THE CHANGING LIVES OF OLDER COUPLES
WAVE I FOLLOW UP

1. INTERVIEWER'S LABEL

SURVEY RESEARCH CENTER
INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN 48106

2. Iw No: 

3. Date of Iw: 

4. Length of Iw: 

5. Length of Edit: 

THIS STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary. If we come to any question you do not want to answer, please let me know and we'll go on to the next one.

REVIEWED BY:

☐ SUPERVISOR ________________ (DATE)
A0. EXACT TIME NOW: ____________________

A1. First, I need to list all the people who live here. 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?

Now I need the age, sex and relationship to you of any other adults and children who live here.

<table>
<thead>
<tr>
<th>(a) RELATIONSHIP TO RESPONDENT</th>
<th>(b) SEX</th>
<th>(c) AGE</th>
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<tbody>
<tr>
<td>1. RESPONDENT</td>
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A2. I’d like to begin by asking you about the circumstances of your (husband’s/wife’s) death. How old was your (husband/wife) when (he/she) died?

_________________ YEARS OLD
A3. What was the cause of (his/her) death? (IF ACCIDENT, PROBE: What kind of accident? AND OBTAIN BRIEF DESCRIPTION OF CIRCUMSTANCES)

A4. INTERVIEWER CHECKPOINT

☐ 1. CAUSE OF DEATH WAS ACCIDENT, MURDER OR SUICIDE-->TURN TO P. 7, A21

☐ 2. ALL OTHERS

A5. How long before your (husband's/wife's) death did you realize that (he/she) was going to die? (RECORD NUMBER OR MARK BOX)

<table>
<thead>
<tr>
<th>NO WARNING/MINUTES</th>
<th>#HOURS</th>
<th>OR</th>
<th>#DAYS</th>
<th>OR</th>
<th>#WEEKS</th>
<th>OR</th>
<th>#MONTHS</th>
<th>OR</th>
<th>#YEARS</th>
</tr>
</thead>
</table>

GO TO A7

A6. Was the cause of (his/her) death an ongoing condition that you knew about before, or did you only learn about it for the first time shortly before (he/she) died?

1. ONGOING  2. FIRST TIME

NEXT PAGE, A8

A7. Did (he/she) have any serious ongoing health problems?

1. YES  5. NO
A8. Was your (husband/wife) aware that (he/she) was dying?
   1. YES  5. NO  8. DON'T KNOW

A9. Did (he/she) seem to be at peace with the idea of dying?
   1. YES  5. NO

A10. Did you and your (husband/wife) talk about the fact that (he/she) might die?
    1. YES  5. NO

A11. Did you and (he/she) talk about how you would deal with being on your own once (he/she) was gone?
    1. YES  5. NO
A12. INTERVIEWER CHECKPOINT

SEE A6, A7

1. SPOUSE HAD (SERIOUS) ONGOING CONDITION
2. ALL OTHERS --> NEXT PAGE, A17

A13. Did you yourself have to provide physical care to your (husband/wife) in the 6 months before (he/she) died?

1. YES
5. NO --> NEXT PAGE, A17

A13a. During the last 6 months of (his/her) life, about how many hours a week did you spend providing physical care for your (husband/wife)?

HOURS PER WEEK

A13b. For how many weeks, months, or years did you provide such care?

#WEEKS #MONTHS #YEARS

A13c. What kind of physical care did you provide?

A14. (RB, P. 1) During the 6 months before (he/she) died, how stressful was it for you to care for (him/her) or to arrange for (his/her) care? Was it very stressful, quite stressful, somewhat stressful, not too stressful, or not at all stressful?

1. VERY STRESSFUL 2. QUITE STRESSFUL 3. SOMewhat STRESSFUL 4. NOT TOO STRESSFUL 5. NOT AT ALL STRESSFUL

A15. How much did caring for your (husband/wife) while (he/she) was ill keep you from carrying out other responsibilities in your life? Would you say a great deal, somewhat, a little, or not at all?

1. A GREAT DEAL 2. SOMewhat 3. A LITTLE 4. NOT AT ALL

A16. (RB, P. 2) Please tell me how true the following statement is. My (husband's/wife's) illness was physically painful for (him/her). Is this very true, somewhat, a little, or not true at all?

1. VERY TRUE 2. SOMEWHAT TRUE 3. A LITTLE TRUE 4. NOT TRUE AT ALL
A17.  Please tell me how true each of the following statements is in the case of your (husband/wife).

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A17a. In the weeks before (his/her) death, things between my (husband/wife) and me were going well. Is this very true, somewhat, a little, or not true at all?</td>
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<tr>
<td>A17b. My (husband/wife) lived a full life.</td>
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<tr>
<td>A17c. During (his/her) lifetime my (husband/wife) was able to achieve just about everything (he/she) hoped to achieve.</td>
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<tr>
<td>A17d. I believe that my (husband/wife) is now in a better place than (he/she) was on this earth.</td>
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</tbody>
</table>

A18.  Were you there with your (husband/wife) at the moment when (he/she) died?

1. YES  5. NO

A19.  Do you feel that your (husband/wife) did things that may have contributed to (his/her) death? Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?

1. NO, NOT AT ALL  2. YES, A LITTLE  3. YES, SOMewhat  4. YES, A GREAT DEAL

A19a. What did (he/she) do that may have contributed to (his/her) death?

________________________________________________________________________

________________________________________________________________________
A20. (RB, STILL ON P. 3) Do you feel that anyone else did things that may have contributed to your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

1. NO, NOT AT ALL  2. YES, A LITTLE  3. YES, SOMewhat  4. YES, A GREAT DEAL

TURN TO P. 11, SECTION B

A20a. Who do you feel may have contributed to the death?

PERSON #1

PERSON #2

A20b. What did (PERSON #1) do?

A20c. (RB, STILL ON P. 3) Do you blame (PERSON #1) for your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

1. NO, NOT AT ALL  2. YES, A LITTLE

3. YES, SOMewhat  4. YES, A GREAT DEAL

A20d. What did (PERSON #2) do?

A20e. (RB, STILL ON P. 3) Do you blame (PERSON #2) for your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

1. NO, NOT AT ALL  2. YES, A LITTLE

3. YES, SOMewhat  4. YES, A GREAT DEAL

TURN TO P. 11, SECTION B
SPOUSE DIED BY ACCIDENT/ MURDER/ SUICIDE

A21. On what month, day and year did the (accident/murder/suicide) happen?

MONTH/ DAY/ YEAR

A22. INTERVIEWER CHECKPOINT

SEE A3

1. CAUSE WAS ACCIDENT

2. ALL OTHERS --> GO TO A23

A22a. Was anyone else involved in the accident?

1. YES  5. NO --> GO TO A23

A22b. Who was that? I don't need a specific name.

A23. Was (he/she) still alive when you first heard about the incident?

1. YES  5. NO --> GO TO A28

A23a. How long after that did (he/she) die?

#HOURS OR #DAYS OR #WEEKS OR #MONTHS

A24. Was your (husband/wife) aware that (he/she) was dying?

1. YES  5. NO  8. DON'T KNOW

NEXT PAGE, A28

A25. Did (he/she) seem to be at peace with dying?

1. YES  5. NO

A26. Did you and your (husband/wife) talk about the fact that (he/she) might die?

1. YES  5. NO

A27. Did you and (he/she) talk about how you would deal with being on your own once (he/she) was gone?

1. YES  5. NO
A28. Before the (accident/murder/suicide) did your (husband/wife) have any serious ongoing health problems?

1. YES  
5. NO --->NEXT PAGE, A33

A29. In the six months before (he/she) died, did you yourself have to provide physical care to (him/her) because of a serious ongoing health problem?

1. YES  
5. NO --->NEXT PAGE, A33

A29a. About how many hours a week did you spend providing physical care for (him/her) during the last 6 months of (his/her) life?

HOURS PER WEEK

A29b. For how many weeks, months, or years did you provide such care?

#WEEKS  #MONTHS  #YEARS

A29c. What kind of physical care did you provide?


A30. (RB, P. 4) During the 6 months before (he/she) died, how stressful was it for you to care for (him/her) or to arrange for (his/her) care? Was it very stressful, quite stressful, somewhat stressful, not too stressful, or not at all stressful?

1. VERY STRESSFUL  2. QUITE STRESSFUL  3. SOMEWHAT STRESSFUL  4. NOT TOO STRESSFUL  5. NOT AT ALL STRESSFUL

A31. How much did caring for your (husband/wife) during the 6 months before (he/she) died keep you from carrying out other responsibilities in your life? Would you say a great deal, somewhat, a little, or not at all?

1. A GREAT DEAL  2. SOMETHAT  3. A LITTLE  4. NOT AT ALL

A32. (RB, P. 5) Please tell me how true the following statement is. My (husband's/wife's) condition was physically painful for (him/her). Is this very true, somewhat, a little, or not true at all?

1. VERY TRUE  2. SOMETHAT TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL
A33. (RB, [STILL ON] P. 5) Please tell me how true each of the following statements is in the case of your (husband/wife).

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE (1)</th>
<th>SOMewhat TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
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<tr>
<td>A33a. In the weeks before (his/her) death, things between my (husband/wife) and me were going well. Is this very true, somewhat, a little, or not true at all?</td>
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<td>A33b. My (husband/wife) lived a full life.</td>
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<td>A33c. During (his/her) lifetime my (husband/wife) was able to achieve just about everything (he/she) hoped to achieve.</td>
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<tr>
<td>A33d. I believe that my (husband/wife) is now in a better place than (he/she) was on this earth.</td>
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</tbody>
</table>

A34. INTERVIEWER CHECKPOINT

- 1. CAUSE OF DEATH WAS ACCIDENT OR MURDER
- 2. CAUSE WAS SUICIDE ---> NEXT PAGE, A36

A35. (RB, P. 6) Do you feel that your (husband/wife) did things that may have contributed to (his/her) death? Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?

1. NO, NOT AT ALL  
2. YES, A LITTLE  
3. YES, SOMEWHAT  
4. YES, A GREAT DEAL

Next Page, A36

A35a. What did (he/she) do that contributed to (his/her) death?

[Blank line]
A36. INTERVIEWER CHECKPOINT

SEE A3

☐ 1. CAUSE OF DEATH WAS ACCIDENT OR SUICIDE
☐ 2. CAUSE OF DEATH WAS MURDER ---> NEXT PAGE, SECTION B

A37. (RB, STILL ON P. 6) Do you feel that anyone else did things that may have contributed to your (husband's/wife's) death? Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?

1. NO, NOT AT ALL
2. YES, A LITTLE
3. YES, SOMEWHAT
4. YES, A GREAT DEAL

TURN TO P. 11, SECTION B

A37a. Who do you feel may have contributed to the death?

PERSON #1

A37b. What did (PERSON #1) do?

PERSON #2

A37d. What did (PERSON #2) do?

A37c. (RB, STILL ON P. 6) Do you blame (PERSON #1) for your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

1. NO, NOT AT ALL
2. YES, A LITTLE
3. YES, SOMEWHAT
4. YES, A GREAT DEAL

A37e. (RB, STILL ON P. 6) Do you blame (PERSON #2) for your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

1. NO, NOT AT ALL
2. YES, A LITTLE
3. YES, SOMEWHAT
4. YES, A GREAT DEAL
SECTION B: GRIEF

B1. INTERVIEWER CHECKPOINT

SEE A6, A7, OR A28

1. SPOUSE HAD SERIOUS ONGOING CONDITION BEFORE (HE/SHE) DIED
   ☐

2. ALL OTHERS-->NEXT PAGE, B3
   ☐

B2. (RB, P. 7) For the next questions, please think about the time when your (husband/wife) was alive but in poor health.

<table>
<thead>
<tr>
<th>Question</th>
<th>NO, NEVER (1)</th>
<th>YES, BUT RARELY (2)</th>
<th>YES, SOMETIMES (3)</th>
<th>YES, OFTEN (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B2a. At any time while your (husband/wife) was still alive, did you ever find that you couldn't get thoughts of (him/her) or (his/her) condition out of your mind even when you wanted to? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?</td>
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<td>B2b. Did you ever find yourself going over and over what was happening?</td>
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<td>B2c. While (he/she) was still living, did you ever find yourself searching to make sense or find some meaning in your (husband's/ wife's) situation?</td>
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<td>B2d. While (he/she) was still alive, did you ever have feelings of grief or sadness over the thought of losing your (husband/wife)?</td>
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<td>B2e. Did you ever cry about what was happening to (him/her)?</td>
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</table>
B3. **(RB, STILL ON P. 7)** Now, I have a list of feelings and emotions that some people still experience several months after the loss of their husband or wife. Please think about the past month.

<table>
<thead>
<tr>
<th>Question</th>
<th>NO, NEVER (1)</th>
<th>YES, BUT RARELY (2)</th>
<th>YES, SOMETIMES (3)</th>
<th>YES, OFTEN (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B3.</strong> During the past month, have you felt afraid of what lies ahead for you? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often)?</td>
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<td><strong>B4.</strong> Have you felt extremely anxious and unsettled during the past month?</td>
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<td><strong>B5.</strong> During the past month, have you felt worried about how you would manage your day-to-day affairs?</td>
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<td><strong>B6.</strong> Has life seemed empty?</td>
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<td><strong>B7.</strong> During the past month, did you feel amazed at your strength?</td>
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<td><strong>B8.</strong> Did you feel you were coping well with the loss of your (husband/wife)?</td>
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<td><strong>B9.</strong> During the past month, did you feel proud of how well you were managing?</td>
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<td><strong>B10.</strong> Have you felt as though you were in a state of shock?</td>
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<td><strong>B11.</strong> During the past month, have you felt as though you couldn't believe what was happening?</td>
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<td><strong>B12.</strong> Have you felt emotionally numb?</td>
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<td><strong>B13.</strong> During the past month, have you felt resentful or bitter about your (husband’s/wife’s) death?</td>
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<tr>
<td></td>
<td>NO, NEVER (1)</td>
<td>YES, BUT RARELY (2)</td>
<td>YES, SOMETIMES (3)</td>
<td>YES, OFTEN (4)</td>
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<tr>
<td>B14. Have you felt that the death of your (husband/wife) was unfair?</td>
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<td>B15. In the past month, have you felt anger toward God?</td>
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<td>B16. Have you felt empty inside, like an important part of you is missing?</td>
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<td>B17. In the past month, have you felt that life has lost its meaning?</td>
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<tr>
<td>B18. In the last month, have you had any regrets about anything that happened between you and your (husband/wife) while (he/she) was still alive?</td>
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<tr>
<td>B19. Have you felt as though you did all you could have done for your (husband/wife) before (his/her) death?</td>
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<tr>
<td>B20. During the past month, have you had any regrets about things you did or failed to do while (he/she) was alive?</td>
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<tr>
<td>B21. In the past month, have you heard a sound that you thought might be (him/her)?</td>
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<tr>
<td>B22. In the past month, have you sensed the presence of your (husband/wife)?</td>
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<tr>
<td>B23. To help you make decisions, have you thought about what your (husband/wife) would have done?</td>
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<td>B24. During the past month, have you felt drawn to places and things that make you feel close to your (husband/wife)?</td>
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<tr>
<td>B25. Have you found yourself longing to have (him/her) with you?</td>
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B26. (RB, STILL ON P. 7) People have different reactions to the death of a husband or wife. During the past month, have you had painful waves of missing your (husband/wife)? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

GO TO B27

B26a. (RB, STILL ON P. 7) At any time since (he/she) died, did you ever have painful waves of missing (him/her)? (no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

B27. (RB, STILL ON P. 7) During the past month, have you experienced feelings of intense pain or grief over the loss of your (husband/wife)? (no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

NEXT PAGE, SECTION C

B27a. (RB, STILL ON P. 7) At any time since (he/she) died, did you ever experience feelings of intense pain or grief over (his/her) loss? (no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN
The next questions are about children.

Cl. Do you have any children who are not living here with you at the present time? Please include adopted or stepsons and stepdaughters not living here.

1. YES 5. NO, NO CHILDREN ELSEWHERE --> GO TO C2

C1a. How many do not live with you?

NUMBER

C2. Altogether, how many living children do you have? Again, please include any adopted and stepsons and stepdaughters you may have.

NUMBER OF CHILDREN 00. NONE --> TURN TO P. 22, C25

C2a. INTERVIEWER CHECKPOINT

1. R ONLY HAS ONE CHILD

2. ALL OTHERS --> NEXT PAGE, C3

C2b. Is this a son or daughter?

1. SON  2. DAUGHTER
C3. INTERVIEWER CHECKPOINT

SEE C1a

☐ 1. R HAS NO CHILDREN LIVING ELSEWHERE--->TURN TO P. 18, C6

☐ 2. R HAS ONLY ONE CHILD LIVING ELSEWHERE--->NEXT PAGE, C5

☐ 3. R HAS MORE THAN ONE CHILD LIVING ELSEWHERE

C4. Think about your children who do not live with you. How many of your children live within an hour's drive from you?

96. NONE

C4a. (RB, P. 8) In the past 6 months, how often did you have contact with at least one of your children who do not live with you either in person, by phone or by mail? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month or never?

1. MORE THAN ONCE A WEEK

2. ABOUT ONCE A WEEK

3. 1 TO 3 TIMES A MONTH

4. LESS THAN ONCE A MONTH

5. NEVER

C4b. Compared to when your (husband/wife) was alive, do you have more interest, less interest, or about the same amount of interest in having contact with your children?

1. MORE

3. SAME

5. LESS

C4c. Have your children shown more interest, less interest, or about the same amount of interest in having contact with you?

1. MORE

3. SAME

5. LESS
C5. Think about your (son/daughter) who does not live with you. Does (he/she) live within an hour's drive of here?

01. YES
96. NO

C5a. (RB, P. 8) In the past 6 months, how often did you have contact with your (son/daughter) who doesn't live with you, either in person, by phone or by mail? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month or never?

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1 TO 3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER

C5b. Compared to when your (husband/wife) was alive, do you have more interest, less interest, or about the same amount of interest in having contact with your (son/daughter)?

1. MORE
3. SAME
5. LESS

C5c. Has your (son/daughter) shown more interest, less interest, or about the same amount of interest in having contact with you?

1. MORE
3. SAME
5. LESS
C6. INTERVIEWER CHECKPOINT

SEE C2

☐ 1. R HAS ONLY ONE CHILD-->TURN TO P. 20, C16

☐ 2. R HAS TWO OR MORE CHILDREN

C7. (RB, P. 9) 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?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C8. (RB, STILL ON P. 9) How much do you feel they make too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C9. (RB, STILL ON P. 9) How much do you feel you make too many demands on your children? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C10. (RB, STILL ON P. 9) How much are they willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C11. (RB, STILL ON P. 9) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL
**C12.** (RB, P. 10) At this point in your life, how satisfied are you with being a parent—*are you completely, very, somewhat, not very, or not at all satisfied*?

<table>
<thead>
<tr>
<th>1. COMPLETELY SATISFIED</th>
<th>2. VERY SATISFIED</th>
<th>3. SOMewhat SATISFIED</th>
<th>4. NOT VERY SATISFIED</th>
<th>5. NOT AT ALL SATISFIED</th>
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</table>

**C13.** Not using the booklet—how often do you feel bothered or upset as a parent—*almost always, often, sometimes, rarely, or never*?

<table>
<thead>
<tr>
<th>1. ALMOST ALWAYS</th>
<th>2. OFTEN</th>
<th>3. SOMETIMES</th>
<th>4. RARELY</th>
<th>5. NEVER</th>
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</thead>
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### C14a. (RB, P. 11) How much do your children depend on you for emotional support? Would you say *a lot, some, a little or not at all*?

### C14b. How much do they depend on you for help or advice with financial and legal matters?

### C14c. How much do they depend on you for help with errands, babysitting or other chores?

### C14d. How much do you depend on your children for emotional support?

### C14e. How much do you depend on them for help or advice with financial and legal matters?

### C14f. How much do you depend on them for help with errands or other chores?

---

**C15.** (RB, P. 12) At this point in your life, how often do you and any of your children have unpleasant conflicts or disagreements? Would you say *more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never*?

