



WAVE 2 DATA COLLECTION INSTRUMENTS

Suggested Citation

Waite LJ, Cagney KA, Cornwell B, Dale W, Huang E, Laumann EO, McClintock MK, O’Muirheartaigh CA, Schumm LP. (2011). National Social Life, Health, and Aging Project (NSHAP) Wave 2 In-Person and Leave-Behind Questionnaires. Chicago, IL: NORC at the University of Chicago.

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Acknowledgments

NSHAP Wave 2 is supported by the National Institutes of Health, including the National Institute on Aging R37AG030481 and R01AG 034679, the Office of Research on Women's Health, and the Office of AIDS Research. Additional financial and material support is provided by NORC at the University of Chicago.

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NSHAP W2 IN-PERSON QUESTIONNAIRE (IPQ)

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DEFINITIONS

- FI: Field Interviewer
- R: Respondent
- ALL CAPS: Indicates FI should not read text out loud
- [BRACKETED TEXT]: CAPI filler based on preloaded material
- [NAME]: CAPI fill for specific name. Usually used in social network roster and refers to the name of the individual roster member.
- [CURRENT PARTNER]: CAPI fill for name of R’s current partner. The current partner is the romantic/intimate partner at the time of the W2 interview. Current partner is identified in the network roster name generator in questions 2 and 3.
- [RECENT PARTNER]: CAPI fill for name of R’s most recent romantic/intimate/sexual partner if that partnership is within the past 5 years. Only used R does not have a current partner. A recent partner must be a partnership in the past 5 years.

I. INTRODUCTIONS, SETUP AND CONSENT

1. Just to confirm, your name is [FILL FIRST AND LAST NAME FROM PRELOAD] and your year of birth is [FILL IN YEAR OF BIRTH FROM PRELOAD]?

- BOTH NAME AND YEAR OF BIRTH ARE CORRECT (GO TO QUESTION 3)
- SMALL CHANGES NEEDED (GO TO QUESTION 2)
- WRONG PERSON (TERMINATE INTERVIEW)

2. PLEASE TYPE IN THE CORRECTED RESPONDENT INFORMATION, WHERE NEEDED.

FIRST NAME: _____

- NO CHANGE NEEDED

LAST NAME: _____

- NO CHANGE NEEDED

YEAR OF BIRTH: _____

- NO CHANGE NEEDED

3. I have a consent form that describes the study procedures, risks, and benefits of participation and confidentiality. I would like to read this form to you. If you prefer, however, you may read it to yourself. May I read the form to you now or would you like to read it yourself?

CHOOSE ONE

- R TO READ FORM (GO TO QUESTION 4)
- FI TO READ FORM TO R (GO TO QUESTION 5)

4. Take your time and after you're finished I'll ask you to sign the form. PRESS CONTINUE WHEN R COMPLETES FORM.

- CONTINUE (GO TO NEXT SECTION)

5. READ FORM TO R. PRESS CONTINUE WHEN COMPLETE FORM.

- CONTINUE (GO TO NEXT SECTION)

II. BASIC BACKGROUND INFORMATION

ASK THIS SECTION ONLY OF NEW RESPONDENTS (PARTNERS AND NIRs)

III. GENDER

1. PLEASE INDICATE THE GENDER OF THE RESPONDENT. IF UNCLEAR, ASK: I am required to ask you the following: are you male or female?

- Male
- Female

IV. AGE

1. First, we would like to get some basic background information about you. In what month, day, and year were you born?

- ____ (MONTH) ____ (DAY) ____ (YEAR)

V. EDUCATION

Now I'd like to ask you some questions about your schooling.

1. Have you received a high school diploma or passed a high school equivalency test?

- YES, DIPLOMA
 YES, EQUIVALENCY: How many grades of school did you finish prior to getting your GED?
 ____ (CODE EXACT YEARS)
 No: How many grades of school did you finish?
 ____ (CODE EXACT YEARS)

2. Did you attend college or university?

- YES: How many years did you complete at college or university? If you did graduate work, please include this also.
 ____ (CODE EXACT YEARS)
 NO

3. What is the highest degree or certification you have earned?

- None
 High school diploma/equivalency
 Associate's (2-year college) or post-high school vocational certificate
 Bachelor's (4-year college) degree
 Master's degree/MBA
 Law or MD
 PhD
 OTHER (SPECIFY)

VI. RACE/ETHNICITY

1. Do you consider yourself primarily white or Caucasian, Black or African-American, American Indian, Asian or something else?

- White/Caucasian
 Black/African American
 American Indian or Alaskan Native
 Asian or Pacific Islander
 OTHER (SPECIFY) _____

2.

Do you consider yourself Hispanic or Latino?

- YES
- NO

VII. SOCIAL CONTEXT

ASK ALL RESPONDENTS THIS SECTION

VIII. ROSTER

VIII.A.1. Name Generator

RE: QUESTIONS 1-6: HAVE RESPONDENT USE ROSTER TO LIST PERSONS IDENTIFIED IN THIS SECTION

Now we are going to ask you some questions about your relationships with other people. We will begin by identifying some of the people you interact with on a regular basis. You may refer to these people in any way you want; for example, you may use just their first names or nicknames. We are not interested in the identities of these persons; we just need to have some way to refer to them so that when we ask you some follow-up questions we both know whom we are talking about.

1. From time to time, most people discuss things that are important to them with others. For example, these may include good or bad things that happen to you, problems you are having, or important concerns you may have. Looking back over the last 12 months, who are the people with whom you most often discussed things that were important to you? Please list these people in Section A of your roster.

(PROMPT IF "DON'T KNOW": This could be a person you tend to talk to about things that are important to you.)

ENTER UP TO 5 NAMES IN ROSTER IN THE ORDER IN WHICH THEY ARE IDENTIFIED BY RESPONDENT (SECTION A).

PROMPT ONCE WHEN RESPONDENT IS FINISHED IF HE OR SHE HAS NAMED FEWER THAN 5 PEOPLE: Are there any more? IF THE ANSWER IS "NO", DO NOT PUSH FURTHER.

1a. Which of the following best describes [NAME]'s relationship to you? (PROMPT IF NEEDED: So this person is your . . .) (HAND CARD)

- Spouse
- Ex-spouse
- Romantic/Sexual partner
- Parent
- Parent in-law
- Child

- Step-child
- Brother or sister
- Grandchild
- Other relative of yours
- Other in-law
- Friend
- Neighbor
- Co-worker or boss
- Minister, priest, or other clergy
- Psychiatrist, psychologist, counselor, or therapist
- Caseworker/Social worker
- Housekeeper/Home health care provider
- OTHER (SPECIFY) _____

IF SPOUSE IS SELECTED IN QUESTION 1A, 2-4 WILL BE SKIPPED

2. Are you currently married, living with a partner, separated, divorced, widowed, or have you never been married?

- MARRIED
- LIVING WITH A PARTNER
- SEPARATED
- DIVORCED
- WIDOWED
- NEVER MARRIED

ASK QUESTION 3 ONLY IF RESPONDENT ANSWERED "SEPARATED", "DIVORCED", "WIDOWED", OR "NEVER MARRIED" TO Q2

3. Do you currently have a romantic, intimate, or sexual partner?

- YES
- NO

ASK QUESTION 4 ONLY IF RESPONDENT ANSWERED "LIVING WITH A PARTNER" TO QUESTION 2, OR "YES" TO QUESTION 3

IF RESPONDENT ANSWERED "MARRIED" TO QUESTION 2, ASK THE NO BRANCH OF Q4A (ROSTERB).

4. Is your [CURRENT PARTNER] someone we wrote down on your roster earlier?

- YES: Please tell me the line number on which this person appears. RECORD LINE NUMBER
- NO: Would you please add this person to Section B. ADD NAME

If respondent is not married or cohabiting and reports having more than one current partner, ask him or her to pick the partner he or she considers to be the most important.

5. (Besides the people we wrote down on your roster earlier), is there anyone (else) who is very important to you, perhaps someone with whom you feel especially close?

- YES: Would you please add this person to Section C. RECORD NAME
- NO (SKIP TO QUESTION 6)

ONLY CAN ADD ONE PERSON TO ROSTER C

SKIP 5A IF THE RESPONDENT DOES NOT ADD ANYONE TO SECTION C

5A. Which of the following best describes [NAME]'s relationship to you? (PROMPT IF NEEDED: So this person is your . . .) (HAND CARD)

- Spouse
- Ex-spouse
- Romantic/Sexual partner
- Parent
- Parent in-law
- Child
- Step-child
- Brother or sister
- Grandchild
- Other relative of yours
- Other in-law
- Friend
- Neighbor
- Co-worker or boss
- Minister, priest, or other clergy
- Psychiatrist, psychologist, counselor, or therapist
- Caseworker/Social worker
- Housekeeper/Home health care provider
- OTHER (SPECIFY) _____

6. (Excluding the people we wrote down on your roster earlier,) are there (other) people who live in your household with you?

- YES: Please add these people to your list in Section D. RECORD ALL NAMES R ADDS TO SECTION D OF ROSTER.
- NO

SKIP 6A IF THE RESPONDENT DOES NOT ADD ANYONE TO SECTION D

6a. Which of the following best describes [NAME]'s relationship to you? (PROMPT IF NEEDED: So this person is your . . .) (HAND CARD)

- Spouse
- Ex-spouse
- Romantic/Sexual partner
- Parent
- Parent in-law

- Child
- Step-child
- Brother or sister
- Grandchild
- Other relative of yours
- Other in-law
- Friend
- Neighbor
- Co-worker or boss
- Minister, priest, or other clergy
- Psychiatrist, psychologist, counselor, or therapist
- Caseworker/Social worker
- Housekeeper/Home health care provider
- OTHER (SPECIFY) _____

Are there any more?

READ LIST OUT LOUD. MAKE CERTAIN THERE ARE NO DUPLICATES. IF THERE ARE DUPLICATES, CLICK THE BOX NEXT TO THE PERSON'S NAME TO REMOVE THEM AND CLICK NEXT. IF THERE ARE NO DUPLICATES, CHOOSE 'NO DUPLICATES' AND CLICK NEXT.

BEFORE GOING ON, REVIEW THE ENTIRE LIST WITH THE RESPONDENT TO MAKE CERTAIN THAT THERE ARE NO DUPLICATES (I.E., THE SAME PERSON LISTED TWICE).

IF R DOES NOT LIST ANYONE IN THEIR ROSTER, SKIP TO SOCIAL SUPPORT.

VIII.A.2. Roster Follow-Up Questions

(LOOP) FOLLOW-UP QUESTIONS: REPEAT FOR EACH INDIVIDUAL NAMED IN SOCIAL NETWORK ROSTER.

Next we are going to ask you some questions about the people you have just listed. We'll start with [NAME].

1. Is [NAME] male or female?

- MALE
- FEMALE

SKIP IF [NAME] IS LISTED IN SECTION D (OTHER HOUSEHOLD MEMBERS)

2. Does [NAME] live in the same household with you? (INTERVIEWER NOTE: LIVES IN SAME RESIDENCE WITH RESPONDENT, NOT IN SAME APARTMENT COMPLEX.)

- YES – lives in the same household
- NO – does not live in household

IF VOLUNTEERED – LIVES WITH RESPONDENT PART OF THE YEAR

3. ONLY ASK NEW RESPONDENTS. ASK AGE ONLY IF ROSTER MEMBER LIVES WITH RESPONDENT. What is [NAME]'s age? (PROMPT IF NEEDED: It's okay if you don't know the exact age, just give us your best guess.)

_____ AGE

ASK ONLY IF R DOES NOT KNOW OR REFUSES Q3

3a. Is [NAME] older than you, younger than you, or about the same age?

- Older than you
- Younger than you
- About the same age

SKIP 4-6 FOR THOSE LISTED IN ROSTER D

4. How often do you talk to this person? IF RESPONDENT ASKS, SAY THAT TALKING OVER THE TELEPHONE AND PERSONAL EMAIL (I.E., EMAIL BACK AND FORTH BETWEEN THE TWO OF YOU) MAY BE INCLUDED. (HAND CARD)

- Every day
- Several times a week
- Once a week
- Once every two weeks
- Once a month
- A couple times a year
- Once a year
- Less than once a year

5. How close do you feel is your relationship with [NAME]? Would you say not very close, somewhat close, very close, or extremely close?

- Not very close
- Somewhat close
- Very close
- Extremely close

6. Suppose you had a health problem that you were concerned about, or needed to make an important decision about your own medical treatment. How likely is it that you would talk with [NAME] about this: would you say very likely, somewhat likely, or not likely?

- Very likely
- Somewhat likely
- Not likely

VIII.A.3. Network Density

LOOP NETWORK DENSITY: REPEAT FOR EACH PAIR OF INDIVIDUALS LISTED IN SECTIONS A-C OF SOCIAL NETWORK ROSTER.

In the next set of questions, I'm going to give you two of the names you listed earlier, and ask you to indicate how frequently these two people talk to each other by using the categories on this card. Once we get started, I think you'll see that this works pretty easily. Let's start with [NAME1] and [NAME2].

1. How frequently do [NAME1] and [NAME2] talk to each other? IF RESPONDENT ASKS, SAY THAT TALKING OVER THE TELEPHONE AND PERSONAL EMAIL MAY BE INCLUDED. (HAND CARD)

- Every day
- Several times a week
- Once a week
- Once every two weeks
- Once a month
- A couple times a year
- Once a year
- Less than once a year
- Have never spoken to each other

VIII.A.4. Network Change

ASK SECTION ONLY OF WAVE 1 RESPONDENTS

LOOP FOR ALL NAMES IN NEW ROSTER

PRESENT R WITH WAVE 1 AND WAVE 2 ROSTER

Before we conclude this section of the survey, I'd like to verify any changes between the list you've created today and the list you created the last time you were interviewed.

IF R DID NOT LIST ANYONE ON ROSTER SKIP TO Q2

1. Is [NAME] included in the first list you created?

- YES: On which line does [NAME] appear? (RECORD LINE NUMBER)
- NO

1a. IF NO TO Q1. How long have you known [NAME]? (HAND CARD)

- Less than a year
- 1 to 3 years
- 3 to 6 years
- More than 6 years

1b. IF NO TO Q1 AND ROSTER MEMBER LIVES WITH RESPONDENT: What is [NAME]'s age? (PROMPT: It's okay if you don't know the exact age; just give us your best guess.)

- _____ AGE

1c. ASK ONLY IF R DOES NOT KNOW OR REFUSES Q1b: Is [NAME] older than you, younger than you, or about the same age?

- Older than you
- Younger than you
- About the same age

1d. IF YES to Q1, ROSTER MEMBER IS HOUSEHOLD MEMBER AND R DID NOT PROVIDE AGE IN W1: What is [NAME]'s age? (PROMPT IF NEEDED: It's okay if you don't know the exact age, just give us your best guess.)

- _____ AGE

1e. ASK ONLY IF R DOES NOT KNOW OR REFUSES Q1D: Is [NAME] older than you, younger than you, or about the same age?

- Older than you
- Younger than you
- About the same age

2. I noticed that in our last interview in (YEAR OF INTERVIEW), you also listed [NAME from WAVE I] as someone with whom you discuss important matters, but you did not list [NAME] this time. Is [NAME] still living?

- NO
- YES: What is the main reason you are no longer in touch with [NAME]?
 - I MOVED
 - [NAME] MOVED
 - [NAME] DIED
 - I BECAME ILL OR HAD A HEALTH PROBLEM
 - [NAME] BECAME ILL OR HAD A HEALTH PROBLEM
 - OTHER (SPECIFY)

WHEN FINISHED, SAY "That completes our questions about the relationships among the people you listed. Thank you for bearing with us."

