ICPSR 31142

Chicago Community Adult Health Study, 2001-2003

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Data Collection Instrument: Long Version

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SECTION A: HOUSEHOLD LISTING AND ACTIVITY

SCTABOX1

AA-1 ADULT HOUSEHOLD LISTING

Adult	Any others?	Relationship	Sex	Age
1		Respondent	RSEX	RAGE
2	AYADLT1	ADLT1	ASEX1	AAGE1
3	AYADLT2	ADLT2	ASEX2	AAGE2
4	AYADLT3	ADLT3	ASEX3	AAGE3
5	AYADLT4	ADLT4	ASEX4	AAGE4
6	AYADLT5	ADLT5	ASEX5	AAGE5

RAGE					
AA-1a	Before we start the interview, I need to re-list the people who live here—adults 18 or older first, then people under 18. I don't need names, just the age, sex, and relationship to you for each person. Let's start with you. How old are you?				
	Age				
RBDAY					
AA-1aa	What is your date of birth?				
***Consistency	$ccheck-interview\ date-RBDAY=RAGE$				
RSEX					
AA-1b	INTERVIEWER OBSERVATION				
	Male1				

AYADLT1 AA-1c	Is there anyone else 18 or older who lives here?
	Yes1 No5
	SKIP: IF AYADLT1=5, ASK AYCHLD1
ADLT1-ADLT5	
AA-1d	What is the relationship of that person to you?
	Spouse
ASEX1-ASEX5	
AA-1e	What is the sex of that person?
	Male1 Female2
***Consistency che	ck – spouse/partner same sex as R?
AAGE1-AAGE5 AA-1f	What is the age of that person?
	Age

AYADLT2-AYADLT5

-	-	_	-		_	_	_	-	-	_	-	 _
				1								
F	١.	А	_	1c								

Is there anyone else 18 or older who lives here?

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

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

SCTABOX2

AA-2 CHILD HOUSEHOLD LISTING

Child	Any children?	Relationship	Sex	Age
1	AYCHLD1	CHLD1	CSEX1	CAGE1
2	AYCHLD2	CHLD2	CSEX2	CAGE2
3	AYCHLD3	CHLD3	CSEX3	CAGE3
4	AYCHLD4	CHLD4	CSEX4	CAGE4
5	AYCHLD5	CHLD5	CSEX5	CAGE5
6	AYCHLD6	CHLD6	CSEX6	CAGE6

AYCHLD1

AA-2a

Next, I need the age, sex, and relationship to you of everyone age 17 or younger who lives here. Is there anyone else 17 or younger who lives here?

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

SKIP: IF AYCHLD1=5, ASK AYCHDEW1.

CHLD1-CHLD6

AA-2b

What is the relationship of that person to you?

Spouse......1
Partner.....2
Biological Child......3
Stepchild.....4
Adopted child.....5
Foster child.....6
Partner's child.....7
Grandchild.....8

	Nephew/niece9 Sibling17 Other relative18 Other non-relative19
***Consistency check	k – child coded as spouse?
CSEX1-CSEX6 AA-2c	What is the sex of that person? Male1 Female2
CAGE1-CAGE6 AA-2d	What is the age of that person? Age
AYCHLD2-AYCHLI AA-1c	Is there anyone else 17 or under who lives here? Yes1 No5

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

SCTABOX3

AA-3 LISTING OF R'S CHILDREN LIVING ELSEWHERE

Child	Any children?	Relationship	Sex	Age
1	AYCHDEW1	CHLDEW1	CSEXEW1	CAGEEW1
2	AYCHDEW2	CHLDEW2	CSEXEW2	CAGEEW2
3	AYCHDEW3	CHLDEW3	CSEXEW3	CAGEEW3
4	AYCHDEW4	CHLDEW4	CSEXEW4	CAGEEW4
5	AYCHDEW5	CHLDEW5	CSEXEW5	CAGEEW5
6	AYCHDEW6	CHLDEW6	CSEXEW6	CAGEEW6
7	AYCHDEW7	CHLDEW7	CSEXEW7	CAGEEW7
8	AYCHDEW8	CHLDEW8	CSEXEW8	CAGEEW8

AYCHDEW1 AA-3a	Do you have any children – these may be biological, adopted, step, or foster children - who are not living here with you at the present time?
	Yes1 No5
	SKIP: IF AYCHLDEW=5, ASK: HWKHRS
CHLDEW1-CHLDE	W8
AA-3b	Is this child your natural, adopted, stepchild, or foster child?
	Biological Child3 Stepchild4 Adopted child5
	Foster child6
CSEXEW1-CSEXEV	V8
AA-3c	What is the sex of that child?
	Male1 Female2
CAGEEW1-CAGEE	
AA-3d	What is the age of that child?
	Age
AYCHDEW2-AYCH	
AA-3e	Do you have any other children who are not living here with you at the present time?
	Yes1 No5
	SKIP: IF AYCHDEW2-AYCHDEW8=1, ASK CHLDEW2-CHLDEW8.

HWKHRS AD-1	Now I have a few questions about how you spend your time. <u>In a typical week</u> , about how many hours do you spend doing housework such as preparing food, going grocery shopping, doing laundry, cleaning or other such work around the house?
	(IF R GIVES A RANGE, ASK FOR BEST ESTIMATE. IF R REFUSES, ENTER MIDPOINT OF RANGE.) Hours
	SKIP: IF AYCHLD1 = 5, ASK ADULTCRE
***Acceptable respon	nse 0-100
CHLDHRS AD-2	In a typical week, about how many hours do you spend caring for the children who live here?
	Hours
	SKIP: IF CHLDHRS=0, ASK DAYCARE.
CHLDRED AD-2a	Have you had to quit work, adjust your working hours, or reduce other activities in order to care for these children? Yes1 No5
DAYCARE AD-3	During the last 12 months , were any of your children cared for by others

6

SKIP: IF DAYCARE=5, ASK ADULTCRE.

care home?

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

outside of your home, such as relatives, a day care center, or a family day

DYCRETRB AD-3a	For this next question, you can look at the first inside page of your respondent booklet. Please do not look at the booklet except when I tell you.
	How much trouble do you usually have finding affordable day care? Look at page 1 in your booklet. Would you say a great deal, quite a bit, some, a little, or no trouble at all?
	A great deal
CDCRTSK AE-1	Are you taking care of any children under 18 years old, who do not live with you , either in your home or someone else's home? [DOES <u>NOT</u> INCLUDE CARING FOR CHILDREN IN A DAY CARE CENTER]
	Yes1 No5
	SKIP: IF CDCRTSK=5, ASK: HLPTSK1.
CDCRHRS AE-3	In a typical week , about how many hours do you spend taking care of these children?
	(IF R GIVES A RANGE, ASK FOR BEST ESTIMATE. IF R REFUSES ENTER MIDPOINT OF RANGE.)
	Hours
***Acceptable re	esponse 0-100
CDCRPAID AE-4	Are you paid for taking care of these children?
	Yes1 No5

CDCRREL AE-5	Are any of these children related to you?
	Yes1 No5
CDCRRED AE-6	Have you had to quit work, adjust your working hours, or reduce other activities in order to care for these children?
	Yes1 No5
HLPTSK1	
AF-1	Now let's talk about help you may have given in the last year to friends, neighbors, or relatives who did not live with you. We are interested in help you provided during the last 12 months for which you did not receive pay.
	During the last 12 months , did you provide transportation, shop or run errands, do housework or help with the upkeep of their house, or do anything else to help friends, neighbors, or relatives who did not live with you?
	Yes1 No5
	SKIP: IF AF-1 =5, ASK SPCLCARE
HLPHRS AF-2	On average, about how many hours per week did you spend helping others in these ways over the past year?
	(IF R GIVES A RANGE, ASK FOR BEST ESTIMATE. IF R REFUSES ENTER MIDPOINT OF RANGE.)
	Hours

^{***}Acceptable response 0-100. Allow decimals.

SPCLCARE	
AF-3	Finally, I would like to ask about people who have trouble taking care of themselves because of physical or mental illness, disability, or for some other reason. Are you currently involved in helping someone like this by caring for them directly or arranging for their care by others?
	Yes1 No5
	SKIP: IF AF-3 =5, ASK BEDCHR
NUMCARE	
AF-3a	How many such people do you help?
	Number
WHOCARE	
AF3-b	I have a few questions about the person with whom you have the greatest involvement.
	Who is [IF NUMCARE =1, FILL 'this person'/ IF NUMCARE > 1 FILL 'the person you take care of the most']? What is this person's relationship to you?
	Relationship
CARELIVE	
AF-3c	Does (he/she) live with you in your household?
	Yes1 No5
HOWCARE	
AF-4c	Do you actually help to care for (him/her), or do you arrange for (his/her) care by others, or do you do both?
	Care For1 Arrange for care2
	·· · · · · · · · · · · · · · · · · · ·

Both.....3

CARENDO	
CAREHRS AF-5	In a typical week, about how many hours did you spend doing this over the past year?
	Hours
***Acceptable re.	sponse 0-100. Allow decimals
BEDCHR	
AF-6	Now, I'd like to ask you a few questions about physical activity or exercise you may do.
	Are you currently in bed or in a chair for most or all of the day because of your health?
	Yes1 No5
	SKIP: IF BEDCHR =1, ASK SLEEP1
PHYSACT1	
AG-1	(For this next question, you can look at the second page of your respondent booklet. Please do not look at the booklet except when I tell you.)
	On the average over the past year, how many days a week do you walk continuously for 20 minutes or more, either to get somewhere or just for exercise or pleasure. Look at page 2 in your booklet, would you say
	Never
	2 –3 times a week

PHYSACT2 AG-2

Again looking at page 2 in your booklet, on the average over the past year, how many days a week do you do things around home like painting or other household improvements, or any work outside your home such as gardening, yard work, shoveling snow? Would you say...

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

SKIP: IF PHYSACT2 = 1, ASK PHYSACT3

PHYSACT2A

AG-2a

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

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

Hours /week_____

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

PHYSACT3

AG-3

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

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

SKIP: IF PHYSACT3= 1, ASK PHYSACT4

PHYSACT3A AG-3a	Each time you did these light or moderate activities, did you generally do them for 20 minutes or more, or for less than 20 minutes?
PHYSACT4 AG-4	Less than 20 minutes1 20 minutes or more2 On average over the last year, how many days a week did you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY
	Never
	2 –3 times a week4 4 – 5 times a week5 Almost every day6 SKIP: IF PHYSACT 4 = 1, ASK SLEEP1
PHYSACT4A AG-4a	Each time you did these vigorous activities, did you do them 20 minutes or
	more, or less than 20 minutes? Less than 20 minutes1

20 minutes or more.....2

SECTION B: PHYSICAL HEALTH AND UTILIZATION OF HEALTH CARE

SLEEP1	
BA-1	Now I have a series of questions about your health.
	How many hours of sleep do you usually get at night?
***Allow decim	nals in the answer
12, iwer should	d question, accepting responses 0-24. If R's answer is less than 4 or greater than be prompted to say, "You have told me that you usually get SLEEP1 hours of Is this correct?"
SLEEP2A BA-2a	Respondent Booklet, page 3
	Now look at page 3 in your booklet. During the <u>past 4 weeks</u> , how often would you say you have had any of these problems related to your sleep?
	Trouble falling asleep. Would you say <u>rarely or never</u> , <u>sometimes</u> , <u>often</u> or <u>almost every day</u> ?
	Rarely or never1 Sometimes2 Often3 Almost every day4
SLEEP3B BA-3b	How about waking up in the middle of the night and finding it hard to get back to sleep –(would you say <u>rarely or never</u> , <u>sometimes</u> , <u>often</u> or <u>almost every day</u>)?
	Rarely or never1 Sometimes2 Often3 Almost every day4

SLEEP4	
BA-4	How about waking up very early and can't get back to sleep—(would you say <u>rarely or never</u> , <u>sometimes</u> , <u>often</u> or <u>almost every day)?</u>
	Rarely or never1 Sometimes2 Often3 Almost every day4
HEART	
BA-5	The next set of questions are about health problems some people have had. Has a doctor or health professional EVER told you that you had a heart attack?
	Yes1 No5
	SKIP: IF HEART = 5, ASK: HTTRB
HEARTYR BA-5a	In what year did it first occur?
	SKIP: IF HEARTYR=2001, ASK HEARTDR
HEARTMO	
BA-5b	Have you had a heart attack in the last 12 months?
	Yes1 No5
HE A DTDD	
HEARTDR BA-5c	Have you seen a doctor or other health professional about your heart attack in the last 12 months?
	Yes1 No5

HEARTMED BA-5d	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5
HTTRB	
BA-6	Now I will read a list of medical conditions that usually last for some time. Has a doctor or health professional EVER told you that you had any of these conditions?
	How about other heart trouble?
	Yes1 No5
	SKIP: IF HEART = 5, ASK: HYPER.
HTTRBYR BA-6a	In what year did it first occur?
	SKIP: IF HTTRBYR=2001, ASK HTTRBDR
HTTRBMO	
BA-6b	Have you had it in the last 12 months?
	Yes1 No5
HTTRBDR	
BA-6c	Have you seen a doctor or other health professional about it in the last 12 months?
	Yes1 No5

HTTRBMED	
BA-6d	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5
HYPER BA-7	(Has a doctor or health professional ever told you that you have) high blood pressure or hypertension?
	Yes1 No5
	SKIP: IF HYPER = 5, ASK: STROK.
HYPERYR BA-7a	In what year did it first occur?
	SKIP: IF HYPERYR=2001, ASK HYPERDR
HYPERMO BA-7b	Have you had it in the last 12 months?
	Yes1 No5
HYPERDR BA-7c	Have you seen a doctor or other health professional about it in the last 12 months?
	Yes1 No5
HYPERMED BA-7d	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5

STROK BA-8	(Has a doctor or health professional ever told you that you have had) a stroke?
	Yes1 No5
	SKIP: IF STROK = 5 , ASK: BRONC.
STROKYR BA-8a	In what year did it first occur?
	SKIP: IF STROKYR=2001, ASK STROKDR
STROKMO BA-8b	Have you had a stroke in the last 12 months?
	Yes1 No5
STROKDR	
BA-8c	Have you seen a doctor or other health professional about your stroke in the last 12 months?
	Yes1 No5
STROKMED	
BA-8d	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5

BRONC BA-10	(Has a doctor or health professional ever told you that you have) chronic
	bronchitis? Yes1
	No5
	SKIP: IF BRONC = 5, ASK: ASTHM.
BRONCYR BA-10a	In what year did it first occur?
	SKIP: IF BRONCYR=2001, ASK BRONCDR
BRONCMO BA-10b	Have you had it in the last 12 months?
	Yes1 No5
BRONCDR	
BA-10c	Have you seen a doctor or other health professional about it in the last 12 months?
	Yes1 No5
BRONCMED BA-10d	Have you taken prescription medicines or other prescribed treatments for
	it in the last 12 months?
	Yes1 No5
ASTHM	
BA-11	(Has a doctor or health professional ever told you that you have) asthmat
	Yes1

SKIP: IF ASTHM= 5, ASK: ARTHR. **ASTHMYR** BA-11a In what year did it first occur? SKIP: IF ASTHMYR=2001, ASK ASTHMDR **ASTHMMO** BA-11b Have you had it in the last 12 months? Yes.....1 No.....5 **ASTHMDR** BA-11c Have you seen a doctor or other health professional about it in the last 12 months? Yes.....1 No.....5 **ASTHMMED** Have you taken prescription medicines or other prescribed treatments for BA-11d it in the last 12 months? Yes.....1 No.....5 ARTHR BA-12 (Has a doctor or health professional ever told you that you have) arthritis? Yes.....1

SKIP: IF ARTHR = 5, ASK: DIABE.

ARTHRYR BA-12a	In what year did it first occur?
	SKIP: IF ARTHRYR=2001, ASK ARTHRDR
ARTHRMO BA-12b	Have you had it in the last 12 months?
	Yes1 No5
ARTHRDR BA-12c	Have you seen a doctor or other health professional about it in the last 12 months?
	Yes1 No5
ARTHRMED BA-12d	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months? Yes1
	No5
ARTHRKNE BA-12e	Is it in your knees?
	Yes1 No5
ARTHRHAN BA-12f	Is it in your hands?
	Yes1 No5

DIABE	
BA-13	(Has a doctor or health professional ever told you that you have) diabetes or high blood sugar?
	Yes1 No5 SKIP: IF DIABE = 5, ASK: ULCER.
DIABEYR BA-13a	In what year did it first occur?
	SKIP: IF DIABEYR=2001, ASK DIABEDR
DIABEMO BA-13b	Have you had it in the last 12 months?
	Yes1 No5
DIABEDR BA-13c	Have you seen a doctor or other health professional for it in the last 12 months?
	Yes1 No5
DIABEMED BA-13d	Have you taken prescription medicines or other prescribed treatments for
DA-13U	it in the last 12 months?
	Yes1 No5
ULCER BA-14	Has a doctor or health professional ever told you that you have a stomach duodenal or peptic ulcer?
	Yes1

	SKIP: IF ULCER = 5, ASK: CIRCU.
ULCERYR BA-14a	In what year did it first occur?
	SKIP: IF ULCERYR=2001, ASK ULCERDR
ULCERMO BA-14b	Have you had it in the last 12 months? Yes1 No5
ULCERDR BA-14c	Have you seen a doctor or other health professional for it in the last 12 months? Yes1 No5
ULCERMED BA-14d	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months? Yes1 No5
CIRCU BA-16	(Has a doctor or health professional ever told you that you have) poor circulation to the legs or peripheral artery disease? Yes1

SKIP: IF CIRCU = 5, ASK: EMPHY.

CIRCUYR BA-16a	In what year did it first occur?
	SKIP: IF CIRCUYR=2001, ASK CIRCUDR
CIRCUMO BA-16b	Have you had it in the last 12 months?
	Yes1 No5
CIRCUDR BA-16c	Have you seen a doctor or other health professional for it in the last 12 months?
	Yes1 No5
CIRCUMED BA-16d	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months? Yes1 No5
EMPHY BA-18	(Has a doctor or health professional ever told you that you have) emphysema or chronic obstructive lung disease? Yes1 No5 SKIP: IF EMPHY = 5, ASK: OSTEO.
EMHYYR BA-18a	In what year did it first occur?

SKIP: IF EMHYYR=2001, ASK EMPHYDR

EMPHYMO BA-18b	Have you had it in the last 12 months? Yes1
EMPHYDR BA-18c	No5 Have you seen a doctor or other health professional for it in the last 12
	months? Yes1 No5
EMPHYMED BA-18d	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5
OSTEO BA-19	(Has a doctor or health professional ever told you that you have) osteoporosis or bones that break easily?
	Yes1 No5
	SKIP: IF OSTEO = 5, ASK: CRAMP.
OSTEOYR BA-19a	In what year did it first occur?
	SKIP: IF OSTEOYR=2001, ASK OSTEODR

OSTEOMO	
BA-19b	Have you had it in the last 12 months?
	YES1 NO5
OSTEODR	
BA-19c	Have you seen a doctor or other health professional for it in the last 12 months?
	YES1 NO5
OSTEOMED	
BA-19d	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	YES1 NO5
CRAMP	
BA-20	Next, I will read a list of physical symptoms that some people have. For each one, tell me whether you have had that symptom in the last 12 months.
	In the last 12 months have you had frequent cramps in your legs?
	Yes1 No5
	SKIP: IF CRAMP = 5, ASK: BREAT.
CD A MDDD	
CRAMPDR BA-20a	Did you see a doctor or other health professional about it in the last 12 months?
	Yes1 No5

CRAMPMED BA-20b	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5
BREAT BA-21	(In the last 12 months have you had) trouble breathing or shortness of breath?
	Yes1 No5
	SKIP: IF BREAT = 5, ASK: ANKLE.
BREATDR BA-21a	Did you see a doctor or other health professional about it in the last 12 months?
	Yes1 No5
BREATMED BA-21b	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5
ANKLE BA-22	(In the last 12 months have you had) swollen ankles?
	Yes1 No5

SKIP: IF ANKLE = 5, ASK: BACK.

ANKLEDR BA-22a	Did you see a doctor or other health professional about it in the last 12 months?
	Yes1 No5
ANKLEMED BA-22b	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5
BACK BA-23	(In the last 12 months have you had) repeated pains in the back or spine?
	Yes1 No5
	SKIP: IF BACK = 5, ASK: COUGH.
BACKDR BA-23a	Did you see a doctor or other health professional about it in the last 12 months?
	Yes1 No5
BACKMED BA-23b	Did you have prescription medicines or other prescribed treatments for it?
	Yes1 No5
COUGH BA-24	(In the last 12 months have you had) constant coughing or frequent heavy chest colds?
	Yes1

SKIP: IF COUGH = 5, ASK: STIFF.

COUGHDR BA-24a	Did you see a doctor or other health professional about it in the last 12 months?
	Yes1 No5
COUGHMED BA-24b	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5
STIFF BA-25	(In the last 12 months have you had) stiffness, swelling, or aching in any joint or muscle?
	Yes1 No5
	SKIP: IF STIFF = 5, ASK: FEET.
STIFFDR BA-25a	Did you see a doctor or other health professional about it in the last 12 months?
	Yes1 No5
STIFFMED BA-25b.	Did you have prescription medicines or other prescribed treatments for it?
2.1. 200.	Yes1 No5

FEET BA-26	(In the last 12 months have you had) problems with your feet that cause pain or limit your ability to walk?
	Yes1 No5
	SKIP: IF FEET = 5, ASK: HURIN.
FEETDR BA-26a	Did you see a doctor or other health professional about it in the last 12 months?
	Yes1 No5
FEETMED BA-26b	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5
HURIN	
BA- 27	(In the last 12 months have you had) difficulty holding your urine until you get to a toilet or leaking of urine when you cough, sneeze, laugh, or exert yourself?
	Yes1 No5
	SKIP: IF HURIN = 5, ASK: CANCER.
HURINDR BA-27a	Did you see a doctor or other health professional about it in the last 12 months?
	Yes1 No5

HRUINMED BA-27b	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months?
	Yes1 No5
CANCER BA-28	Now, thinking of your whole life, has a doctor or other health professional ever told you that you have cancer?
	Yes1 No5
	SKIP: IF CANCER = 5, ASK: FALL
CANCYR1 BA-28a	In what year were you first diagnosed?
***Upper respon	ase limit=2001
CANCSIT1 BA-28b	In what site or part of your body did you have cancer?
CANCTRT BA-28c	Did you have either surgery, radiation, chemotherapy or drugs as a treatment for it?
	Yes1 No5
CANC2 BA-28g	Have you ever had a recurrence or cancer in another site?
	Yes1 No5

SKIP: IF CANC2 = 5, ASK: CANCTLM

CANC2YR BA-28h	In what year did you have your recurrence or other cancer?
CANC2SIT BA-28i	In what site or part of your body was that cancer?
CANCTLM BA-28j	Have you been under treatment for cancer in the last 12 months? Yes1 No5
FALL BA-29	During the last 12 months, have you had a fall that was serious enough to cause you to go to a doctor, an emergency room, or a hospital? Yes1 No5
RECOGFR BA-30	Now, looking at page 4 in your Respondent Booklet How much difficulty do you have seeing well enough to recognize a friend across the street, even with glasses would you say a great deal, some, a little, or none? A great deal1 Some2 A little3 None4

READNEWS BA-31	How much difficulty do you have seeing well enough to read a newspaper, even with glasses would you say <u>a great deal</u> , <u>some</u> , <u>a little</u> , or <u>none</u> ?
	A great deal1 Some2 A little3 None4
HEARCONV	
BA-32	How much difficulty do you have hearing and understanding words in a normal conversation, even with a hearing aid would you say <u>a great deal</u> , <u>some</u> , <u>a little</u> , or <u>none</u> ?
	A great deal1 Some2 A little3 None4
HEARCONV BA-33	How much difficulty do you have hearing well enough to carry on a conversation in a noisy room, even with a hearing aid would you say <u>a great deal</u> , <u>some</u> , <u>a little</u> , or <u>none</u> ?
	A great deal1 Some2 A little3 None4
BALANCE BA-33a	Respondent Booklet, page 5
D11 33u	
	Now, I will read a list of problems which people sometimes have. Looking at page 5 in your booklet, for each one, please tell me how often you have had that problem <u>during the last 12 months</u> .
	In the last 12 months how often have you had sudden loss of balance would you say <u>very often</u> , <u>often</u> , <u>sometimes</u> , <u>rarely or never</u> ?

