



WAVE 3 DATA COLLECTION INSTRUMENTS

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NSHAP – WAVE 3 In-Person Questionnaire

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III. Leave-Behind Questionnaires

- Version 1 (Returning Respondents)
- Version 2 (New Cohort)

I. INTRODUCTIONS, SETUP AND CONSENT

PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW.

NOTE: YOU MAY ONLY CONDUCT THE INTERVIEW IN SPANISH IF YOU COMPLETED THE NSHAP SPANISH TRAINING AND RECEIVED APPROVAL FROM THE PROJECT!

- English
- Spanish

FOR REFERANT RESPONDENT ONLY

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

FOR NEW COHORT RESPONDENT ONLY

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 5)
- SMALL CHANGES NEEDED (GO TO QUESTION 2A)
- WRONG PERSON (TERMINATE INTERVIEW)

WITHOUT YOB (ONLY FOR NEW COHORT RESPONDENTS WITHOUT YOB FROM HOUSEHOLD SCREENER):

1. Just to confirm, your name is [FILL FIRST AND LAST NAME FROM PRELOAD]?

- NAME IS CORRECT (GO TO QUESTION 3)
- SMALL CHANGES NEEDED (GO TO QUESTION 2B)
- WRONG PERSON (TERMINATE INTERVIEW)

WITHOUT LAST NAME (ONLY FOR NEW COHORT SPAWNED PARTNERS):

1. Just to confirm, your name is [FILL FIRST NAME FROM PRELOAD]?

- NAME IS CORRECT (GO TO QUESTION 4)
- SMALL CHANGES NEEDED (GO TO QUESTION 2C)
- WRONG PERSON (TERMINATE INTERVIEW)

2A. 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 (NOTE: SKIPS TO QUESTION 5)

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

- FIRST NAME: _____
 NO CHANGE NEEDED
LAST NAME: _____
 NO CHANGE NEEDED (NOTE: SKIPS TO QUESTION 3)

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

- FIRST NAME: _____
 NO CHANGE NEEDED (NOTE: SKIPS TO QUESTION 4)

3. What is your year of birth?

- YEAR OF BIRTH: _____
 DON'T KNOW
 REFUSED

4. What is your last name?

- _____
 DON'T KNOW (TERMINATE INTERVIEW)
 REFUSED (TERMINATE INTERVIEW)

FOR REFERANT RESPONDENT ONLY

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 CONSENT FORM HAS BEEN READ AND SIGNED BY THE RESPONDENT.

- CONTINUE (GO TO NEXT SECTION)

5. READ FORM TO R. PRESS CONTINUE WHEN CONSENT FORM HAS BEEN READ AND SIGNED BY THE RESPONDENT.

- CONTINUE (GO TO NEXT SECTION)

FOR NEW COHORT RESPONDENT ONLY

5. 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 6)

FI TO READ FORM TO R (GO TO QUESTION 7)

6. Take your time and after you're finished I'll ask you to sign the form. PRESS CONTINUE WHEN CONSENT FORM HAS BEEN READ AND SIGNED BY THE RESPONDENT.

CONTINUE (GO TO NEXT SECTION)

7. READ FORM TO R. PRESS CONTINUE WHEN CONSENT FORM HAS BEEN READ AND SIGNED BY THE RESPONDENT.

CONTINUE (GO TO NEXT SECTION)

II. BASIC BACKGROUND INFORMATION

REMINDER: CONNECT THE ACCELEROMETER DEVICE TO THE LAPTOP NOW TO CHARGE THE BATTERY.

- OPEN THE CAP OF THE DEVICE AND PLUG THE SMALL END OF THE USB CABLE INTO THE SMALL SLOT ON THE END OF THE DEVICE.
- PLUG THE LARGE END OF THE USB CABLE INTO THE LAPTOP.

IF THE RESPONDENT ASKS ABOUT THE DEVICE, EXPLAIN THAT IT IS FOR AN UPCOMING MEASURE AND WILL BE EXPLAINED FULLY LATER IN THE INTERVIEW.

- CONTINUE
- FORGOT DEVICE
- DEVICE UNAVAILABLE

FOR NEW COHORT RESPONDENT ONLY

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

2. First, we would like to get some basic background information about you.

In what month, day, and year were you born?

THESE ARE CRITICAL ITEMS. DON'T KNOW AND REFUSED ARE DISABLED. PLEASE PROBE FOR A RESPONSE.

- ____ (MONTH) ____ (DAY – ENTER A NUMBER FROM 1-31) ____ (YEAR)

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

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

- YES, DIPLOMA (SKIP TO COLLEGE)
- YES, EQUIVALENCY (GO TO HSCHLGR1)
- NO (SKIP TO HSCHLGR2)
- DON'T KNOW (SKIP TO HSCHLGR2)
- REFUSED (SKIP TO HSCHLGR2)

4. How many grades of school did you finish prior to getting your GED?

- ____ (# OF YRS 0-11) (SKIP TO COLLEGE)
- DON'T KNOW (SKIP TO COLLEGE)
- REFUSED (SKIP TO COLLEGE)

5. How many grades of school did you finish?

- ____ (# OF YRS 0-11)
- DON'T KNOW
- REFUSED

6. Did you attend college or university?

- YES (GO TO COLLEGEY)
- NO (SKIP TO DEGREE)
- DON'T KNOW (SKIP TO DEGREE)
- REFUSED (SKIP TO DEGREE)

7. How many years did you complete at college or university? If you did graduate work, please include this also.
_____ (# OF YEARS 0-20)

- DON'T KNOW
- REFUSED

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

- None
- High school diploma/equivalency
- Associate's (2-year college) or post-HS vocational certificate
- Bachelor's (4-year college) degree
- Master's degree/MBA
- Law or MD
- PhD
- Other (SPECIFY) _____
- DON'T KNOW
- REFUSED

9. 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) _____
- DON'T KNOW
- REFUSED

10. Do you consider yourself Hispanic or Latino?

- YES
- NO
- DON'T KNOW
- REFUSED

III. SOCIAL CONTEXT

Name Generator

FOR REFERANT AND NEW COHORT RESPONDENTS

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.)

- TURN TO ROSTER PAGE IN ALL-IN-ONE. GIVE BOOKLET TO RESPONDENT AND ASK HIM OR HER TO WRITE UP TO 5 NAMES IN SECTION A.
- WHEN RESPONDENT HAS FINISHED WRITING NAMES IN ROSTER A, PROMPT ONCE IF HE OR SHE HAS NAMED FEWER THAN 5 PEOPLE: Are there any more? IF THE ANSWER IS "NO," DO NOT PUSH FURTHER.
- TAKE ALL-IN-ONE BOOKLET AND ENTER NAMES IN SECTION A INTO CAPI IN THE ORDER IN WHICH THEY WERE IDENTIFIED BY THE RESPONDENT.

IF NO ONE IS LISTED IN ROSTER SKIP TO Q2.

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

- 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 QUESTION 2

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

- YES
- NO

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

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

- YES (SKIP TO Q4A)
- NO (SKIP TO Q4B)

SHOW RESPONDENT THE SOCIAL NETWORK ROSTER

4A. Please tell me the line number on which this person appears.

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.

SELECT LINE NUMBER

4B. Would you please add this person to Section B.

GIVE ALL-IN-ONE BACK TO RESPONDENT AND ASK HIM OR HER TO WRITE THIS PERSON'S NAME IN SECTION B OF THE ROSTER.

TAKE ALL-IN-ONE BOOKLET AND ENTER NAME OF PERSON ADDED TO SECTION B INTO CAPI.

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

- YES (SKIP TO 5A)
- NO (SKIP TO PEOPLST)

5A. Please add these people to your list in Section C.

GIVE ALL-IN-ONE BACK TO RESPONDENT AND ASK HIM OR HER TO WRITE THE NAMES OF ANY (OTHER) HOUSEHOLD MEMBERS IN ROSTER SECTION C.

TAKE ALL-IN-ONE BOOKLET AND ENTER ALL NAMES THE RESPONDENT ADDS TO SECTION C INTO CAPI.

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

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

(USE HAND CARD B)

- 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?

- YES
- NO

BEFORE GOING ON, REVIEW THE ENTIRE LIST WITH THE RESPONDENT BY READING IT OUT LOUD. DOUBLE CHECK THAT THE INFORMATION ON THE SCREEN IS CORRECT AND THAT THERE ARE NO DUPLICATES.

- IF INFORMATION IS INCORRECT, CLICK PREVIOUS, MOVING BACKWARDS UNTIL YOU REACH THE SCREEN OF THE MISTAKE. CORRECT THE MISTAKE AND CLICK NEXT TO MOVE FORWARD.
- IF THERE ARE DUPLICATES (I.E., THE SAME PERSON LISTED TWICE), CLICK ON THE BOX NEXT TO THE PERSON'S NAME. IN THE TEXT BOX NEXT TO THE DUPLICATE EXPLAIN THE SITUATION.
- IF THERE ARE NO DUPLICATES AND ALL THE INFORMATION IS CORRECT, CHOOSE 'ALL THE INFORMATION IS CORRECT' AND CLICK NEXT.

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

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 (RELATIONSHIP)].

1. Is [NAME (RELATIONSHIP)] male or female?

- Male
- Female

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

2. Does [NAME (RELATIONSHIP)] 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

FOR REFERANT RESPONDENT ONLY

ASK ONLY FOR PEOPLE LISTED IN ROSTER C

3. What is [NAME (RELATIONSHIP)]'s age?

(PROMPT IF NEEDED: It's okay if you don't know the exact age, just give us your best guess.)

FOR NEW COHORT RESPONDENT ONLY

SKIP IF [NAME] IS NOT A HOUSEHOLD MEMBER

3. What is [NAME (RELATIONSHIP)]'s age?

(PROMPT IF NEEDED: It's okay if you don't know the exact age, just give us your best guess.)

FOR BOTH REFERANT AND NEW COHORT RESPONDENTS

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 IF [NAME] IS A HOUSEHOLD MEMBER

4. Does (NAME) live in your local area -- that is, within a 20-minute walk or within about a mile of your home?

- Yes
- No

[SKIP IF PERSON IS LISTED ON ROSTER C]

5. 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.

(USE HAND CARD C)

- 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

(Loop) Network Density

(USE HAND CARD D)

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.

- 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

Network Change

FOR REFERANT RESPONDENT ONLY

CAPI WILL DISPLAY PAST WAVES ROSTER (COMBINED WAVE 2 AND WAVE 1) AND WAVE 3 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 in a previous interview.

IF R DID NOT LIST ANYONE ON WAVE 3 ROSTER SKIP TO Q2

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

- YES (GO TO Q1A)
- NO (SKIP TO Q1B)

1A. Under what name does [NAME] appear on the first list?

(RECORD LINE NUMBER)

1B. IF "NO" TO Q1. How long have you known [NAME]?

(USE HAND CARD E)

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

1C. IF "NO" TO Q1 AND 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 Q1C

1D. Is [NAME] older than you, younger than you, or about the same age?

- OLDER THAN YOU
- YOUNGER THAN YOU
- ABOUT THE SAME AGE

(NOTE: Same variable as in 1c above)

1E. 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

(NOTE: Same variable as in Q1D above)

ASK ONLY IF R DOES NOT KNOW OR REFUSES Q1E

1F. Is [NAME] older than you, younger than you, or about the same age?

- OLDER THAN YOU
- YOUNGER THAN YOU
- ABOUT THE SAME AGE

PLEASE REVIEW ROSTERS TO DOUBLE CHECK THAT THE MATCHES YOU HAVE MADE ARE CORRECT AND TO MAKE SURE THAT THERE AREN'T OTHERS THAT SHOULD BE MATCHED.

2. I noticed that in a previous interview, you also listed [NAME from WAVE 2 or WAVE 1] as someone with whom you discuss important matters, but you did not list [NAME] this time. Is [NAME] still living?

- YES (GO TO Q2A)
- NO

2A. What is the main reason you are no longer in touch with [NAME]?

- I moved
- [NAME] moved
- I became ill or had a health problem
- [NAME] became ill or had a health problem
- Other (Specify)

FOR BOTH RESPONDENT GROUPS
WHEN FINISHED:

That completes our questions about the relationships among the people you listed. Thank you for bearing with us.

FOR NEW COHORT RESPONDENTS ONLY

You have identified [NAME OF PARTNER FROM SNR] age [AGE OF PARTNER FROM SNR] to be your spouse or partner. When we first spoke to your household, the following person(s) were identified as being eligible to participate in our study. Is [NAME] the same person as:

- [FIRST NAME] [LAST NAME] [YOB] [AGE] (NOTE: ALL PEOPLE OTHER THAN THE RESPONDENT WHO SPAWNED FROM THE HOUSEHOLD SCREENER ARE LISTED IN A TABLE HERE WITH AS MANY OF THESE FIELDS FILLED IN POSSIBLE BASED ON INFORMATION FROM THE HOUSEHOLD SCREENER)
- Not listed
- Don't Know

You have identified [NAME OF PARTNER FROM SNR] age [AGE OF PARTNER FROM SNR] to be your spouse or partner. We know that our partners have an important impact on our lives. To better understand the roles our partners play in shaping our health and social relationships, we will ask your partner to participate in an interview. Just as I asked you about your own attitudes and behaviors, I will ask your partner about their own attitudes and behaviors. If your partner decides to participate, please know that I will not share your confidential survey answers with your partner, or vice versa. All of the answers will remain **confidential**.

