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

SKIP IF GRPMEM12=5, DK, or REF ASK GRPMEM13

GRPATT12
EA-12b  Have you attended a meeting of the organization in the past twelve months?

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)

Yes........1
No........5
GRPMEM13
EA-13a  Do you belong to any kind of neighborhood watch program?

   Yes………1
   No………5

SKIP IF GRPMEM13=5, DK, or Ref, ASK OTHMEM1.

GRPATT13
EA-13b  Have you attended a meeting of the organization in the past twelve months?

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS
GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE
PAST TWELVE MONTHS?)

   Yes………1
   No………5

OTHMEM1
EB-1a  People sometimes give time or are associated with organizations of which they
may not be members. Aside from the organizations you have told me you
belong to and aside from any work associated with your religious congregation,
we would like to know if you have given time to or been associated with any of
the following organizations in the last twelve months.

First, any other charitable organization or an organization that provides social
services, such as hospitals, nursing homes, or agencies that provide food,
shelter, or other help to those in need?

   Yes………1
   No………5

SKIP: IF OTHMEM1=5, DK OR REF, ASK OTHMEM2

OTHATT1
EB-1b  Have you attended a meeting of the organization in the past twelve months?

   Yes………1
   No………5
OTHMEM2
EB-2a  What about an educational institution—a local school or your own school or college or some organization associated with education such as a school alumni association or a school service organization such as the PTA?

Yes………1
No………5

SKIP: IF OTHMEM2=5, DK OR REF, ASK OTHMEM3

OTHATT2
EB-2b  Have you attended a meeting of the organization in the past twelve months?

Yes………1
No………5

OTHMEM3
EB-3a  What about some cultural organization that is active in providing cultural services to the public—for example, a museum, the symphony, or public radio or television?

Yes………1
No………5

SKIP: IF OTHMEM3=5, DK OR REF, ASK OTHMEM4

OTHATT3
EB-3b  Have you attended a meeting of the organization in the past twelve months?

Yes………1
No………5

OTHMEM4
EB-4a  Have you given time to tutoring, coaching, mentoring, or helping out with after-school programs for kids?

Yes………1
No………5

SKIP: IF OTHMEM4=5, DK OR REF, ASK OTHMEM5
**OTHATT4**

EB-4b  
*Have you attended a meeting of the organization in the past twelve months?*

Yes………1  
No………5

**OTHMEM5**

EB-5a  
*Have I missed any other organization that you give time to or are associated with?*

Yes………1  
No………5  

**SKIP: IF OTHMEM5=5, GO TO CHKPT**

**OTHNAM5**

EA-5b  
*What is the name of that organization?*

(IF RESPONDENT MENTIONS MORE THAN ONE, ASK FOR THAT IN WHICH RESPONDENT MOST OFTEN PARTICIPATES)

Name ________________________________

**OTHATT5**

EB-5c  
*Have you attended a meeting of the organization in the past twelve months?*

Yes………1  
No………5

**CHECKPOINT**  
.SKIP: IF EA-1a AND EA-4a AND EA-6a AND EA-7a AND EA-8a AND EA-9a AND EA-10a AND EA-12a AND EA-13a ALL = 5, AND IF EB-1a AND EB-2a AND EB-3a AND EB-4a AND EB-5a ALL = 5, ASK:  MARTIMES

**OTHVOL**

EB-6  
*Thinking of all of the organizations that you just told me you are associated with, such as (fill—see below), during how many weeks in the last twelve months did you do unpaid work for any of these organizations?*

____________________ weeks  

**SKIP: IF OHTVOL=0, GO TO CHKPT2**
*** for the fill:
   for EA-1a=1, fill= service or civic organizations
   for EA-4a=1, fill= groups affiliated with your religion
   for EA-5a=1, fill= organizations representing your nationality, ethnic, or racial group
   for EA-6a=1, fill= local organizations for the elderly
   for EA-7a=1, fill= labor unions
   for EA-8a=1, fill= business or professional organizations
   for EA-9a=1, fill= organizations active on political issues
   for EA-10a=1, fill= groups concerned with children or youth
   for EA-12a=1, fill= neighborhood associations
   for EA-13a=1, fill= neighborhood watch programs

*** for the fill:
   for EB-1a=1, fill= organizations providing social services
   for EB-4a=1, fill= organizations working with kids
   for EB-5a=1, fill= OTHNAM5

VOLHRS
EB-6a
During a typical week that you did this work, about how many hours did you spend doing unpaid work for these organizations?

________________ hrs./wk.

VOLUMNY
EB-6b
And how many different volunteer organizations did you do this unpaid volunteer work for? Was it only one, two, three, or four or more?

Only one.........1
Two...............2
Three.............3
Four or more.........4

CHECKPOINT2
SKIP: IF CHKPT IS TRUE ASK MARTIMES

ORGNGB
EC-1
Do any of the organizations which you belong to or work on behalf of, hold meetings in this neighborhood?

Yes..........1
No..........5
ORGACT
EC-2 Beyond attending meetings of any of the organizations you belong to or work on the behalf of, would you consider yourself an active member of one or more of them? That is, in the last 12 months, have you served on a committee, given time for special projects, or helped organize meetings?

Yes…………..1
No…………….5

ORGLEADR
EC- 3 In the past five years, have you served on the board or been an officer of any organizations which you belong to or work on behalf of?

Yes………1
No………5
SECTION F: SOCIAL RELATIONSHIPS & SUPPORT

MARTIMES
FA-1 Now I have some questions about your family situation.

How many times have you been married?

_______ Times

SKIP: IF MARTIMES = 0,1, DK, or REF, ASK: MARSTAT

MAR1YR
FA-1a In what year were you first married?

_______ Year

***Consistency check MAR1YR.GE (2001-RAGE+12)

MAR1END
FA-1b And how did that marriage end?

Divorced or marriage annulled…1
Widowed…2

MAR1ENDY
FA-1c In what year were you (FILL: IF MAR1END=1: divorced/annulled; IF MAR1END=2: widowed)

_______ Year

***Consistency check: MAR1ENDY GE MAR1YR

SKIP: IF MARTIMES = 2, ASK: MARSTAT

MAR2YR
FA-1d In what year were you married for the second time?

__________ Year

*** Consistency check: MAR2YR.GE MAR1ENDY
MAR2END
FA-1e And how did that second marriage end?
Divorced or marriage annulled…1
Widowed…2

MAR2ENDY
FA-1f In what year were you (FILL: if MAR2END=1: divorce/annulled; IFMAR2END=2 widowed)
____________ Year

***Consistency check MAR2ENDY GE MAR2YR

SKIP: IF MARTIMES = 3, ASK: MARSTAT

MAR3YR
FA-1g In what year were you married for the third time?
____________ Year

*** Consistency check:  MAR3YR.GE MAR2ENDY

MAR3END
FA-1h And how did that marriage end?
Divorced or marriage annulled…1
Widowed…2

MAR3ENDY
FA-1i In what year did that third marriage end?
____________ Year

**Consistency check MAR3ENDY GE MAR3YR

SKIP: IF MARTIMES = 4, ASK: MARSTAT
MAR4YR
FA-1j In what year were you married for the fourth time?

__________ Year

*** Consistency check: MAR4YR.GE MAR3ENDY

MAR4END
FA-1k And how did that marriage end?

Divorced or marriage annulled…1
Widowed…2

MAR4ENDY
FA-1l In what year did that third marriage end?

__________ Year

**Consistency check MAR4ENDY GE MAR4YR

MARSTAT
FA-1m IWER: If Respondent reported being married 0 times (MARTIMES=0), do not ask this question but ENTER 5

Are you currently married, separated, divorced, widowed?
Married………………1
Separated……………2
Divorced; marriage annulled………………3
Widowed……………4
Never married………………5 (0 TO MARTIMES)

SKIP: IF MARSTAT=1 OR 2, ASK: MARDATE
SKIP: IF MARSTAT=5, DK, or REF, ASK: INTSTAT

LASTMAR
FA-11n In what year were you (FILL: if MARTIMES GE 2, last) married?

__________ Year
MARENDDY
FA-1p
In what year were you (FILL: if MARSTAT=3: divorced/annulled, if MARSTAT=4, widowed

__________ Year

SKIP: GO TO INTSTAT

MARDATE
FA-1q
In what year were you married?

Year __________

SKIP: IF MARSTAT =1: GO TO SCTDCP2.

***Consistency check – MARDATE .GE. (2001-RAGE+12)

INTSTAT
FA-2a
Are you currently living with another adult as a partner in an intimate relationship?

Yes…………..1
No…………..5

SKIP: IF INSTAT=5, ASK: SCTDCP2.

INTTIME
FA-2b
For how many months or years have you been living with your partner?

Months _________
Years _________

SCTDCP2
FA-3
INTERVIEWER CHECKPOINT
R is currently married or has an intimate partner.

MARSTAT = 1 OR INTTIME ≥ 12 MONTHS OR 1 YEAR…………..1
All others…………..5

SKIP: IF SCTDCP2=5, ASK: SCTDCP3.
The next questions go better for most people if they answer them themselves, but if you prefer, I can read them to you.

PRESS [Enter] to continue and hand laptop to the Respondent.

Taking everything into consideration, how often do you feel bothered or upset by your (marriage/relationship)?

Very often………….1
Often………….2
Sometimes………….3
Rarely………….4
Never………….5

For the next two statements, please indicate how strongly you agree or disagree with each as it applies to your (marriage/relationship).

There is a great deal of love and affection expressed in our relationship.

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

I sometimes think of divorcing or separating from my (spouse/partner).

Agree strongly………….1
Agree somewhat………….2
Disagree somewhat………….3
Disagree strongly………….4
MARSUP1
FB-3a  Respondent Booklet, page 29 if read.

How much does your (spouse/partner) make you feel loved and cared for?

   A great deal...........1
   Quite a bit.............2
   Some..................3
   A little...............4
   Not at all............5

MARSUP2
FB-3b  How much do you feel your (spouse/partner) makes too many demands on you?

   A great deal...........1
   Quite a bit.............2
   Some..................3
   A little...............4
   Not at all............5

MARSUP3
FB-3c  How much is your (spouse/partner) willing to listen when you need to talk about your worries or problems?

   A great deal...........1
   Quite a bit.............2
   Some..................3
   A little...............4
   Not at all............5

MARSUP4
FB-3d  How much is your (spouse/partner) critical of you or what you do?

   A great deal...........1
   Quite a bit.............2
   Some..................3
   A little...............4
   Not at all............5
When you and your (husband/wife/partner) disagree about something, how often do you work things out so that both of you are satisfied?

Very often...........1
Often.............2
Sometimes..........3
Rarely............4
Never...........5

Please indicate how often your (spouse/partner) behaves in the following ways.

My (spouse/partner) drinks too much.

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

My (spouse/partner) pushes, slaps, or hits me.

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

My (spouse/partner) wastes money the family needs for other things.

Often.............1
Sometimes..........2
Rarely............3
Never...........4
**MARBHVE5**

**FB-6d**

My (spouse/partner) yells or screams at me.

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

---

**SCTDCP3**

**FC-0**

INTERVIEWER CHECKPOINT

R’s child status.

- R’s children under 18 live in household………..1
- Has children; none under 18 in household………..2
- No children……………5

SKIP: IF SCTDCP3=5, ASK THANKS2.

---

**CHLDSUP1**

**FC-1**

Respondent Booklet page 33 if read.

Now I have a series of questions about your experiences as a parent.

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

- A great deal………….1
- Quite a bit………….2
- Some……………….3
- A little…………….4
- Not at all………….5

---

**CHLDSUP2**

**FC-2**

The next questions go better for most people if they answer them themselves, but if you prefer, I can read them to you.

PRESS [Enter] to continue and hand laptop to the Respondent.

How much do you feel your children make too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all.)
| A great deal | 1 |
| Quite a bit | 2 |
| Some | 3 |
| A little | 4 |
| Not at all | 5 |

CHLDBOTH
FC-3 Respondent Booklet page 34 if read.

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

| Almost always | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |

PARHAPP
FC-4 Respondent Booklet page 35 if read.

How happy are you with the way your children have turned out at this point—very happy, quite happy, somewhat happy, not too happy, or not at all happy?

| Very happy | 1 |
| Quite happy | 2 |
| Somewhat happy | 3 |
| Not too happy | 4 |
| Not at all happy | 5 |

THANKS2
FC-5a Thank you for completing this section of the survey. Please give the laptop computer back to your interviewer.