 Very often.
 1

 Often.
 2

 Sometimes.
 .3

 Rarely.
 .4

 Never.
 .5

WEAKLEGS BA-33c	In the last 12 months how often have you had weakness in your legs? Would you say <u>very often</u> , <u>often</u> , <u>sometimes</u> , <u>rarely or never</u> ?
	Very often
WEAKARMS BA-33d	How about weakness in your arms?
	Very often1 Often2 Sometimes3 Rarely4 Never5
LOSSWGHT BA-33g	How about loss of weight not due to dieting or increased activity?
	Very often1 Often2 Sometimes3 Rarely4 Never5
FRUITVEG BB-1	Now I have some questions about your daily habits.
	How many servings of fruit or vegetables do you usually eat in a day? (A serving is a cup of fruit or vegetable juice or a half cup of raw or cooked vegetables or fruits. Include juices and all types of raw or cooked fruits and vegetables.)
	servings
ABSTAIN BB-2	Do you ever drink beer, wine or liquor?
	Yes1 No2

ABSTEVER BB-2a	Have you always abstained from drinking alcohol?
DD 24	Thave you arways abstanted from drinking alcohor.
	Yes1
	No2
	SKIP: ASK EVERCIGS.
DRNKMON	
BB-2b	In a typical month, about how many days do you drink beer, wine or liquor?
	Days
	IF LESS THAN ONE PER MONTH, ENTER 0.
DRINKS	
BB-2c	On days that you drink, about how many drinks do you have? By drink we mean a can or bottle of beer, glass of wine, or shot of liquor or a mixed drink.
	Drinks
***Should accept d	ecimal values
DRNKDY	
BB-2d	What is the <u>largest</u> number of drinks you had in any <u>single</u> day during the past 12 months? Would you say none, 1-3, 4-10, 11-20, or more than 20?
	None1
	1-32 4-103
	11-204
	More than 205

SKIP: IF ABSTAIN=1, ASK DRNKMON.

SKIP: IF ABSTAIN=DK OR REF, ASK EVERCIGS

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

DRNKBNG BB-2e	How many times during the past <u>month</u> did you have 5 or more drinks on an occasion?
	(IF R ANSWERS NONE, ENTER 0)
	# times
***Acceptable respon	nse 1-20
DDNIKENGO	
DRNKFNC0 BB-3	In the past 12 months, have you been under the effects of alcohol or suffering its after- effects while at work or school or while taking care of children?
	Yes1 No5
	SKIP: IF DRNKFNC0=5, ASK: DRNKDGR.
DRNKFNC1 BB-3a	How often (see page 6 of your booklet)once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?
	Once or twice1 Between 3 and 5 times2 Between 6 and 10 times3 Between 11 and 20 times4 More than 20 times5
DRNKDGR BB-4	During the past 12 months, were you ever under the effects of alcohol or feeling its after-effects in a situation which increased your chances of getting hurt—like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming? Yes1
	No5

DRNKPSY	
BB-5	<u>During the past 12 months</u> , did you have any emotional or psychological problems from using alcohol—such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas? Yes1
	No5
DRNKDSR	
BB-6	<u>During the past 12 months</u> , did you have such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else?
	Yes1 No5
DRNKMTH	
BB-7	<u>During the past 12 months</u> , did you have a period of a month or more when you spent a great deal of time using alcohol or getting over its effect?
	Yes1 No5
DRNKAMT0	
BB-8	<u>During the past 12 months</u> , did you <u>often</u> use much larger amounts of alcohol than you intended to when you began, or did you use it for a longer period of time than you intended to?
	Yes1 No5
	SKIP: IF DRNKAMT0=5, ASK: DRNKMOR.
DRNKAMT1 BB-8a	How often (again see page 6 of your booklet)once or twice, between 3
	and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?
	Once or twice1
	Between 3 and 5 times2 Between 6 and 10 times3 Between 11 and 20 times4
	Detween 11 and 20 unics

More than 20 times.....5

DRNKMOR	
BB-9	<u>During the past 12 months</u> , did you ever find that you had to use more alcohol than usual to get the same effect or that the same amount had less effect on you than before?
	Yes1 No5
EVERCIGS BB-11	Have you smoked more than 100 cigarettes in your lifetime?
	Yes1 No5
	SKIP: IF EVERCIGS = 5, ASK: CHECKUP.
CIGSNOW BB-12	Do you smoke any cigarettes now?
	Yes1 No5
	SKIP: IF CIGESNOW = 5, ASK: MNYCIGSP.
MNYCIGSN BB-12a	In an average day, how many cigarettes do you usually smoke?
	Cigarettes orPacks
***Allow decimals	
Allow up to 100 ciga	rettes or 5 packs
CIGSYRSN BB-12b	Altogether, how many years have you smoked regularly? Subtract all non-smoking periods.
	years
	SKIP: ASK: CHECKUP

***Allow decimals ***Consistency ch	eck against R's age
MNYCIGSP BB-13a	When you were smoking, how many cigarettes did you usually smoke in an average day?
	Cigarettes orPacks
***Allow decimals	
YRSSMOKE	
BB-13b	Altogether, how many years did you smoke regularly? Subtract all non-smoking periods.
	years
***Consistency ch	eck against R age
CHECKUP	
BC-1a	Respondent Booklet, page 7
	Now, I have some questions about health care.
	Some people get various kinds of checks on their health once in a while, even though they are feeling well and have not been sick. Looking at page 7 in your booklet, when was the last time you had any of the following kinds of check-ups?
	First, a general physical exam by a doctor or other health professional when you were feeling well? Would you say within the last year, 1 or 2 years ago, more than 2 years ago, or never?
	Within the last year1 1 or 2 years ago2 More than 2 years ago3 Never4

A routine dental cleaning and exam.
Within the last year1 1 or 2 years ago2 More than 2 years ago3 Never4
A check of your blood pressure.
Within the last year1 1 or 2 years ago2 More than 2 years ago3 Never4
A check of your cholesterol.
Within the last year1 1 or 2 years ago2 More than 2 years ago3 Never4
SKIP: IF CHLCHECK=4, ASK INSURE1.
Has a doctor or health professional ever told you that you have high cholesterol?
Yes1 No5
SKIP: IF HICHL= 5, ASK: INSURE1.
What year did it start?

HICHLMO BC-1g	Have you had it in the last 12 months?
C	Yes1 No5
HICHLMED BC-1h	Have you taken prescription medicines or other prescribed treatments for it in the last 12 months? Yes1 No5
INSURE1 BC-2a	Respondent Booklet, page 8
	Please turn to page 8 in the booklet. Which, if any, of the following kinds of health insurance coverage do you have?
	ENTER ALL THAT APPLY, SEPARATED BY DASHES
	Medicare1
	Medigap (covers medicare deductibles and co-payments)2
	Medicaid3
	VA (Veterans Administration) or Champus health coverage4
	HMO (a plan charging a fixed monthly fee paid either by you or your employer that usually requires that you go to certain doctors or hospitals)5
	PPO or PPS (point of service or preferred provider plan which allows a choice of doctors or hospitals at some additional cost)
	Fee for service plan, such as Blue Cross/Blue Shield (allows totally free choice of providers)7
	Any other coverage8
	No insurance9

INSURE6A	SKIP: IF INSURE1 .NE. 8, ASK: HAVEDOC
BC-2g	Please give me the name or a description of that coverage.
HAVEDOC BC-3	Do you have a particular doctor or clinic that you would call your regular doctor or clinic?
	Yes1 No5
***Limit responses to	0-100
HOSP12	
BC-4	During the last 12 months, how many separate times have you stayed overnight as a patient in a hospital?
	Times
***Limit responses to	0-365
	SKIP: IF HOSP12 = 0, ASK: NURS12.
NURS12	
BC- 5	During the last 12 months, how many separate times have you stayed overnight at a convalescent hospital or nursing home?
	Times
	SKIP: IF HOSP12 = 0, ASK: INDOORS.
SEEDOC12	Other than when you were a nationt overnight in a hospital or a nursing
BC-6	Other then when you were a patient overnight in a hospital or a nursing home, how many times in the last 12 months have you seen any kind of doctor or other health professional about your health?

INDOORS BC-7	During the last 12 months, how many days did you stay <u>indoors</u> because you were sick?
	days
	SKIP: IF INDOORS = 0, ASK: HEALTH.
INBED BC-8	On how many of the days that you stayed inside because you were sick, did you stay in bed most of the day?
	days
HEALTH BD-1	Looking at page 9 in your booklet, All in all, would you say that your health is generally excellent, very good, good, fair, or poor? Excellent1 Very good2
	Good3 Fair4 Poor5
HEAVYWRK BD-2a	[Respondent Booklet, Page 10.
	Now using the options on page 10 of your booklet. Using these options, please tell me how difficult it is for you to perform each of the following activities <u>by yourself</u> .
	First, doing heavy housework yourself, like washing windows or floors, if you had to?
	I have no difficulty1 I have some difficulty2 I have a lot of difficulty3 I can only do it with help from a person or equipment4 (VOLUNTEERED: I can't do it)5

LARGEOBJ BD-2b	How about pulling or pushing a large object, like a living room chair?
	I have no difficulty
STOOP BD-2c	(How about) stooping, crouching or kneeling?
	I have no difficulty
LIFT10 BD-2d	How about lifting or carrying weights over 10 pounds, like a heavy bag of groceries by yourself?
	I have no difficulty
REACHUP BD-2e	(How about) reaching or extending your arms above your shoulders?
	I have no difficulty
GETUP BD-2f	(How about) getting up from a stooping, kneeling, or crouching position?

	I have no difficulty
STANDUP BD-2g	How about standing up after sitting in a chair?
	I have no difficulty
WALKUP BD-2h	(How about) walking up one flight of stairs by yourself?
<i>DD</i> -211	I have no difficulty
HANDLE BD-2i	(How about) writing or handling small objects? I have no difficulty1 I have some difficulty2 I have a lot of difficulty3 I can only do it with help from a person or equipment4 (VOLUNTEERED: I can't do it)5
COOKING BD-2j	How about doing all your cooking yourself, if you had to? I have no difficulty1 I have some difficulty2 I have a lot of difficulty3 I can only do it with help from a person or equipment4 (VOLUNTEERED: I can't do it)5

SHOPPING BD-2k (How about) doing all your shopping, if you had to? I have no difficulty.....1 I have some difficulty......2 I have a lot of difficulty......3 I can only do it with help from a person or equipment......4 (VOLUNTEERED: I can't do it)......5 WALK BD-21 How about walking 1/4 mile without help - that's about 2-3 blocks? I have no difficulty.....1 I have some difficulty......2 I have a lot of difficulty......3 I can only do it with help from a person or equipment......4 (VOLUNTEERED: I can't do it).....5 SKIP: IF RAGE LESS THAN 50 OR IF HEAVYWRK THROUGH WALKUP = 1, ASK: SCTBCP3 WALKROOM BD-3a (How about) walking across a small room by yourself? I have no difficulty.....1 I have some difficulty......2 I have a lot of difficulty......3 I can only do it with help from a person or equipment......4 (VOLUNTEERED: I can't do it)......5 **BATHING** BD-3b (How about) bathing -- a sponge bath, shower, or tub bath? I have no difficulty.....1 I have some difficulty......2 I have a lot of difficulty......3 I can only do it with help from a person or equipment......4 (VOLUNTEERED: I can't do it)......5

WASHING BD-3c	(How about) brushing your hair or teeth, washing your face?
	I have no difficulty
DRESSING BD-3d	(How about) dressing putting on a shirt, buttoning and zipping, or putting on your shoes?
	I have no difficulty
USETOIL BD-3e	How about using the toilet?
BD 30	I have no difficulty

SCTBCP3 BC-6a I	NTERVIEWER CHECKPOINT
	SKIP: IF SEX=MALE, ASK: SECTION C
MAMMO BE-1	Have you had a mammogram – that is, an x-ray of the breast to look for cancer or other breast problems in the <u>last 5 years</u> ?
	Yes1 No5

BREASTEX BE-2	Not counting mammograms, have you ever had a breast exam done by a doctor or other health professional?
	Yes1 No5
	SKIP: IF BREASTEX = 5, ASK PAPSMEAR.
LASTBREX BE-2a	How old were you when you had your last breast exam done by a doctor nurse or physician assistant?
	years old
PAPSMEAR BE-3	There is a test for cervical cancer called a Pap smear that is often done as part of a pelvic examination. Have you ever had such a test?
	Yes1 No5
	SKIP: IF PAPSMEAR NOT EQUAL 1, ASK: PREGNOWQ.
LASTPAP BE-3a	When did you have your last Pap smear? Was it within the last 12 months, 1 to 2 years ago, 2 to 5 years ago, or more than 5 years ago?
	Within the last 12 months1 1 or 2 years ago2 2 to 5 years ago3 More than 5 years ago4
	NOTE: IF RESPONDENT SAYS 2 YEARS, CODE AS 2
PREGNOWQ BF-1	Are you currently pregnant?
	Yes1 No5 DK9

MAYBPREG BF-2	Do you think you are probably pregnant or not?
	PROBABLY YES 1 PROBABLY NO 5
	NOTE: PROBE FOR R's BEST GUESS OR HUNCH BEFORE ACCEPTING A "DON'T KNOW" RESPONSE. (A RESPONSE OF "DON'T KNOW" WILL BE TREATED AS CURRENTLY PREGNANT IN SUBSEQUENT QUESTIONS.)
NUMPREGS	(EILL) IE DDECNOWO – 1 OD MAYDDDEC – 1 OD DV odd
BF-3	(FILL: IF PREGNOWQ = 1 OR MAYBPREG = 1 OR DK, add "Including this pregnancy,")
	How many times have you been pregnant altogether including any pregnancies that may have resulted in abortion or miscarriage?
	(Number of times)
	(RANGE: IF PREGNOWQ=1 OR MAYBEPREG=1 OR DK, NUMPREGS>0)
	SKIP: IF NUMPREGS=0, ASK: MENARCHE
LIVEBRTH	
BF-4	How many babies have you had that were born alive? Please include babies that died shortly after birth and babies that you placed for adoption
	(Number of live births)
	SKIP: IF LIVEBRTH = 0, ASK: MENARCHE
AGEBRTH	
BF-4a	How old were you when your first baby was born?
*** Accept answer.	s between 9 and RAGE

LOWBW BF-4b	Did any of your babies have a low birth weight – that is, a weight less than 5 and ½ pounds or 2500 grams?
	Yes1 No5
PRETERM BF-4c	Were any of your babies born prematurely – that is, at 36 weeks or earlier in the pregnancy? Yes1 No5
MENARCHE BG-1	How old were you when you had your <u>first</u> menstrual period? (IF NECESSARY, PROBE USING GRADE IN SCHOOL OR SEASON.)
	years old (RANGE: MENARCHE < Current age) SKIP: IF PREGNOWQ=1 OR MAYBEPREG=1, ASK: FEMHORM1
MENOP BG-2	Have you gone through menopause or "the change of life"? Yes1 No5
	SKIP: IF MENOP = 5, ASK: HYSTER.
MENOAGE BG-3	How old were you when you had your last natural menstrual period?

HYSTER	
BG-4	Have you had a hysterectomy, that is, surgery to remove your uterus or womb?
	Yes1 No5
	SKIP: IF HYSTER=5, ASK: OVARECT.
HYSTAGE BG- 4a	How old were you when you had this surgery?
	years old
OVARECT	H
BG-5	Have you ever had one or both of your ovaries surgically removed?
	Yes, had one removed1 Yes, had both removed2 No3
OVARAGE BG-5a	About how old were you when you had this surgery?
2000	years old
FEMHORM1	
BG-6	Have you EVER taken "female hormones" for symptoms of menopause or the change of life, or because a doctor recommended them (EXCLUDING birth control pills)?
	YES1 NO5
	SKIP: IF FEMHORM1=5 GO TO BIRTCNT1
FEMHORM2	
BG-6a	Looking at page 11 of your booklet, for how many years did you take (or have you taken) hormones?
	Less than 1 year1

	1-3 years2
	4-6 years3
	7-9 years4
	10 or more years5
BIRTCNT1	
BG-7	Have you EVER taken birth control pills?
	YES1
	NO5 SKIP: IF BRTCNT1 = 5, ASK: BIRTCNT3
BIRTCNT2 BG-7a	What year did you start taking them?
	(year)
BIRTCNT3	
BG-7b	Again looking at page 11 in your booklet, how many years in total did you take birth control pills? Please exclude number of years you had been pregnant, nursing, or because of other medical reasons you were not taking birth control pills.
	Less than 1 year1
	1-3 years2
	4-6 years3 7-9 years4
	10 or more years5
	10 of more years

SECTION C: SOCIAL ENVIRONMENT

NGBDEF1 C-1	The next set of questions ask about what it's like to live in your neighborhood.
NGBDEF2 C-2	When you are talking to someone about your neighborhood, what do you mean? Does it include just the block or street you live on, the 2 or 3 blocks around where you live, or more than 2-3 blocks? The block or street you live on
NGBDEF C-2a	About how many blocks are in the area that you think of as your neighborhood? You don't need to be exact – just an approximate number: NUMBER OF BLOCKS IN NEIGHBORHOOD(verbatim)
NGBDEF3 C-3	Would you say the area you consider your neighborhood is within a 5, 10, 15-minute, or more than 15-minute walk from your house? 5 minute walk
NGBDEF3 C-4	Does your neighborhood have a name? YES1 NO5

NGBMOVE C-5	Would you say it is very likely, likely, unlikely or very unlikely that you will move from this neighborhood in the next five years? VERY LIKELY
CONTROL0 C-6	For each of the following, please tell me if it is very likely, likely, unlikely or very unlikely that people in your neighborhood would act in the following manner.
CONTROL1 C-7	If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? Very likely1 Likely2 Unlikely3 Very unlikely4
CONTROL2 C-8	If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it? Very likely1 Likely2 Unlikely3 Very unlikely4
CONTROL3 C-9	If a child was showing disrespect to an adult, how likely is it that people ir your neighborhood would scold that child? Very likely1 Likely2 Unlikely3 Very unlikely4

CONTROL5 C-10	If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbors would break it up?
	Very likely1 Likely2 Unlikely3 Very unlikely4
CONTROL6 C-11	Suppose that because of city budget cuts the library or fire station closest to your home was going to be closed down by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station or library open?
	Very likely1 Likely2 Unlikely3 Very unlikely4
INTRVENE C-12	How afraid would you be to call the police on a group of kids fighting or making trouble in front of your house? Very afraid1
	Somewhat afraid2 Not at all afraid3
SAFETY1 C-13	Is there any place - within 3 blocks of your current home – where you are afraid to walk alone at night?
	Yes1 No5 Unsure/Depends7
SAFETY2 C-14	How safe is it to walk around alone in your neighborhood after dark? Is it:
	Completely safe1 Fairly safe2

	Somewhat dangerous3 Extremely dangerous4
RLNHNUM CG–15	Now, I have a few questions about your friends and family and how you spend your time.
	Not counting those who live with you, how many of your relatives or in- laws live in your neighborhood? Would you say none, one or two, three to five, six to nine, or ten or more?
	None1 One or two2 Three to five3 Six to nine4 Ten or more5
FRNHNUM CG-16	How many friends do you have who live in your neighborhood? Would you say none, one or two, three to five, six to nine, or ten or more?
	None1 One or two2 Three to five3 Six to nine4 Ten or more5
NBCONF1 C-17	Think about the neighbor you are friendliest with. Please look at page 13 and tell me how close do you feel you are to this neighbor?
	Close friends1 Friendly, but not close2 Acquaintances only3 Don't get along with neighbors4 Don't know neighbors or don't have any contact5
ANONYM2 C-18	How easy is it for you to pick out people who are outsiders or who obviously don't live in this area? Would you say it is very easy, somewhat easy, somewhat difficult, or very difficult?

	Very easy
NGBKIDS2 C-19	Other than at school or religious services, how often in the past year did you spend time with children from the neighborhood?
	Never
EXCHG0 C-20	Now I am going to ask about some things you might do with people in your neighborhood. Please look at page 14 in the booklet.
EXCHG1	
C-20	About how often do you and people in your neighborhood do favors for each other? By favors we mean such things as watching each other's children, helping with shopping, lending garden or house tools, and other small acts of kindness. Would you say often, sometimes, rarely or never?
	Often1 Sometimes2 Rarely3 Never4
EXCHG2	
C-21	When a neighbor is not at home or on vacation, how often do you and other neighbors watch over their property? Would you say often, sometimes, rarely or never?
	Often1 Sometimes2 Rarely3 Never4

EXCHG3 C-22	How often do you and other people in the neighborhood ask each other advice about personal things such as child rearing or job openings? Would you say often, sometimes, rarely or never? Often1 Sometimes2 Rarely3 Never4
EXCHG4 C-23	How often do you and people in this neighborhood have parties or other get-togethers where other people in the neighborhood are invited? Would you say often, sometimes, rarely or never? Often1 Sometimes2 Rarely3 Never4
EXCHG5 C-24	How often do you and other people in this neighborhood visit in each other's homes or on the street? Would you say often, sometimes, rarely or never? Often1 Sometimes2 Rarely3 Never4
COMPUTE1 C-25	Respondent Booklet, page 15. How many hours do you spend using the Internet or e-mail in a typical week, not counting the times you do so for work — none, less than 1 hour, 1-5 hours, 6-10 hours, 11-20 hours, or more than 20 hours. (IF NECESSARY: By a week, we mean 7 days.) None1

11-20 hours......5 More than 20 hours......6

Less than 1 hour.....2

1-5 hours......3 6-10 hours.....4

COMPUTE2 C-26	Do you have access to the Internet in your home?
	Yes1 No5
COMPUTE3 C-27	Do you use the Internet to stay in touch with friends and relatives? Yes1 No5
COMPUTE5 C-28	Respondent Booklet, page 16.
	Do you use the Internet to do any of the following?
	CODE ALL THAT APPLY
	Shop
COHES0 C-29	Respondent Booklet, page 17.
	Now I'm going to read some statements about things that people in your neighborhood may or may not do. For each of these statements, please te

ell neighborhood may or may not do. For each of these statements, please me whether you strongly agree, agree, disagree, or strongly disagree.