<table>
<thead>
<tr>
<th>1. MORE THAN ONCE A WEEK</th>
<th>2. ABOUT ONCE A WEEK</th>
<th>3. 1-3 TIMES A MONTH</th>
<th>4. LESS THAN ONCE A MONTH</th>
<th>5. NEVER</th>
</tr>
</thead>
</table>

**TURN TO P. 22, C25**
R HAS ONLY ONE CHILD

C16. (RB, P. 9) How much does your (son/daughter) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C17. (RB, STILL ON P. 9) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C18. (RB, STILL ON P. 9) How much do you feel you make too many demands on your (son/daughter)? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C19. (RB, STILL ON P. 9) How much is (he/she) willing to listen when you need to talk about your worries or problems (---a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C20. (RB, STILL ON P. 9) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C21. (RB, P. 10) At this point in your life, how satisfied are you with being a parent--are you completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

C22. Not using the booklet--how often do you feel bothered or upset as a parent--almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER
### C23a. (RB, P. 11) How much does your (son/daughter) depend on you for emotional support? Would you say a lot, some, a little or not at all?

<table>
<thead>
<tr>
<th>A LOT (1)</th>
<th>SOME (2)</th>
<th>A LITTLE (3)</th>
<th>NOT AT ALL (4)</th>
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### C23b. How much does (he/she) depend on you for help or advice with financial and legal matters?

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### C23c. How much does (he/she) depend on you for help with errands, babysitting or other chores?

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</table>

### C23d. How much do you depend on your (son/daughter) for emotional support?

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</table>

### C23e. How much do you depend on (him/her) for help or advice with financial and legal matters?

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</table>

### C23f. How much do you depend on (him/her) for help with errands or other chores?

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</table>

### C24. (RB, P. 12) At this point in your life, how often do you and your (son/daughter) have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1-3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER
C25. How many grandchildren do you have, if any?

01. ONE

OTHER: ______ NUMBER

00. NONE

NEXT PAGE, SECTION D

C25a. How often do you see your grandchild? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

C25b. How often do you see your grandchildren? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1 TO 3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER
Now I would like to ask you some questions about your relationships with your relatives and friends. Please think of all your close family members, (including children,) as well as other friends and relatives.

D1. Is there anyone in your life with whom you can really share your very private feelings and concerns?

1. YES 5. NO -> NEXT PAGE, D3

D1a. How many such people are there?

________ NUMBER

D2. Since becoming widowed, have you developed any new relationships where you can share your very private feelings and concerns?

1. YES 5. NO -> NEXT PAGE, D3

D2a. How many new relationships like this have you developed since becoming widowed?

________ NUMBER OF RELATIONSHIPS

D2b. INTERVIEWER CHECKPOINT

☐ 1. R HAS ONE NEW RELATIONSHIP ☐ 2. R HAS MORE THAN ONE NEW RELATIONSHIP

D2c. Is this person currently married or unmarried? D2d. How many of these people are currently married?

01. MARRIED 96. UNMARRIED 96. NONE ______ NUMBER
D3. Since becoming widowed, have you stopped seeing anyone with whom you used to share your private feelings and concerns?

1. YES  5. NO --> GO TO D4

D3a. How many such people do you no longer see?

NUMBER OF RELATIONSHIPS

D3b. INTERVIEWER CHECKPOINT

1. R HAS STOPPED SEEING ONE PERSON
2. R HAS STOPPED SEEING MORE THAN ONE PERSON

D3c. Is this person currently married or unmarried?

1. MARRIED  96. UNMARRIED

D3d. How many of them are currently married?

96. NONE

D4. The next questions are about friends and relatives (other than your children).

Since becoming widowed, do you have contact with your other relatives and friends more, less, or about the same as before?

1. MORE  3. SAME  5. LESS

D5. Compared to when your (husband/wife) was alive, do you have more interest, less interest, or about the same amount of interest in having contact with relatives and friends?

1. MORE  3. SAME  5. LESS

D6. Do your relatives and friends show more interest, less interest, or about the same amount of interest in having contact with you?

1. MORE  3. SAME  5. LESS
D7. (RB, P. 13) (Again, not including your 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?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

D8. (RB, STILL ON P. 13) 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?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

D9. (RB, STILL ON P. 13) How much are your friends and relatives willing to
listen when you need to talk about your worries or problems (a great
deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

D10. (RB, STILL ON P. 13) How much are they critical of you or what you do?
(Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
For the next questions, please think about the past month.

**E1.** (RB, P. 14) During the past month, how often have you had thoughts or memories of your (husband/wife)? Would you say several times a day, daily or almost daily, 2 to 3 times a week, about once a week, less than once a week, or never?

<table>
<thead>
<tr>
<th>1. SEVERAL TIMES A DAY</th>
<th>2. DAILY OR ALMOST DAILY</th>
<th>3. 2 TO 3 TIMES A WEEK</th>
<th>4. ABOUT ONCE A WEEK</th>
<th>5. LESS THAN ONCE A WEEK</th>
<th>6. NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NO, NEVER (1)</strong></td>
<td><strong>YES, BUT RARELY (2)</strong></td>
<td><strong>YES, SOMETIMES (3)</strong></td>
<td><strong>YES, OFTEN (4)</strong></td>
<td></td>
<td><strong>NEVER</strong></td>
</tr>
</tbody>
</table>

**E2.** (RB, P. 15) During the past month, did thoughts or memories of your (husband/wife) make you feel sad or upset? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

**E3.** Did thoughts or memories of (him/her) make you feel happy or at peace?

**E4.** During the past month, have you had difficulty falling asleep because thoughts relating to (him/her) kept coming into your mind?

**E5.** Have you tried to block out memories or thoughts of your (husband/wife)?

**E6.** During the past month, did you find that you couldn't get thoughts of your (husband/wife) out of your mind even when you wanted to?

**E7.** During the past month, have you found yourself going over and over what happened?
E8. (RB, STILL ON P. 15) At any time since your (husband/wife) died, did you ever find that you couldn't get thoughts of (him/her) out of your mind even when you wanted to—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

| 1. NO, NEVER | 2. YES, BUT RARELY | 3. YES, SOMETIMES | 4. YES, OFTEN |

E9. (RB, STILL ON P. 15) At any time since (his/her) death, did you ever find yourself going over and over what happened—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

| 1. NO, NEVER | 2. YES, BUT RARELY | 3. YES, SOMETIMES | 4. YES, OFTEN |

E10. (RB, STILL ON P. 15) During the past month, have you tried to keep busy so that you would be less likely to dwell on your (husband/wife) or (his/her) death? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

| 1. NO, NEVER | 2. YES, BUT RARELY | 3. YES, SOMETIMES | 4. YES, OFTEN |

E11. (RB, STILL ON P. 15) During the past month, have you avoided people or places that remind you of (him/her)? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

| 1. NO, NEVER | 2. YES, BUT RARELY | 3. YES, SOMETIMES | 4. YES, OFTEN |

E12. (RB, STILL ON P. 15) Since your (husband's/wife's) death, did you ever ask yourself "Why me?" or "Why my (husband/wife)?" (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

| 1. NO, NEVER | 2. YES, BUT RARELY | 3. YES, SOMETIMES | 4. YES, OFTEN |

E12a. Were you able to answer this question?

| 1. YES | 5. NO |
E13. (RB, STILL ON P. 15) During the past month, have you ever found yourself searching to make sense or find some meaning in your (husband's/wife's) death—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOME TIMES  4. YES, OFTEN

GO TO E14

E13a. (RB, STILL ON P. 15) At any time since (his/her) death, have you ever found yourself searching to make sense or find some meaning in (his/her) death—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOME TIMES  4. YES, OFTEN

E14. (RB, P. 16) Have you made any sense or found any meaning in your (husband's/wife's) death? Would you say no, not at all; yes, a little; yes, some; or yes, a great deal?

1. NO, NOT AT ALL  2. YES, A LITTLE  3. YES, SOME  4. YES, A GREAT DEAL

E14a. Can you tell me why you feel that way?

E14b. How have you done so? (PROBE FOR A FULL RESPONSE.)

E14c. (RB, STILL ON P. 16) Are you comforted by this explanation—(no, not at all; yes, a little; yes, some; or yes, a great deal)?

1. NO, NOT AT ALL  2. YES, A LITTLE  3. YES, SOME

4. YES, A GREAT DEAL
E15. (RB, P. 17) Please tell me how true the following statements are as they apply to you now.

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE (1)</th>
<th>SOMETHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E15. At times, I want or need to think about my (husband/wife) or (his/her) death. Is this very true, somewhat, a little, or not true at all?</td>
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<tr>
<td>E16. Almost everything I see or hear brings back painful reminders of my (husband/wife).</td>
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<tr>
<td>E17. I try not to think about what happened.</td>
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<tr>
<td>E18. I do not see any purpose in dwelling on my (husband's/wife's) death.</td>
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</tbody>
</table>

E19. (RB, STILL ON P. 17) It is upsetting to come into contact with reminders of my (husband/wife)--(very true, somewhat, a little, or not true at all)?

1. VERY TRUE  2. SOMEWHAT TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL

NEXT PAGE, E20

E19a. (RB, STILL ON P. 17) There were times after my (husband/wife) died when it was upsetting to come into contact with reminders of (him/her)--(very true, somewhat, a little, or not true at all)?

1. VERY TRUE  2. SOMEWHAT TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL
E20. (RB, STILL ON P. 17) I feel the need to be with people who will let me talk about my (husband/wife) or (his/her) death. (Is this very true of you, somewhat, a little, or not true at all of you?)

1. VERY TRUE  2. SOMETHATTRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL

E21. (RB, P. 18) During the past month, how often did you actually talk about your (husband/wife) or (his/her) death with anyone? Would you say several times a day, daily or almost daily, 2 to 3 times a week, about once a week, less than once a week, or never?

1. SEVERAL TIMES A DAY  2. DAILY OR ALMOST DAILY  3. 2 TO 3 TIMES A WEEK  4. ABOUT ONCE A WEEK  5. LESS THAN ONCE A WEEK 6. NEVER

E22. (RB, P. 19) In general, during the past month, has talking with others about (him/her) made you feel sad or upset? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E23. (RB, STILL ON P. 19) Has talking about (him/her) made you feel happy or at peace during the past month--(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E24. (RB, STILL ON P. 19) During the past month, has talking about (him/her), or (his/her) death, or how you are doing seemed to make other people uncomfortable--(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E25. (RB, STILL ON P. 19) During the past month, have you ended up talking about your (husband/wife) or (his/her) death, or how you are doing even when you didn't want to--(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN
E26. (RB, P. 20) Please tell me how true the following statements are as they apply to you.

At times I find that I want or need to cry. Is this very true of you, somewhat, a little, or not true at all of you?

1. VERY TRUE  2. SOMewhat TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL

E27. (RB, STILL ON P. 20) I believe that there is no point in crying over the loss of my (husband/wife) since crying will not bring (him/her) back. (Is this very true for you, somewhat, a little, or not true at all for you?)

1. VERY TRUE  2. SOMewhat TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL
E28. (RB, P. 21) During the past month, how often did you actually cry about the loss of your (husband/wife)? Would you say several times a day, daily or almost daily, 2 to 3 times a week, about once a week, less than once a week, or never?

1. SEVERAL TIMES A DAY  
2. DAILY OR ALMOST DAILY  
3. 2 TO 3 TIMES A WEEK  
4. ABOUT ONCE A WEEK  
5. LESS THAN ONCE A WEEK  
6. NEVER

E28a. How long did these periods of crying typically last?

MINUTES OR HOURS

E28b. (RB, P. 22) At any time since your (husband’s/wife’s) death did you ever cry about (his/her) loss? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E29. (RB, P. 23) In general, during the past month, has crying made you feel worse than you did before—no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E30. (RB, STILL ON P. 23) Has crying made you feel better during the past month—no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E31. (RB, STILL ON P. 23) During the past month, did you become tearful even when you didn’t want to? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN
The next questions are about problems and changes facing bereaved people.

F1. (RB, STILL ON P. 23) During the past month, have you experienced feelings of grief, loneliness or missing your (husband/wife)? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

NEXT PAGE, F2

Fla. (RB, STILL ON P. 23) Have you ever had feelings of grief, loneliness or missing your (husband/wife) since (he/she) died--(no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

TURN TO P. 35, F4

NEXT PAGE, F2
F2. (RB, P. 24) I am going to read you a list of things people sometimes do to handle feelings of grief, loneliness or missing their (husband/wife). For each one, please tell me how much you have done this to help you cope with your feelings, at any time since your (husband/wife) died.

<table>
<thead>
<tr>
<th>Question</th>
<th>A LOT (1)</th>
<th>A LITTLE (2)</th>
<th>NOT AT ALL (3)</th>
<th>IF VOLUNTEERED: DID, BUT NOT TO COPE WITH SPOUSE'S DEATH (7)</th>
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</thead>
<tbody>
<tr>
<td>F2a. To cope with these feelings, how much have you gotten out of the house--gone somewhere, or taken a walk or drive? Have you done this a lot, a little, or not at all?</td>
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<tr>
<td>F2b. How much have you kept busy or tried to get involved in some activity?</td>
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<td>F2c. How much have you turned to God for strength and comfort?</td>
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<td>F2d. How much have you tried to dull the pain you are feeling by turning to alcohol, food or drugs, or sleeping more?</td>
<td></td>
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</tr>
<tr>
<td>F2e. How much have you tried to think about the good things about your life?</td>
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<tr>
<td>F2f. How much have you told yourself that things will get better with time; that you have gone through the worst of it?</td>
<td></td>
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<tr>
<td>F2g. How much have you tried to remember the good times that you and your (husband/wife) had together?</td>
<td></td>
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<tr>
<td>F2h. How much have you done things that help you feel close to your (husband/wife), such as going to the cemetery?</td>
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<tr>
<td>F2j. How much have you tried to forget about what has happened?</td>
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</tbody>
</table>
F3. For the next few questions you can just answer yes or no. To help handle feelings of grief, loneliness or missing your (husband/wife), have you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F3a. . . . gone to a self-help group or support group for people who have lost a spouse?</td>
<td>1. YES 5. NO</td>
</tr>
<tr>
<td>F3b. Have you seen a minister, priest or other clergy for help?</td>
<td>1. YES 5. NO</td>
</tr>
<tr>
<td>F3c. Have you talked to your family doctor about your feelings of grief, loneliness or missing your (husband/wife)?</td>
<td>1. YES 5. NO</td>
</tr>
<tr>
<td>F3d. Have you gone to a mental health professional for help—someone like a social worker or psychologist?</td>
<td>1. YES 5. NO</td>
</tr>
</tbody>
</table>

F4. During the past month, have you been bothered by having to plan or fix meals and eat on your own? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOMETIMES 4. YES, OFTEN

GO TO F5

F4a. Have you ever been bothered by having to plan or fix meals or eat on your own since your (husband/wife) died?

1. YES 5. NO

F5. During the past month, have you experienced problems keeping up with things around the house such as cleaning, paying bills, maintenance of your home and car or doing laundry? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOMETIMES 4. YES, OFTEN

NEXT PAGE, F6

F5a. Have you ever had any problem with keeping up with things around the house since your (husband/wife) died?

1. YES 5. NO
F6. (RB, STILL ON P. 25) During the past month, have you been bothered by having to handle such things as your (husband’s/wife’s) estate, arranging for credit or dealing with insurance companies or agencies like Blue Cross or Social Security? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

GO TO F7

F6a. Have you ever been bothered by any of these problems since your (husband/wife) died?

1. YES
2. NO

F7. (RB, STILL ON P. 25) During the past month, have you been troubled by having to make major decisions without your (husband/wife), such as decisions about major purchases or whether or not to move? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

GO TO F8

F7a. Have you had to make any major decisions since your (husband’s/wife’s) death?

1. YES
2. NO --> GO TO F8

F7b. Have you ever been bothered by having to make major decisions without (him/her)?

1. YES
2. NO

F8. During the past month, have you had any problems as a result of being widowed that I haven’t asked you about?

1. YES
2. NO --> NEXT PAGE, SECTION G

F8a. What other problems have you experienced?
SECTION G: MARRIAGE

In order to understand how a person is dealing with being bereaved, it is helpful to have some information about their marriage.

G1. Please tell me a little about what your (husband/wife) was like. (GIVE RESPONDENT TIME TO GIVE A FULL ANSWER; DO NOT PROBE.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

G2. INTERVIEWER CHECKPOINT

SEE A6, A7 or A28

1. SPOUSE HAD SERIOUS ONGOING HEALTH PROBLEM
2. SPOUSE DID NOT HAVE SERIOUS ONGOING HEALTH PROBLEM

G2a. For the next questions, please think about the last few years of your marriage before your (husband/wife) became very ill.

G2b. For the next questions, please think about the last few years of your marriage.

G3. (RB, P. 26) How much did your (husband/wife) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G4. (RB, STILL ON P. 26) How much do you feel (he/she) made too many demands on you in the last few years of your marriage (before (he/she) became very ill)? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
G5. (RB, STILL ON P. 26) In the last few years of your marriage (before (he/she) became very ill) how much was (he/she) willing to listen when you needed to talk about your worries or problems--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G6. (RB, STILL ON P. 26) During the last few years of your marriage (before [he/she] became ill) how much were you willing to listen when your (husband/wife) needed to talk about (his/her) worries or problems--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G7. (RB, STILL ON P. 26) How much do you think you made your (husband/wife) feel loved and cared for--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G8. (RB, P. 27) During the last few years of your marriage (before [he/she] became ill), how often would you say you and your (husband/wife) typically had unpleasant disagreements or conflicts? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

G9. (RB, P. 28) Please tell me how true the next two statements are. My (husband/wife) did not treat me as well as I deserved to be treated. Is this very true, somewhat true, a little true, or not true at all?

1. VERY TRUE  2. SOMewhat TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL

G10. (RB, STILL ON P. 28) I did not treat my (husband/wife) as well as (he/she) deserved to be treated. (Is this very true, somewhat true, a little true, or not true at all?)

1. VERY TRUE  2. SOMewhat TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL
H1. (RB, STILL ON P. 28) Please tell me how true the following statements are as they apply to you now.

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMewhat TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. On the whole I am satisfied with myself. (Is this very true, somewhat, a little, or not true at all as it applies to you?)</td>
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<td>H2. At times I think I am no good at all.</td>
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<td>H3. I wish I could have more respect for myself.</td>
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<tr>
<td>H4. All in all, I am inclined to feel that I am a failure.</td>
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<td>H5. I feel I am a person of worth, at least equal with others.</td>
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<tr>
<td>H6. I have never worried about having a painful disease.</td>
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<tr>
<td>H7. Funerals sometimes upset me.</td>
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<tr>
<td>H8. I am afraid of dying of cancer.</td>
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</tbody>
</table>
SECTION J: HEALTH AND LIMITATION OF ACTIVITIES

J1. The next questions are about your health. In general, how satisfied are you with your health—completely, very, somewhat, not very, or not at all satisfied?

| 1. COMPLETELY SATISFIED | 2. VERY SATISFIED | 3. SOMEWHAT SATISFIED | 4. NOT VERY SATISFIED | 5. NOT AT ALL SATISFIED |

J2. We'd like to know if you have experienced any of the following health problems during the last 12 months.

| J2a. Have you had arthritis or rheumatism? | J2a | 1. YES | 5. NO |
| J2b. During the last 12 months, have you had a lung disease? | J2b | 1. YES | 5. NO |
| J2c. Have you had hypertension, sometimes called high blood pressure, or have you taken medication for it? | J2c | 1. YES | 5. NO |
| J2d. Have you had a heart attack or other heart trouble during the last 12 months? | J2d | 1. YES | 5. NO |
| J2e. Have you had diabetes or high blood sugar, or have you taken medication for it? | J2e | 1. YES | 5. NO |
| J2f. Have you had a stroke during the last 12 months? | J2f | 1. YES | 5. NO |
| J2g. Have you had any broken or fractured bones? | J2g | 1. YES | 5. NO |
| J2h. Have you lost any amount of urine beyond your control during the last 12 months? | J2h | 1. YES | 5. NO |
J3. Have you had cancer or a malignant tumor of any kind in the past 12 months?