COMCASII2
FC-5b IWER: Please ENTER the code that most closely describes the Respondent’s completion of the Computer Assisted Self Interview.
R completed CASI unassisted…1
R completed with some interviewer assistance (e.g., Iwer read questions R entered responses)…2
Interviewer administered CASI section…3

CHLDPRB1
FC-6

Please turn to page 37 in your booklet. You will see a list of some problems that children of different ages sometimes have. Please tell me whether any of your children are currently having any of these problems. Let me know if you would like me to read these to you.

(IWER, IF OTHERS PRESENT: If you prefer, you can just give me the number on the card.)

CHECK ALL THAT APPLY, SEPARATED BY DASHES.

Problems with finances………1
Problems with their job or trouble finding or keeping employment………2
Health problems………….3
Problems with close relationships with others (not counting you or your spouse)…..4
Problems with their relationships with you or your spouse/partner………5
Any type of behavioral or emotional problem………6
None of the above………7

FRRLSUP1
FD-1a

Respondent Booklet page 38 if read.

Following are some questions about your relationships with friends and relatives (other than your spouse/other than your partner) (or children).

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

A great deal………1
Quite a bit………….2
Some……………….3
A little……………4
Not at all………..5
FRRLSUP2
FD-1b  Again, on average, how much do you feel your friends and relatives make too
many demands on you? (Would you say a great deal, quite a bit, some, a little,
or not at all?)

A great deal............1
Quite a bit.............2
Some.................3
A little..............4
Not at all...........5

FRRLSUP3
FD-1c  How much are friends or relatives willing to listen when you need to talk about
your worries or problems?

A great deal............1
Quite a bit.............2
Some.................3
A little..............4
Not at all...........5

FRRLSUP4
FD-1d  How much are they critical of you or what you do?

A great deal............1
Quite a bit.............2
Some.................3
A little..............4
Not at all...........5

FRNDNUM
FD-2  How many close friends and relatives do you have (people that you feel at ease
with, can talk to about private matters, and can call on for help)?

Number: __________

HELPNUM
FD-4  How many friends and relatives do you have to whom you can turn when you
need to borrow something like a household object or a small amount of money
or need help with an errand?

Number: __________
How many friends and relatives do you have who you can ask for advice or information?

Number: _________

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?

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

In a typical week, about how often do you talk on the telephone or exchange emails 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, less than once a week, or never?

More than once a day……….1
Once a day……….2
2 or 3 times a week……….3
About once a week……….4
Less than once a week……….5
Never or no phone……….6

People sometimes turn to others for companionship, assistance, or other types of support. How often are the following types of support available to you if you need them?
Someone to confide in or talk to about yourself or your problems. Is this type of support available to you all of the time, most of the time, some of the time, a little of the time, or none of the time?

All of the time...........1
Most of the time...........2
Some of the time..........3
A little of the time.........4
None of the time..........5

SUPTYPE2
FD-7b
Someone to take you to the doctor if you had to go? (Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?)

All of the time...........1
Most of the time...........2
Some of the time..........3
A little of the time.........4
None of the time..........5

SUPTYPE4
FD-7c
Someone to help you with your daily chores if you were sick?

All of the time...........1
Most of the time...........2
Some of the time..........3
A little of the time.........4
None of the time..........5

SUPTYPE5
FD-7d
 Someone to loan you a small amount of money if you needed it?

(Note: A “SMALL AMOUNT OF MONEY IS $100 OR LESS)
Thinking now about everyone that you would count as a personal friend, not just your closest friends—do you have a personal friend who…

READ QUICKLY THROUGH RESPONSES WHEN YOU ARE SURE R IS READING THEM CAREFULLY AND COMPLETELY.

ENTER ALL THAT APPLY, SEPARATED BY DASHES.

Owns their own business?....................1
Is a manual worker?.........................2
(IF NECESSARY: Works in a factory, as a truck driver, or as a laborer.)
Has been on welfare? ..................... 3
Owns a vacation home?............... 4
Has a different religion than you?.......5
Is White. ................................. 6
Is Latino or Hispanic..............7
Is Asian. ................................. 8
Is Black or African American?.....9
Is Gay or Lesbian?....................10
That you would describe as a community leader?......11
SECTION G: MENTAL HEALTH

CESD1
GA-1a  Respondent Booklet, Page 42

Now I am going to read some statements about 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, so do not spend too much time on any one statement.

I felt depressed. Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?

Never.........1
Hardly ever.........2
Some of the time.........3
Most of the time.........4

CESD2
GA-1b

I felt that everything I did was an effort. (Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?)

Never.........1
Hardly ever.........2
Some of the time.........3
Most of the time.........4

CESD3
GA-1c

My sleep was restless.

Never.........1
Hardly ever.........2
Some of the time.........3
Most of the time.........4

CESD4
GA-1d

I was happy. (Would you say you felt this way never, hardly ever, some of the time, most of the time during the past week?)

Never.........1
Hardly ever.........2
Some of the time.........3
Most of the time.........4
CESD5
GA-1e  I felt lonely.

Never.........1
Hardly ever.........2
Some of the time.........3
Most of the time.........4

CESD6
GA-1f  People were unfriendly.

Never.........1
Hardly ever.........2
Some of the time.........3
Most of the time.........4

CESD7
GA-1g  I enjoyed life.

Never.........1
Hardly ever.........2
Some of the time.........3
Most of the time.........4

CESD8
GA-1h  I did not feel like eating. My appetite was poor. (Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?)

Never.........1
Hardly ever.........2
Some of the time.........3
Most of the time.........4

CESD9
GA-1i  I felt sad.

Never.........1
Hardly ever.........2
Some of the time.........3
Most of the time.........4
CESD10
GA-1j  I felt that people disliked me.

Never..........1
Hardly ever.........2
Some of the time........3
Most of the time.........4

CESD11
GA-1k  I could not get “going.”

Never..........1
Hardly ever.........2
Some of the time........3
Most of the time.........4

ANXTY5
GB-1  I had fear of the worst happening. Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?

Never..........1
Hardly ever.........2
Some of the time........3
Most of the time.........4

ANXTY10
GB-3  I was nervous. Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?

Never..........1
Hardly ever.........2
Some of the time........3
Most of the time.........4

ANXTY12
GB-5  I felt my hands trembling.

Never..........1
Hardly ever.........2
Some of the time........3
Most of the time.........4
ANXTY16
GB-8  I had a fear of dying.

Never..........1
Hardly ever..........2
Some of the time........3
Most of the time........4

ANXTY19
GB-10  I felt faint.

Never..........1
Hardly ever..........2
Some of the time........3
Most of the time........4

CIDIH0
GC-1  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?

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

IWER: IF VOLUNTEERED, “I WAS ON MEDICATION/ANTI-DEPRESSANTS”, REPEAT THE QUESTION

SKIP: IF CIDIH0=5, ASK: CIDIA0.

CIDIH1
GC-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?

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  
GC-1b  During those two weeks, did you feel this way every day, almost every day, or less often?

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

SKIP: IF CIDIH2=3, ASK: CIDIA0.

CIDIH3  
GC-1c  During those two weeks did you lose interest in most things?

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

CIDIH4  
GC-1d  Did you feel tired out or low on energy all the time? (Note: If R asks: “Are we still talking about the same two weeks?” Answer: Yes).

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

CIDIH5  
GC-2  Did you gain or lose weight without trying, or did you stay about the same?  
(Note: 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  
GC-2a  About how much did (you gain/ you lose/your weight change)? (Note: If range given, code midpoint. Round fraction down to the whole number.)

________________ # of pounds
CIDIH7
GC-3 Did you have more trouble falling asleep than you usually do? (Note: If R asks, “Are we still talking about the same two weeks?” Answer: “Yes”).

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


CIDIH8
GC-3a Did that happen every night, nearly every night, or less often during those two weeks?

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

CIDIH9
GC-4 Did you have a lot more trouble concentrating than usual?

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

CIDIH10
GC-5 People sometimes feel down on themselves, no good, or worthless. Did you feel this way? (Note: If R asks, “Are we still talking about the same two weeks?” Answer: “Yes”).

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

CIDIH11
GC-6 Did you think a lot about death—either your own, someone else’s, or death in general?

Yes.......1
No.......5
SCTGCP1

GC-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.

CID112

GC-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. (Note: Fill in descriptions in CIDIH3-CIDIH11) About how many weeks altogether did you feel this way during the past 12 months?

_______________ # of weeks (02-51)

If volunteered, entire year……….52

SKIP: IF CIDI12=52, ASK DRUGS0

CID113

GC-8a

Think about the most recent time when you had two weeks in a row when you felt this way. In what month was this?

_______________ Month (01-12)

CID114

GC-8b

Think about the most recent time when you had two weeks in a row when you felt this way. In what year was this?

_______________ Year

GO TO DRUGS0

CIDIA0

GC-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?

Yes……….1
No……….5
IWER: IF VOLUNTEERED, “I WAS ON MEDICATION/ANTI-DEPRESSANTS”, REPEAT THE QUESTION

SKIP: IF CIDIA0=5, ASK DRUGS0

CIDIA1
CIDIA1
GC-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?

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 DRUGS0

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

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

SKIP: IF CIDIA2=3, ASK DRUGS0

CIDIA3
CIDIA3
GC-9c During those two weeks, did you feel tired out or low on energy all the time?

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

CIDIA4
CIDIA4
GC-10 Did you gain or lose weight without trying, or stay about the same? (Note: 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

CIDIA5  
GC-10a  About how much did (you gain/you lose/your weight change)? (Note: If range given, code midpoint. Round fraction down to the whole number.)  
________________ # of pounds

CIDIA6  
GC-11  Did you have more trouble falling asleep than you usually do? (Note: If R asks, “Are we still talking about the same two weeks?” Answer: “Yes”).  
Yes……….1  
No……….5  
SKIP: IF CIDIA6=5, ASK CIDIA8.

CIDIA7  
GC-11a  Did that happen every night, nearly every night, or less often during those two weeks?  
Every night……….1  
Nearly every night……….2  
Less often……….3

CIDIA8  
GC-12  Did you have a lot more trouble concentrating than usual? (Note: If R asks, “Are we still talking about the same two weeks?” Answer: “Yes”).  
Yes……….1  
No……….5

CIDIA9  
GC-13  People sometimes feel down on themselves, no good, or worthless. Did you feel this way? (Note: If R asks, “Are we still talking about the same two weeks?” Answer: “Yes”).  
Yes……….1  
No……….5
CIDIA10
GC-14

Did you think a lot about death—either your own, someone else’s, or death in general? (Note: If R asks, “Are we still talking about the same two weeks?” Answer: “Yes”).

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

SCTGCP2
GC-15

INTERVIEWER CHECKPOINT

IF (CIDI3=5) AND (CIDI4=4 OR 5) AND (CIDIA6=5) AND (CIDIA8=5) AND (CIDIA9=5) AND (CIDIA10=5)........1
All others........2

SKIP: IF SCTGCP2=1, ASK DRUGS0

CIDIA11
GC-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 (Note: Fill in descriptions in CIDIA3-CIDIA10). About how many weeks did you feel this way during the past 12 months?

____________________ # of weeks (02-51)

If volunteered, entire year........52

SKIP: IF CIDIA11=52, ASK DRUGS0

CIDIA12
GC-16a

Think about this most recent time when you had two weeks in row when you felt this way. In what month was this?

____________________ Month (01-12)

CIDIA13
GC-16b

Thinking about this most recent time when you had two weeks in a row when you felt this way. In what year was this?

____________________ Year
Please turn to page 43 in the booklet. The next questions are about your use of drugs on your own. By “on your own” we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any of the drugs listed in the booklet on your own during the past 12 months? You can just give me the number.

**IWER: READ THE LIST ALOUD IF R APPEARS TO BE HAVING DIFFICULTY.**

**ENTER ALL THAT APPLY, SEPARATED BY DASHES**

- **Sedatives or barbiturates** (e.g., Sleeping pills, Seconal, Halcion, Methaqualone)……1
- **Tranquilizers** (e.g., Valium, Librium, Ativan, Meprobamate, Xanax)……2
- **Amphetamines** (e.g., Stimulants, Methamphetamine, Preludin, Dexedrine, Ritalin, “Speed”)…..3
- **Analgesics or other prescription painkillers** (e.g., Codeine) (Note: This does not include normal use of aspirin, Tylenol without Codeine, etc., but does include use of Tylenol with Codeine and other prescription painkillers like Demerol, Vicodine, Darvon, Percodan, Morphine, Methadone.)……4
- **Inhalants** that you sniff or breathe to get high (e.g., Spray paint, Amylnitrate, Freon, Nitrous Oxide or “Whippets,” Gasoline)……..5
- **Marijuana** or **Hashish**……6
- **Cocaine** or **Crack** or **Free base**……7
- **LSD or other Hallucinogens** (e.g., PCP, Angel dust, Hallucinogenic mushrooms, Ecstasy (MDMA), Mescaline)……8
  - **Heroin**………9
- **None** of the above……………10

**SKIP: IF DRUGS0=10, ASK: EMPSTAT1.**
DRUGFNC0
GE-3  In the past 12 months, have you often been under the effects of (this substance/any of these substances) or suffering (its/their) after-effects while at work or school or while taking care of children?