COHES2 C-30	Adults in this neighborhood know who the local children are.
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
COHES3	
C-31	This is a close-knit neighborhood.
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
COHES4	
C-32	There are adults in this neighborhood that children can look up to
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
COHES5	Decade around horse one willing to help their neighbors
C-33	People around here are willing to help their neighbors.
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
COHES6	
C-34	People in this neighborhood generally get along with each other.
	Strongly agree1 Agree2 Disagree3 Strongly disagree4

COHES7	
C-35	You can count on the adults in this neighborhood to watch out that children are safe and don't get in trouble.
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
COHES8 C-36	People in this neighborhood can be trusted.
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
COHES10 C-37	People in this neighborhood share the same values.
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
COHES11 C-38	Parents in this neighborhood know their children's friends.
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
COHES12 C-39	Parents in this neighborhood generally know each other.
	Strongly agree1 Agree2 Disagree3 Strongly disagree4

IMPACT C-40	Overall, how much impact do think people like you can have in making your community a better place to live – no impact at all, a small impact, moderate impact, or big impact?
	No impact at all1 A small impact2 Moderate impact3 Big impact4
CONTACT0 C-41	Respondent booklet, page 18.
	Now I am going to ask about contacts you may have had with some community officials <u>during the last year</u> , that is from [MONTH OF INTERVIEW] 2000 to now. Please turn to page 18 in your booklet and tell me which of these you have had direct contact with during the last year. By direct we mean contact by telephone, in writing, or in-person.
	ENTER ALL THAT APPLY, SEPARATED BY DASHES.
	A School Principal
DISORD0 C-42	Now, I'm going to read a list of things that may be a problem in some areas, and I'd like you to give me your impressions of how many of these things you see in your neighborhood.
DISORD1A C-43	How much broken glass or trash on sidewalks and streets do you see in your neighborhood? Would you say a lot, some, a little, or none at all?
	A lot1

Some.....2

	A little3 None4
DISORD2A C-44	How much graffiti do you see on buildings and walls in your neighborhood? (Would you say a lot, some, a little, or none at all)?
	A lot1 Some2 A little3 None4
	SKIP: IF DISORD2A=4, ASK: DISORD3A
DISORD2B C-45	How much of a problem is the graffiti? Would you say a big problem, somewhat of a problem, or not a problem at all?
	A big problem1 Somewhat of a problem2 Not a problem3
DISORD3A C-46	How many vacant or deserted houses or storefronts do you see in your neighborhood? Would you say <u>a lot</u> , <u>some</u> , <u>a little</u> , <u>or none at all</u> ?
	A lot1 Some2 A little3 None4
DISORD4A C-47	How often do you see people drinking in public places in your neighborhood? Would you say <u>very often</u> , <u>sometimes</u> , <u>not very often</u> , o <u>never</u> ?
	Very often1 Sometimes2 Not very often3 Never4
	SKID: IE DISODD $AA = A A$ SK: DISODD $5A$

DISORD4B C-47a	How much of a problem is the drinking in public? Would you say <u>a big</u> <u>problem</u> , <u>somewhat of a problem</u> , <u>or not a problem at all</u> ?
	A big problem1 Somewhat of a problem2 Not a problem3
DISORD4C C-47b	If a group of teenagers were drinking alcohol in public in your neighborhood, how likely is it that your neighbors would do something about it? Would you say <u>very likely</u> , <u>likely</u> , <u>unlikely</u> , or <u>very unlikely</u> ?
	Very likely1 Likely2 Unlikely3 Very unlikely4
DISORD5A C-48	How often do you see people selling or using drugs in your neighborhood
	Would you say very often, sometimes, not very often, or never?
	Very often1 Sometimes2 Not very often3 Never4
DISORD6A C-49	How often do you see unsupervised children hanging out on the street in your neighborhood? (Would you say very often, sometimes, not very
	Very often1 Sometimes2 Not very often3 Never4

NORM0 C-50

Respondent Booklet, page 19

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

NORM1

C-51

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

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

NORM2

C-52 How about using marijuana?

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

NORM3

C-53 Drinking alcohol?

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

DRGSELL

C-54

If someone wanted to buy <u>drugs</u> in this neighborhood, how easy do you think it would be to do so?

Very easy.....1

	Pretty easy2 Pretty hard3 Very hard4
PVIOL0 C-55	I am now going to describe some events that may or may not have
C-33	happened in this neighborhood. Looking at page 20 in the booklet, for each of the following, please tell me how often it has happened in this neighborhood during the past six months.
PVIOL1	
C-56	<u>During the past six months</u> , how often was there a fight in this neighborhood in which a weapon was used? Would you say often, sometimes, rarely or never?
	Often1
	Sometimes2 Rarely3
	Never4
PVIOL2	
C-57	During the past six months, how often was there a violent argument between neighbors?
	Often1 Sometimes2
	Rarely3
	Never4
PVIOL3	
C-58	Gang fights?
	Often1
	Sometimes2
	Rarely3
	Never4
PVIOL4	
C-59	A sexual assault or rape?
	Often1
	Sometimes2
	Rarely3
	Never4

PVIOL5 C-60	A robbery or mugging?
VOTE1 C-61	Often1 Sometimes2 Rarely3 Never4 Now I have some questions about voting and politics.
	Did you vote in the last Presidential election?
	Yes1 No5
VOTE3 C-62	How about the last Mayoral election in Chicago?
	Yes1 No5
CIVIC0 C-63	Respondent booklet, page 21
	Please turn to page 21 in your booklet. Which of the things listed have you done in the past twelve months?
	ENTER ALL THAT APPLY, SEPARATED BY DASHES.
	Signed a petition
PAPER3	
C-64	Do you read the Chicago Tribune, Sun Times, or other newspaper on a daily basis?
	Yes1 No5

VICTIM1 C-65	While you have lived in this neighborhood, has anyone ever used violence, such as in a mugging, fight, or sexual assault, against you or any member of your household anywhere in your neighborhood?
	Yes1 No5
	SKIP: IF VICTIM1 NE 1, ASK: VICTIM3
VICTIM2 C-66	Did that happen at all in the past 6 months?
	Yes1 No5
VICTIM3 C-67	While you have lived in this neighborhood, has your home ever been broken into?
	Yes1 No5
	SKIP: IF VICTIM3 NE 1, ASK: VICTIM5
VICTIM4 C-68	Did that happen at all in the past 6 months?
	Yes1 No5
VICTIM5 C-69	While you have lived in this neighborhood, have you or another member of your household had anything stolen from your yard, porch, garage, or elsewhere outside your home (but on your property)?
	Yes1 No5

SKIP: IF VICTIM5 NE 1, ASK: VICTIM7

VICTIM6 C-70	Did that happen at all in the past 6 months?
	Yes1 No5
VICTIM7 C-71	While you have lived in this neighborhood, have you or another member of your household had property damaged, including damage to vehicles parked in the street, to the outside of your home or to other personal property?
	Yes1 No5
	SKIP: IF VICTIM7 NE 1, ASK: POLICE 2
VICTIM8 C-72	Did that happen at all in the past 6 months?
	Yes1 No5
POLICE2 C-73	Now I have some questions about the police.
	How good a job are the police doing in dealing with the problems that really concern people in your neighborhood? Would you say a very good job, good job, only fair, or a poor job?
	Very good job1 Good job2 Fair job3 Poor job4
POLICE3	
C-74	How good a job are the police doing in working together with residents in your neighborhood to solve local problems? (Would you say a very good job, good job, only fair, or a poor job)?

	Very good Job
POLICE7 C-75	Now looking at page 22, please tell me how strongly you agree with following statements about the police.
	The police are fair to all people regardless of their background. Would you say you
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
POLICE8 C-76	The police in your local community can be trusted
	Strongly agree1 Agree2 Disagree3 Strongly disagree4
CAPS2 C-77	Do you participate in neighborhood meetings between residents and the police?
	Yes1 No5
	SKIP: IF CAPS2 NE 1, ASK: NBRACE0
SERVENV1 C-78	Now, I have some questions about the local services and environment ir your neighborhood. Looking at page 23 in the booklet, do you think the quality of the public schools that serve this neighborhood is excellent, good, fair, or poor?
	Excellent1 Good2 Fair3 Poor4

SERVENV2 C-79	What about the quality of the stores that serve this neighborhood, such as local grocery stores or drug stores? Excellent1
	Good2 Fair3 Poor4
SERVENV3 C-80	What about financial institutions that serve this neighborhood, such as banks, savings and loans, or other places where you can hold your money in an account?
	Excellent1 Good2 Fair3 Poor4
SERVENV4 C-81	How would you rate your neighborhood on its accessibility to parks or other areas where people can jog and exercise or kids can play?
	Excellent1 Good2 Fair3 Poor4
SERVENV5 C-82	What about the quality of street cleaning and garbage collection in this neighborhood?
	Excellent1 Good2 Fair3 Poor4
SERVENV6 C-83	How would you rate the general upkeep of the neighborhood?
	Excellent1

Good.....2

	Poor4
SERVENV7 C-84	Some neighborhoods have problems with air quality because of things like exhaust from cars, trucks, and buses; smoke from nearby industrial areas; or dust and dirt from trash or construction. How would you rate the quality of the air in this neighborhood?
	Excellent1 Good2 Fair3 Poor4
SERVENV8 C-85	How often do you see rats, mice, or roaches in your neighborhood? Very often1 Sometimes2 Not very often3 Never4
SERVENV9 C-86	How dangerous do you think traffic is in your neighborhood either to people driving in cars or walking on the street? Very dangerous1 Somewhat dangerous2 Not very dangerous3 Not dangerous at all4
SERVENV10 C-87	Some neighborhoods are noisier places to live than others. Noise can come from people living nearby, people walking or hanging out on the street, traffic, or construction. How noisy would you say your neighborhood is? Very noisy1 Somewhat noise2 Not very noisy3 Not noisy at all4

SERVENV:	1	1
C-88.		

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

Very often1
Sometimes2
Not very often3
Never4

SECTION D: PERSONALITY

LEADIN D-LEAD

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

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

PRACTICE D-PRAC

This is a practice question. The interviewer will help you.

How much do you like living in Illinois?

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

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

ANGIN1 DA-1

Respondent Booklet, page 24 if questions are read.

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

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

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

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

ANGIN2 DA-2	When I am feeling angry or mad, I withdraw from people.
	Almost never1 Sometimes2 Often3 Almost always4
ANGIN3	
DA-3	When I am feeling angry or mad, I am irritated more than people are aware.
	Almost never1 Sometimes2 Often3 Almost always4
ANGIN4 DA-4	When I am feeling angry or mad, I am angrier than I am willing to admit.
	Almost never
ANGOUT4	
DA-6	When I am feeling angry or mad, I argue with others. Almost never1 Sometimes2 Often3 Almost always4
ANGOUT5	
DA-7	When I am feeling angry or mad, I strike out at whatever infuriates me.
	Almost never1 Sometimes2 Often3 Almost always4

ANGOUT6 DA-8	When I am feeling angry or mad, I say nasty things.
	Almost never1 Sometimes2 Often3 Almost always4
ANGOUT7	
DA-9	When I am feeling angry or mad, I lose my temper.
	Almost never1 Sometimes2 Often3 Almost always4
TRTANG1	
DA-10	I am quick tempered.
	Almost never1 Sometimes2 Often3 Almost always4
TRTANG2	
DA-11	I have a fiery temper.
	Almost never1 Sometimes2 Often3 Almost always4
TRTANG3	
DA-12	I fly off the handle.
	Almost never1 Sometimes2 Often3 Almost always4

LONELY1 DA-13	Indicate how often you feel the way described in each of the following statement.
	I lack companionship.
	Never
LONELY2	
DA-14	I feel left out.
	Never
LONELY3	
DA-15	I feel isolated from others.
	Never
COOKMED4	
DB-1	Respondent Booklet, page 25 if questions are read.
	For each of the following statements, please indicate whether you <u>agree strongly</u> , <u>agree somewhat</u> , <u>disagree somewhat</u> , or <u>disagree strongly</u> . Again, <u>respond quickly</u> , <u>as your first impulse is usually the best answer.</u>
	Most people inwardly dislike putting themselves out to help other people.
	Agree strongly1 Agree somewhat2 Disagree somewhat3
	Disagree strongly4

COOKMED5 DB-2	Most people will use somewhat unfair means to gain profit or an advantage rather than lose it.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
COOKMED6 DB-3	No one cares much what happens to you.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
COOKMED7 DB-4	I think most people would lie in order to get ahead.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
COKMED8 DB-5	I commonly wonder what hidden reasons another person may have for doing something nice for me.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
HOPELES1 DC-1	I feel it is impossible for me to reach the goals that I would like to strive for.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4

HOPELES2	
DC-2	The future seems hopeless to me and I can't believe that things are changing for the better.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
HOPELES3 DC-3	I don't expect to get what I really want.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
HOPELES4	The sale was are in smaller (smith a section of the same thing I should be accessed by sale and a large
DC-4	There's no use in really trying to get something I want because I probably won't get it.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
LOT1 DD-1	If something can go wrong for me it will.
DD-1	Agree strongly1
	Agree somewhat2
	Disagree somewhat3 Disagree strongly4
LOT2	
DD-2	I'm always optimistic about my future.
	Agree strongly1
	Agree somewhat
	Disagree strongly4

In uncertain times, I usually expect the best.
Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
Overall, I expect more good things to happen to me than bad.
Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
I hardly ever expect things to go my way.
Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
I rarely count on good things happening to me.
Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
I take a positive attitude toward myself.
Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4

SLFEST7	
DF-2	On the whole, I am satisfied with myself.
	Agree strongly1
	Agree somewhat2
	Disagree somewhat3
	Disagree strongly4
SLFEST9	
DF-4	I certainly feel useless at times.
	A
	Agree strongly1
	Agree somewhat2
	Disagree somewhat3 Disagree strongly4
	Disagree subligiy4
SLFEST10	
DF-5	At times I think I am no good at all.
	Agree strongly1
	Agree somewhat2
	Disagree somewhat3
	Disagree strongly4
DD 1 11 10T1	
PRLNMST1	I have little control arouthe things that hamon to me
DG-1	I have little control over the things that happen to me.
	Agree strongly1
	Agree somewhat2
	Disagree somewhat3
	Disagree strongly4
DDI NIMOTO	
PRLNMST2 DG-2	There is really no way I can solve some of the problems I have.
	There is really no way I can solve some of the problems I have.
	Agree strongly1
	Agree somewhat2
	Disagree somewhat3
	Disagree strongly4

PRLNMST4 DG-3	There is little I can do to change many of the important things in my life.
	Agree strongly
PRLNMST5	Tafian faal balalaan in daalina asida daa aan blanna afiifa
DG-4	I often feel helpless in dealing with the problems of life.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
ANOMIE1	
DH-1	Laws were made to be broken.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
ANOMIE2	
DH-2	It's okay to do anything you want as long as you don't hurt anyone
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
ANOMIE3	
DH-3	To make money, there are no right and wrong ways anymore, only easy ways and hard ways
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4

ANOMIE5	
DH-4	Nowadays a person has to live pretty much for today and let tomorrow take care of itself
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
DOMIN1 DH-5	I'm a "take charge" type of person.
	Agree strongly
DOMIN2 DH-6	I would be good at a job where I tell others what to do.
	Agree strongly
DOMIN3 DH-7	I feel best in situations where I am the leader.
	Agree strongly
DOMIN4 DH-8	I prefer to let others make decisions.
	Agree strongly

THANKS

DI-5

Thank you for completing this section of the survey. Please return the laptop computer to your interviewer.

COMPCASI

DI-6

IWER: Please ENTER the code that most closely describes the Respondent's completion of the Computer Assisted Self Interview.

R completed CASI unassisted......1

R completed with some interviewer assistance (e.g., Iwer read questions R

entered responses)....2

Interviewer administered CASI section....3

JHNHEN2

DJ-1

Respondent Booklet, page 26.

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

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

Completely true.....1
Somewhat true.....2

IF VOL: Don't know.....3

Somewhat false.....4 Completely false.....5

JHNHEN3

DJ-2

I like doing things that other people thought could not be done.

Completely true.....1

Somewhat true.....2

IF VOL: Don't know.....3

Somewhat false.....4 Completely false.....5

JHNHEN4 DJ-3	When things don't go the way I want them to, that just makes me work
	even harder.
	Completely true1 Somewhat true2 IF VOL: Don't know3 Somewhat false4 Completely false5
JHNHEN5 DJ-4	Sometimes I feel that if anything is going to be done right, I have to do it myself.
	Completely true1 Somewhat true2 IF VOL: Don't know3 Somewhat false4 Completely false5
JHNHEN9 DJ-5	In the past, even when things got <u>really</u> tough, I never lost sight of my goals.
	Completely true1 Somewhat true2 IF VOL: Don't know3 Somewhat false4 Completely false5
JHNHEN12 DJ-6	Hard work has really helped me to get ahead in life.
	Completely true1 Somewhat true2 IF VOL: Don't know3

Somewhat false.....4
Completely false.....5

TRUST1 DK-1	Now, I want to ask you some questions about how you view other people. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?
	Most can be trusted1 You can't be too careful in dealing with people2
TRUST2 DK-2	Would you say that most of the time people try to be helpful or do you think that they are mostly looking out for themselves?
	Most try to be helpful1 Most looking out for themselves2

SECTION E: VOLUNTARY ACTIVITY

GRPMEM1	
EA-1a	Now, I'm going to read you a list of organizations. For each type of organization, please tell me whether or not you are a current member.
	Are you a member of any service, civic, or social/fraternal organizations, such as the Elks, Masons, Lions, Rotary Club, League of Women Voters, or a local women's club?
	Yes1 No5
	SKIP: IF GRPMEM1=1, ASK GRPATT1 SKIP: IF GRPMEM1=5, DK, or REF ASK GRPMEM4
GRPATT1	
EA-1b	Have you attended a meeting of the organization in the past twelve months?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)
	Yes1 No5
	SKIP: IF GRPATT1=5, ASK GRPMEM4
GRPNGB1	
EA-1c	Does this organization hold meetings in this neighborhood?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, DO ANY OF THEM HOLD MEETINGS IN THIS NEIGHBORHOOD?)
	Yes1 No5

GRPACT1 EA-1d	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, IS S/HE AN ACTIVE MEMBER OF ANY OF THEM?)
	Yes1 No5
GRPMEM4	
EA-4a	Are you a member of a group affiliated with your religion, such as the Knights of Columbus or B'Nai B'rith?
	Yes1 No5
	SKIP: IF GRPMEM4=1, ASK GRPATT4 SKIP IF GRPMEM4=5, DK, or REF ASK GRPMEM6
GRPATT4	
EA-4b	Have you attended a meeting of the organization in the past twelve months?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)
	Yes1 No5
	SKIP: IF GRPATT4=5, ASK GRPMEM6
CDDNCD4	
GRPNGB4 EA-4c	Does the organization meet in this neighborhood?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, DO ANY OF THEM HOLD MEETINGS IN THIS NEIGHBORHOOD?)

GRPACT4 EA-4d Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings? (IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, IS S/HE AN ACTIVE MEMBER OF ANY OF THEM?) Yes.....1 No.....5 **GRPMEM6** EA-6a Are you a member of a local organization for the elderly or senior citizens? Yes.....1 No.....5 SKIP: IF GRPMEM6=5, ASK GRPMEM7 **GRPATT6** EA-6b Have you attended a meeting of the organization in the past twelve months? Yes.....1 No.....5 (IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?) SKIP: IF GRPATT6=5, ASK GRPMEM7 **GRPNGB6** EA-6c Does the organization meet in this neighborhood? (IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS

No.....5

Yes.....1

NEIGHBORHOOD?)

GROUP, DO ANY OF THEM HOLD MEETINGS IN THIS

GRPACT6 EA-6d	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings?
	Yes1 No5
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, IS S/HE AN ACTIVE MEMBER OF ANY OF THEM?)
GRPMEM7 EA-7a	Are you a member of a labor union?
	Yes1 No5
	SKIP: IF GRPMEM7=5, ASK GRPMEM8
GRPATT7 EA-7b	Have you attended a meeting of the organization in the past twelve months?
	Yes1 No5
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)
	SKIP: IF GRPATT7=5, ASK GRPMEM8
GRPNGB7 EA-7c	Does the organization meet in this neighborhood?
LA-IC	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, DO ANY OF THEM HOLD MEETINGS IN THIS NEIGHBORHOOD?)
	Yes1 No5

GRPACT7 EA-7d	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings? (IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, IS S/HE AN ACTIVE MEMBER OF ANY OF THEM?)
	Yes1 No5
GRPMEM8 EA-8a	Are you a member of any other organization that is associated with your work such as a business or professional organization?
	Yes1 No5
	SKIP: IF GRPMEM8=5, ASK GRPMEM9
GRPATT8 EA-8b	Have you attended a meeting of the organization in the past twelve months?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)
	Yes1 No5
	SKIP: IF GRPATT8=5, ASK GRPMEM9
GRPNGB8 EA-8c	Does the organization meet in this neighborhood?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS

No.....5

Yes.....1

NEIGHBORHOOD?)

GROUP, DO ANY OF THEM HOLD MEETINGS IN THIS

GRPACT8 EA-8d	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings? (IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS
	GROUP, IS S/HE AN ACTIVE MEMBER OF ANY OF THEM?)
	Yes1 No5
GRPMEM9	
EA-9a	Are you a member of an organization active on political issues, such as the environment, abortion, gun control, or an organization active in supporting candidates in elections such as a party organization?
	Yes1 No5
	SKIP: IF GRPMEM9=5, ASK GRPMEM10
GRPATT9 EA-9b	Have you attended a meeting of the organization in the past twelve months?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)
	Yes1 No5
GRPNGB9	
EA-9c	Does the organization meet in this neighborhood?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, DO ANY OF THEM HOLD MEETINGS IN THIS NEIGHBORHOOD?)