1. YES → J3a. What kind of cancer or malignant tumor did you have? (In what part of your body did it start?)

5. NO → J3a. ________________________ TYPE OF CANCER

J4. In the past 12 months, have you had any major health problems that I haven't asked you about?

1. YES → J4a. What are they? ________________________________

5. NO → GO TO J5

J5. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "NO" TO ALL QUESTIONS IN J2a-h, J3 AND J4 ←→ TURN TO P.46, J10

☐ 2. ALL OTHERS

MARK THE BOX NEXT TO ALL PREPRINTED CONDITIONS IN THE GRID ON PAGES 42-45 TO WHICH R ANSWERED "YES" IN J2a-h, J3 AND J4. IF MORE THAN 5, ASK J6-9a ONLY FOR FIRST 5 CONDITIONS.
### J6. Were you hospitalized during the last 12 months for (CONDITION)?

- **Yes**
- **No**

### J7. Did (CONDITION) start in the last 12 months or was it going on before that?

- **Started in Last 12 Months**
- **Going On Before**

### J7a. Did it start before or after you became widowed?

- **Before**
- **After**

### J8. In the past year, has your (CONDITION) become better, stayed about the same, or become worse?

- **Better**
- **Same**
- **Worse**

### J9. INTERVIEWER CHECKPOINT

- **1. Cond. Stayed Same**
- **2. All Others**

### J9a. Did the change in your (CONDITION) happen before or after you were widowed?

- **Before**
- **After**

### J9b. In what month and year did that change happen?

- **Month** / **Year**

---

**Go To**:
- Next Condition
- P. 46, J10
<table>
<thead>
<tr>
<th>(J2c)</th>
<th>(J2d)</th>
<th>(J2e)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HYPERTENSION/ HIGH BLOOD PRESSURE</strong></td>
<td><strong>HEART TROUBLE</strong></td>
<td><strong>DIABETES/ HIGH BLOOD SUGAR</strong></td>
</tr>
<tr>
<td>1. YES</td>
<td>1. YES</td>
<td>1. YES</td>
</tr>
<tr>
<td>5. NO</td>
<td>5. NO</td>
<td>5. NO</td>
</tr>
<tr>
<td><strong>1. STARTED IN LAST 12 MONTHS</strong></td>
<td><strong>1. STARTED IN LAST 12 MONTHS</strong></td>
<td><strong>1. STARTED IN LAST 12 MONTHS</strong></td>
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<tr>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
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<tr>
<td><strong>2. GOING ON BEFORE</strong></td>
<td><strong>2. GOING ON BEFORE</strong></td>
<td><strong>2. GOING ON BEFORE</strong></td>
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<tr>
<td>GO TO J8</td>
<td>GO TO J8</td>
<td>GO TO J8</td>
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<td><strong>1. BEFORE</strong></td>
<td><strong>1. BEFORE</strong></td>
<td><strong>1. BEFORE</strong></td>
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<td><strong>2. AFTER</strong></td>
<td><strong>2. AFTER</strong></td>
<td><strong>2. AFTER</strong></td>
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<tr>
<td>GO TO NEXT CONDITION OR TURN TO P.46, J10</td>
<td>GO TO NEXT CONDITION OR TURN TO P.46, J10</td>
<td>GO TO NEXT CONDITION OR TURN TO P.46, J10</td>
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<tr>
<td><strong>1. BETTER</strong></td>
<td><strong>1. BETTER</strong></td>
<td><strong>1. BETTER</strong></td>
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<td><strong>2. SAME</strong></td>
<td><strong>2. SAME</strong></td>
<td><strong>2. SAME</strong></td>
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<tr>
<td><strong>3. WORSE</strong></td>
<td><strong>3. WORSE</strong></td>
<td><strong>3. WORSE</strong></td>
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<tr>
<td><strong>1. CONDITION STAYED THE SAME</strong></td>
<td><strong>1. COND. STAYED SAME</strong></td>
<td><strong>1. COND. STAYED SAME</strong></td>
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<tr>
<td>→ GO TO NEXT CONDITION OR TURN TO P.46, J10</td>
<td>→ GO TO NEXT COND. OR TURN TO P.46, J10</td>
<td>→ GO TO NEXT COND. OR TURN TO P.46, J10</td>
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<tr>
<td><strong>2. ALL OTHERS</strong></td>
<td><strong>2. ALL OTHERS</strong></td>
<td><strong>2. ALL OTHERS</strong></td>
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<tr>
<td>GO TO NEXT COND. OR TURN TO P.46, J10</td>
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<td>GO TO NEXT COND. OR TURN TO P.46, J10</td>
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</tbody>
</table>

MONTH / YEAR

GO TO NEXT COND. OR TURN TO P.46, J10

MONTH / YEAR

GO TO NEXT COND. OR TURN TO P.46, J10

MONTH / YEAR

GO TO NEXT COND. OR TURN TO P.46, J10
<table>
<thead>
<tr>
<th>J6. Were you hospitalized during the last 12 months for (CONDITION)?</th>
<th>(J2f)</th>
<th>(J2g) BROKEN OR FRACTURED BONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>5. NO</td>
<td>1. YES</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>J7. Did (CONDITION) start in the last 12 months or was it going on before that?</th>
<th>1. STARTED IN LAST 12 MONTHS</th>
<th>1. STARTED IN LAST 12 MONTHS</th>
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</thead>
<tbody>
<tr>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
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<tr>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
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<tr>
<td>GO TO J8</td>
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<table>
<thead>
<tr>
<th>J7a. Did it start before or after you became widowed?</th>
<th>1. BEFORE</th>
<th>2. AFTER</th>
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</thead>
<tbody>
<tr>
<td>GO TO NEXT CONDITION OR TURN TO P.46, J10</td>
<td>GO TO NEXT CONDITION OR TURN TO P.46, J10</td>
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</table>

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<thead>
<tr>
<th>J8. In the past year, has your (CONDITION) become better, stayed the same, or become worse?</th>
<th>1. BETTER</th>
<th>1. BETTER</th>
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</thead>
<tbody>
<tr>
<td>2. SAME</td>
<td>2. SAME</td>
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<tr>
<td>3. WORSE</td>
<td>3. WORSE</td>
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<table>
<thead>
<tr>
<th>J9. INTERVIEWER CHECKPOINT</th>
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</thead>
<tbody>
<tr>
<td>1. COND. STAYED SAME GO TO NEXT COND. OR TURN TO P.46, J10</td>
</tr>
<tr>
<td>2. ALL OTHERS</td>
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</table>

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<thead>
<tr>
<th>J9a. Did the change in your (CONDITION) happen before or after you were widowed?</th>
<th>1. BEFORE</th>
<th>2. AFTER</th>
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</table>

<table>
<thead>
<tr>
<th>J9b. In what month and year did that change happen?</th>
<th>MONTH / YEAR</th>
<th>MONTH / YEAR</th>
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<tbody>
<tr>
<td>GO TO NEXT COND. OR TURN TO P.46, J10</td>
<td>GO TO NEXT COND. OR TURN TO P.46, J10</td>
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<tr>
<td>(J2h)</td>
<td>(J3a)</td>
<td>(J4a) SPECIFY:</td>
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<tr>
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</tr>
<tr>
<td>□ LOSS OF URINE BEYOND CONTROL</td>
<td>□ CANCER</td>
<td>□ ________________</td>
</tr>
<tr>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
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<thead>
<tr>
<th>1. STARTED IN LAST 12 MONTHS</th>
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<th>1. STARTED IN LAST 12 MONTHS</th>
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<tr>
<td>GO TO J7a</td>
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<td>GO TO J7a</td>
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<td>2. GOING ON BEFORE</td>
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<td>2. GOING ON BEFORE</td>
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| □ 1. CONDITION STAYED SAME □ GO TO NEXT CONDITION OR NEXT PAGE, J10 |
| 2. ALL OTHERS |
| 1. BEFORE 2. AFTER |

| □ 1. COND. STAYED SAME □ GO TO NEXT COND. OR NEXT PAGE, J10 |
| 2. ALL OTHERS |
| 1. BEFORE 2. AFTER |

| □ 1. COND. STAYED SAME □ GO TO NEXT COND. OR NEXT PAGE, J10 |
| 2. ALL OTHERS |

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<tr>
<th>MONTH / YEAR</th>
<th>MONTH / YEAR</th>
<th>MONTH / YEAR</th>
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</table>

GO TO NEXT CONDITION (SUPPLEMENT PAGE) OR NEXT PAGE, J10
**J10.** Are you currently in bed or in a chair for most or all of the day because of your health?

1. YES

5. NO

**J11.** Do you currently have any difficulty bathing by yourself?

1. YES

5. NO  --->GO TO J12

**J11a.** How much difficulty do you have bathing by yourself--a little, some, a lot, or can't you do this on your own?

1. A LITTLE

2. SOME

3. A LOT

4. CANNOT DO

TURN TO P. 48, J17

**J12. INTERVIEWER CHECKPOINT**

1. R ANSWERED "YES" (BOX WITH DOUBLE LINE) TO J10--->TURN TO P. 48, J17

2. ALL OTHERS--->NEXT PAGE, J13
J13. Do you currently have any difficulty climbing a few flights of stairs because of your health?

1. YES  3. VOLUNTEERED: AGE IS ONLY LIMITATION  5. NO -> GO TO J14

J13a. How much difficulty do you have—a little, some, a lot, or can't you do this at all?

1. A LITTLE  2. SOME  3. A LOT  4. CANNOT DO

J14. Do you currently have any difficulty walking several blocks because of your health?

1. YES  3. VOLUNTEERED: AGE IS ONLY LIMITATION  5. NO -> GO TO J15

J14a. How much difficulty do you have—a little, some, a lot, or can't you do this at all?

1. A LITTLE  2. SOME  3. A LOT  4. CANNOT DO

J15. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "A LOT" OR "CANNOT DO" (BOXES WITH DOUBLE LINES) TO EITHER J13a OR J14a -> NEXT PAGE, J17

☐ 2. ALL OTHERS

J16. Would you currently have any difficulty doing heavy work around the house such as shoveling snow or washing walls, because of your health?

1. YES  3. VOLUNTEERED: AGE IS ONLY LIMITATION  5. NO -> NEXT PAGE, J17

J16a. How much difficulty would you have—a little, some, a lot, or couldn’t you do this at all?

1. A LITTLE  2. SOME  3. A LOT  4. COULD NOT DO
J17. How would you rate your health at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. EXCELLENT  2. VERY GOOD  3. GOOD  4. FAIR  5. POOR

J18. How much are your daily activities limited in any way by your health or health-related problems--a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

J19. On how many days out of the past 30 did you take medication to help you sleep?

00. NONE  __________ DAYS

J20. Since your (husband/wife) died, has a doctor prescribed any medications to help you sleep?

1. YES  5. NO

J21. (Not counting medication to help you sleep,) On how many days out of the past 30 did you take any medication to make you feel more relaxed and calm?

00. NONE  __________ DAYS

J22. Since your (husband/wife) died, has a doctor prescribed any medications (besides sleep medication,) to help you feel more relaxed and calm?

1. YES  5. NO

J23. How many hours of sleep do you usually get in a 24-hour period, including naps?

__________ HOURS


J25. Do you smoke cigarettes now?

1. YES  5. NO -->NEXT PAGE, J26

J25a. On the average, how many cigarettes or packs do you usually smoke in a day?

CIGARETTES  PACKS
J26. Do you ever drink beer, wine, or liquor?

1. YES  5. NO --> GO TO J27

J26a. During the last 30 days, on how many days did you drink beer, wine or liquor?

______ DAYS/MONTH OR ____ DAYS/WEEK 96. NONE --> GO TO J27

J26b. On days that you drink, how many cans of beer, glasses of wine, or drinks of liquor do you usually have?

______ CANS/GLASSES/DRINKS PER DAY WHEN DRINK

J27. (RB, P. 29) How often does someone remind or tell you to do things to protect your health? Would you say often, sometimes, rarely or never?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> GO TO J28

J27a. Who reminds you? (CHECK ALL THAT APPLY)

A. RELATIVE  B. FRIEND OR NEIGHBOR  C. PROFESSIONAL  D. OTHER(S)

J28. (RB, STILL ON P. 29) How often do you take walks for exercise or pleasure? (Would you say often, sometimes, rarely or never?)

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> GO TO J30

J29. (RB, STILL ON P. 29) How often do you take walks or get any kind of exercise with a pet or with someone you know--(often, sometimes, rarely or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> GO TO J30

J29a. Who do you take walks or exercise with? (CHECK ALL THAT APPLY)

A. RELATIVE  B. FRIEND OR NEIGHBOR  C. PET  D. OTHER(S)

J30. (RB, STILL ON P. 29) How often do you participate in active sports or exercise--(often, sometimes, rarely or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER
J31. Do you have to take medications regularly, eat a special diet for health reasons, or use other health care treatments at home on a regular basis?

1. YES  5. NO --> NEXT PAGE, SECTION K

J31a. (RB, STILL ON P. 29) How often does someone else help you do this? (Would you say often, sometimes, rarely, or never?)

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> NEXT PAGE, SECTION K

J31b. Who helps you do this? (CHECK ALL THAT APPLY)

A. RELATIVE  B. FRIEND OR NEIGHBOR  C. VOLUNTEER AGENCY  D. OTHER(S)
SECTION K: WELL-BEING

K1. (RB, P. 30) Please tell me how often the following things happened to you during the past week.

| K1a. During the past week, I felt depressed. Did you feel this way hardly ever, some of the time, or most of the time? |
| K1b. During the past week, I felt that everything I did was an effort. |
| K1c. My sleep was restless. |
| K1d. During the past week, I was happy. |
| K1e. I felt lonely. |
| K1f. During the past week, people were unfriendly. |
| K1g. I enjoyed life. |
| K1h. During the past week, I did not feel like eating. My appetite was poor. |
| K1i. I felt sad. |
| K1j. During the past week, I felt that people disliked me. |
| K1m. I could not get "going". |

<table>
<thead>
<tr>
<th>HARDLY EVER (1)</th>
<th>SOME OF THE TIME (2)</th>
<th>MOST OF THE TIME (3)</th>
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</table>
K2. (RB, P. 31) Now for a different kind of question. Please tell me how much you have been bothered during the past seven days by feelings like the ones I'm about to read.

| K2a. First, nervousness or shakiness inside. How much have you been bothered by this feeling during the past seven days—not at all, a little bit, moderately, quite a bit, or extremely? | NOT AT ALL (1) | A LITTLE BIT (2) | MODERATELY (3) | QUITE A BIT (4) | EXTREMELY (5) |
| K2b. Trembling? |
| K2c. Feeling suddenly scared for no reason? |
| K2d. Feeling fearful? |
| K2e. Heart pounding or racing? |
| K2f. How much have you been bothered by feeling tense and keyed up in the past seven days? |
| K2g. Spells of terror and panic? |
| K2h. Feeling so restless you couldn't sit still? |
| K2j. Feeling that something bad is going to happen to you? |
| K2k. Thoughts and images of a frightening nature? |
K3. (RB, P. 32) Please tell me how often you have had the following feelings during the past week.

<table>
<thead>
<tr>
<th></th>
<th>ALWAYS (1)</th>
<th>OFTEN (2)</th>
<th>SOMETIMES (3)</th>
<th>RARELY (4)</th>
<th>NEVER (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K3a. Feeling particularly excited or interested in something. Did you feel this way always, often, sometimes, rarely, or never?</td>
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<tr>
<td>K3b. Feeling pleased about having accomplished something.</td>
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<tr>
<td>K3c. Feeling that things were going your way.</td>
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<tr>
<td>K3d. Feeling proud because someone complimented you on something you had done.</td>
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<tr>
<td>K3e. Feeling on top of the world.</td>
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</tbody>
</table>


SECTION L: EMPLOYMENT

L1. We would like to know more about what you do—(READ SLOWLY) are you working now for pay at a regular job, on temporary leave or laid off, looking for work, retired from a paid job, keeping house, permanently disabled or something else? (CHECK ALL THAT APPLY)

A. WORKING NOW FOR PAY

B. ONLY TEMPORARILY LAID OFF; SICK LEAVE

C. LOOKING FOR WORK, UNEMPLOYED

D. RETIRED FROM A PAID JOB

E. PERMANENTLY DISABLED

F. KEEPING HOUSE/STAYING HOME

G. OTHER (SPECIFY):

L2. Are you doing any work for pay at the present time?

1. YES

5. NO ---> TURN TO P. 57, L14

L3. Including paid vacations and sick leave, how many weeks altogether were you employed during the past 12 months?

52. ALL WEEKS IN LAST 12 MONTHS

_______ WEEKS IN LAST 12 MONTHS OR FROM ___/___ TO ___/___
MO DAY MO DAY
L4. What is your occupation on your main job?

________________________________________________________________________

________________________________________________________________________

L5. What kind of work do you do? What are your most important activities or duties?

________________________________________________________________________

________________________________________________________________________

L6. What kind of business or industry is that in? What do they make or do where you work?

________________________________________________________________________

________________________________________________________________________

L7. Are you self-employed, or do you work for a private employer or a municipal, county, state or federal government?

1. SELF-EMPLOYED  2. PRIVATE EMPLOYER  3. GOVERNMENT EMPLOYER

L8. On the average how many hours a week do you work on this job, including paid and unpaid overtime?

________________ HOURS PER WEEK

L9. How much do you earn now from this job?

$ ___________ PER _________

L10. How much do you enjoy doing that kind of work—do you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
L11. How satisfied are you with your job—completely, very, somewhat, not very or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMewhat SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

L12. In general, how often do you feel bothered or upset in your work—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

L13. INTERVIEWER CHECKPOINT

SEE L1 (P. 54)

1. R IS ALSO RETIRED--->NEXT PAGE, L14

2. ALL OTHERS--->TURN TO P. 59, L21
L15. Have you ever held a regular job for pay?

1. YES
2. NO

--->TURN TO P. 61, SECTION M

We have a few questions about the last regular job you had.

Now we have a few questions about the last regular job you had before retirement.

L16. In what month and year did you (retire/stop working)?

MONTH / YEAR

L17. INTERVIEWER CHECKPOINT

1. R (RETIRED/STOPPED WORKING) JUNE, 1987 OR MORE RECENTLY
2. ALL OTHERS--->TURN TO P. 59, L21

L18. People (retire/leave a paid job) for many reasons. What are the reasons you (retired/left your last job)? (PROBE: Were there any other reasons?)
L19. Did you leave this job earlier, just about the time you wanted to, or later than you wanted to?

1. EARLIER  2. JUST ABOUT TIME  3. LATER  7. OTHER (SPECIFY):

L20. Have the changes brought about by your (retirement/stopping work) been entirely good, mostly good, mostly bad, or entirely bad for you?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
L21. In the year before your (husband/wife) died, were there any changes in your work patterns? Like starting or stopping a job, or changes in the number of hours you worked?

1. YES  5. NO  --> NEXT PAGE, L22

L21a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)

☐ a. FIRED
☐ b. QUIT WORKING
☐ c. LAID OFF PERMANENTLY
☐ d. LAID OFF TEMPORARILY
☐ e. CHANGED JOBS
☐ f. STARTED TO WORK FOR THE FIRST TIME
☐ g. RETURNED TO WORK
☐ h. PROMOTED
☐ i. DEMOTED
☐ k. FULL-TIME TO PART-TIME
☐ m. PART-TIME TO FULL-TIME
☐ n. OTHER, SPECIFY:

L21b. People change their work patterns for many reasons. What are the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)

________________________________________________________________________
________________________________________________________________________

L21c. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad or entirely bad?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
L22. Since you became widowed, have there been any changes in your work patterns? For example, starting or stopping a job or changes in the number of hours you work?