Social Support

FOR REFERANT AND NEW COHORT RESPONDENT GROUPS

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 PARTNER] on a scale from 1 to 7 with 1 being very unhappy and 7 being very happy? (USE HAND CARD F)

- 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? (USE HAND CARD G)

- 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? (USE HAND CARD G)

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

5. 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? (USE HAND CARD G)

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

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

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

7. How much does [CURRENT PARTNER] really understand the way you feel about things? Would you say never, hardly ever or rarely, some of the time or often? (USE HAND CARD G)

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

8. How often does [CURRENT PARTNER] open up to you if [HE/SHE] needs to talk about [HIS/HER] worries? Would you say never, hardly ever or rarely, some of the time or often? (USE HAND CARD G)

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

9. How often does [CURRENT PARTNER] rely on you for help if [SHE/HE] has a problem? Would you say never, hardly ever or rarely, some of the time or often? (USE HAND CARD G)

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

10. How much does [CURRENT PARTNER] let you down when you are counting on [HIM/HER]? Would you say never, hardly ever or rarely, some of the time or often? (USE HAND CARD G)

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

11. How often does [CURRENT PARTNER] get on your nerves? Would you say never, hardly ever or rarely, some of the time or often? (USE HAND CARD G)

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

Elder Mistreatment

FOR REFERANT RESPONDENT ONLY

(PROGRAMMING NOTE: The Elder Mistreatment section is only administered to RRs with a year of birth of 1955 or earlier; RRs born in 1956 or later will skip this section.)

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.

1. Since you turned 60, has there been a family conflict at home?

- Yes
- No
- DON'T KNOW
- REFUSED

2. SINCE YOU TURNED 60, have you felt uncomfortable with anyone in your family?

- Yes
- No
- DON'T KNOW
- REFUSED

3. SINCE YOU TURNED 60, have you felt that nobody wanted you around?

- Yes
- No
- DON'T KNOW
- REFUSED

4. SINCE YOU TURNED 60, has anyone told you that you gave them too much trouble?

- Yes
- No
- DON'T KNOW
- REFUSED

5. SINCE YOU TURNED 60, have you been afraid of anyone in your family?

- Yes
- No
- DON'T KNOW
- REFUSED

6. SINCE YOU TURNED 60, has anyone close to you tried to hurt or harm you?

- Yes
- No
- DON'T KNOW
- REFUSED

7. SINCE YOU TURNED 60, has someone in your family made you stay in bed or told you that you are sick when you know you are not?

- Yes
- No
- DON'T KNOW
- REFUSED

8. SINCE YOU TURNED 60, has anyone close to you called you names or put you down or made you feel badly?

- Yes
- No
- DON'T KNOW

REFUSED

9. SINCE YOU TURNED 60, has anyone forced you to do things you didn't want to do?

- Yes
- No
- DON'T KNOW
- REFUSED

10. SINCE YOU TURNED 60, has anyone taken things that belong to you without your OK?

- Yes
- No
- DON'T KNOW
- REFUSED

11. SINCE YOU TURNED 60, has anyone borrowed your money without paying you back?

- Yes
- No
- DON'T KNOW
- REFUSED

(Loop) Follow-up Questions

ASK ONLY IF RESPONDENT ANSWERS "YES" TO Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, or Q11

12. You mentioned that, since you turned 60, [TEXT FILL FROM Q2 – Q11].

TEXT FILLS:

IF YES TO Q2: you have felt uncomfortable with someone in your family

IF YES TO Q3: you have felt that nobody wanted you around

IF YES TO Q4: someone has told you that you gave them too much trouble

IF YES TO Q5: you have been afraid of someone in your family

IF YES TO Q6: someone close to you has tried to hurt or harm you

IF YES TO Q7: someone in your family made you stay in bed or told you that you were sick when you knew you were not

IF YES TO Q8: someone close to you called you names or put you down or made you feel badly

IF YES TO Q9: someone forced you to do things you didn't want to do

IF YES TO Q10: someone has taken things that belong to you without your OK

IF YES TO Q11: someone has borrowed your money without paying you back

12A. How serious of a problem was this for you?

- Not serious
- Somewhat serious
- Very serious
- DON'T KNOW
- REFUSED

(LOOP) FOLLOW-UP QUESTIONS: ASK ONLY IF RESPONDENT ANSWERS "YES" TO Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, or Q11

12B. Thinking about the person who has done this the most since you turned 60, is this person someone we wrote down on your roster earlier?

- YES (GO TO Q12C)
- NO (SKIP TO Q12D)

SHOW RESPONDENT THE SOCIAL NETWORK ROSTER

12C. Please tell me the line number on which this person appears.
(RECORD LINE NUMBER)

USE HAND CARD H

12D. Which of the following best describes the 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) _____

IV. PHYSICAL HEALTH

Self-Reported Health

FOR BOTH REFERANT AND NEW COHORT RESPONDENTS

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? (USE HAND CARD I)

- Excellent
- Very good
- Good
- Fair
- Poor

2. Today, do you have a head cold or chest cold?

- Yes
- No

NO QUESTIONS IN THIS WAVE for either Respondent group in the following sections:

Sensory Function

Surgeries and Procedures

FOR BOTH REFERANT AND NEW COHORT RESPONDENTS

Now we would like to ask about different tests or procedures you may have had done.

1. (WOMEN ONLY) How long has it been since you had a mammogram?

(USE HAND CARD J)

- Within the past year
- Between 1 and 2 years ago (INCLUSIVE)
- More than 2 years ago, but less than 5 years ago
- 5 or more years ago
- Never
- DON'T KNOW
- REFUSED

2. (WOMEN ONLY) Has a doctor ever suggested that you may no longer need regular mammograms?

- Yes
- No
- DON'T KNOW
- REFUSED

3. (WOMEN ONLY) Do you plan to have regular mammograms in the future?

- Yes
- No
- DON'T KNOW
- REFUSED
- IF VOLUNTEERED – I do what my doctor says

4. (MEN ONLY) How long has it been since you had 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.) (USE HAND CARD J)

- Within the past year
- Between 1 and 2 years ago (INCLUSIVE)
- More than 2 years ago, but less than 5 years ago
- 5 or more years ago
- Never

5. (MEN ONLY) Has a doctor ever suggested that you may no longer need regular PSA tests?

- Yes
- No
- DON'T KNOW
- REFUSED

6. (MEN ONLY) Do you plan to have regular PSA tests in the future?

- Yes
- No
- IF VOLUNTEERED – I do what my doctor says
- DON'T KNOW
- REFUSED

7. About how long has it been since you had a colonoscopy?
(USE HAND CARD K)

- Within the past year
- Between 1 and 5 years ago (INCLUSIVE)
- More than 5 years ago, but less than 10 years ago
- 10 or more years ago
- Never

Access to Health Care

BOTH REFERANT AND NEW COHORT RESPONDENTS

1. During the past 12 months, did you have any trouble finding a general doctor or provider who would see you?

- 1 Yes
- 2 No
- DON'T KNOW
- REFUSED

2. How often are you able to get an appointment when you are sick or need advice about your health as quickly as you think you need it?

- Never or almost never
- Sometimes
- Usually
- Always or almost always
- DON'T KNOW
- REFUSED

FOR REFERANT RESPONDENT ONLY

Since your last interview in [MONTH/YEAR], has a medical doctor 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. SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAVE high blood pressure or hypertension?

- YES
- NO
- REFUSED
- DON'T KNOW

2. SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAVE osteo- or rheumatoid arthritis?

- YES
- NO
- REFUSED
- DON'T KNOW

SKIP IF 'NO' TO Q2

2A. Which type of arthritis did your doctor tell you that you have?

- Osteo arthritis
- Rheumatoid arthritis
- Both
- DON'T KNOW
- REFUSED

3. SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAVE a heart condition?

- YES
- NO

3A. IF YES TO Q3: SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAD a heart attack or myocardial infarction?

- YES
- NO
- REFUSED
- DON'T KNOW

3B. IF YES TO Q3: SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], Have you had a procedure to treat coronary artery disease, such as cardiac by-pass surgery or placement of a coronary artery stent? (INTERVIEWER INSTRUCTION: IF RESPONDENT ASKS, THIS INCLUDES BALLOON ANGIOPLASTY 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 TO Q3: SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAD congestive heart failure or "CHF"?

- YES
- NO
- REFUSED
- DON'T KNOW

3D. IF YES TO Q3: SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAD atrial fibrillation?

- YES
- NO
- REFUSED
- DON'T KNOW

4. SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAVE cancer other than skin cancer?

- YES
- NO
- REFUSED
- DON'T KNOW

ASK ONLY IF 'YES' TO Q4

5. How many such cancers have you had?

- _____ Number (1-20)

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 ...

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

- ANSWERED IN MONTH AND YEAR
- ANSWERED BY AGE
- DON'T KNOW
- REFUSED

IF 'ANSWERED IN MONTH AND YEAR' TO Q6

MONTH: _____

YEAR: _____

IF 'ANSWERED BY AGE' TO Q6

AGE: _____

ASK ONLY IF RESPONDENT HAD CANCER

6A. 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) _____

ASK ONLY IF RESPONDENT HAD CANCER

6B. Has this cancer spread to other parts of your body?

- YES
- NO

7. SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAVE diabetes or high blood sugar?

- YES
- NO

IF YES TO Q7

7A. In what month and year did your doctor first tell you that you have diabetes or high blood sugar?

MONTH: _____

YEAR: _____

8. SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAVE emphysema, asthma, chronic bronchitis, or chronic obstructive pulmonary disease?

- YES
- NO
- REFUSED
- DON'T KNOW

9. SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAD a stroke, a cerebrovascular accident or CVA, a blood clot or bleeding in the brain, or transient ischemic attack or TIA?

- YES
- NO
- REFUSED
- DON'T KNOW

10. SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAVE dementia, including Alzheimer's disease, vascular dementia, mixed dementia, or Mild Cognitive Impairment?

- YES
- NO
- REFUSED
- DON'T KNOW

11. SINCE YOUR LAST INTERVIEW IN [MONTH/YEAR], HAS A DOCTOR TOLD YOU THAT YOU HAVE a broken bone?

- YES
- NO
- REFUSED
- DON'T KNOW

IF YES TO Q11

11A. Which bone or bones?

- HIP
- LEG (OTHER THAN HIP)
- WRIST
- BACKBONE (VERTEBRAE) OR SPINAL COLUMN COMPRESSION FRACTURE
- NOSE
- SKULL FRACTURE
- OTHER (SPECIFY)

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

IF YES, ASK: What are they?

- Yes _____
- No

FOR NEW COHORT RESPONDENTS ONLY

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
- NO
- REFUSED
- DON'T KNOW

SKIP IF 'NO' TO Q2

2A. Which type of arthritis did your doctor tell you that you have...

- Osteo arthritis
- Rheumatoid arthritis
- Both
- DON'T KNOW
- REFUSED

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

- YES
- NO

3A. IF YES TO Q3: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD a heart attack or myocardial infarction?

- YES
- NO
- REFUSED
- DON'T KNOW

3B. IF YES TO Q3: Have you had a procedure to treat coronary artery disease, such as cardiac by-pass 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 TO Q3: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD congestive heart failure or "CHF"?

- YES
- NO
- REFUSED
- DON'T KNOW

3D. IF YES TO Q3: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD atrial fibrillation?

- YES
- NO
- REFUSED
- DON'T KNOW

4. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE cancer other than skin cancer?

- YES
- NO
- REFUSED

DON'T KNOW

ASK ONLY IF 'YES' TO Q4

5. How many such cancers have you had?

_____ Number (1-20)

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 ...

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

ANSWERED IN MONTH AND YEAR

ANSWERED BY AGE

DON'T KNOW

REFUSED

IF 'ANSWERED IN MONTH AND YEAR' TO Q6

MONTH: _____

YEAR: _____

IF 'ANSWERED BY AGE' TO Q6

AGE: _____

ASK ONLY IF RESPONDENT HAD CANCER

6A. 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) _____

ASK ONLY IF RESPONDENT HAD CANCER

6B. 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

IF YES TO Q7

7A. In what month and year did your doctor first tell you that you have diabetes or high blood sugar?

MONTH: _____

YEAR: _____

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 HAD a stroke, a cerebrovascular accident or CVA, a blood clot or bleeding in the brain, or transient ischemic attack or TIA?

- YES
- NO
- REFUSED
- DON'T KNOW

10. HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE dementia, including Alzheimer's disease, vascular dementia, mixed dementia, or Mild Cognitive Impairment?

- YES
- NO
- REFUSED
- DON'T KNOW

11. In the last five years, has a doctor told you that you have a broken bone?

- YES
- NO
- REFUSED
- DON'T KNOW

IF YES TO Q11

11A. Which bone or bones?

- HIP
- LEG (OTHER THAN HIP)
- WRIST
- BACKBONE (VERTEBRAE) OR SPINAL COLUMN COMPRESSION FRACTURE

- NOSE
- SKULL FRACTURE
- OTHER (SPECIFY)

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

IF YES, ASK: What are they?