IX. SOCIAL SUPPORT

IX.A.1. Support from Partner

ASK THIS SECTION ONLY IF RESPONDENT HAS CURRENT PARTNER

For this next set of questions, I'd like you to think about your relationship with [CURRENT PARTNER].

1. Taking all things together, how would you describe your (marriage/relationship) with [CURRENT/RECENT PARTNER] on a scale from 1 to 7 with 1 being very unhappy and 7 being very happy? (HAND CARD)

- 1 Very unhappy
- 2

- 3
- 4 Neither happy or unhappy
- 5
- 6
- 7 Very happy

2. Some couples like to spend their free time doing things together, while others like to do different things in their free time. What about you and [CURRENT PARTNER]? Do you like to spend free time doing things together, or doing things separately?

- Together
- Some together, some different
- Different/separate things

3. How often can you open up to [CURRENT PARTNER] if you need to talk about your worries? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

4. How often can you rely on [CURRENT PARTNER] for help if you have a problem? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

4. How often does [CURRENT PARTNER] make too many demands on you? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

5. How often does [CURRENT PARTNER] criticize you? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

IX.A.2. Support from Family

ASK THIS SECTION OF ALL RESPONDENTS

These next questions ask about your relationships with members of your family or relatives. **IF RESPONDENT IS MARRIED OR HAS A CURRENT PARTNER ADD:** In answering these questions, we'd like you to exclude [CURRENT PARTNER].

1. How often can you open up to members of your family if you need to talk about your worries? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often
- IF VOLUNTEERED – NO FAMILY (SKIP TO III.B.3 SUPPORT FROM FRIENDS)

2. How often can you rely on them for help if you have a problem? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

3. (Not including [CURRENT PARTNER]), how often do members of your family make too many demands on you? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

4. How often do they criticize you? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

5. (Other than [CURRENT PARTNER]), how many family members or relatives do you have whom you feel close to? Would you say . . . (HAND CARD)

- None
- One
- 2-3
- 4-9
- 10-20
- More than 20

IX.A.3. Support from Friends

ASK THIS SECTION OF ALL RESPONDENTS

Now we'd like to know a little about your relationships with friends, not including the family members or relatives we were just talking about. Some people see themselves as having a great many friends. Others see themselves as having fewer. Think about the people you consider to be your friends, both your closest friends and people with whom you are pretty good friends.

1. How often can you open up to your friends if you need to talk about your worries? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often
- IF VOLUNTEERED – NO FRIENDS (SKIP TO SECTION IV.A.)

2. How often can you rely on them for help if you have a problem? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

3. How often do your friends make too many demands on you? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

4. How often do they criticize you? Would you say never, hardly ever or rarely, some of the time or often? (HAND CARD)

- Never
- Hardly ever or rarely
- Some of the time
- Often

5. About how many friends would you say that you have? Is that . . . (HAND CARD)

- None
- One
- 2-3
- 4-9
- 10-20
- More than 20

X. PHYSICAL HEALTH

XI. SELF-REPORTED HEALTH

This section is about your physical health. First, we would like to ask you some general questions.

1. Would you say your health is excellent, very good, good, fair, or poor? (HAND CARD)
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

2. What about your emotional or mental health? Is it excellent, very good, good, fair, or poor? (HAND CARD)
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

3. Today, do you have a head cold or chest cold?
 - YES
 - NO

4. (Today) Do you have a stomach flu?
 - YES
 - NO

XII. SENSORY FUNCTION

1. With your glasses or contact lenses if you wear them, is your eyesight excellent, very good, good, fair, or poor? (HAND CARD)
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

2. Is your hearing, with a hearing aid if you wear one, excellent, very good, good, fair, or poor? (HAND CARD)
 - Excellent
 - Very good
 - Good

- Fair
- Poor

3. How often do you wear a hearing aid?

- Never/Don't have one
- Sometimes
- Most of the time
- Always

4. Does a hearing problem cause you to feel frustrated when talking to members of your family?

- YES
- NO

5. Do you have difficulty hearing when someone speaks in a whisper?

- YES
- NO

6. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?

- YES
- NO

7. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

- YES
- NO

XIII. SURGERIES AND PROCEDURES

Now we would like to ask about different tests or procedures you may have had done. For each item, please tell me if you had it done within the past year, between one and five years ago, more than five years ago, or if you have never had it done.

About how long has it been since you had . . .

WOMEN ONLY Q1-Q5

1. A pelvic examination? (HAND CARD)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never

2. A Pap smear test? (A pap smear is a routine medical test in which the doctor examines the cervix (internal female organ) and sends a cell sample to the lab) (HAND CARD)

- Within the past year
- Between 1 and 5 years ago

- More than 5 years ago
- Never (SKIP TO Q3)

2a. IF YES TO PAPSMEAR: Have you ever been told you have pre-cancer or dysplasia of the cervix?

- YES
- NO

3. A tubal ligation? (tubes tied, cut, or burned)? (HAND CARD)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never

4. A hysterectomy? (PROMPT: A hysterectomy is an operation to remove the uterus) (HAND CARD)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never

5. IF RESPONDENT HAD HYSTERECTOMY: Was the entire uterus removed including the cervix?

- YES
- NO

6. IF RESPONDENT HAD HYSTERECTOMY: Did you have your hysterectomy after your last menstrual period, that is, after you went through menopause?

- YES
- NO

7. Your ovaries removed? (FOR RESPONDENTS WHO HAD A HYSTERECTOMY: This may or may not have happened during a hysterectomy.) (HAND CARD)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never(SKIP TO BREASTR)
- DON'T KNOW (SKIP TO BREASTR)
- REFUSED (SKIP TO BREASTR)

8. IF RESPONDENT HAD OVARIES REMOVED: Was it the left, right, or both ovaries?

- LEFT
- RIGHT
- BOTH

9. IF RESPONDENT HAD OVARIES REMOVED: Did you have your ovaries removed after your last menstrual period, that is, after you went through menopause?

- YES
- NO

10. How long has it been since you had a mammogram?

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never (SKIP TO QUESTION 26)
- DON'T KNOW (SKIP TO QUESTION 26)
- REFUSED (SKIP TO QUESTION 26)

11. IF RESPONDENT HAD A MAMMOGRAM: Have you had a breast biopsy?

- YES
- NO

12. IF BIOPSY: Was the biopsy normal?

- YES (SKIP TO QUESTION 26)
- NO
- DON'T KNOW (SKIP TO QUESTION 26)
- REFUSED (SKIP TO QUESTION 26)

13. All or most of a breast removed? (HAND CARD)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never (SKIP TO QUESTION 26)
- DON'T KNOW (SKIP TO QUESTION 26)
- REFUSED (SKIP TO QUESTION 26)

14. IF RESPONDENT HAD ALL OR MOST OF BREAST REMOVED:

Have you ever had breast reconstructive surgery?

- YES
- NO

MEN ONLY

15. A Prostate-Specific Antigen test, also called a PSA test? (PROMPT: A PSA test is a blood test used to check men for prostate cancer) (HAND CARD)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never

16. A digital rectal exam, also called a DRE?

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never

17. IF PSA OR DIGITAL RECTAL EXAM: Have you ever had a biopsy of your prostate?
(PROMPT: A biopsy is a procedure in which several needles are inserted into the prostate through the rectum to check for cancer)

- YES
- NO (SKIP TO Q24)

18. IF BIOPSY: Did the biopsy indicate you had prostate cancer?

- YES
- NO (SKIP TO Q24)
- DON'T KNOW (SKIP TO Q24)

19. IF BIOPSY INDICATED CANCER: Did you receive therapy for prostate cancer?

- YES
- NO (SKIP TO Q24)
- DON'T KNOW (SKIP TO Q24)

20. IF TREATED FOR CANCER: Did you have a prostatectomy? (PROMPT: a complete removal of the prostate gland? (HAND CARD)

- YES
- NO

IF R HAD A PROSTATECTOMY ("YES TO Q21)

20a. When did you have a prostatectomy?

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never

21. IF TREATED FOR CANCER: Did you receive radiation therapy, either from an external beam or from radioactive "seeds" placement?

- NO
- YES: did you have external beam or "seeds" placement?
 - EXTERNAL BEAM
 - "SEEDS" PLACEMENT

22. IF TREATED FOR CANCER: Did you receive androgen deprivation therapy (ADT) or “hormone therapy”? (PROMPT: ADT or hormone therapy include receiving injections every 3-4 months)

- NO
- YES: Are you still receiving the therapy?
 - YES
 - NO

23. About how long has it been since you had a vasectomy? (PROMPT: A vasectomy is a surgical procedure on the testicles to stop a man’s fertility. ADDITIONAL PROMPT IF NEEDED: Sometimes referred to as “getting snipped”) (HAND CARD)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never

24. Are you circumcised?

- YES
- NO

25. About how long has it been since you had a colonoscopy?

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never

XIV. ACCESS TO HEALTH CARE

1. During the past 12 months, how many times have you seen a doctor or other health care professional about your health at a doctor's office, a clinic, hospital, at home or some other place?(DO NOT READ RESPONSES)

- 1
- 2 – 3
- 4 – 9
- 10 – 12 (About once a month)
- 13 – 20
- 20 – 30 (About twice a month)
- 30 or more
- NONE

1a. IF “NONE” TO Q1: About how long has it been since you last saw or talked to a doctor or other health care professional about your health? Include doctors seen while you were a patient in a hospital. Has it been . . .

- 6 months or less
- More than 6 months, but not more than 1 year ago
- More than 1 year, but not more than 3 years ago

- More than 3 years
- Never

2. Is there a place that you usually go to when you are sick or need advice about your health?

- YES
- NO
- THERE IS MORE THAN ONE PLACE

2a. IF YES TO Q2: What kind of place is it -- a clinic, doctor's office, emergency room, or some other place?

- Clinic or health center
- Doctor's office or HMO
- Hospital emergency room [SKIP TO Q3]
- Hospital outpatient department
- Some other place
- I DON'T GET ROUTINE OR PREVENTATIVE CARE ANYWHERE

2b. IF 'THERE IS MORE THAN ONE PLACE' TO Q2: What kind of place do you go to most often -- a clinic, doctor's office, emergency room, or some other place?

- Clinic or health center
- Doctor's office or HMO
- Hospital emergency room [SKIP TO Q3]
- Hospital outpatient department
- Some other place
- Doesn't go to one place most often
- I DON'T GET ROUTINE OR PREVENTATIVE CARE ANYWHERE

2c. SKIP IF 'HOSPITAL EMERGENCY ROOM' TO Q2A. How often are you able to get an appointment at [fill in place from above/ these places] as quickly as you think you need it?

- Never or almost never
- Sometimes
- Usually
- Always or almost always

3. IF YES TO Q2: Is that [fill in place from above] the same place . . .

IF "THERE IS MORE THAN ONE PLACE" TO Q2: Are these the same places . . .

IF "NO" TO Q2: Is there a place . . .

. . . you usually go when you need routine or preventative care, such as a physical examination or check up?

- YES
- NO
- THERE IS MORE THAN ONE PLACE

3a. IF NO OR THERE IS MORE THAN ONE PLACE TO Q3: What kind of place do you usually go to when you need routine or preventative care, such as a physical examination or check up?

- Clinic or health center
- Doctor's office or HMO
- Hospital emergency room [SKIP TO Q4]
- Hospital outpatient department
- Some other place
- Doesn't go to one place most often
- I DON'T GET ROUTINE OR PREVENTATIVE CARE ANYWHERE

3b. How often are you able to get an appointment at [fill in place from above/ the places you go] as quickly as you think you need it?

- Never or almost never
- Sometimes
- Usually
- Always or almost always

XV. MORBIDITY

Has a medical doctor ever told you that you have any of the following conditions? (PROMPT: Medical doctors include specialists such as dermatologists, psychiatrists, ophthalmologists, as well as general practitioners and osteopaths. Do not include chiropractors, dentists, nurses, or nurse practitioners.)

1. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE high blood pressure or hypertension?

- YES
- NO
- REFUSED
- DON'T KNOW

2. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE osteo or rheumatoid arthritis?

- YES → Osteo or rheumatoid arthritis?
 - OSTEOARTHRITIS
 - RHEUMATOID ARTHRITIS
- NO
- REFUSED
- DON'T KNOW

3. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE a heart condition?

- YES
- NO

3a. IF YES: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD a heart attack or myocardial infarction?

- YES
- NO
- REFUSED
- DON'T KNOW

3b. IF YES: Have you ever had a procedure to treat coronary artery disease, such as cardiac bypass surgery or placement of a coronary artery stent? (INTERVIEWER INSTRUCTION: IF RESPONDENT ASKS, THIS INCLUDES BALLOON ANGIPLASTY FOR TREATMENT OF CORONARY ARTERY DISEASE. IT DOES NOT INCLUDE AN ANGIOGRAM, WHICH IS A DIAGNOSTIC PROCEDURE)

- YES
- NO
- REFUSED
- DON'T KNOW

3c. IF YES: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD congestive heart failure or "CHF"?

- YES
- NO
- REFUSED
- DON'T KNOW

4. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE skin cancer (including melanoma or other)?

- YES → What type of skin cancer were you diagnosed with?
 - CARCINOMA
 - MELANOMA
 - OTHER
- NO
- REFUSED
- DON'T KNOW

5. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE cancer (other than skin cancer)?

- YES
- NO
- REFUSED
- DON'T KNOW

6. ASK ONLY IF RESPONDENT HAD CANCER (OTHER THAN SKIN CANCER): How many such cancers have you had?

- _____ Number (0-20)

IF MORE THAN ONE CANCER, ASK QUESTION 6 FOR FIRST CANCER AND FOR MOST RECENT CANCER (LOOP UP TO TWO TIMES). LOOP ONLY ONCE IF ONE CANCER REPORTED. DO NOT LOOP FOR SKIN CANCER.

ASK ONLY IF RESPONDENT HAD CANCER:

IF MORE THAN ONE CANCER:

FOR FIRST LOOP, INTRO TEXT SHOULD READ: Now thinking about your first cancer . . .

FOR SECOND LOOP, INTRO TEXT SHOULD READ: Now thinking about your most recent cancer . . .

6a. When did the cancer begin? (PROMPT IF NEEDED: How old were you?) INTERVIEWER INSTRUCTION:

- ____ MONTH/____ YEAR OR ____ AGE
- DON'T KNOW

6b. ASK ONLY IF RESPONDENT HAD CANCER: Sometimes, cancer will start in one place and spread to other parts of the body. Right now we are interested in knowing about primary cancer, or, in other words, where your cancer began. In which organ or part of your body did the cancer start? (DO NOT READ LIST)

- BLADDER
- BONE
- BRAIN
- BREAST
- CERVIX (WOMEN ONLY)
- COLON
- ESOPHAGUS
- GALLBLADDER
- KIDNEY
- LARYNX-WINDPIPE
- LEUKEMIA
- LIVER
- LUNG
- LYMPHOMA
- MOUTH, TONGUE, OR LIP
- OVARY (WOMEN ONLY)
- PANCREAS
- PERITONEAL
- PROSTATE (MEN ONLY)
- RECTUM
- RENAL
- SOFT TISSUE (MUSCLE OR FAT)
- STOMACH
- TESTES (MEN ONLY)

- THROAT – PHARYNX
- THYROID
- UTERUS (WOMEN ONLY)
- VULVA (WOMEN ONLY)
- OTHER: (SPECIFY) _____

6c. ASK ONLY IF RESPONDENT HAD CANCER: Has this cancer spread to other parts of your body?

- YES
- NO

7. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE diabetes or high blood sugar?

- YES
- NO

7a. IF YES TO Q7: In what month and year did your doctor first tell you that you have diabetes Mellitus or high blood sugar?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

8. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE Emphysema, asthma, chronic bronchitis, or chronic obstructive pulmonary disease?