1. YES  
5. NO  --> NEXT PAGE, SECTION M

---

**L22a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)**

- RETIRED  --> NEXT PAGE, SECTION M
- a. FIRED
- b. QUIT WORKING
- c. LAID OFF PERMANENTLY
- d. LAID OFF TEMPORARILY
- e. CHANGED JOBS
- f. STARTED TO WORK FOR THE FIRST TIME
- g. RETURNED TO WORK
- h. PROMOTED
- j. DEMOTED
- k. FULL-TIME TO PART-TIME
- m. PART-TIME TO FULL-TIME
- n. OTHER, SPECIFY:

---

**L22b. People change their work patterns for many reasons. What are the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)**

---

---

**L22c. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad or entirely bad?**

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
Now a few questions about your financial situation at this time.

M1. How difficult is it for you to meet the monthly payments on your bills? Is it extremely difficult, very, somewhat, slightly, or not at all difficult?

1. EXTREMELY DIFFICULT 2. VERY DIFFICULT 3. SOMEWHAT DIFFICULT 4. SLIGHTLY DIFFICULT 5. NOT AT ALL DIFFICULT

M2. In general, how do your finances usually work out at the end of the month—do you find that you usually end up with some money left over, just enough money to make ends meet, or not enough money to make ends meet?

1. SOME MONEY LEFT OVER 2. JUST ENOUGH MONEY 3. NOT ENOUGH MONEY

M3. How often do you feel bothered by your financial situation? Would you say almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER

M4. How satisfied are you with your present financial situation—completely, very, somewhat, not very or not at all satisfied?

1. COMPLETELY SATISFIED 2. VERY SATISFIED 3. SOMEWHAT SATISFIED 4. NOT VERY SATISFIED 5. NOT AT ALL SATISFIED
SECTION N: HOUSEHOLD RESPONSIBILITIES AND VOLUNTARY ACTIVITIES

N1. Now let's talk about work you do around your home. How many hours do you spend preparing food and doing housework in an average week?

0. NONE

N1a. How much do you enjoy doing housework—do you enjoy it a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N2. (RB, P. 33) Altogether, how many hours did you yourself spend doing home maintenance and minor repairs during the last 12 months? Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

1. LESS THAN 20 HOURS  2. 20-39 HRS  3. 40-79 HRS  4. 80-159 HRS  5. 160 HOURS OR MORE

N3. (RB, P. 34) If you needed extra help with general housework or home maintenance, how much could you count on friends or family members to help you? Would you say a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N4. (RB, STILL ON P. 34) If you needed extra money, how much could you count on someone, other than a lending institution, to lend or give you money—(a great deal, some, a little, or not at all)?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N5. (RB, STILL ON P. 34) If you were ill, how much could you count on someone to make sure you are taken care of—(a great deal, some, a little, or not at all)?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL
N6. Now I have some questions about volunteer work. (READ SLOWLY) During the last 6 months, did you do volunteer work for a church or other religious organization, for a political group, a senior citizens' group, or for any other type of organization?

1. YES  5. NO  --> NEXT PAGE, N9

N7. (RB, P. 35) About how many hours did you spend on volunteer work of these kinds during the last 6 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?)

1. LESS THAN 20 HOURS  2. 20-39 HOURS  3. 40-79 HOURS  4. 80-159 HOURS  5. 160 HOURS OR MORE

N8. Not using the booklet--how much did you enjoy doing that volunteer work--did you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
N9. Now let's talk about help you may have given in the last six months to friends, neighbors, or relatives who did not live with you. We are interested in help you provided during the last 6 months for which you did not receive pay.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>N9a. During the last 6 months, did you provide transportation, shop or run errands for friends, neighbors or relatives who did not live with you?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>N9b. Did you help others with their housework or with the upkeep of their house, car or other things?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>N9c. Did you do childcare without pay for persons not living in your household?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>N9d. Did you do any other things in the last 6 months to help neighbors, friends or relatives who did not live with you?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
</tbody>
</table>

N10. INTERVIEWER CHECKPOINT

□ 1. RESPONDENT GAVE HELP TO RELATIVES, FRIENDS OR NEIGHBORS (ONE OR MORE "YES" TO N9a-N9d)

□ 2. ALL OTHERS--->NEXT PAGE, N13

N11. (RB, STILL ON P. 35) About how many hours did you spend doing these things during the last 6 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LESS THAN 20 HOURS</td>
<td>2. 20-39 HOURS</td>
</tr>
<tr>
<td>3. 40-79 HOURS</td>
<td>4. 80-159 HOURS</td>
</tr>
<tr>
<td>5. 160 HOURS OR MORE</td>
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</tbody>
</table>

N12. Not using the booklet--how much did you enjoy helping friends, neighbors and relatives—a great deal, quite a bit, some, a little, or not at all?

<table>
<thead>
<tr>
<th>Enjoyment Level</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>1. A GREAT DEAL</td>
<td>2. QUITE A BIT</td>
</tr>
<tr>
<td>3. SOME</td>
<td>4. A LITTLE</td>
</tr>
<tr>
<td>5. NOT AT ALL</td>
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</tr>
</tbody>
</table>
N13. Now please think about friends and relatives 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?

1. YES  5. NO  --> NEXT PAGE, SECTION P

N13a. About how many hours do you spend doing this in a usual week?

___________ HOURS
SECTION P: DEPRESSION

P1. When your (husband/wife) died or at any time since, have you had any period of two weeks or more when you have been feeling sad, blue or depressed most of the time, or have lost all interest and pleasure in the things you usually care about or enjoy?

1. YES  5. NO --> P1a. Since (he/she) died, has there been a time lasting two weeks or more when you felt irritable, easily annoyed and really down in the dumps?

1. YES  5. NO --> TURN TO P. 71, SECTION Q

P2. How many periods or spells like that have you had since (his/her) death that lasted two weeks or longer? If you are having one now, please include it also.

NUMBER 97. ALL THE TIME

NEXT PAGE, P4

P3. INTERVIEWER CHECKPOINT

☐ 1. R HAS HAD ONLY ONE SPELL --> NEXT PAGE, P4
☐ 2. ALL OTHERS --> TURN TO P. 69, P10
P4. Was it the death of your (husband/wife) that caused the depression, or something else, or a combination of things? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What about the (death/situation) made you feel especially depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. NOTHING CAUSED DEPRESSION

P5. In what month and year did the period or spell start?

MONTH / YEAR

P6. How long did the period or spell last or is it still going on?

# WEEKS OR # MONTHS OR # YEARS

97. STILL GOING ON

P7. INTERVIEWER QUESTION

P7a. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

DID R SPECIFY "OFF" AND "ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

NEXT PAGE, P9

P8. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P9. Now I have some questions about things that may have happened during (this/that) period or spell. Did you...

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<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P9a. ...lose your appetite?</td>
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<tr>
<td>P9b. Did you lose or gain weight without trying to--as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
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<tr>
<td>P9c. Did you have trouble falling asleep, staying asleep, or with waking up too early?</td>
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<tr>
<td>P9d. Did you talk or move more slowly than is normal for you?</td>
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<tr>
<td>P9e. Did you have to be moving all the time; that is, you couldn't sit still or paced up and down?</td>
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<tr>
<td>P9f. Were you less interested in the things that normally interest you?</td>
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<tr>
<td>P9g. Did you feel worthless, sinful or guilty?</td>
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<tr>
<td>P9h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<tr>
<td>P9i. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<tr>
<td>P9k. Were you sleeping too much?</td>
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<tr>
<td>P9m. Did you feel tired out all the time?</td>
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<td></td>
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<tr>
<td>P9n. Did you think a lot about death--either your own, someone else's, or death in general?</td>
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<tr>
<td>P9p. Did you feel like you wanted to die?</td>
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<tr>
<td>P9q. Did you attempt suicide?</td>
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<tr>
<td>P9r. Did you feel so low you thought about committing suicide?</td>
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</table>

TURN TO P. 71, SECTION Q
P10. Now please think about the worst period or spell you have had since your (husband/wife) died. Was it the death of your (husband/wife), or something else, or a combination of things that caused the worst spell? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What about the (death/situation) made you feel especially depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. NOTHING CAUSED DEPRESSION

P11. In what month and year did this worst period or spell start?

MONTH / YEAR

P12. How long did the period or spell last or is it still going on?

# WEEKS OR # MONTHS OR # YEARS

97. STILL GOING ON

P13. INTERVIEWER QUESTION

DID R Specify "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

P13a. INTERVIEWER QUESTION

DID R SPECIFY "OFF" AND "ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

P14. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P15. Now I have some questions about things that may have happened during that worst period or spell since your (husband/wife) died. Did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
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<td>P15c. Did you have trouble falling asleep, staying asleep, or with waking up too early?</td>
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<tr>
<td>P15d. Did you talk or move more slowly than is normal for you?</td>
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<tr>
<td>P15e. Did you have to be moving all the time; that is, you couldn't sit still or paced up and down?</td>
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<tr>
<td>P15f. Were you less interested in the things that normally interest you?</td>
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<tr>
<td>P15g. Did you feel worthless, sinful or guilty?</td>
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<tr>
<td>P15h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<tr>
<td>P15j. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<tr>
<td>P15k. Were you sleeping too much?</td>
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<tr>
<td>P15m. Did you feel tired out all the time?</td>
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<tr>
<td>P15n. Did you think a lot about death--either your own, someone else's, or death in general?</td>
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<tr>
<td>P15p. Did you feel like you wanted to die?</td>
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<tr>
<td>P15q. Did you attempt suicide?</td>
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<tr>
<td>P15r. Did you feel so low you thought about committing suicide?</td>
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</table>
**SECTION Q: LIFE EVENTS**

Q1. Now I have some questions that you can answer with a "yes" or "no".

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1a. During the last 12 months, have you been a victim of a serious physical attack or assault?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>Q1a.1 In what month and year did that happen?</td>
<td></td>
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<tr>
<td>Q1b. Have you had a life-threatening illness or injury in the past 12 months?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>Q1b.1 In what month and year did that happen?</td>
<td></td>
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</tr>
<tr>
<td>Q1c. A serious, but not life-threatening illness?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>Q1c.1 In what month and year did that happen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1d. Were you robbed or was your home burglarized in the past 12 months?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>Q1d.1 In what month and year did that happen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1e. Did you involuntarily lose a job for reasons other than retirement in the past 12 months?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>Q1e.1 In what month and year did that happen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1f. Did you have any serious financial problems or difficulties in the past 12 months?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>Q1f.1 In what month and year did that happen?</td>
<td></td>
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</tr>
<tr>
<td>Q1g. Did a parent, brother or sister die?</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>Q1g.1 In what month and year did that happen?</td>
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</tbody>
</table>

NEXT PAGE, Q2
Q2. Since June, 1987 has a son or daughter of yours died?

1. YES  5. NO ➔ GO TO Q3

Q2a. In what month and year did that happen?  / 

Q3. Besides your (husband/wife), did anyone else you felt very close to die in the past 12 months?

1. YES  5. NO ➔ GO TO Q4

Q3a. In what month and year did that happen?  / 

Q4. Have you moved to a new residence since your (husband/wife) died?

1. YES  5. NO ➔ NEXT PAGE, SECTION R

Q4a. (RB, P. 36) What was the main reason you moved? (READ SLOWLY)
Was it to save money, to be closer to your family, because your other home was too big, to move in with your son or daughter or another reason? (IF OTHER REASON: What was your main reason for moving?)

01. SAVE MONEY  02. CLOSER TO FAMILY  03. HOME TOO BIG

04. MOVE IN WITH SON/DAUGHTER

97. OTHER, SPECIFY: ________________________________
______________________________
______________________________
SECTION R: RELIGION

R1. The next several questions are about religion. In general, how important are religious or spiritual beliefs in your day-to-day life? Would you say very important, fairly important, not too important, or not at all important?

1. VERY IMPORTANT  2. FAIRLY IMPORTANT  3. NOT TOO IMPORTANT  4. NOT AT ALL IMPORTANT

R2. (RB, P. 37) How often do you usually attend religious services—more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

R3. (RB, P. 38) When you have problems or difficulties in your family, work, or personal life, how often do you seek spiritual comfort and support—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

R4. (RB, STILL ON P. 38) When you have decisions to make in your everyday life, how often do you ask yourself what God would want you to do? (Would you say almost always, often, sometimes, rarely, or never?)

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER
R5. Some people believe that people simply stop existing after death while others believe in an afterlife. Which comes closest to what you believe—that people stop existing after death or that there is an afterlife?

1. STOP EXISTING  2. AFTERLIFE  3. DON’T KNOW

R6. (RB, P. 39) Please tell me how strongly you agree or disagree with the next two statements. The first one is: In the afterlife, you will be reunited with your loved ones. Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?

1. STRONGLY AGREE  2. AGREE SOMewhat  3. DISAGREE SOMewhat  4. STRONGLY DISAGREE

R7. (RB, STILL ON P. 39) People who suffer unjustly in this life will be rewarded in the afterlife. (Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?)

1. STRONGLY AGREE  2. AGREE SOMewhat  3. DISAGREE SOMewhat  4. STRONGLY DISAGREE
S1. (RB, P. 40) Next I have a list of things that bereaved people have said about themselves. Please tell me how true each statement is of you.

| S1. As a result of having to manage without my (husband/wife), I have become more self-confident. Is this very true, somewhat, a little, or not true at all? |
|-----|-----|-----|-----|
|      | VERY TRUE (1) | SOMEWHAT TRUE (2) | A LITTLE TRUE (3) | NOT TRUE AT ALL (4) |
| S2. It is impossible for me to imagine a future without my (husband/wife). |
| S3. I am as hopeful of good things in the future as I have ever been. |
| S4. I can give as much attention and energy to the things I'm doing as I ever could. |
| S5. No good will ever come from my (husband's/wife's) death. |
| S6. I have been able to feel warmth and affection for those near to me. |
| S7. Someday I would like to remarry. |
| S8. In some ways I'm a happier person on my own. |
| S9. I am a stronger person as a result of dealing with the loss of my (husband/wife). |
| S10. I have more freedom now than I did when (he/she) was still alive. |
S11. (RB, P. 41) Thinking about all parts of your life including the way you feel, to what extent would you say you are back to managing as well as ever? Would you say completely, almost completely, fairly much, somewhat, or not much?

1. COMPLETELY  2. ALMOST COMPLETELY  3. FAIRLY MUCH  4. SOMEWHAT  5. NOT MUCH

GO TO S12

S11a. How many weeks or months did it take for you to get back to managing as well as ever after (he/she) died?

______ WEEKS  OR  _______ MONTHS

Now I have some questions about how you spend your time.

S12. (RB, P. 42) 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, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S13. (RB, STILL ON P. 42) How often do you attend meetings or programs of groups, clubs, or organizations that you belong to? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S14. (RB, STILL ON P. 42) How often do you go out to eat, go to a movie or do similar types of things by yourself? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S15. Do you drive a car to get where you need to go?

1. YES  5. NO
S16. (RB, STILL ON P. 42) How often do you work on hobbies or projects around the house, or get involved in other special interests? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. More than once a week  
2. About once a week  
3. 1 to 3 times a month  
4. Less than once a month  
5. Never

S17. (RB, P. 43) In a typical week, about how many times do you talk on the telephone 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?

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

S18. At this point, do you have any interest in dating?

1. Yes  
5. No -->NEXT PAGE, S19

S18a. Do you go out on dates?

1. Yes  
5. No -->NEXT PAGE, S19

S18b. (RB, P. 44) How often do you go out on dates? Would you say more than once a week, about once a week, 1 to 3 times a month, or less than once a month?

1. More than once a week  
2. About once a week  
3. 1 to 3 times a month  
4. Less than once a month

S18c. For how many weeks or months have you been dating?

______ WEEKS OR ______ MONTHS
S19. Now, please think about your life as a whole. How satisfied are you with your life—completely satisfied, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

S20. Would you say your daily routine is very satisfying, satisfying, average, boring, or very boring?

1. VERY SATISFYING  2. SATISFYING  3. AVERAGE  4. BORING  5. VERY BORING

S21. How much pleasure do the things you do every day give you—a great deal, a lot, some, a little, or no pleasure?


S22. In spite of all the problems, some (widows/widowers) feel that there are things that become less difficult, and there may even be some benefits to being widowed. Is this true for you now?

1. YES  5. NO -->NEXT PAGE, SECTION T

S22a. What is less difficult or what benefits can you now see?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
T1. To end the interview, I have some questions about your background and circumstances. First, what is the month, day, and year of your birth?

\[ \text{MONTH} / \text{DAY} / \text{YEAR} \]

T2. Do you own your own (home/apartment/mobile home), do you pay rent, or what?

1. OWNS OR IS BUYING 5. PAYS RENT 8. NEITHER OWNS NOR RENTS

GO TO T3

T2a. If you sold this (house/apartment/mobile home) today, how much money would you get for it after paying off the mortgage, if any?

\[ \text{AMOUNT R WOULD RECEIVE} \]

T3. Did your (husband/wife) have a life insurance policy at the time of (his/her) death?

1. YES 5. NO -->NEXT PAGE, T4

T3a. Did you expect to receive money from this policy?

1. YES 5. NO -->NEXT PAGE, T4

T3b. Has the insurance company settled this policy with you yet?

1. YES 5. NO -->NEXT PAGE, T4

T3c. Was the amount of the settlement more than you expected, about the same as you expected, or less than you expected to receive?

1. MORE 2. SAME 3. LESS
T4. Now please think about the income you expect to have in the next year. Do you think your income will be more, about the same, or less than when your (husband/wife) was alive?

MORE  3. THE SAME  LESS

GO TO T5

T4a. Would you say a lot more or a little more?

1. A LOT  2. A LITTLE

T4b. Would you say a lot less or a little less?

5. A LOT  4. A LITTLE

T5. This completes the interview; thank you for answering these questions.

T6. EXACT TIME NOW: ________________

T7. INTERVIEWER QUESTIONS

T7a. R IS:  1. MALE  2. FEMALE

T7b. BASED ON YOUR OBSERVATION, R'S RACE IS:

1. WHITE  2. BLACK  3. AMERICAN INDIAN  4. ASIAN  5. OTHER  8. UNKNOWN

TURN TO COVER SHEET, RECONTACT INFORMATION
THIS IS A BLANK PAGE
SECTION X: INTERVIEWER OBSERVATIONS

X1. Type of structure in which respondent lives:

01. MOBILE HOME
02. DETACHED SINGLE FAMILY HOUSE
03. TWO FAMILY HOUSE; DUPLEX
04. HOUSE CONVERTED TO APARTMENTS
05. ROW HOUSE OR TOWN HOUSE (3 OR MORE ATTACHED UNITS)
06. APARTMENT HOUSE (3 OR MORE UNITS, 3 STORIES OR LESS)
07. APARTMENT HOUSE (5 OR MORE UNITS, 4 STORIES OR MORE)
08. APARTMENT IN A PARTLY COMMERCIAL STRUCTURE

97. OTHER (SPECIFY): ________________________________

X2. Does respondent have to climb a flight of stairs (more than 3 stairs) to get to living quarters or bedroom? (INCLUDING OUTSIDE STAIRS)

1. YES  5. NO  8. DON'T KNOW

X3. Is R's building/community/area especially designed for older people--is it retirement housing or an adult only community?

1. YES  5. NO  8. DON'T KNOW

X4. How far is it from R's home (building) to the nearest home or other building (on either side or across the road)?

1. LESS THAN 15 FEET (less than 1 car length)
2. 15-29 FEET (1 to 2 car lengths)
3. 30-49 FEET (2 to 3 car lengths)
4. 50-99 FEET (3 to 6 car lengths)
5. 100 FEET OR MORE (more than 6 car lengths)

X5. How clean was the interior of the dwelling unit?

1. VERY CLEAN  2. CLEAN  3. SO-SO  4. NOT VERY CLEAN  5. DIRTY  6. DID NOT SEE
X6. How well maintained was the interior of the dwelling?

1. VERY WELL
2. QUITE WELL
3. MIXED, e.g., COULD USE A PAINT JOB
4. POORLY, e.g., NEEDS PAINTING AND SOME REPAIRS

5. VERY POORLY--DILAPIDATED
6. DID NOT SEE

X7. How well kept are the buildings in the respondent’s neighborhood?