- Yes _____
- No

Medicare Linkage

FOR REFERANT RESPONDENT ONLY

We would like to understand how people's medical history and how their use of health care may change as they age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the Medicare files. Could you give me your Medicare number for this purpose?

INTERVIEWER NOTE: COMMON FORMATS OF MEDICARE NUMBERS INCLUDE:

- 000-00-0000-A
- 000-00-0000-B1
- W-000000

(PROMPT IF NEEDED: Under the Privacy Act of 1974, providing your number is a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.)

- NUMBER RECORDED (CODE EXACT NUMBER) _____
- RESPONDENT REFUSED NUMBER
- NUMBER NOT RECORDED (NOT REFUSED)
- DON'T KNOW

Functional Health

FOR BOTH REFERANT AND NEW COHORT RESPONDENTS

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. (USE HAND CARD L)

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 washing 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

Care Receiving

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

TEXT FILLS:

- IF YES TO Q1: preparing meals
- IF YES TO Q2: taking your medications
- IF YES TO Q3: managing your money such as writing checks and keeping track of bills
- IF YES TO Q4: shopping for groceries
- IF YES TO Q5: performing light housework such as dishes, light vacuuming, or dusting
- IF YES TO Q6: using a telephone
- IF YES TO Q7: walking across a room
- IF YES TO Q8: walking one block
- IF YES TO Q9: dressing, including putting on shoes and socks
- IF YES TO Q10: bathing or showering
- IF YES TO Q11: eating, such as cutting up your food
- IF YES TO Q12: getting in or out of bed
- IF YES TO Q13: using the toilet, including getting up and down
- IF YES TO Q14: driving a car during the day
- IF YES TO Q15: driving a car during the night

1. You mentioned that you have difficulty with some of these activities. Does anyone ever help you with [TEXT FILL FROM FUNCTIONAL HEALTH Q1-Q15]?

- YES
- NO

LOOP Qs 1 THROUGH 15 FOR EACH ITEM TO WHICH R RESPONDED “SOME DIFFICULTY,” “MUCH DIFFICULTY,” OR “UNABLE TO DO”

- YES
- NO

ASK IF “NO,” “DON’T KNOW,” OR “REFUSED” TO Q1:

1A. Would you like someone to help you with...

- YES
- NO

ASK IF ‘YES’ TO Q1

1B. You mentioned you received help with some of these activities. Thinking of the person who helps you most often, is this someone we wrote down on your roster earlier?

- YES (GO TO Q1C)
- NO (SKIP TO Q1D)

ASK IF ‘YES’ TO Q1A

1C. Please tell me the line number on which this person appears.

RECORD LINE NUMBER

ASK IF ‘NO’ TO Q1A

1D. Which of the following best describes this person’s relationship to you?

(USE HAND CARD M)

- 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) _____

ASK IF 'YES' TO Q1

1E. Thinking of the person who helps you most often, how reliable would you say this person has been over the past 12 months?

(USE HAND CARD N)

- Not at all reliable
- Somewhat reliable
- Very reliable
- Completely reliable
- DON'T KNOW
- REFUSED

Health Related Behaviors

FOR BOTH REFERANT AND NEW COHORT RESPONDENTS

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.

(USE HAND CARD O)

FI NOTES: WALKS FOR MORE THAN 30 MINUTES CAN COUNT

- 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

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

2. Have you drunk alcohol in the last three months?

- YES
- NO

ASK IF 'YES' TO Q2

3. 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)

ASK IF 'YES' TO Q2

4. In the last three months, on the days you drink, about how many drinks do you have?

- _____ DRINKS

ASK IF 'YES' TO Q2

5. In the last three months, on how many days have you had four or more drinks in one occasion? (USE 0 FOR NONE)

- _____ DAYS

6. 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

ASK IF 'YES' TO Q6

7. On the average, how many cigarettes, cigars or pipes per day do you usually smoke? (NOTE: ONE PACK = 20 CIGARETTES)

- _____

V. COGNITIVE MEASURES

Cognitive Measures

1. COGNITIVE MEASURES (QUESTIONS, PROTOCOLS AND MATERIALS FOR THE COGNITIVE FUNCTION MEASURES ARE ALL THE SAME AS WAVE 2)
 - IN PREPARATION FOR BLOOD SPOTS ACTIVATE THE HAND WARMER BY SHAKING IT VIGOROUSLY FOR A FEW SECONDS.

The next questions are about problem solving and memory. The questions may seem unusual, but they are routine questions we ask everyone. Some of the questions are very easy and some are difficult, so don't be surprised if you have trouble with some of them. Try your best to answer all of the questions without using clues from around the room. If you wear glasses for reading, please use them.

1. Tell me the date today. First, tell me the month.

- JANUARY
- FEBRUARY
- MARCH
- APRIL
- MAY
- JUNE
- JULY
- AUGUST
- SEPTEMBER
- OCTOBER
- NOVEMBER
- DECEMBER
- OTHER (SPECIFY): _____
- DON'T KNOW
- REFUSED

RESPONDENT'S ANSWER IS...

(NOTE: TODAY'S MONTH IS [TEXT FILL])

- CORRECT
- INCORRECT/ HAD ERRORS
- DON'T KNOW

Now, tell me the exact date.

DATE

- _____ (2 DIGITS)
- OTHER (SPECIFY): _____
- DON'T KNOW
- REFUSED

RESPONDENT'S ANSWER IS...

(NOTE: TODAY'S EXACT DATE IS [TEXT FILL])

- CORRECT
- INCORRECT/ HAD ERRORS
- DON'T KNOW

2. Now, I want you to name this animal.

SHOW PICTURE #1 IN ALL-IN-ONE BOOKLET

- RHINO (OR RHINOCEROS)
- OTHER (SPECIFY): _____
- DON'T KNOW
- REFUSED

3. The next few things I will ask you to do are pencil and paper tasks. PLACE BLANK CLOCK PAPER FROM ALL-IN-ONE BOOKLET AND PEN BEFORE RESPONDENT.

Now, I'd like you to draw a clock. Put in all the numbers and set the time to 10 after 11.

(PROMPT IF NECESSARY: Try your best to complete this task without using clues from around the room, such as a clock or a watch.)

- COMPLETED TASK
- COMPLETED TASK, BUT LOOKED AT CLOCK OR WATCH
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

4. PLACE TRAIL PAPER FROM ALL-IN-ONE BOOKLET AND PEN BEFORE RESPONDENT

Take a minute to look over the paper. Notice, there are both numbers and letters. Please draw a line, going from a number to a letter in increasing order. Begin here (POINT TO 1), and draw a line from 1 to A, then from A to 2, and so on. End here (POINT TO E). The first two lines have been drawn for you.

- COMPLETED TASK
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

5. This next section tests your memory. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn't matter in what order you say them. Ready?

READ SLOWLY (AT A RATE OF 1 WORD PER SECOND) AND PRONOUNCE CLEARLY: Face, Velvet, Church, Daisy, Red

INSTRUCT RESPONDENT TO REPEAT LIST

RECORD WHICH WORDS THE RESPONDENT REPEATS. THE ORDER DOES NOT MATTER.

	REPEATED	DID NOT REPEAT
FACE	<input type="checkbox"/>	<input type="checkbox"/>
VELVET	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH	<input type="checkbox"/>	<input type="checkbox"/>
DAISY	<input type="checkbox"/>	<input type="checkbox"/>
RED	<input type="checkbox"/>	<input type="checkbox"/>

6. I'm going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.

READ SLOWLY (AT A RATE OF 1 WORD PER SECOND) AND PRONOUNCE CLEARLY: Face, Velvet, Church, Daisy, Red

INSTRUCT RESPONDENT TO REPEAT LIST

RECORD WHICH WORDS THE RESPONDENT REPEATS. THE ORDER DOES NOT MATTER.

	REPEATED	DID NOT REPEAT
FACE	<input type="checkbox"/>	<input type="checkbox"/>
VELVET	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH	<input type="checkbox"/>	<input type="checkbox"/>
DAISY	<input type="checkbox"/>	<input type="checkbox"/>
RED	<input type="checkbox"/>	<input type="checkbox"/>

I will ask you to recall these words again later on.

7. Now, I am going to say some numbers and when I am through, repeat them to me exactly as I said them.

READ THE FIVE NUMBER SEQUENCE TO THE RESPONDENT AT A RATE OF ONE DIGIT PER SECOND.

2, 1, 8, 5, 4

HAVE R REPEAT DIGITS

- CORRECT ANSWER (2, 1, 8, 5, 4)
- INCORRECT ANSWER
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

8. Now I am going to say some more numbers, but when I am through, I want you to repeat them to me in the backwards order.

READ THE THREE NUMBER SEQUENCE TO THE RESPONDENT AT A RATE OF ONE DIGIT PER SECOND.

7, 4, 2

HAVE R REPEAT DIGITS IN THE BACKWARDS ORDER

- CORRECT ANSWER (2, 4, 7)
- INCORRECT ANSWER
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

9. GET STOPWATCH READY.

Now, starting with 100, I would like you to subtract 7 and then keep counting down by 7. (YOU CAN REPEAT THESE INSTRUCTIONS IF NECESSARY.)

PRESS 'START/STOP' ON STOPWATCH.

RECORD UP TO 6 NUMBERS.

RECORD FIRST NUMBER

- _____
- DON'T KNOW
- REFUSED

RECORD SECOND NUMBER

- _____

- DON'T KNOW
- REFUSED

RECORD THIRD NUMBER

- _____
- DON'T KNOW
- REFUSED

RECORD FOURTH NUMBER

- _____
- DON'T KNOW
- REFUSED

RECORD FIFTH NUMBER

- _____
- DON'T KNOW
- REFUSED

RECORD SIXTH NUMBER

- _____
- DON'T KNOW
- REFUSED

WHEN R FINISHED, PRESS 'STOP/START' ON STOPWATCH.

RECORD TIME FROM STOPWATCH (MINUTES AND SECONDS): |__|__| : |__|__|

10. I am going to read you a sentence. Repeat it after me, exactly as I say it. (PAUSE)

READ SENTENCE: The cat always hid under the couch when dogs were in the room.

HAVE R REPEAT SENTENCE.

REPETITION MUST BE EXACT. BE ALERT FOR ERRORS THAT ARE OMISSIONS (FOR EXAMPLE, OMITTING "ALWAYS"). BE ALERT FOR ERRORS THAT ARE SUBSTITUTIONS OR ADDITIONS. BE ALERT FOR ERRORS THAT ALTER PLURALS (FOR EXAMPLE, SUBSTITUTING "HIDES" FOR "HID").

- CORRECT ANSWER (The cat always hid under the couch when dogs were in the room.)
- INCORRECT ANSWER
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

11. HAVE WORD ANSWER SHEET IN ALL-IN-ONE BOOKLET, PEN, AND STOPWATCH READY.

Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns and names like Bob or Boston, and numbers or words that begin with the same sound, but have a different ending, for example, love, lover, loving. I will tell you to stop after 1 minute. I will record your answers in this booklet. Are you ready?

WHEN R IS READY: Now, tell me as many words as you can think of that begin with the letter F. PRESS 'START/STOP' ON STOPWATCH.

RECORD WORDS ON WORD ANSWER SHEET. RECORD ALL WORDS (EVEN IF PROPER NOUNS OR WORDS THAT BEGIN WITH SAME SOUND). STOP TEST WHEN STOPWATCH SAYS 1 MINUTE (0:01₀₀).

- COMPLETED TASK
- STOPPED BEFORE 60 SECONDS IS UP
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

For this exercise, tell me what this pair of words has in common.

12. Tell me how a ruler and a watch are alike?

- MEASURING INSTRUMENTS
- USED TO MEASURE
- THEY HAVE NUMBERS
- OTHER (SPECIFY): _____
- DON'T KNOW
- REFUSED

13. I read a list of words to you earlier, which I asked you to repeat and remember. Tell me as many of those words as you can remember. It doesn't matter in what order you say them.

RECORD WHICH WORDS THE RESPONDENT REPEATS. THE ORDER DOES NOT MATTER.

	REPEATED	DID NOT REPEAT
FACE	<input type="checkbox"/>	<input type="checkbox"/>
VELVET	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH	<input type="checkbox"/>	<input type="checkbox"/>
DAISY	<input type="checkbox"/>	<input type="checkbox"/>
RED	<input type="checkbox"/>	<input type="checkbox"/>

14. COGNITIVE ASSESSMENT NOTES:

VI. BIOMEASURE BREAK

Weight

(IF RESPONDENT HASN'T ALREADY BROUGHT YOU THE MEDICATIONS: While I'm setting up for the next physical measures, please go get all medications that you take on a regular schedule, like every day or every week. This will include prescription and non-prescription medications, over-the-counter medicines, vitamins, and herbal and alternative medicines. I'll be recording them later.)

- IT IS VERY IMPORTANT TO HAVE THE ACTUAL BOTTLES/ CONTAINERS/ PACKAGES
- (PROMPT: Items not taken by mouth such as injections, inhalers, sprays, creams, patches, suppositories, and eye or ear drops **should be** included.)

Now let's measure your weight.