- YES
- NO
- REFUSED
- DON'T KNOW

9. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE osteoporosis?

- YES
- NO
- REFUSED
- DON'T KNOW

10. IN THE LAST 5 YEARS, HAS A DOCTOR EVER TOLD YOU THAT YOU HAD a stroke, a cerebrovascular accident (CVA, a blood clot or bleeding in the brain, or transient ischemic attack (TIA)?

- YES
- NO
- REFUSED
- DON'T KNOW

11. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE a hip fracture?

- YES
- NO

- REFUSED
- DON'T KNOW

12. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE Alzheimer's disease?

- YES
- NO
- REFUSED
- DON'T KNOW

12a. IF NO TO QUESTION 12: HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE dementia (including vascular dementia, mixed dementia, or Mild Cognitive Impairment)?

- YES
- NO
- REFUSED
- DON'T KNOW

13. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE Parkinson's disease?

- YES
- NO
- REFUSED
- DON'T KNOW

14. Are there any other medical diseases or conditions that are important to your health now, that we have not talked about?

- YES: What are they? _____
- NO

15. Have you ever discussed with a doctor the changes to your sex life that may result from a medical condition?

- YES
- NO

XVI. FUNCTIONAL HEALTH

We are interested in what activities are easy or difficult for you. Please look at the answer categories on the hand card and tell me how much difficulty you have with each activity. Exclude any difficulties that you expect to last less than three months. (HAND CARD)

1. Preparing meals?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

2. Taking your medications?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

3. Managing your money such as writing checks and keeping track of bills?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

4. Shopping for groceries?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

5. Performing light housework such as dishes, light vacuuming, or dusting?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

6. Using a telephone?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

7. Walking across a room?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

8. Walking one block?

- No difficulty
- Some difficulty
- Much difficulty

- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

9. Dressing, including putting on shoes and socks?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

10. Bathing or showering?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

11. Eating, such as cutting up your food?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

12. Getting in or out of bed?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

13. Using the toilet, including getting up and down?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

14. Driving a car during the day?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

15. Driving a car during the night?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do
- IF VOLUNTEERED- HAVE NEVER DONE

16. Currently, do you ever use equipment or devices such as a cane, walker or wheelchair when walking?

- YES
- NO

17. IF YES TO QUESTION 16: What equipment or device is that? DO NOT READ OUT LOUD. CHOOSE ALL THAT APPLY.

- WALKER
- CANE
- CRUTCHES
- WHEELCHAIR/CART
- RAILING
- ORTHOPEDIC SHOES
- BRACE (LEG OR BACK)
- PROSTHESIS
- OXYGEN/RESPIRATOR
- FURNITURE/WALLS
- OTHER

XVII. CARE RECEIVING

ASK SECTION ONLY IF R HAD “SOME DIFFICULTY” “MUCH DIFFICULTY” OR “UNABLE TO DO” FOR ANY FUNCTIONAL HEALTH ITEM

1. You mentioned that you have difficulty with some of the above items. Does anyone ever help you with . . . LOOP FOR EACH ITEM TO WHICH R RESPONDEND “SOME DIFFICULTY” “MUCH DIFFICULTY” “UNABLE TO DO”

- YES
- NO

1a. IF YES TO Q1: Thinking of the person who helps you most often, is this someone we wrote down on your roster earlier?

- YES: RECORD LINE NUMBER
- NO: Which of the following best describes this person's relationship to you?
 - Spouse
 - Ex-spouse
 - Romantic/Sexual partner
 - Parent
 - Parent in-law

- Child
- Step-child
- Brother or sister
- Grandchild
- Other relative of yours
- Other in-law
- Friend
- Neighbor
- Co-worker or boss
- Minister, priest, or other clergy
- Psychiatrist, psychologist, counselor, or therapist
- Caseworker/Social worker
- Housekeeper/Home health care provider
- OTHER (SPECIFY) _____

XVIII. HEALTH RELATED BEHAVIORS

Now I will be asking you about physical activities you may do on a regular basis.

1. On average over the last 12 months how often have you participated in vigorous physical activity or exercise? By vigorous physical activity, we mean 30 minutes or more of things like sports, exercise classes, heavy housework, or a job that involves physical labor.

- 5 or more times per week
- 3 or 4 times per week
- 1-2 times per week
- 1-3 times per month
- Less than 1 time per month
- Never

FI NOTES: WALKS FOR MORE THAN 30 MINUTES CAN COUNT

Now let's talk about your sleeping habits . . .

2. What time do you usually go to bed and start trying to fall asleep?

- a. On weekdays or work days? _____:_____ am/pm
- b. On weekends or days off? _____:_____ am/pm

3. What time do you usually wake up?

- a. On weekdays or work days? _____:_____ am/pm
- b. On weekends or days off? _____:_____ am/pm

4. How often do you feel really rested when you wake up in the morning?

- Most of the time
- Sometimes
- Rarely
- Never

Next, we would like to know about your use of alcohol and tobacco . . .

5. Do you ever drink any alcoholic beverages such as beer, wine, or liquor?

- YES
- NO

6. IF NO TO Q5: Have you ever drunk alcohol?

- YES
- NO

7. IF YES TO Q6: Have you drunk alcohol in the last three months?

- YES
- NO

8. ASK QUESTION ONLY IF THEY CURRENTLY DRINK OR HAVE DRUNK IN THE PAST 3 MONTHS: In the last three months, on average, how many days per week have you had any alcohol to drink? (For example, beer, wine, or any drink containing liquor) (DO NOT READ RESPONSES)

- 7 (Every day)
- 6
- 5
- 4
- 3
- 2
- 1
- 0 (None or less than once a week)

9. ASK QUESTION ONLY IF THEY CURRENTLY DRINK OR HAVE DRUNK IN THE PAST 3 MONTHS: In the last three months, on the days you drink, about how many drinks do you have?

- _____ DRINKS

10. ASK QUESTION ONLY IF THEY CURRENTLY DRINK OR HAVE DRUNK IN THE PAST 3 MONTHS: In the last three months, on how many days have you had four or more drinks in one occasion? (USE ZERO FOR NONE)

- _____ DAYS

11. Do you smoke cigarettes, cigars or a pipe now?

(INTERVIEWER INSTRUCTION: DOES NOT INCLUDE SNUFF, CHEWING TOBACCO OR ANY OTHER FORMS OF TOBACCO)

- YES
- NO

12. IF "NO" TO Q11: Did you ever smoke cigarettes, cigars or a pipe regularly?

- YES
- NO: SKIP TO NEXT SECTION

13. IF “YES” TO Q12: On average, how many per day did you usually smoke (ONE PACK = 20 CIGARETTES)

_____ CIGARETTES

14. IF “YES” TO Q12: How old were you when you last smoked cigarettes, cigars or a pipe regularly?

_____ AGE

15. IF “YES” TO Q12: How old were you when you first smoked cigarettes, cigars or a pipe regularly?

_____ AGE

16. IF “YES” TO Q11: On the average, how many cigarettes, cigars or pipes per day do you usually smoke? (NOTE: ONE PACK = 20 CIGARETTES)

17. IF “YES” TO Q11: How old were you when you first smoked cigarettes, cigars or pipes regularly?

_____ AGE

XIX. BIOMEASURE BREAK

See the “Biomeasure Questionnaire” for details.

XX. SEX AND PARTNERSHIP

XXI. PARTNER HISTORY

ASK QUESTIONS 1-2 IF W1 MARITAL STATUS= MARRIED

1. You mentioned during our first INTERVIEW IN [MONTH/YEAR W1INTV] THAT YOU WERE MARRIED [W1 PARTNER]. Are you still married [W1 PARTNER]?

YES (SKIP TO QUESTION 22)

NO

2. Did your marriage to [W1 SPOUSE] end in divorce or were you widowed?

Widowed

Divorced

VOLUNTEERED: SEPARATED

2a. IF WIDOWED: In what month and year did your (husband/wife) die?

_____ MONTH

_____ YEAR

_____ DON'T KNOW

____ REFUSED

2b. IF DIVORCED OR SEPARATED: In what month and year did you stop living together?

____ MONTH

____ YEAR

____ DON'T KNOW

____ REFUSED

IF VOLUNTEERED: STILL LIVING TOGETHER

CONTINUE TO QUESTION 22 AFTER R ANSWERS QUESTION 2

ASK QUESTIONS 3-9 IF W1 MARITAL STATUS=LIVING WITH PARTNER

3. You mentioned during our first interview in [MONTH/YEAR W1INTV] that you were living with [W1 PARTNER]. Are you still living with [W1 PARTNER]?

YES (SKIP TO QUESTION 6)

NO

4. IF NO TO QUESTION 3: In what month and year did you stop living with [W1 PARTNER]?

____ MONTH

____ YEAR

____ DON'T KNOW

____ REFUSED

5. IF NO TO QUESTION 3: Did [W1 PARTNER] die during the time you were living together?

YES (SKIP TO QUESTION 8)

NO

6. Did you and [W1 PARTNER] marry?

YES

NO

7. IF NO TO QUESTION 6: Are you still in a romantic, intimate, or sexual relationship with [W1 PARTNER]?

YES

NO

8. IF YES TO QUESTION 6: In what month and year were you married?

____ MONTH

____ YEAR

____ DON'T KNOW

____ REFUSED

9. IF YES TO QUESTION 6: Are you and [W1 PARTNER] still married?

YES(SKIP TO QUESTION 22)

NO (SKIP TO QUESTION 16)

ASK QUESTIONS 10-21 IF RESPONDENT W1 MARITAL STATUS=SEPARATED, DIVORCED, WIDOWED, NEVER MARRIED AND HAD A W1 SEX/ROMANTIC PARTNER.

10. You mentioned during our first interview in [MONTH/YEAR W1INTV] THAT YOU WERE IN A ROMANTIC, INTIMATE, OR SEXUAL RELATIONSHIP WITH [W1 PARTNER]. Are you still in a romantic, intimate, or sexual relationship with [W1 PARTNER]?

- YES
- NO

11. Did you and [W1 PARTNER] marry?

- YES
- NO (SKIP TO QUESTION 17)

12. In what month and year were you married?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

13. Many couples live together before they get married. Did you and your (husband/wife) live together before you got married?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

14. IF YES TO QUESTION 13: In what month and year did you begin living together?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

15. Are you and [W1 PARTNER] still married?

- YES (SKIP TO QUESTION 22)
- NO

16. Did your marriage to [W1 SPOUSE] end in divorce or were you widowed?

- Widowed
- Divorced
- IF VOLUNTEERED: SEPARATED

16a. IF WIDOWED: In what month and year did your (husband/wife) die?

- _____ MONTH
- _____ YEAR

- _____ DON'T KNOW
- _____ REFUSED

16b. IF DIVORCED OR SEPARATED: In what month and year did you stop living together?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED
- IF VOLUNTEERED: STILL LIVING TOGETHER

CONTINUE TO QUESTION 22 AFTER R ANSWERS QUESTION 16B

17. Did you and [W1 PARTNER] ever live together in a romantic relationship for a month or more?

- YES
- NO (SKIP TO QUESTION 22)

18. In what month and year did you begin living together?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

19. Are you and [W1 PARTNER] still living together?

- YES (SKIP TO QUESTION 22)
- NO

20. In what month and year did you stop living with [W1 PARTNER]?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

21. Did [W1 PARTNER] die during the time you were living together?

- YES
- NO

CONTINUE TO QUESTION 22 AFTER R ANSWERS QUESTION 21

Now, we would like to ask you some questions about your sexual relationship. By “sex” or “sexual activity,” we mean any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs.

22. In what month and year did you most recently have sexual activity with [W1 PARTNER]?

- _____ MONTH
- _____ YEAR

- _____ DON'T KNOW
- _____ REFUSED

22a. IF RESPONDENT ANSWERED DON'T KNOW OR REFUSED TO QUESTION 22. Was it sometime within the last month?

- YES (SKIP TO Q23)
- NO
- DON'T KNOW
- REFUSED

22b. Was it sometime within the last three months?

- YES (SKIP TO Q23)
- NO
- DON'T KNOW
- REFUSED

22c. Was it sometime in the last year?

- YES
- NO
- DON'T KNOW
- REFUSED

23. SKIP IF PERSON DECEASED: Do you expect to have sexual activity with him/her again?

- YES
- NO

IF RESPONDENT IS STILL WITH THEIR W1 PARTNER, SKIP TO QUESTION 31

ASK QUESTIONS 24-30 IF RESPONDENT IS A NEW W2 RESPONDENT, IS NO LONGER WITH W1 PARTNER, OR DID NOT HAVE SEX/ROMANTIC PARTNER IN W1.

ASK QUESTIONS 24-26 IF MARITAL STATUS= MARRIED

24. In this interview, you mentioned that you were currently married to [W2 PARTNER]. In what month and year were you married?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

25. Many couples live together before they get married. Did you and your (husband/wife) live together before you got married?

- YES
- NO (SKIP TO QUESTION 28)

26. IF YES TO QUESTION 25: In what month and year did you begin living together?

- ____ MONTH
- ____ YEAR
- ____ DON'T KNOW
- ____ REFUSED

CONTINUE TO QUESTION 28 AFTER RESPONDENT ANSWERS QUESTION 26

ASK QUESTION 27 IF W2 MARITAL STATUS=LIVING WITH PARTNER

27. In this interview, you mentioned you were currently living with [W2 PARTNER] in a romantic relationship. In what month and year did you begin living together?

- ____ MONTH
- ____ YEAR
- ____ DON'T KNOW
- ____ REFUSED

CONTINUE TO QUESTION 28 AFTER RESPONDENT ANSWERS QUESTION 27

ASK SEXUAL ACTIVITY QUESTIONS IF R HAS A W2 PARTNER. IF RESPONDENT DOES NOT HAVE A WAVE 2 PARTNER, SKIP TO QUESTION 33

Now we would like to ask you some questions about your sexual relationship. By “sex” or “sexual activity” we mean any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs.

29. In what month and year did you most recently have sexual activity with [W2 PARTNER]?

- ____ MONTH
- ____ YEAR
- ____ DON'T KNOW
- ____ REFUSED

29a. IF RESPONDENT ANSWERED DON'T KNOW OR REFUSED TO QUESTION 29: Was it sometime within the last month?

- YES (SKIP TO Q30)
- NO
- DON'T KNOW
- REFUSED

29b. Was it sometime within the last 3 months?

- YES (SKIP TO Q30)
- NO
- DON'T KNOW
- REFUSED

29c. Was it sometime in the last year?

- YES
- NO
- DON'T KNOW
- REFUSED

30. How many years older or younger is (he/she)?

- _____ YEARS
- DON'T KNOW
- REFUSED

31. How long did you know him/her prior to having sexual activity for the first time?

- _____
- DON'T KNOW
- REFUSED

32. SKIP IF PERSON DECEASED: Do you expect to have sexual activity with him/her again?

- YES
- NO

CONTINUE TO QUESTION 33 AFTER RESPONDENT ANSWERS QUESTION 32

Now we would like to ask you some questions about other relationships you may have had [W1 RESPONDENT: since your last interview in [MONTH/YEAR/W1INTV]].

33. [W1 RESPONDENT: Other than [W1 SPOUSE] (and [WAVE 2 SPOUSE]) have you been married since your last interview? [NEW W2 RESPONDENT: have you ever been married?]

- YES
- NO (SKIP TO QUESTION 46)

34. [W1 RESPONDENT: Other than [W1 SPOUSE], how many times have you been married since your last interview?]

- _____ # OF MARRIAGES (SHOULD ALWAYS BE 1 OR MORE)

REPEAT MARRIAGE LOOP (QUESTIONS 35-45) FOR ALL REMAINING MARRIAGES STARING/ENDING SINCE [MONTH/YEAR/W1INTV]. IF ANY MARRIAGE LOOP DATES OVERLAP WITH CURRENT PARTNER, ASK IF SAME PERSON.