1. VERY WELL
2. QUITE WELL
3. MIXED
4. POORLY
5. VERY POORLY

X8. How well kept and cared for are the yards and/or sidewalks in front of the buildings in the neighborhood?

1. VERY WELL
2. QUITE WELL
3. MIXED
4. POORLY
5. VERY POORLY

X9. Does R have a pet, or did you observe evidence of a pet?

1. YES
2. NO

5. NO -->GO TO X10

X9a. What type of pet(s)?


X10. Was adult child present during respondent’s interview?

1. YES, MOST OF IW
2. YES, ABOUT HALF OF IW
3. YES, BUT INFREQUENT
4. NO

5. NO -->NEXT PAGE, X11

X10a. How much influence or input did adult child seem to have on R’s answers?

☐ 1. Corrected answers, actively answered for R, interrupted

☐ 2. Listened, but did not actively interfere.

☐ 3. Paid little attention

☐ 6. No influence
X11. Who else was present during the interview?

1. NO ONE  2. OTHER ADULTS  3. CHILD(REN) UNDER 18  4. ADULTS AND CHILD(REN) UNDER 18

GO TO X12

X11a. How much distraction was caused by (this person/these people)?

1. CONSTANT  2. SOME  3. LITTLE  4. NONE

X12. The overall quality of this interview is:

1. HIGH QUALITY  2. GENERALLY RELIABLE  3. QUESTIONABLE  4. UNSATISFACTORY

X13. How alert do you think R was?

1. EXTREMELY ALERT AND RESPONSIVE  2. QUITE ALERT AND RESPONSIVE  3. ADEQUATELY ALERT AND RESPONSIVE (AVERAGE)  4. SLIGHTLY UNRESPONSIVE  5. VERY UNRESPONSIVE

X14. How was R's understanding of the questions?

1. EXCELLENT  2. GOOD  3. FAIR  4. POOR

X15. How much difficulty did R have remembering things that you asked (him/her) about?

1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL

X16. Does R wear a hearing aid?

1. YES  3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW  5. NO
X17. How much difficulty did R have hearing you when you talked to (him/her)?

1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL

X18. Does R wear eyeglasses (or contact lenses if you saw them or they were mentioned)?

1. YES  3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW  5. NO

X19. How much difficulty did R have seeing things up close?

1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL

X20. How much difficulty did R seem to have walking around in the home?


X21. How would you rate R's health?

1. EXCELLENT  2. GOOD  3. FAIR  4. POOR  5. GRAVELY OR TERMINALLY ILL

X22. How tiring did the interview seem to be for R?

1. VERY TIRING  2. SOMewhat TIRING  3. A LITTLE TIRING  4. NOT TIRING

X23. How much effort did R put into the interview and giving good responses?

X24. How much did R seem to enjoy the interview?

1. A GREAT DEAL   2. QUITE A BIT   3. SOME   4. A LITTLE   5. NOT AT ALL

X25. On the basis of your experience with R in the interview, how comfortable would you say R is in dealing with other people?

1. NOT AT ALL   2. SLIGHTLY   3. SOMEWHAT   4. FAIRLY   5. VERY

X26. On the basis of your experience with R in the interview, how skilled would you say R is in handling or dealing with other people?

1. NOT AT ALL   2. SLIGHTLY   3. SOMEWHAT   4. FAIRLY   5. VERY

X27. How warm or cold was R to you?

1. VERY WARM   2. SOMEWHAT WARM   3. SOMEWHAT COOL   4. COLD AND DISTANT

X28. Rate respondent's appearance/attractiveness:

1. VERY ATTRACTIVE OR BEAUTIFUL   2. ATTRACTIVE (ABOVE AVERAGE FOR AGE AND SEX)   3. AVERAGE ATTRACTIVENESS FOR AGE AND SEX

4. UNATTRACTIVE (BELOW AVERAGE FOR AGE AND SEX)   5. VERY UNATTRACTIVE

X29. Respondent's grooming:

1. VERY NEAT AND CLEAN   2. SOMEWHAT NEAT AND CLEAN   3. NOT VERY NEAT AND CLEAN   4. NOT AT ALL NEAT AND CLEAN
X30. How emotionally stable do you think the respondent is (i.e., how well do you think the respondent can handle stress)?

1 2 3 4 5 6 7
VERY ABOUT AVERAGE VERY STABLE AVERAGE UNSTABLE

X31. When answering the questions, how open and forthcoming do you think the respondent was?

1 2 3 4 5 6 7
VERY ABOUT AVERAGE NOT AT OPEN AVERAGE ALL OPEN

X32. Was R wearing a wedding ring?

1. YES 5. NO → GO TO X33

X32a. On which hand was R wearing the ring?

1. LEFT 5. RIGHT

X33. In the part of the dwelling where you were, did you see any pictures or photographs which you thought were of the deceased spouse?

1. YES 5. NO

X34. Did R take out any pictures/photos or directly show you any pictures/photos of his/her deceased spouse?

1. YES 5. NO

X35. Overall, how well do you think R is coping with the loss of his/her spouse?

1. NOT COPING AT ALL WELL 2. COPING SOMEWHAT WELL 3. COPING FAIRLY WELL 4. COPING VERY WELL
Now, we would like to get your observation on how much/often R cried during the interview.

**X36.** During the interview, did R become tearful but did not actually cry, became tearful sometimes and cried sometimes, or did not cry/become tearful at all?

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<tbody>
<tr>
<td>1. R DID NOT CRY OR BECOME TEARFUL AT ALL</td>
<td>2. R WAS TEARFUL BUT DID NOT ACTUALLY CRY</td>
<td>3. R WAS TEARFUL AND R CRIED SOMETIMES</td>
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GO TO P.89, THUMBNAIL SKETCH

**X36a.** What percentage of the time did R cry?

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<tbody>
<tr>
<td>1. 10%</td>
<td>2. 20%</td>
<td>3. 30%</td>
<td>4. 40%</td>
<td>5. 50%</td>
</tr>
<tr>
<td>6. 60%</td>
<td>7. 70%</td>
<td>8. 80%</td>
<td>9. 90%</td>
<td>10. 100%</td>
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**X36b.** Was the interview significantly interrupted by R's crying?

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<tbody>
<tr>
<td>1. YES</td>
<td>5. NO</td>
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</table>

GO TO P.89, THUMBNAIL SKETCH

**X36c.** About how many different times was the interview interrupted?

Number
THIS STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary. If we come to any question you do not want to answer, please let me know and we’ll go on to the next one.

REVIEWED BY:

☐ SUPERVISOR ___________________ (DATE)
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**THE CHANGING LIVES OF OLDER COUPLES**

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<td>Q</td>
<td>LIFE EVENTS</td>
<td>51</td>
</tr>
<tr>
<td>R</td>
<td>RELIGION</td>
<td>54</td>
</tr>
<tr>
<td>S</td>
<td>ACTIVITIES AND LIFE SATISFACTION</td>
<td>56</td>
</tr>
<tr>
<td>T</td>
<td>DEMOGRAPHICS</td>
<td>59</td>
</tr>
<tr>
<td>X</td>
<td>INTERVIEWER OBSERVATIONS</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>THUMBNAIL SKETCH</td>
<td>68</td>
</tr>
</tbody>
</table>
A0. EXACT TIME NOW: ______________

A1. First, I need to list all the people who live here. 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?

Now I need the age, sex and relationship to you of any other adults and children who live here.

<table>
<thead>
<tr>
<th>(a) RELATIONSHIP TO RESPONDENT</th>
<th>(b) SEX</th>
<th>(c) AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RESPONDENT</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>9.</td>
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<td>10.</td>
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</tbody>
</table>

A2 -B27a ARE OMITTED
SECTION C: PARENTING

The first questions are about children.

C1. Do you have any children who are not living here with you at the present time? Please include adopted children or stepsons and stepdaughters not living here.

1. YES

5. NO, NO CHILDREN ELSEWHERE —>GO TO C2

C1a. How many do not live with you?

NUMBER

C2. Altogether, how many living children do you have? Again, please include any adopted children or stepsons and stepdaughters you may have.

NUMBER OF CHILDREN

00. NONE —>TURN TO P.9, C25

C2a. INTERVIEWER CHECKPOINT

1. R ONLY HAS ONE CHILD

2. ALL OTHERS—>NEXT PAGE, C3

C2b. Is this a son or daughter?

1. SON

2. DAUGHTER
C3. INTERVIEWER CHECKPOINT

SEE C1 AND C1a

☐ 1. R HAS NO CHILDREN LIVING ELSEWHERE --> NEXT PAGE, C6

☐ 2. R HAS ONLY ONE CHILD LIVING ELSEWHERE

☐ 3. R HAS MORE THAN ONE CHILD LIVING ELSEWHERE

C4. Think about your (son/daughter) who does not live with you. Does he/she live within an hour's drive from you?

01. YES 96. NO

C4a. (RB, P. 1) In the past 6 months, how often did you have contact with your (son/daughter) who doesn't live with you, either in person, by phone or by mail? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1 TO 3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER

C5. Think about your children who do not live with you. How many of them live within an hour's drive from you?

96. NONE

C5a. (RB, P. 1) In the past 6 months, how often did you have contact with at least one of your children who do not live with you either in person, by phone or by mail? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

C4d, C4c, C5d, C5c, ARE OMITTED
C6. INTERVIEWER CHECKPOINT

SEE C2

☐ 1. R HAS ONLY ONE CHILD --> TURN TO P. 7, C16

☐ 2. R HAS TWO OR MORE CHILDREN

C7. (RB, P. 2) 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?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C8. (RB, STILL ON P. 2) How much do you feel they make too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C9. (RB, STILL ON P. 2) How much do you feel you make too many demands on your children? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C10. (RB, STILL ON P. 2) How much are they willing to listen when you need to talk about your worries or problems? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C11. (RB, STILL ON P. 2) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
C12. (RB, P. 3) At this point in your life, how satisfied are you with being a parent—are you **completely**, **very**, **somewhat**, **not very**, or **not at all** satisfied?

<table>
<thead>
<tr>
<th></th>
<th>1. COMPLETELY SATISFIED</th>
<th>2. VERY SATISFIED</th>
<th>3. SOMEWHAT SATISFIED</th>
<th>4. NOT VERY SATISFIED</th>
<th>5. NOT AT ALL SATISFIED</th>
</tr>
</thead>
</table>

C13. Not using the booklet—How often do you feel bothered or upset as a parent—almost always, often, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th></th>
<th>1. ALMOST ALWAYS</th>
<th>2. OFTEN</th>
<th>3. SOMETIMES</th>
<th>4. RARELY</th>
<th>5. NEVER</th>
</tr>
</thead>
</table>

| C14a. (RB, P. 4) How much do your children depend on you for emotional support? Would you say **a lot**, **some**, **a little** or **not at all**? | A LOT (1) | SOME (2) | A LITTLE (3) | NOT AT ALL (4) |
|-------|------------------|----------|--------------|-----------|----------|
| C14b. How much do they depend on you for help or advice with financial and legal matters? |          |          |             |           |
| C14c. How much do they depend on you for help with errands, babysitting or other chores? |          |          |             |           |
| C14d. How much do you **depend** on your children for emotional support? |          |          |             |           |
| C14e. How much do you depend on them for help or advice with financial and legal matters? |          |          |             |           |
| C14f. How much do you depend on them for help with errands or other chores? |          |          |             |           |
C15. (RB, P. 5) At this point in your life, how often do you and any of your children have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1-3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER

TURN TO P. 9, C25
C16. (RB, P. 2) How much does your (son/daughter) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?
1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C17. (RB, STILL ON P. 2) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)
1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C18. (RB, STILL ON P. 2) How much do you feel you make too many demands on your (son/daughter)? (Would you say a great deal, quite a bit, some, a little, or not at all?)
1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C19. (RB, STILL ON P. 2) How much is (he/she) willing to listen when you need to talk about your worries or problems (Would you say a great deal, quite a bit, some, a little, or not at all)?
1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C20. (RB, STILL ON P. 2) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)
1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C21. (RB, P. 3) At this point in your life, how satisfied are you with being a parent--are you completely, very, somewhat, not very, or not at all satisfied?
1. COMPLETELY SATISFIED 2. VERY SATISFIED 3. SOMEWHAT SATISFIED 4. NOT VERY SATISFIED 5. NOT AT ALL SATISFIED
C22. Not using the booklet—How often do you feel bothered or upset as a parent—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

| C23a. (RB, P. 4) How much does your (son/daughter) depend on you for emotional support? Would you say a lot, some, a little or not at all? |
|---|---|---|---|
| A LOT (1) | SOME (2) | A LITTLE (3) | NOT AT ALL (4) |

C23b. How much does (he/she) depend on you for help or advice with financial and legal matters?

C23c. How much does (he/she) depend on you for help with errands, babysitting or other chores?

C23d. How much do you depend on your (son/daughter) for emotional support?

C23e. How much do you depend on (him/her) for help or advice with financial and legal matters?

C23f. How much do you depend on (him/her) for help with errands or other chores?

C24. (RB, P. 5) At this point in your life, how often do you and your (son/daughter) have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1-3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER
C25. How many grandchildren do you have, if any?

<table>
<thead>
<tr>
<th>01. ONE</th>
<th>OTHER: NUMBER</th>
<th>00. NONE</th>
</tr>
</thead>
</table>

NEXT PAGE, SECTION D

C25a. (RB, [STILL ON] P. 5) How often do you see your grandchild? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

C25b. (RB, [STILL ON] P. 5) How often do you see your grandchildren? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

| 1. MORE THAN ONCE A WEEK | 2. ABOUT ONCE A WEEK | 3. 1 TO 3 TIMES A MONTH | 4. LESS THAN ONCE A MONTH | 5. NEVER |
Now I would like to ask you some questions about your relationships with your relatives and friends. Please think of all your close family members, (including your (husband/wife) and children,) as well as other friends and relatives.

D1. Is there anyone in your life with whom you can really share your very private feelings and concerns?

1. YES

5. NO

D1a. How many such people are there?

NUMBER

D2 - D6 ARE OMITTED.
The next questions are about friends and relatives other than your (husband/wife) or your children.

D7. (RB, P. 6) 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?

<table>
<thead>
<tr>
<th>1. A GREAT DEAL</th>
<th>2. QUITE A BIT</th>
<th>3. SOME</th>
<th>4. A LITTLE</th>
<th>5. NOT AT ALL</th>
</tr>
</thead>
</table>

D8. (RB, STILL ON P. 6) 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?)

<table>
<thead>
<tr>
<th>1. A GREAT DEAL</th>
<th>2. QUITE A BIT</th>
<th>3. SOME</th>
<th>4. A LITTLE</th>
<th>5. NOT AT ALL</th>
</tr>
</thead>
</table>

D9. (RB, STILL ON P. 6) How much are your friends and relatives willing to listen when you need to talk about your worries or problems? (Would you say a great deal, quite a bit, some, a little, or not at all?)

<table>
<thead>
<tr>
<th>1. A GREAT DEAL</th>
<th>2. QUITE A BIT</th>
<th>3. SOME</th>
<th>4. A LITTLE</th>
<th>5. NOT AT ALL</th>
</tr>
</thead>
</table>

D10. (RB, STILL ON P. 6) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

<table>
<thead>
<tr>
<th>1. A GREAT DEAL</th>
<th>2. QUITE A BIT</th>
<th>3. SOME</th>
<th>4. A LITTLE</th>
<th>5. NOT AT ALL</th>
</tr>
</thead>
</table>
SECTION E IS OMITTED
SECTION F: COPING WITH PROBLEMS

F1 - F3 ARE OMITTED

F4. (RB, P.7) During the past month, have you been bothered by having to plan or fix meals? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

GO TO F5

F4a. Have you ever been bothered by having to fix meals?

1. YES
5. NO

F5. (RB, STILL ON P.7) During the past month, have you experienced problems keeping up with things around the house such as cleaning, paying bills, maintenance of your home and car or doing laundry? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

GO TO F6, NEXT PAGE

F5a. Have you ever had any problems with keeping up with things around the house?

1. YES
5. NO
F6. (RB, STILL ON P.7) During the past month, have you been bothered by having to handle such things as arranging for credit or dealing with insurance companies or agencies like Blue Cross or Social Security? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

GO TO F7

F6a. Have you ever been bothered by any of these problems?

1. YES
5. NO

F7. (RB, STILL ON P.7) During the past month, have you been troubled by having to make major decisions such as decisions about major purchases or whether or not to move? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

SECTION G, P.15

F7a. Have you had to make any major decisions alone, that is, without your (husband's/wife's) participation in the past 12 months?

1. YES
5. NO -->GO TO SECTION G, P.15

F7b. Have you ever been bothered by having to make major decisions without (him/her)?

1. YES
5. NO
SECTION G: MARRIAGE

G0. INTERVIEWER:

IT IS BEST FOR YOU AND R TO BE ALONE FOR THIS SECTION. IF AT ALL POSSIBLE, ASK FOR PRIVACY WITH R.

BE AWARE OF THE PRESENCE OF R'S SPOUSE WITHIN LIKELY HEARING RANGE DURING THIS SECTION. YOU WILL BE ASKED TO REPORT ON IT AT G11.

G1. Please tell me a little about what your (husband/wife) is like. (GIVE RESPONDENT TIME TO GIVE FULL ANSWER; DO NOT PROBE.)

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

G2. Next, I have some questions about your marriage and your relationship with your (husband/wife). In what year did you and your (husband/wife) get married? (IF DK: How long have you been married?)

YEAR WHEN MARRIED OR # YEARS OF MARRIAGE

G3. (RB, P. 6) How much does your (husband/wife) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all? Just give me the number from the booklet.

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G4. (RB, STILL ON P. 6) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
**G5.** (RB, STILL ON P. 6) How much is (he/she) willing to listen when you need to talk about your worries or problems—(a great deal, quite a bit, some, a little, or not at all)?

| 1. A GREAT DEAL | 2. QUITE A BIT | 3. SOME | 4. A LITTLE | 5. NOT AT ALL |

**G6.** (RB, STILL ON P. 6) How much are you willing to listen when your (husband/wife) needs to talk about (his/her) worries or problems—(a great deal, quite a bit, some, a little, or not at all)?

| 1. A GREAT DEAL | 2. QUITE A BIT | 3. SOME | 4. A LITTLE | 5. NOT AT ALL |

**G7.** (RB, STILL ON P. 6) How much do you think you make your (husband/wife) feel loved and cared for—(a great deal, quite a bit, some, a little, or not at all)?

| 1. A GREAT DEAL | 2. QUITE A BIT | 3. SOME | 4. A LITTLE | 5. NOT AT ALL |

**G8.** (RB, P. 8) How often would you say you and your (husband/wife) typically have unpleasant disagreements or conflicts? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

| 1. MORE THAN ONCE A WEEK | 2. ABOUT ONCE A WEEK | 3. 1 TO 3 TIMES A MONTH | 4. LESS THAN ONCE A MONTH | 5. NEVER |

**G9.** (RB, P. 9) Please tell me how true the next two statements are. My (husband/wife) does not treat me as well as I deserve to be treated. Is this very true, somewhat true, a little true, or not true at all?

| 1. VERY TRUE | 2. SOMewhat TRUE | 3. A LITTLE TRUE | 4. NOT TRUE AT ALL |

**G10.** (RB, Still on P. 9) I do not treat my (husband/wife) as well as (he/she) deserves to be treated. (Is this very true, somewhat true, a little true, or not true at all?)

| 1. VERY TRUE | 2. SOMewhat TRUE | 3. A LITTLE TRUE | 4. NOT TRUE AT ALL |
**G11. INTERVIEWER CHECKPOINT**

During the administration of questions G1 - G10, respondent's spouse overheard/probably overheard questions and respondent's answers:

1. All the time
2. Most of the time (half or more)
3. Some of the time (less than half)
4. Never/probably didn't overhear
5. Couldn't tell/don't know if spouse overheard questions and answers
SECTION H: SELF DESCRIPTION

H1. (RB, Still on P. 9) Please tell me how true the following statements are as they apply to you now.