SKIP: IF GRPATT9=5, ASK GRPMEM10

GRPACT9 EA-9d	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, IS S/HE AN ACTIVE MEMBER OF ANY OF THEM?)
	Yes1 No5
GRPMEM10 EA-10a	Are you a member of a group concerned with children or youth such as the Girl Scouts, the Boys Club, or a youth sports league?
	Yes1 No5
	SKIP: IF GRPMEM10=5, ASK GRPMEM12
GRPATT10 EA-10b	Have you attended a meeting of the organization in the past twelve months?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)
	Yes1 No5
	SKIP: IF GRPATT10=5, ASK GRPMEM12
GRPNGB10 EA-10c	Does the organization meet in this neighborhood?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, DO ANY OF THEM HOLD MEETINGS IN THIS NEIGHBORHOOD?)

GRPACT10 EA-10d	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, IS S/HE AN ACTIVE MEMBER OF ANY OF THEM?)
	Yes1 No5
GRPMEM12 EA-12a	Do you belong to a block group, tenant association, or community council?
	Yes1 No5
	SKIP: IF GRPMEM12=1, ASK GRPATT12 SKIP IF GRPMEM12=5, DK, or REF ASK GRPMEM13
GRPATT12 EA-12b	Have you attended a meeting of the organization in the past twelve months?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)
	Yes1 No5
	SKIP: IF GRPATT12=5, ASK GRPMEM13
GRPNGB12 EA-12c	Does the organization meet in this neighborhood?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, DO ANY OF THEM HOLD MEETINGS IN THIS NEIGHBORHOOD?)

GRPACT12 EA-12d	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings? (IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, IS S/HE AN ACTIVE MEMBER OF ANY OF THEM?)
	Yes1 No5
GRPMEM13 EA-13a	Do you belong to any kind of neighborhood watch program?
	Yes1 No5
	SKIP: IF GRPMEM13=1, ASK GRPATT13 SKIP IF GRPMEM13=5, DK, or Ref, ASK OTHMEM1.
GRPATT13 EA-13b	Have you attended a meeting of the organization in the past twelve months?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, HAS S/HE ATTENDED A MEETING OF ANY OF THEM IN THE PAST TWELVE MONTHS?)
	Yes1 No5
	SKIP: IF GRPATT13=5, ASK OTHMEM1
GRPNGB13 EA-13c	Does this program hold meetings in this neighborhood?
	(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, DO ANY OF THEM HOLD MEETINGS IN THIS NEIGHBORHOOD?)
	Yes1

No.....5

GRPACT13 EA-13d

Do you consider yourself an active member of the organization? That is, in the **past twelve months** have you served on a committee, given time for special projects, or helped organize meetings?

(IF R BELONGS TO MORE THAN ONE ORGANIZATION IN THIS GROUP, IS S/HE AN ACTIVE MEMBER OF ANY OF THEM?)

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

OTHMEM1 EB-1a

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

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

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

SKIP: IF OTHMEM1=5, ASK OTHMEM2

OTHATT1 EB-1b

Have you attended a meeting of the organization in the past twelve months?

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

SKIP: IF OTHATT1=5, ASK OTHMEM2

OTHACT1 EB-1c

Do you consider yourself an active member of the organization? That is, in the **past twelve months** have you served on a committee, given time for special projects, or helped organize meetings?

OTHMEM2	
EB-2a	What about an educational institution—a local school or your own school or college or some organization associated with education such as a school alumni association or a school service organization such as the PTA?
	Yes1 No5
	SKIP: IF OTHMEM2=5, ASK OTHMEM3
OTHATT2	
EB-2b	Have you attended a meeting of the organization in the past twelve months?
	Yes1 No5
	SKIP: IF OTHATT2=5, ASK OTHMEM3
OTHACT2 EB-2c	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings?
	Yes1 No5
OTHMEM3	
EB-3a	What about some cultural organization that is active in providing cultural services to the public—for example, a museum, the symphony, or public radio or television?
	Yes1 No5
	SKIP: IF OTHMEM3=5, ASK OTHMEM4
OTHATT3 EB-3b	Have you attended a meeting of the organization in the past twelve months?
	Yes1

No.....5

SKIP: IF OTHATT3=5, ASK OTHMEM4

OTHACT3 EB-3c	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings?
	Yes1 No5
ОТНМЕМ4	
EB-4a	Have you given time to tutoring, coaching, mentoring, or helping out with after-school programs for kids?
	Yes1 No5
	SKIP: IF OTHMEM4=5, ASK OTHMEM5
OTHATT4	
EB-4b	Have you attended a meeting of the organization in the past twelve months?
	Yes1 No5
	SKIP: IF OTHATT4=5, ASK OTHMEM5
ОТНАСТ4	
EB-4c	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings?
	Yes1 No5
OTHMEM5 EB-5a	Have I missed any other organization that you give time to or are associated with?
	Yes1 No5

SKIP: IF OTHMEM5=5, GO TO CHKPT

OTHNAM5 EA-5b	What is the name of that organization?
	(IF RESPONDENT MENTIONS MORE THAN ONE, ASK FOR THAT IN WHICH RESPONDENT MOST OFTEN PARTICIPATES)
	Name
OTHATT5 EB-5c	Have you attended a meeting of the organization in the past twelve months?
	Yes1 No5
	SKIP: IF OTHATT5=5, GO TO CHKPT
OTHACT5 EB-5d	Do you consider yourself an active member of the organization? That is, in the past twelve months have you served on a committee, given time for special projects, or helped organize meetings?
	Yes1 No5
CHECKPOINT	SKIP: IF EA-1a AND EA-2a AND EA-3a AND EA-4a AND EA-4a AND EA-6a AND EA-7a AND EA-8a AND EA-9a AND EA-10a AND EA-11a AND EA-12a AND EA-13a ALL = 5, AND IF EB-1a AND EB-2a AND EB-3a AND EB-4a AND EB-5a ALL = 5, ASK: MARTIMES
OTHVOL EB-6	Thinking of all of the organizations that you just told me you are associated with, such as (<i>fill—see below</i>), during how many weeks in the last twelve months did you do unpaid work for <u>any</u> of these organizations?
	weeks

SKIP: IF OHTVOL=0, GO TO CHKPT2

*** for the fill:	
v v	for EA-1a=1, fill= service or civic organizations
	for $EA-2a=1$, fill= social clubs or fraternal organizations
	for EA- $4a=1$, fill= groups affiliated with your religion
	for EA-5a=1, fill= organizations representing your nationality, ethnic, or racial group
	for EA-6a=1, fill= local organizations for the elderly
	for EA-7 a =1, fill= labor unions
	for EA-8a=1, fill= business or professional organizations
	for EA-9a=1, fill= organizations active on political issues
	for EA-10a=1, fill= groups concerned with children or youth
	for EA-11a=1, fill= hobby or sports clubs
	for EA-12a=1, fill= neighborhood associations
	for EA-13a=1, fill= neighborhood watch programs
*** for the fill:	
	for EB-1a=1, fill= organizations providing social services
	for EB-2a=1, fill= organizations associated with educational institutions
	for $EB-3a=1$, fill= cultural organizations
	for $EB-4a=1$, fill= organizations working with kids
	for EB-5a=1, fill= OTHNAM5
VOLHRS	
EB-6a	During a typical week that you did this work, about how many hours did you spend doing unpaid work for these organizations?
	hrs./wk.
CHECKPOINT2	SKIP: IF CHKPT IS TRUE AND GRPACT13 SKIP IS TRUE ASK
	MARTIMES
ORGLEADR	
EC-1	In the past five years, have you served on the board or been an officer of any organizations which you belong to or work on behalf of?
	Yes1
	No5

SECTION F: SOCIAL RELATIONSHIPS & SUPPORT

MARTIMES FA-1	Now I have some questions about your family situation.
	How many times have you been married?
	Times
	SKIP: IF MARTIMES = 0,1, DK, or REF, ASK: MARSTAT
MAR1YR	
FA-1a	In what year were you first married?
	Year
***Consistency check	MAR1YR.GE (2001-RAGE+12)
MAR1END	
FA-1b	And how did that marriage end?
	Divorced or marriage annulled1 Widowed2
MAR1ENDY	
FA-1c	In what year were you (<i>FILL</i> : IF MAR1END=1: divorced/annulled; IF MAR1END=2: widowed)
	Year
***Consistency check	: MAR1ENDY GE MAR1YR
	SKIP: IF MARTIMES = 2, ASK: MARSTAT
MAR2YR	
FA-1d	In what year were you married for the second time?
	Year
*** Consistency check	k: MAR2YR.GE MAR1ENDY

MAR2END FA-1e	And how did that second marriage end?
	Divorced or marriage annulled1 Widowed2
MAR2ENDY	
FA-1f	In what year were you (FILL: if MAR2END=1: divorce/annulled; IFMAR2END=2 widowed)
	Year
***Consistency check	MAR2ENDY GE MAR2YR
	SKIP: IF MARTIMES = 3, ASK: MARSTAT
MAR3YR	
FA-1g	In what year were you married for the third time?
	Year
*** Consistency chec	k: MAR3YR.GE MAR2ENDY
MAR3END	
FA-1h	And how did that marriage end?
	Divorced or marriage annulled1 Widowed2
MAR3ENDY	
FA-1i	In what year did that third marriage end?
	Year
**Consistency check	MAR3ENDY GE MAR3YR

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SKIP: IF MARTIMES = 4, ASK: MARSTAT

MAR4YR FA-1j	In what year were you married for the fourth time?
	Year
*** Consistency	v check: MAR4YR.GE MAR3ENDY
MAR4END	
FA-1k	And how did that marriage end?
	Divorced or marriage annulled1 Widowed2
MAR4ENDY	
FA-11	In what year did that third marriage end?
	Year
**Consistency o	check MAR4ENDY GE MAR4YR
MARSTAT	
FA-1m	IWER: If Respondent reported being married 0 times (MARTIMES=0) do not ask this question but ENTER 5
	Are you currently married, separated, divorced, widowed? Married
	Divorced; marriage annulled3
	Widowed4 Never married5 (0 TO MARTIMES)
	SKIP: IF MARSTAT=1 OR 2, ASK: MARDATE SKIP: IF MARSTAT=5, DK, or REF, ASK: INTSTAT
LASTMAR	
FA-11n	In what year were you (FILL: if MARTIMES GE 2, last) married?
	Vear

MARENDY FA-1p	
P	In what year were you (FILL: if MARSTAT=3: divorced/annulled, if MARSTAT=4, widowed
	Year
	SKIP: GO TO INTSTAT
MARDATE	I.,l., 4
FA-1q	In what year were you married?
	Year
	SKIP: IF MARSTAT =1: GO TO SCTDCP2.
***Consistency	check – MARDATE .GE. (2001-RAGE+12)
INTSTAT	
FA-2a	Are you currently living with another adult as a partner in an intimate relationship?
	Yes1 No5
	SKIP: IF INSTAT=5, ASK: SCTDCP2.
INTTIME	
FA-2b	For how many months or years have you been living with your partner?
	Months Years
SCTDCP2	
FA-3	INTERVIEWER CHECKPOINT R is currently married or has an intimate partner.
	MARSTAT = 1 OR INTTIME \geq 12 MONTHS OR 1 YEAR1 All others5
	SKIP: IF SCTDCP2=5, ASK: SCTDCP3.

MARUPSET FB-1	Respondent Booklet page 27 if read.
	The next questions go better for most people if they answer them themselves, but if you prefer, I can read them to you.
	PRESS [Enter] to continue and hand laptop to the Respondent.
	Taking everything into consideration, how often do you feel bothered or upset by your (marriage/relationship)?
	Very often 1 Often 2 Sometimes 3 Rarely 4 Never 5
MARDESC1 FB-2a	Respondent Booklet page 28 if read.
	For the next three statements, please indicate how strongly you agree or disagree with each as it applies to your (marriage/relationship).
	There is a great deal of love and affection expressed in our relationship.
	Agree strongly
MARDESC2 FB-2b	My (spouse/partner) doesn't treat me as well as I deserve to be treated.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4

Agree strongly.....1
Agree somewhat.....2

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

MARDESC4

FB-2c

	Disagree somewnat
MARSUP1 FB-3a	Respondent Booklet, page 29 if read.
	How much does your (spouse/partner) make you feel loved and cared for?
	A great deal
MARSUP2 FB-3b	How much do you feel your (spouse/partner) makes too many demands or you?
	A great deal
MARSUP3 FB-3c	How much is your (spouse/partner) willing to listen when you need to talk
	about your worries or problems?
	A great deal
MARSUP4 FB-3d	How much is your (spouse/partner) critical of you or what you do?
	A great deal

MARRSLVE FB-4	Respondent Booklet page 30 if read.
	When you and your (husband/wife/partner) disagree about something, how often do you work things out so that both of you are satisfied?
	Very often 1 Often 2 Sometimes 3 Rarely 4 Never 5
MARCNFLT FB-5	Respondent Booklet page 31 if read.
	How often would you say the two of you typically have unpleasant disagreements or conflicts?
	Daily or almost daily
MARBHVE1	Decrear dant Decidet mass 22 if mad
FB-6a	Respondent Booklet page 32 if read.
	Please indicate how often your (spouse/partner) behaves in the following ways.
	My (spouse/partner) drinks too much.
	Often

MARBHVE2 FB-6b	My (spouse/partner) pushes, slaps, or hits me.
	Often
MARBHVE3 FB-6c	My (spouse/partner) wastes money the family needs for other things.
	Often
MARBHVE5 FB-6d	My (spouse/partner) yells or screams at me.
	Often
SCTDCP3 FC-0	INTERVIEWER CHECKPOINT
	R's child status.
	R's children under 18 live in household
	SKIP: IF SCTDCP3=5, ASK THANKS2.
CHLDSUP1 FC-1	Respondent Booklet page 33 if read.
	Now I have a series of questions about your experiences as a parent.
	How much do your children make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

	A great deal
CHLDSUP2	
FC-2	How much do you feel your children make too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all.)
	A great deal
CHLDBOTH	
FC-3	Respondent Booklet page 34 if read.
	How often do you feel bothered or upset as a parent—almost always, often, sometimes, rarely, or never?
	Almost always1 Often2
	Sometimes
PARHAPP FC-4	Respondent Booklet page 35 if read.
	How happy are you with the way your children have turned out at this point—very happy, quite happy, somewhat happy, not too happy, or not a all happy?
	Very happy1 Quite happy2 Somewhat happy3 Not too happy4 Not at all happy5

PARBAL FC-5 Respondent Booklet page 36 if read. Parenting can be both frustrating and rewarding. On balance, how would you rate your experience as a parent, as—very rewarding, rewarding, equally frustrating and rewarding, frustrating, or very frustrating? Very rewarding.....1 Rewarding.....2 Frustrating4 Very frustrating.....5 THANKS2 FC-5a Thank you for completing this section of the survey. Please give the laptop computer back to your interviewer. COMCASI2 FC-5b IWER: Please ENTER the code that most closely describes the Respondent's completion of the Computer Assisted Self Interview. R completed CASI unassisted......1 R completed with some interviewer assistance (e.g., Iwer read questions R entered responses)....2 Interviewer administered CASI section....3 CHLDPRB1 FC-6 Please turn to page 37 in your booklet. You will see a list of some problems that children of different ages sometimes have. Please tell me whether any of your children are currently having any of these problems. (IWER, IF OTHERS PRESENT: If you prefer, you can just give me the number on the card.) CHECK ALL THAT APPLY, SEPARATED BY DASHES.

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employment.....2

spouse).....4

Health problems.....3

Problems with their job or trouble finding or keeping

Problems with close relationships with others (not counting you or your

	Problems with their relationships with you or your s spouse/partner5 Any type of behavioral or emotional problem6 None of the above7
FRRLSUP1 FD-1a	Respondent Booklet page 38 if read.
	Following are some questions about your relationships with friends and relatives (other than your spouse/other than your partner) (or children).
	On the whole, how much do your friends and relatives make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?
	A great deal
FRRLSUP2 FD-1b	Again, on average, how much do you feel your friends and relatives make too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)
	A great deal
FRRLSUP3 FD-1c	How much are friends or relatives willing to listen when you need to talk about your worries or problems?
	A great deal

FRRLSUP4 FD-1d	How much are they critical of you or what you do?
	A great deal
FRNDNUM FD-2	How many close friends and relatives do you have (people that you feel at ease with, can talk to about private matters, and can call on for help)? Number:
HELPNUM FD-4	How many friends and relatives do you have to whom you can turn when you need to borrow something like a household object or a small amount of money or need help with an errand? Number:
ADVNUM FD-5	How many friends and relatives do you have who you can ask for advice
	or information? Number:
FRRELSEE FD-6	Respondent Booklet page 39. How often do you get together with friends, neighbors, or relatives, and do things like go out together or visit in each other's homes? Would you say more than once a week, once a week, 2 or 3 times a month, about once a month, less than once a month, or never?
	More than once a week1 Once a week2 2 or 3 times a month3 About once a month4 Less than once a month5 Never6

TELEMAIL	
FD-6a	In a typical week, about how often do you talk on the telephone or exchange emails with friends, neighbors, or relatives? Would you say more than once a day, once a day, 2 or 3 times a week, about once a week less than once a week, or never?
	More than once a day1 Once a day2 2 or 3 times a week3 About once a week4 Less than once a week5 Never or no phone6
SUPTYPE1 FD-7a	Respondent Booklet, page 40.
	People sometimes turn to others for companionship, assistance, or other types of support. How often are the following types of support available to you if you need them?
	Someone to confide in or talk to about yourself or your problems. Is this type of support available to you all of the time, most of the time, some of the time, a little of the time, or none of the time?
	All of the time

SUPTYPE2 FD-7b

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

Someone to help you with your daily chores if you were sick?
All of the time
Someone to loan you a small amount of money if you needed it?
(NOTE: A "SMALL AMOUNT OF MONEY IS \$100 OR LESS)
All of the time
Respondent Booklet, page 41.
Thinking now about everyone that you would <u>count as a personal friend</u> not just your closest friends—do you have a personal friend who
ENTER ALL THAT APPLY, SEPARATED BY DASHES.
Owns their own business?

SECTION G: MENTAL HEALTH

GA-1a	Respondent Booklet, page 42.
	Now I am going to read some statements about how people sometimes feel. After each statement, please indicate how often you felt that way DURING THE PAST WEEK. Again, the best answer is usually the one that comes to your mind first, so do not spend too much time on any one statement.
	I felt depressed. Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?
	Never1 Hardly ever2 Some of the time3 Most of the time4
CESD2	
GA-1b	I felt that everything I did was an effort. (Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?)
	Never1 Hardly ever2 Some of the time3 Most of the time4
CESD3	
GA-1c	My sleep was restless.
	Never1 Hardly ever2 Some of the time3 Most of the time4
CESD4	
GA-1d	I was happy. (Would you say you felt this way never, hardly ever, some of the time, most of the time during the past week?)
	Never1

	Hardly ever2 Some of the time3 Most of the time4
CESD5 GA-1e	I falt landy
GA-16	I felt lonely. Never1
	Hardly ever2
	Some of the time3 Most of the time4
CESD6	
GA-1f	People were unfriendly.
	Never1 Hardly ever2
	Some of the time3
	Most of the time4
CESD7	I aniovad life
GA-1g	I enjoyed life.
	Never1 Hardly ever2
	Some of the time3
	Most of the time4
CESD8	
GA-1h	I did not feel like eating. My appetite was poor. (Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?)
	Never1
	Hardly ever2 Some of the time3
	Most of the time4

CESD9 GA-1i	I felt sad.
	Never1 Hardly ever2 Some of the time3 Most of the time4
CESD10 GA-1j	I felt that people disliked me.
	Never1 Hardly ever2 Some of the time3 Most of the time4
CESD11 GA-1k	I could not get "going."
	Never1 Hardly ever2 Some of the time3 Most of the time4
ANXTY5 GB-1	I had fear of the worst happening. Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?
	Never1 Hardly ever2 Some of the time3 Most of the time4
ANXTY10 GB-3	I was nervous. Would you say you felt this way never, hardly ever, some of the time, or most of the time during the past week?
	Never1 Hardly ever2 Some of the time3 Most of the time4

ANXTY12 GB-5	I felt my hands trembling.
	Never1 Hardly ever2 Some of the time3 Most of the time4
ANXTY16 GB-8	I had a fear of dying.
	Never1 Hardly ever2 Some of the time3 Most of the time4
ANXTY19 GB-10	I felt faint.
	Never1 Hardly ever2 Some of the time3 Most of the time4
CIDIH0 GC-1	<u>During the past 12 months</u> , was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?
	Yes1 No5
	IWER: IF VOLUNTEERED, "I WAS ON MEDICATION/ANTI- DEPRESSANTS", REPEAT THE QUESTION
	SKIP: IF CIDIH0=5, ASK: CIDIA0.
CIDIH1 GC-1a	For the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst. During that time, did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

	All day long1 Most of the day2 About half the day3 Less than half the day4
	SKIP: IF CIDIH1=3 OR 4, ASK: CIDIA0.
CIDIH2 GC-1b	During those two weeks, did you feel this way <u>every day</u> , <u>almost every day</u> , or <u>less often</u> ?
	Every day1 Almost every day2 Less often3
	SKIP: IF CIDIH2=3, ASK: CIDIA0.
CIDIH3 GC-1c	During those two weeks did you lose interest in most things?
	Yes1 No5
CIDIH4 GC-1d	Did you feel tired out or low on energy all the time? (Note: If R asks: "Are we still talking about the same two weeks?" Answer: Yes).
	Yes1 No5
CIDIH5 GC-2	Did you gain or lose weight without trying, or did you stay about the
	same? (Note: If R asks, "Are we still talking about the same two weeks?" Answer: Yes).
	Gain1 Lose2 If volunteered: Both gained and lost weight3 Stay about the same4 If volunteered: R was on a diet5
	SKIP: IF CIDIH5=4 OR 5 ASK: CIDIH7

CIDIH6	
GC-2a	About how much did (you gain/ you lose/your weight change)? (Note: If range given, code midpoint. Round fraction down to the whole number.)
	# of pounds
CIDIH7 GC-3	Did you have more trouble falling asleep than you usually do? (Note: If R asks, "Are we still talking about the same two weeks?" Answer: "Yes").
	Yes1 No5
	SKIP: IF CIDIH7=5, ASK: CIDIH9.
CIDIH8 GC-3a	Did that happen <u>every night</u> , <u>nearly every night</u> , or <u>less often</u> during those two weeks?
	Every night1 Nearly every night2 Less often3
CIDIH9 GC-4	Did you have a lot more trouble concentrating than usual?
	Yes1 No5
CIDIH10 GC-5	People sometimes feel down on themselves, no good, or worthless. Did you feel this way? (Note: If R asks, "Are we still talking about the same two weeks?" Answer: "Yes").
	Yes1 No5