35. Thinking of your (first/next) marriage [since your last interview]. Is this person someone you identified earlier in the roster? (SHOW R ROSTER)

- YES
- NO

35a. IF YES: Please tell me the line number on which this person appears.

- _____ LINE NUMBER (SKIP TO QUESTION 38)
- NO

35b. Please tell me the first name or some other way to refer to this person.

_____(CONTINUE TO QUESTION 36)

36. Is [PERSON] male or female?

- Male
- Female

37. What is [NAME]'s age? (PROMPT IF NEEDED: It's okay if you don't know the exact age, just give us your best guess.)

- _____AGE
- DON'T KNOW
- REFUSED

37a. ASK IF RESPONDENT ANSWERED "DON'T KNOW" OR "REFUSED:" Is [NAME] older than you, younger than you, or about the same age?

- Older
- Younger
- Same age

38. In what month and year did your marriage to [NAME] begin?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

39. Did you and your (husband/wife) live together before you were married?

- YES
- NO (SKIP TO QUESTION 41)

40. In what month and year did you begin living together?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

41. Did that marriage end in divorce or were you widowed?

- Widowed
- Divorced
- IF VOLUNTEERED: SEPARATED

41a. IF WIDOWED: In what month and year did your (husband/wife) die?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

41b. IF DIVORCED OR SEPARTED: In what month and year did you stop living together?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED
- IF VOLUNTEERED: STILL LIVING TOGETHER

42. In what month and year did you most recently have sexual activity with [NAME]?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

42a. IF RESPONDENT ANSWERED DON'T KNOW OR REFUSED TO QUESTION 42. Was it sometime within the last month?

- YES (SKIP TO Q44)
- NO
- DON'T KNOW
- REFUSED

42b. Was it sometime within the last 3 months?

- YES (SKIP TO Q44)
- NO
- DON'T KNOW
- REFUSED

42c. Was it sometime in the last year?

- YES
- NO

43. How long did you know him/her prior to having sexual activity for the first time?

- _____

44. SKIP IF PERSON DECEASED: Do you expect to have sexual activity with him/her again?

- YES
- NO

45. [Since your last interview in [MONTH/YEAR W1INTV]], have you lived with anyone [else] in a romantic relationship for a month or more? (PROMPT: Without marrying the person.) (PROMPT: Not including W1 PARTNER or W2 PARTNER.)

- YES
- NO (SKIP TO QUESTION 58)

46. With how many other people have you lived in a romantic relationship for a month or more (since your last interview)? (PROMPT: Not including W1 or W2 PARTNER.)

_____ # OF COHABS (SHOULD ALWAYS BE 1 OR MORE)

REPEAT COHAB LOOP (47-56) FOR ALL REMAINING COHABS STARTING/ENDING SINCE [MONTH/YEAR W1INTV]. IF ANY LOOP DATES OVERLAP WITH CURRENT PARTNER ASK IF SAME PERSON.

47. Thinking of your (first/next marriage (since your last interview), is this person someone you identified earlier in the roster? (SHOW R ROSTER)

YES

NO

47a. Please tell me the line number on which this person appears.

_____ LINE NUMBER (SKIP TO QUESTION 51)

47b. Please tell me the first name or some other way to refer to this person.

_____ (CONTINUE TO QUESTION 48)

48. Is [PERSON] male or female?

Male

Female

49. What is [NAME]'s age? (PROMPT IF NEEDED: It's okay if you don't know the exact age, just give us your best guess.)

_____ AGE

_____ DON'T KNOW

_____ REFUSED

49a. ASK IF RESPONDENT ANSWERED "DON'T KNOW" OR "REFUSED: Is [NAME] older than you, younger than you or about the same age?

Older

Younger

Same age

50. In what month and year did you begin living with [NAME]?

_____ MONTH

_____ YEAR

_____ DON'T KNOW

_____ REFUSED

51. In what month and year did you stop living with [W1 PARTNER]?

_____ MONTH

_____ YEAR

_____ DON'T KNOW

_____ REFUSED

52. Did this person die during the time you were living together?

- YES
- NO

53. In what month and year did you first have sexual activity with [NAME]?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

54. In what month and year did you most recently have sexual activity with [NAME]?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

54a. IF RESPONDENT ANSWERED DON'T KNOW OR REFUSED TO QUESTION 39: Was it sometime within the last month?

- YES
- NO
- DON'T KNOW
- REFUSED

54b. Was it sometime within the last three months?

- YES (SKIPT TO Q56)
- NO
- DON'T KNOW
- REFUSED

54c. Was it sometime in the last year?

- YES
- NO
- DON'T KNOW
- REFUSED

55. How long did you know him/her prior to having sexual activity for the first time?

- _____

56. SKIP IF PERSON DECEASED: Do you expect to have sexual activity with him/her again?

- YES
- NO

57. Other than those we have just talked about, is there anyone else that you had sexual activity with [since [MONTH/YEAR/W1INTV]]? By "sex" or "sexual activity" we mean any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or

orgasm occurs. (PROMPT: Without marrying the person.) (PROMPT: Not including W1 PARTNER or W2 PARTNER.)

- YES
- NO (SKIP TO SEXUAL INTEREST AND MOTIVATION)

58. With how many other people have you had sexual activity (since your last interview)? (PROMPT: WITHOUT MARRYING THE PERSON) (PROMPT: NOT INCLUDING W1 PARTNER OR W2 PARTNER)

- _____# OF SEX PARTNERS (SHOULD ALWAYS BE 1 OR MORE)

REPEAT SEX LOOP (QUESTIONS 59-64) FOR ALL REMAINING PARTNERS STARTING/ENDING SINCE [MONTH/YEAR/W1INTV]. IF ANY LOOP DATES OVERLAP WITH CURRENT PARTNER ASK IF SAME PERSON.

59. Thinking of the (first/next) person since your last interview, is this person someone you identified earlier in the roster? (SHOW R ROSTER)

- YES
- NO

59a. Please tell me the line number on which this person appears

- _____ LINE NUMBER (SKIP TO QUESTION 63)

59b. Please tell me the first name or some other way to refer to this person.

- _____ (CONTINUE TO QUESTION 60)

60. Is [PERSON] male or female?

- Male
- Female

61. What is [NAME]'s age? (PROMPT: It's okay if you don't know the exact age; just give us your best guess.)

- _____ AGE
- DON'T KNOW
- REFUSED

61a. ASK IF RESPONDENT ANSWERED "DON'T KNOW" OR "REFUSED": Is [NAME] older than you, younger than you, or about the same age?

- Older
- Younger
- Same age

62. In what month and year did you first have sexual activity with [NAME]?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

63. In what month and year did you most recently have sexual activity with [NAME]?

- _____ MONTH
- _____ YEAR
- _____ DON'T KNOW
- _____ REFUSED

63a. IF RESPONDENT ANSWERED DON'T KNOW OR REFUSED TO QUESTION 63: Was it sometime within the last month?

- YES (SKIP TO Q64)
- NO
- DON'T KNOW
- REFUSED

63b. Was it sometime within the last 3 months?

- YES (SKIP TO Q64)
- NO
- DON'T KNOW
- REFUSED

63c. Was it sometime in the last year?

- YES
- NO
- DON'T KNOW
- REFUSED

64. How long did you know him/her prior to having sexual activity for the first time?

- _____

65. SKIP IF PERSON DECEASED: Do you expect to have sexual activity with him/her again?

- YES
- NO

XXII. SEXUAL INTEREST AND MOTIVATION

1. About how often do you think about sex?

- Less than once a month
- One to a few times a month
- One to a few times a week
- Every day
- Several times a day
- IF RESPONDENT STATES: NEVER

2. How often do you find someone you don't know such as people in movies, television, books, or strangers on the street physically attractive?

- More than once a day

- Every day
- Several times a week
- Once a week
- Less than once a week
- Never

3. ASK ONLY IF RESPONDENT HAS NOT HAD SEX IN PAST 3 MONTHS: You mentioned before that you last had sex in (month/year). What are the reasons you haven't had sexual activity since then? CHOOSE ALL THAT APPLY. USE HAND CARD G IF R HAS CURRENT SPOUSE / COHAB / SEXUAL PARTNER; OTHERWISE USE HAND CARD H.

HAND CARD G (CHOOSE ALL THAT APPLY):

- You are not interested
- Your partner is not interested
- Physical health problems or physical limitations you have
- Physical health problems or physical limitations your partner has
- Other (DO NOT SPECIFY)

HAND CARD H (CHOOSE ALL THAT APPLY):

- You are not interested
- You have not met the right person
- Your religious beliefs do not allow sex outside of marriage
- Other (DO NOT SPECIFY)

4. When your partner wants to have sex with you, how often do you agree?

- Always
- Usually
- Sometime
- Rarely
- Never
- IF VOLUNTEERED: MY PARTNER HAS NOT WANTED TO HAVE SEX WITH ME IN THE PAST 12 MONTHS

***NOTE: 3 POSSIBLE INTRODUCTIONS: OPTION A, B, OR C (WITH SUBSECTIONS)

****OPTION A. IF WE HAVE A NAME AND DATE OF MOST RECENT SEXUAL PARTNER:** Now we'd like to ask you some questions about your relationship with (NAME OF MOST RECENT SEXUAL PARTNER).

****OPTION B. IF WE HAVE NOT ALREADY GOTTEN THIS PERSON'S NAME:** Now we'd like to ask you some questions about your relationship with your most recent sexual partner. Since we will be asking some questions about this partner, please tell me the first name or some other way to refer to this person:

- NAME _____
- NEVER HAD SEX

- REFUSES TO GIVE NAME
- IF PROVIDE NAME OR REFUSED TO GIVE NAME ASK: Is this person male or female?
 - MALE
 - FEMALE

****OPTION C. IF HAVE NAME, BUT CANNOT FIGURE OUT FROM THE BOXES WHICH PERSON IS THE MOST RECENT SEXUAL PARTNER:**

Now we'd like to ask you some questions about your relationship with your most recent sexual partner. You mentioned you had sexual activity with [NAME OF MOST RECENT SEXUAL PARTNER FROM Q13, ARCTSEX] in [DATE] and have not provided a date for your last sexual activity with [NAME OF PERSON FROM Q20 OTHERSEX].

You have not provided a date for your last sexual activity with [NAME OF PERSON FROM Q13 ARCTSEX], and mentioned you had sexual activity with [NAME OF MOST RECENT SEXUAL PARTNER FROM Q20 OTHRSEX] in [DATE].

[IF MOST RECENT SEX DATES THE SAME] You mentioned you had sexual activity with [NAME] in [DATE] and with [NAME] in [DATE].

You have not provided a date for your last sexual activity with [NAME] or with [NAME]. Which person is your most recent sexual partner?

- YES
- NO

XXIII. CURRENT (OR MOST RECENT) PARTNERSHIP

XXIII.A.1. Assessment and Satisfaction with Current Relationship

ASK THIS SECTION OF IF RESPONDENT HAS CURRENT PARTNER. IF R DOES NOT HAVE A CURRENT PARTNER, ASK SECTION IN REGARDS TO MOST RECENT PARTNER. A RECENT PARTNER IS DEFINED AS A PARTNERSHIP THAT OCCURRED IN THE PAST 5 YEARS.

1. How physically pleasurable did/do you find your relationship with [CURRENT/RECENT PARTNER] to be: extremely pleasurable, very pleasurable, moderately pleasurable, slightly pleasurable, or not at all pleasurable? (HAND CARD)

- Extremely
- Very
- Moderately
- Slightly
- Not at all

2. How emotionally satisfying did/do you find your relationship with (him/her) to be? Extremely satisfying, very satisfying, moderately satisfying, slightly satisfying, or not at all satisfying?

(HAND CARD)

- Extremely
- Very
- Moderately
- Slightly
- Not at all

XXIV. BEHAVIOR WITH PARTNER

The next set of questions is about your sexual relationship with [PARTNER] in the last 12 months. You may refuse to answer any question, but as an interviewer for this survey I am required to ask all the questions.

1. During the last 12 months (IF NOT CURRENT PARTNER: During your relationship), about how often did you have sex with [CURRENT/RECENT PARTNER]? Was it ... (HAND CARD)

- Once a day or more
- 3-6 times a week
- Once or twice a week
- 2 -3 times a month
- Once a month or less
- None at all (SKIP TO QUESTION 8)

2. When you had sex with [CURRENT/RECENT PARTNER] in the last 12 months, how often did your partner touch your genitals with (his/her) hands? Was it . . . (HAND CARD)

- Always
- Usually
- Sometimes
- Rarely
- Never

3. When you had sex with [CURRENT/RECENT PARTNER] in the last 12 months, how often did (he/she) perform oral sex on you? Was it ... (PROMPT: By oral sex we mean stimulating the genitals with the mouth; that is, your partner licking or kissing your genitals.) (HAND CARD)

- Always
- Usually
- Sometimes
- Rarely
- Never

4. SKIP IF THIS IS A MALE/MALE OR FEMALE/FEMALE PARTNERSHIP: When you had sex with [CURRENT/RECENT PARTNER] in the last 12 months, how often did your activities include vaginal intercourse? (PROMPT: By vaginal intercourse, we mean when a man's penis is inside a woman's vagina.) (HAND CARD)

- Always
- Usually
- Sometimes
- Rarely
- Never

5. In the last 12 months, how often did you feel sexually aroused (“turned on”) during sexual activity with [CURRENT/RECENT PARTNER]? (HAND CARD)

- Always
- Usually
- Sometimes
- Rarely
- Never

6. Women only: In the last 12 months, how often did you have a sensation of pulsating or tingling in your vagina/genital area during sexual activity with [CURRENT/RECENT PARTNER]? (HAND CARD)

- Always
- Usually
- Sometimes
- Rarely
- Never

XXV. SEXUAL BEHAVIOR AND FUNCTION (REGARDLESS OF PARTNERSHIP)

ASK THIS SECTION OF ALL RESPONDENTS

1. Sometimes people go through periods in which they are not interested in sex or are having trouble with sexual gratification. We have just a few questions about whether during the last 12 months there has ever been a period of several months or more when you . . . (READ A-H BELOW).

A. lacked interest in having sex?

- YES
- NO

B. were unable to climax (experience an orgasm)?

- YES
- NO

C. came to a climax (experienced orgasm) too quickly?

- YES
- NO

D. experienced physical pain during intercourse?

- YES
- NO

E. did not find sex pleasurable (even if it was not painful)?

- YES
- NO

F. felt anxious just before having sex about your ability to perform sexually?

- YES
- NO

FOR MALE R's ONLY:

G. had trouble getting or maintaining an erection?

- YES
- NO

FOR FEMALE R's ONLY:

H. had trouble lubricating?

- YES
- NO

(IF RESPONDENT DOES NOT KNOW THE MEANING OF LUBRICATING, USE THE FOLLOWING PROMPT: When the vagina felt dry during sexual activity or, in other words, it did not become smooth or wet during sexual activity.)

2. IF RESPONDENT HAD ANY PROBLEMS: How much did this/these problems bother you?

- Extremely
- Very
- Moderately
- Slightly
- Not at all

3. SKIP IF R DID NOT HAVE ANY PROBLEMS: During the past 12 months, have you ever avoided sex because of the problem(s) you mentioned?

- YES
- NO

4. SKIP IF R DID NOT HAVE ANY PROBLEMS: Have you ever talked with [CURRENT PARTNER] about the problem(s) you mentioned?

- YES
- NO

XXVI. PRE-PUBERTAL SEXUAL EXPERIENCE

ASK ALL RESPONDENTS THIS SECTION

Next, I would like to ask you some more questions about your childhood.