- DOUBLE CHECK SCALE IS SWITCHED TO POUNDS
- ALLOW THE SCALE TO ZERO
- ASK R TO STAND ON SCALE (PLACE FEET ON GRAY MARKS)
- WHEN READOUT IS STABLE, RECORD WEIGHT

1. RECORD WEIGHT IN POUNDS:

- |__| |__| |__| . |__| POUNDS
- R IN WHEELCHAIR
- R REFUSED TO STAND ON SCALE
- R OVER SCALE MAXIMUM
- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO

2. WEIGHT NOTES:

Waist Circumference

FOR NEW COHORT RESPONDENTS ONLY

Next let's measure your waist.

- CONTINUE
- REFUSED (**SKIP TO WAIST_NOTES**)

- HAVE R STAND WITH FEET TOGETHER
- HAVE R RELAX ARMS AND STOMACH AND BREATHE NORMALLY
- ASK R TO POINT TO NAVEL
- ESTIMATE THE NATURAL WAIST AT THE NARROWEST PART OF THE TORSO JUST ABOVE THE NAVEL. IN OVERWEIGHT INDIVIDUALS MEASURE JUST ABOVE THE NAVEL, EVEN WHEN THEIR WAIST IS THE WIDEST PART OF THE TORSO.
- PLACE MEASURING TAPE EVENLY AROUND THE WAIST
- MAKE SURE THE TAPE IS STRAIGHT AND NOT TWISTED

1. RECORD WAIST TO THE NEAREST HALF INCH (##.#)

|__| |__|. |__| INCHES

- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO

2. WAIST NOTES:

Height

FOR NEW COHORT RESPONDENTS ONLY

Now let's measure your height.

- HAVE R STAND STRAIGHT AGAINST WALL, FEET TOGETHER, EYES LOOKING FORWARD
- PLACE RAFTER SQUARE ON TOP OF R'S HEAD WITH WIDER EDGE VERTICAL AND FLAT AGAINST THE WALL
- PLACE POST-IT DIRECTLY BELOW THE RAFTER SQUARE ON THE WALL
- R STEP AWAY FROM WALL
- SET MEASURING TAPE AGAINST WALL AND MEASURE HEIGHT

1. RECORD HEIGHT TO THE NEAREST HALF INCH (##.#):

|__|__|. |__| INCHES

- R IN WHEELCHAIR
- R REFUSED TO BE MEASURED
- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO

2. HEIGHT NOTES:

Blood Pressure and Pulse #1

Now let's take two blood pressure readings and measure your pulse. While I am setting up, please get a glass of water and drink it. It is necessary for upcoming measures.

- CONTINUE
- REFUSED (**SKIP TO BP_NOTES**)

- IF R IS WEARING SHIRT WITH SLEEVES, ASK TO PUSH SLEEVE UP
- HAVE R PLACE BOTH FEET ON THE FLOOR
- HAVE R LAY **LEFT** ARM ON THE [SURFACE] PALM FACING UP
- PUT CUFF ON R, JUST ABOVE ELBOW WITH TUBE TOWARD INNER SIDE OF ARM
- ADJUST TIGHTNESS WITH ROOM FOR TWO FINGERS
- LOOK AT INDEX MARK ARROW ON CUFF

- IF ▲ POINTS WITHIN THE PROPER FIT RANGE, YOU ARE USING THE CORRECT CUFF SIZE
- IF ▲ POINTS AT ANOTHER CUFF SIZE, YOU ARE USING THE INCORRECT CUFF SIZE AND SHOULD ATTACH THE RECOMMENDED CUFF

- PRESS START

- ENTER READING
- EQUIPMENT PROBLEM (**SKIP TO BP_INTRO_2**)
- TRIED, UNABLE TO DO (**SKIP TO BP_NOTES**)

1. ATTEMPT #1:

- |__|__|__| SYSTOLIC
- |__|__|__| DIASTOLIC

2. WAS THERE AN IRREGULAR HEARTBEAT (OUTLINE OF A HEART APPEARED ON MONITOR)?

- YES
- NO

3. PULSE #1 (BOTTOM LINE):

- |__|__|__|
- PULSE ERROR READING

4. WHAT ARM WAS USED FOR THE READING?

- LEFT ARM
- RIGHT ARM

Blood Pressure and Pulse #2

WAIT ONE MINUTE BETWEEN FIRST AND SECOND READING

Let's take your final blood pressure reading.

- CONTINUE
- REFUSED (**SKIP TO BP_NOTES**)

5. ATTEMPT #2:

- ENTER READING
- EQUIPMENT PROBLEM (**SKIP TO BP_NOTES**)
- TRIED, UNABLE TO DO (**SKIP TO BP_NOTES**)

|__| |__| |__| SYSTOLIC

|__| |__| |__| DIASTOLIC

6. WAS THERE AN IRREGULAR HEARTBEAT (OUTLINE OF A HEART APPEARED ON MONITOR)??

- YES
- NO

7. PULSE #2 (BOTTOM LINE):

- |__| |__| |__|
- PULSE ERROR READING

8. WHAT ARM WAS USED FOR THE READING?

- LEFT ARM
- RIGHT ARM

IF EITHER OF THE BP READINGS WERE 200/120 OR HIGHER, DISPLAY THE FOLLOWING STATEMENT

Your blood pressure reading today was (AVERAGE SYSTOLIC READING) over (AVERAGE DIASTOLIC READING). This is a very high blood pressure reading. Please contact your physician about this reading.

IF EITHER OF THE BP READINGS WERE 80/50 OR LOWER, DISPLAY THE FOLLOWING STATEMENT

Your blood pressure reading today was (AVERAGE SYSTOLIC READING) over (AVERAGE DIASTOLIC READING). This is a very low blood pressure reading. Please contact your physician about this reading.

IF EITHER OF THE PULSE READINGS WERE 150 OR HIGHER, DISPLAY THE FOLLOWING STATEMENT

Your pulse reading today was (AVERAGE PULSE READING). This is a very high pulse reading. Please contact your physician about this reading.

IF EITHER OF THE PULSE READINGS WERE 50 OR LOWER, DISPLAY THE FOLLOWING STATEMENT

Your pulse reading today was (AVERAGE PULSE READING). This is a very low pulse reading. Please contact your physician about this reading.

9. BLOOD PRESSURE NOTES:

Balance Measure

Next we are going to do a balance measure. Let me first demonstrate this measure. After I demonstrate the measure, please tell me if you cannot do a particular movement or if you feel it would be unsafe to try and do it.

- CONTINUE
- R CANNOT PARTICIPATE (IN WHEELCHAIR, CAN'T STAND UNASSISTED) **(SKIP TO Q4)**
- REFUSED **(SKIP TO Q4)**

1. POSITION #1

- USE HAND CARD BALANCE 1
- DEMONSTRATE FIRST POSITION WHILE EXPLAINING POSITION
 - STAND WITH FEET TOGETHER, SIDE-BY-SIDE FOR 10 SECONDS
 - TRY NOT TO MOVE YOUR FEET
 - TRY TO HOLD THIS POSITION UNTIL I TELL YOU TO STOP
- ASK R TO STAND IN FIRST POSITION
- ONCE R IS IN POSITION, SAY 'BEGIN' AND START TIMING
- TIME THE FIRST POSITION
 - PUSH 'START/STOP' BUTTON ON STOPWATCH WHEN YOU SAY 'BEGIN'
 - PUSH 'START/STOP' BUTTON ON STOPWATCH AND SAY 'STOP' AFTER 10 SECONDS, OR
 - PUSH 'START/STOP' BUTTON ON STOPWATCH IF RESPONDENT STEPS OUT OF THE POSITION BEFORE 10 SECONDS

WHEN R IS IN FIRST POSITION: "Are you ready?"

WHEN R IS READY, PUSH 'START/STOP' ON STOPWATCH AND SAY "Begin"

- NUMBER OF SECONDS HELD: _____ **(SKIP TO Q4 IF < 10 SEC)**
- EQUIPMENT PROBLEM **(SKIP TO Q4)**
- TRIED, UNABLE TO DO **(SKIP TO Q4)**
- R COULD NOT HOLD POSITION UNASSISTED **(SKIP TO Q4)**
- NOT ATTEMPTED, FI FELT IT WAS UNSAFE **(SKIP TO Q4)**
- NOT ATTEMPTED, R FELT UNSAFE **(SKIP TO Q4)**
- R UNABLE TO UNDERSTAND INSTRUCTIONS **(SKIP TO Q4)**
- OTHER (SPECIFY): _____ **(SKIP TO Q4)**

2. POSITION #2

- USE HAND CARD BALANCE 2
- PUSH 'CLEAR' ON STOPWATCH
- DEMONSTRATE SECOND POSITION WHILE EXPLAINING POSITION
 - STAND WITH THE HEEL OF ONE FOOT TOUCHING THE SIDE OF THE BIG TOE OF THE OTHER FOOT FOR 10 SECONDS
 - TRY NOT TO MOVE YOUR FEET
 - TRY TO HOLD THIS POSITION UNTIL I TELL YOU TO STOP
- ASK R TO STAND IN SECOND POSITION
- ONCE R IS IN POSITION, SAY 'BEGIN' AND START TIMING
- TIME THE SECOND POSITION
 - PUSH 'START/STOP' BUTTON ON STOPWATCH WHEN YOU SAY 'BEGIN'
 - PUSH 'START/STOP' BUTTON ON STOPWATCH AND SAY 'STOP' AFTER 10 SECONDS, OR
 - PUSH 'START/STOP' BUTTON ON STOPWATCH IF RESPONDENT STEPS OUT OF THE POSITION BEFORE 10 SECONDS
- WHEN R IS IN SECOND POSITION: "Are you ready?"

- WHEN R IS READY, PUSH 'START/STOP' ON STOPWATCH AND SAY "Begin"
- NUMBER OF SECONDS HELD: _____ (SKIP TO Q4 IF < 10 SEC)
- EQUIPMENT PROBLEM (SKIP TO Q4)
- TRIED, UNABLE TO DO (SKIP TO Q4)
- R COULD NOT HOLD POSITION UNASSISTED (SKIP TO Q4)
- NOT ATTEMPTED, FI FELT IT WAS UNSAFE (SKIP TO Q4)
- NOT ATTEMPTED, R FELT UNSAFE (SKIP TO Q4)
- R UNABLE TO UNDERSTAND INSTRUCTIONS (SKIP TO Q4)
- OTHER (SPECIFY): _____ (SKIP TO Q4)

3. POSITION #3

- USE HANDCARD BALANCE 3
- PUSH 'CLEAR' ON STOPWATCH
- DEMONSTRATE THIRD POSITION WHILE EXPLAINING POSITION
 - STAND WITH THE HEEL OF ONE FOOT IN FRONT OF AND TOUCHING THE TOES OF THE OTHER FOOT FOR 10 SECONDS
 - TRY NOT TO MOVE YOUR FEET
 - TRY TO HOLD THIS POSITION UNTIL I TELL YOU TO STOP
- ASK R TO STAND IN THIRD POSITION
- ONCE R IS IN POSITION, SAY 'BEGIN' AND START TIMING
- TIME THE THIRD POSITION
 - PUSH 'START/STOP' BUTTON ON STOPWATCH WHEN YOU SAY 'BEGIN'
 - PUSH 'START/STOP' ON STOPWATCH AND SAY 'STOP' AFTER 10 SECONDS, OR
 - PUSH 'START/STOP' BUTTON ON STOPWATCH IF RESPONDENT STEPS OUT OF THE POSITION BEFORE 10 SECONDS

WHEN R IS IN THIRD POSITION: "Are you ready?"

WHEN R READY, PUSH 'START/STOP' ON STOPWATCH AND SAY "Begin"

- NUMBER OF SECONDS HELD: _____ (SKIP TO Q4 IF < 10 SEC)
- EQUIPMENT PROBLEM (SKIP TO Q4)
- TRIED, UNABLE TO DO (SKIP TO Q4)
- R COULD NOT HOLD POSITION UNASSISTED (SKIP TO Q4)
- NOT ATTEMPTED, FI FELT IT WAS UNSAFE (SKIP TO Q4)
- NOT ATTEMPTED, R FELT UNSAFE (SKIP TO Q4)
- R UNABLE TO UNDERSTAND INSTRUCTIONS (SKIP TO Q4)
- OTHER (SPECIFY): _____ (SKIP TO Q4)

4. BALANCE NOTES:

Timed Walk

Now I am going to observe how you normally walk. If you use a cane or other walking aid and you feel you need it to walk a short distance, then you may use it. First, let me demonstrate this measure.

- CONTINUE
- R CANNOT PARTICIPATE (IN WHEELCHAIR, CAN'T STAND UNASSISTED) (**SKIP TO Q4**)
- REFUSED (**SKIP TO Q4**)

- USE PRE-CUT STRING TO MEASURE DISTANCE ON THE FLOOR
- DEMONSTRATE THE WALK WHILE PROVIDING INSTRUCTIONS
 - STAND WITH TOES TOUCHING THE BEGINNING OF THE STRING
 - START WALKING WHEN I SAY BEGIN
 - WALK AT YOUR USUAL PACE
 - WALK PAST THE END OF THE STRING BEFORE YOU STOP
- ALLOW R TO USE HIS/HER WALKING AID (CANE OR WALKER)
- ASK R TO STAND AT BEGINNING OF STRING

1. TIMED WALK #1

When I say "Begin" you may start walking.