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

SKIP: IF DRUGFNC0=5, ASK: DRUGDGR.

DRUGFNC1
GE-3a  Respondent Booklet, Page 44

How often—once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

Once or twice.........1
Between 3 and 5 times.........2
Between 6 and 10 times.........3
Between 11 and 20 times.........4
More than 20 times.........5

DRUGDGR
GE-4  During the past 12 months, were you ever under the effects of (this substance/any of these substances) or feeling (its/their) after-effects in a situation which increased your chances of getting hurt—like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming?

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

DRUGPSY
GE-5  During the past 12 months, did you have any emotional or psychological problems from using (this substance/any of these substances)—such as feeling uninterested in things feeling depressed, suspicious of people, paranoid, or having strange ideas?

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

DRUGDSR
GE-6  During the past 12 months, did you have a strong desire or urge to use (this substance/any of these substances) that you could not resist it or could not think of anything else?
**DRUGMTH GE-7**

During the past 12 months, did you have a period of a month or more when you spent a great deal of time using (this substance/any of these substances) or getting over any of (its/their) effects?

Yes……….1  
No……….5

**DRUGAMT0 GE-8**

During the past 12 months, did you often use much larger amounts of (this substance/any of these substances) than you intended to when you began, or did you use (it/them) for a longer period of time than you intended to?

Yes……….1  
No……….5

SKIP: IF DRUGAMT0=5, ASK: DRUGMOR.

**DRUGAMT1 GE-8a**

Respondent Booklet, page 44

How often—once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

Once or twice……….1  
Between 3 and 5 times……….2  
Between 6 and 10 times……….3  
Between 11 and 20 times……….4  
More than 20 times……….5

**DRUGMOR GE-9**

During the past 12 months, did you ever find that you had to use more of (this substance/any of these substances) than usual to get the same effect or that the same amount had less effect on you than before?

Yes……….1  
No……….5
[This page is blank]
SECTION H: EMPLOYMENT

EMPSTAT1
HA-1 Now we’d like to ask you a few questions about the kind of work you do. First, are you working now for pay, looking for work, retired, keeping house, a student, or something else? (CHECK ALL THAT APPLY)

Working now.........1
Looking for work.........2
Retired.........3
Keeping house.........4
Student.........5
VOLUNTEERED: Only temporarily laid off; sick or maternity leave........6
VOLUNTEERED: Unpaid family worker........7
VOLUNTEERED: Permanently disabled........8
VOLUNTEERED: Other, (Specify) ........9

IWER INSTRUCTIONS: RE-CODE ANSWERS TO THE “OTHER, SPECIFY” THAT MEAN “WORKING NOW”.

SKIP: IF EMPSTAT1=1, 6, or 7, ASK: EMPHRS.

EMPSTAT2
HA-2 Are you doing any work for pay at the present time?

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

SKIP: IF EMPSTAT2=5, ASK: LASTJOB.
SKIP: IF EMPSTAT2=1, ASK: EMPHRS.

EMPHRS
HA-3 On average, how many hours a week do you work on your (main) job, including paid and unpaid overtime?

Hours per week __________

SECJOB
HA-3a Do you currently have a second paying job?

Yes........1
No........5
SKIP: IF SECJOB = 5, ASK EMPWEEK

SECJBRHS
HA-3b And how many hours a week do you work on your second job?
Hours per week_______

EMPWEEK
HA-4 Including paid vacation and sick leave, how many weeks altogether were you employed during the past 12 months?
IF R ANSWERS IN MONTHS, CONVERT TO WEEKS BY MULTIPLYING BY FOUR. VERIFY YOUR ANSWER WITH R.
Weeks _________

***CONSISTENCY CHECK: IF EMPWEEK is LE 12, CLARIFY WITH THE R:
You told me that you only worked (FILL: EMPWEEK) weeks during the last 12 months. Is this correct?

SKIP: IF EMPHRS < 10, ASK LASTJOB

OCCNAME1
HB-1 What is your occupation on your main job?
Answer:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

OCCKIND1
HB-2 What kind of work do you do? What are your most important activities or duties?
Answer:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
OCCIND1
HB-3  What kind of business or industry is that in? What do they make or do where you work?
Answer:
_____________________________________________________
_____________________________________________________
_____________________________________________________}

OCCSITU1
HB-4  Are you self-employed, or do you work for a private employer, or a municipal, county, state, or federal government?
Self-employed………1
Private employer………2
Government employer………3

SCTHCP1
HB-4a  INTERVIEWER CHECKPOINT
EMPHRS > 14 HOURS………1
EMPHRS < 15 HOURS………5
SKIP: IF SCTHCP1=5, ASK LASTJOB.

OCCSUP
HB-5  Do you supervise others on your job?
Yes………1
No………5

EMPSCHD1
HC-3  Are you currently working days, evenings, or nights, or some other combination of these?
NOTE: Days = Starting 6-10 and ending 2-7 in the evening
     Evenings = Starting 2-5 in the afternoon and ending 10PM –2AM
     Nights = Starting 5-10 in the evening and ending 2-6 in the morning
Days………1
Evenings………2
Nights...........3
Combination......4

EMPSCHD2
HC-4
Responder Booklet, page 45

How often does your work schedule change? Would you say, once a week, two or three times a month, once a month, a few times a year, once or twice a year, or never?

Once a week (or more)........1
Two or three times a month........ 2
Once a month......... 3
A few times a year........ 4
Once or twice a year........5
Never..........................6

EMPYR
HC-5
In what year did you start working on this job?

Year____

EMPEARN
HD-1
About how much do you earn per year from this job?

(INTERVIEWER INSTRUCTION: INDICATE GROSS EARNINGS)

$ _____________

SKIP: IF R GIVES AN EXACT AMOUNT; ASK: EMPSAT1

IWER INSTRUCTIONS: OVER $1,000,000, CODE AS $1,000,000.

***CONSISTENCY CHECK: IF EMPEARN is LE $5,000, CLARIFY WITH THE R:

You told me that you earned (FILL: EMPEARN) per year. Is this correct?

INCTOT3
HD-1a
Responder Booklet, Page 46

While you may not know the exact amount, please tell me about how much it was.
Less than $5,000………1
$5,000-10,000………2
$10,000-15,000………3
$15,000-20,000………4
$20,000-25,000………5
$25,000-30,000………6
$30,000-35,000………7
$35,000-40,000………8
$40,000-45,000………9
$45,000-50,000………10
$50,000-60,000………11
$60,000-70,000………12
$70,000-80,000………13
$80,000-90,000………14
$90,000-100,000………15
$100,000-125,000………16
$125,000-150,000………17
$150,000-175,000………18
$175,000-200,000………19
$200,000-250,000………20
$250,000-300,000………21
$300,000-350,000………22
More than $350,000………23

IWER INSTRUCTIONS: OVER $1,000,000, CODE AS $1,000,000.

***CONSISTENCY CHECK: IF INCTOT3 is LE $5,000, CLARIFY WITH THE R:

You told me that you earned (FILL: INCTOT3) per year. Is this correct?

EMPSAT1
HD-3 How satisfied are you with your job—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
WORKMORE HE-1

Thinking about your job or jobs over the past year, is the total amount of time you are working about right, or would you have liked to work more or would you have liked to work less?

About right……1
More…………2
Less…………3

LOSEJOB HE-2

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—very likely, somewhat likely not too likely or not at all likely?

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

FINDJOB HE-3

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—very good, good, fair, or poor?

Very good……1
Good……2
Fair……3
Poor……4

EMPQLS3 HE-3a

Respondent Booklet, Page 47

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.

My job requires me to be creative. (—do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

Agree strongly……1
Agree somewhat……2
Disagree somewhat……3
Disagree strongly……4
EMPQLS5
HE-3b  My job allows me to make a lot of decisions on my own.

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

EMPQLS7
HE-3c  I get to do a variety of different things on my job.

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

EMPQLS11
HE-3f  My job requires working very hard.

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

EMPQLS12
HE-3g  My job requires lots of physical effort.

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

EMPQLS13
HE-3h  I am not asked to do an excessive amount of work.

Agree strongly………1
Agree somewhat………2
Disagree somewhat………3
Disagree strongly………4
EMPQLS14
HE-3i  I have enough time to get the job done.

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

EMPQLS15
HE-3j  I am free from conflicting demands that others make.

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

EMPQLS17
HE-3k  Considering all my efforts and achievements, my work prospects are adequate.

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

EMPQLS21
HE-3l  Considering all my efforts and achievements, my salary (income) is fair.

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

EMPSTRN1
HE-4a  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.

Agree strongly……….1
Agree somewhat……….2
Disagree somewhat……….3
Disagree strongly……….4
EMPSTRN2
HE-4b
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.

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

EMPEXP1
HE-5a
Respondent booklet, Page 48

Now I’m going to read you a list problems people sometimes face in their workplaces. Using the options on page 48 of the booklet, please tell me how exposed you are to each problem.

Do you have a problem with exposure to dangerous chemicals on your job? Would you say you are not exposed, exposed but it is a slight problem, or exposed and it is a sizable or great problem?

Not exposed………1
Exposed but it is a slight problem………2
Exposed and it is a sizable or great problem………3

EMPEXP2
HE-5b
Do you have a problem with exposure to air pollution from dusts, smoke, gas, fumes, fibers, or other things on your job? (Would you say you are not exposed, exposed but it is a slight problem, or exposed and it is a sizable or great problem?)

Not exposed………1
Exposed but it is a slight problem………2
Exposed and it is a sizable or great problem………3

EMPEXP5
HE-5d
To what extent does your job expose you to risk of accident or injury?

Not exposed………1
Exposed but it is a slight problem………2
Exposed and it is a sizable or great problem………3

SKIP: ASK MAINJOB.
LASTJOB
HG-1  Have you ever held a regular job that you worked on average 15 hours or more a week?

Yes………1
No………5

SKIP: IF LASTJOB=5, ASK: SECTION J.

OCCNAME2
HG-2  Now I have a few questions about the last regular job you had. What was your occupation on this job?

Answer:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OCCKIND2
HG-3  What kind of work did you do on the last job? What were your most important activities or duties?

Answer:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OCCIND2
HG-4  What kind of business or industry was that in? What did they make or do where you worked?

Answer:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OCCSITU2
HG-5  Were you self-employed, or did you work for a private employer, or a municipal, county, state, or federal government?

Self-employed………1
Private employer………2
Government employer………3
In what year did you start working on that job?

Year ________ or Age _________

In what year did you stop working on that job?

Year ________ or Age _________

How satisfied were you with your job—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

Would you say the job you just told me about is the main paid job you’ve worked at during your life, that is the paid job on which you worked at least 15 hours per week for the longest time?

Yes………1
No………5

Now I have a few questions about the main job you had. What was your occupation on this job?

Answer:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
OCCKIND3
HH-3  What kind of work did you do in your main job? What were your most important activities or duties?

Answer:
_____________________________________________________
_____________________________________________________
_____________________________________________________ 

OCCIND3
HH-4  What kind of business or industry was that in? What did they make or do where you worked?

Answer:
_____________________________________________________
_____________________________________________________
_____________________________________________________ 

OCCSITU3
HH-5  Were you self-employed, or did you work for a private employer, or a municipal, county, state, or federal government?

Self-employed………1  
Private employer………2  
Government employer………3 

OCCSTRT3
HH-7  In what year did you start working on that job?

Year ________ or Age _________ 

OCCSTOP3
HH-8  In what year did you stop working on that job?

Year ________ or Age _________ 

***Consistency check – If MAINJOB .NE. LASTJOB, the year that MAINJOB ended should not be later than the year that current job/LASTJOB began.
EMPSAT3
HH-10
How satisfied were you with your job—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

MNJBQLS1
HH-15
Now thinking about the paid job you have had for the longest part of your life.

How much physical strain was there in that job—would you say none, a little, some, quite a bit, or a great deal of physical strain?