1. IF FEMALE: How old were you when you reached puberty? By puberty I mean when you had your first menstrual period?

_____ AGE

IF RESPONDENT DOES NOT KNOW AGE: Was it... (HAND CARD)

- At the beginning of elementary school (9 or younger)?
- At the end of elementary school (10 or 11)?
- During middle school or junior high (12-14)?
- At the beginning of high school (15-16)?
- At the end of high school or later (17 or older)?

2. IF MALE: How old were you when you reached puberty? By puberty I mean when you voice changed or you first noticed your semen.

_____ AGE

IF RESPONDENT DOES NOT KNOW AGE: Was it . . . (HAND CARD)

- At the beginning of elementary school (9 or younger)?
- At the end of elementary school (10 or 11)?
- During middle school or junior high (12-14)?
- At the beginning of high school (15-16)?
- At the end of high school or later (17 or older)?

3. Before you were 12 or 13 years old, did anyone touch you sexually?

- YES
- NO

3a. With how many people did this happen?

OF PEOPLE _____

4. How old were you when you first had sex with another person? INTERVIEWER NOTES: BY SEX WE MEAN VAGINAL INTERCOURSE OR ANAL INTERCOURSE IF MALE-MALE RELATIONSHIP.

_____ AGE

5. At this first occasion, is this something you wanted at the time, went along with, or were forced into?

- Wanted
- Went along with
- Were forced into

XXVII. SAQ – VERSION FOR FEMALE RESPONDENTS

Sometimes people find it easier to enter their answers to some questions on the computer instead of saying them to another person. Please answer the following questions on this computer by entering in your answers.

- R WILL USE COMPUTER
- R WILL USE PAPER VERSION

1. In your entire life so far, about how many **men** have you had sex with, even if only one time? By “sex” or “sexual activity,” we mean any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs.

- _____ NUMBER

2. In your entire life so far, about how many **women** have you had sex with, even if only one time? By “sex” or “sexual activity,” we mean any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs.

- _____ NUMBER

Masturbation is a very common practice. By masturbation, we mean stimulating your genitals (sex organs) for sexual pleasure, **not** with a sexual partner.

5. On average, **in the past 12 months** how often did you masturbate? (HAND CARD) (Please select one answer only.)

- More than once a day
- Every day
- Several times a week
- Once a week
- 2-3 times a month
- Once a month
- Every other month
- 3-5 times a year
- 1-2 times a year
- Not at all this year

The next set of questions is about incontinence. We know this might not be easy to talk about, but incontinence is quite a common health problem.

6. In the past 12 months, have you had difficulty controlling your bladder, including leaking small amounts of urine, leaking when you cough or sneeze, or not being able to make it to the bathroom on time?

- YES
- NO

6a. IF “YES” TO Q6: How frequently does this occur? (HAND CARD)

- Every day

- A few times a week
- A few times a month
- A few times a year

7. In the past 12 months, have you had other problems with urinating, such as incomplete emptying, a weak urinary stream, straining to begin urination, or difficulty in postponing urination?

- YES
- NO

7a. IF “YES” TO Q7: How frequently does this occur? (HAND CARD)

- Every day
- A few times a week
- A few times a month
- A few times a year

8. Now we would like to know if you have experienced stool incontinence. In the past 12 months, have you lost control of your bowels (stool incontinence or anal incontinence)?

- YES
- NO

8a. IF “YES” TO Q8: How frequently does this occur? (HAND CARD)

- Every day
- A few times a week
- A few times a month
- A few times a year

Thank you for your cooperation.

Please give the laptop back to your interviewer.

XXVIII. SAQ – VERSION FOR MALE RESPONDENTS

Sometimes people find it easier to enter their answers to some questions on the computer instead of saying them to another person. Please answer the following questions on this computer by entering in your answers.

- R WILL USE COMPUTER
- R WILL USE PAPER VERSION

1. In your entire life so far, about how many **women** have you had sex with, even if only one time? By “sex” or “sexual activity,” we mean any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs.

- _____ NUMBER

2. In your entire life so far, about how many **men** have you had sex with, even if only one time? By “sex” or “sexual activity,” we mean any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs.

_____ NUMBER

Masturbation is a very common practice. By masturbation, we mean stimulating your genitals (sex organs) for sexual pleasure, **not** with a sexual partner.

5. On average, **in the past 12 months** how often did you masturbate? (HAND CARD) (Please select one answer only.)

- More than once a day
- Every day
- Several times a week
- Once a week
- 2-3 times a month
- Once a month
- Every other month
- 3-5 times a year
- 1-2 times a year
- Not at all this year

The next set of questions is about incontinence. We know this might not be easy to talk about, but incontinence is quite a common health problem.

6. In the past 12 months, have you had difficulty controlling your bladder, including leaking small amounts of urine, leaking when you cough or sneeze, or not being able to make it to the bathroom on time?

- YES
- NO

6a. IF “YES” TO Q6: How frequently does this occur? (HAND CARD)

- Every day
- A few times a week
- A few times a month
- A few times a year

7. In the past 12 months, have you had other problems with urinating, such as incomplete emptying, a weak urinary stream, straining to begin urination, or difficulty in postponing urination?

- YES
- NO

7a. IF “YES” TO Q7: How frequently does this occur? (HAND CARD)

- Every day
- A few times a week
- A few times a month
- A few times a year

8. Now we would like to know if you have experienced stool incontinence. In the past 12 months, have you lost control of your bowels (stool incontinence or anal incontinence)?

- YES
- NO

8a. IF “YES” TO Q8: How frequently does this occur? (HAND CARD)

- Every day
- A few times a week
- A few times a month
- A few times a year

Thank you for your cooperation.

Please give the laptop back to your interviewer.

XXIX. FERTILITY/MENOPAUSE

(ASK ALL FEMALE RESPONDENTS THIS SECTION)

Now I'm going to ask you a few questions about your reproductive history.

1. How many times have you been pregnant altogether? (PROMPT: Please include live births, miscarriages, stillbirths, tubal pregnancies, and abortions.)

- _____ NUMBER (RANGE 0-50)

2. IF NO PREGNANCIES, SKIP THIS QUESTION (BIRTHS): How many of your pregnancies resulted in live births? (PROMPT: By “live birth,” we mean the birth of a living newborn.) INTERVIEWER INSTRUCTIONS: A BIRTH IS CONSIDERED “LIVE” EVEN IF THE INFANT ONLY LIVED A SHORT TIME.

- _____ NUMBER (RANGE 0-50)

3. How old were you when you had your last menstrual period? (PROMPT IF RESPONDENT REFERS TO MENOPAUSE: We are trying to understand when women go through menopause. The best way to measure the time of menopause is to record when you had your last menstrual period.)

- ANSWERED BY AGE AT LAST MENSTRUAL PERIOD _____
- ANSWERED IS STILL MENSTRUATING / HAVING PERIODS

XXX. CHILDREN AND GRANDCHILDREN

Next, I would like to ask you some questions about any children you may have. For these questions, you may include children who are not biologically related to you, such as step-children or adopted children.

1. How many living sons do you have? (IF ASKED, SAY: "You may include step-sons if you wish.")

_____ NUMBER

2. How many living daughters do you have? (IF ASKED, SAY: "You may include step-daughters if you wish.")

_____ NUMBER

3. How many living grandchildren do you have? (IF ASKED, SAY: "You may include grandchildren from step-sons or step-daughters, or step-grandchildren, if you wish.")

_____ NUMBER

XXXI. MENTAL HEALTH

XXXII. HAPPINESS

Now we will turn to thoughts and feelings you may have about your life or yourself. By asking about your thoughts and feelings in addition to your physical health, we can paint a more complete picture of your life.

1. If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole . . . (HAND CARD)

- Extremely happy
- Very happy
- Pretty happy
- Unhappy sometimes
- Unhappy usually

XXXIII. DEPRESSION

Now let's talk about thoughts and feelings you may have had during the past week. I will read a series of statements. Tell me how often during the past week you felt like this; rarely or none of the time, some of the time, occasionally, or most of the time? Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought out response. (HAND CARD)

During the past week . . .

2. I did not feel like eating; my appetite was poor

- Rarely or none of the time
- Some of the time
- Occasionally
- Most of the time

3. I felt depressed
 - Rarely or none of the time
 - Some of the time
 - Occasionally
 - Most of the time

4. I felt that everything I did was an effort
 - Rarely or none of the time
 - Some of the time
 - Occasionally
 - Most of the time

5. My sleep was restless
 - Rarely or none of the time
 - Some of the time
 - Occasionally
 - Most of the time

6. I was happy
 - Rarely or none of the time
 - Some of the time
 - Occasionally
 - Most of the time

7. I felt lonely
 - Rarely or none of the time
 - Some of the time
 - Occasionally
 - Most of the time

8. People were unfriendly
 - Rarely or none of the time
 - Some of the time
 - Occasionally
 - Most of the time

9. I enjoyed life
 - Rarely or none of the time
 - Some of the time
 - Occasionally
 - Most of the time

10. I felt sad
 - Rarely or none of the time
 - Some of the time
 - Occasionally

Most of the time

11. I felt that people disliked me
- Rarely or none of the time
 - Some of the time
 - Occasionally
 - Most of the time

12. I could not get "going"
- Rarely or none of the time
 - Some of the time
 - Occasionally
 - Most of the time

XXXIV. EMPLOYMENT AND FINANCES

We are interested in the financial circumstances that might affect the health of older Americans, so I'd like to ask you some questions about your employment and your finances.

XXXV. EMPLOYMENT

1. Are you . . . CHOOSE ALL THAT APPLY. IF NONE OF THESE APPLIES, SELECT OTHER. (HAND CARD)

- Currently working?
- Retired?
- Disabled and unable to work?
- Unemployed or laid off and looking for work?
- A homemaker?
- OTHER (SPECIFY) → Please tell me what type of other employment you hold.

2. ASK ONLY IF RESPONDENT IS NOT CURRENTLY WORKING AND IS NOT RETIRED: Have you ever worked for pay?

- YES
- NO
- DON'T KNOW
- REFUSED

3. ASK ONLY IF RESPONDENT ANSWERED 'OTHER' TO QUESTION 1: Are you working for pay, either full-time or part-time, at the present time?

- YES
- NO
- DON'T KNOW
- REFUSED

ASK ALL RESPONDENTS

I am first going to ask a few questions about work-related activities in the last week. By last week, I mean the week beginning on Sunday, [DATE], and ending on Saturday, [DATE].

7. Last week, did you do any work for pay?

- YES
- NO
- DON'T KNOW
- REFUSED

8. IF YES: How many hours per week do you usually work on this job?

- _____ HOURS PER WEEK

XXXVI. HOUSEHOLD INCOME

1. Now, I'd like to ask you about the income of your household. Altogether, what would you say was approximately the income of your household in [CURRENT YEAR MINUS 1] before taxes or deductions?

- _____

(PROMPT IF RESPONDENT ASKS FOR DEFINITION OF HOUSEHOLD: Household means people living together under one roof, including dependents like young children, elderly parents, adult children who have returned. It does not include platonic roommates.)

(NOTE FOR INTERVIEWER: R SHOULD INCLUDE EARNINGS, GOVERNMENT BENEFITS LIKE SOCIAL SECURITY, VETERANS BENEFITS AND SSI, AND PAYMENTS FROM PENSION PLANS OF ALL MEMBERS OF THE HOUSEHOLD. R SHOULD NOT INCLUDE ANY INTEREST PAYMENTS FROM SAVINGS, PAYMENTS FROM IRAS, DIVIDENDS FROM STOCKS, BONDS, OR MUTUAL FUNDS, OR ANY MONETARY GIFTS.)

RE: QUESTION XI.B.2: ASK THIS QUESTION ONLY IF RESPONDENT ANSWERS "DON'T KNOW" OR "REFUSED" TO ABOVE QUESTION

2. ASK ONLY IF R ANSWERS DON'T KNOW/REFUSED TO ABOVE QUESTION: Would you say the income of your household in [CURRENT YEAR MINUS 1] was more than \$50,000 or less than \$50,000?

- More than \$50,000 (SKIP TO QUESTION 4)
- About \$50,000
- Less than \$50,000 (GO TO QUESTION 3)
- DON'T KNOW
- REFUSED

ASK QUESTION XI.B.3. ONLY IF RESPONDENT ANSWERED "LESS THAN \$50,000" TO QUESTION XI.B.2.

3. Would you say the income of your household in [CURRENT YEAR MINUS 1] was more than \$25,000 or less than \$25,000?

- More than \$25,000
- About \$25,000
- Less than \$25,000
- DON'T KNOW
- REFUSED

ASK QUESTION XI.B.4. ONLY IF RESPONDENT ANSWERED "More than \$50,000" TO QUESTION XI.B.2.

4. Would you say the income of your household in [CURRENT YEAR MINUS 1] was more than \$100,000 or less than \$100,000?

- More than \$100,000
- About \$100,000
- Less than \$100,000
- DON'T KNOW
- REFUSED

XXXVII. HOUSEHOLD ASSETS

1. Now I'd like you to think about all of the assets of your household. These are things like your house (if you own it), your cars, other rental properties and businesses you own, and financial assets like savings accounts, stocks, bonds, mutual funds, and pensions. Altogether, how much would you say that amounted to, approximately, after accounting for the loans you might have to pay off? (IF RESPONDENT ASKS IF THIS REFERS TO NET WORTH, CONFIRM THAT IT DOES.)

RE: QUESTION 2. : ASK THIS QUESTION ONLY IF RESPONDENT ANSWERS "DON'T KNOW" OR "REFUSED" TO ABOVE QUESTION.

2. Would you say that all of your assets combined amount to more or less than \$50,000?

- More than \$50,000 (SKIP TO Q4)
- About \$50,000
- Less than \$50,000 (GO TO Q3)
- DON'T KNOW
- REFUSED

ASK QUESTION 3 ONLY IF RESPONDENT ANSWERED "LESS THAN \$50,000" TO QUESTION

3. Would you say that all of your assets combined amount to more or less than \$10,000?

- More than \$10,000
- About \$10,000
- Less than \$10,000

- DON'T KNOW
- REFUSED

ASK QUESTIONS 4-5 ONLY IF RESPONDENT ANSWERED "More than \$50,000" TO QUESTION 2.

4. Would you say that all of your assets combined amount to more or less than \$500,000?
- More than \$500,000
 - About \$500,000
 - Less than \$500,000 (GO TO Q5)
 - DON'T KNOW
 - REFUSED

ASK QUESTION 5 ONLY IF RESPONDENT ANSWERED "Less than \$500,000" TO QUESTION 4.

5. Would you say that all of your assets combined amount to more or less than \$100,000?
- More than \$100,000
 - About \$100,000
 - Less than \$100,000
 - DON'T KNOW
 - REFUSED

6. Do you [and PARTNER] own your home, rent it, or what?
- Own
 - Rent
 - IF VOLUNTEERED: LIVES RENT FREE WITH SOMEONE
 - OTHER (SPECIFY)

7. In the past 10 years, how many times have you moved?
- _____ NUMBER

- 7a. IF 'DON'T KNOW' OR 'REFUSED' TO Q7: Was it more than one time?
- YES: Was it more than 5 times?
 - YES
 - NO
 - NO

XXXVIII. RELIGION

1. What is your current religious preference? (PROBE IF NECESSARY: Is it Protestant, Catholic, Jewish or some other religion or no religion at all?) NOTE: CODE "GREEK ORTHODOX," "RUSSIAN ORTHODOX," "EASTERN ORTHODOX" AS "CATHOLIC."
- NONE
 - PROTESTANT (PROMPT NON-DENOMINATIONAL CHRISTIAN
 - CATHOLIC

- JEWISH
- OTHER (SPECIFY) _____

2. ASK ONLY IF RESPONDENT ANSWERED “PROTESTANT” TO RELIGION: What specific denomination or branch is that, if any?

- BAPTIST
- EPISCOPALIAN
- LUTHERAN
- METHODIST
- MORMON
- PRESBYTERIAN
- UNITED CHURCH OF CHRIST (CONGREGATIONAL)
- OTHER (SPECIFY – VERBATIM) _____

3. ASK ONLY IF RESPONDENT ANSWERED “PROTESTANT” OR “CATHOLIC” TO RELIGION: Would you say that you have been “born again” or have had a “born again” experience?