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. On the whole I am satisfied with myself. (Is this very true, somewhat, a little, or not true at all as it applies to you?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H2. At times I think I am no good at all.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>H3. I wish I could have more respect for myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H4. All in all, I am inclined to feel that I am a failure.</td>
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<tr>
<td>H5. I feel I am a person of worth, at least equal with others.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>H6. I have never worried about having a painful disease.</td>
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</tr>
<tr>
<td>H7. Funerals sometimes upset me.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H8. I am afraid of dying of cancer.</td>
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</tr>
</tbody>
</table>
### SECTION J: HEALTH AND LIMITATION OF ACTIVITIES

**J1.** (RB, P. 10) The next questions are about your health. In general, how satisfied are you with your health—completely, very, somewhat, not very, or not at all satisfied?

<table>
<thead>
<tr>
<th>1. COMPLETELY SATISFIED</th>
<th>2. VERY SATISFIED</th>
<th>3. SOMEWHAT SATISFIED</th>
<th>4. NOT VERY SATISFIED</th>
<th>5. NOT AT ALL SATISFIED</th>
</tr>
</thead>
</table>

**J2.** We’d like to know if you have experienced any of the following health problems during the last 12 months.

<table>
<thead>
<tr>
<th>J2a. Have you had arthritis or rheumatism?</th>
<th>J2a</th>
<th>1. YES</th>
<th>5. NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2b. During the last 12 months, have you had a lung disease?</td>
<td>J2b</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>J2c. Have you had hypertension, sometimes called high blood pressure, or have you taken medication for it?</td>
<td>J2c</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>J2d. Have you had a heart attack or other heart trouble during the last 12 months?</td>
<td>J2d</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>J2e. Have you had diabetes or high blood sugar or have you taken medication for it?</td>
<td>J2e</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>J2f. Have you had a stroke during the last 12 months?</td>
<td>J2f</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>J2g. Have you had any broken or fractured bones?</td>
<td>J2g</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
<tr>
<td>J2h. Have you lost any amount of urine beyond your control during the last 12 months?</td>
<td>J2h</td>
<td>1. YES</td>
<td>5. NO</td>
</tr>
</tbody>
</table>
J3. Have you had cancer or a malignant tumor of any kind in the past 12 months?

1. YES --> J3a. What kind of cancer or malignant tumor did you have? (In what part of your body did it start?)

5. NO

J3a. ___________________________ TYPE OF CANCER

J4. In the past 12 months, have you had any major health problems that I haven’t asked you about?

1. YES

5. NO --> GO TO J5

J4a. What are they? ____________________________________________________________

______________________________________________

J5. INTERVIEWER CHECKPOINT

[ ] 1. R ANSWERS "NO" TO ALL QUESTIONS IN J2a-h, J3 AND J4 --> TURN TO P. 26, J10

[ ] 2. ALL OTHERS

MARK THE BOX NEXT TO ALL PREPRINTED CONDITIONS IN THE GRID TO WHICH R ANSWERED "YES" IN J2a-h, J3 AND J4. IF MORE THAN 5, ASK J6-9a ONLY FOR FIRST 5 CONDITIONS.
THIS IS A BLANK PAGE
<table>
<thead>
<tr>
<th>Question</th>
<th>Option A</th>
<th>Option B</th>
</tr>
</thead>
<tbody>
<tr>
<td>J6. Were you hospitalized during the last 12 months for (CONDITION)?</td>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
</tr>
</tbody>
</table>
| J7. Did (CONDITION) start in the last 12 months or was it going on before that? | 1. STARTED IN LAST 12 MONTHS  
GO TO J7a  
2. GOING ON BEFORE  
GO TO J8 | 1. STARTED IN LAST 12 MONTHS  
GO TO J7a  
2. GOING ON BEFORE  
GO TO J8 |
| J7a. In what month did it start? (RECORD YEAR, ALSO)                     | MONTH / YEAR  
GO TO NEXT COND. OR J10, P.26 | MONTH / YEAR  
GO TO NEXT COND. OR J10, P.26 |
| J8. In the past 12 months, has your (CONDITION) become better, stayed about the same, or become worse? | 1. BETTER 2. SAME 3. WORSE | 1. BETTER 2. SAME 3. WORSE |
| J9. Did your (CONDITION) start since we last interviewed you in (MONTH, YEAR <SEE COVERSHEET>), or was it going on before that? | 1. BEFORE --->COND. OR J10  
2. AFTER | 1. BEFORE --->COND. OR J10  
2. AFTER |
| J9a. In about what month and year did it start?                          | MONTH / YEAR  
GO TO NEXT COND. OR TURN TO P. 26, J10 | MONTH / YEAR  
GO TO NEXT COND. OR TURN TO P. 26, J10 |
(J2c) □ HYPERTENSION/HIGH BLOOD PRESSURE

1. YES  5. NO

1. STARTED IN LAST 12 MONTHS
GO TO J7a

2. GOING ON BEFORE
GO TO J8

MONTH / YEAR
GO TO NEXT COND.
OR J10, P.26

□ 1. BETTER
□ 2. SAME
□ 3. WORSE

1. BEFORE --> COND.
OR J10

2. AFTER
V

MONTH / YEAR
GO TO NEXT COND. OR TURN TO P. 26, J10

(J2d) □ HEART TROUBLE

1. YES  5. NO

1. STARTED IN LAST 12 MONTHS
GO TO J7a

2. GOING ON BEFORE
GO TO J8

MONTH / YEAR
GO TO NEXT COND.
OR J10, P.26

□ 1. BETTER
□ 2. SAME
□ 3. WORSE

1. BEFORE --> COND.
OR J10

2. AFTER
V

MONTH / YEAR
GO TO NEXT COND. OR TURN TO P. 26, J10

(J2e) □ DIABETES/HIGH BLOOD SUGAR

1. YES  5. NO

1. STARTED IN LAST 12 MONTHS
GO TO J7a

2. GOING ON BEFORE
GO TO J8

MONTH / YEAR
GO TO NEXT COND.
OR J10, P.26

□ 1. BETTER
□ 2. SAME
□ 3. WORSE

1. BEFORE --> COND.
OR J10

2. AFTER
V

MONTH / YEAR
GO TO NEXT COND. OR TURN TO P. 26, J10
<table>
<thead>
<tr>
<th>J6. Were you hospitalized during the last 12 months for (CONDITION)?</th>
<th>(J2f) STROKE</th>
<th>(J2g) BROKEN OR FRACTURED BONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J7. Did (CONDITION) start in the last 12 months or was it going on before that?</th>
<th>1. STARTED IN LAST 12 MONTHS</th>
<th>1. STARTED IN LAST 12 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J7a. In what month did it start? (RECORD YEAR, ALSO)</th>
<th>MONTH / YEAR</th>
<th>MONTH / YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO NEXT COND. OR J10, P. 26</td>
<td>GO TO NEXT COND. OR J10, P. 26</td>
<td></td>
</tr>
</tbody>
</table>

| J8. In the past 12 months, has your (CONDITION) become better, stayed about the same, or become worse? | 1. BETTER 2. SAME 3. WORSE | 1. BETTER 2. SAME 3. WORSE |

| J9. Did your (CONDITION) start since we last interviewed you in (MONTH, YEAR <SEE COVERSHEET>), or was it going on before that? | 1. BEFORE -->COND. OR J10 2. AFTER | 1. BEFORE -->COND. OR J10 2. AFTER |

<table>
<thead>
<tr>
<th>J9a. In about what month and year did it start?</th>
<th>MONTH / YEAR</th>
<th>MONTH / YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO NEXT COND. OR TURN TO P. 26, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 26, J10</td>
<td></td>
</tr>
<tr>
<td>(J2h)</td>
<td>LOSS OF URINE BEYOND CONTROL</td>
<td>(J3a)</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>1. YES</td>
<td>5. NO</td>
<td>1. YES</td>
</tr>
</tbody>
</table>

1. STARTED IN LAST 12 MONTHS  
GO TO J7a

2. GOING ON BEFORE  
GO TO J8

MONTH / YEAR  
GO TO NEXT COND. OR J10

1. BETTER 2. SAME  
3. WORSE

1. BEFORE --&gt; COND. OR J10  
2. AFTER

V

MONTH / YEAR  
GO TO NEXT COND. OR TURN TO P. 26, J10

1. BEFORE --&gt; COND. OR J10  
2. AFTER

V

MONTH / YEAR  
GO TO NEXT COND. OR TURN TO P. 26, J10

1. BEFORE --&gt; COND. OR J10  
2. AFTER

V

MONTH / YEAR  
GO TO NEXT COND. OR TURN TO P. 26, J10
J10. Are you currently in bed or in a chair for most or all of the day because of your health?

1. YES  
5. NO

J11. Do you currently have any difficulty bathing by yourself?

1. YES  
5. NO ---GO TO J12

J11a. How much difficulty do you have bathing by yourself---a little, some, a lot, or can't you do this on your own?

1. A LITTLE  
2. SOME  
3. A LOT  
4. CANNOT DO

TURN TO P. 28, J17

J12. INTERVIEWER CHECKPOINT

1. R ANSWERED "YES" (BOX WITH DOUBLE LINE) TO J10---TURN TO P. 28, J17
2. ALL OTHERS---NEXT PAGE, J13
J13. Do you currently have any difficulty climbing a few flights of stairs because of your health?

1. YES 3. VOLUNTEERED: AGE IS ONLY LIMITATION 5. NO → GO TO J14

J13a. How much difficulty do you have—a little, some, a lot, or can't you do this at all?

1. A LITTLE 2. SOME 3. A LOT 4. CANNOT DO

J14. Do you currently have any difficulty walking several blocks because of your health?

1. YES 3. VOLUNTEERED: AGE IS ONLY LIMITATION 5. NO → GO TO J15

J14a. How much difficulty do you have—a little, some, a lot, or can't you do this at all?

1. A LITTLE 2. SOME 3. A LOT 4. CANNOT DO

J15. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "A LOT" OR "CANNOT DO" (BOXES WITH DOUBLE LINES) TO EITHER J13a OR J14a → NEXT PAGE, J17

☐ 2. ALL OTHERS

J16. Would you currently have any difficulty doing heavy work around the house such as shoveling snow or washing walls, because of your health?

1. YES 3. VOLUNTEERED: AGE IS ONLY LIMITATION 5. NO → NEXT PAGE, J17

J16a. How much difficulty would you have—a little, some, a lot, or couldn't you do this at all?

1. A LITTLE 2. SOME 3. A LOT 4. COULD NOT DO
J17. How would you rate your health at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. EXCELLENT  2. VERY GOOD  3. GOOD  4. FAIR  5. POOR

J18. How much are your daily activities limited in any way by your health or health-related problems— a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

J19. On how many days out of the past 30 did you take medication to help you sleep?

00. NONE  ___________ DAYS

J20. OMITTED

J21. (Not counting medication to help you sleep,) On how many days out of the past 30 did you take any medication to make you feel more relaxed and calm?

00. NONE  ___________ DAYS

J22. OMITTED

J23. How many hours of sleep do you usually get in a 24-hour period, including naps?

___________ HOURS


J25. Do you smoke cigarettes now?

1. YES  5. NO  --> NEXT PAGE, J26

J25a. On the average, how many cigarettes or packs do you usually smoke in a day?

CIGARETTES  PACKS
J26. Do you ever drink beer, wine, or liquor?

| 1. YES | 5. NO --GO TO J27 |

**J26a.** During the last 30 days, on how many days did you drink beer, wine, or liquor?

| DAYS/MONTH | DAYS/WEEK | 96. NONE --GO TO J27 |

**J26b.** On days that you drink, how many cans of beer, glasses of wine, or drinks of liquor do you usually have?

| CANS/GLASSES/DRINKS PER DAY WHEN DRINKING |

**J27.** (RB, P. 11) How often does someone remind or tell you to do things to protect your health? Would you say often, sometimes, rarely or never?

| 1. OFTEN | 2. SOMETIMES | 3. RARELY | 4. NEVER --GO TO J28 |

**J27a.** Who reminds you? (CHECK ALL THAT APPLY)

| A.CHILD | B. OTHER RELATIVE | C. FRIEND OR NEIGHBOR | D. PROFESSIONAL | E. OTHER(S) | F. SPOUSE |

**J28.** (RB, STILL ON P. 11) How often do you take walks for exercise or pleasure? (Would you say often, sometimes, rarely or never?)

| 1. OFTEN | 2. SOMETIMES | 3. RARELY | 4. NEVER --NEXT PAGE, J30 |

**J29.** (RB, STILL ON P. 11) How often do you take walks or get any kind of exercise with a pet or with someone you know--(often, sometimes, rarely or never?)

| 1. OFTEN | 2. SOMETIMES | 3. RARELY | 4. NEVER --NEXT PAGE, J30 |

**J29a.** Who do you take walks or exercise with? (CHECK ALL THAT APPLY)

| A.CHILD | B. OTHER RELATIVE | C. FRIEND OR NEIGHBOR | D. PET | E. OTHER(S) | F. SPOUSE |
J30. (RB, STILL ON P. 11) How often do you participate in active sports or exercise—(often, sometimes, rarely or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

J31. Do you have to take medications regularly, eat a special diet for health reasons, or use other health care treatments at home on a regular basis?

1. YES  5. NO --> NEXT PAGE, SECTION K

J31a. (RB, STILL ON P. 11) How often does someone else help you do this? (Would you say often, sometimes, rarely, or never?)

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> NEXT PAGE, SECTION K

J31b. Who helps you do this? (CHECK ALL THAT APPLY)

A. CHILD  B. RELATIVE  C. FRIEND OR NEIGHBOR

D. VOLUNTEER AGENCY  E. OTHER(S)  F. SPOUSE
K1. (RB, P. 12) Please tell me how often the following things happened to you during the past week.

<table>
<thead>
<tr>
<th></th>
<th>HARDLY EVER (1)</th>
<th>SOME OF THE TIME (2)</th>
<th>MOST OF THE TIME (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1a. During the past week, I felt depressed. Did you feel this way hardly ever, some of the time, or most of the time?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K1b. During the past week, I felt that everything I did was an effort.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>K1c. My sleep was restless.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>K1d. During the past week, I was happy.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>K1e. I felt lonely.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K1f. During the past week, people were unfriendly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K1g. I enjoyed life.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K1h. During the past week, I did not feel like eating. My appetite was poor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K1j. I felt sad.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K1k. During the past week, I felt that people disliked me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K1m. I could not get &quot;going&quot;.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K2. (RB, P. 13) Now for something completely different. Please tell me how much you have been bothered during the past seven days by feelings like the ones I'm about to read.

| K2a. First, nervousness or shakiness inside. How much have you been bothered by this feeling during the past seven days—**not at all**, **a little bit**, **moderately**, **quite a bit**, or **extremely**? |
|---|---|---|---|---|
| **NOT AT ALL** (1) | **A LITTLE BIT** (2) | **MODERATELY** (3) | **QUIET A BIT** (4) | **EXTREMELY** (5) |
| K2b. Trembling? | |
| K2c. Feeling suddenly scared for no reason? | |
| K2d. Feeling fearful? | |
| K2e. Heart pounding or racing? | |
| K2f. How much have you been bothered by feeling tense and keyed up in the past seven days? | |
| K2g. Spells of terror and panic? | |
| K2h. Feeling so restless you couldn't sit still? | |
| K2i. Feeling that something bad is going to happen to you? | |
| K2j. Thoughts and images of a frightening nature? | |
K3. (RB, P. 14) Please tell me how often you have had the following feelings during the past week.

<table>
<thead>
<tr>
<th>Feeling</th>
<th>ALWAYS (1)</th>
<th>OFTEN (2)</th>
<th>SOMETIMES (3)</th>
<th>RARELY (4)</th>
<th>NEVER (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K3a. Feeling particularly excited or interested in something. Did you feel this way always, often, sometimes, rarely, or never?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3b. Feeling pleased about having accomplished something.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3c. Feeling that things were going your way.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3d. Feeling proud because someone complimented you on something you had done.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3e. Feeling on top of the world.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION L: EMPLOYMENT

L1. We would like to know more about what you do—(READ SLOWLY) are you working now for pay at a regular job, on temporary leave or laid off, looking for work, retired from a paid job, keeping house, permanently disabled, or something else? (CHECK ALL THAT APPLY)

A. WORKING NOW FOR PAY
B. ONLY TEMPORARILY LAID OFF; SICK LEAVE
C. LOOKING FOR WORK, UNEMPLOYED
D. RETIRED FROM A PAID JOB
E. PERMANENTLY DISABLED
F. KEEPING HOUSE/STAYING HOME
G. OTHER (SPECIFY):

L2. Are you doing any work for pay at the present time?

1. YES
5. NO --> TURN TO P. 37, L14

L3. Including paid vacations and sick leave, how many weeks altogether were you employed during the past 12 months?

52. ALL WEEKS IN LAST 12 MONTHS

_______ WEEKS IN LAST 12 MONTHS OR FROM _____/_____ TO _____/_____

MO  DAY  MO  DAY
L4. What is your occupation on your main job?


L5. What kind of work do you do? What are your most important activities or duties?


L6. What kind of business or industry is that in? What do they make or do where you work?


L7. Are you self-employed, or do you work for a private employer or a municipal, county, state or federal government?

1. SELF EMPLOYED  2. PRIVATE EMPLOYER  3. GOVERNMENT EMPLOYER

L8. On the average how many hours a week do you work on this job, including paid and unpaid overtime?

_____________ HOURS PER WEEK

L9. How much do you earn now from this job?

$ ____________ PER _________
L10. How much do you enjoy doing that kind of work--do you enjoy it a great deal, quite a bit, some, a little, or not at all?

| 1. A GREAT DEAL | 2. QUITE A BIT | 3. SOME | 4. A LITTLE | 5. NOT AT ALL |

L11. How satisfied are you with your job--completely, very, somewhat, not very, or not at all satisfied?

| 1. COMPLETELY SATISFIED | 2. VERY SATISFIED | 3. SOMEWHAT SATISFIED | 4. NOT VERY SATISFIED | 5. NOT AT ALL SATISFIED |

L12. In general, how often do you feel bothered or upset in your work--almost always, often, sometimes, rarely, or never?

| 1. ALMOST ALWAYS | 2. OFTEN | 3. SOMETIMES | 4. RARELY | 5. NEVER |

L13. INTERVIEWER CHECKPOINT

SEE L1 (P. 34)

1. R IS ALSO RETIRED--->NEXT PAGE, L14

2. ALL OTHERS--->TURN TO P. 39, L21
L14. INTERVIEWER CHECKPOINT

SEE L1 (P. 34)

1. "RETIRED" IS
   CHECKED AT L1

2. ALL OTHERS

Now we have a few questions
about the last regular job
you had before retirement.

L15. Have you ever held a regular
job for pay?

   1. YES       5. NO
   --TURN TO P. 41,
   SECTION M

We have a few questions
about the last regular job
you had.

L16. In what month and year did you (retire/stop working)?

   MONTH / YEAR

L17. INTERVIEWER CHECKPOINT

1. R (RETIRED/STOPPED WORKING) SINCE JULY 17, 1987 OR MORE
   RECENTLY

2. ALL OTHERS--->TURN TO P. 41, SECTION M

L18. People (retire/leave a paid job) for many reasons. What are the reasons you
(retired/left your last job)? (PROBE: Were there any other reasons?)

   _______________________________________________________
   _______________________________________________________
L19. Did you leave this job earlier, just about the time you wanted to, or later than you wanted to?

1. EARLIER 2. JUST ABOUT TIME 3. LATER 7. OTHER (SPECIFY):

L20. Have the changes brought about by your (retirement/stopping work) been entirely good, mostly good, mostly bad, or entirely bad for you?

1. ENTIRELY GOOD 2. MOSTLY GOOD 3. MOSTLY BAD 4. ENTIRELY BAD
L21. In the past six months, were there any changes in your work patterns? For example, starting or stopping a job or changes in the number of hours you work?