None............1
A little............2
Some.............3
Quite a bit............4
A great deal............5

FRSTJOB
HI-1
Now I’d like to know about the first job you had after leaving school where you worked 15 hours a week or more. Have you already told me about this job?

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

SKIP: IF FRSTJOB=5, ASK OCCNAME4.

FRSTYES
HI-1a
INTERVIEWER CODE

IF SCTHCP1=1 AND MAINJOB=1, CODE 1
IF LASTJOB=1 AND MAINJOB=1, CODE 2
IF MAINJOB=5, CODE 3

Current job............1
Last job............2
Main job but not current or last job............3
SKIP: ASK SECTION J.
Now a few questions about the first job you had after leaving school. What was
your occupation on this job?

Answer:
_____________________________________________________
_____________________________________________________
_____________________________________________________

What kind of work did you do on that job? What were your most important
activities or duties?

Answer:
_____________________________________________________
_____________________________________________________
_____________________________________________________

What kind of business or industry was that in? What did they make or do where
you worked?

Answer:
_____________________________________________________
_____________________________________________________
_____________________________________________________

Were you self-employed, or did you work for a private employer, or a
municipal, county, state, or federal government?

Self-employed………1
Private employer………2
Government employer………3

In what year did you start working on that job?

Year ________ or Age _________

***Lower limit should be RBAGE+15***
OCCSTOP4
HI-8 In what year did you stop working on that job?

Year ________ or Age __________

*** Limits: Should be GE OCCSTRT4 to 2001.***
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SECTION J: EARLY LIFE AND PHYSICAL MEASUREMENTS

BIOPAR
J-1

Here are some questions about your life when you were growing up, that is most of the years up until the age of 12. These questions are mostly about your parents or other adults who you lived with and who were responsible for you.

For most of the time until you were 12 years old, did you mostly live with both of your natural parents, or mostly with your natural mother, or mostly with your natural father, or with someone else?

Both parents……1
Mostly with natural mother……2
Mostly with natural father……3
Someone else (SPECIFY)……4

PAEDUC
J-2

What was the highest grade of school or year of college completed by your father or other person who lived with you and was like a father to you?

_________ years

*** Limit answers to 0-20

IWER: IF NO FATHER CODE 50

SKIP: IF PAEDUC= 50, ASK MAEDUC

PAEDUS
J-3

Was he educated in the United States?

Yes……..1
No……..5

PAWORK
J-4

During your childhood, did he have a paid job?

Yes……..1
No……..5
SKIP: IF PAWORK = 5, ASK: MAEDUC

PAJOB
J-5
During your childhood, what was his occupation, or main job?

Answer:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(PROBE AS NECESSARY TO GET AS CLEAR A JOB TITLE AND DEFINITION AS POSSIBLE: E.g. Ask what kind of “occupation”. What kind of (teacher, factory worker, etc.) was he? What kind of work did he do?)

PAIND
J-7
What kind of business or industry was that in? What did they make or do where he worked?

Answer:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PASELF
J-7a
Was he self-employed, or did he work for a private employer, or a municipal, county, state, or federal government?

Self-employed……1
Private employer……2
Government employer……3

MAEDUC
J-8
What was the highest grade of school or year of college completed by your mother, or the person who lived with you and was most like a mother to you?

___________years

*** Limit answers to 0-20

IWER: IF NO MOTHER CODE 60
MAEDUS
J-9  Was your mother educated in the United States?

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

MAWORK
J-10  During your childhood, did she have a paid job?

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

SKIP: IF MAWORK = 5, ASK: NUMSIB

MAJOB
J-11  During your childhood, what was her occupation or main job?

Answer:

___________________________________________________________
___________________________________________________________
___________________________________________________________

(PROBE AS NECESSARY TO GET AS CLEAR A JOB TITLE AND
DEFINITION AS POSSIBLE: E.g. Ask kind of occupation? What kind of
(teacher, factory worker, etc.) was she? What kind of work did she do?)

MAIND
J-12  What kind of business or industry was that in? What did they make or do where
she worked?

Answer:

___________________________________________________________
___________________________________________________________
___________________________________________________________

MASELF
J-13a  Was she self-employed, or did she work for a private employer, or a municipal,
county, state, or federal government?

Self-employed........1
Private employer........2
Government employer........3
NUMSIB
J-14  All together, how many brothers and sisters did you have in your family while you were growing up, including adopted, step- and half-brothers and sisters? Please include any brothers and sisters who may have died.

_____________

BRHWHT
J-16  About how much did you weigh when you were born? Was it…

Less than 3 pounds or 1500 grams……………………………1
More than 3 pounds but less than 5 pounds (1500-2499 grams)…..2
5 – 8 pounds (2500-4000 grams)……………………3
More than 8 pounds (more than 4000 grams)………..4

ILLSCH
J-17  Thinking about most of the years until you were 12, did you ever have any illness or injury that kept you out of school for more than a month?

Yes……….1
No……….5

ILLSPT
J-18  (Thinking about most of the years until you were 12,) did you ever have any illness or injury that limited the amount or kind of sport or games you could play for more than a few months?

Yes……….1
No……….5

PARREL0
J-22a  Respondent Booklet, Page 50

Thinking about most of the years until you were 12, how much would you say that your parent(s) (or the adults who raised) you made you feel loved?

A great deal……….1
Quite a bit……….2
Some……….3
A little……….4
Not at all……….5
PARREL3
J-22b (Thinking about most of the years until you were 12) how much would you say that your parent(s) (or the adults who raised you) physically held and comforted you?

A great deal...........1
Quite a bit...........2
Some............3
A little............4
Not at all.........5

PARREL4
J-22c (Thinking about most of the years until you were 12) how much would you say that they physically threatened or abused you?

A great deal...........1
Quite a bit...........2
Some............3
A little............4
Not at all.........5

PARREL5
J-22d (Thinking about most of the years until you were 12) how much would you say that (they/she/he) verbally threatened or abused you?

A great deal...........1
Quite a bit...........2
Some............3
A little............4
Not at all.........5

PARREL8
J-22f Thinking about most of the years until you were 12, how much would you say that (they/she/he) participated in activities in your school?

A great deal...........1
Quite a bit...........2
Some............3
A little............4
Not at all.........5
(Thinking about most of the years until you were 12) how often did your parent(s) or other adults read to you?

Very often........1
Often..........2
Sometimes.........3
Rarely.........4
Never.........5

(Thinking about most of the years until you were 12), how often did you go to bed at night feeling hungry?

Very often........1
Often..........2
Sometimes.........3
Rarely.........4
Never.........5

Thinking about most of the years until you were 12, did your parents (or the people who brought you up) own the house you lived in or did they rent it?

They owned the house........1
They rented the house........2
(IF VOL.) Owned the house part of the time, rented part of the time........3

How well off would you say your family was when you were growing up to age 12? Would you say they were…

Quite well off........1
Above average........2
About average.........3
Below average........4
Poor....................5
Now, thinking **beyond** the early years when you were growing up, have your parent(s) (or the people who brought you up) ever given you a car or helped you get money to buy a car?

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

Have/has your parent(s) (or the people who brought you up) ever given you or helped you get money to pay to go to college?

Yes........1
(IF VOL.) Didn’t go to college ........3
No........5

Have/has your parent(s) (or the people who brought you up) ever given you or helped you get money to pay off a debt?

Yes........1
No........5
(IF VOL.) Didn’t have any debts ........3

Have your parents (or the people who brought you up) up given you money to help you buy a house or get an apartment?

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

Now I would like to measure your blood pressure three times and also measure your height and weight. I'll be happy to discuss your blood pressure reading at the end of the interview; that way, we can also go over any other questions you might have.

IWER: R SHOULD BE POSITIONED AS follows:
• FEET FLAT ON FLOOR
• NO SMOKING
• LOOSE CLOTHING
• ARM ON TABLE (OR SUPPORTED) AT HEART LEVEL

IWER:
• TRY THE REGULAR ADULT CUFF ON THE LEFT ARM UNLESS IT IS INAPPROPRIATE FOR SOME REASON (E.G., SWOLLEN OR INJURED).
• IF REGULAR ADULT CUFF IS TOO SMALL, TRY LARGE ARM CUFF.
• ENTER CUFF SIZE USED (IF NEITHER CUFF FITS, YOU WILL BE SKIPPED OUT OF THE BLOOD PRESSURE).

Needed smaller cuff ....1
Used regular cuff....2
Used large arm cuff....3
Needed extra large cuff ....4
Problem other than cuff size……7 (specify)

SKIP: IF ARMCIRC=1 ASK CUFFSIZE
     IF ARMCIRC=2,3 ASK SYSTOL1
     IF ARMCIRC=4 ASK FOREARM
     IF ARMCIRC=7 ASK ARMSPEC

ARMSPEC
J-30a    SPECIFY REASON_____________

SKIP TO CUFFSIZE

FOREARM
J-30b   Now I would like to try to measure your blood pressure using your forearm. I may need to try both cuff sizes to see which one fits more comfortably.

Took reading on forearm with regular cuff........1
Took reading on forearm with large cuff...........2
Did not attempt to take forearm reading...........3

SKIP: IF FOREARM =3 ASK CUFFSIZE
I’m going to measure your blood pressure three times.

**IWERT: INFLATE TO 180 SBP**

**SYSTOLIC READING 1 _____________________**

***Limits: 88-199***

**DIASTOLIC READING 1 _____________________**

***Limits: 41-111***

**IWER: RECORD R’S PULSE RATE_________________________**

IWER: DEFLATE THE CUFF BUT LEAVE IT ON ARM. WAIT FOR APPROXIMATELY 60 SECONDS BEFORE TAKING THE NEXT SET OF MEASUREMENTS. INFLATE TO LEVEL OF FIRST SBP PLUS 20, NOT TO EXCEED 180.

***Limits: 44-122***

**SYSTOLIC READING 2 _____________________**

***Limits: 88-199***

**DIASTOLIC READING 2 _____________________**

***Limits: 41-111***

**IWER: RECORD R’S PULSE RATE_________________________**
IWER:

- DEFLATE THE CUFF BUT LEAVE IT ON ARM.
- WAIT FOR APPROXIMATELY 60 SECONDS BEFORE TAKING THE NEXT SET OF MEASUREMENTS.
- INFLATE TO LEVEL OF FIRST SBP PLUS 20, NOT TO EXCEED 180.

***Limits: 44-122

SYSTOL3
J -37  SYSTOLIC READING 3 _____________________

***Limits: 88-199

DIASTOL3
J -38  DIASTOLIC READING 3 _____________________

***Limits: 41-111

PULSE3
J -39  IWER: RECORD R’S PULSE

IWER: DEFLATE THE CUFF AND REMOVE FROM ARM.

***Limits: 44-122

BPPROB
J -40  IWER: WAS THERE A PROBLEM WITH THE BLOOD PRESSURE MEASUREMENT?

Yes……..1 (SPECIFY)
No………5

SYSMEAN
J-41  SYSMEAN= (SYSTOL2+ SYSTOL3)/2

DIASMEAN
J-42  DIASMEAN= (DIASTOL2+ DIASTOL3)/2
**Computer to calculate the appropriate blood pressure status for the R**

IF SYSMEAN IS LESS THAN 130 OR DIASMEAN IS LESS THAN 85………1
IF SYSMEAN =130-139 OR DIASMEAN = 85-89………………2
IF SYSMEAN = 140-159 OR DIASMEAN = 90-99………………3
IF SYSMEAN = 160-179 OR DIASMEAN =100-109……………4
IF SYSMEAN = 180 or higher OR DIASMEAN = 110 or higher….5

**SKIP:** IF BPREPORT=1 GO TO BPCARD1
IF BPREPORT=2 GO TO BPCARD2
IF BPREPORT=3 GO TO BPCARD3
IF BPREPORT=4 GO TO BPCARD4
IF BPREPORT=5 GO TO BPCARD5

**BPCARD1**

**J-43a**

*** Computer display values of SYSMEAN and DIASMEAN***

**IWER:** COPY DOWN THE VALUES DISPLAYED ONTO THE CARD, SET CARD ASIDE FACE DOWN UNTIL THE END OF THE CONTACT. AT THE END OF THE CONTACT HAND CARD TO R WHILE READING THE DESCRIPTION ABOUT WHAT ACTION R SHOULD TAKE.

IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: “IT IS A GOOD IDEA FOR YOU TO HAVE YOUR BLOOD PRESSURE CHECKED AGAIN IN ONE OR TWO YEARS.”