- YES
- NO

4. Thinking about the past 12 months, about how often have you attended religious services? (HAND CARD)

- Several times a week
- Every week
- About once a month
- Several times a year
- About once or twice a year
- Never

XXXIX. INTERNET USE

1. Do you have access to the World Wide Web, or the Internet in your home or another location?

- YES: Where do you most often use the internet: in your home or another location?
 - Home
 - Another location
- NO

2. Do you regularly use the World Wide Web, or the Internet, for sending and receiving e-mail or for any other purpose, such as making purchases, searching for information, or making travel reservations?

- YES
- NO

XL. DEBRIEFING

Thank you for your time.

Because people move from time to time, please give us the name, address and telephone number of a person who will always know where you can be reached (even if you should move or change your phone number).

1. What is this person's . . .

- FIRST & LAST NAME: _____
- STREET ADDRESS: _____
- CITY, STATE & ZIP: _____
- PHONE NUMBER: _____

2. UNDER WHAT NAME IS THIS PHONE NUMBER LISTED:

- NAME: _____

3. We would like to confirm your home address. Is your home address [INSERT RESPONDENT ADDRESS FROM PRELOAD HERE]?

- YES (SKIP TO Q5)
- NO
- DON'T KNOW
- REFUSED

4. IF NO, DON'T KNOW, OR REFUSED TO Q3: Please tell us your correct home address.

- STREET ADDRESS: _____
- CITY: _____
- STATE: _____
- ZIPCODE: _____

5. IF PHONE NUMBERS AVAILABLE: We would like to confirm your phone number(s). We have your phone number(s) as [INSERT RESPONDENT PHONE NUMBERS FROM PRELOAD HERE]. Is that correct?

- YES (SKIP TO Q7)
- NO
- DON'T KNOW
- REFUSED

6. IF NO, DON'T KNOW, OR REFUSED TO Q5: Please tell us your correct phone numbers.

- PHONE NUMBER 1 _____
- PHONE NUMBER 2 _____
- PHONE NUMBER 3 _____

7. IF LESS THAN 3 PHONE NUMBERS LISTED IN PRELOAD: Are there any other phone numbers we can reach you at?

- YES (GO TO Q8)

- NO (SKIP TO Q9)
- DON'T KNOW
- REFUSED

8. IF Q7=YES OR NO PHONE NUMBERS AVAILABLE TO PRELOAD: Please tell us up to three telephone numbers we can reach you at in the future, if necessary.

- PHONE NUMBER 1 _____
- PHONE NUMBER 2 _____
- PHONE NUMBER 3 _____

9. IF EMAIL ADDRESS AVAILABLE: We would like to confirm your email address. Is your email address [INSERT RESPONDENT EMAIL ADDRESS FROM PRELOAD HERE]?

- YES
- NO
- DON'T KNOW
- REFUSED

10. IF NO, DON'T KNOW, OR REFUSED TO Q9: Please tell us your correct email address.

- EMAIL ADDRESS: _____ (SKIP TO Q12)
- IF VOLUNTEERED - DOES NOT HAVE E-MAIL ADDRESS
- DON'T KNOW
- REFUSED

11. We would also like to keep in touch with you through email, if necessary. Please give us your email address if you currently have one.

- EMAIL ADDRESS: _____ (GO TO Q12)
- IF VOLUNTEERED - DOES NOT HAVE E-MAIL ADDRESS
- DON'T KNOW
- REFUSED

12. PLEASE GIVE RESPONDENT FOLLOW-UP QUESTIONNAIRE (1 OR 2) AND APPROPRIATE ENVELOPE. WRITE SU_ID WHERE INDICATED ON BACK COVER.

Thank you for your participation. Our survey is almost complete – one of the last steps requires that you fill out this questionnaire, seal it in this postage-paid envelope, and drop it in the mail.

XLI. INTERVIEWER COMMENTS

INTERVIEWER: PLEASE COMPLETE THESE QUESTIONS AS SOON AS POSSIBLE AFTER YOU LEAVE THE INTERVIEW.

XLII. CHARACTERISTICS AND LOCATION OF THE INTERVIEW

1. Where did the interview take place?

- RESPONDENT'S HOME
- RESPONDENT'S FAMILY MEMBER'S HOME
- RESPONDENT'S FRIEND'S HOME
- RESPONDENT'S WORKPLACE
- DON'T KNOW
- REFUSED

2. Other persons were present:

- DURING NONE OF THE INTERVIEW (GO TO QUESTION 4)
- OCCASIONALLY PASSING THROUGH THE INTERVIEW AREA
- DURING 1/4 OF THE INTERVIEW
- DURING HALF OF THE INTERVIEW
- DURING 3/4 OF THE INTERVIEW
- FOR THE ENTIRE INTERVIEW
- DON'T KNOW
- REFUSED

ANSWER QUESTION 3 IF QUESTION 2 IS NOT ZERO.

3. ANSWER QUESTION 3 IF QUESTION 2 IS NOT ZERO: What other persons were present during the interview? CHOOSE ALL THAT APPLY.

- SPOUSE/PARTNER
- RESPONDENT'S CHILD/CHILDREN UNDER 12 YEARS OF AGE
- RESPONDENT'S CHILD/CHILDREN OVER 12 YEARS OF AGE
- OTHER RELATIVE(S)
- FRIEND
- CAREGIVER
- OTHER ADULT NON-RELATIVE
- OTHER CHILD NON-RELATIVE
- UNABLE TO DETERMINE RELATIONSHIP
- DON'T KNOW
- REFUSED

4. How candid was the respondent?

- PROBABLY NOT CANDID AT ALL
- SOMEWHAT CANDID
- MOSTLY CANDID
- ENTIRELY CANDID
- DON'T KNOW
- REFUSED

XLIII. RESPONDENT'S FUNCTIONAL HEALTH AND BEHAVIOR DURING THE INTERVIEW

Please rate the respondent's functional health and behavior during the interview on the following scales:

	1	2	3	4	5		DK	R
1. Practically deaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal hearing	<input type="checkbox"/>	<input type="checkbox"/>
2. Practically blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal vision	<input type="checkbox"/>	<input type="checkbox"/>
3. Unable to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal adult literacy	<input type="checkbox"/>	<input type="checkbox"/>

XLIV. DESCRIPTION OF THE RESPONDENT

Describe the respondent using the following scales:

	1	2	3	4	5		DK	R
1. Physically attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not physically attractive	<input type="checkbox"/>	<input type="checkbox"/>
2. Attractive personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not attractive personality	<input type="checkbox"/>	<input type="checkbox"/>
3. Well-dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poorly dressed	<input type="checkbox"/>	<input type="checkbox"/>
4. Hygienic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not hygienic	<input type="checkbox"/>	<input type="checkbox"/>
5. Straight posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stooped/slouching	<input type="checkbox"/>	<input type="checkbox"/>
6. Flat stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot belly	<input type="checkbox"/>	<input type="checkbox"/>
7. Thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obese	<input type="checkbox"/>	<input type="checkbox"/>
8. Spoke clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not speak clearly	<input type="checkbox"/>	<input type="checkbox"/>

9. Did the respondent have any of the following notable aspects to his/her appearance? CHOOSE ALL THAT APPLY.

- BAD/MISSING TEETH
- HEAVY MAKE-UP
- OBVIOUSLY DYED HAIR
- OBVIOUS TOUPEE
- PHYSICAL HANDICAP (SPECIFY) _____
- PROSTHESIS AND/OR MISSING LIMB(S) (SPECIFY) _____
- GLASSES

- BALD, BALDING, OR THINNING HAIR
- GOLD OR SILVER TOOTH OR TEETH
- NO NOTABLE ASPECTS
- OTHER (SPECIFY) _____
- DON'T KNOW
- REFUSED

XLV. DESCRIPTION OF THE INTERVIEW LOCATION

Describe the room(s) in which the interview was conducted, using the following scales:

	1	2	3	4	5		DK	R
1. Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot	<input type="checkbox"/>	<input type="checkbox"/>
2. Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light	<input type="checkbox"/>	<input type="checkbox"/>
3. Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dirty	<input type="checkbox"/>	<input type="checkbox"/>
4. Neat and Tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Messy	<input type="checkbox"/>	<input type="checkbox"/>
5. Quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Noisy	<input type="checkbox"/>	<input type="checkbox"/>
6. Cramped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spacious	<input type="checkbox"/>	<input type="checkbox"/>
7. Very cluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not cluttered at all	<input type="checkbox"/>	<input type="checkbox"/>
8. No smell	SKIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strong smell	<input type="checkbox"/>	<input type="checkbox"/>
9. Pleasant smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unpleasant smell	<input type="checkbox"/>	<input type="checkbox"/>

XLVI. RESPONDENT’S HOME AND HIS/ HER NEIGHBORHOOD ENVIRONMENT

(SKIP QUESTIONS) IF INTERVIEW WAS NOT RESPONDENT’S HOME)

1. Type of structure in which respondent lives:

- TRAILER
- DETACHED SINGLE FAMILY HOUSE
- TWO-FAMILY HOUSE, TWO UNITS SIDE-BY-SIDE
- TWO-FAMILY HOUSE, TWO UNITS ONE ABOVE THE OTHER
- DETACHED 3-4 FAMILY HOUSE
- ROW HOUSE (3 OR MORE UNITS IN AN ATTACHED ROW)
- APARTMENT HOUSE (5 OR MORE UNITS, 3 STORIES OR LESS)
- APARTMENT HOUSE (5 OR MORE UNITS, 4 STORIES OR MORE)
- APARTMENT IN A PARTLY-COMMERCIAL STRUCTURE
- ASSISTED LIVING FACILITY OR GROUP HOME
- NURSING HOME
- OTHER (SPECIFY) _____
- DON'T KNOW

REFUSED

2. How well-kept is the building in which the respondent lives?

- VERY POORLY KEPT (NEEDS MAJOR REPAIRS)
- POORLY KEPT (NEEDS MINOR REPAIRS)
- FAIRLY WELL KEPT (NEEDS COSMETIC WORK)
- VERY WELL KEPT
- DON'T KNOW
- REFUSED

3. How well kept are most of the buildings on the street (one block, both sides) where the respondent lives?

- VERY POORLY KEPT (NEEDS MAJOR REPAIRS)
- POORLY KEPT (NEEDS MINOR REPAIRS)
- FAIRLY WELL KEPT (NEEDS COSMETIC WORK)
- VERY WELL KEPT
- DON'T KNOW
- REFUSED

4. Compared to other houses/apartments in the neighborhood, would you say that the respondent's house/apartment was:

- FAR BELOW AVERAGE
- BELOW AVERAGE
- AVERAGE
- ABOVE AVERAGE
- FAR ABOVE AVERAGE
- DON'T KNOW
- REFUSED

Describe the street (one block, both sides) where the respondent lives, using the following scales:

	1	2	3	4	5		DK	R
5. Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full of litter or rubble	<input type="checkbox"/>	<input type="checkbox"/>
6. Quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Noisy	<input type="checkbox"/>	<input type="checkbox"/>
7. No traffic on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy traffic on the street	<input type="checkbox"/>	<input type="checkbox"/>
8. Buildings/houses are close together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buildings/houses are far apart	<input type="checkbox"/>	<input type="checkbox"/>
9. No smell or air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strong smell or air pollution	<input type="checkbox"/>	<input type="checkbox"/>

XLVII. INTERVIEW LOGISTICS AND OTHER INFORMATION

1. Counting this case, how many interviews have you completed for this survey so far?

- THIS IS MY FIRST CASE
- SECOND CASE
- THIRD CASE
- FOURTH CASE
- FIFTH CASE
- SIXTH CASE
- SEVENTH CASE
- EIGHTH CASE
- NINTH CASE
- TENTH CASE
- ELEVENTH CASE OR MORE
- DON'T KNOW
- REFUSED

2. How difficult was this case to get?

- VERY DIFFICULT
- SOMEWHAT DIFFICULT
- NOT VERY DIFFICULT
- NOT AT ALL DIFFICULT
- DON'T KNOW
- REFUSED

3. Finally, please add additional information that would help us better understand the respondent as a person or the conditions under which the interview took place.

- DON'T KNOW
- REFUSED

INSTRUCTIONS

In answering these questions, please be as honest and accurate as possible. Most questions will ask you to choose from a list of options. Choose the response that most closely matches your answer, and put a check mark ✓ or ✗ in the box provided on the left. Other questions will not include a list of choices and you should enter your response in the space provided.

Some questions may not apply to you, and you will be asked to skip over them. When this happens you will see an arrow or a note that tells you what question to answer next, like this:

1 No ➔ **If No, Go to Question 2**

2 Yes

If no special instructions are given for your response choice, please continue with the next question.

Childhood Background

1. Were you born in the US?

1 No → If No, Go to Question 3

2 Yes

2. In what state were you born?

Write state: _____

→ Go to Question 4

3. In what country were you born?

Write country: _____

4. How much do you agree with the statement: "When I was growing up, my family life was always happy."

1 I disagree very much

2 I disagree pretty much

3 I disagree a little

4 I agree a little

5 I agree pretty much

6 I agree very much

5. What is the highest grade of school your father completed?

1 No formal education

2 1-11 Grades

3 12 High school graduate

4 13-15 Some college

5 16 College graduate

6 17 or more – post college

7 Other

8 Don't know

6. What is the highest grade of school your mother completed?

1 No formal education

2 1-11 Grades

3 12 High school graduate

4 13-15 Some college

5 16 College graduate

6 17 or more – post college

7 Other

8 Don't know

For the next set of questions, we would like you to think about your childhood just during the time from about age 6 to age 16.

7. During the time from about age 6 to age 16, would you say your family was very well off financially, fairly well off, about average, not so well off, or not well off at all?

1 Very well off

2 Fairly well off

3 About average

4 Not so well off

5 Not well off at all

8. During this time, did you live with both of your parents?

1 No

2 Yes

9. Consider your health while you were growing up, from around age 6 to age 16. Would you say that your health during that time was excellent, very good, good, fair, or poor?

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

10. From about age 6 to age 16, were you beaten, assaulted, shot, raped or did you experience any other violent event?

- 1 No
- 2 Yes

11. From about age 6 to 16, did you witness any violent events, such as a beating, assault, shooting, murder or rape?

- 1 No
- 2 Yes

Social Relationships and Activities

12. In the past 12 months, how often did you do volunteer work for religious, charitable, political, health-related, or other organizations?

- 1 Several times a week
- 2 Every week
- 3 About once a month
- 4 Several times a year
- 5 About once or twice a year
- 6 Less than once a year
- 7 Never

13. In the past 12 months, how often did you attend meetings of any organized group? (Examples include, a choir, a committee or board, a support group, a sports or exercise group, a hobby group, or a professional society.)

- 1 Several times a week
- 2 Every week
- 3 About once a month
- 4 Several times a year
- 5 About once or twice a year
- 6 Less than once a year
- 7 Never

14. In the past 12 months, how often did you get together socially with friends or relatives?

- 1 Several times a week
- 2 Every week
- 3 About once a month
- 4 Several times a year
- 5 About once or twice a year
- 6 Less than once a year
- 7 Never

For this next section, please think about ways that people behave towards you that bother you. Specifically, think of people and your relationships with them over the past 12 months.