- PUSH 'START/STOP' ON STOPWATCH AND SAY 'Begin'
- PUSH 'START/STOP' ON STOPWATCH WHEN ONE OF R'S FEET IS COMPLETELY ACROSS THE OTHER END OF THE STRING

- ABLE TO DO (SPECIFY SECONDS): _____
- EQUIPMENT PROBLEM (SKIP TO WALK_NOTES)
- TRIED, UNABLE TO DO (SKIP TO WALK_NOTES)
- R COULD NOT WALK UNASSISTED (SKIP TO WALK_NOTES)
- NOT ATTEMPTED, FI FELT UNSAFE (SKIP TO WALK_NOTES)
- NOT ATTEMPTED, R FELT UNSAFE (SKIP TO WALK_NOTES)
- R UNABLE TO UNDERSTAND INSTRUCTIONS (SKIP TO WALK_NOTES)
- OTHER (SPECIFY): _____ (SKIP TO WALK_NOTES)

2. TIMED WALKED #2

- ASK RESPONDENT TO REPEAT WALK, FROM THE END OF THE STRING BACK TO THE BEGINNING OF THE STRING
- PUSH 'CLEAR' ON STOPWATCH

When I say "Begin" you may start walking.

- PUSH 'START/STOP' ON STOPWATCH AND SAY 'Begin'
- PUSH 'START/STOP' ON STOPWATCH WHEN ONE OF R'S FEET IS COMPLETELY ACROSS THE OTHER END OF THE STRING

- ABLE TO DO (SPECIFY SECONDS): _____
- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO
- R COULD NOT WALK UNASSISTED
- NOT ATTEMPTED, FI FELT UNSAFE
- NOT ATTEMPTED, R FELT UNSAFE
- R UNABLE TO UNDERSTAND INSTRUCTIONS

OTHER (SPECIFY): _____

3. CHECK ALL THAT APPLY

- R WALKED UNSTEADILY
- R LIMPED, SHUFFLED OR DRAGGED A LEG
- R USED A CANE
- R USED WALKER
- R STATED IT'S PAINFUL
- NOTHING APPLIES

4. TIMED WALK NOTES:

Chair Stands

Now I am going to ask you to stand up from a chair without using your arms. First, let me demonstrate this measure. After I demonstrate the measure, please tell me if you cannot do this movement or if you feel it would be unsafe to try.

- CONTINUE
- R CANNOT PARTICIPATE (IN WHEELCHAIR, CAN'T STAND UNASSISTED) **(SKIP TO Q3)**
- REFUSED **(SKIP TO Q3)**

1. SINGLE CHAIR STAND

- DEMONSTRATE CHAIR STAND WHILE PROVIDING INSTRUCTIONS
 - SIT IN CHAIR WITH YOUR FEET ON THE FLOOR. SIT SO THAT YOU CAN PLACE THE WIDTH OF YOUR HANDS BETWEEN THE CHAIR AND YOUR KNEES.
 - FOLD YOUR ARMS ACROSS YOUR CHEST
 - STAND UP, KEEPING YOUR ARMS FOLDED ACROSS YOUR CHEST

When I say 'Begin' you may stand up straight from the chair.

- IF R CANNOT RISE WITHOUT USING ARMS, ASK R TO TRY TO STAND UP USING ARMS
 - R STOOD WITHOUT USING ARMS
 - R USED ARMS TO STAND **(SKIP TO CHAIR_NOTES)**
 - EQUIPMENT PROBLEM **(SKIP TO CHAIR_NOTES)**
 - TRIED, UNABLE TO DO **(SKIP TO CHAIR_NOTES)**
 - R COULD NOT STAND UNASSISTED **(SKIP TO CHAIR_NOTES)**
 - NOT ATTEMPTED, R FELT IT WAS UNSAFE **(SKIP TO CHAIR_NOTES)**
 - NOT ATTEMPTED, R FELT UNSAFE **(SKIP TO CHAIR_NOTES)**
 - R UNABLE TO UNDERSTAND INSTRUCTIONS **(SKIP TO CHAIR_NOTES)**
 - OTHER (SPECIFY): _____ **(SKIP TO CHAIR_NOTES)**

2. REPEATED CHAIR STAND

Now I'm going to ask you to stand up and sit down as quickly as you can five times, keeping your arms folded across your chest. I'm going to demonstrate one for you.

DEMONSTRATE 1 CHAIR STAND WHILE PROVIDING INSTRUCTIONS

- SIT IN CHAIR WITH YOUR FEET ON THE FLOOR
- FOLD YOUR ARMS ACROSS YOUR CHEST
- STAND UP AND SIT DOWN ONCE
- TELL R TO REPEAT THAT 4 MORE TIMES

When I say "Begin" you may stand up.

- PUSH 'START/STOP' ON STOPWATCH AND SAY 'Begin'
 - COUNT OUT LOUD AS RESPONDENT ARISES EACH TIME
 - PUSH 'START/STOP' ON STOPWATCH WHEN R HAS COMPLETELY STOOD UP FROM THE CHAIR FOR THE 5TH TIME
 - STOP THE EXERCISE EARLY IF R CANNOT RISE WITHOUT USING ARMS, R IS TOO TIRED TO CONTINUE, OR R IS UNABLE TO COMPLETE AFTER 1 MINUTE
- TIME TO COMPLETE FIVE STANDS (SPECIFY SECONDS): _____
 - EQUIPMENT PROBLEM

- TRIED, UNABLE TO DO
- R COULD NOT STAND UNASSISTED
- NOT ATTEMPTED, FI FELT IT WAS UNSAFE
- NOT ATTEMPTED, R FELT UNSAFE
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- OTHER (SPECIFY): _____

3. **CHAIR STAND NOTES:**

Saliva and Medication Log

SALIVA IS FOR NEW COHORT RESPONDENTS ONLY

IF R IS NEW COHORT:

- **WEAR NITRILE GLOVES**

Now we are going to collect a sample of your saliva.

- CONTINUE
- REFUSED (**SKIP TO DRUG_INTRO1**)

- R 'SAVE' OR 'POOL' A SMALL AMOUNT OF SALIVA IN MOUTH
- R SHOULD NOT STRAIN SELF OR COUGH WHEN GENERATING SALIVA (NO PHLEGM OR MUCOUS)
- R USE SALIVA COLLECTION AID TO GET SALIVA IN TUBE
- R CANNOT EAT ANYTHING TO STIMULATE SALIVA
- TO STIMULATE SALIVA, R CAN IMAGINE EATING SOMETHING SOUR OR DELICIOUS, , RUB HIS/HER TONGUE AGAINST INSIDE CHEEK/BELOW BOTTOM LIP, OR WHILE LOOKING DOWN, MASSAGE NECK JUST BELOW THE EARLOBE, JUST BELOW THE JAW. FILL UP TUBE AS MUCH AS POSSIBLE WITH CLEAR LIQUID SALIVA (NOT FOAM, BUBBLES, PHELMG, OR MUCOUS)

ALL RESPONDENTS: MEDICATION LOG

1. (While you fill the saliva tube, I can give you some privacy by working on a record of your medications). I'd like to record all medications that you take on a regular schedule, like every day or every week. This will include prescription and non-prescription medications, over-the-counter medicines, vitamins, and herbal and alternative medicines. Do I have all of your medications here?

IF R IS RETURNING RESPONDENT AND NOT ELIGIBLE FOR SMELL: Please hold this hand warmer in your non-dominant hand for an upcoming measure.

- **HAVE R HOLD HAND WARMER IN NON-DOMINANT HAND**
- (PROMPT: Items not taken by mouth such as injections, inhalers, sprays, creams, patches, suppositories, and eye or ear drops **should be** included.)

ASK RESPONDENT TO OBTAIN ALL OF HIS/HER MEDICATIONS, IF NOT ALREADY PROVIDED

- **IT IS VERY IMPORTANT TO HAVE THE ACTUAL BOTTLES/ CONTAINERS/ PACKAGES**

ONLY ENTER MEDICATION NAME. DO NOT ENTER DETAILS SUCH AS DOSAGE, FREQUENCY, ETC.

IF IN BIOMEASURE SUBPATH 2 OR 4 AND SLV_INTRO = REFUSED, DISPLAY: "Could you please hold this hand warmer in your non-dominant hand for an upcoming measure?"

- ENTER MEDICATIONS
- RESPONDENT DOES NOT HAVE ANY MEDICATIONS (**IF R IS NEW COHORT RESPONDENT, SKIP TO SLVIAL1 INSTRUCTION; IF R IS RETURNING RESPONDENT AND ELIGIBLE FOR SMELL: SKIP TO SML_INTRO; IF R IS RETURNING RESPONDENT AND NOT ELIGIBLE FOR SMELL: SKIP TO BS_INTRO**)

- REFUSED (IF R IS NEW COHORT RESPONDENT, SKIP TO SLVVIAL1 INSTRUCTION; IF R IS RETURNING RESPONDENT AND ELIGIBLE FOR SMELL: SKIP TO SML_INTRO; IF R IS RETURNING RESPONDENT AND NOT ELIGIBLE FOR SMELL: SKIP TO BS_INTRO)**

ENTER NAME DRUG 1: Screen variable: Entry variable:
ENTER NAME DRUG 2: Variables for screen and entry as above.
ENTER NAME DRUG 3:
ENTER NAME DRUG 4:
ENTER NAME DRUG 5:
ENTER NAME DRUG 6:
ENTER NAME DRUG 7:
ENTER NAME DRUG 8:
ENTER NAME DRUG 9:
ENTER NAME DRUG 10:
ENTER NAME DRUG 11:
ENTER NAME DRUG 12:
ENTER NAME DRUG 13:
ENTER NAME DRUG 14:
ENTER NAME DRUG 15:
ENTER NAME DRUG 16:
ENTER NAME DRUG 17:
ENTER NAME DRUG 18:
ENTER NAME DRUG 19:
ENTER NAME DRUG 20:
ENTER NAME DRUG 21:
ENTER NAME DRUG 22:
ENTER NAME DRUG 23:
ENTER NAME DRUG 24:
ENTER NAME DRUG 25:

(IF SLV_INTRO=REFUSED, SKIP TO SLV_NOTES)

IF R IS NEW COHORT: Please hold this hand warmer in your non-dominant hand for an upcoming measure.

- **HAVE R HOLD HAND WARMER IN NON-DOMINANT HAND**

2. I will package the sample.

- FIRMLY PRESS CAP INTO TOP OF TUBE
- FILL OUT SALIVA SHIPPING FORM
- PUT TUBE IN INSULATED BAG

SALIVA TUBE

- COMPLETE SAMPLE (TUBE HAS 1.5 OR MORE)
- PARTIAL SAMPLE (TUBE HAS LESS THAN 1.5)
- EQUIPMENT PROBLEM (**SKIP TO SLV_NOTES**)
- TRIED, UNABLE TO DO (**SKIP TO SLV_NOTES**)

3. ENTER SALIVA ID

| | | | | | | |

4. SALIVA NOTES:

Smell

FOR REFERENT RESPONDENTS ONLY, BIOMEASURE SUBSTUDY

IF R ELIGIBLE FOR SMELL: Please hold this hand warmer in your non-dominant hand for an upcoming measure.

- **HAVE R HOLD HAND WARMER IN NON-DOMINANT HAND**

Now we are going to use pens to identify odors.

- CONTINUE
- REFUSED (**SKIP TO Q13**)

1. PRACTICE PEN FOR RED PENS (BLUE PEN #1)

First, I am going to give you a pen to smell. This pen has the odor we want you to identify. I will place the pen near your nose like this (DEMONSTRATE ON YOURSELF) and ask you to breathe in slowly through your nose. Are you ready to try?

- PUT ON ONE COTTON GLOVE
- HAVE R HOLD HEAD STILL
- WAVE PEN UNDER R'S NOSE FROM SIDE TO SIDE AND HAVE R BREATHE IN SLOWLY
- RECAP PEN IMMEDIATELY

Did you smell the odor?

- YES
- NO
- DON'T KNOW
- REFUSED

2. RED PEN #1, RED PEN #2, AND RED PEN #3

Let's continue. I will offer you three pens to smell, one after the other. One of the three pens has the odor you already smelled and the other two do not. I will ask you to tell me which pen has the odor.

Some of the pens are strong and some of the pens are weak, so do not be discouraged if you cannot smell the odor in some of the pens because this is part of the measure. Just try your best to decide which pen has the odor.

- MAKE SURE 30 SECONDS HAS PASSED SINCE THE PRACTICE PEN
- PRESENT RED PEN #1 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #2 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #3 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

3. RED PEN #4, RED PEN #5, AND RED PEN #6

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #4 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #5 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #6 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

4. RED PEN #7, RED PEN #8, AND RED PEN #9

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #7 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #8 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #9 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

5. RED PEN #10, RED PEN #11, AND RED PEN #12

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #10 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #11 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #12 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

6. RED PEN #13, RED PEN #14, AND RED PEN #15

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #13 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #14 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #15 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

7. RED PEN #16, RED PEN #17, AND RED PEN #18

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #16 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #17 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #18 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

8. BLACK PEN #1

I have five (last) pens that contain a smell of something familiar. For each pen, identify the smell using the four answer choices on this card (HAND CARD X).