**SKIP:** ASK HEIGHT

**BPCARD2**

**J-43b**

*** Computer display values of SYSMEAN and DIASMEAN***

**IWER:** COPY DOWN THE VALUES DISPLAYED ONTO THE CARD, SET CARD ASIDE FACE DOWN UNTIL THE END OF THE CONTACT. AT THE END OF THE CONTACT HAND CARD TO R WHILE READING THE DESCRIPTION ABOUT WHAT ACTION R SHOULD TAKE.

IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: “IT IS A GOOD IDEA FOR YOU TO HAVE YOUR BLOOD PRESSURE CHECKED AGAIN IN ONE YEAR.”

**SKIP:** ASK HEIGHT
*** Computer display values of SYSMEAN and DIASMEAN***


IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: “IT IS A GOOD IDEA FOR YOU TO HAVE YOUR BLOOD PRESSURE CHECKED AGAIN WITHIN ONE MONTH.”

SKIP: ASK HEIGHT

*** Computer display values of SYSMEAN and DIASMEAN***


IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: “IT IS A GOOD IDEA FOR YOU TO HAVE YOUR BLOOD PRESSURE CHECKED AGAIN BY A PHYSICIAN WITHIN ONE MONTH.”

SKIP: ASK HEIGHT

*** Computer display values of SYSMEAN and DIASMEAN***


IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: “WE RECOMMEND THAT YOU SEE A PHYSICIAN TO HAVE YOUR BLOOD PRESSURE CHECKED AGAIN IMMEDIATELY.”
SKIP: IF ARMCIRC=2,3 ASK HEIGHT

CUFFSIZE
J-44  It appears that I do not have a cuff that would fit comfortably on your arm, so I will not try to take a blood pressure reading.

IWER: PRESS ENTER TO CONTINUE

HEIGHT
J-45  Now I would like you to stand up so I can measure your height, leg length and weight. Please remove your shoes and any heavy outer wear.

IWER: ENTER RESPONDENT’S HEIGHT WITH SHOES OFF

_________feet ___________inches

***Limits: 3-8 feet and 0-12 inches

SKIP: IF HEIGHT = REF, ASK: WEIGHT

LEGGENDNGTH
J-45a  IWER: MEASURE AND ENTER LEG LENGTH

_________inches

***Limits: 20-50 inches

HTPROB
J-46  IWER: WERE THERE PROBLEMS WITH THE HEIGHT MEASUREMENT?

Yes....1
Respondent Self reported....2
No....5

WEIGHT
J-47  IWER: ENTER RESPONDENT’S WEIGHT IN POUNDS WITH SHOES OFF

_________pounds

***Limits: 50-330 pounds.
SKIP: IF WEIGHT = REF, GO TO: CHKPT1

**WTPROB**

**J-48**

IWER: WERE THERE PROBLEMS WITH THE WEIGHT MEASUREMENT?

Yes....1
Respondent Self reported....2
No....5

**CHKPT1**

**J-49**

SKIP: IF (HTPROB NE 1) AND (WTPROB NE 1), ASK: WAIST

**DESPROB1**

**J-50**

IWER: DESCRIBE ANY PROBLEMS WITH THE HEIGHT AND/OR WEIGHT MEASUREMENTS.

____________________________________

**WAIST**

**J-51**

Now I would like to measure your waist and your hips with this tape marked in centimeters. The numbers are higher than they would be if we were measuring in inches.

IWER: ALLOW R TO MEASURE HIM/HERSELF IF REQUESTED.

IWER: ENTER RESPONDENT’S WAIST MEASUREMENT IN WHOLE CENTIMETERS.

__________________cm

***Limits: 57-144 cm***

SKIP: IF WAIST=REF, ASK: HIP

**WSTPROB**

**J-52**

IWER: WERE THERE PROBLEMS WITH THE WAIST MEASUREMENT?

Yes....1
Self measured....2
Respondent Self reported….3
No....5
HIP
J-53 IWER: ENTER RESPONDENT’S HIP MEASUREMENT IN WHOLE CENTIMETERS.

________________ cm

***Limits: 63-168 cm

HIPPROB
J-54 IWER: WERE THERE PROBLEMS WITH THE HIP MEASUREMENT?

Yes....1
Self measured....2
Respondent Self reported….3
No....5

CHKPT2
J-55 SKIP: IF (WSTPROB NE 1) AND (HIPPROB NE 1), ASK MEMQST

DESPROB2
J-56 IWER: DESCRIBE ANY PROBLEMS WITH THE WAIST AND/OR HIP MEASUREMENTS.

__________________________________
SECTION K: LIFE EVENTS

EVENT2
K-2a  Now I’m going to read you a list of things that may have happened to you. For each event, please indicate whether the event occurred at any point in your life.

First, death of a child of yours. Did this happen at any point in your life?

Yes………1
No………5

SKIP: IF EVENT2=5, ASK: EVENT3.

EVDATETIME2
K-2c  What year did this most recently happen?

Year: ________

EVENT3
K-3a  Were you the victim of a serious physical attack or assault at any point in your life?

Yes………1
No………5

SKIP: IF EVENT3=5, ASK: EVENT4.

EVDATETIME3
K-3c  What year did this most recently happen?

Year: ________

EVENT4
K-4a  Did you ever have a life-threatening illness or accident?

Yes………1
No………5

SKIP: IF EVENT4=5, ASK: EVENT5.
EVDATE4
K-4c  What year did this most recently happen?

Year: ________

SKIP: IF MARSTAT=5, ASK: EVENT7.

EVENT5
K-5a  How about a life-threatening illness or accident to your spouse or a child of yours? Did this happen at any point in your life?

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

SKIP: IF EVENT5=5, ASK: EVENT7.

EVREC5
K-5b  Did this occur during the past five years?

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

SKIP: IF EVREC5=5, ASK: EVENT7.

EVDATE5
K-5c  What year did this most recently happen?

Year: ________

***Consistency check—EVDATE5 should be between 1996-2001 and NL than MAR1YR or MARDATE

EVENT7
K-7a  I’m going to read you some more things that may have happened to you. But now I only want to know if these may have happened to you in the last five years.

How about a life-threatening illness or accidental injury to someone else close to you? Did this occur at least once in the past five years?

Yes.........1
No.........5
SKIP: IF EVENT7=5, ASK: EVENT8.

**EVDATE7**

K-7c  What year did this most recently happen?

Year: ________

**EVENT8**

K-8a  How about death of someone else close to you? (Did this happen in the past five years?)

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

SKIP: IF EVENT8=5, ASK: EVENT9.

**EVDATE8**

K-8c  What year did this most recently happen?

Year: ________ [Restrict valid years to 1996, 1997, 1998, 1999, 2000, and 2001 for EVDATE8, 9, 10, 11, 12, 14, 16, 17, 18, 19, 20 ]

**EVENT9**

K-9a  Have you involuntarily lost a job for reasons other than retirement at any point in the past five years?

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

SKIP: IF EVENT9=5, ASK EVENT11.

**EVDATE9**

K-9c  What year did this most recently happen?

Year: ________
EVENT11
K-11a  How about being unemployed and looking for work for longer than 3 months. Did this happen in the past five years? (BOTH CONDITIONS MUST APPLY. THAT IS, THE RESPONDENT MUST HAVE BEEN UNEMPLOYED FOR MORE THAN 3 MONTHS AND LOOKING FOR WORK DURING THE SAME TIME PERIOD.)
Yes………1
No………5
SKIP: IF EVENT11=5, ASK: EVENT12.

EVDATE11
K-11c  What year did this most recently happen?
Year: ______

EVENT12
K-12a  Was anyone else in your household unemployed and looking for work for longer than 3 months in the past five years?
Yes………1
No………5
SKIP: IF EVENT12=5, ASK: EVENT14

EVDATE12
K-12c  What year did this most recently happen?
Year: ______

EVENT14
K-14a  Have you moved to a worse residence or neighborhood in the past five years?
Yes………1
No………5
SKIP: IF EVENT14=5, ASK: EVENT16.
EVDATE14
K-14c  What year did this most recently happen?
Year: ________

EVENT16
K-16a  How about being robbed or having your home burglarized? Did this happen to you in the past five years?
Yes………1
No………5
SKIP: IF EVENT16=5, ASK: EVENT17.

EVDATE16
K-16c  What year did this most recently happen?
Year: ________

EVENT17
K-17a  Did you have serious financial problems or difficulties in the past five years?
Yes………1
No………5
SKIP: IF EVENT17=5, ASK: EVENT18.

EVDATE17
K-17c  What year did this most recently happen?
Year: ________

EVENT18
K-18a  Did you or someone else close to you have legal trouble (trouble with the law) in the past five years?
Yes………1
No………5
SKIP: IF EVENT18=5, ASK: EVENT19.
 EVDATE18
 K-18c What year did this most recently happen?

 Year: ________

 EVENT19
 K-19a Has anything else bad happened to you in the past five years that upset you a lot and that you haven’t already told me about?

 Yes………1
 No………5


 EVTYPE19
 K-19a1 What was the most upsetting thing that happened in the past five years that you haven’t already told me about?

 Event: __________________________________________________
 __________________________________________________
 __________________________________________________
 __________________________________________________

 EVDATE19
 K-19c What year did this most recently happen?

 Year: ________

 EVENT20
 K-20a In the past five years, has anything else bad happened to someone close to you that upset you a lot and that you haven’t already told me about?

 Yes………1
 No………5

 SKIP: IF EVENT20=5, ASK: SECTION L.

 EVTYPE20
 K-20a1 What was the most upsetting thing that happened to that person that you haven’t already told me about?
Event: __________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

EVDAT20
K-20c  What year did this most recently happen?
Year: ________
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

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.)

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

COGDT0
L-2  Now I’d like to ask some other 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?

_____________ Month __________ Day _______________ Year

COGDT1
L-2a  INTERVIEWER CODE
Answer is:

Correct……….1
Incorrect……….2

COGDY0
L-3  What day of the week is it?

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

COGDY1
L-3a  INTERVIEWER CODE
Answer is:

Correct……….1
Incorrect……….2

COGNM2
L-5  What do you call the kind of prickly plant that grows in the desert?

Cactus or name of kind of cactus……….1
Incorrect……….2
COGNM3
L-6  What is the name of the president of the United States?

Bush……….1
Incorrect……….2

COGNM4
L-7  What is the name of the person who was president just before him?

Clinton……….1
Incorrect……….2

COGNUM
L-8  Please subtract 3 from 20 and tell me the number you get, then keep subtracting
3 from this number and each new number you get, telling me the results as you
go.

SKIP: IF ANSWER IS 2 OR LESS, SKIP OUT OF THIS SECTION

AT SEVENTH NUMBER

IWER INSTRUCTION: “Just PRESS [Enter] if no more number to enter, or if R gives a number
that is 2 or less.
SECTION M: CHRONIC STRESS

FINSAT
MB-1 Now, I’d like to ask a few questions about (your/your family’s) financial situation. How satisfied are you with (your/your family’s) present financial situation – 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

PAYBILL
MB-2 How difficult is it for (you/your family) to meet the monthly payments on your (family’s) bills? Is it extremely difficult, very difficult, somewhat difficult, or not difficult at all?

Extremely difficult………1
Very difficult………2
Somewhat difficult………3
Slightly difficult………4
Not difficult at all………5

ECPROB1
MB-4 Respondent booklet, Page 53

Please turn to page 53 in the booklet. In the last year, which of the following have you done as a result of economic problems to you and your family?

READ QUICKLY THROUGH LIST UNLESS YOU ARE SURE R IS READING CAREFULLY AND COMPLETELY.

ENTER ALL THAT APPLY, SEPARATED BY DASHES.

Sold possessions or cashed in life insurance to cover day-to-day expenses…1
Postponed seeing a doctor or other health professional for financial reasons……2
Been unable to purchase prescribed medications for financial reasons in the last year………3
Borrowed money from friends or relatives to pay for needed everyday expenses…..4
Applied for government assistance such as welfare, food stamps, or Medicaid, to help meet everyday expenses……5
Obtained a loan to consolidate or pay off debts…6

Moved to cheaper living quarters or moved in with other people because you could not afford to stay where you were……7
None of the above…………8

***Consistency check. Should not be able to enter code 8 at the same time as any other code.

SECRCL1
MB-5

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.

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

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

FIRED
MC-1

In the following questions, we are interested in your perceptions about the way other people have treated you. Can you tell me if any of the following has ever happened to you:

At any time in your life, have you ever been unfairly fired from a job or been unfairly denied a promotion?

Yes………1
No………5

SKIP: IF FIRED = 5, ASK: HIRED
WHENFIRE
MC-1a When was the last time this happened?