CIDIH11	
GC-6	Did you think a lot about death—either your own, someone else's, or death in general?
	Yes1 No5
SCTGCP1 GC-7	INTERVIEWER CHECKPOINT
GC-7	INTERVIEWER CHECKFOINT
	IF (CIDIH3=5) AND (CIDIH4=5) AND (CIDIH5= 4 OR 5) AND (CIDIH7=5) AND (CIDIH9=5) AND (CIDIH10=5) AND (CIDIH11=5)
	SKIP: IF SCTGCP1=1, ASK CIDIA0.
CIDI12	
GC-8	Reviewing what you just told me, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things. (Note: Fill in descriptions in CIDIH3-CIDIH11) About how many weeks altogether did you feel this way during the past 12 months?
	# of weeks (02-51)
	If volunteered, entire year52
	SKIP: IF CIDI12=52, ASK DRUGS0
CIDI13	
GC-8a	Think about the most recent time when you had two weeks in a row when you felt this way. In what month was this?
	Month (01-12)
CIDI14	
GC-8b	Think about the most recent time when you had two weeks in a row when you felt this way. In what year was this?
	Year
	GO TO DRUGS0

CIDIA0	
GC-9	<u>During the past 12 months</u> , was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?
	Yes1 No5
	IWER: IF VOLUNTEERED, "I WAS ON MEDICATION/ANTI- DEPRESSANTS", REPEAT THE QUESTION
	SKIP: IF CIDIA0=5, ASK DRUGS0
CIDIA1 GC-9a	For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?
	All day long1 Most of the day2 About half the day3 Less than half the day4
	SKIP: IF CIDIA1=3 OR 4, ASK DRUGS0
CIDIA2 GC-9b	Did you feel this way <u>every day</u> , <u>almost every day</u> , or <u>less often</u> during the two weeks?
	Every day1 Almost every day2 Less often3
	SKIP: IF CIDIA2=3, ASK DRUGS0
CIDIA3 GC-9c	During those two weeks, did you feel tired out or low on energy all the time?
	Yes1

No.....5

CIDIA4	
GC-10	Did you gain or lose weight without trying, or stay about the same? (Note: If R asks, "Are we still talking about the same two weeks?" Answer: "Yes").
	Gain1 Lose2 If volunteered: Both gained and lost weight3
	Stay about the same4 If volunteered, R was on a diet5
	SKIP: IF CIDIA4=4 OR 5, ASK: CIDIA6.
CIDIA5	
GC-10a	About how much did (you gain/you lose/your weight change)? (Note: If range given, code midpoint. Round fraction down to the whole number.)
	# of pounds
CIDIA6	Did way have more trouble falling colour than you yoully do? (Note: If D
GC-11	Did you have more trouble falling asleep than you usually do? (Note: If R asks, "Are we still talking about the same two weeks?" Answer: "Yes").
	Yes1 No5
	SKIP: IF CIDIA6=5, ASK CIDIA8.
CIDIA7	
GC-11a	Did that happen <u>every night</u> , <u>nearly every night</u> , or <u>less often</u> during those two weeks?
	Every night1 Nearly every night2 Less often3
CIDIA8	Did you have a let more trouble concentrating then usual? (Note, If D
GC-12	Did you have a lot more trouble concentrating than usual? (Note: If R asks, "Are we still talking about the same two weeks?" Answer: "Yes").
	Yes1 No5

CIDIA9 GC-13	People sometimes feel down on themselves, no good, or worthless. Did you feel this way? (Note: If R asks, "Are we still talking about the same two weeks?" Answer: "Yes"). Yes1 No5
CIDIA10 GC-14	Did you think a lot about death—either your own, someone else's, or death in general? (Note: If R asks, "Are we still talking about the same two weeks?" Answer: "Yes"). Yes1 No5
SCTGCP2 GC-15	INTERVIEWER CHECKPOINT IF (CIDI3=5) AND (CIDI4=4 OR 5) AND (CIDIA6=5) AND (CIDIA8=5) AND (CIDIA9=5) AND (CIDIA10=5)1 All others2
	SKIP: IF SCTGCP2=1, ASK DRUGS0
CIDIA11 GC-16	Reviewing what you just told me, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (Note: Fill in descriptions in CIDIA3-CIDIA10). About how many weeks did you feel this way during the past 12 months?
	# of weeks (02-51)
	If volunteered, entire year52
	SKIP: IF CIDIA11=52, ASK DRUGS0
CIDIA12 GC-16a	Think about this most recent time when you had two weeks in row when you felt this way. In what month was this?
	Month (01-12)

CIDIA13 GC-16b	Thinking about this most recent time when you had two weeks in a row when you felt this way. In what year was this?
	Year
DRUGS0 GE-1	Respondent booklet, page 43
	Please turn to page 43 in the booklet. The next questions are about your use of drugs on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any of the drugs listed in the booklet <u>on your own</u> during the <u>past 12 months</u> ? You can just give me the number.
	IWER: READ THE LIST ALOUD IF R APPEARS TO BE HAVING DIFFICULTY.
	ENTER ALL THAT APPLY, SEPARATED BY DASHES
	<u>Sedatives or barbiturates</u> (e.g., Sleeping pills, Seconal, Halcion, Methaqualone)1
	<u>Tranquilizers</u> (e.g., Valium, Librium, Ativan, Meprobamate, Xanax)2
	<u>Amphetamines</u> (e.g., Stimulants, Methamphetamine, Preludin, Dexedrine, Ritalin, "Speed")3
	Analgesics or other prescription painkillers (e.g., Codeine) (Note: This does not include normal use of aspirin, Tylenol without Codeine, etc., but does include use of Tylenol with Codeine and other prescription painkillers like Demerol, Vicodeine, Darvon, Percodan, Morphine, Methadone.)4
	<u>Inhalants</u> that you sniff or breathe to get high (e.g., Spray paint, Amylnitrate, Freon, Nitrous Oxide or "Whippets," Gasoline)5
	Marijuana or Hashish6
	Cocaine or Crack or Free base7
	<u>LSD or other Hallucinogens</u> (e.g., PCP, Angel dust, Hallucinogenic mushrooms, Ecstasy (MDMA), Mescaline)8

	<u>Heroin</u> 9
	None of the above10
	SKIP: IF DRUGS0=10, ASK: SPHOB.
DRUGFNC0 GE-3	In the past 12 months, have you often been under the effects of (this substance/any of these substances) or suffering (its/their) after-effects while at work or school or while taking care of children?
	Yes1 No5
	SKIP: IF DRUGFNC0=5, ASK: DRUGDGR.
DRUGFNC1 GE-3a	Respondent Booklet, page 44.
	How often—once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?
	Once or twice
DRUGDGR GE-4	<u>During the past 12 months</u> , were you ever under the effects of (this substance/any of these substances) or feeling (its/their) after-effects in a situation which increased your chances of getting hurt—like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming?
	Yes1 No5
DRUGPSY GE-5	<u>During the past 12 months</u> , did you have any emotional or psychological problems from using (this substance/any of these substances)—such as

	feeling uninterested in things feeling depressed, suspicious of people, paranoid, or having strange ideas? Yes1 No5
DRUGDSR GE-6	<u>During the past 12 months</u> , did you have a strong desire or urge to use (this substance/any of these substances) that you could not resist it or could not think of anything else?
	Yes1 No5
DRUGMTH GE-7	<u>During the past 12 months</u> , did you have a period of a month or more when you spent a great deal of time using (this substance/any of these substances) or getting over any of (its/their) effects?
	Yes1 No5
DRUGAMT0 GE-8	<u>During the past 12 months</u> , did you often use much larger amounts of (this substance/any of these substances) than you intended to when you began, or did you use (it/them) for a longer period of time than you intended to?
	Yes1 No5
	SKIP: IF DRUGAMT0=5, ASK: DRUGMOR.
DRUGAMT1 GE-8a	Respondent Booklet, page 44
	How often—once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?
	Once or twice1 Between 3 and 5 times2 Between 6 and 10 times3 Between 11 and 20 times4 More than 20 times5

DRUGMOR GE-9	During the past 12 months, did you ever find that you had to use more of (this substance/any of these substances) than usual to get the same effect or that the same amount had less effect on you than before? Yes1 No5
SPHOB1 GG-1a	The next questions are about unreasonably strong fears of situations or objects. By "unreasonably strong" we mean always being very upset or badly frightened when most people would <u>not</u> be afraid.
	Do you have an <u>unreasonably</u> strong fear of speaking in public, or of talking in front of a small group of people, or of sounding foolish when you talk to people?
	Yes1 No5
SPHOB2 GG-1b	(How about of) eating or drinking in public, or of writing when someone watches, or of having to use the toilet away from home? Yes1 No5
SCTGCP5 GG-2	INTERVIEWER CHECKPOINT One or more "Yes" responses in GG-1a or GG-1b1 All others2
	SKIP: IF SCTGCP1=2, ASK: GPHOB.
SPHOBTIM GG-3	Do you get very upset or badly frightened <u>every time</u> you are in these situations, <u>most of the time</u> , or only <u>some of the time</u> ? Every time1
	Most of the time2 Some of the time3

(If volunteered) only one or two times ever......4

SKIP: IF SPHOBTIM=3 OR 4, ASK: GPHOB.

SPHOBAVD GG-4	Do you try to avoid these situations?
	Yes1 No5
SPHOBDUR GG-5	How long have you had these fears— <u>less than 1 year</u> , <u>between 1 and 5 years</u> , or <u>more than 5 years</u> ? Less than 1 year1 Between 1 and 5 years2 More than 5 years3
	SKIP: IF SPHOBDUR=2 OR 3, ASK: SPHOBSAD.
SPHOBMTH GG-5a	About how many months? # of months
SPHOBSAD GG-6	During the past 12 months, were you ever very upset with yourself for having any of these fears? Yes1 No5
SPHOBINT GG-7	During the past 12 months, how much did these fears interfere with your life or activities—a lot, some, a little, or not at all? A lot1 Some2 A little3 Not at all4

GPHOB1 GH-1a	Here's another list of situations that cause some people to have unreasonably strong fears. Do you have an <u>unreasonably</u> strong fear of being in public places, or a crowd or a line?
	Yes1 No5
GPHOB2 GH-1b	(How about of) leaving your home or being alone away from home? Yes1 No5
GPHOB3 GH-1c	How about of crossing a bridge or riding in cars, trains, or buses? Yes1 No5
SCTGCP6 GH-2	INTERVIEWER CHECKPOINT One or more "Yes" responses1
	All others2 SKIP: IF SCTGCP2=2, ASK: SECTION H.
GPHOBTIM GH-3	Do you get very upset or badly frightened every time you are in these situations, most of the time, or only some of the time? Every time1 Most of the time2 Some of the time3 (If volunteered) only one or two times ever4 SKIP: IF GPHOBTIM=3 OR 4, ASK: SECTION H.

GPHOBDUR GH-4	How long have you had these fears— <u>less than 1 year</u> , <u>between 1 and 5 years</u> , or <u>more than 5 years</u> ?
	Less than 1 year1 Between 1 and 5 years2 More than 5 years3
	SKIP: IF GPHOBDUR=2 OR 3, ASK: GPHOBFR.
GPHOBMTH GH-4a	About how many months?
	# of months
GPHOBFR GH-5	When you are in these situations, are you afraid that you might faint, lose control, or embarrass yourself in other ways? Yes1 No5
GPHOBTR GH-6	When you are in these situations, do you worry that you might be trapped without any way to escape? Yes1 No5
GPHOBAID GH-7	When you are in these situations, do you worry that help might not be available if you needed it? Yes1 No5

SECTION H: EMPLOYMENT

EMPSTAT1	
HA-1	Now we'd like to ask you a few questions about the kind of work you do. First, are you working now for pay , looking for work , retired , keeping house , a student , or something else? (CHECK ALL THAT APPLY)
	Working now1
	Looking for work2
	Retired3
	Keeping house4
	Student5
	VOLUNTEERED: Only temporarily laid off; sick or maternity leave6
	VOLUNTEERED: Unpaid family worker7
	VOLUNTEERED: Permanently disabled8
	VOLUNTEERED: Other, (Specify)9
	IWER INSTRUCTIONS: RE-CODE ANSWERS TO THE "OTHER, SPECIFY" THAT MEAN "WORKING NOW".
	SKIP: IF EMPSTAT1=1, 6, or 7, ASK: EMPHRS.
EMPSTAT2	
HA-2	Are you doing any work for pay at the present time?
	Yes1 No5
	SKIP: IF EMPSTAT2=5, ASK: LASTJOB. SKIP: IF EMPSTAT2=1, ASK: EMPHRS.
EMPHRS	
HA-3	On average, how many hours a week do you work on your (main) job, including paid and unpaid overtime?
	Hours per week

SECJOB HA-3a	Do you currently have a second paying job?
	Yes1 No5
	SKIP: IF SECJOB = 5, ASK EMPWEEK
SECJBHRS HA-3b	And how many hours a week do you work on your second job?
	Hours per week
EMPWEEK	
HA-4	Including paid vacation and sick leave, how many weeks altogether were you employed during the past 12 months?
	IF R ANSWERS IN MONTHS, CONVERT TO WEEKS BY MULTIPYING BY FOUR. VERIFY YOUR ANSWER WITH R.
	Weeks
***CONSISTENCY	CHECK: IF EMPWEEK is LE 12, CLARIFY WITH THE R:
	ou told me that you only worked (FILL: EMPWEEK) weeks during the last months. Is this correct?
OCCNAME1	
HB-1	What is your occupation on your main job?
	Answer:
OCCKIND1 HB-2	What kind of work do you do? What are your most important activities or duties?
	Answer:

OCCIND1 HB-3	What kind of business or industry is that in? What do they make or do where you work? Answer:
OCCSITU1 HB-4	Are you self-employed, or do you work for a private employer, or a municipal, county, state, or federal government?
	Self-employed1 Private employer2 Government employer3
SCTHCP1 HB-4a	INTERVIEWER CHECKPOINT
	EMPHRS > 14 HOURS1 EMPHRS < 15 HOURS5 SKIP: IF SCTHCP1=5, ASK LASTJOB.
OCCSUP	
HB-5	Do you supervise others on your job? Yes1 No5
EMPSTRT HC-1	What time do you usually start working?
	(IF R SAYS THAT IT VARIES, ASK, "WHAT IS THE MOST TYPICAL?")
	Time

	No default for AM/PM.
	IWER PROBE: "Is this AM/ or PM?
EMPSTOP	
HC-2	What time do you usually stop working?
	Time
	No default for AM/PM.
	IWER PROBE: "Is this AM/ or PM?
EMPSCHD1	
HC-3	Are these times pretty much the same year around or do they change periodically?
	Stay the same1 Change periodically2
	SKIP: IF EMPSCHD=1, ASK: EMPYR.
EMPSCHD2	
HC-4	Respondent Booklet, page 45
	How often does your work schedule change? Would you say <u>more than</u> once a week, <u>once a week</u> , <u>two or three times a month</u> , <u>once a month</u> , <u>a few times a year</u> , or <u>once or twice a year</u> ?
	More than once a week1 Once a week2 Two or three times a month3
	Once a month4
	A few times a year5 Once or twice a year6
EMPYR	
HC-5	In what year did you start working on this job?
	Year

EMPEARN HD-1

About how much do you earn **per year** from this job? (INTERVIEWER INSTRUCTION: INDICATE GROSS EARNINGS)

\$				

SKIP: IF R GIVES AN EXACT AMOUNT; ASK: EMPENJ1

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

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

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

INCTOT3

HD-1a

Respondent Booklet, page 46.

While you may not know the exact amount, please tell me <u>about</u> how much it was.

Less than \$5,0001
\$5,000-10,0002
\$10,000-15,0003
\$15,000-20,0004
\$20,000-25,0005
\$25,000-30,0006
\$30,000-35,0007
\$35,000-40,0008
\$40,000-45,0009
\$45,000-50,00010
\$50,000-60,00011
\$60,000-70,00012
\$70,000-80,00013
\$80,000-90,00014
\$90,000-100,00015
\$100,000-125,00016
\$125,000-150,00017
\$150,000-175,00018
\$175,000-200,00019
\$200,000-250,00020
\$250,000-300,00021
\$300,000-350,00022
More than \$350,00023

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

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

You told me that you earned (FILL: INCTOT3) per year. Is this correct?

EMPENJ1 HD-2	How much do you enjoy doing this job—do you enjoy it a great deal, quite a bit, some, a little, or not at all?
	A great deal1 Quite a bit2
	Some3 A little4 Not at all5
EMPSAT1	
HD-3	How satisfied are you with your job—completely, very, somewhat, not very, or not at all satisfied?
	Completely satisfied1 Very satisfied2 Somewhat satisfied3 Not very satisfied4 Not at all satisfied5
WORKMORE	
HE-1	Thinking about your job or jobs over the past year, would you have liked to work more?
	Yes1 No5
	SKIP: IF WORKMORE=1, ASK LOSEJOB.
WORKLESS	
HE-1a	Would you have liked to work less?
	Yes1 No5

LOSEJOB HE-2	Sometimes people lose jobs they want to keep. How likely is it that during the next couple of years you will involuntarily lose your main job—very likely, somewhat likely not too likely or not at all likely?
	Very likely1 Somewhat likely2 Not too likely3 Not at all likely4
FINDJOB HE-3	If you were to lose your main job, what do you think your chances would be of finding another job that paid about the same—very good, good, fair, or poor?
	Very good1 Good2 Fair3 Poor4
EMPQLS3 HE-3a	Respondent Booklet, page 47
	Now I'm going to read you a list of some things that people tell us about their work. After each statement, please tell me whether you <u>agree strongly</u> , <u>agree somewhat</u> , <u>disagree somewhat</u> , or <u>disagree strongly</u> .
	My job requires me to be creative. (do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPQLS5 HE-3b	My job allows me to make a lot of decisions on my own.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4

EMPQLS7 HE-3c	I get to do a variety of different things on my job.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPQLS9 HE-3d	I have an opportunity to develop my own special abilities
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPQLS10 HE-3e	My job requires working very fast.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPQLS11 HE-3f	My job requires working very hard.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPQLS12 HE-3g	My job requires lots of physical effort.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4

EMPQLS13 HE-3h	I am not asked to do an excessive amount of work.
	Agree strongly2 Agree somewhat3 Disagree strongly4
EMPQLS14 HE-3i	I have enough time to get the job done.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPQLS15 HE-3j	I am free from conflicting demands that others make.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPQLS17 HE-3k	Considering all my efforts and achievements, my work prospects are adequate.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPQLS21 HE-31	Considering all my efforts and achievements, my salary (income) is fair
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4

EMPSTRN1 HE-4a	My job leaves me feeling too tired and stressed after work to participate in the activities with friends and family that I'd like to.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPSTRN2 HE-4b	My job leaves me feeling too tired and stressed after work to participate in the activities <u>in my neighborhood and community</u> that I'd like to.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
EMPEXP1 HE-5a	Respondent booklet, page 48
	Now I'm going to read you a list problems people sometimes face in their workplaces. Using the options on page 48 of the booklet, please tell me how exposed you are to each problem.
	Do you have a problem with exposure to dangerous chemicals on your job? Would you say you are not exposed, exposed but it is a slight problem, or exposed and it is a sizable or great problem?
	Not exposed1 Exposed but it is a slight problem2 Exposed and it is a sizable or great problem3
EMPEXP2 HE-5b	Do you have a problem with exposure to air pollution from dusts, smoke, gas, fumes, fibers, or other things on your job? (Would you say you are not exposed, exposed but it is a slight problem, or exposed and it is a sizable or great problem?)
	Not exposed1 Exposed but it is a slight problem2 Exposed and it is a sizable or great problem3

EMPEXP4 HE-5c	Do you have a problem with dangerous tools, machinery, or equipment?
	Not exposed1 Exposed but it is a slight problem2 Exposed and it is a sizable or great problem3
EMPEXP5 HE-5d	To what extent does your job expose you to risk of accident or injury?
	Not exposed1 Exposed but it is a slight problem2 Exposed and it is a sizable or great problem3
	SKIP: ASK MAINJOB.
LASTJOB HG-1	Have you ever held a regular job that you worked on average 15 hours or more a week?
	Yes1 No5
	SKIP: IF LASTJOB=5, ASK: SECTION J.
OCCNAME2 HG-2	Now I have a few questions about the last regular job you had. What was your occupation on this job?
	Answer:
OCCKIND2 HG-3	What kind of work did you do on the last job? What were your most important activities or duties?
	Answer:

HG-4	What kind of business or industry was that in? What did they make or do where you worked?
	Answer:
OCCSITU2	
HG-5	Were you self-employed, or did you work for a private employer, or a municipal, county, state, or federal government?
	Self-employed1 Private employer2
	Government employer3
OCCSTRT2	
HG-7	In what year did you start working on that job?
	Year or Age
OCCSTOP2	
HG-8	In what year did you stop working on that job?
	Year or Age
EMPENJ2	
HG-9	How much did you enjoy doing that work—did you enjoy it a great deal, quite a bit, some, a little, or not at all?
	A great deal1 Quite a bit2
	Some3
	A little4
	Not at all5

EMPSAT2 HG-10	How satisfied were you with your job—completely, very, somewhat, not very, or not at all satisfied?
	Completely satisfied1 Very satisfied2 Somewhat satisfied3 Not very satisfied4 Not at all satisfied5
MAINJOB HH-1	Would you say the job you just told me about is the main paid job you've worked at during your life, that is the paid job on which you worked at least 15 hours per week for the longest time?
	Yes1 No5
	SKIP: IF MAINJOB=1, ASK: MNJBQLS1.
OCCNAME3 HH-2	Now I have a few questions about the main job you had. What was your occupation on this job?
	Answer:
OCCKIND3 HH-3	What kind of work did you do in your main job? What were your most important activities or duties?
	Answer:

OCCIND3 HH-4	What kind of business or industry was that in? What did they make or do where you worked?
	Answer:
OCCSITU3 HH-5	Were you self-employed, or did you work for a private employer, or a municipal, county, state, or federal government?
	Self-employed1 Private employer2 Government employer3
OCCSTRT3 HH-7	In what year did you start working on that job?
	Year or Age
OCCSTOP3 HH-8	In what year did you stop working on that job?
	Year or Age
•	k-If MAINJOB .NE. LASTJOB, the year that MAINJOB ended should not year that current job/LASTJOB began.
EMPENJ3	
НН-9	How much did you enjoy doing that work—did you enjoy it a great deal, quite a bit, some, a little, or not at all?
	A great deal1 Quite a bit2 Some3 A little4 Not at all5

EMPSAT3 HH-10	How satisfied were you with your job—completely, very, somewhat, not very, or not at all satisfied?
	Completely satisfied1 Very satisfied2 Somewhat satisfied3 Not very satisfied4 Not at all satisfied5
MNJBQLS1 HH-15	Now thinking about the paid job you have had for the longest part of your life.
	How much physical strain was there in that job—would you say <u>none</u> , <u>a</u> <u>little</u> , <u>some</u> , <u>quite a bit</u> , or <u>a great deal</u> of physical strain?
	None
FRSTJOB HI-1	Now I'd like to know about the first job you had after leaving school where you worked 15 hours a week or more. Have you already told me about this job?
	Yes1 No5
	SKIP: IF FRSTJOB=5, ASK OCCNAME4.
FRSTYES HI-1a	INTERVIEWER CODE
	IF SCTHCP1=1 AND MAINJOB=1, CODE 1 IF LASTJOB=1 AND MAINJOB=1, CODE 2 IF MAINJOB=5, CODE 3
	Current job1 Last job2 Main job but not current or last job3

SKIP: ASK SECTION J.