- PRESENT BLACK PEN #1

Is it...

- Chamomile
- Raspberry
- Rose
- Cherry
- DON'T KNOW
- REFUSED

9. BLACK PEN #2

- HAND CARD X
- PRESENT BLACK PEN #2

Is it...

- Smoke
- Glue
- Leather
- Grass
- DON'T KNOW
- REFUSED

10. BLACK PEN #3

- HAND CARD X
- PRESENT BLACK PEN #3

Is it...

- Orange
- Blueberry
- Strawberry
- Onion
- DON'T KNOW
- REFUSED

11. BLACK PEN #4

- HAND CARD X
- PRESENT BLACK PEN #4

Is it...

- Bread
- Fish
- Cheese
- Ham
- DON'T KNOW
- REFUSED

12. BLACK PEN #5

- HAND CARD X
- PRESENT BLACK PEN #5

Is it...

- Chive
- Peppermint
- Pine
- Onion
- DON'T KNOW
- REFUSED

13. SMELL NOTES:

Blood Spots

- **DOUBLE-CHECK THAT RESPONDENT IS HOLDING HAND WARMER IN NON-DOMINANT HAND**
- **WEAR NITRILE GLOVES**

Now I'm going to collect a small sample of blood using a device called a lancet to quickly prick your finger. This device is commonly used by children and adults to check their blood sugar at home and feels like a small pin prick. It is sterile and made for one-time use.

- CONTINUE
- REFUSED (**SKIP TO BS_NOTES**)

- USE MIDDLE FINGER ON NON-DOMINANT HAND. IF NOT AVAILABLE, USE MIDDLE FINGER ON DOMINANT HAND.
- ANGLE R'S HAND BELOW THEIR LAP
- WIPE FINGER WITH ALCOHOL SWAB AND LET AIR DRY
- GENTLY KNEAD AND SQUEEZE FROM THE PALM TO THE FINGERTIP. DO NOT TOUCH FINGERTIP AFTER YOU HAVE WIPED IT WITH THE ALCOHOL SWAB
- SQUEEZE FINGER ABOVE PRICK SITE
- FIRMLY PRICK FINGER IN THE SIDE OF FLESHY PART OF THE PAD – PRICK THE SIDE CLOSER TO PINKY
- **IMMEDIATELY** DISPOSE LANCET IN SHARPS CONTAINER
- DROP FIRST DROP OF BLOOD BELOW THE FILTER PAPER CIRCLES, FULLY OUTSIDE OF CIRCLES
- COLLECT 5 ADDITIONAL BLOOD SPOTS IN THE CIRCLES ON FILTER PAPER CARD.

1. BLOOD FILTER PAPER

- NUMBER OF SPOTS COLLECTED [____]
- EQUIPMENT PROBLEM (**SKIP TO BS_NOTES**)
- TRIED, UNABLE TO DO (0 SPOTS) (**SKIP TO BS_NOTES**)

2. ENTER BLOOD FILTER PAPER ID

- [____|____|____|____|____|____|]

3. RECORD THE NUMBER OF FINGER PRICKS:

- ONE
- TWO
- THREE

4. BLOOD SPOT NOTES:

VII. SEX AND PARTNERSHIP

Partner History (Marital, Cohab, Sexual)

See flowchart.

(NOTE: Only change = questions added after death of spouse confirmed from W2.)

Sexual Interest and Motivation

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

You mentioned you had recent sexual activity with [NAME] and [NAME]. Which person is your most recent sexual partner?

Now we would like to ask you some more questions.

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

Current (or most recent) partnership

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

****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

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.

****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).

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 U)

- 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 U)

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

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 V)

- Once a day or more
- 3-6 times a week
- Once or twice a week
- 2 to 3 times a month
- Once a month or less
- None at all

Sexual Behavior and Function (regardless of partnership)

FOR NEW COHORT ONLY

1. In your entire life so far, about how many men have you had sex with, even if only one time?

- _____
- DON'T KNOW
- REFUSED

2. In your entire life so far, about how many women have you had sex with, even if only one time?

- _____
- DON'T KNOW
- REFUSED

FOR REFERENT AND NEW COHORT RESPONDENTS

USE HAND CARD V2

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

On average, **in the past 12 months**, how often did you masturbate?

(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
- DON'T KNOW
- REFUSED

4. Sometimes people go through periods in which they are not interested in sex or are having trouble with sexual gratification. During the last 12 months has there ever been a period of several months or more when you...(READ A-H BELOW).

4A. lacked interest in having sex?

- Yes
- No

4B. were unable to climax, that is, experience an orgasm?

- Yes
- No

4C. came to a climax, that is, experienced orgasm too quickly?

- Yes
- No

4D. experienced physical pain during intercourse?

- Yes
- No

4E. did not find sex pleasurable even if it was not painful?

- Yes
- No

4F. felt anxious just before having sex about your ability to perform sexually?

- Yes
- No

FOR MALE RESPONDENTS (REFERENT AND NEW COHORT)

4G. had trouble getting or maintaining an erection?

- Yes
- No

FOR FEMALE RESPONDENTS ONLY (REFERENT AND NEW COHORT)

4H. had trouble lubricating?

(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.)

- Yes
- No

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

(PROMPT IF NEEDED:

RESPONDENT SAID HE/SHE:

- ...lacked interest in having sex.
- ...was unable to climax – experience an orgasm.
- ...came to a climax – experienced orgasm – too quickly.
- ...experienced physical pain during intercourse.
- ...did not find sex pleasurable even if it was not painful.
- ...felt anxious just before sex about your ability to perform sexually.
- ...had trouble getting or maintaining an erection.
- ...had trouble lubricating.)

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

SKIP IF R DID NOT HAVE ANY PROBLEMS

6. During the past 12 months, have you ever avoided sex because of the problem(s) you mentioned?

- Yes
- No

SKIP IF R DID NOT HAVE ANY PROBLEMS

7. Have you ever talked with [CURRENT PARTNER] about the problem(s) you mentioned?

- Yes
- No

VIII. FERTILITY AND MENOPAUSE

FOR REFERENT RESPONDENTS ONLY

ASK ONLY OF FEMALE RETURNING RESPONDENTS WHO WERE STILL MENSTRUATING AT W2

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

1. When did your last menstrual period begin? That is, when was the first day of your last menstrual period?

- Within the past week
- About 2 weeks ago
- About 3 weeks ago
- About a month
- Two months or more
- No longer menstruating (OR GONE THROUGH "THE CHANGE"/ MENOPAUSE)

ASK IF "NO LONGER MENSTRUATING" TO Q1

2. How old were you when you had your last menstrual period?

- ANSWERED BY AGE AT LAST MENSTRUAL PERIOD (GO TO AGELSTPD2)
- ANSWERED IS STILL MENSTRUATING / HAVING PERIODS (SKIP TO HAPPY)
- DON'T KNOW (SKIP TO HAPPY)
- REFUSED (SKIP TO HAPPY)

AGE AT LAST MENSTRUAL PERIOD:

- _____
- DON'T KNOW
- REFUSED

FOR ALL FEMALE NEW COHORT RESPONDENTS

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

3. When did your last menstrual period begin? That is, when was the first day of your last menstrual period?

- Within the past week
- About 2 weeks ago
- About 3 weeks ago
- About a month
- Two months or more
- No longer menstruating (OR GONE THROUGH "THE CHANGE"/ MENOPAUSE)

ASK IF "NO LONGER MENSTRUATING" TO Q3

4. How old were you when you had your last menstrual period?

- ANSWERED BY AGE AT LAST MENSTRUAL PERIOD (GO TO AGELSTPD2)
- ANSWERED IS STILL MENSTRUATING / HAVING PERIODS (SKIP TO HAPPY)
- DON'T KNOW (SKIP TO HAPPY)
- REFUSED (SKIP TO HAPPY)

AGE AT LAST MENSTRUAL PERIOD:

- _____
- DON'T KNOW
- REFUSED

IX. MENTAL HEALTH

FOR BOTH REFERENT AND NEW COHORT RESPONDENTS

Happiness

USE HAND CARD W

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 . . .

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

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.

During the past week . . .

2. USE HAND CARD X

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. USE HAND CARD X

I felt depressed

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

4. USE HAND CARD X

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. USE HAND CARD X

My sleep was restless

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

6. USE HAND CARD X

I was happy

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

7. USE HAND CARD X

I felt lonely

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

8. USE HAND CARD X

People were unfriendly

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

9. USE HAND CARD X

I enjoyed life

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

10. USE HAND CARD X

I felt sad

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

11. USE HAND CARD X

I felt that people disliked me

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

12. USE HAND CARD X

I could not get "going"

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

IX. EMPLOYMENT AND FINANCES

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

Employment

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

- Currently working?
- Retired?
- Disabled and unable to work?
- Unemployed or laid off and looking for work?
- A homemaker?
- OTHER (SPECIFY): _____

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

4. ASK ONLY IF RESPONDENT IS CURRENTLY WORKING: For what kind of business or industry are you currently working? (VERBATIM RESPONSE)

5. ASK ONLY IF RESPONDENT IS CURRENTLY WORKING: What kind of work are you doing? For example, electrical engineer, waiter, stock clerk, farmer. (VERBATIM RESPONSE)

6. ASK ONLY IF: RESPONDENT IS NOT CURRENTLY WORKING BUT HAS EVER WORKED FOR PAY, **OR IS RETIRED**: For what kind of business or industry did you work? (VERBATIM RESPONSE)

7. ASK ONLY IF: RESPONDENT IS NOT CURRENTLY WORKING BUT HAS EVER WORKED FOR PAY, **OR IS RETIRED**: What kind of work did you do? For example, electrical engineer, waiter, stock clerk, farmer. (VERBATIM RESPONSE)

FOR BOTH REFERENT AND NEW COHORT RESPONDENTS

I am next 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].

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

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

ASK IF 'YES' TO Q8

9. How many hours per week do you usually work on this job?

- _____ HOURS PER WEEK

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.)

2. ASK IF "DON'T KNOW/REFUSED" TO Q1: 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 (GO TO Q4)
- About \$50,000 (GO TO **HSASSETS**)
- Less than \$50,000 (GO TO Q3)
- DON'T KNOW (GO TO **HSASSETS**)
- REFUSED (GO TO **HSASSETS**)

ASK IF "LESS THAN \$50,000" TO Q2

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 (GO TO **HSASSETS**)
- About \$25,000 (GO TO **HSASSETS**)
- Less than \$25,000 (GO TO **HSASSETS**)
- DON'T KNOW (GO TO **HSASSETS**)
- REFUSED (GO TO **HSASSETS**)

ASK IF "MORE THAN \$50,000" TO Q2

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

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.)

ASK IF "DON'T KNOW" OR "REFUSED" TO Q1.

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

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

ASK IF "LESS THAN \$50,000" TO Q2

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

- More than \$10,000 (GO TO ADDRESS_PAGE)
- About \$10,000 (GO TO ADDRESS_PAGE)
- Less than \$10,000 (GO TO ADDRESS_PAGE)
- DON'T KNOW (GO TO ADDRESS_PAGE)
- REFUSED (GO TO ADDRESS_PAGE)

ASK IF "MORE THAN \$50,000" TO Q2.

4. Would you say that all of your assets combined amount to more or less than \$500,000?

- More than \$500,000 (GO TO ADDRESS_PAGE)
- About \$500,000 (GO TO ADDRESS_PAGE)
- Less than \$500,000 (GO TO Q5)
- DON'T KNOW (GO TO ADDRESS_PAGE)
- REFUSED (GO TO ADDRESS_PAGE)

ASK IF "LESS THAN \$500,000" TO Q4

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

XI. DEBRIEFING

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: _____

ASK ONLY IF RESPONDENT PROVIDED A PHONE NUMBER AT ADDRESS_PAGE

2. Under what name is this phone number listed?

- NAME: _____
- DON'T KNOW
- REFUSED

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.

ENTER PHONE NUMBERS AS ###-###-####

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

ASK IF FEWER THAN 3 PHONE NUMBERS LISTED IN PRELOAD

7. Are there any other phone numbers we can reach you at?

- YES (GO TO Q8)
- NO (SKIP TO Q9)
- DON'T KNOW
- REFUSED

ASK IF "YES" TO Q7, OR IF NO PHONE NUMBERS IN THE RESPONDENT'S PRELOADS

8. Please tell us up to three telephone numbers we can reach you at in the future, if necessary.

ENTER US PHONE NUMBERS AS ###-###-####

- 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 (SKIP TO CENSUS_PARENTS)
- NO (GO TO CORRECTEMAIL)
- DON'T KNOW (GO TO CORRECTEMAIL)
- REFUSED (GO TO CORRECTEMAIL)

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

- EMAIL ADDRESS: _____ (SKIP TO CENSUS_PARENTS)
- 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.

MOST E-MAIL ADDRESSES TAKE THE FORM johndoe@email.com

- EMAIL _____
- IF VOLUNTEERED - DOES NOT HAVE E-MAIL ADDRESS
- DON'T KNOW
- REFUSED

FOR REFERENT RESPONDENTS ONLY

(PROGRAMMING NOTE: Even though the question references 1940, this question is asked of all RRs, regardless of whether they were born by 1940 or not.)