15. How often does your partner get on your nerves? Would you say never, hardly ever or rarely, some of the time or often?

- 1 Never
- 2 Hardly ever or rarely
- 3 Some of the time
- 4 Often

Bereavement

16. How often do your family members get on your nerves? Would you say never, hardly ever or rarely, some of the time or often?

- 1 Never
- 2 Hardly ever or rarely
- 3 Some of the time
- 4 Often

17. How often do your friends get on your nerves? Would you say never, hardly ever or rarely, some of the time or often?

- 1 Never
- 2 Hardly ever or rarely
- 3 Some of the time
- 4 Often

18. How often have you felt threatened or frightened by your partner? Would you say never, hardly ever or rarely, some of the time or often?

- 1 Never
- 2 Hardly ever or rarely
- 3 Some of the time
- 4 Often

19. How often have you felt threatened or frightened by another family member or one of your friends? Would you say never, hardly ever or rarely, some of the time or often?

- 1 Never
- 2 Hardly ever or rarely
- 3 Some of the time
- 4 Often

20. In the past five years, has anyone close to you died, such as a spouse, a close family member, or a close friend?

- 1 No → If No, Go to Question 24
- 2 Yes

People who have experienced a death have many different thoughts and feelings. For the next few questions, please indicate how often you feel the following.

21. I feel stunned or dazed over what happened.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

22. I think about this person so much that it's hard for me to do the things I normally do.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

23. I feel angry or bitter over this person's death.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

Neighborhood

The following questions ask about your local area – that is, everywhere within a 20-minute walk or within about a mile of your home.

24. About how many years have you lived in this area?

- 1 Less than one year
- 2 1 – 5 years
- 3 6 – 10 years
- 4 11 – 15 years
- 5 16 – 20 years
- 6 21 – 25 years
- 7 26 – 50 years
- 8 More than 50 years

25. How often do you and people in this area visit in each other's homes or when you meet on the street?

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

26. How often do you and other people in this area do favors for each other?

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

27. How often do you and other people in this area ask each other for advice about personal things?

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

Next, please indicate your agreement or disagreement with the following statements about your local area – that is, everywhere within a 20-minute walk or within about a mile of your home.

28. This is a close-knit area.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

29. People around here are willing to help their neighbors.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

30. People in this area generally don't get along with each other.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Caregiving

31. People in this area don't share the same values.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

32. People in this area can be trusted.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

33. Many people in this area are afraid to go out at night.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

34. There are places in this area where everyone knows "trouble" is expected.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

35. You're taking a big chance if you walk in this area alone after dark.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

36. Are you currently assisting an adult who needs help with day to day activities because of age or disability?

- 1 No → If No, Go to Question 46
- 2 Yes

37. What is this person's relationship to you? Is this person your spouse, your parent, your child, or other?

- 1 Spouse
- 2 Parent
- 3 Child
- 4 Grandchild
- 5 Other, *please describe:*

38. How old is this person?

Write # of years old: _____

39. Why does this person require care?

- 1 Alzheimer's Disease or another form of dementia
- 2 Other, *please describe:*

40. Do you consider yourself the primary caregiver?

- 1 No
- 2 Yes

41. Are you the person who provides the most help or care for this person?

- 1 No
- 2 Yes

42. How many days per week do you typically spend caring for this person?

Write # of days: _____

43. How many hours per day do you typically spend caring for this person?

- 1 Less than 2 hours
- 2 2 hours or more, but less than 4 hours
- 3 4 to 8 hours
- 4 More than 8 hours
- 5 All of the time

44. How much of a financial strain is it on you to provide help?

- 1 No strain
- 2 Some strain
- 3 A lot of strain

45. How much of a mental or emotional strain is it on you to provide help?

- 1 No strain
- 2 Some strain
- 3 A lot of strain

Attitudes

The next questions are about how you feel about yourself, others around you and some attitudes you may have about life in general.

46. In general, how often do you think that things between you and your partner are going well?

- 1 All the time
- 2 Most of the time
- 3 More often than not
- 4 Occasionally
- 5 Rarely
- 6 Never

Some people like being physically touched by people they are close to, while others do not. How appealing or pleasant do you find the following ways of being touched?

47. Being touched lightly, such as someone putting a hand on your arm

- 1 Very appealing
- 2 Somewhat appealing
- 3 Not appealing
- 4 Not at all appealing

48. Hugging

- 1 Very appealing
- 2 Somewhat appealing
- 3 Not appealing
- 4 Not at all appealing

49. Cuddling

- 1 Very appealing
- 2 Somewhat appealing
- 3 Not appealing
- 4 Not at all appealing

50. Sexual Touching

- 1 Very appealing
- 2 Somewhat appealing
- 3 Not appealing
- 4 Not at all appealing

In the last 12 months, how often have you engaged in the following activities?

51. How often have you and your partner shared caring touch, such as a hug, sitting or lying cuddled up, a neck rub or holding hands?

- 1 Many times a day
- 2 A few times a day
- 3 About once a day
- 4 Several times a week
- 5 About once a week
- 6 About once a month or less
- 7 Never

52. Other than your partner, how often have you and a person, such as a friend, grandchild or another adult, shared caring touch, such as a greeting hug, a touch on the arm, or a neck rub?

- 1 Many times a day
- 2 A few times a day
- 3 About once a day
- 4 Several times a week
- 5 About once a week
- 6 About once a month or less
- 7 Never

53. How often have you pet, stroked, touched or slept next to a cat, dog, or other pet?

- 1 Many times a day
- 2 A few times a day
- 3 About once a day
- 4 Several times a week
- 5 About once a week
- 6 About once a month or less
- 7 Never

54. In the past month, how much effort have you made to make yourself look attractive for your partner?

- 1 A great deal of effort
- 2 A lot of effort
- 3 A moderate amount of effort
- 4 Some effort
- 5 No effort

55. For some people sex is a very important part of their lives and for others it is not very important at all. How important a part of your life would you say that sex is?

- 1 Extremely important
- 2 Very important
- 3 Moderately important
- 4 Somewhat important
- 5 Not at all important

56. During the past 12 months, would you say that you had sex:

- 1 Much more often than you would like
- 2 Somewhat more often than you would like
- 3 About as often as you would like
- 4 Somewhat less often than you would like
- 5 Much less often than you would like

57. For some people, their sexual enjoyment is affected by non-sexual things that their partner does before having sex, such as helping out, compliments or sharing activities. For others it is not important at all. Given how important such things are for your enjoyment of sex, how often did they happen during the past 12 months?

- 1 Much more often than you would like
- 2 Somewhat more often than you would like
- 3 About as often as you would like
- 4 Somewhat less often than you would like
- 5 Much less often than you would like

58. During the past 12 months, when you had sex, was the amount of time you and your partner spent kissing, hugging, and touching before having vaginal intercourse:

- 1 Much more often than you would like
- 2 Somewhat more often than you would like
- 3 About as often as you would like
- 4 Somewhat less often than you would like
- 5 Much less often than you would like
- 6 I have not had vaginal intercourse in the past 12 months

59. In the past 12 months, how often did you have sex primarily because you felt obligated or that it was your duty?

- 1 All the time
- 2 Most of the time
- 3 More often than not
- 4 Occasionally
- 5 Rarely
- 6 Never
- 7 I have not had sex in the past 12 months

60. To what extent do you feel your sex life is lacking in quality?

- 1 Extremely lacking in quality
- 2 Moderately lacking in quality
- 3 Slightly lacking in quality
- 4 Not at all lacking in quality

61. In the last month, how often did you sleep in the same bed with your spouse or romantic partner?

- 1 All the time
- 2 Most of the time
- 3 Some of the time
- 5 Rarely
- 6 Never

Thoughts and Feelings

This section lists a number of characteristics that may or may not apply to you. Please read the words below and indicate how well each of the following **DESCRIBES YOU**.

		A lot	Some	A little	Not at all
62a.	Outgoing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	b. Moody	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	c. Organized	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	d. Friendly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	e. Warm.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	f. Worrying	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	g. Responsible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	h. Lively.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	i. Caring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	j. Nervous	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	k. Creative.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	l. Hardworking.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	m. Imaginative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	n. Softhearted.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	o. Calm.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	p. Curious	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	q. Active	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	r. Sympathetic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	s. Talkative.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	t. Adventurous.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	u. Thorough.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

63. How often do you feel that you lack companionship?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

64. How often do you feel left out?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

65. How often do you feel isolated from others?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

Now we will ask you about thoughts and feelings you may have had during the past week. How often during the past week you felt like this; rarely or none of the time, some of the time, occasionally, or most of the time? Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought out response.

During the past week...

	Rarely or none of the time	Some of the time	Occasionally	Most of the time
66a. I felt tense or "wound up."	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I got a frightened feeling as if something awful was about to happen.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Worrying thoughts went through my mind....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I could sit at ease and feel relaxed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I got a frightened feeling like butterflies in my stomach.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I felt restless as if I had to be on the move. ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I had a sudden feeling of panic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. I was unable to control important things in my life.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. I felt confident about my ability to handle personal problems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. I felt that things were going my way.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. I felt that difficulties were piling up so high I could not overcome them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

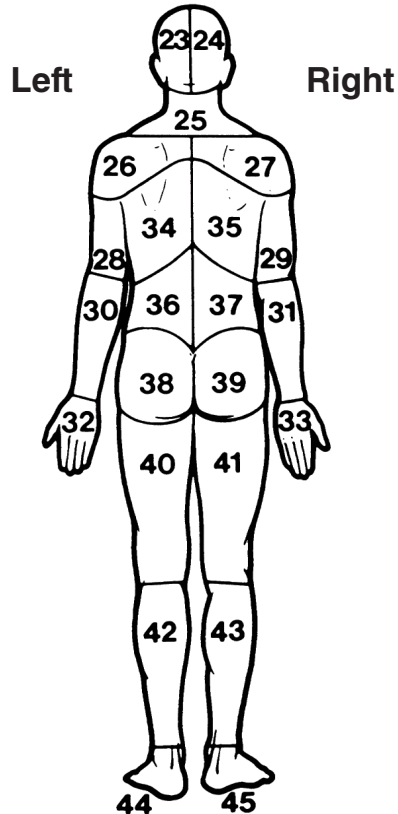
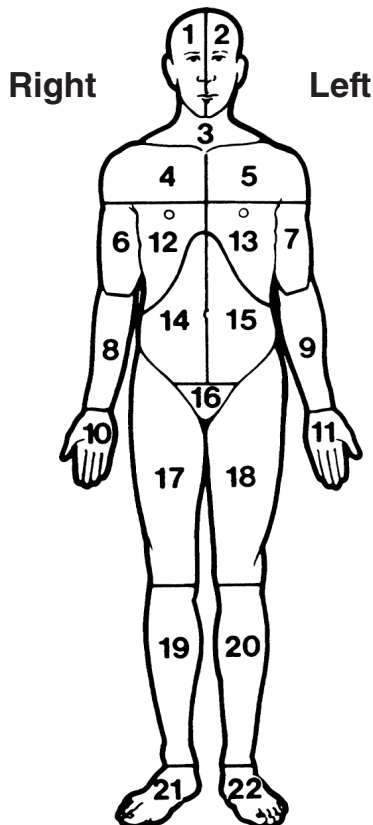
Health

67. In the past four weeks, have you had any pain?

1 No → If No, Go to Question 70

2 Yes:

68. On the diagram below, please circle the area where you have felt the most pain in the past four weeks.



69. Please check the box next to the phrase that best describes the level of pain in the past four weeks.

1 The most intense pain imaginable

2 Extreme pain

3 Severe pain

4 Moderate pain

5 Mild pain

6 Slight pain

7 No pain

70. In the past 12 months, how many times have you fallen?

- 1 None
- 2 One
- 3 Two or more

71. In the past 5 years, have you had a fracture or broken bone?

- 1 No → If No, Go to Question 73
- 2 Yes

72. Which bone was it?

- 1 Hip
- 2 Leg (other than hip)
- 3 Wrist
- 4 Backbone (Vertebrae) or spinal column compression fracture
- 5 Nose
- 6 Skull fracture
- 7 Other, *please describe:*

73. Have you ever had surgery on your nose?

- 1 No
- 2 Yes

74. Has a doctor or other health care professional ever told you that you have a skin disease, such as psoriasis, eczema or occupational eczema?

- 1 No
- 2 Yes

75. Many people have puffy, reddish or sore gums, and may even bleed a bit after eating, cleaning their teeth, or using dentures. In the past month, where have you had such symptoms?

- 1 Around natural permanent teeth
- 2 Near crowns or implants
- 3 Under partial dentures
- 4 Under full dentures
- 5 Gums without teeth or dentures
- 6 I don't have these symptoms

Next, we will ask you some questions about your sleeping habits.

76. During the past week, on how many days did you nap for 5 minutes or more?

- 1 Never
- 2 1 or 2 days
- 3 3 or 4 days
- 4 5 or more days

77. During the past week, on how many days did you nap for an hour or two?

- 1 Never
- 2 1 or 2 days
- 3 3 or 4 days
- 4 5 or more days

Fertility

Researchers have found many ways that people's health and social life are affected by biological children, grandchildren, pregnancies and other issues of fertility. We want to make sure we accurately capture your experience – whether or not you have had any children.

78. How many children have you given birth to or fathered throughout your life?

79. How many of your children were intended?

80. How many biologically-related grandchildren do you have?

81. How old were you at the time of your first pregnancy or when you first fathered a child?

Background

82. Are you currently covered by Medicare?

- 1 No
2 Yes

83. Are you currently covered by Medicaid (Medi-Cal in California)?

- 1 No
2 Yes

84. Are you currently covered by CHAMPUS, CHAMP-VA or any other military health care plan?

- 1 No
2 Yes

85. **Not including Medicare, Medicaid, or military health care plans, are you currently covered under any private insurance plans such as insurance through an employer or business, coverage for retirees, or insurance you buy for yourself? Do not include long-term care insurance.**

- 1 No
2 Yes

86. How much do you agree with this statement: "I try hard to carry my religious beliefs over into all my other dealings in life."

- 1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree

87. Have you ever served in the active military of the United States?

- 1 No
- 2 Yes

88. Compared with most of the people you know personally, like your friends, family, neighbors, and work associates, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1 Far below average
- 2 Below average
- 3 Average
- 4 Above average
- 5 Far above average

89. Compared with American families in general, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1 Far below average
- 2 Below average
- 3 Average
- 4 Above average
- 5 Far above average

90. Sometimes at work, men and women find themselves the object of unwanted sexual advances, propositions, or sexual discussions from co-workers or supervisors. The advances sometimes involve physical contact and sometimes just involve sexual conversations. Thinking about your entire life so far, has this ever happened to you?

- 1 No
- 2 Yes

91. In the past two years, have you been a victim of a violent crime, such as burglary, larceny, theft, robbery, or battery?

- 1 No
- 2 Yes

Thank you!

Please return the completed questionnaire in the postage-paid envelope to:

NORC
Attn: NSHAP Survey
1 North State Street, 16th Floor
Chicago, IL 60602

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1

OFFICE USE ONLY

Receipt		CADE		Verification		Adjudication	
Initials	Date	Initials	Date	Initials	Date	Initials	Date

INSTRUCTIONS

In answering these questions, please be as honest and accurate as possible. Most questions will ask you to choose from a list of options. Choose the response that most closely matches your answer, and put a check mark ✓ or ✗ in the box provided on the left. Other questions will not include a list of choices and you should enter your response in the space provided.

Some questions may not apply to you, and you will be asked to skip over them. When this happens you will see an arrow or a note that tells you what question to answer next, like this:

1 No ➔ **If No, Go to Question 2**

2 Yes

If no special instructions are given for your response choice, please continue with the next question.