OCCNAME4 HI-2	Now a few questions about the first job you had after leaving school. What was your occupation on this job?
	Answer:
OCCKIND4 HI-3	What kind of work did you do on that job? What were your most important activities or duties?
	Answer:
OCCIND4 HI-4	What kind of business or industry was that in? What did they make or do where you worked? Answer:
OCCSITU4 HI-5	Were you self-employed, or did you work for a private employer, or a municipal, county, state, or federal government? Self-employed1
OCCSTRT4 HI-7	Private employer2 Government employer3 In what year did you start working on that job? Year or Age

OCCSTOP4 HI-8	In what year did you stop working on that job?
	Year or Age
*** Limits: Shou	ld be GE OCCSTRT4 to 2001.

SECTION J: EARLY LIFE AND PHYSICAL MEASUREMENTS

BIOPAR J-1	Here are some questions about your life when you were growing up, that is most of the years up until the age of 12. These questions are mostly about your parents or other adults who you lived with and who were responsible for you.
	For most of the time until you were 12 years old, did you mostly live with both of your natural parents?
	Yes1 No5
	SKIP: IF BIOPAR=5, ASK: OTHPAR
OTHPAR J-1a	Who did you live with most of the time?
PAEDUC J-2	What was the highest grade of school or year of college completed by your father or other person who lived with you and was like a father to you?
*** Limit answers to	0-20
IWER: IF NO FATHI	ER CODE 50
	SKIP: IF PAEDUC= 50, ASK MAEDUC
PAEDUS J-3	Was he educated in the United States?
	Yes1 No5

PAWORK J-4	During your childhood, did he have a paid job?
	Yes1 No5
	SKIP: IF PAWORK = 5, ASK: MAEDUC
PAJOB J-5	During your childhood, what was his occupation, or main job?
	Answer:
PAKIND J-6	What kind of work did he do? What were his most important activities of duties?
	Answer:
PAIND J-7	What kind of business or industry was that in? What did he make or do
	where he worked? Answer:
	7 Miswer.
PASELF J-7a	Was he self-employed, or did he work for a private employer, or a municipal, county, state, or federal government?
	Self-employed1 Private employer2 Government employer3

MAEDUC J-8	What was the highest grade of school or year of college completed by your mother, or the person who lived with you and was most like a mother to you?
	years
*** Limit answers	to 0-20
IWER: IF NO MO	THER CODE 60
	SKIP: IF MAEDUC= 60, ASK NUMSIB
MAEDUS J-9	Was your mother educated in the United States? Yes1 No5
MAWORK J-10	During your childhood, did she have a paid job? Yes1 No5
MAJOR	SKIP: IF MAWORK = 5, ASK: NUMSIB
MAJOB J-11	During your childhood, what was her occupation or main job? Answer:

MAIND J-12	What kind of business or industry was that in? What did she make or do where she worked?
	Answer:
MAKIND	
J-13	What kind of work did she do? What were her most important activities or duties?
	Answer:
MASELF J-13a	Was she self-employed, or did she work for a private employer, or a municipal, county, state, or federal government?
	Self-employed1 Private employer2 Government employer3
NUMSIB J-14	All together, how many brothers and sisters did you have in your family while you were growing up, including adopted, step- and half-brothers and sisters? Please include any brothers and sisters who may have died.
	SKIP IF NUMSIB<1, ASK: BRHWHT
BRHORD J-15	Counting the order in which all your brothers and sisters were born, what was your place in the birth order? (Respond—1 st , 2 nd , last, etc.)

IWER PROBE: By birth order we mean the time a child joined the family, not the year that child was born.

BRHWHT J-16	About how much did you weigh when you were born? Was it
	Less than 3 pounds or 1500 grams
ILLSCH J-17	Thinking about most of the years until you were 12, did you ever have any illness or injury that kept you out of school for more than a month?
	Yes1 No5
ILLSPT	
J-18	Thinking about most of the years until you were 12, did you ever have any illness or injury that limited the amount or kind of sport or games you could play for more than a few months?
	Yes1 No5
SRHLTH0	
J-19	Respondent Booklet, page 49.
	How would you rate your health when you were 12 years old?
	Excellent1 Very good2
	Good3 Fair4
	Poor5
	SKIP: IF RAGE < 26, ASK PARREL0

SRHLTH1 J-20	(How would you rate your health when you were) 25 years old?
	Excellent
SRHLTH3 J-21a	(How would you rate your health when you were) 40 years old?
	Excellent1 Very good2 Good3 Fair4 Poor5
	SKIP: IF RAGE < 56, ASK: PARREL0
SRHLTH4 J-21b	(How would you rate your health when you were) 55 years old?
	Excellent1 Very good2 Good3 Fair4 Poor5
PARREL0 J-22a	Respondent Booklet, page 50.
	Thinking about most of the years until you were 12, how much would you say that your parent(s) (or the adults who raised) you made you feel loved?
	A great deal1 Quite a bit2 Some3 A little4 Not at all5

PARREL3 J-22b	Thinking about most of the years until you were 12 how much would you say that your parent(s) (or the adults who raised you) physically held and comforted you?
	A great deal
PARREL4 J-22c	(Thinking about most of the years until you were 12) how much would you say that they physically threatened or abused you?
	A great deal
PARREL5 J-22d	(Thinking about most of the years until you were 12) how much would you say that (they/she/he) verbally threatened or abused you?
	A great deal1 Quite a bit2 Some3 A little4 Not at all5
PARREL8 J-22f	(Thinking about most of the years until you were 12) how much would you say that (they/she/he) participated in activities in your school?
	A great deal1 Quite a bit2 Some3

A little......4
Not at all.....5

PARREAD J-23	Respondent Booklet, page 51
	(Thinking about most of the years until you were 12) how often did your parent(s) or other adults read to you?
	Very often 1 Often 2 Sometimes 3 Rarely 4 Never 5
PARHUN J-24	Thinking about most of the years until you were 12, how often did you go to bed at night feeling hungry?
	Very often 1 Often 2 Sometimes 3 Rarely 4 Never 5
ROOMS J-25	Still thinking about until you were 12, how many rooms were there in the home where you lived the longest, not counting bathrooms?
	ROOMS
NUMHOUS J-26	(Thinking about most of the years until you were 12), altogether how many people lived in your home?
OWNHOUS J-27	(Thinking about most of the years until you were 12), did your parents (or the people who brought you up) own the house you lived in or did they rent it?
	They owned the house1 They rented the house2

	(IF VOL.) Owned the house part of the time, rented part of the time3
PARMON	Decreased and Decklet, no see 52
J-28	Respondent Booklet, page 52.
	How well off would you say your family was when you were growing up to age 12? Would you say they were
	Quite well off
PARGIFT0	
J-29a	Now, thinking beyond the early years when you were growing up, have your parent(s) (or the people who brought you up) ever given you a car or helped you get money to buy a car?
	Yes1 No5
PARGIFT1	
J-29b	Have/has your parent(s) (or the people who brought you up) ever given you or helped you get money to pay to go to college?
	Yes1 (IF VOL.) Didn't go to college3 No5
PARGIFT2	
J-29c	Have/has your parent(s) (or the people who brought you up) ever given you or helped you get money to pay off a debt?
	Yes1 No5 (IF VOL.) Didn't have any debts3
PARGIFT4 J-29d	Have your parents (or the people who brought you up) up given you
	money to help you buy a house or get an apartment?

Yes.				1
No				.5

***Time stamp

ARMCIRC

J-30

IWER: RESPONDENT SHOULD BE SEATED

Now I would like to measure your blood pressure three times and also measure your height and weight. I'll be happy to discuss your blood pressure reading at the end of the interview; that way, we can also go over any other questions you might have.

IWER: R SHOULD BE POSITIONED AS FOLLOWS:

- FEET FLAT ON FLOOR
- NO SMOKING
- LOOSE CLOTHING
- ARM ON TABLE (OR SUPPORTED) AT HEART LEVEL

IWER:

- TRY THE REGULAR ADULT CUFF ON THE LEFT ARM UNLESS IT IS INAPPROPRIATE FOR SOME REASON (E.G., SWOLLEN OR INJURED).
- IF REGULAR ADULT CUFF IS TOO SMALL, TRY LARGE ARM CUFF.
- ENTER CUFF SIZE USED (IF NEITHER CUFF FITS, YOU WILL BE SKIPPED OUT OF THE BLOOD PRESSURE).

Needed smaller cuff1
Used regular cuff....2
Used large arm cuff....3
Needed extra large cuff4
Problem other than cuff size.....7 (specify)

SKIP: IF ARMCIRC=1 ASK CUFFSIZE
IF ARMCIRC=2,3 ASK SYSTOL1
IF ARMCIRC=4 ASK FOREARM
IF ARMCIRC=7 ASK ARMSPEC

ARMSPEC J-30a	SPECIFY REASON SKIP TO CUFFSIZE
FOREARM J-30b	Now I would like to try to measure your blood pressure using your forearm. I may need to try both cuff sizes to see which one fits more comfortably. Took reading on forearm with regular cuff1
	Took reading on forearm with large cuff
	SKIP: IF FOREARM =3 ASK CUFFSIZE
SYSTOL1 J-31	I'm going to measure your blood pressure three times.
	IWER: INFLATE TO 180 SBP
	SYSTOLIC READING 1
***Limits: 88-199	
DIASTOL1 J -32	DIASTOLIC READING 1
***Limits: 41-111	
PULSE1 J -33	IWER: RECORD R'S PULSE RATE

IWER: DEFLATE THE CUFF BUT LEAVE IT ON ARM. WAIT FOR APPROXIMATELY 60 SECONDS BEFORE TAKING THE NEXT SET OF MEASUREMENTS. INFLATE TO LEVEL OF FIRST SBP PLUS 20, NOT TO EXCEED 180.

***Limits: 44-122

SYSTOL2 J -34	SYSTOLIC READING 2
***Limits: 88-199	
DIASTOL2 J -35 ***Limits: 41-111	DIASTOLIC READING 2
· · · Limiis. 41-111	
PULSE2 J -36	IWER: RECORD R'S PULSE RATE
•	DEFLATE THE CUFF BUT LEAVE IT ON ARM. WAIT FOR APPROXIMATELY 60 SECONDS BEFORE TAKING THE NEXT SET OF MEASUREMENTS. INFLATE TO LEVEL OF FIRST SBP PLUS 20, NOT TO EXCEED 180.
***Limits: 44-122	
SYSTOL3 J -37	SYSTOLIC READING 3
***Limits: 88-199	
DIASTOL3 J -38	DIASTOLIC READING 3
***Limits: 41-111	
PULSE3 J -39	IWER: RECORD R'S PULSE
IWER: DEFLATE T	HE CUFF AND REMOVE FROM ARM.

***Limits: 44-122

BPPROB J -40 IWER: WAS THERE A PROBLEM WITH THE BLOOD PRESSURE **MEASUREMENT?** Yes.....1 (SPECIFY) No.....5 **SYSMEAN** J-41 SYSMEAN= (SYSTOL2+ SYSTOL3)/2 DIASMEAN J-42 DIASMEAN= (DIASTOL2+ DIASTOL3)/2 **BPREPORT** J-43 ****Computer to calculate the appropriate blood pressure status for the R*** IF SYSMEAN IS LESS THAN 130 OR DIASMEAN IS LESS THAN 85......1

SKIP: IF BPREPORT=1 GO TO BPCARD1
IF BPREPORT=2 GO TO BPCARD2
IF BPREPORT=3 GO TO BPCARD3
IF BPREPORT=4 GO TO BPCARD4
IF BPREPORT=5 GO TO BPCARD5

BPCARD1

J-43a *** Computer display values of SYSMEAN and DIASMEAN***

IWER: COPY DOWN THE VALUES DISPLAYED ONTO THE CARD, SET CARD ASIDE FACE DOWN UNTIL THE END OF THE CONTACT. AT THE END OF THE CONTACT HAND CARD TO R WHILE READING THE DESCRIPTION ABOUT WHAT ACTION R SHOULD TAKE.

IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: "IT IS A GOOD IDEA FOR YOU TO HAVE YOUR BLOOD PRESSURE CHECKED AGAIN IN ONE OR TWO YEARS."

SKIP: ASK HEIGHT

BPCARD2 J-43b

*** Computer display values of SYSMEAN and DIASMEAN***
IWER: COPY DOWN THE VALUES DISPLAYED ONTO THE CARD,
SET CARD ASIDE FACE DOWN UNTIL THE END OF THE CONTACT.
AT THE END OF THE CONTACT HAND CARD TO R WHILE
READING THE DESCRIPTION ABOUT WHAT ACTION R SHOULD
TAKE.

IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: "IT IS A GOOD IDEA FOR YOU TO HAVE YOUR BLOOD PRESSURE CHECKED AGAIN IN ONE YEAR."

SKIP: ASK HEIGHT

BPCARD3 J-43c

*** Computer display values of SYSMEAN and DIASMEAN***

IWER: COPY DOWN THE VALUES DISPLAYED ONTO THE CARD, SET CARD ASIDE FACE DOWN UNTIL THE END OF THE CONTACT. AT THE END OF THE CONTACT HAND CARD TO R WHILE READING THE DESCRIPTION ABOUT WHAT ACTION R SHOULD TAKE.

IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: "IT IS A GOOD IDEA FOR YOU TO HAVE YOUR BLOOD PRESSURE CHECKED AGAIN <u>WITHIN ONE MONTH</u>."

SKIP: ASK HEIGHT

BPCARD4 J-43d

*** Computer display values of SYSMEAN and DIASMEAN***

IWER: COPY DOWN THE VALUES DISPLAYED ONTO THE CARD, SET CARD ASIDE FACE DOWN UNTIL THE END OF THE CONTACT. AT THE END OF THE CONTACT HAND CARD TO R WHILE READING THE DESCRIPTION ABOUT WHAT ACTION R SHOULD TAKE.

IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: "IT IS A GOOD IDEA FOR YOU TO HAVE YOUR

BLOOD PRESSURE CHECKED AGAIN **BY A PHYSICIAN** WITHIN ONE MONTH."

SKIP: ASK HEIGHT

BPCARD5 J-43e

*** Computer display values of SYSMEAN and DIASMEAN***

IWER: COPY DOWN THE VALUES DISPLAYED ONTO THE CARD, SET CARD ASIDE FACE DOWN UNTIL THE END OF THE CONTACT. AT THE END OF THE CONTACT HAND CARD TO R WHILE READING THE DESCRIPTION ABOUT WHAT ACTION R SHOULD TAKE.

IWER: THE STATEMENT TO BE MARKED ON THE CARD FOR THE R IS: "WE RECOMMEND THAT YOU SEE A PHYSICIAN TO HAVE YOUR BLOOD PRESSURE CHECKED AGAIN IMMEDIATELY."

SKIP: IF ARMCIRC=2,3 ASK HEIGHT

CUFFSIZE

J-44

It appears that I do not have a cuff that would fit comfortably on your arm, so I will not try to take a blood pressure reading.

IWER: PRESS ENTER TO CONTINUE

HEIGHT

J-45

Now I would like you to stand up so I can measure your height, leg length and weight. Please remove your shoes and any heavy outer wear.

IWER: ENTER RESPONDENT'S HEIGHT WITH SHOES OFF

____feet ____inches

***Limits: 3-8 feet and 0-12 inches

SKIP: IF HEIGHT = REF, ASK: WEIGHT

LEGLENGTH	INVED MEAGURE AND ENTER LEG LENGTH
J-45a	IWER: MEASURE AND ENTER LEG LENGTH
	inches
***Limits: 20-50	inches
HTPROB	
J-46	IWER: WERE THERE PROBLEMS WITH THE HEIGHT MEASUREMENT?
	Yes1 Respondent Self reported2 No5
WEIGHT	
J-47	IWER: ENTER RESPONDENT'S WEIGHT IN POUNDS WITH SHOES OFF
	pounds
***Limits:50-330	pounds.
	SKIP: IF WEIGHT = REF, GO TO: CHKPT1
WTPROB	
J-48	IWER: WERE THERE PROBLEMS WITH THE WEIGHT MEASUREMENT?
	Yes1 Respondent Self reported2 No5
CHKPT1 J-49	SKIP: IF (HTPROB NE 1) AND (WTPROB NE 1), ASK: WAIST
DESPROB1 J-50	IWER: DESCRIBE ANY PROBLEMS WITH THE HEIGHT AND/OR WEIGHT MEASUREMENTS.

WAIST	
J-51	Now I would like to measure your waist and your hips with this tape marked in centimeters. The numbers are higher than they would be if we were measuring in inches.
	IWER: ALLOW R TO MEASURE HIM/HERSELF IF REQUESTED.
	IWER: ENTER RESPONDENT'S WAIST MEASUREMENT IN WHOLE CENTIMETERS.
	cm
***Limits: 57-144 cm	i
	SKIP: IF WAIST=REF, ASK: HIP
WSTPROB	
J-52	IWER: WERE THERE PROBLEMS WITH THE WAIST MEASUREMENT?
	Yes1 Self measured2 Respondent Self reported3 No5
HIP	
J-53	IWER: ENTER RESPONDENT'S HIP MEASUREMENT IN WHOLE CENTIMETERS.
	cm
***Limits: 63-168 cm	i
	SKIP: IF HIP=REF, GO TO: CHKPT2
HIPPROB	
J-54	IWER: WERE THERE PROBLEMS WITH THE HIP MEASUREMENT?

169

Respondent Self reported....3
No....5

Yes....1

Self measured....2

CHKPT2

J-55 SKIP: IF (WSTPROB NE 1) AND (HIPPROB NE 1), ASK MEMQST

DESPROB2

J-56 IWER: DESCRIBE ANY PROBLEMS WITH THE WAIST AND/OR

HIP MEASUREMENTS.

SECTION K: LIFE EVENTS

EVENT2	
K-2a	Now I'm going to read you a list of things that may have happened to you For each event, please indicate whether the event occurred at any point in your life.
	First, death of a child of yours. Did this happen at any point in your life?
	Yes1 No5
	SKIP: IF EVENT2=5, ASK: EVENT3.
EVDATE2	
K-2c	What year did this most recently happen?
	Year:
EVENT3	
K-3a	Were you the victim of a serious physical attack or assault at any point in your life?
	Yes1 No5
	SKIP: IF EVENT3=5, ASK: EVENT4.
EVDATE3	
K-3c	What year did this most recently happen?
	Year:
EVENT4	
K-4a	Did you ever have a life-threatening illness or accident?
	Yes1 No5
	SKIP: IF EVREC3=5, ASK: EVENT5.

EVDATE4 K-4c	What year did this most recently happen?
	Year:
	SKIP: IF MARSTAT=5, ASK: EVENT6
EVENT5 K-5a	How about a life-threatening illness or accident to your spouse? Did this happen at any point in your life?
	Yes1 No5
	SKIP: IF EVENT5=5, ASK: EVENT6.
EVREC5 K-5b	Did this occur during the past five years?
	Yes1 No5
	SKIP: IF EVREC5=5, ASK: EVENT6.
EVDATE5 K-5c	What year did this most recently happen?
	Year:
***Consistency check MARDATE	EVDATE5 should be between 1996-2001 and NL than MAR1YR or
EVENT6 K-6a	How about a life-threatening illness or accident to a child of yours? (Did this happen during any point in your life?)
	Yes1 No5 Volunteer No Children6

SKIP: IF EVENT6=5,6, ASK: EVENT7.

EVREC6	
K-6b	Did this occur during the past five years?
	Yes1 No5
	SKIP: IF EVREC6=5, ASK: EVENT7.
EVDATE6	
K-6c	What year did this most recently happen?
	Year:
EVENT7	
K-7a	I'm going to read you some more things that may have happened to you. But now I only want to know if these may have happened to you <u>in the last five years.</u>
	How about a life-threatening illness or accidental injury to someone else close to you? Did this occur at least once in the past five years?
	Yes1 No5
	SKIP: IF EVENT7=5, ASK: EVENT8.
EVDATE7	
K-7c	What year did this most recently happen?
	Year:
EVENT8	
K-8a	How about death of someone else close to you? (Did this happen in the past five years?)
	Yes1 No5
	SKIP: IF EVENT8=5, ASK: EVENT9.

EVDATE8 K-8c	What year did this most recently happen?
	Year: [Restrict valid years to 1996, 1997, 1998, 1999, 2000, and 2001 for EVDATE8, 9, 10, 11, 12, 14, 16, 17, 18, 19, 20]
EVENT9	
K-9a	Have you involuntarily lost a job for reasons other than retirement at any point in the past five years?
	Yes1 No5
	SKIP: IF EVENT9=5, ASK: EVENT10.
EVDATE9	
K-9c	What year did this most recently happen?
	Year:
EVENT10	
K-10a	Did <u>anyone else in your household</u> involuntarily lose a job for reasons other than retirement in the past five years?
	Yes1 No5
	SKIP: IF EVENT10=5, ASK: EVENT11.
EVDATE10	
K-10c	What year did this most recently happen?
	Year:
EVENT11	
K-11a	How about being unemployed and looking for work for longer than 3 months. Did this happen in the past five years? (BOTH CONDITIONS MUST APPLY. THAT IS, THE RESPONDENT MUST HAVE BEEN UNEMPLOYED FOR MORE THAN 3 MONTHS

AND LOOKING FOR WORK DURING THE SAME TIME PERIOD.)