Within the last week………1
Within the last month………2
Within the last year………3
More than a year ago………4

FREQFIRE
MC-1b Respondent Booklet, Page 54a

How many times has this happened during your lifetime? Did it happen…?

Only one time………1
2-3 times……………2
4 -5 times……………3
6 or more times………4

WHYFIRE
MC-1c Respondent Booklet, Page 54b

Look at page 54b in your booklet. What do you think was the main reason for this/these experience/experiences? Was it because your ancestry or national origin, your gender, your age, your height, your weight, some other aspect of your physical appearance, your sexual orientation, or something else?

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
Other Specify __________

HIRED
MC-2 For unfair reasons, have you ever not been hired for a job?

Yes………1
No………5

SKIP: IF HIRED = 5, ASK: POLABUSE
WHENHIRE  
MC-2a  When was the last time this happened?

Within the last week………1  
Within the last month………2  
Within the last year………3  
More than a year ago………4

FREQHIRE  
MC-2b  Respondent Booklet, Page 54c  

How many times has this happened during your lifetime? Did it happen…?

Only one time……..1  
2-3 times…………..2  
4 -5 times……………3  
6 or more times………4

WHYHIRE  
MC-2c  Respondent Booklet, Page 54d  

What do you think was the main reason for this/these experience/experiences?

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  
Other Specify __________

POLABUSE  
MC-3  Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?

Yes………1  
No………5

SKIP: IF POLABUSE = 5, ASK: DISCMOVE.
WHENABUS
MC-3a When was the last time this happened?

Within the last week………1
Within the last month………2
Within the last year………3
More than a year ago………4

FREQABUS
MC-3b Respondent Booklet, Page 54e

How many times has this happened during your lifetime? Did it happen….?

Only one time…….1
2-3 times………….2
4 -5 times………….3
6 or more times…….4

WHYABUS
MC-3c Respondent Booklet, Page 54f

What do you think was the main reason for this/these experience/experiences?

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
Other Specify __________

DISCMOVE
MC-5 Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?

Yes………1
No………5

SKIP: IF DISCMOVE = 5, ASK: DISCRIM1
WHENMOVE
MC-5a  When was the last time this happened?

Within the last week……….1
Within the last month……….2
Within the last year……….3
More than a year ago……….4

FREQMOVE
MC-5b  Respondent Booklet, Page 54g

How many times has this happened during your lifetime? Did it happen…?

Only one time……….1
2-3 times………………2
4 -5 times………………3
6 or more times……….4

WHYMOVE
MC-5c  Respondent Booklet, Page 54h

What do you think was the main reason for this/these experience/experiences?
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
Other Specify __________

DISCRIM1
MC-8a  Looking at page 55 of your respondent booklet, in your day-to-day life how often have any of the following things happened to you?

You are treated with less courtesy or respect than other people.

At least once a week………. 1
A few times a month………. 2
A few times a year………. 3
Less than once a year………. 4
Never………. 5
DISCRIM3
MC-8b You receive poorer service than other people at restaurants or stores.

At least once a week……… 1
A few times a month……… 2
A few times a year……… 3
Less than once a year……… 4
Never……… 5

DISCRIM4
MC-8c People act as if they think you are not smart.

At least once a week……… 1
A few times a month……… 2
A few times a year……… 3
Less than once a year……… 4
Never……… 5

DISCRIM5
MC-8d People act as if they are afraid of you.

At least once a week……… 1
A few times a month……… 2
A few times a year……… 3
Less than once a year……… 4
Never……… 5

DISCRIM9
MC-8f You are threatened or harassed.

At least once a week……… 1
A few times a month……… 2
A few times a year……… 3
Less than once a year……… 4
Never……… 5

SKIP: If DISCRIM1-DISCRIM9 = 6, ASK: VIGIL2

WHYDISC
MC-9 Looking at the reasons that are listed on page 54h, what do you think was the main reason why these experiences happened to you? That is reasons why (FILL: Insert the statement from DISCRIM1-DISCRIM9 that are Not Equal to 6)
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
Other Specify __________

VIGIL2
MC-10b Respondent Booklet, Page 55

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

You try to prepare for possible insults from other people before leaving home.

At least once a week……… 1
A few times a month……… 2
A few times a year……… 3
Less than once a year……… 4
Never……… 5

VIGIL3
MC-10c Feel that you always have to be very careful about your appearance (to get good service or avoid being harassed).

At least once a week……… 1
A few times a month……… 2
A few times a year……… 3
Less than once a year……… 4
Never……… 5

VIGIL4
MC-10d Carefully watch what you say and how you say it.

At least once a week……… 1
A few times a month……… 2
A few times a year……… 3
Less than once a year……… 4
Never……… 5
VIGIL6
MC-10e  Try to avoid certain social situations and places.

At least once a week…….. 1
A few times a month…….. 2
A few times a year…….. 3
Less than once a year…….. 4
Never…………. 5

SKIP: IF EMPHRS LT 15, ASK: RELAFF0

JOBDIS1
MC-11a  Here are some more situations that can arise at work. Please tell me how often you have experienced them during the past 12 months.

How often do you feel that you have to work twice as hard as others to get the same treatment or evaluation?

At least once a week ………1
A few times a month………2
A few times a year………3
Less than once a year………4
Never……………………5

JOBDIS2
MC-11b  How often are you watched more closely than other workers?

At least once a week ………1
A few times a month………2
A few times a year………3
Less than once a year………4
Never……………………5

JOBDIS3
MC-11c  How often are you unfairly humiliated in front of others at work?

At least once a week……….1
A few times a month………..2
A few times a year………..3
Less than once a year………..4
Never…………………5
**JOBDIS4**
**MC-11d** How often do your supervisor or coworkers make slurs or jokes about racial or ethnic groups?

At least once a week………1
A few times a month………2
A few times a year………3
Less than once a year………4
Never…………………5

**JOBDIS5**
**MC-11e** How often do your supervisor or coworkers make slurs or jokes about women?

At least once a week ………1
A few times a month…………2
A few times a year…………3
Less than once a year………4
Never………………….5
SECTION N: RELIGION AND MEANING/PURPOSE

RELAFF0
N-1

Now, I have some questions about religion. Even people who don’t have a formal religion may have religious feelings, so we ask them of everyone. First, what is your current religious preference? Are you Protestant, Catholic, Jewish, or what?

Protestant……….1
Catholic........2
Jewish……….3
None.......4
Other........7

SKIP: IF RELAFF0=2-4, ASK ATTEND.
SKIP: IF RELAFF0=7, ASK: RELAFF2.

RELAFF1
N-1a

Which specific denomination is that?

___________________________________

Baptist
American Baptist………10
Southern Baptist Convention……………… 14
Baptist, Any other or don’t know which……………… 18

Methodist
African Methodist Episcopal Church………. 20
African Methodist Episcopal Zion Church……. 21
United Methodist Church………………..22
Methodist, Any other or don’t know which………….28

Lutheran
Lutheran Church –Missouri or Wisconsin Evangelical Synod………30
Lutheran, Evangelical………………..34
Lutheran, Any other or don’t know which………. 38

Others
Presbyterian, Any or don’t know which……….48
Episcopal Church………………..50
Other……………….60
No Denomination given or Non-Denominational Church………70

SKIP: ASK ATTEND.
RELAFF2
N-1b  Other (please specify)?

___________________________________

ATTEND
N-2  Respondent booklet, Page 57

Please refer to page 57 of your booklet. How often do you go to religious services? Would you say several times a week, once a week, 2-3 times a month, about once a month, several times a year, about once or twice a year, or never?

Several times a week.........1
Once a week...........2
2-3 times a month...........3
About once a month.........4
Several times a year.........5
About once or twice a year........6
Never.........7

RELMEMB
N-4  Do you belong to a church, synagogue, or other religious congregation?

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

SKIP: IF RELMEMB=1, ASK RELNB
SKIP: IF RELMEMB =5, DK, or Ref AND there are no other people in household, ASK RELSPRT

RELNB
N-4b  Does this congregation meet in your neighborhood?

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

CONGNAME
N-4c  We plan to conduct a survey of churches, synagogues, and other religious congregations about their general religious and social activities. This will not have anything to do with you personally or with your answers to this survey, which will be kept confidential, and your name will not be used in any way.
Please tell me the name you would look under in the telephone book for the place where you or others in your household attend religious services.


_______________________________________
CONGADD
N-4d What is the address there?
ENTER STREET NUMBER, STREET NAME, CITY, STATE, AND ZIP CODE. IF R CANNOT PROVIDE THIS INFORMATION, PROBE FOR WHATEVER LOCATIONAL INFORMATION R CAN GIVE. FOR EXAMPLE, WHAT STREET IS IT ON? WHAT IS THE NEAREST CROSS STREET?

________________________________
RELEAD
N-4h In the past five years have you held a position in your religious congregation, such as Sunday school teacher or deacon?
Yes.........1
No.........5

RELVOL
N-4i If you average across the last twelve months, about how many hours per week did you do unpaid work for your religious congregation? CODE “NEVER DID UNPAID WORK” AS ZERO.
Hours __________
How spiritual would you say you are? Would you say you are very spiritual, moderately spiritual, slightly spiritual, or not spiritual at all?

Very spiritual........1
Moderately spiritual........2
Slightly spiritual........3
Not spiritual at all........4

How often do you pray privately in places other than a church or other place of worship—several times a day, once a day, several times a week, once a week, less than once a week, or never?

Several times a day........1
Once a day........2
Several times a week........3
Once a week........4
Less than once a week........5
Never........6

How much do you try to carry your religion over into all other dealings in your life?

A great deal........1
Quite a bit........2
Some........3
A little........4
Not at all........5

Think about how you try to understand and deal with major problems in your life. To what extent is each of the following involved in the way you cope?

I work together with God as partners. (Would you say a great deal, quite a bit, some, a little, or not at all?)
A great deal……….1
Quite a bit...........2
Some............3
A little...........4
Not at all...........5
(If Vol.) I DON’T BELIEVE IN GOD...........6

**RELCOPE3**

**N-8b**
I look to God for strength, support, and guidance.

A great deal...........1
Quite a bit...........2
Some............3
A little...........4
Not at all...........5
(If Vol.) I DON’T BELIEVE IN GOD...........6

Skip: If RELCOPE2=6 AND RELCOPE3=6, Ask: SCTNCP1

**RELCOPE4**

**N-8c**
I feel God is punishing me for my sins or lack of spirituality.

A great deal...........1
Quite a bit...........2
Some............3
A little...........4
Not at all...........5
(If Vol.) I DON’T BELIEVE IN GOD...........6

**SCTNCP1**

**N-9**
INTERVIEWER CHECKPOINT
R is a church member/attendee

(Attend < 6) or (Relmember=1)...........1
All others...........5

Skip: If SCTPCP1=5, Ask Meaning1.

**RELCONG2**

**N-10**
If you had a problem or were faced with a difficult situation, how much help and comfort would the people in your congregation give you? (Would you say a great deal, quite a bit, some, a little, or not at all?)
A great deal........1
Quite a bit.........2
Some...........3
A little.........4
Not at all.........5

RELCONG4
N-11 How often are the people in your congregation critical of the things you do?
(Would you say very often, often, sometimes, rarely, or never?)

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

MEANING2
N-12b Respondent Booklet, Page 60
For each of the following statements, please tell me whether you agree strongly, agree somewhat, disagree somewhat, or disagree strongly

I have trouble finding peace of mind.

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

RYFFMNG1
N-12c I have a sense of direction and purpose in life.

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

RYFFMNG3
N-12d In the final analysis, I’m not so sure that my life adds up to much.

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

RELBLFS2
N-13a I believe in eternal life. (Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)

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

SCTNCP2
N-14 INTERVIEWER CHECKPOINT
R is a church member/attendee

SKIP: IF SCTNCP1=5, ASK FORGIVE1.

ATTBLFS1
N-15a Now I have some questions about your religious congregation and services.

Again, please tell me how strongly you agree or disagree.
I feel accepted and understood when I am with people from my religious congregation. Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?

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

ATTBLFS2
N-15b My faith is renewed when I attend religious services.

Agree strongly ........... 1
Agree somewhat ........... 2
Disagree somewhat ........... 3
Disagree strongly ........... 4
ATTBLFS3
N-15c  Attending religious services helps to establish a person in the community.

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

ATTBLFS4
N-15d  I feel a sense of inner peace and harmony when I attend religious services.

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

ATTBLFS5
N-15e  When I attend religious services I feel the presence of God or a higher power.