Childhood Background

1. Were you born in the US?

1 No → If No, Go to Question 3

2 Yes

2. In what state were you born?

Write state: _____

→ Go to Question 4

3. In what country were you born?

Write country: _____

4. How much do you agree with the statement: "When I was growing up, my family life was always happy."

1 I disagree very much

2 I disagree pretty much

3 I disagree a little

4 I agree a little

5 I agree pretty much

6 I agree very much

5. What is the highest grade of school your father completed?

1 No formal education

2 1-11 Grades

3 12 High school graduate

4 13-15 Some college

5 16 College graduate

6 17 or more – post college

7 Other

8 Don't know

6. What is the highest grade of school your mother completed?

1 No formal education

2 1-11 Grades

3 12 High school graduate

4 13-15 Some college

5 16 College graduate

6 17 or more – post college

7 Other

8 Don't know

For the next set of questions, we would like you to think about your childhood just during the time from about age 6 to age 16.

7. During the time from about age 6 to age 16, would you say your family was very well off financially, fairly well off, about average, not so well off, or not well off at all?

1 Very well off

2 Fairly well off

3 About average

4 Not so well off

5 Not well off at all

8. During this time, did you live with both of your parents?

1 No

2 Yes

9. Consider your health while you were growing up, from around age 6 to age 16. Would you say that your health during that time was excellent, very good, good, fair, or poor?

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

10. From about age 6 to age 16, were you beaten, assaulted, shot, raped or did you experience any other violent event?

- 1 No
- 2 Yes

11. From about age 6 to 16, did you witness any violent events, such as a beating, assault, shooting, murder or rape?

- 1 No
- 2 Yes

Social Relationships and Activities

12. In the past 12 months, how often did you do volunteer work for religious, charitable, political, health-related, or other organizations?

- 1 Several times a week
- 2 Every week
- 3 About once a month
- 4 Several times a year
- 5 About once or twice a year
- 6 Less than once a year
- 7 Never

13. In the past 12 months, how often did you attend meetings of any organized group? (Examples include, a choir, a committee or board, a support group, a sports or exercise group, a hobby group, or a professional society.)

- 1 Several times a week
- 2 Every week
- 3 About once a month
- 4 Several times a year
- 5 About once or twice a year
- 6 Less than once a year
- 7 Never

14. In the past 12 months, how often did you get together socially with friends or relatives?

- 1 Several times a week
- 2 Every week
- 3 About once a month
- 4 Several times a year
- 5 About once or twice a year
- 6 Less than once a year
- 7 Never

For this next section, please think about ways that people behave towards you that bother you. Specifically, think of people and your relationships with them over the past 12 months.

15. How often do your family members get on your nerves? Would you say never, hardly ever or rarely, some of the time or often?

- 1 Never
- 2 Hardly ever or rarely
- 3 Some of the time
- 4 Often

16. How often do your friends get on your nerves? Would you say never, hardly ever or rarely, some of the time or often?

- 1 Never
- 2 Hardly ever or rarely
- 3 Some of the time
- 4 Often

17. How often have you felt threatened or frightened by a family member or one of your friends? Would you say never, hardly ever or rarely, some of the time or often?

- 1 Never
- 2 Hardly ever or rarely
- 3 Some of the time
- 4 Often

Bereavement

18. In the past five years, has anyone close to you died, such as a spouse, a close family member, or a close friend?

- 1 No → If No, Go to Question 22
- 2 Yes

People who have experienced a death have many different thoughts and feelings. For the next few questions, please indicate how often you feel the following.

19. I feel stunned or dazed over what happened.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

20. I think about this person so much that it's hard for me to do the things I normally do.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

21. I feel angry or bitter over this person's death.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

Neighborhood

The following questions ask about your local area – that is, everywhere within a 20-minute walk or within about a mile of your home.

22. About how many years have you lived in this area?

- 1 Less than one year
- 2 1 – 5 years
- 3 6 – 10 years
- 4 11 – 15 years
- 5 16 – 20 years
- 6 21 – 25 years
- 7 26 – 50 years
- 8 More than 50 years

23. How often do you and people in this area visit in each other's homes or when you meet on the street?

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

24. How often do you and other people in this area do favors for each other?

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

25. How often do you and other people in this area ask each other for advice about personal things?

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

Next, please indicate your agreement or disagreement with the following statements about your local area – that is, everywhere within a 20-minute walk or within about a mile of your home.

26. This is a close-knit area.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

27. People around here are willing to help their neighbors.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

28. People in this area generally don't get along with each other.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

29. People in this area don't share the same values.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

30. People in this area can be trusted.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

31. Many people in this area are afraid to go out at night.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

32. There are places in this area where everyone knows “trouble” is expected.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

33. You’re taking a big chance if you walk in this area alone after dark.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Caregiving

34. Are you currently assisting an adult who needs help with day to day activities because of age or disability?

- 1 No → If No, Go to Question 44
- 2 Yes

35. What is this person’s relationship to you? Is this person your spouse, your parent, your child, or other?

- 1 Spouse
- 2 Parent
- 3 Child
- 4 Grandchild
- 5 Other, *please describe:*

36. How old is this person?

Write # of years old: _____

37. Why does this person require care?

- 1 Alzheimer’s Disease or another form of dementia
- 2 Other, *please describe:*

38. Do you consider yourself the primary caregiver?

- 1 No
- 2 Yes

39. Are you the person who provides the most help or care for this person?

- 1 No
- 2 Yes

40. How many days per week do you typically spend caring for this person?

Write # of days: _____

41. How many hours per day do you typically spend caring for this person?

- 1 Less than 2 hours
- 2 2 hours or more, but less than 4 hours
- 3 4 to 8 hours
- 4 More than 8 hours
- 5 All of the time

42. How much of a financial strain is it on you to provide help?

- 1 No strain
- 2 Some strain
- 3 A lot of strain

43. How much of a mental or emotional strain is it on you to provide help?

- 1 No strain
- 2 Some strain
- 3 A lot of strain

Attitudes

The next questions are about how you feel about yourself, others around you and some attitudes you may have about life in general.

Some people like being physically touched by people they are close to, while others do not. How appealing or pleasant do you find the following ways of being touched?

44. Being touched lightly, such as someone putting a hand on your arm

- 1 Very appealing
- 2 Somewhat appealing
- 3 Not appealing
- 4 Not at all appealing

45. Hugging

- 1 Very appealing
- 2 Somewhat appealing
- 3 Not appealing
- 4 Not at all appealing

46. Cuddling

- 1 Very appealing
- 2 Somewhat appealing
- 3 Not appealing
- 4 Not at all appealing

47. Sexual Touching

- 1 Very appealing
- 2 Somewhat appealing
- 3 Not appealing
- 4 Not at all appealing

In the last 12 months, how often have you engaged in the following activities?

48. How often have you and a person, such as a friend, grandchild or another adult, shared caring touch, such as a greeting hug, a touch on the arm, or a neck rub?

- 1 Many times a day
- 2 A few times a day
- 3 About once a day
- 4 Several times a week
- 5 About once a week
- 6 About once a month or less
- 7 Never

49. How often have you pet, stroked, touched or slept next to a cat, dog, or other pet?

- 1 Many times a day
- 2 A few times a day
- 3 About once a day
- 4 Several times a week
- 5 About once a week
- 6 About once a month or less
- 7 Never

50. In the past month, how much effort have you made to make yourself look attractive for someone you find attractive?

- 1 A great deal of effort
- 2 A lot of effort
- 3 A moderate amount of effort
- 4 Some effort
- 5 No effort

51. For some people sex is a very important part of their lives and for others it is not very important at all. How important a part of your life would you say that sex is?

- 1 Extremely important
- 2 Very important
- 3 Moderately important
- 4 Somewhat important
- 5 Not at all important

52. During the past 12 months, would you say that you had sex:

- 1 Much more often than you would like
- 2 Somewhat more often than you would like
- 3 About as often as you would like
- 4 Somewhat less often than you would like
- 5 Much less often than you would like

53. In the past 12 months, how often did you have sex primarily because you felt obligated or that it was your duty?

- 1 All the time
- 2 Most of the time
- 3 More often than not
- 4 Occasionally
- 5 Rarely
- 6 Never
- 7 I have not had sex in the past 12 months

54. To what extent do you feel your sex life is lacking in quality?

- 1 Extremely lacking in quality
- 2 Moderately lacking in quality
- 3 Slightly lacking in quality
- 4 Not at all lacking in quality

Thoughts and Feelings

This section lists a number of characteristics that may or may not apply to you. Please read the words below and indicate how well each of the following DESCRIBES YOU.

	A lot	Some	A little	Not at all
55a. Outgoing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Moody	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Organized	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Friendly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Warm.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Worrying	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Responsible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Lively.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Caring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Nervous	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Creative.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Hardworking.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Imaginative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Softhearted.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Calm.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. Curious	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. Active	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r. Sympathetic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
s. Talkative.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
t. Adventurous.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
u. Thorough.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

56. How often do you feel that you lack companionship?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

57. How often do you feel left out?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

58. How often do you feel isolated from others?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

Now we will ask you about thoughts and feelings you may have had during the past week. How often during the past week you felt like this; rarely or none of the time, some of the time, occasionally, or most of the time? Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought out response.

During the past week...

	Rarely or none of the time	Some of the time	Occasionally	Most of the time
59a. I felt tense or "wound up."	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I got a frightened feeling as if something awful was about to happen.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Worrying thoughts went through my mind....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I could sit at ease and feel relaxed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I got a frightened feeling like butterflies in my stomach.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I felt restless as if I had to be on the move. ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I had a sudden feeling of panic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. I was unable to control important things in my life.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. I felt confident about my ability to handle personal problems.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. I felt that things were going my way.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. I felt that difficulties were piling up so high I could not overcome them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

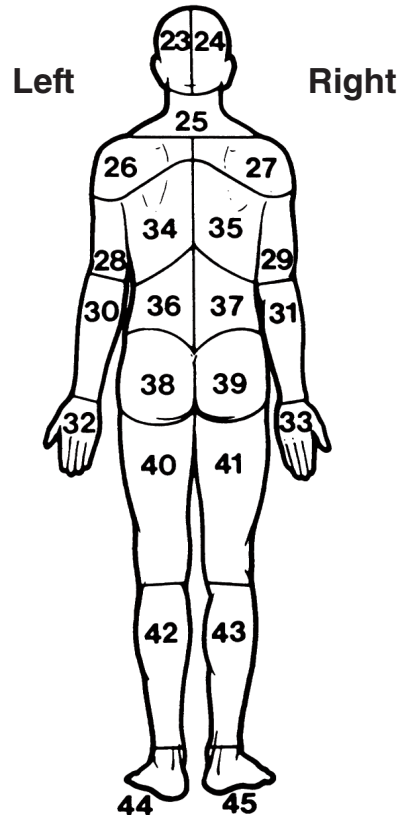
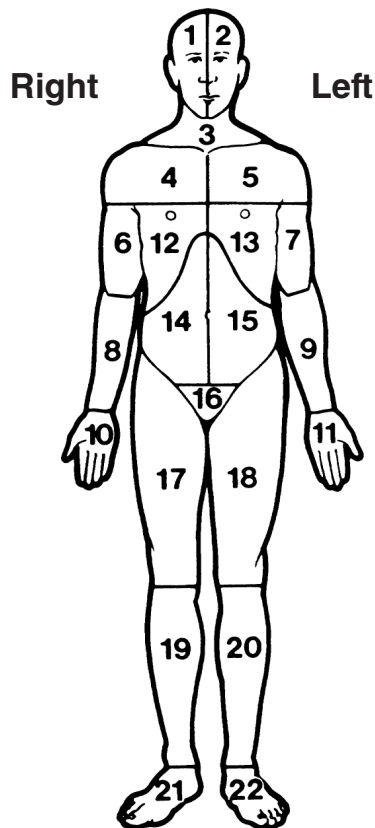
Health

60. In the past four weeks, have you had any pain?

1 No → If No, Go to Question 63

2 Yes:

61. On the diagram below, please circle the area where you have felt the most pain in the past four weeks.



62. Please check the box next to the phrase that best describes the level of pain in the past four weeks.

1 The most intense pain imaginable

2 Extreme pain

3 Severe pain

4 Moderate pain

5 Mild pain

6 Slight pain

7 No pain

63. In the past 12 months, how many times have you fallen?

- 1 None
- 2 One
- 3 Two or more

64. In the past 5 years, have you had a fracture or broken bone?

- 1 No → If No, Go to Question 66
- 2 Yes

65. Which bone was it?

- 1 Hip
- 2 Leg (other than hip)
- 3 Wrist
- 4 Backbone (Vertebrae) or spinal column compression fracture
- 5 Nose
- 6 Skull fracture
- 7 Other, *please describe:*

66. Have you ever had surgery on your nose?

- 1 No
- 2 Yes

67. Has a doctor or other health care professional ever told you that you have a skin disease, such as psoriasis, eczema or occupational eczema?

- 1 No
- 2 Yes

68. Many people have puffy, reddish or sore gums, and may even bleed a bit after eating, cleaning their teeth, or using dentures. In the past month, where have you had such symptoms?

- 1 Around natural permanent teeth
- 2 Near crowns or implants
- 3 Under partial dentures
- 4 Under full dentures
- 5 Gums without teeth or dentures
- 6 I don't have these symptoms

Next, we will ask you some questions about your sleeping habits.

69. During the past week, on how many days did you nap for 5 minutes or more?

- 1 Never
- 2 1 or 2 days
- 3 3 or 4 days
- 4 5 or more days

70. During the past week, on how many days did you nap for an hour or two?

- 1 Never
- 2 1 or 2 days
- 3 3 or 4 days
- 4 5 or more days

Fertility

Researchers have found many ways that people's health and social life are affected by biological children, grandchildren, pregnancies and other issues of fertility. We want to make sure we accurately capture your experience – whether or not you have had any children.

71. How many children have you given birth to or fathered throughout your life?

72. How many of your children were intended?

73. How many biologically-related grandchildren do you have?

74. How old were you at the time of your first pregnancy or when you first fathered a child?

Background

75. Are you currently covered by Medicare?

- 1 No
2 Yes

76. Are you currently covered by Medicaid (Medi-Cal in California)?

- 1 No
2 Yes

77. Are you currently covered by CHAMPUS, CHAMP-VA or any other military health care plan?

- 1 No
2 Yes

78. Not including Medicare, Medicaid, or military health care plans, are you currently covered under any private insurance plans such as insurance through an employer or business, coverage for retirees, or insurance you buy for yourself? Do not include long-term care insurance.

- 1 No
2 Yes

79. How much do you agree with this statement: "I try hard to carry my religious beliefs over into all my other dealings in life."

- 1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree

80. Have you ever served in the active military of the United States?

- 1 No
2 Yes

81. Compared with most of the people you know personally, like your friends, family, neighbors, and work associates, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1 Far below average
- 2 Below average
- 3 Average
- 4 Above average
- 5 Far above average

82. Compared with American families in general, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1 Far below average
- 2 Below average
- 3 Average
- 4 Above average
- 5 Far above average

83. Sometimes at work, men and women find themselves the object of unwanted sexual advances, propositions, or sexual discussions from co-workers or supervisors. The advances sometimes involve physical contact and sometimes just involve sexual conversations. Thinking about your entire life so far, has this ever happened to you?

- 1 No
- 2 Yes

84. In the past two years, have you been a victim of a violent crime, such as burglary, larceny, theft, robbery, or battery?

- 1 No
- 2 Yes

Thank you!

Please return the completed questionnaire in the postage-paid envelope to:

NORC
Attn: NSHAP Survey
1 North State Street, 16th Floor
Chicago, IL 60602

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OFFICE USE ONLY

Receipt		CADE		Verification		Adjudication	
Initials	Date	Initials	Date	Initials	Date	Initials	Date