	Yes1 No5
	SKIP: IF EVENT11=5, ASK: EVENT12.
EVDATE11 K-11c	What year did this most recently happen?
K-110	Year:
EVENT12	
K-12a	Was anyone else in your household unemployed and looking for work for longer than 3 months in the past five years?
	Yes1 No5
	SKIP: IF EVENT12=5, ASK: EVENT14
EVDATE12 K-12c	What year did this most recently happen?
	Year:
EVENT14 K-14a	Have you moved to a worse residence or neighborhood in the past five years?
	Yes1 No5
	SKIP: IF EVENT14=5, ASK: EVENT16.
EVDATE14 K-14c	What year did this most recently happen?
	Year:

EVENT16	
K-16a	How about being robbed or having your home burglarized? Did this happen to you in the past five years?
	Yes1 No5
	SKIP: IF EVENT16=5, ASK: EVENT17.
EVDATE16 K-16c	What year did this most recently happen?
	Year:
EVENT17 K-17a	Did you have serious financial problems or difficulties in the past five years?
	Yes1 No5
	SKIP: IF EVENT17=5, ASK: EVENT18.
EVDATE17 K-17c	What your did this most recently borner?
K-1/C	What year did this most recently happen? Year:
EVENT18	
K-18a	Did you or someone else close to you have legal trouble (trouble with the law) in the past five years?
	Yes1 No5
	SKIP: IF EVENT18=5, ASK: EVENT19.
EVDATE18 K-18c	What year did this most recently happen?
	Year:

EVENT19	
K-19a	Has anything else bad happened to you in the past five years that upset you a lot and that you haven't already told me about?
	Yes1 No5
	SKIP: IF EVENT19=5, ASK: EVENT20.
EVTYPE19	
K-19a1	What was the most upsetting thing that happened in the past five years that you haven't already told me about?
	Event:
EVID A TELLO	
EVDATE19 K-19c	What year did this most recently happen?
	Year:
EVENT20	
K-20a	In the past five years, has anything else bad happened to someone close to you that upset you a lot and that you haven't already told me about?
	Yes1 No5
	SKIP: IF EVENT20=5, ASK: SECTION L.
EVTYPE20	
K-20a1	What was the most upsetting thing that happened to that person that you haven't already told me about?
	Event:

EVDATE20 K-20c	What year did this most recently happen?
	Year:

SECTION L: MEMORY AND COGNITION

MEMQST

L-1

PRESS [ENTER]

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

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

Hotel

River

Tree

Skin

Gold

Market

Paper

Child

King

Book

FSTRCL1

L-1a

Now please tell me the words you can recall.

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

HOTEL	
RIVER	2
TREE	
SKIN	
GOLD	5
MARKET	
PAPER	
CHILD	
KING	9
BOOK	

	No correct answers11			
COGDT0 L-2	Now I'd like to ask some other questions dealing with memory. Even people with very good memories seem to forget some of these things from time to time. These are routine questions we ask everyone.			
	What is the date today—month,	day, and year?		
	Month	Day	Year	
COGDT1				
L-2a	INTERVIEWER CODE Answer is:			
	Correct1 Incorrect2			
COGDY0 L-3	What day of the week is it?			
	Monday1 Tuesday2 Wednesday3 Thursday4 Friday5 Saturday6 Sunday7			
COGDY1 L-3a	INTERVIEWER CODE Answer is:			
	Correct1 Incorrect2			
COGNM1 L-4	Now I'm going to ask you for th	ne names of some pec	ople and things.	
	What do people usually use to co		-	
	Scissors or shears1			

COGNM2 L-5	What do you call the kind of prickly plant that grows in the desert?			
	Cactus or name of kind of cactus1 Incorrect2			
COGNM3 L-6	What is the name of the president of the United States?			
	Bush1 Incorrect2			
COGNM4 L-7	What is the name of the person who was president just before him? Clinton1 Incorrect2			
COGNUM L-8	Please subtract 3 from 20 and tell me the number you get, then keep subtracting 3 from this number and each new number you get, telling me the results as you go.			
	(NOTE: RECORD ANSWERS, SEPARATED BY DASHES. STOP WHEN THE ANSWER IS 2 OR LESS.)			

SECTION M: MEMORY & COGNITION

FINSAT MB-1	Now, I'd like to ask a few questions about (your/your family's) financial situation. How satisfied are you with (your/your family's) present financial situation – completely, very, somewhat, not very or not at all satisfied? Completely satisfied
PAYBILL MB-2	How difficult is it for (you/your family) to meet the monthly payments on your (family's) bills? Is it extremely difficult, very difficult, somewhat difficult, or not difficult at all? Extremely difficult1 Very difficult2 Somewhat difficult3 Slightly difficult4 Not difficult at all5
ECPROB1 MB-4	Respondent booklet, page 53 Please turn to page 53 in the booklet. In the last year, which of the following have you done as a result of economic problems to you and your family? ENTER ALL THAT APPLY, SEPARATED BY DASHES. Sold possessions or cashed in life insurance to cover day-to-day expenses1 Postponed seeing a doctor or other health professional for financial reasons2 Been unable to purchase prescribed medications for financial reasons in the last year3 Borrowed money from friends or relatives to pay for needed everyday expenses4 Applied for government assistance such as welfare, food stamps, or Medicaid, to help meet everyday expenses5 Obtained a loan to consolidate or pay off debts6

Moved to cheaper living quarters or moved in with other people because you
could not afford to stay where you were7
None of the above8

***Consistency check. Should not be able to enter code 8 at the same time as any other code.

SECRCL1

MB-5

A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now.

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

FIRED

MC-1

In the following questions, we are interested in your perceptions about the way other people have treated you. Can you tell me if <u>any</u> of the following has ever happened to you:

At any time in your life, have you ever been <u>unfairly</u> fired from a job or been unfairly denied a promotion?

Yes.					1
No				5)

SKIP: IF FIRED = 5, ASK: HIRED

WHENFIRE MC-1a	When was the last time this happened?
	Within the last week
FREQFIRE MC-1b	How many times has this happened during your lifetime?
	Number of times
WHYFIRE MC-1c	Respondent Booklet, page 54.
	What do you think was the main reason for this/these experience/experiences?
	Your ancestry or national origin
HIRED MC-2	For <u>unfair</u> reasons, have you ever <u>not</u> been hired for a job?
	Yes1 No5
	SKIP: IF HIRED = 5, ASK: POLABUSE
WHENHIRE MC-2a	When was the last time this happened?
	Within the last week

FREQHIRE MC-2b	How many times has this happened during your lifetime?
	Number of times
WHYHIRE	
MC-2c	Respondent Booklet, page 54.
	What do you think was the main reason for this/these experience/experiences?
	Your ancestry or national origin1 Your gender2 Your race3 Your age4 Your height5
	Your weight6 Some other aspect of your physical appearance7 Your sexual orientation8 Other Specify
POLABUSE MC-3	Have you ever been <u>unfairly</u> stopped, searched, questioned, physically threatened or abused by the police?
	Yes1 No5
	SKIP: IF POLABUSE = 5, ASK: DISCOUR
WHENABUS MC-3a	When was the last time this happened?
	Within the last week
FREQABUS MC-3b	How many times has this happened during your lifetime?
	Number of times

WHYABUS MC-3c	Respondent Booklet, page 54.
	What do you think was the <u>main</u> reason for this/these experience/experiences?
	Your ancestry or national origin
DISCOUR MC-4	Have you ever been <u>unfairly</u> discouraged by a teacher or advisor from continuing your education?
	Yes1 No5
	SKIP: IF DISCOUR = 5, ASK: DISCMOVE
WHENDSCR MC-4a	When was the last time this happened?
	Within the last week1 Within the last month2 Within the last year3 More than a year ago4
FREQDSCR MC-4b	How many times has this happened during your lifetime?
	Number of times
WHYDSCR MC-4c	Respondent Booklet, page 54.
	What do you think was the <u>main</u> reason for this/these experience/experiences?

	Your ancestry or national origin
DISCMOVE MC-5	Have you ever been <u>unfairly</u> prevented from moving into a neighborhood
WIC-3	because the landlord or a realtor refused to sell or rent you a house or apartment?
	Yes1 No5
	SKIP: IF DISCMOVE = 5, ASK: DISCLOAN
WHENMOVE MC-5a	When was the last time this happened?
	Within the last week
FREQMOVE MC-5b	How many times has this happened during your lifetime?
	Number of times
WHYMOVE MC-5c	Respondent Booklet, page 54
	What do you think was the <u>main</u> reason for this/these experience/experiences? Your ancestry or national origin1
	Your gender2 Your race3
	Your age4 Your height5

	Your weight6 Some other aspect of your physical appearance7 Your sexual orientation8 Other Specify
DISCLOAN MC-6	Have you ever been <u>unfairly</u> denied a bank loan?
	Yes1 No5
	SKIP: IF DISCLOAN = 5, ASK: DISCRIM1.
WHENLOAN MC-6a	When was the last time this happened?
	Within the last week
FREQLOAN MC-6b	How many times has this happened during your lifetime?
	Number of times
WHYLOAN MC-6c	Respondent Booklet, page 54
	What do you think was the <u>main</u> reason for this/these experience/experiences?
	Your ancestry or national origin1
	Your gender2 Your race3
	Your age4
	Your height5
	Your weight6
	Some other aspect of your physical appearance7
	Your sexual orientation8 Other Specify

DISCRIM1 MC-8a	Looking at page 55 of your respondent booklet, in your day-to-day life how often have any of the following things happened to you? You are treated with less courtesy or respect than other people. Almost everyday1 At least once a week2 A few times a month3 A few times a year4 Less than once a year5 Never6
DISCRIM3 MC-8b	You receive poorer service than other people at restaurants or stores. Almost everyday1 At least once a week2 A few times a month3 A few times a year4 Less than once a year5 Never6
DISCRIM4 MC-8c	People act as if they think you are not smart. Almost everyday1 At least once a week2 A few times a month3 A few times a year4 Less than once a year5 Never6
DISCRIM5 MC-8d	People act as if they are afraid of you. Almost everyday1 At least once a week2 A few times a month3 A few times a year4 Less than once a year5 Never6

DISCRIM9 MC-8f	You are threatened or harassed.
	Almost everyday1 At least once a week2 A few times a month3 A few times a year4 Less than once a year5 Never6
	SKIP: If DISCRIM1-DISCRIM9 = 6, ASK: VIGIL1
WHYDISC MC-9	Looking at the reasons that are listed on page 54, what do you think was the main reason why these experiences happened to you? That is reasons why (FILL: Insert the statement from DISCRIM1-DISCRIM9 that are Not Equal to 6)
	Your ancestry or national origin
VIGIL2 MC-10b	Respondent Booklet, page 55. In your day-to-day life, how often do you do the following things:
	You try to prepare for possible insults from other people before leaving home.
	Almost everyday1 At least once a week2 A few times a month3 A few times a year4 Less than once a year5 Never6

VIGIL3 MC-10c	Feel that you always have to be very careful about your appearance (to get good service or avoid being harassed). Almost everyday1 At least once a week2 A few times a month3 A few times a year4 Less than once a year5 Never6
VIGIL4 MC-10d	Carefully watch what you say and how you say it. Almost everyday1 At least once a week2 A few times a month3 A few times a year4 Less than once a year5 Never6
VIGIL6 MC-10e	Try to avoid certain social situations and places. Almost everyday1 At least once a week2 A few times a month3 A few times a year4 Less than once a year5 Never6 SKIP: IF EMPHRS LT 15, ASK: RELAFF0
JOBDIS1 MC-11a	Respondent Booklet, page 56. Here are some more situations that can arise at work. Please tell me how often you have experienced them during the past 12 months. How often do you feel that you have to work twice as hard as others to get the same treatment or evaluation? Once a week or more1

	A few times a month2 A few times a year3 Less than once a year4 Never5
JOBDIS2 MC-11b	How often are you watched more closely than other workers?
JOBDIS3	Once a week or more1 A few times a month2 A few times a year3 Less than once a year4 Never5
MC-11c	How often are you <u>unfairly</u> humiliated in front of others at work?
	Once a week or more
JOBDIS4 MC-11d	How often do your supervisor or coworkers make slurs or jokes about racial or ethnic groups?
	Once a week or more
JOBDIS5 MC-11e	How often do your supervisor or coworkers make slurs or jokes about women?
	Once a week or more1 A few times a month2 A few times a year3 Less than once a year4 Never5

JOBI	DIS	5
MC_{-}	11f	

How often do your supervisor or co-workers make slurs or jokes about gays or lesbians?

Once a week or more	1
A few times a month	
A few times a year	3
Less than once a year	
Never5	

SECTION N: RELIGION AND MEANING/PURPOSE

RELAFF0 N-1	Now, I have some questions about religion. Even people who don't have a formal religion may have religious feelings, so we ask them of everyone. First, what is your current religious preference? Are you Protestant, Catholic, Jewish, or what? Protestant1 Catholic2 Jewish3 None4 Other7 SKIP: IF RELAFF0=2-4, ASK ATTEND. SKIP: IF RELAFF0=7, ASK: RELAFF2.
RELAFF1 N-1a	Which specific denomination is that?
	American Baptist10 American Baptist Churches in the U.S.A11 National Baptist Convention of American12 National Baptist Convention, U.S.A., Inc13 Southern Baptist Convention

	Lutheran, Don't know which
	SKIP: ASK ATTEND.
RELAFF2 N-1b	Other (please specify)?
ATTEND N-2	Respondent booklet, page 57.
	Please refer to page 57 of your booklet. How often do you go to religious services? Would you say several times a week, once a week, 2-3 times a month, about once a month, several times a year, about once or twice a year, or never?
	Several times a week
RELACT N-3.	Besides religious services, how often do you take part in other activities at a church or place of worship? Would you say several times a week, every week, 2-3 times a month, about once a month, several times a year, about once or twice a year, or never?

	Several times a week
RELMEMB N-4	Do you belong to a church, synagogue, or other religious congregation?
	Yes1 No5
	SKIP: IF RELMEMB=1, ASK RELNGB SKIP: IF RELMEMB =5, DK, or Ref AND there are no other people in household, ASK RELSPRT
RELNGB N-4b	Does this congregation meet in your neighborhood?
	Yes1 No5

CONGNAME N-4c

We plan to conduct a survey of churches, synagogues, and other religious congregations about their general religious and social activities. This will not have anything to do with you personally or with your answers to this survey, which will be kept confidential, and your name will not be used in any way. Please tell me the name you would look under in the telephone book for the place where you or others in your household attend religious services.

IF R SAYS S/HE ATTENDS MORE THAN ONE CHURCH/
CONGREGATION, ASK ABOUT THE PLACE S/HE ATTENDS
MORE OFTEN. IF S/HE ATTENDS EQUALLY OFTEN AT MORE
THAN ONE PLACE, ASK ABOUT THE PLACE S/HE ATTENDED
MOST RECENTLY.

CONGADD N-4d	What is the address there?
	ENTER STREET NUMBER, STREET NAME, CITY, STATE, AND ZIP CODE. IF R CANNOT PROVIDE THIS INFORMATION, PROBE FOR WHATEVER LOCATIONAL INFORMATION R CAN GIVE. FOR EXAMPLE, WHAT STREET IS IT ON? WHAT IS THE NEAREST CROSS STREET?
RELACTIV	
N-4g	Do you consider yourself an active member of your religious congregation? That is, in the <u>past twelve months</u> have you served on a committee, given time for special projects, or helped organize meetings?
	Yes1 No5
RELLEAD	
N-4h	In the <u>past five years</u> have you held a position in your religious congregation, such as Sunday school teacher or deacon?
	Yes1 No5
RELVOL	
N-4i	If you average across the <u>last twelve months</u> , about how many hours per week did you do unpaid work for your religious congregation? CODE "NEVER DID UNPAID WORK" AS ZERO.
	Hours
DEI SDDT	

RELSPRT N-5

How spiritual would you say you are? Would you say you are <u>very</u> <u>spiritual</u>, <u>moderately spiritual</u>, <u>slightly spiritual</u>, or <u>not spiritual at all</u>?

Very spiritual......1
Moderately spiritual......2
Slightly spiritual......3
Not spiritual at all.......4

RELPRIV1

N-6

Respondent Booklet, page 58.

How often do you pray <u>privately</u> in places <u>other than</u> a church or other place of worship—several times a day, once a day, several times a week, once a week, less than once a week, or never?

Several times a day..........1
Once a day.........2
Several times a week........3
Once a week........4
Less than once a week........5
Never.......6

RELCARRY

N-7a

Respondent Booklet, page 59.

How much do you try to carry your religion over into all other dealings in your life?

RELCOPE2

N-8a

Think about how you try to understand and deal with major problems in your life. To what extent is each of the following involved in the way you cope?

I work together with God as partners. (Would you say a great deal, quite a bit, some, a little, or not at all?)

A great deal.......1

Quite a bit......2

Some.......3

A little.......4

Not at all.......5

(IF VOL.) I DON'T BELIEVE IN GOD......6

RELCOPE3 N-8b	I look to God for strength, support, and guidance.
	A great deal1 Quite a bit2 Some3 A little4 Not at all5 (IF VOL.) I DON'T BELIEVE IN GOD6
	SKIP: IF RELCOPE2=6 AND RELCOPE3=6, ASK: RELCOPE6
RELCOPE4 N-8c	I feel God is punishing me for my sins or lack of spirituality. A great deal1 Quite a bit2
	Some3 A little4 Not at all5 (IF VOL.) I DON'T BELIEVE IN GOD6
RELCOPE5 N-8d	I wonder whether God has abandoned me. (Would you say a great deal, quite a bit, some, a little, or not at all?)
	A great deal1 Quite a bit2 Some3 A little4 Not at all5 (IF VOL.) I DON'T BELIEVE IN GOD6
SCTNCP1 N-9	INTERVIEWER CHECKPOINT R is a church member/attendee
	(ATTEND < 6) or (RELMEMB=1)1 All others5
	SKIP: IF SCTPCP1=5, ASK MEANING1.

RELCONG2 N- 10	If you had a problem or were faced with a difficult situation, how much help and comfort would the people in your congregation give you? (Would you say a great deal, quite a bit, some, a little, or not at all?) A great deal1 Quite a bit2 Some3 A little4 Not at all5
RELCONG4	
N-11	How often are the people in your congregation critical of the things you do? (Would you say very often, often, sometimes, rarely, or never?)
	Very often1 Often2 Sometimes3 Rarely4 Never4
MEANING1	
N-12a	Respondent Booklet, page 60.
	For each of the following statements, please tell me whether you agree strongly, agree somewhat, disagree somewhat, or disagree strongly.
	I have a reason for living (Would you say you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?).
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
MEANINGS	
MEANING2 N-12b	I have trouble finding peace of mind.
	Agree strongly1
	Agree somewhat2 Disagree somewhat3

Disagree strongly......4

RYFFMNG1 N-12c	I have a sense of direction and purpose in life.
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
RYFFMNG3 N-12d	In the final analysis, I'm not so sure that my life adds up to much.
7, 124	Agree strongly
RELBLFS2 N-13a	I believe in eternal life. (Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly?)
	Agree strongly1 Agree somewhat2 Disagree somewhat3 Disagree strongly4
SCTNCP2 N-14	INTERVIEWER CHECKPOINT R is a church member/attendee
	SKIP: IF SCTNCP1=5, ASK FORGIVE1.
	Now I have some questions about your religious congregation and services. Again, please tell me how strongly you agree or disagree.
ATTBLFS1 N-15a	I feel accepted and understood when I am with people from my religious congregation. Do you <u>agree strongly</u> , <u>agree somewhat</u> , <u>disagree somewhat</u> , or <u>disagree strongly</u> ?
	Agree strongly1 Agree somewhat2 Disagree somewhat3

Disagree strongly......4

ATTBLFS2 N-15b	My faith is renewed when I attend religious services.
	Agree strongly
ATTBLFS3	
N-15c	Attending religious services helps to establish a person in the community.
	Agree strongly
ATTBLFS4	
N-15d	I feel a sense of inner peace and harmony when I attend religious services.
	Agree strongly
ATTBLFS5	
N-15e	When I attend religious services I feel the presence of God or a higher power.
	Agree strongly
ATTBLFS8	
N-15f	My religious congregation feels like a family to me.
	Agree strongly
	Disagree strongly4

FORGIVE1 N-16a Now, I have a few questions about how you feel when things go wrong. Please tell me how strongly you agree or disagree – do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly? I often feel that no matter what I do now I will never make up for the mistakes I have made in the past. Agree strongly.....1 Agree somewhat.....2 Disagree somewhat......3 Disagree strongly.....4 FORGIVE2 N-16b I have grudges that I have held onto for months or years. Agree strongly.....1 Agree somewhat......2 Disagree somewhat......3 Disagree strongly.....4 FORGIVE3 N-16c I have forgiven those who have hurt me Agree strongly.....1 Agree somewhat......2 Disagree somewhat......3 Disagree strongly.....4

FORGIVE6

N-16d When I have hurt someone, I often ask the other person's forgiveness.

SECTION Q: SOCIODEMOGRAPHICS

Q-1	Respondent Booklet, page 61.
	Now I have some questions about your background and personal characteristics. First, I would like to ask you about your ethnic background or origins. Most people in the United States have ancestowho came from other parts of the world.
	Are you of Latino or Hispanic descent, that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Central American, South American, some other Latino/Hispanic origin, or some combination of these? (If necessary: which one?)
	CODE ALL THAT APPLY
	Not Latino/Hispanic1 Mexican2 Mexican American/Chicano3 Puerto Rican4 Cuban5 Central American6 South American7 Other Latino/Hispanic8 (Specify)
******	**************
MULTHISP	
Q-2	CREATE FLAG FOR MULTIPLE HISPANIC ORIGIN
*******	If respondent identified only one race in ETHNIC11 If respondent identified two or more races in ETHNIC12 *******************************
ETHNIC2	
Q-3	In addition to being (FILL according to note below), do you think of yourself as having any other ethnic background or origins?
	Yes1 No5
-	NOTE ON FILL: IF ETHNIC1=1, insert "American"

IF ETHNIC1>1, insert group/s named in ETHNIC1 SKIP: IF ETHNIC2=5 AND ETHNIC1=1, ASK: RACE1 IF ETHNIC2=5 AND ETHNIC1>1 AND MULTHISP=1, ASK: ETHNIC5 IF ETHNIC2=5 AND ETHNIC1>1 AND MULTHISP=2, ASK: ETHNIC4 ETHNIC3 How would you describe your other ethnic background or origins? Q-4 INTERVIEWER INSTRUCTION: Fill in the first three ethnic groups mentioned. Answer: ETHNIC4 You have mentioned that your background is . Which group or Q-5 combination of groups best describes your background or origins. Answer: NOTE ON FILL: IF ETHNIC2=1 AND ETHNIC1=1, insert name of groups mentioned in ETHNIC3 with the word "and" between them. IF ETHNIC2=1 AND ETHNIC1>1, insert name of groups mentioned in ETHNIC1 AND ETHNIC3 with the word "and" between them. IF ETHNIC2=5 (which means ETHNIC1>1 AND MULTHISP=2), insert name of groups mentioned in ETHNIC1 with the word "and" between them. ETHNIC5

close, fairly close, not too close, or not close at all?

How close do you feel in your ideas and feelings about things to other people who are (FILL according to note below)? Would you say very

Q-6

-	Very close
RACE1 Q-7	Respondent Booklet, page 62.
	Many people describe their race in a different way than they describe their ethnicity or nationality. Please look at this list and tell me what group or groups describe your race.
	CODE ALL THAT APPLY
	White/Caucasian1 Black/African-American2 American Indian3 Asian4 Pacific Islander5 Other Race6 (Specify)
	SKIP: IF RACE1 = REF/DK, ASK: ACCULT1
**************************************	****************
Q-8	CREATE FLAG FOR MULTIPLE RACES
	If respondent identified only one race in RACE11 If respondent identified two or more races in RACE12
******	SKIP: IF MULTRACE=1, ASK RACE3 ************************************
RACE2 Q-9	You have mentioned that your background is (FILL names of groups listed in RACE1). Which group or combination of these groups best describes you background or origins.