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

ATTBLFS8
N-15f  My religious congregation feels like a family to me.

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

FORGIVE1
N-16a  Now, I have a few questions about how you feel when things go wrong. Please tell me how strongly you agree or disagree – do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?

I often feel that no matter what I do now I will never make up for the mistakes I have made in the past.

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

FORGIVE2
N-16b       I have grudges that I have held onto for months or years.

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

FORGIVE3
N-16c       I have forgiven those who have hurt me

Agree strongly........1
Agree somewhat.........2
Disagree somewhat........3
Disagree strongly........4
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SECTION Q: SOCIODEMOGRAPHICS

ETHNIC1
Q-1
Respondent Booklet, Page 61

Now I have some questions about your background and personal characteristics. First, I would like to ask you about your ethnic background or origins. Most people in the United States have ancestors who came from other parts of the world.

Are you of Latino or Hispanic descent, that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Central American, South American, some other Latino/Hispanic origin, or some combination of these? (If necessary: which one?)

CODE ALL THAT APPLY

Not Latino/Hispanic……….1
Mexican ………2
Mexican American/Chicano……….3
Puerto Rican……….4
Cuban……….5
Central American……….6
South American……….7
Other Latino/Hispanic……….8 (Specify_______________)

**********************************************************************
MULTHISP
Q-2
CREATE FLAG FOR MULTIPLE HISPANIC ORIGIN

If respondent identified only one race in ETHNIC1……….1
If respondent identified two or more races in ETHNIC1……….2

**********************************************************************

ETHNIC2
Q-3
In addition to being (FILL according to note below), do you think of yourself as having any other ethnic background or origins?

Yes……….1
No……….5

NOTE ON FILL:
- IF ETHNIC1=1, insert “American”
- IF ETHNIC1>1, insert group/s named in ETHNIC1

SKIP: IF ETHNIC2=5 AND ETHNIC1=1, ASK: RACE1
IF ETHNIC2=5 AND ETHNIC1>1 AND MULTHISP=1, ASK: ETHNIC5
IF ETHNIC2=5 AND ETHNIC1>1 AND MULTHISP=2, ASK: ETHNIC4

ETHNIC3
Q-4 How would you describe your other ethnic background or origins?

INTERVIEWER INSTRUCTION: Fill in the first three ethnic groups mentioned.

Answer:
________________________________________________________________
________________________________________________________

ETHNIC4
Q-5 You have mentioned that your background is ____. Which group or combination of groups best describes your background or origins.

Answer:
________________________________________________________________
________________________________________________________

NOTE ON FILL:
- IF ETHNIC2=1 AND ETHNIC1=1, insert name of groups mentioned in ETHNIC3 with the word “and” between them.

- IF ETHNIC2=1 AND ETHNIC1>1, insert name of groups mentioned in ETHNIC1 AND ETHNIC3 with the word “and” between them.

- IF ETHNIC2=5 (which means ETHNIC1>1 AND MULTHISP=2), insert name of groups mentioned in ETHNIC1 with the word “and” between them.

ETHNIC5
Q-6 How close do you feel in your ideas and feelings about things to other people who are (FILL according to note below)? Would you say very close, fairly close, not too close, or not close at all?

Very close..........1
Fairly close.........2
Not too close.........3
RACE1
Q-7

Many people describe their race in a different way than they describe their ethnicity or nationality. Please look at this list and tell me what group or groups describe your race.

CODE ALL THAT APPLY

- White/Caucasian……….1
- Black/African-American ……….2
- American Indian……….3
- Asian……….4
- Pacific Islander……….5
- Other Race……….6 (Specify_______________)

SKIP: IF RACE1 = REF/DK, ASK: ACCULT1

-----------------------------------------------------------------------------------
MULTRACE
Q-8

CREATE FLAG FOR MULTIPLE RACES

If respondent identified only one race in RACE1………1
If respondent identified two or more races in RACE1………2

SKIP: IF MULTRACE=1, ASK RACE3

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

RACE2
Q-9

You have mentioned that your background is (FILL names of groups listed in RACE1). Which group or combination of these groups best describes you background or origins.

Answer:
___________________________________________________________________________
RACE3
Q-10 How close do you feel in your ideas and feelings about things to other people who are (FILL according to note below)? Would you say very close, fairly close, not too close, or not close at all?

Very close……….1
Fairly close……….2
Not too close……….3
Not close at all……….4

NOTE:
- IF MULTRACE=1, ask about group identified in RACE1
- IF MULTRACE=2, ask first about group or combination of groups identified in RACE2

ACCULT1
Q-11 Please turn to page 63 in the Respondent booklet.

Now I’m going to ask you some questions about language.

What language(s) do you usually speak at home?

CODE ALL THAT APPLY

English……….1
Spanish……….2
Polish……….3
Russian……….4
Chinese……….5
Vietnamese……….6
Japanese……….7
Korean……….8
French……….9
Portuguese……….10
German……….11
Italian……….12
Other……….13  (Specify ________)

SKIP: IF ONLY ONE LANGUAGE GIVEN IN ACCULT1 AND ETHNIC1 .NE. 1, ASK ACCULT3.
SKIP: IF ONLY ONE LANGUAGE GIVEN IN ACCULT1 AND ETHNIC1=1, ASK FABORN.
ACCULT2
Q-12 Still on page 63 of the booklet,

Which of those languages would you say you speak the best?

INTERVIEWER INSTRUCTION: If respondent volunteers more than one language, code all that apply

English………1
Spanish………2
Polish………3
Russian………4
Chinese………5
Vietnamese………6
Japanese………7
Korean………8
French………9
Portuguese………10
German………11
Italian………12
Other………13 (Specify ________)

SKIP: IF ETHNIC1=1 ASK: FABORN

ACCULT3
Q-13 Respondent Booklet, Page 64

Now I have a few questions about how people use English and Spanish. In general, which of these two languages do you read and speak.

Only Spanish………1
Spanish more than English………2
Both equally………3
English more than Spanish………4
Only English………5

SKIP: IF ACCULT3=5, ASK FABORN

ACCULT4
Q-14 What language did you use as a child?

Only Spanish………1
Spanish more than English………2
Both equally………3
ACCULT5
Q-15 What language do you usually speak at home?

Only Spanish………1
Spanish more than English………2
Both equally………3
English more than Spanish………4
Only English………5

***Consistency check – if ACCULT5=1, ACCULT1 should include 2; if ACCULT5=2, 3, OR 4, ACCULT1 should include 1 and 2; if ACCULT5=5, ACCULT1 should include 1.

ACCULT7
Q-17 What languages do you usually speak with your friends?

Only Spanish………1
Spanish more than English………2
Both equally………3
English more than Spanish………4
Only English………5

FABORN
Q-18 In what state or foreign country was your natural father born?

_____________________state, or country if not U.S.

FANAME
Q-19 What is his last name?

_____________________father’s last name

MABORN
Q-20 In what state or foreign country was your natural mother born?

_____________________state, or country if not U.S.
NUMGDPS
Q-21 How many of your (natural) grandparents were born outside the United States?

None……….0
One……….1
Two……….2
Three……….3
Four……….4

RESMOB1
Q-22 Next, I’d like to ask you a few questions about the places you have lived.

In what year did you move into the place where you are living now?

INTERVIEWER INSTRUCTION: If the respondent gives their age when they moved to their current residence, probe them for a date. If the respondent does not know the month, just write down the year.

Year _________________

(VALID RANGE: <= current date and >= date of birth)

SKIP: IF RESMOB1< 1995, GO TO: RBORN

RESMOB1A
Q-22a And now I’d like to know where you lived (the longest) in 1995? Was that the same place you are living now?

Yes……………1
No……………5

SKIP: IF RESMOB1A = 1, ASK RBORN

RESMOB2
Q-22b Was the place where you lived in 1995 in Chicago?

Yes……….1
No……….5

SKIP: IF RESMOB2=5, GO TO: RESMOB4
IF RESMOB2=9, GO TO: RBORN
RESMOB3
Q-22c  What was the address of that place?

INTERVIEWER INSTRUCTION: If the respondent cannot provide a street address, probe to see if s/he knows the cross streets.

Street Address ___________________

(Cross Streets ____________________)

SKIP: ASK RESMOB5

RESMOB4
Q-22d  What city or town and state was that in?

City ___________________

State ___________________

RESMOB5
Q-22e  In what year did you move into that place?

Year _________________

(VALID RANGE: <= date given in RESMOB1 and >= date of birth)

RBORN
Q-23  In what state or foreign country were you born?

____________________state, or country if not U.S.

***********************************
SCTQCP3
Q-24  INTERVIEWER CHECKPOINT

If Respondent born in the U.S........1
All others........2

SKIP: IF SCTQCP3=1, ASK: RLIVE

********************************************************************************
Q-25  How old were you when you came to live in the United States?

__________ years old

Q-26  And in what state or foreign country did you live in the longest until you were 16 years old?

State____________________

Country (if not U.S.)____________________

Q-27a  What was the highest grade of school or year of college you completed?

__________ number of years

(IWER: IF ANSWER IS GREATER THAN 17 YEARS, ENTER 17)

***Set limits 0-20

SKIP: IF REDUC1 .GE. 0 AND REDUC1.LE. 12, ASK REDUC3

Q-27b  Do you have a bachelor’s degree (4-year college)?

Yes………1
No………5

SKIP: IF REDUC4 = 1, GO TO SCTQCP4

Q-27d  Have you obtained a high school diploma or passed the high school equivalency test (G.E.D.)?

Yes………1
No………5
LADDER1
Q-27e
Now, look at page 65 in your respondent booklet.

Think of this ladder as representing where people stand in American society. At the **top** are the people who are the best off – those who have the most money, the most education and the most respected jobs. At the **bottom** are the people who are the worst off – who have the least money, least education and the least respected jobs or no job. The higher up you are on the ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

What is the number to the right of the rung where you think you stand at this point in your life, relative to other people in American society?

Number_____

***Limits 1-10_________

LADDER2
Q-27f
Respondent Booklet, Page 66

Now, think of this ladder as representing where people stand in their communities.

People define community in different ways; please define it in whatever way is most meaningful to you. At the **top** are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community.

What is the number to the right of the rung where you think you stand at this time in your life, relative to other people in your community?

Number___

***Limits 1-10____________

***********************************

SCTQCP4
Q-28
INTERVIEWER CHECKPOINT

IF MARSTAT=1 or INTTIME>=1 year/12 months........1
(i.e., respondent is currently married or living with a partner for at least one year)
IF MARSTAT=4 and (INTTIME<1 year/12 months) ……2
(i.e., respondent is currently widowed and not living with a partner for at least one year)

IF (MARSTAT=2 or MARSTAT=3 or MARSTAT=5) and (INTTIME<1 year/12 months) ……3
(i.e., respondent is either separated, divorced, and never married, and not living with a partner for at least one year)

SKIP: IF SCTQCP4>1, ASK: RHOME

********************************************

SPWORK
Q-29 We are also interested in your (husband’s/wife’s/partner’s) present work situation. Is (he/she) working for pay at the present time, looking for work, retired, or doing something else?

Working now (including on sick leave)……….1
Temporarily laid off work………………2
Looking for work, unemployed…………3
Retired…………………………..4
Permanently disabled……………5
Keeping house………………..6
Student……………………7
Other…………….8 (Specify_______________)

SKIP: IF SPWORK=1 or 2 or 4, ASK: SPJOB
SKIP: IF SPWORK=3 or 5 or 6 or 7 or 8, ASK: PSTWORK

PSTWORK
Q-30 Has (he/she) done any work for pay in the past 3 years?

Yes……….1
No……….5

SKIP: IF PSTWORK=5, ASK: SPDOB

SPJOB
Q-31 What (is/was) your (husband’s/wife’s/partner’s) main paid occupation?

Answer:___________________________________________________________
SPKIND
Q-32  What kind of work (does/did) (he/she) do? What (are/were) (his/her) most important activities or duties?

Answer:

SPIND
Q-33  What kind of business or industry (is/was) that in? What (do/did) they make or do where (he/she) (works/worked)?

Answer:

SPEMP
Q-34  (Is/was) your (husband/wife/partner) self-employed or (does/did) (he/she) work for a private employer or a municipal, county, state or federal government?

Self-employed........1
Private employer........2
Government employer........3

SPEMPHRS
Q-35  On the average, how many hours a week does (he/she) work on this job, including paid and unpaid overtime?

Hours per week __________

SPEMPWAG
Q-36  How much does (he/she) earn per year from this job?