12. Understanding how people grew up helps us understand healthy aging. So as to not take more of your time, we can link the study results to the data publicly available in the 1940 census.

Can you tell us the first names of your parents?

- Father's first name: _____
- DON'T KNOW
- REFUSED
- Mother's first name: _____
- DON'T KNOW
- REFUSED

ASK ONLY OF FEMALE REFERENT RESPONDENTS

13. Can you tell us your last name when you were born?

- Name at birth: _____
- IF VOLUNTEERED: Same as current name
- DON'T KNOW
- REFUSED

FOR BOTH REFERENT AND NEW COHORT RESPONDENTS

PLEASE GIVE RESPONDENT FOLLOW-UP QUESTIONNAIRE (1 OR 2) AND APPROPRIATE ENVELOPE.

WRITE SU_ID, FI NAME, AND INTERVIEW DATE WHERE INDICATED ON FRONT COVER. IF IT IS OKAY WITH THE RESPONDENT, WRITE THE RESPONDENT'S INITIALS ON THE LEAVE-BEHIND QUESTIONNAIRE.

Our survey also requires that you fill out this questionnaire, seal it in this postage-paid envelope, and drop it in the mail.

- FOLD WRISTBAND OVER AND FIRMLY PRESS THE VELCRO TOGETHER.
- REMEMBER, THE VELCRO SIDE SHOULD FACE UP. THE SMOOTH SIDE OF THE STRAP SHOULD FACE DOWN AND BE THE SURFACE THAT RESTS AGAINST THE RESPONDENT’S WRIST.

HELP THE RESPONDENT SECURELY STRAP THE WRISTBAND CONTAINING THE DEVICE TO HIS/HER NON-DOMINANT WRIST (THE HAND HE/SHE DOES NOT WRITE WITH).

- PLACE THE DEVICE ON TOP OF THE WRIST (LIKE A WATCH), WITH THE FLAT SIDE OF THE DEVICE AGAINST THE RESPONDENT’S ARM
- GUIDE WRISTBAND AROUND RESPONDENT’S WRIST.
- THREAD THE WRISTBAND THROUGH OTHER SLOT ON THE DEVICE, FOLD OVER AND PRESS FIRMLY TO SECURE THE VELCRO TOGETHER.
- IF THE ENDS OF THE STRAP OVERLAP PLEASE ADJUST THE STRAP OR EXCHANGE FOR A SHORTER LENGTH STRAP.

7. WRITE THE DAY OF THE WEEK, DATE AND TIME THAT THE RESPONDENT SHOULD REMOVE THE DEVICE ON THE ACTIVITY AND SLEEP

INSTRUCTIONS SHEET:

[TEXT FILL WITH TIME AND DATE 96 HOURS FROM THE CURRENT LAPTOP SYSTEM TIME]

(e.g., Thursday, 10/12/2014 2:32:27 PM)

8. ENTER THE USPS TRACKING NUMBER FROM THE LABEL ON THE PRE-PAID MAILING BOX:

HAND THE RESPONDENT THE ACTIVITY AND SLEEP INSTRUCTIONS SHEET AND THE MAILING SUPPLIES

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9. ACCELEROMETRY NOTES:

CLOSING

Before I leave, I want to give you your results from the measures you provided today.

HIT ‘NEXT’ TO COMPLETE THE SURVEY.

XIII. INTERVIEWER COMMENTS

CHARACTERISTICS AND LOCATION OF THE INTERVIEW

FOR BOTH REFERENT AND NEW COHORT RESPONDENTS

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

2. Other persons were present:

- DURING NONE OF THE INTERVIEW (SKIP TO Q4)
- 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

3. 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

4. How candid was the respondent?

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

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
1. Practically deaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal hearing	<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"/>
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"/>

DESCRIPTION OF THE RESPONDENT

Describe the respondent using the following scales:

	1	2	3	4	5		DK
1. Physically attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not physically attractive	<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"/>
3. Well-dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poorly dressed	<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"/>
5. Straight posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stooped/slouching	<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"/>
7. Thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obese	<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"/>

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
1. Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dirty	<input type="checkbox"/>
2. Neat and Tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Messy	<input type="checkbox"/>
3. Quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Noisy	<input type="checkbox"/>
4. Cramped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spacious	<input type="checkbox"/>
5. Very Cluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not cluttered	<input type="checkbox"/>
6. No smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strong smell	<input type="checkbox"/>
7. Pleasant smell*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unpleasant smell	<input type="checkbox"/>

*Skip if "IWLOC6" = 1

RESPONDENT'S HOME AND HIS/HER NEIGHBORHOOD ENVIRONMENT

(SKIP QUESTIONS 1-10 BELOW IF INTERVIEW WAS NOT CONDUCTED IN RESPONDENT'S HOME, i.e., ANYTHING OTHER THAN "RESPONDENT'S HOME" AT "IWPLACE")

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

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

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

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

5. Considering the structure and accessibility of the respondent's residence, how difficult was it for you to get your survey suitcase inside the respondent's house/apartment?

- VERY DIFFICULT
- DIFFICULT
- EASY
- VERY EASY
- DON'T KNOW

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

	1	2	3	4	5		DK
6. Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full of litter or rubble	<input type="checkbox"/>
7. Quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Noisy	<input type="checkbox"/>
8. 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"/>
9. 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"/>
10. 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"/>

Select your response to the following statements based on your observation of the area where the respondent lives:

	1	2	3	4	5		DK
11. I felt comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I felt uncomfortable	<input type="checkbox"/>
12. I felt safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I felt unsafe	<input type="checkbox"/>
13. I saw many amenities (grocery stores, parks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I saw few amenities	<input type="checkbox"/>
14. I felt like people in the area noticed my presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	They did not notice my presence	<input type="checkbox"/>

INTERVIEW LOGISTICS AND OTHER INFORMATION

1. How difficult was this case to get?

- VERY DIFFICULT
- SOMEWHAT DIFFICULT
- NOT VERY DIFFICULT
- NOT AT ALL DIFFICULT

2. 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.

This is the end of the interview comments, please hit 'next' to complete the survey.



THE NATIONAL
SOCIAL LIFE
HEALTH &
AGING PROJECT

NSHAP Questionnaire

This questionnaire is part of the National Social Life, Health and Aging Project (NSHAP) which is sponsored by the National Institute on Aging. Please complete it after your in-person interview. This questionnaire will take approximately 25 to 35 minutes to complete. Some of these questions will seem similar to those asked during your interview. This questionnaire is designed to obtain more detail in these important areas. Please answer all items as best you can, from your point of view.

As always, your individual responses and your name will be kept completely confidential. Taking part in the survey is voluntary. You may elect to skip any questions in this questionnaire.

Please return your completed questionnaire in the preaddressed, postage-paid envelope given to you by your field interviewer. If you have any questions about the questionnaire or NSHAP, please contact us, toll-free, at 1-866-309-0540. You can also learn more online at www.norc.uchicago.edu/nshap.

Thank you again for participating in the National Social Life, Health and Aging Project.

1-RR

SU ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Interviewer Name: _____ Interview 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.

SOCIAL ACTIVITIES

1. 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

2. 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

3. 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

4. In the past **12 months**, about how often have you attended religious services?

- 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 Never

RELATIONSHIPS WITH FAMILY

These next questions ask about your relationships with members of your family or relatives. If you have a spouse or romantic partner, we'd like you to **exclude** this person when answering the next set of questions.

5. How often can you open up to members of your family if you need to talk about your worries?

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

6. How often can you rely on members of your family for help if you have a problem?

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

7. How often do members of your family make too many demands on you?

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

8. How often do members of your family criticize you?

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

9. How often do members of your family really understand the way you feel about things?

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

10. How often do members of your family open up to you if they need to talk about their worries?

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

11. How often do members of your family rely on you for help if they have a problem?

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

12. How often do members of your family let you down when you are counting on them?

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

13. How often do members of your family get on your nerves?

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

14. How many family members or relatives do you have to whom you feel close? If you have a spouse or romantic partner, please exclude them from your answer.

- 1 None
- 2 One
- 3 2-3
- 4 4-9
- 5 10-20
- 6 More than 20

RELATIONSHIPS WITH FRIENDS

For this next section, we'd like to know a little about your relationships with friends, not including the family members or relatives we were just asking 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.

15. How often can you open up to your friends if you need to talk about your worries?

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

16. How often can you rely on your friends for help if you have a problem?

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

17. How often do your friends make too many demands on you?

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

18. How often do your friends criticize you?

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

19. How often do your friends really understand the way you feel about things?

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

20. How often do your friends open up to you if they need to talk about their worries?

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

21. How often do your friends rely on you for help if they have a problem?

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

22. How often do your friends let you down when you are counting on them?

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

23. How often do your friends get on your nerves?

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

24. About how many friends would you say that you have?

- 1 None
- 2 One
- 3 2-3
- 4 4-9
- 5 10-20
- 6 More than 20

CAREGIVING

25. 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 28
2 Yes

26. What is this person's relationship to you?

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

27. Do you consider yourself the primary caregiver?

- 1 No
2 Yes

HEALTH

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

- 1 None
2 One
3 Two or more

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

- 1 No
2 Yes

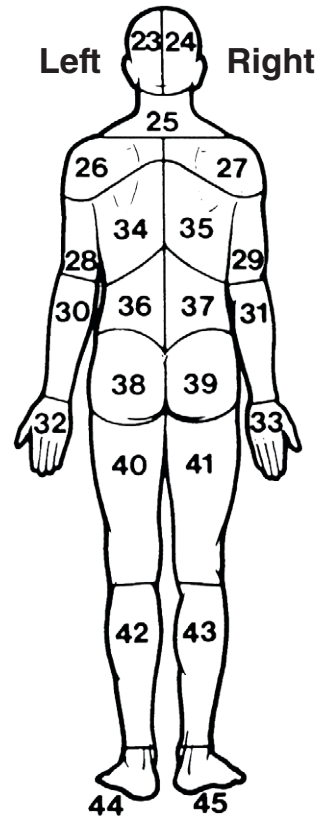
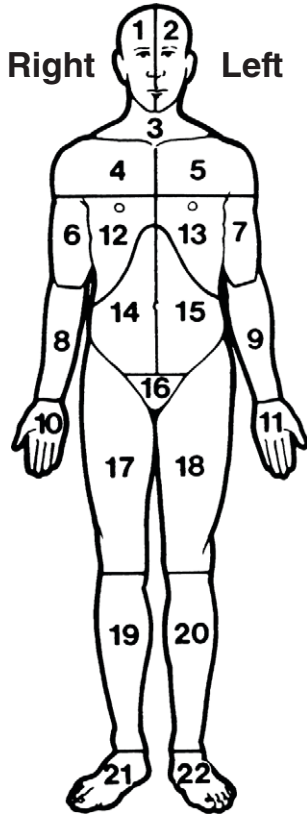
30. Compared to other people in your racial or ethnic group, what shade of skin color do you have?

- 1 Very dark
2 Dark
3 Medium
4 Light
5 Very light

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

- 1 No → If No, Go to Question 34
- 2 Yes

32. On the diagram below, please circle the area where you have felt the most pain in the past 4 weeks.



33. 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

The next set of questions asks about your sleeping habits.

34. How often do you have trouble falling asleep?

- 1 Most of the time
- 2 Sometimes
- 3 Rarely
- 4 Never

35. How often do you have trouble with waking up during the night?

- 1 Most of the time
- 2 Sometimes
- 3 Rarely
- 4 Never

36. How often do you have trouble with waking up too early and not being able to fall asleep again?

- 1 Most of the time
- 2 Sometimes
- 3 Rarely
- 4 Never

37. Has a doctor ever told you that you have sleep apnea?

- 1 No
- 2 Yes

38. How often do you snore?

- 1 Every night
- 2 Most nights
- 3 Occasionally
- 4 Never
- 5 I do not know

39. Has anyone ever told you that you stop breathing or gasp for breath during sleep?

- 1 No
- 2 Yes

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.

40. 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

41. 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

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

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

43. 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.

44. This is a close-knit area.

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

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

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

46. 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

47. 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

48. People in this area can be trusted.

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

49. 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

50. 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

51. 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

OTHER PEOPLE'S BEHAVIOR TOWARDS YOU

This section asks about how others behave towards you in your day-to-day life.

52. In your day-to-day life, how often have you been treated with less courtesy than other people?

- 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

53. In your day-to-day life, how often have people acted as if they're better than you are?

- 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

54. When these things happen in your day-to-day life, what do you think is the main reason(s) for them? Please check all that apply.

