



## INSTRUCTIONS

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

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

1  No ➔ **If No, Go to Question 2**

2  Yes

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

## Childhood Background

### 1. Were you born in the US?

1  No → If No, Go to Question 3

2  Yes

### 2. In what state were you born?

Write state: \_\_\_\_\_

→ Go to Question 4

### 3. In what country were you born?

Write country: \_\_\_\_\_

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

1  I disagree very much

2  I disagree pretty much

3  I disagree a little

4  I agree a little

5  I agree pretty much

6  I agree very much

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

1  No formal education

2  1-11 Grades

3  12 High school graduate

4  13-15 Some college

5  16 College graduate

6  17 or more – post college

7  Other

8  Don't know

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

1  No formal education

2  1-11 Grades

3  12 High school graduate

4  13-15 Some college

5  16 College graduate

6  17 or more – post college

7  Other

8  Don't know

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

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

1  Very well off

2  Fairly well off

3  About average

4  Not so well off

5  Not well off at all

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

1  No

2  Yes

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

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

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

- 1  No
- 2  Yes

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

- 1  No
- 2  Yes

### Social Relationships and Activities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Bereavement

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

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

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

21. I feel stunned or dazed over what happened.

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

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

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

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

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

## Neighborhood

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

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

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

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

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

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

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

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

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

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

28. This is a close-knit area.

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

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

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

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

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

## Caregiving

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

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

**32. People in this area can be trusted.**

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

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

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

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

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

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

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

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

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

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

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

**38. How old is this person?**

*Write # of years old:* \_\_\_\_\_

**39. Why does this person require care?**

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

**40. Do you consider yourself the primary caregiver?**

- 1  No
- 2  Yes

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

- 1  No
- 2  Yes

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

Write # of days: \_\_\_\_\_

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

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

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

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

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

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

## Attitudes

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

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

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

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

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

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

48. Hugging

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



**49. Cuddling**

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

**50. Sexual Touching**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Thoughts and Feelings

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

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

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

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

**64. How often do you feel left out?**

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

**65. How often do you feel isolated from others?**

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

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

**During the past week...**

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

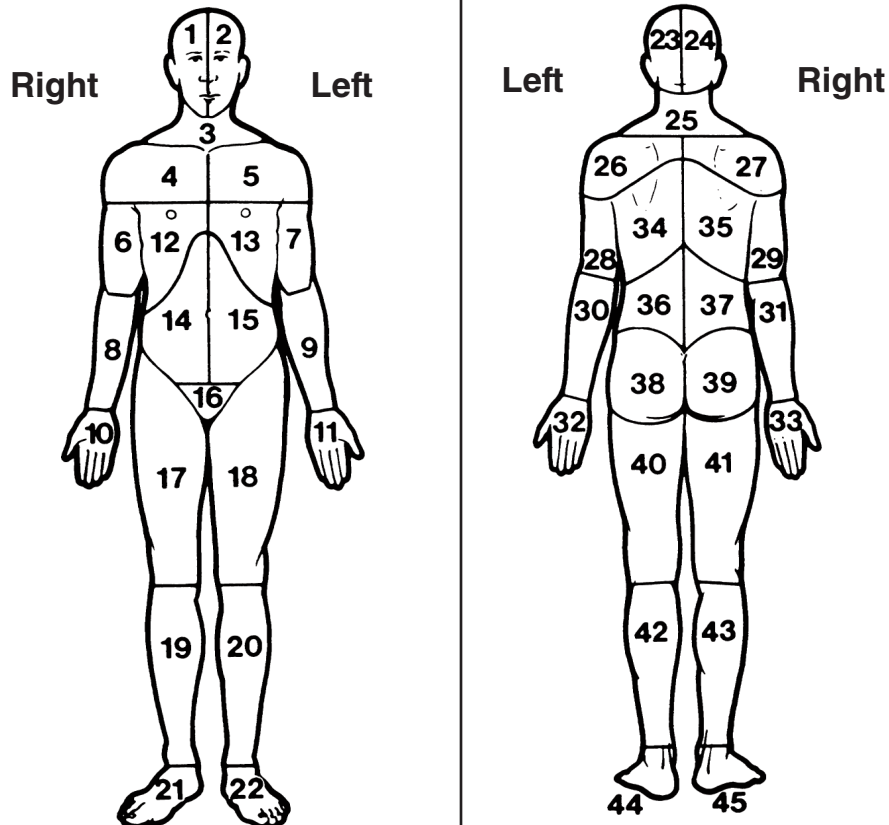
## Health

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

1  No → If No, Go to Question 70

2  Yes:

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



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

1  The most intense pain imaginable

2  Extreme pain

3  Severe pain

4  Moderate pain

5  Mild pain

6  Slight pain

7  No pain

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

- 1  None
- 2  One
- 3  Two or more

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

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

**72. Which bone was it?**

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

**73. Have you ever had surgery on your nose?**

- 1  No
- 2  Yes

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

- 1  No
- 2  Yes

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

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

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

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

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

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

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

## Fertility

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

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

\_\_\_\_\_

79. How many of your children were intended?

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

## Background

82. Are you currently covered by Medicare?

- 1  No  
2  Yes

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

- 1  No  
2  Yes

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

- 1  No  
2  Yes

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

- 1  No  
2  Yes

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

- 1  Strongly agree  
2  Agree  
3  Disagree  
4  Strongly disagree



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

- 1  No
- 2  Yes

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

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

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

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

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

- 1  No
- 2  Yes

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

- 1  No
- 2  Yes

## **Thank you!**

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

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

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# 1

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