1. YES  5. NO --> GO TO PAGE 41, SECTION M

L21a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)

Retired --> GO TO PAGE 41, SECTION M

- a. FIRED
- b. QUIT WORKING
- c. LAID OFF PERMANENTLY
- d. LAID OFF TEMPORARILY
- e. CHANGED JOBS
- f. STARTED TO WORK FOR THE FIRST TIME
- g. RETURNED TO WORK
- h. PROMOTED
- j. DEMOTED
- k. FULL-TIME TO PART-TIME
- m. PART-TIME TO FULL-TIME
- n. OTHER, SPECIFY:

L21b. People change their work patterns for many reasons. What were the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)

L21c. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad or entirely bad?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
L22. You have told me about the past six months. Now please think about the time between July, 1987 and six months ago. During that time, were there any changes in your work patterns? For example, starting or stopping a job or changes in the number of hours you work?

1. YES  
5. NO --> NEXT PAGE, SECTION M

L22a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)

- RETIRED --> NEXT PAGE, SECTION M

- a. FIRED
- b. QUIT WORKING
- c. LAID OFF PERMANENTLY
- d. LAID OFF TEMPORARILY
- e. CHANGED JOBS
- f. STARTED TO WORK FOR THE FIRST TIME
- g. RETURNED TO WORK
- h. PROMOTED
- i. DEMOTED
- k. FULL-TIME TO PART-TIME
- m. PART-TIME TO FULL-TIME
- n. OTHER, SPECIFY:

L22b. People change their work patterns for many reasons. What were the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)

______________________________________________________________

______________________________________________________________

L22c. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad or entirely bad?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
 SECTION M: FINANCIAL SITUATION

Now a few questions about your financial situation.

**M1.** How difficult is it for you to meet the monthly payments on your bills? Is it extremely difficult, very, somewhat, slightly, or not at all difficult?

- 1. EXTREMELY DIFFICULT
- 2. VERY DIFFICULT
- 3. SOMewhat DIFFICULT
- 4. SLIGHTLY DIFFICULT
- 5. NOT AT ALL DIFFICULT

**M2.** In general, how do your finances usually work out at the end of the month—do you find that you usually end up with some money left over, just enough money to make ends meet, or not enough money to make ends meet?

- 1. SOME MONEY LEFT OVER
- 2. JUST ENOUGH MONEY
- 3. NOT ENOUGH MONEY

**M3.** How often do you feel bothered by your financial situation? Would you say almost always, often, sometimes, rarely, or never?

- 1. ALMOST ALWAYS
- 2. OFTEN
- 3. SOMETIMES
- 4. RARELY
- 5. NEVER

**M4.** How satisfied are you with your present financial situation—completely, very, somewhat, not very, or not at all satisfied?

- 1. COMPLETELY SATISFIED
- 2. VERY SATISFIED
- 3. SOMewhat SATISFIED
- 4. NOT VERY SATISFIED
- 5. NOT AT ALL SATISFIED
SECTION N: HOUSEHOLD RESPONSIBILITIES AND VOLUNTARY ACTIVITIES

N1. Now let's talk about work you do around your home. How many hours do you spend preparing food and doing housework in an average week?

00. NONE

HOURS PER WEEK

N1a. How much do you enjoy doing housework—are you enjoy it
a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N2. (RB, P. 15) Altogether, how many hours did you yourself spend doing home maintenance and minor repairs during the last 12 months? Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

1. LESS THAN 20 HOURS  2. 20-39 HRS  3. 40-79 HRS  4. 80-159 HRS  5. 160 HOURS OR MORE

N3. (RB, P. 16) If you and your (husband/wife) needed extra help with general housework or home maintenance, how much could you count on friends or family members to help you? Would you say a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N4. (RB, P. 16) If you and your (husband/wife) needed extra money, how much could you count on someone, other than a lending institution, to lend or give you money—a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N5. (RB, STILL ON P. 16) If you and your (husband/wife) were ill, how much could you count on someone to make sure you are taken care of—a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL
N6. Now I have some questions about volunteer work. (READ SLOWLY) During the last 6 months, did you do volunteer work for a church or other religious organization, for a political group, a senior citizens’ group, or for any other type of organization?

1. YES  5. NO --> NEXT PAGE, N9

N7. (RB, P. 17) About how many hours did you spend on volunteer work of these kinds during the last 6 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

1. LESS THAN 20 HOURS  2. 20-39 HOURS  3. 40-79 HOURS  4. 80-159 HOURS  5. 160 HOURS OR MORE

N8. Not using the booklet--How much did you enjoy doing that volunteer work--did you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
N9. Now let's talk about help you may have given in the last six months to friends, neighbors, or relatives who did not live with you. We are interested in help you provided during the last six months for which you did not receive pay.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>N9a. During the last 6 months, did you provide transportation, shop or run errands for friends, neighbors, or relatives who did not live with you?</td>
<td>1. Yes</td>
<td>5. No</td>
</tr>
<tr>
<td>N9b. Did you help others with their housework or with the upkeep of their house, car, or other things?</td>
<td>1. Yes</td>
<td>5. No</td>
</tr>
<tr>
<td>N9c. Did you do childcare without pay for persons not living in your household?</td>
<td>1. Yes</td>
<td>5. No</td>
</tr>
<tr>
<td>N9d. Did you do any other things in the last 6 months to help neighbors, friends or relatives who did not live with you?</td>
<td>1. Yes</td>
<td>5. No</td>
</tr>
</tbody>
</table>

N10. INTERVIEWER CHECKPOINT

- 1. RESPONDENT GAVE HELP TO RELATIVES, FRIENDS OR NEIGHBORS (ONE OR MORE "YES" TO N9a-N9d)
- 2. ALL OTHERS --> NEXT PAGE, N13

N11. (RB, STILL ON P. 17) About how many hours did you spend doing these things during the last 6 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?)

<table>
<thead>
<tr>
<th>Hours</th>
<th>1. Less Than 20 Hours</th>
<th>2. 20-39 Hours</th>
<th>3. 40-79 Hours</th>
<th>4. 80-159 Hours</th>
<th>5. 160 Hours or More</th>
</tr>
</thead>
</table>

N12. Not using the booklet--How much did you enjoy helping friends, neighbors and relatives--a great deal, quite a bit, some, a little, or not at all?

|------------------|----------------|---------------|--------|------------|-------------|
N13. Now please think about friends and relatives 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?

1. YES      5. NO --> NEXT PAGE, SECTION P

N13a. About how many hours do you spend doing this in a usual week?

__________ HOURS
SECTION P: DEPRESSION

P1. During the past 12 months (that is, since [MONTH, YEAR]), have you had any period of two weeks or more when you have been feeling sad, blue or depressed most of the time, or have lost all interest and pleasure in the things you usually care about or enjoy?

1. YES 5. NO

P1a. During the past 12 months, has there been a time lasting two weeks or more when you felt irritable, easily annoyed, and really down in the dumps?

1. YES 5. NO

--->TURN TO P. 51, SECTION Q

P2. How many periods or spells like that have you had in the last 12 months that lasted two weeks or longer? If you are having one now, please include it also.

NUMBER

97. ALL THE TIME

NEXT PAGE, P4

P3. INTERVIEWER CHECKPOINT

☐ 1. R HAS HAD ONLY ONE SPELL--->NEXT PAGE, P4

☐ 2. ALL OTHERS--->TURN TO P. 48, P10

96. NOTHING CAUSED DEPRESSION

P5. In what month and year did the period or spell start?

MONTH / YEAR

P6. How long did the period or spell last or is it still going on?

# WEEKS # MONTHS # YEARS

97. STILL GOING ON

P7. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

P7a. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

NEXT PAGE, P9

P8. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
Now I have some questions about things that may have happened during (this/that) period or spell. Did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>P9a. ...lose your appetite?</td>
<td></td>
<td></td>
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<tr>
<td>P9b. Did you lose or gain weight without trying to—as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
<td></td>
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<tr>
<td>P9c. Did you have trouble falling asleep, staying asleep, or with waking up too early?</td>
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<tr>
<td>P9d. Did you talk or move more slowly than is normal for you?</td>
<td></td>
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<tr>
<td>P9e. Did you have to be moving all the time; that is, you couldn’t sit still or paced up and down?</td>
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<tr>
<td>P9f. Were you less interested in the things that normally interest you?</td>
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<tr>
<td>P9g. Did you feel worthless, sinful, or guilty?</td>
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<tr>
<td>P9h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<tr>
<td>P9j. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<td>P9k. Were you sleeping too much?</td>
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<td>P9m. Did you feel tired out all the time?</td>
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<td>P9n. Did you think a lot about death—either your own, someone else’s, or death in general?</td>
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<tr>
<td>P9p. Did you feel like you wanted to die?</td>
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<tr>
<td>P9q. Did you attempt suicide?</td>
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<tr>
<td>P9r. [IF NO TO P9q] Did you feel so low you thought about committing suicide?</td>
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</table>

TURN TO P. 51, SECTION Q
P10. Now please think about the worst period or spell you have had during the last 12 months (that is, since [MONTH, YEAR]). Basically, what made you become depressed? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What about the situation made you feel depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. NOTHING CAUSED DEPRESSION

P11. In what month and year did this worst period or spell start?

/ __________ / __________
MONTH YEAR

P12. How long did the period or spell last or is it still going on?

# WEEKS OR # MONTHS OR # YEARS

97. STILL GOING ON

P13. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

P13a. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

NEXT PAGE, P15

P14. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
Now I have some questions about things that may have happened during that worst period or spell in the last 12 months. Did you...

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<tr>
<th>Question</th>
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SECTION Q: LIFE EVENTS

Q1. Now I have some questions that you can answer with a "yes" or "no".

Q1a. During the last 12 months, have you been a victim of a serious physical attack or assault?

   1. YES  
   5. NO --› GO TO Q1b

Q1a.1 In what month (and year) did that happen?
   (IF DK MONTH, PROBE FOR SEASON)
   ______________________ / ______________________
   MONTH RECORD YEAR

Q1b. Have you had a life-threatening illness or injury in the past 12 months?

   1. YES  
   5. NO --› GO TO Q1c

Q1b.1 In what month (and year) did that happen?
   (IF DK MONTH, PROBE FOR SEASON)
   ______________________ / ______________________
   MONTH RECORD YEAR

Q1c. Have you had a serious but not life-threatening illness in the last 12 months?

   1. YES  
   5. NO --› GO TO Q1d

Q1c.1 In what month (and year) did that happen?
   (IF DK MONTH, PROBE FOR SEASON)
   ______________________ / ______________________
   MONTH RECORD YEAR

Q1d. Were you robbed or was your home burglarized in the past 12 months?

   1. YES  
   5. NO --› NEXT PAGE, Q1e

Q1d.1 In what month (and year) did that happen?
   (IF DK MONTH, PROBE FOR SEASON)
   ______________________ / ______________________
   MONTH RECORD YEAR
Qle. Did you involuntarily lose a job for reasons other than retirement in the past 12 months?

1. YES
5. NO --> GO TO Qlf

Qle.1 In what month (and year) did that happen?
(IF DK MONTH, PROBE FOR SEASON)

MONTH / RECORD YEAR

Qlf. Did you have any serious financial problems or difficulties in the past 12 months?

1. YES
5. NO --> GO TO Qlg

Qlf.1 In what month (and year) did that happen?
(IF DK MONTH, PROBE FOR SEASON)

MONTH / RECORD YEAR

Qlg. Did a parent, brother or sister die in the past 12 months?

1. YES
5. NO --> NEXT PAGE, Q2

Qlg.1 In what month (and year) did that happen?
(IF DK MONTH, PROBE FOR SEASON)

MONTH / RECORD YEAR
Q2. Since July, 1987 has a son or daughter of yours died?

1. YES

5. NO --> GO TO Q3

Q2a. In what month and year did that happen?

(IF DK MONTH, PROBE FOR SEASON)

MONTH / YEAR

Q3. In the last 12 months, did anyone else you felt very close to die?

1. YES

5. NO --> GO TO Q4

Q3a. In what month (and year) did that happen?

(IF DK MONTH, PROBE FOR SEASON)

MONTH / RECORD YEAR

Q4. Have you moved to a new residence in the last 12 months?

1. YES

5. NO --> NEXT PAGE, SECTION R

Q4a. (RB, P. 18) What was the main reason you moved? (READ SLOWLY) Was it to save money, to be closer to your family, because your other home was too big, to move in with your son or daughter or another reason? (IF OTHER REASON: What was your main reason for moving?)

01. SAVE MONEY 02. CLOSER TO FAMILY 03. HOME TOO BIG

04. MOVE IN WITH SON/DAUGHTER

97. OTHER, SPECIFY: ________________________________________________________________

______________________________________________________________
SECTION R: RELIGION

R1. The next several questions are about religion. In general, how important are religious or spiritual beliefs in your day-to-day life? Would you say very important, fairly important, not too important, or not at all important?

1. VERY IMPORTANT  2. FAIRLY IMPORTANT  3. NOT TOO IMPORTANT  4. NOT AT ALL IMPORTANT

R2. (RB, P. 19) How often do you usually attend religious services--more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

R3. (RB, P. 20) When you have problems or difficulties in your family, work, or personal life, how often do you seek spiritual comfort and support--almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

R4. (RB, STILL ON P. 20) When you have decisions to make in your everyday life, how often do you ask yourself what God would want you to do? (Would you say almost always, often, sometimes, rarely, or never?)

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER
R5. Some people believe that people simply stop existing after death while others believe in an afterlife. Which comes closest to what you believe—that people stop existing after death or that there is an afterlife?

1. STOP EXISTING  2. AFTERLIFE  3. DON'T KNOW

R6. (RB, P. 21) Please tell me how strongly you agree or disagree with the next two statements. The first one is: In the afterlife, you will be reunited with your loved ones. Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?

1. STRONGLY AGREE  2. AGREE SOMEWHAT  3. DISAGREE SOMEWHAT  4. STRONGLY DISAGREE

R7. (RB, STILL ON P. 21) People who suffer unjustly in this life will be rewarded in the afterlife. (Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?)

1. STRONGLY AGREE  2. AGREE SOMEWHAT  3. DISAGREE SOMEWHAT  4. STRONGLY DISAGREE
### SECTION S: ACTIVITIES AND LIFE SATISFACTION

**S1.** (RB, P. 22) Next I have a list of things that people have said about themselves. Please tell me how true each statement is of you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very True (1)</th>
<th>Somewhat True (2)</th>
<th>A Little True (3)</th>
<th>Not True At All (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 IS OMITTED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S2. It is impossible for me to imagine a future without my (husband/wife).</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>S3. I am as hopeful of good things in the future as I have ever been.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S4. I can give as much attention and energy to the things I'm doing as I ever could.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S5 IS OMITTED</td>
<td></td>
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<tr>
<td>S6. I have been able to feel warmth and affection for those near to me.</td>
<td></td>
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</tr>
<tr>
<td>S7 - S10 ARE OMITTED</td>
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</tbody>
</table>

**S11.** (RB, P. 23) Thinking about all parts of your life including the way you feel, to what extent would you say you are managing as well as ever? Would you say completely, almost completely, fairly much, somewhat, or not much?

Now I have some questions about how you spend your time.

S12. (RB, P. 24) 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, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S13. (RB, STILL ON P. 24) How often do you attend meetings or programs of groups, clubs, or organizations that you belong to? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S14. (RB, STILL ON P. 24) How often do you go out to eat, go to a movie or do similar types of things by yourself? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S15. Do you drive a car to get where you need to go?

1. YES  5. NO
S16. (RB, STILL ON P. 24) How often do you work on hobbies or projects around the house, or get involved in other special interests? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. More than once a week  
2. About once a week  
3. 1 to 3 times a month  
4. Less than once a month  
5. Never

S17. (RB, P. 25) In a typical week, about how many times do you talk on the telephone 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?

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

S18 IS OMITTED

S19. Now, please think about your life as a whole. How satisfied are you with your life—completely satisfied, very, somewhat, not very, or not at all satisfied?

1. Completely satisfied  
2. Very satisfied  
3. Somewhat satisfied  
4. Not very satisfied  
5. Not at all satisfied

S20. Would you say your daily routine is very satisfying, satisfying, average, boring, or very boring?

1. Very satisfying  
2. Satisfying  
3. Average  
4. Boring  
5. Very boring

S21. How much pleasure do the things you do every day give you—a great deal, a lot, some, a little, or no pleasure?

1. A great deal  
2. A lot  
3. Some  
4. A little  
5. No pleasure

S22 IS OMITTED
SECTION T: DEMOGRAPHICS

T1. To end the interview, I have some questions about your background and circumstances. First, what is the month, day, and year of your birth?

__/__/___
MONTH DAY YEAR

T2. Do you own your own (home/apartment/mobile home), do you pay rent, or what?

1. OWNS OR IS BUYING
5. PAYS RENT
8. NEITHER OWNS NOR RENTS

GO TO T4, NEXT PAGE

T2a. If you sold this (house/apartment/mobile home) today, how much money would you get for it after paying off the mortgage, if any?

$_____________ AMOUNT R WOULD RECEIVE

T3 IS OMITTED
T4. Now please think about the income you expect to have in the next year. Do you think your income will be more, about the same, or less than it is now?

MORE

3. THE SAME

GO TO T5

LESS

T4a. Would you say a lot more or a little more?

1. A LOT

2. A LITTLE

T4b. Would you say a lot less or a little less?

5. A LOT

4. A LITTLE

T5. This completes the interview; thank you for answering these questions.

T6. EXACT TIME NOW: __________________

T7. INTERVIEWER QUESTIONS

T7a. R IS: 

1. MALE

2. FEMALE

T7b. BASED ON YOUR OBSERVATION, R'S RACE IS:

1. WHITE

2. BLACK

3. AMERICAN INDIAN

4. ASIAN

5. OTHER

8. UNKNOWN

TURN TO COVER SHEET, RECONTACT INFORMATION
THIS IS A BLANK PAGE
SECTION X: INTERVIEWER OBSERVATIONS

X1. Type of structure in which respondent lives:

01. MOBILE HOME

02. DETACHED SINGLE FAMILY HOUSE

03. TWO FAMILY HOUSE; DUPLEX

04. HOUSE CONVERTED TO APARTMENTS

05. ROW HOUSE OR TOWN HOUSE (3 OR MORE ATTACHED UNITS)

06. APARTMENT HOUSE (3 OR MORE UNITS, 3 STORIES OR LESS)

07. APARTMENT HOUSE (5 OR MORE UNITS, 4 STORIES OR MORE)

08. APARTMENT IN A PARTLY COMMERCIAL STRUCTURE

97. OTHER (SPECIFY): ________________________________

X2. Does respondent have to climb a flight of stairs (more than 3 stairs) to get to living quarters or bedroom? (INCLUDING OUTSIDE STAIRS)

1. YES    5. NO    8. DON'T KNOW

X3. Is R's building/community/area especially designed for older people--is it retirement housing or an adult only community?

1. YES    5. NO    8. DON'T KNOW

X4. How far is it from R's home (building) to the nearest home or other building (on either side or across the road)?

1. LESS THAN 15 FEET (less than 1 car length)    2. 15-29 FEET (1 to 2 car lengths)    3. 30-49 FEET (2 to 3 car lengths)

4. 50-99 FEET (3 to 6 car lengths)    5. 100 FEET OR MORE (more than 6 car lengths)

X5. How clean was the interior of the dwelling unit?

1. VERY CLEAN    2. CLEAN    3. SO-SO    4. NOT VERY CLEAN    5. DIRTY    6. DID NOT SEE
X6. How well maintained was the interior of the dwelling?

1. VERY WELL
2. QUITE WELL
3. MIXED, e.g., COULD USE A PAINT JOB
4. POORLY, e.g., NEEDS PAINTING AND SOME REPAIRS
5. VERY POORLY--DILAPIDATED
6. DID NOT SEE

X7. How well kept are the buildings in the respondent's neighborhood?

1. VERY WELL
2. QUITE WELL
3. MIXED
4. POORLY
5. VERY POORLY

X8. How well kept and cared for are the yards and/or sidewalks in front of the buildings in the neighborhood?

1. VERY WELL
2. QUITE WELL
3. MIXED
4. POORLY
5. VERY POORLY

X9. Does R have a pet, or did you observe evidence of a pet?

1. YES
5. NO --> GO TO X10

X9a. What type of pet(s)?