- 1 Your ancestry or national origins
 - 2 Your gender
 - 3 Your race
 - 4 Your age
 - 5 Your height or weight
 - 6 Your shade of skin color
 - 7 Your sexual orientation
 - 8 Other, *please describe*
-

RELATIONSHIPS

55. In general, how often do you think that things between you and your spouse or romantic partner are going well?

- 1 All the time
- 2 Most of the time
- 3 More often than not
- 4 Occasionally
- 5 Rarely
- 6 Never
- 7 I do not have a spouse or romantic partner

56. 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

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

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

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

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 I have not had sex in the past 12 months

59. 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
- 4 Rarely
- 5 Never
- 6 I do not have a spouse or romantic partner

60. When your spouse or romantic partner wants to have sex with you, how often do you agree?

- 1 Always
- 2 Usually
- 3 Sometime
- 4 Rarely
- 5 Never
- 6 I do not have a spouse or romantic partner

61. Do you consider yourself to be:

- 1 Heterosexual or straight
- 2 Gay or lesbian
- 3 Bisexual

Please continue on to the next page



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

66. How is your emotional or mental health?

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

The next set of questions asks about thoughts and feelings you may have had during the past week. 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 <u>past week</u> ...	Rarely or none of the time	Some of the time	Occasionally	Most of the time
67a. 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"/>

People differ in how they approach and deal with the challenges and stresses of life. For each of the following statements, please indicate how frequently you think the statement is true of you.

68. I bounce back quickly after hard times.

- 1 Never
- 2 Some of the time
- 3 Usually
- 4 Always

69. I am an energetic person.

- 1 Never
- 2 Some of the time
- 3 Usually
- 4 Always

70. I take things in stride.

- 1 Never
- 2 Some of the time
- 3 Usually
- 4 Always

71. I can do just about anything I really set my mind to.

- 1 Never
- 2 Some of the time
- 3 Usually
- 4 Always

GENERAL BACKGROUND QUESTIONS

72. 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

73. How regularly do you use the internet or email?

- 1 Every day
- 2 Several times a week, but not daily
- 3 At least once a month, but not weekly
- 4 Less than once a month
- 5 I have never used the internet or email

74. In the past year, has a lack of adequate health insurance kept you from getting medical care?

- 1 No
- 2 Yes

75. In the past year, has a lack of adequate health insurance kept you from getting prescription medications?

- 1 No
- 2 Yes

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

Write Number: _____

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

1

OFFICE USE ONLY

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



THE NATIONAL
SOCIAL LIFE
HEALTH &
AGING PROJECT

NSHAP Questionnaire

This questionnaire is part of the National Social Life, Health and Aging Project (NSHAP) which is sponsored by the National Institute on Aging. Please complete it after your in-person interview. This questionnaire will take approximately 25 to 35 minutes to complete. Some of these questions will seem similar to those asked during your interview. This questionnaire is designed to obtain more detail in these important areas. Please answer all items as best you can, from your point of view.

As always, your individual responses and your name will be kept completely confidential. Taking part in the survey is voluntary. You may elect to skip any questions in this questionnaire.

Please return your completed questionnaire in the preaddressed, postage-paid envelope given to you by your field interviewer. If you have any questions about the questionnaire or NSHAP, please contact us, toll-free, at 1-866-309-0540. You can also learn more online at www.norc.uchicago.edu/nshap.

Thank you again for participating in the National Social Life, Health and Aging Project.

2-NC

SU ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Interviewer Name: _____ Interview 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.

SOCIAL ACTIVITIES

1. 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

2. 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

3. 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

4. In the past **12 months**, about how often have you attended religious services?

- 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 Never

RELATIONSHIPS WITH FAMILY

These next questions ask about your relationships with members of your family or relatives. If you have a spouse or romantic partner, we'd like you to **exclude** this person when answering the next set of questions.

5. How often can you open up to members of your family if you need to talk about your worries?

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

6. How often can you rely on members of your family for help if you have a problem?

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

7. How often do members of your family make too many demands on you?

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

8. How often do members of your family criticize you?

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

9. How often do members of your family really understand the way you feel about things?

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

10. How often do members of your family open up to you if they need to talk about their worries?

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

11. How often do members of your family rely on you for help if they have a problem?

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

12. How often do members of your family let you down when you are counting on them?

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

13. How often do members of your family get on your nerves?

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

14. How many family members or relatives do you have to whom you feel close? If you have a spouse or romantic partner, please exclude them from your answer.

- 1 None
- 2 One
- 3 2-3
- 4 4-9
- 5 10-20
- 6 More than 20

RELATIONSHIPS WITH FRIENDS

For this next section, we'd like to know a little about your relationships with friends, not including the family members or relatives we were just asking 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.

15. How often can you open up to your friends if you need to talk about your worries?

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

16. How often can you rely on your friends for help if you have a problem?

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

17. How often do your friends make too many demands on you?

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

18. How often do your friends criticize you?

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

19. How often do your friends really understand the way you feel about things?

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

20. How often do your friends open up to you if they need to talk about their worries?

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

21. How often do your friends rely on you for help if they have a problem?

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

22. How often do your friends let you down when you are counting on them?

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

23. How often do your friends get on your nerves?

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

24. About how many friends would you say that you have?

- 1 None
- 2 One
- 3 2-3
- 4 4-9
- 5 10-20
- 6 More than 20

CAREGIVING

25. 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 28
2 Yes

26. What is this person's relationship to you?

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

27. Do you consider yourself the primary caregiver?

- 1 No
2 Yes

BEREAVEMENT

28. In the past 5 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 30
2 Yes

29. What is this person's relationship to you?

- 1 Spouse
2 Parent
3 Child
4 Grandchild
5 Close Friend
6 Other, *please describe*
-

HEALTH

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

- 1 None
2 One
3 Two or more

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

- 1 No
2 Yes

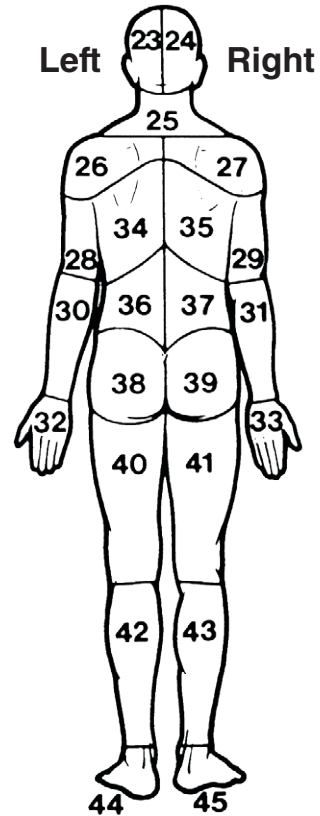
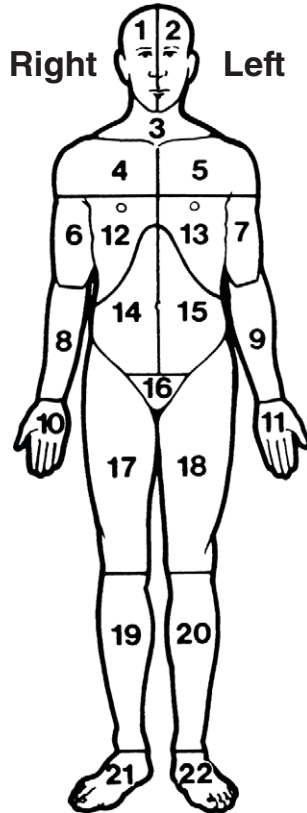
32. Compared to other people in your racial or ethnic group, what shade of skin color do you have?

- 1 Very dark
2 Dark
3 Medium
4 Light
5 Very light

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

- 1 No → If No, Go to Question 36
- 2 Yes

34. On the diagram below, please circle the area where you have felt the most pain in the past 4 weeks.



35. 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 pain
- 4 Moderate Pain
- 5 Mild pain
- 6 Slight pain
- 7 No pain

The next set of questions asks about your sleeping habits.

36. How often do you have trouble falling asleep?

- 1 Most of the time
- 2 Sometimes
- 3 Rarely
- 4 Never

37. How often do you have trouble with waking up during the night?

- 1 Most of the time
- 2 Sometimes
- 3 Rarely
- 4 Never

38. How often do you have trouble with waking up too early and not being able to fall asleep again?

- 1 Most of the time
- 2 Sometimes
- 3 Rarely
- 4 Never

39. Has a doctor ever told you that you have sleep apnea?

- 1 No
- 2 Yes

40. How often do you snore?

- 1 Every night
- 2 Most nights
- 3 Occasionally
- 4 Never
- 5 I do not know

41. Has anyone ever told you that you stop breathing or gasp for breath during sleep?

- 1 No
- 2 Yes

RELIGION

42. What is your current religious preference?

- 1 None
 - 2 Protestant
 - 3 Catholic
 - 4 Christian Orthodox
 - 5 Jewish
 - 6 Muslim
 - 7 Other, *please describe*
-

43. If your current religious preference is Protestant, what specific denomination of branch is that, if any?

- 1 Baptist
 - 2 Congregational
 - 3 Episcopalian
 - 4 Lutheran
 - 5 Methodist
 - 6 Mormon
 - 7 Presbyterian
 - 8 United Church of Christ
 - 9 Other, *please describe*
-

44. Would you say that you have been “born again” or have had a “born again” experience?

- 1 No
- 2 Yes

CHILDREN AND GRANDCHILDREN

This section asks about any children and grandchildren you may have.

45. How many living children do you have? You may include children who are not biologically related to you, such as step-children or adopted children.

Write number _____

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

Write number _____

47. How many living grandchildren do you have? You may include grandchildren from step-sons or step-daughters, or step-grandchildren, if you wish.

Write number _____

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

Write age _____

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.

49. 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

50. 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

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

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

52. 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.

53. This is a close-knit area.

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

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

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

55. 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

56. 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

57. People in this area can be trusted.

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

58. 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

59. 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

60. 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

OTHER PEOPLE'S BEHAVIOR TOWARDS YOU

This section asks about how others behave towards you in your day-to-day life.

61. In your day-to-day life, how often have you been treated with less courtesy than other people?

- 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

62. In your day-to-day life, how often have people acted as if they're better than you are?

- 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

63. When these things happen in your day-to-day life, what do you think is the main reason(s) for them? Please check all that apply.

- 1 Your ancestry or national origins
 - 2 Your gender
 - 3 Your race
 - 4 Your age
 - 5 Your height or weight
 - 6 Your shade of skin color
 - 7 Your sexual orientation
 - 8 Other, *please describe*
-

RELATIONSHIPS

64. In general, how often do you think that things between you and your spouse or romantic partner are going well?

- 1 All the time
- 2 Most of the time
- 3 More often than not
- 4 Occasionally
- 5 Rarely
- 6 Never
- 7 I do not have a spouse or romantic partner

65. 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

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

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

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

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 I have not had sex in the past 12 months

68. 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
- 4 Rarely
- 5 Never
- 6 I do not have a spouse or romantic partner

69. When your spouse or romantic partner wants to have sex with you, how often do you agree?

- 1 Always
- 2 Usually
- 3 Sometime
- 4 Rarely
- 5 Never
- 6 I do not have a spouse or romantic partner

70. Do you consider yourself to be:

- 1 Heterosexual or straight
- 2 Gay or lesbian
- 3 Bisexual

THOUGHTS AND FEELINGS

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

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

72. How often do you feel left out?

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

73. How often do you feel isolated from others

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

74. How is your emotional or mental health?

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

The next set of questions asks about thoughts and feelings you may have had during the past week. 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 <u>past week</u> ...	Rarely or none of the time	Some of the time	Occasionally	Most of the time
75a. 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"/>

During the past week...

Rarely or
none of
the time

Some of
the time

Occasionally

Most of
the time

h. I was unable to control important things in my life

1

2

3

4

i. I felt confident about my ability to handle personal problems.....

1

2

3

4

j. I felt that things were going my way.....

1

2

3

4

k. I felt that difficulties were piling up so high I could not overcome them.....

1

2

3

4

People differ in how they approach and deal with the challenges and stresses of life. For each of the following statements, please indicate how frequently you think the statement is true of you

76. I bounce back quickly after hard times.

1 Never

2 Some of the time

3 Usually

4 Always

77. I am an energetic person.

1 Never

2 Some of the time

3 Usually

4 Always

78. I take things in stride.

1 Never

2 Some of the time

3 Usually

4 Always

79. I can do just about anything I really set my mind to.

1 Never

2 Some of the time

3 Usually

4 Always

GENERAL BACKGROUND QUESTIONS

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

1 No

2 Yes

81. 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

82. How regularly do you use the internet or email?

- 1 Every day
- 2 Several times a week, but not daily
- 3 At least once a month, but not weekly
- 4 Less than once a month
- 5 I have never used the internet or email

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

- 1 No
- 2 Yes

84. In the past year, has a lack of adequate health insurance kept you from getting medical care?

- 1 No
- 2 Yes

85. In the past year, has a lack of adequate health insurance kept you from getting prescription medications?

- 1 No
- 2 Yes

86. Have you looked into purchasing health insurance coverage through Healthcare.gov?

- 1 No → If No, Go to Question 88
- 2 Yes

87. Was a plan purchased?

- 1 No
- 2 Yes

88. Before Healthcare.gov was in place (around 2013), did you try to purchase health insurance directly, that is, not through any employer, union, or government program?

- 1 No → If No, Go to Question 90
- 2 Yes

89. Was a plan purchased?

- 1 No
- 2 Yes

This next section asks some background questions about your childhood.

90. Were you born in the US?

- 1 No → If No, Go to Question 92
- 2 Yes

91. In what state were you born?

Write state:

Go to Question 93

92. In what country were you born?

Write country:

93. 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

94. 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

95. 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.

96. 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

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

- 1 No
- 2 Yes

98. 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

99. 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

100. 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

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		EDITING		CADE		Verification		Adjudication	
Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date