DACE2	
RACE3	How alose do you feel in your idees and feelings about things to other
Q-10	How close do you feel in your ideas and feelings about things to other people who are (FILL according to note below)? Would you say very close, fairly close, not too close, or not close at all?
	Very close1
	Fairly close2
	Not too close3
	Not close at all4
	NOTE.
	NOTE: - IF MULTRACE=1, ask about group identified in RACE1
	 If MULTRACE=1, ask about group identified in RACE1 IF MULTRACE=2, ask first about group or combination of groups identified in RACE2
ACCULT1	
Q-11	Please turn to page 63 in the Respondent booklet.
	Now I'm going to ask you some questions about language.
	What language(s) do you usually speak at home?
	CODE ALL THAT APPLY
	English1
	Spanish2
	Polish3
	Russian4
	Chinese5
	Vietnamese6
	Japanese7
	Korean8
	French9
	Portuguese10
	German11

Answer:

SKIP: IF ONLY ONE LANGUAGE GIVEN IN ACCULT1 AND ETHNIC1 .NE. 1, ASK ACCULT3.

Italian.....12

Other......13 (Specify _____)

SKIP: IF ONLY ONE LANGUAGE GIVEN IN ACCULT1 AND ETHNIC1=1, ASK FABORN.

ACCULT2	
Q-12	Still on page 63 of the booklet
	Which of those languages would you say you speak the best?
	INTERVIEWER INSTRUCTION: If respondent volunteers more than one language, code all that apply
	English
	SKIP: If ETHNIC1=1 ASK: FABORN
ACCULT3	
Q-13	Respondent Booklet, page 64.
	Now I have a few questions about how people use English and Spanish. In general, which of these two languages do you read and speak.
	Only Spanish1 Spanish more than English2 Both equally3 English more than Spanish4 Only English

ACCULT4 Q-14	What language did you use as a child?
	Only Spanish1 Spanish more than English2 Both equally3 English more than Spanish4 Only English5
ACCULT5 Q-15	What language do you usually speak at home?
	Only Spanish1 Spanish more than English2 Both equally3 English more than Spanish4 Only English5
•	ck – if ACCULT5=1, ACCULT1 should include 2; if ACCULT5=2, 3, OR 4, aclude 1 and 2; if ACCULT5=5, ACCULT1 should include 1.
ACCULT6 Q-16	In which language(s) do you usually think?
	Only Spanish1 Spanish more than English2 Both equally3 English more than Spanish4 Only English5
ACCULT7 Q-17	What languages do you usually speak with your friends?
	Only Spanish1 Spanish more than English2 Both equally3 English more than Spanish4 Only English5

FABORN Q-18	In what state or foreign country was your natural father born?
	state, or country if not U.S.
FANAME Q-19	What is his last name? father's last name
MABORN Q-20	In what state or foreign country was your natural mother born?
	state, or country if not U.S.
NUMGDPS Q-21	How many of your (natural) grandparents were born outside the United States?
	None0 One1 Two2 Three3 Four4
RESMOB1 Q-22a	Now I'd like to ask you a few questions about the places you have lived.
	In what year did you move into the place where you are living now?
	INTERVIEWER INSTRUCTION: If the respondent gives their age wher they moved to their current residence, probe them for a date. If the respondent does not know the month, just write down the year.
	Year
	(VALID RANGE: <= current date and >= date of birth)
	SKIP: IF RESMOB1<1990. GO TO: RBORN

RESMOB2 Q-22b	Was the place where you lived before that in Chicago?
	Yes1
	No5 Volunteered: did not live anywhere before that9
	SKIP: IF RESMOB2=5, GO TO: RESMOB4
	IF RESMOB2=9, GO TO: RBORN
RESMOB3 Q-22c	What was the address of that place?
	INTERVIEWER INSTRUCTION: If the respondent cannot provide a street address, probe to see if s/he knows the cross streets.
	Street Address
	(Cross Streets)
	SKIP: ASK RESMOB5
RESMOB4	
Q-22d	What city or town and state was that in?
	City
	State
RESMOB5 Q-22e	In what year did you move into that place?
	Year
	(VALID RANGE: <= date given in RESMOB1 and >= date of birth)
	SKIP: IF RESMOB5<1990, GO TO: RBORN
RESMOB6 O-22f	What about the place you lived in before that, was that in Chicago?

	Yes1 No5 Volunteered: did not live anywhere before that9
	SKIP: IF RESMOB6=9, GO TO: RBORN IF RESMOB6=5, GO TO: RESMOB8
RESMOB7	
Q-22g	What was the address of that place?
	INTERVIEWER INSTRUCTION: If the respondent cannot provide a street address, probe to see if s/he knows the cross streets.
	Street Address
	(Cross Streets)
	SKIP: ASK RESMOB9
RESMOB8	
Q-22h	What city/town and state was that in?
	INTERVIEWER INSTRUCTION: If the respondent cannot provide a street address, probe to see if s/he knows the cross streets.
	City
	State
RESMOB9	
Q-22i	In what year did you move into that place?
	Year
	(VALID RANGE: <= date given in RESMOB5 and >= date of birth)
	SKIP: IF RESMOB9<1990. ASK: RBORN

RESMOB10 Q-22j	What about the place you lived in before that, was that in Chicago?
	Yes1 No5 Volunteered: did not live anywhere before that9
	SKIP: IF RESMOB10=9, GO TO: RBORN IF RESMOB10=5, GO TO: RESMOB12
RESMOB11 Q-22k	What was the address of that place?
	INTERVIEWER INSTRUCTION: If the respondent cannot provide a street address, probe to see if s/he knows the cross streets.
	Street Address
	(Cross Streets)
	SKIP: ASK RESMOB13
RESMOB12 Q-22l	What city/town and state was that in?
	INTERVIEWER INSTRUCTION: If the respondent cannot provide a street address, probe to see if s/he knows the cross streets.
	City
	State
RESMOB13 Q-22m	In what year did you move into that place?
	Year
	(VALID RANGE: <= date given in RESMOB9 and >= date of birth)

RBORN Q-23	In what state or foreign country were you born?
	state, or country if not U.S.
**************************************	***********
Q-24	INTERVIEWER CHECKPOINT
	If Respondent born in the U.S1 All others2
******	SKIP: IF SCTQCP3=1, ASK: RLIVE ************************************
IMMAGE Q-25	How old were you when you came to live in the United States?
Q-23	years old
RLIVE Q-26	And in what state or foreign country did you live in the longest until you were 16 years old?
	State
	Country (if not U.S.)
REDUC1 Q-27a	What was the highest grade of school or year of college you completed?
	number of years
	(IWER: IF ANSWER IS GREATER THAN 17 YEARS, ENTER 17)
***Set limits 0-20	
	SKIP: IF REDUC1 .GE. 0 AND REDUC1.LE. 12, ASK REDUC3
REDUC4 O-27b	Do you have a bachelor's degree (4-year college)?

	Yes1 No5
	SKIP: IF REDUC4 = 1, GO TO SCTQCP4
REDUC3	
Q-27d	Have you obtained a high school diploma or passed the high school equivalency test (G.E.D.)?
	Yes1 No5
LADDER1	
Q-27e	Now, look at page 65 in your respondent booklet.
	Think of this ladder as representing where people stand in American society. At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off –who have the least money, least education and the least respected jobs or no job. The higher up you are on the ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.
	What is the number to the right of the rung where you think you stand at this point in your life, relative to other people in American society?
	Number
***Limits 1-10	
LADDER2	
Q-27f	Respondent Booklet, page 66.
	Now, think of this ladder as representing where people stand in their communities.

People define community in different ways; please define it in whatever way is most meaningful to you. At the top of the ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community.

What is the number to the right of the rung where you think you stand at this time in your life, relative to other people in your community?

	Number
***Limits 1-10	

SCTQCP4 Q-28	INTERVIEWER CHECKPOINT
	IF MARSTAT=1 or INTTIME>=1 year/12 months1 (i.e., respondent is currently married or living with a partner for at least one year)
	IF MARSTAT=4 and (INTTIME<1 year/12 months)2 (i.e., respondent is currently widowed and not living with a partner for at least one year)
	IF (MARSTAT=2 or MARSTAT=3 or MARSTAT=5) and (INTTIME<
	year/12 months)3 (i.e., respondent is either separated, divorced, and never married, and not living with a partner for at least one year)
	SKIP: IF SCTQCP4>1, ASK: RHOME
******	***********
SPWORK Q-29	We are also interested in your (husband's/wife's/partner's) present work situation. Is (he/she) working for pay at the present time, looking for
	work, retired, or doing something else?
	Working now (including on sick leave)
	SKIP: IF SPWORK=1 or 2 or 4, ASK: SPJOB SKIP: IF SPWORK=3 or 5 or 6 or 7 or 8, ASK: PSTWORK

PSTWORK Q-30	Has (he/she) done any work for pay in the past 3 years?
	Yes1 No5
	SKIP: IF PSTWORK=5, ASK: SPDOB
SPJOB Q-31	What (is/was) your (husband's/wife's/partner's) main paid occupation?
	Answer:
SPKIND Q-32	What kind of work (does/did) (he/she) do? What (are/were) (his/her) most important activities or duties?
	Answer:
SPIND	
Q-33	What kind of business or industry (is/was) that in? What (do/did) they make or do when (he/she) (works/worked)?
	Answer:
SPEMP	
Q-34	(Is/was) your (husband/wife/partner) self-employed or (does/did) (he/she) work for a private employer or a municipal, county, state or federal government?
	Self-employed1 Private employer2 Government employer3

SPEMPHRS Q-35.	On the average, how many hours a week does (he/she) work on this job, including paid and unpaid overtime?
	Hours per week
SPEMPWAG	
Q-36	How much does (he/she) earn per year from this job? (INTERVIEWER INSTRUCTION: INDICATE GROSS EARNINGS)
	\$
***CONSISTENCY C	CHECK: IF SPEMPWAG is LE \$5,000 OR GE \$500,000, CLARIFY WITH THE R:
	You told me that he/she earned (FILL: SPEMPWAG) per year. Is this correct?
	SKIP: IF SPEMPWAG = DK OR REF, ASK SPEMPWG2
anel any ca	
SPEMPWG2 Q-36a	While you may not know the exact amount, please tell me <u>about</u> how much it was.
	Less than \$5,0001
	\$5,000-10,0002
	\$10,000-15,0003
	\$15,000-20,0004
	\$20,000-25,0005
	\$25,000-30,0006
	\$30,000-35,0007 \$35,000-40,0008
	\$40,000-45,0009
	\$45,000-50,00010
	\$50,000-60,00011
	\$60,000-70,00012
	\$70,000-80,00013
	\$80,000-90,00014
	\$90,000-100,00015
	\$100,000-125,00016
	\$125,000-150,00017

\$150,000-175,000......18

\$175,000-200,000......19 \$200,000-250,000.....20

\$250,000-300,000......21 \$300,000-350,000......22 More than \$350,000.....23 IWER INSTRUCTIONS: OVER \$1,000,000, CODE AS \$1,000,000. ***CONSISTENCY CHECK: IF SPEMPWG2 is LE \$5,000, CLARIFY WITH THE R: You told me that he/she earned (FILL: SPEMPWG2) per year. Is this correct? SPDOB Q-37 What is the month, day, and year of your (husband's/wife's/partner's) birth? _____month _____day _____year **SPBORN** In what state or foreign country was (he/she) born? Q-38 ____state, or country if not U.S. SPEDUC1 Q-39 What was the highest grade of school or year of college your (husband/wife/partner) completed? _____ number of years (IWER: IF ANSWER IS GREATER THAN 20 YEARS, ENTER 20) ***Set limits 0-20 RHOME Do you own your own (home/apartment), do you pay rent, or what? Q-41 Owns or is buying......1 Pays rent.....2 Neither owns nor rents......3 SKIP: IF RHOME=2, ASK: RRENT SKIP: IF RHOME=3, ASK: ROOMS1

RMORT Q-42a	Do you have a mortgage on this property?
	Yes, mortgage, land contract, or deed of trust1 No5
	SKIP: IF RMORT=5, ASK: HOMEVAL1
MORTAMT Q-42b	About how much is the monthly payment for all mortgages and loans on this house combined? \$ PER MONTH (RANGE=1-99,999, VERIFY AT 20,000)
	SKIP: IF MORTAMT=DK OR NON-RESPONSE, ASK: HOMEVAL1
***Set upper limit at	\$49,999 – verify at \$10,000
MORTTAX Q-42c	Respondent booklet, page 67
	Using the options on page 67 in your booklet, please tell me if this amount includes property taxes or insurance
	Includes Property Taxes1 Includes Insurance2 Includes Both Taxes And Insurance3 Neither4
HOMEVAL1 Q-43a	If you sold this (house/apartment/farm) today, how much money would you get for it after paying off the mortgage?
	(IWER: IF GREATER THAN \$2,000,000, ENTER \$2,000,000)
	\$ amount respondent would receive
***Consistency Chec	k: IF HOMEVAL1 LE \$10,000, CLARIFY WITH THE R.
V	. III . (FIII HOMEWALL) I II

You mentioned that you would receive (FILL: HOMEVAL1). Is this correct?

SKIP: IF respondent gives a dollar amount, ASK: ROOMS1

HOMEVAL2

Q-43b Respondent Booklet, page 68.

While you may not know exactly how much you would get (after paying off the mortgage), which of the following categories would you say is the best estimate?

Less than \$25,0001
\$25,000 to \$49,9992
\$50,000 to \$74,9993
\$75,000 to \$99,9994
\$100,000 to \$149,9995
\$150,000 to \$199,9996
\$200,000 to \$249,9997
\$250,000 to \$299,9998
\$300,000 to \$349,9999
\$350,000 to \$399,99910
\$400,000 to \$449,99911
\$450,000 to \$499,99912
\$500,000 to \$549,99913
\$550,000 to \$599,99914
\$600,000 to \$699,99915
\$700,000 to \$799,99916
\$800,000 or more17

SKIP: IF RHOME=1 or 3, ASK: ROOMS1

RRENT Q-44	About how much do you pay per month in rent?
	\$, PER MONTH (RANGE=1-99,999, VERIFY AT 20,000)
ROOMS1 Q-45a	How many bedrooms are there in this [house/apartment]? BEDROOMS
	(RANGE=1-20, VERIFY AT 10)
ROOMS2 Q-45b	And how many bathrooms?
	BATHROOMS

(RANGE=1-15, VERIFY AT 8)

ROOMS3	
Q-45c	Aside from bedrooms and bathrooms, how many other rooms are there in this [house/apartment]?
	OTHER ROOMS (DO NOT INCLUDE BATHROOMS OR BEDROOMS) (RANGE=0-30, VERIFY AT 15)
	SKIP: IF RHOME=1, ASK FOOD
PUBHOUS	
Q-46	Is this [home/apartment] in a public housing project, that is, is it owned by a local housing authority or other public agency?
	Yes1 No5
	SKIP:IF RHOME=1 OR 3, ASK: FOOD
SUBSIDY1	
Q-47a	Are you paying lower rent because the Federal, State, or local government is paying part of the cost? [COST OF RENT]
	Yes1 No5
	SKIP: IF SUBSIDY1 = 5, ASK: FOOD
SUBSIDY2	
Q-47b	Are you paying no rent because the Federal, State, or local government is paying all of it?
	Yes1 No5
FOOD	
Q-48	About how much (FILL, based on household size: do you/does your family) spend on food in an average week? Please include food stamps and money spent on eating out.
	\$ per week

INCSRC0 Q-50

Respondent booklet, page 69

In order to get a more accurate picture of your (and your spouse's/partner's) income, it helps to know about other possible sources of income you (and your spouse/partner) may have had during the past 12 months. Please turn to page 69 in the booklet and tell me whether you (or your spouse/partner) received income from any of these sources.

Social Security payments, including payments for children...........2

Retirement pay, such as pensions, annuities, IRAs, Keoghs, 401(K) accounts, or veteran's benefits................3

Income from rent, interest, dividends, money market funds, trust funds, or other investments......4

Child support payments or alimony......6

Any other sources of income......8

None of the above.....9

(IWER: PROBE IF R ANSWERS "NO" TO ALL SOURCE OF INCOME QUESTIONS, INCLUDING WAGES AND SALARY)

INCTOT1 Q-51a

Now, thinking about all possible sources of income you (and your spouse/partner) have had over the past 12 months including (FILL--see below), how much income would you say you (and your spouse/partner) received from all these sources?

```
$ __,__ ,__ DURING THE LAST 12 MONTHS (VERIFY AT 500,000)
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***CONSISTENCY CHECK: IF INCTOT1 is LE \$5,000 OR GE \$500,000, CLARIFY WITH THE R:

You told me that you earned (FILL: INCTOT1) per year. Is this correct?

SKIP: IF respondent gives a dollar figure for INCTOT1, ASK: ASSET0

```
***fill

for SALARY1=1, your own income from a job
for SALARY2=1, your (husband/wife/partner)'s income from a job
for INCSRC0=1, Social Security payments
for INCSRC0=2, retirement pay
for INCSRC0=3, investment income
for INCSRC0=4, unemployment or workers' compensation
for INCSRC0=5, child support or alimony
for INCSRC0=6, public assistance
if there is more than one fill category, insert "and" between the categories
```

INCTOT3

Q-51b

Respondent Booklet, page 70.

While you may not know the exact amount, please tell me <u>about</u> how much it was.

Less than \$5,0001	
\$5,000-10,0002	
\$10,000-15,0003	
\$15,000-20,0004	
\$20,000-25,0005	
\$25,000-30,0006	
\$30,000-35,0007	
\$35,000-40,0008	
\$40,000-45,0009	
\$45,000-50,00010	
\$50,000-60,00011	
\$60,000-70,00012	
\$70,000-80,00013	
\$80,000-90,00014	
\$90,000-100,00015	
\$100,000-125,00016)

\$125,000-150,00017 \$150,000-175,00018 \$175,000-200,00019 \$200,000-250,00020 \$250,000-300,00021 \$300,000-350,00022 More than \$350,00023
IF APPROPRIATE PERMIT R TO ENTER ANSWER: How about if I just let you enter this yourself so it will be completely private. THEN LET R ENTER IN THE COMPUTER.
Respondent booklet, page 71.
Now I'd like to talk about assets – that is, things that you could sell, if you wanted, to earn additional money. Turning to page 71 in the booklet, tell me which of the items listed you (and your spouse/partner) own.
ENTER ALL THAT APPLY, SEPARATED BY DASHES
Real estate other than your main home, such as a second/vacation home, land, rental real estate, a partnership, or money owed to you on a land contract or mortgage
Part or all of a business or farm2
Money or assets that are held in retirement accounts under your or your (spouse/partner's) name, such as a pension, an annuity, an Individual Retirement Account (IRA), KEOGH, or a 401(k) account
Savings or investments, such as shares of stock, mutual funds, corporate, municipal, government or foreign bonds, bond funds (including government savings bonds and treasury bills), checking or savings accounts, certificates of deposit, or money market funds4
One or more working cars5
Any other savings or assets, such as jewelry, boats or other vehicles, money owed to you by others, a collection for investment purposes, rights in an estate where you are the beneficiary, or other trust funds (do not include the cash value of any life insurance policies)
None of the above7

ASSET0 Q-52a

226

SKIP: IF ASSET0=7, GO TO INCORAS

SKIP: IF ASSET0 .NE. 5, ASK: WEALTH1

ASSET6 Q-52b

How many cars do you (FILL: IF MARSTAT=1 FILL 'or your wife/husband. IF INTSTAT=1, FILL 'or your partner') own? Again, please include only cars that work.

1......1 2......2 3......3 4 or more.....4

WEALTH1

Q-53a

Now, thinking about all the things you've mentioned above, including (FILL: see below), but not including your main home, how much would you say that all these assets are worth together?

\$

***fill

for ASSET0=1, real estate for ASSET0=2, all or part of a business or farm for ASSET0=3, retirement accounts for ASSET0=4, savings or investments for ASSET0=5, one or more cars for ASSET0=6, other assets

if there is more than one fill category, insert "and" between the categories

***Set upper limit at \$99,999,999 – verify at \$5,000,000

SKIP: IF respondent gives a dollar figure for WEALTH1, ASK: INCORAS

WEALTH2

Q-53b

Respondent Booklet, page 72.

While you may not know exactly how much these things are worth, which of the following categories would you say best estimates their total value?

Less than \$10,000......1 \$10,000-25,000......2 \$25,000-50,000......3 \$50,000-100,000......4 \$100,000-200,000......5

\$200,000-500,0006
\$500,000-1,000,0007
\$1,000,000-2,000,0008
\$2,000,000-3,000,0009
\$3,000,000-4,000,00010
\$4,000,000-5,000,00011
\$5,000,000 or more12

IF R REFUSES TO ANSWER AGAIN SAY: How about if I just let you enter this yourself so it will be completely private. THEN LET R ENTER IN THE COMPUTER.

INCORAS Q-54

CHECKPOINT

IF INCSRC0 = 8 AND ASSET0 = 71

All others.....5

SKIP: IF INCORAS=1, ASK: ENDIW

INCSRC0A

Q-55a

I have just a few more questions about your household finances. It's helpful to know more about the sources of income and assets that you (and your spouse/partner) have.

INCSRC1A

Q-55b

[ASK IF INCSRC0=1 OR 4 OR 6]

You said earlier that you (or your husband/wife/partner) receive income from (FILL—see below) About how much did you get over the last 12 months?

_____\$ per year

***for fill

for INCSRC0=1, Social Security payments
for INCSRC0=4, public assistance payments
for INCSRC0=6, either unemployment compensation, disability

for INCSRC0=6, either unemployment compensation, disability or workers' compensation, or SSI

if there is more than one fill category, insert "and" between the categories

***CONSISTENCY CHECK: IF INCSRC1A is LE \$5,000, CLARIFY WITH THE R:

You told me that you received FROM (FILL: INCSRC1A) over the last 12 months. Is this correct?

SKIP: IF ARMCIRC=1,7 OR FOREARM=3 ASK ENDIW

ENDIW Q-57

These are all the questions I have for you. Thank you very much for your participation.

SKIP: IF NCLUSTER=2

MEDFUP Q-58

You are also eligible to participate in a medical follow-up study, which will examine biological factors that might cause health problems. You will get paid **another \$20** if you participate in the follow-up. Here, let me show you the consent form that describes what is involved.

IWER: HAND R COPY OF HEALTH SUPPLEMENT BROCURE; THEN GO OVER INSTRUCTIONS FOR MEDICAL FOLLOW-UP AND OBTAIN R'S SIGNATURE.

Did the Respondent agree to particip	ate?	
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Yes1	
Definite No	5
No, but will think about it	7