INTERVIEWER INSTRUCTION: INDICATE GROSS EARNINGS

$ __________

***CONSISTENCY CHECK: IF SPEMPWAG is LE $5,000 OR GE $500,000,
**CLARIFY WITH THE R:**

_You told me that he/she earned (FILL: SPEMPWAG) per year. Is this correct?_

**SKIP: IF SPEMPWAG = DK OR REF, ASK SPEMPWG2**

**SPEMPWG2**  
Q-36a  
Respondent Booklet, page 66a

While you may not know the exact amount could you please tell me about how much it was.

- Less than $5,000………1
- $5,000-10,000………2
- $10,000-15,000………3
- $15,000-20,000………4
- $20,000-25,000………5
- $25,000-30,000………6
- $30,000-35,000………7
- $35,000-40,000………8
- $40,000-45,000………9
- $45,000-50,000………10
- $50,000-60,000………11
- $60,000-70,000………12
- $70,000-80,000………13
- $80,000-90,000………14
- $90,000-100,000………15
- $100,000-125,000………16
- $125,000-150,000………17
- $150,000-175,000………18
- $175,000-200,000………19
- $200,000-250,000………20
- $250,000-300,000………21
- $300,000-350,000………22
- More than $350,000………23

**IWER INSTRUCTIONS:** OVER $1,000,000, CODE AS $1,000,000.

*****CONSISTENCY CHECK: IF SPEMPWG2 is LE $5,000, CLARIFY WITH THE R:***

_You told me that he/she earned (FILL: SPEMPWG2) per year. Is this correct?_
SPDOB
Q-37  What is the month, day, and year of your (husband’s/wife’s/partner’s) birth?

__________ month ________ day _______________ year

SPBORN
Q-38  In what state or foreign country was (he/she) born?

______________ state, or country if not U.S.

SPEDUC1
Q-39  What was the highest grade of school or year of college your (husband/wife/partner) completed?

__________ number of years

(IWER: IF ANSWER IS GREATER THAN 20 YEARS, ENTER 20)

***Set limits 0-20

RHOME
Q-41  Do you own your own (home/apartment), do you pay rent, or what?

Owns or is buying..........1
Pays rent..........2
Neither owns nor rents..........3

SKIP: IF RHOME=2, ASK: RRENT
SKIP: IF RHOME=3, ASK: ROOMS1

RMORT
Q-42a  Do you have a mortgage on this property?

Yes, mortgage, land contract, or deed of trust..........1
No..........5

SKIP: IF RMORT=5, ASK: HOMEVAL1

MORTAMT
Q-42b  About how much is the monthly payment for all mortgages and loans on this house combined?

$__ __,__ __ __ PER MONTH (RANGE=1-99,999, VERIFY AT 20,000)
**SKIP: IF MORTAMT=DK OR NON-RESPONSE, ASK: HOMEVAL1**

***Set upper limit at $49,999 – verify at $10,000***

**MORTTAX**

Q-42c  
Respondent booklet, page 67

Using the options on page 67 in your booklet, please tell me if this amount includes property taxes or insurance:

- Includes Property Taxes ……...1
- Includes Insurance ………...2
- Includes Both Taxes And Insurance ………...3
- Neither ……...4

**HOMEVAL1**

Q-43a  
If you sold this (house/apartment/farm) today, how much money would you get for it after paying off the mortgage?

(IWER: IF GREATER THAN $2,000,000, ENTER $2,000,000)

_______________$ amount respondent would receive

***Consistency Check: IF HOMEVAL1 LE $10,000, CLARIFY WITH THE R.***

*You mentioned that you would receive (FILL: HOMEVAL1). Is this correct?*

**HOMEVAL2**

Q-43b  
Respondent Booklet, Page 68

While you may not know exactly how much you would get (after paying off the mortgage), which of the following categories would you say is the best estimate?

- Less than $25,000 ………...1
- $25,000 to $49,999 ………...2
- $50,000 to $74,999 ………...3
- $75,000 to $99,999 ………...4
- $100,000 to $149,999 ………...5
- $150,000 to $199,999 ………...6
- $200,000 to $249,999 ………...7
- $250,000 to $299,999 ………...8
- $300,000 to $349,999 ………...9
- $350,000 to $399,999 ………...10
- $400,000 to $449,999 ………...11
$450,000 to $499,999........12
$500,000 to $549,999........13
$550,000 to $599,999........14
$600,000 to $699,999........15
$700,000 to $799,999........16
$800,000 or more........17

SKIP: IF RHOME=1 or 3, ASK: ROOMS1

RRENT
Q-44 About how much do you pay per month in rent?
$__ __, __ __ __ PER MONTH (RANGE=1-99,999, VERIFY AT 20,000)

ROOMS1
Q-45a How many bedrooms are there in this [house/apartment]?
_________________ BEDROOMS
(RANGE=1-20, VERIFY AT 10)

ROOMS2
Q-45b And how many bathrooms?
_________________ BATHROOMS
(RANGE=1-15, VERIFY AT 8)

ROOMS3
Q-45c Aside from bedrooms and bathrooms, how many other rooms are there in this [house/apartment]?
_________________ OTHER ROOMS
(DO NOT INCLUDE BATHROOMS OR BEDROOMS)
(RANGE=0-30, VERIFY AT 15)

SKIP: IF RHOME=1, ASK FOOD

FOOD
Q-48 About how much (FILL, based on household size: do you/does your family) spend on food in an average week? Please include food stamps and money spent on eating out.
______________________$ per week
In order to get a more accurate picture of your (and your spouse’s/partner’s) income, it helps to know about other possible sources of income you (and your spouse/partner) may have had during the past 12 months. Please turn to page 69 in the booklet and tell me whether you (or your spouse/partner) received income from any of these sources.

READ THE LIST AND ENTER ALL THAT APPLY, SEPARATED BY DASHES

Income from wages, salary, commissions and tips............1

Social Security payments, including payments for children........2

Retirement pay, such as pensions, annuities, IRAs, Keoghs, 401(K) accounts, or veteran’s benefits.............3

Income from rent, interest, dividends, money market funds, trust funds, or other investments....................4

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)..........5

Child support payments or alimony.......................6

Public assistance payments (this includes State or County Assistance, Cash assistance, TANF, AFDC, General Relief, or other government welfare payments), food stamps (income to lower income families to purchase food), or energy and housing assistance from the government.............7

Any other sources of income.........................8

None of the above.........................9

(IWER: PROBE IF R ANSWERS “NO” TO ALL SOURCE OF INCOME QUESTIONS, INCLUDING WAGES AND SALARY)

Now, thinking about all possible sources of income you (and your spouse/partner) have had over the past 12 months including (FILL--see below) and any income that you may not have mentioned yet, how much income would you say you (and your spouse/partner) received from all these sources?
$ __,__ __ __,__ __ __
DURING THE LAST 12 MONTHS
(VERIFY AT 500,000)

***CONSISTENCY CHECK: IF INCTOT1 is LE $5,000 OR GE $500,000, CLARIFY WITH THE R:

You told me that you earned (FILL: INCTOT1) per year. Is this correct?

SKIP: IF respondent gives a dollar figure for INCTOT1, ASK: ASSET0

***fill
  for SALARY1=1, your own income from a job
  for SALARY2=1, your (husband/wife/partner)’s income from a job
  for INCSRC0=1, Social Security payments
  for INCSRC0=2, retirement pay
  for INCSRC0=3, investment income
  for INCSRC0=4, unemployment or workers’ compensation
  for INCSRC0=5, child support or alimony
  for INCSRC0=6, public assistance
if there is more than one fill category, insert “and” between the categories

INCTOT3
Q-51b

Respondent Booklet, Page 70

While you may not know the exact amount, please tell me about how much it was.

Less than $5,000………1
$5,000-10,000………2
$10,000-15,000………3
$15,000-20,000………4
$20,000-25,000………5
$25,000-30,000………6
$30,000-35,000………7
$35,000-40,000………8
$40,000-45,000………9
$45,000-50,000………10
$50,000-60,000………11
$60,000-70,000………12
$70,000-80,000………13
$80,000-90,000………14
$90,000-100,000………15
$100,000-125,000………16
$125,000-150,000………17
$150,000-175,000………18
$175,000-200,000 ........ 19
$200,000-250,000 ........ 20
$250,000-300,000 ........ 21
$300,000-350,000 ........ 22
More than $350,000 ........ 23

IF APPROPRIATE PERMIT R TO ENTER ANSWER: How about if I just let you enter this yourself so it will be completely private. THEN LET R ENTER IN THE COMPUTER.

ASSET0
Q-52a

Respondent booklet, Page 71

Now I’d like to talk about assets – that is, things that you could sell, if you wanted, to earn additional money. Turning to page 71 in the booklet, tell me which of the items listed you (and your spouse/partner) own.

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 ............ 1

Part or all of a business or farm ....... 2

Money or assets that are held in retirement accounts under your or your (spouse/partner’s) name, such as a pension, an annuity, an Individual Retirement Account (IRA), KEOGH, or a 401(k) account ............ 3

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 ........ 4

One or more working cars .......... 5

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) ................. 6

None of the above .............. 7

SKIP: IF ASSET0=7, GO TO INCORAS

SKIP: IF ASSET0 .NE. 5, ASK: WEALTH1
ASSET6
Q-52b How many cars do you (FILL: IF MARSTAT=1 FILL ‘or your wife/husband. IF INTSTAT=1, FILL ‘or your partner’) own? Again, please include only cars that work.

1………1
2………2
3………3
4 or more………4

WEALTH1
Q-53a Now, thinking about all the things you’ve mentioned above, including (FILL: see below) or any other assets that you (and your spouse/partner) have that you may not have mentioned yet, but not including your main home, how much would you say that all these assets are worth together?

$_____________

***fill

for ASSET0=1, real estate
for ASSET0=2, all or part of a business or farm
for ASSET0=3, retirement accounts
for ASSET0=4, savings or investments
for ASSET0=5, one or more cars
for ASSET0=6, other assets
if there is more than one fill category, insert “and” between the categories

***Set upper limit at $99,999,999 – verify at $5,000,000

SKIP: IF respondent gives a dollar figure for WEALTH1, ASK: INCORAS

WEALTH2
Q-53b Respondent Booklet, Page 72

While you may not know exactly how much these things are worth, which of the following categories would you say best estimates their total value?

Less than $10,000………1
$10,000-25,000………2
$25,000-50,000………3
$50,000-100,000………4
$100,000-200,000………5
$200,000-500,000………6
$500,000-1,000,000………7
$1,000,000-2,000,000………8
$2,000,000-3,000,000………9
$3,000,000-4,000,000………10
$4,000,000-5,000,000………11
$5,000,000 or more………12

IF R REFUSES TO ANSWER AGAIN SAY: How about if I just let you enter this yourself so it will be completely private. THEN LET R ENTER IN THE COMPUTER.

INCORAS
Q-54
CHECKPOINT
IF INCSRC0 = 8 AND ASSET0 = 7 ……1
All others…………………5

SKIP: IF INCORAS=1, ASK: ENDIW

INCSRC0A
Q-55a
I have just a few more questions about your household finances. It’s helpful to know more about the sources of income and assets that you (and your spouse/partner) have.

INCSRC1A
Q-55b
[ASK IF INCSRC0=1 OR 4 OR 6]
You said earlier that you (or your husband/wife/partner) receive income from (FILL—see below) About how much did you get over the last 12 months?

___________ $ per year

***for fill
for INCSRC0=1, Social Security payments
for INCSRC0=4, public assistance payments
for INCSRC0=6, either unemployment compensation, disability or workers’ compensation, or SSI
if there is more than one fill category, insert “and” between the categories

***CONSISTENCY CHECK: IF INCSRC1A is LE $5,000, CLARIFY WITH THE R:

You told me that you received FROM (FILL: INCSRC1A) over the last 12 months. Is this correct?

SKIP: IF ARMCCIRC=1,7 OR FOREARM=3 ASK ENDIW
ENWIW
Q-57

These are all the questions I have for you. Thank you very much for your participation.

SKIP: IF NCLUSTER=2

MEDFUP
Q-58

You are also eligible to participate in a medical follow-up study, which will examine biological factors that might cause health problems. You will get paid another $20 if you participate in the follow-up. Here, let me show you the consent form that describes what is involved.

IWER: HAND R COPY OF HEALTH SUPPLEMENT BROURE; THEN GO OVER INSTRUCTIONS FOR MEDICAL FOLLOW-UP AND OBTAIN R’S SIGNATURE.

Did the Respondent agree to participate?

Yes…………………..1
Definite No………………….5
No, but will think about it………7