X10. Was adult child present during respondent's interview?

1. YES, MOST OF IW
2. YES, ABOUT HALF OF IW
3. YES, BUT INFREQUENT
5. NO --> NEXT PAGE, X11

X10a. How much influence or input did adult child seem to have on R's answers?

1. Corrected answers, actively answered for R, interrupted
2. Listened, but did not actively interfere.
3. Paid little attention
6. No influence
X11. Who else was present during the interview?

1. NO ONE  2. OTHER ADULTS  3. CHILD(REN) UNDER 18  4. ADULTS AND CHILD(REN) UNDER 18

GO TO X12

X11a. How much distraction was caused by (this person/these people)?

1. CONSTANT  2. SOME  3. LITTLE  4. NONE

X12. The overall quality of this interview is:

1. HIGH QUALITY  2. GENERALLY RELIABLE  3. QUESTIONABLE  4. UNSATISFACTORY

X13. How alert do you think R was?

1. EXTREMELY ALERT AND RESPONSIVE  2. QUITE ALERT AND RESPONSIVE  3. ADEQUATELY ALERT AND RESPONSIVE (AVERAGE)  4. SLIGHTLY UNRESPONSIVE  5. VERY UNRESPONSIVE

X14. How was R's understanding of the questions?

1. EXCELLENT  2. GOOD  3. FAIR  4. POOR

X15. How much difficulty did R have remembering things that you asked (him/her) about?

1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL

X16. Does R wear a hearing aid?

1. YES  3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW  5. NO
X17. How much difficulty did R have hearing you when you talked to (him/her)?

1. NO DIFFICULTY 2. A LITTLE DIFFICULTY 3. SOME DIFFICULTY 4. A LOT OF DIFFICULTY 5. COULD NOT DO AT ALL

X18. Does R wear eyeglasses (or contact lenses if you saw them or they were mentioned)?

1. YES 3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW 5. NO

X19. How much difficulty did R have seeing things up close?

1. NO DIFFICULTY 2. A LITTLE DIFFICULTY 3. SOME DIFFICULTY 4. A LOT OF DIFFICULTY 5. COULD NOT DO AT ALL

X20. How much difficulty did R seem to have walking around in the home?


X21. How would you rate R’s health?

1. EXCELLENT 2. GOOD 3. FAIR 4. POOR 5. GRAVELY OR TERMINALLY ILL

X22. How tiring did the interview seem to be for R?

1. VERY TIRING 2. SOMewhat TIRING 3. A LITTLE TIRING 4. NOT TIRING

X23. How much effort did R put into the interview and giving good responses?

X24. How much did R seem to enjoy the interview?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

X25. On the basis of your experience with R in the interview, how comfortable would you say R is in dealing with other people?

1. NOT AT ALL  2. SLIGHTLY  3. SOMEWHAT  4. FAIRLY  5. VERY

X26. On the basis of your experience with R in the interview, how skilled would you say R is in handling or dealing with other people?

1. NOT AT ALL  2. SLIGHTLY  3. SOMEWHAT  4. FAIRLY  5. VERY

X27. How warm or cold was R to you?

1. VERY WARM  2. SOMEWHAT WARM  3. SOMEWHAT COOL  4. COLD AND DISTANT

X28. Rate respondent's appearance/attractiveness:

1. VERY ATTRACTIVE OR BEAUTIFUL  2. ATTRACTIVE (ABOVE AVERAGE FOR AGE AND SEX)  3. AVERAGE ATTRACTIVENESS FOR AGE AND SEX

4. UNATTRACTIVE (BELOW AVERAGE FOR AGE AND SEX)  5. VERY UNATTRACTIVE

X29. Respondent's grooming:

1. VERY NEAT AND CLEAN  2. SOMEWHAT NEAT AND CLEAN  3. NOT VERY NEAT AND CLEAN  4. NOT AT ALL NEAT AND CLEAN
X30. How emotionally stable do you think the respondent is (i.e., how well do you think the respondent can handle stress)?

1 2 3 4 5 6 7
VERY ABOUT VERY
STABLE AVERAGE UNSTABLE

X31. When answering the questions, how open and forthcoming do you think the respondent was?

1 2 3 4 5 6 7
VERY ABOUT NOT AT
OPEN AVERAGE ALL OPEN

X32. Was R wearing a wedding ring?

1. YES 5. NO --> GO TO X33

X32a. On which hand was R wearing the ring?

1. LEFT 5. RIGHT
THE CHANGING LIVES OF OLDER COUPLES
WAVE II FOLLOW-UP

SURVEY RESEARCH CENTER
INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN 48106

1. INTERVIEWER'S LABEL

2. Iw No: [ ]

3. Date of Iw: ____________

4. Length of Iw: __________ MINS

5. Length of Edit: __________ MINS

THIS STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary. If we come to any question you do not want to answer, please let me know and we'll go on to the next one.

REVIEWED BY:
[ ] SUPERVISOR ____________________ (DATE)
SECTION A: HOUSEHOLD LISTING AND CIRCUMSTANCES OF THE DEATH

A0. EXACT TIME NOW: ________________

A1. First, I need to list all the people who live here. 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?

Now I need the age, sex and relationship to you of any other adults and children who live here.

<table>
<thead>
<tr>
<th>(a) RELATIONSHIP TO RESPONDENT</th>
<th>(b) SEX</th>
<th>(c) AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RESPONDENT</td>
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<td>2.</td>
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<td>9.</td>
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<td>10.</td>
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</tbody>
</table>

A1a. INTERVIEWER CHECKPOINT

SEE COVERSHEET

☐ 1. R WAS INTERVIEWED AT WAVE I-->TURN TO P. 12, B3

☐ 2. ALL OTHERS

A2. I'd like to begin by asking you about the circumstances of your (husband's/wife's) death. How old was your (husband/wife) when (he/she) died?

__________ YEARS OLD
A3. What was the cause of (his/her) death? (IF ACCIDENT, PROBE: What kind of accident? AND OBTAIN BRIEF DESCRIPTION OF CIRCUMSTANCES)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

A4. INTERVIEWER CHECKPOINT

☐ 1. CAUSE OF DEATH WAS ACCIDENT, MURDER OR SUICIDE->TURN TO P. 7, A21

☐ 2. ALL OTHERS

A5. How long before your (husband’s/wife’s) death did you realize that (he/she) was going to die? (RECORD NUMBER OR MARK BOX)

| NO WARNING/ | #HOURS | #DAYS | #WEEKS | #MONTHS | #YEARS |
| MINUTES     |        |       |        |         |        |

GO TO A7

A6. Was the cause of (his/her) death an ongoing condition that you knew about before, or did you only learn about it for the first time shortly before (he/she) died?

  1. ONGOING
  2. FIRST TIME

NEXT PAGE, A8

A7. Did (he/she) have any serious ongoing health problems?

  1. YES
  5. NO
A8. Was your (husband/wife) aware that (he/she) was dying?

1. YES  
5. NO  
8. DON'T KNOW  

NEXT PAGE, A12

A9. Did (he/she) seem to be at peace with the idea of dying?

1. YES  
5. NO

A10. Did you and your (husband/wife) talk about the fact that (he/she) might die?

1. YES  
5. NO

A11. Did you and (he/she) talk about how you would deal with being on your own once (he/she) was gone?

1. YES  
5. NO
A12. INTERVIEWER CHECKPOINT

SEE A6, A7

☐ 1. SPOUSE HAD (SERIOUS) ONGOING CONDITION
☐ 2. ALL OTHERS --> NEXT PAGE, A17

A13. Did you yourself have to provide physical care to your (husband/wife) in the 6 months before (he/she) died?

1. YES  5. NO --> NEXT PAGE, A17

A13a. During the last 6 months of (his/her) life, about how many hours a week did you spend providing physical care for your (husband/wife)?

   HOURS PER WEEK

A13b. For how many weeks, months, or years did you provide such care?

   #WEEKS OR #MONTHS OR #YEARS

A13c. What kind of physical care did you provide?

__________________________________________________________________________________
__________________________________________________________________________________

A14. (RB, P. 1) During the 6 months before (he/she) died, how stressful was it for you to care for (him/her) or to arrange for (his/her) care? Was it very stressful, quite stressful, somewhat stressful, not too stressful, or not at all stressful?

   1. VERY STRESSFUL  2. QUITE STRESSFUL  3. SOMEWHAT STRESSFUL  4. NOT TOO STRESSFUL  5. NOT AT ALL STRESSFUL

A15. How much did caring for your (husband/wife) while (he/she) was ill keep you from carrying out other responsibilities in your life? Would you say a great deal, somewhat, a little, or not at all?

   1. A GREAT DEAL  2. SOMEWHAT  3. A LITTLE  4. NOT AT ALL

A16. (RB, P. 2) Please tell me how true the following statement is. My (husband’s/wife’s) illness was physically painful for (him/her). Is this very true, somewhat, a little, or not true at all?

   1. VERY TRUE  2. SOMEWHAT TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL
A17. (RB, [STILL ON] P. 2) Please tell me how true each of the following statements is in the case of your (husband/wife).

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMETHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A17a.</strong> In the weeks before (his/her) death, things between my (husband/wife) and me were going well. Is this very true, somewhat, a little, or not true at all?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A17b.</strong> My (husband/wife) lived a full life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A17c.</strong> During (his/her) lifetime my (husband/wife) was able to achieve just about everything (he/she) hoped to achieve.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>A17d.</strong> I believe that my (husband/wife) is now in a better place than (he/she) was on this earth.</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

A18. Were you there with your (husband/wife) at the moment when (he/she) died?

1. YES  5. NO

A19. (RB, P. 3) Do you feel that your (husband/wife) did things that may have contributed to (his/her) death? Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?

1. NO, NOT AT ALL  2. YES, A LITTLE  3. YES, SOMEWHAT  4. YES, A GREAT DEAL

NEXT PAGE, A20

A19a. What did (he/she) do that may have contributed to (his/her) death?

________________________________________

________________________________________

________________________________________
A20. (RB, STILL ON P. 3) Do you feel that anyone else did things that may have contributed to your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

<table>
<thead>
<tr>
<th>1. NO, NOT AT ALL</th>
<th>2. YES, A LITTLE</th>
<th>3. YES, SOMEWHAT</th>
<th>4. YES, A GREAT DEAL</th>
</tr>
</thead>
</table>

TURN TO P. 11, SECTION B

A20a. Who do you feel may have contributed to the death?

PERSON #1

PERSON #2

A20b. What did (PERSON #1) do?

A20d. What did (PERSON #2) do?

A20c. (RB, STILL ON P. 3) Do you blame (PERSON #1) for your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

<table>
<thead>
<tr>
<th>1. NO, NOT AT ALL</th>
<th>2. YES, A LITTLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. YES, SOMEWHAT</td>
<td>4. YES, A GREAT DEAL</td>
</tr>
</tbody>
</table>

A20e. (RB, STILL ON P. 3) Do you blame (PERSON #2) for your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

<table>
<thead>
<tr>
<th>1. NO, NOT AT ALL</th>
<th>2. YES, A LITTLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. YES, SOMEWHAT</td>
<td>4. YES, A GREAT DEAL</td>
</tr>
</tbody>
</table>

TURN TO P. 11, SECTION B
A21. On what month, day and year did the (accident/murder/suicide) happen?

MONTH / DAY / YEAR

A22. INTERVIEWER CHECKPOINT

SEE A3

1. CAUSE WAS ACCIDENT
2. ALL OTHERS --> GO TO A23

A22a. Was anyone else involved in the accident?

1. YES 5. NO --> GO TO A23

A22b. Who was that? I don't need a specific name.

A23. Was (he/she) still alive when you first heard about the incident?

1. YES 5. NO --> NEXT PAGE, A28

A23a. How long after that did (he/she) die?

#HOURS OR #DAYS OR #WEEKS OR #MONTHS

A24. Was your (husband/wife) aware that (he/she) was dying?

1. YES 5. NO 8. DON'T KNOW

A25. Did (he/she) seem to be at peace with dying?

1. YES 5. NO

A26. Did you and your (husband/wife) talk about the fact that (he/she) might die?

1. YES 5. NO

A27. Did you and (he/she) talk about how you would deal with being on your own once (he/she) was gone?

1. YES 5. NO
A28. Before the (accident/murder/suicide) did your (husband/wife) have any **serious** ongoing health problems?

1. YES  5. NO ---> NEXT PAGE, A33

A29. In the six months before (he/she) died, did you yourself have to provide physical care to (him/her) because of a **serious** ongoing health problem?

1. YES  5. NO ---> NEXT PAGE, A33

A29a. About how many hours a week did you spend providing physical care for (him/her) during the last 6 months of (his/her) life?

_________ HOURS PER WEEK

A29b. For how many weeks, months, or years did you provide such care?

OR  OR  OR

#WEEKS  #MONTHS  #YEARS

A29c. What kind of physical care did you provide?

__________________________________________________

__________________________________________________

A30. (RB, P. 4) During the 6 months before (he/she) died, how stressful was it for you to care for (him/her) or to arrange for (his/her) care? Was it very stressful, quite stressful, somewhat stressful, not too stressful, or not at all stressful?

1. VERY STRESSFUL  2. QUITE STRESSFUL  3. SOMEWHAT STRESSFUL  4. NOT TOO STRESSFUL  5. NOT AT ALL STRESSFUL

A31. How much did caring for your (husband/wife) during the 6 months before (he/she) died keep you from carrying out other responsibilities in your life? Would you say a great deal, somewhat, a little, or not at all?

1. A GREAT DEAL  2. SOMEWHAT  3. A LITTLE  4. NOT AT ALL

A32. (RB, P. 5) Please tell me how true the following statement is. My (husband's/wife's) condition was physically painful for (him/her). Is this very true, somewhat, a little, or not true at all?

1. VERY TRUE  2. SOMewhat TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL
A33. (RB, [STILL ON] P. 5) Please tell me how true each of the following statements is in the case of your (husband/wife).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very True</th>
<th>Somewhat True</th>
<th>A Little True</th>
<th>Not True At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>A33a. In the weeks before (his/her) death, things between my (husband/wife) and me were going well. Is this very true, somewhat, a little, or not true at all?</td>
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<tr>
<td>A33b. My (husband/wife) lived a full life.</td>
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<td></td>
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</tr>
<tr>
<td>A33c. During (his/her) lifetime my (husband/wife) was able to achieve just about everything (he/she) hoped to achieve.</td>
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<tr>
<td>A33d. I believe that my (husband/wife) is now in a better place than (he/she) was on this earth.</td>
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</tbody>
</table>

A34. INTERVIEWER CHECKPOINT

SEE A3, P. 2

1. CAUSE OF DEATH WAS ACCIDENT OR MURDER
   2. CAUSE WAS SUICIDE ---> NEXT PAGE, A36

A35. (RB, P. 6) Do you feel that your (husband/wife) did things that may have contributed to (his/her) death? Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?

1. NO, NOT AT ALL
2. YES, A LITTLE
3. YES, SOMEWHAT
4. YES, A GREAT DEAL

NEXT PAGE, A36

A35a. What did (he/she) do that contributed to (his/her) death?

__________________________________________________________________________

__________________________________________________________________________
A36. INTERVIEWER CHECKPOINT

SEE A3

1. CAUSE OF DEATH WAS ACCIDENT OR SUICIDE

2. CAUSE OF DEATH WAS MURDER --> NEXT PAGE, SECTION B

A37. (RB, STILL ON P. 6) Do you feel that anyone else did things that may have contributed to your (husband's/wife's) death? Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?

<table>
<thead>
<tr>
<th>1. NO, NOT AT ALL</th>
<th>2. YES, A LITTLE</th>
<th>3. YES, SOMEWHAT</th>
<th>4. YES, A GREAT DEAL</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>TURN TO P. 11, SECTION B</td>
<td></td>
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</tbody>
</table>

A37a. Who do you feel may have contributed to the death?

<table>
<thead>
<tr>
<th>PERSON #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A37b. What did (PERSON #1) do?</td>
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<table>
<thead>
<tr>
<th>PERSON #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A37d. What did (PERSON #2) do?</td>
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<td></td>
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</tbody>
</table>

A37c. (RB, STILL ON P. 6) Do you blame (PERSON #1) for your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

<table>
<thead>
<tr>
<th>1. NO, NOT AT ALL</th>
<th>2. YES, A LITTLE</th>
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</thead>
<tbody>
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</tbody>
</table>

A37e. (RB, STILL ON P. 6) Do you blame (PERSON #2) for your (husband's/wife's) death? (Would you say no, not at all; yes, a little; yes, somewhat; or yes, a great deal?)

<table>
<thead>
<tr>
<th>1. NO, NOT AT ALL</th>
<th>2. YES, A LITTLE</th>
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</table>

<table>
<thead>
<tr>
<th>3. YES, SOMEWHAT</th>
<th>4. YES, A GREAT DEAL</th>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. YES, SOMEWHAT</th>
<th>4. YES, A GREAT DEAL</th>
</tr>
</thead>
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</table>
SECTION B: GRIEF

B1. INTERVIEWER CHECKPOINT

SEE A6, A7, OR A28

☐ 1. SPOUSE HAD (SERIOUS) ONGOING CONDITION BEFORE (HE/SHE) DIED

☐ 2. ALL OTHERS --> NEXT PAGE, B3

B2. (RB. P. 7) For the next questions, please think about the time when your (husband/wife) was alive but in poor health.

<table>
<thead>
<tr>
<th></th>
<th>NO, NEVER (1)</th>
<th>YES, BUT RARELY (2)</th>
<th>YES, SOMETIMES (3)</th>
<th>YES, OFTEN (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B2a. At any time while your (husband/wife) was still alive, did you ever find that you couldn't get thoughts of (him/her) or (his/her) condition out of your mind even when you wanted to? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?</td>
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<tr>
<td>B2b. Did you ever find yourself going over and over what was happening?</td>
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<tr>
<td>B2c. While (he/she) was still living, did you ever find yourself searching to make sense or find some meaning in your (husband's/wife's) situation?</td>
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<tr>
<td>B2d. While (he/she) was still alive, did you ever have feelings of grief or sadness over the thought of losing your (husband/wife)?</td>
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<tr>
<td>B2e. Did you ever cry about what was happening to (him/her)?</td>
<td></td>
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</tbody>
</table>
B3. (RB, [STILL ON] P. 7) Now, I have a list of feelings and emotions that some people still experience many months after the loss of their husband or wife. Please think about the past month.

<table>
<thead>
<tr>
<th>Question</th>
<th>NO, NEVER (1)</th>
<th>YES, BUT RARELY (2)</th>
<th>YES, SOMETIMES (3)</th>
<th>YES, OFTEN (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3. During the past month, have you felt afraid of what lies ahead for you? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often)?</td>
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<tr>
<td>B4. Have you felt extremely anxious and unsettled during the past month?</td>
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<tr>
<td>B5. During the past month, have you felt worried about how you would manage your day-to-day affairs?</td>
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<tr>
<td>B6. Has life seemed empty?</td>
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<tr>
<td>B7. During the past month, did you feel amazed at your strength?</td>
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<tr>
<td>B8. Did you feel you were coping well with the loss of your (husband/wife)?</td>
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<tr>
<td>B9. During the past month, did you feel proud of how well you were managing?</td>
<td></td>
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<tr>
<td>B10. Have you felt as though you were in a state of shock?</td>
<td></td>
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</tr>
<tr>
<td>B11. During the past month, have you felt as though you couldn't believe what was happening?</td>
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</tr>
<tr>
<td>B12. Have you felt emotionally numb?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>B13. During the past month, have you felt resentful or bitter about your (husband's/wife's) death?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>NO, NEVER (1)</td>
<td>YES, BUT RARELY (2)</td>
<td>YES, SOMETIMES (3)</td>
<td>YES, OFTEN (4)</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------</td>
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</tr>
<tr>
<td>B14. Have you felt that the death of your (husband/wife) was unfair?</td>
<td></td>
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<tr>
<td>B15. In the past month, have you felt anger toward God?</td>
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<td>B16. Have you felt empty inside, like an important part of you is missing?</td>
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<tr>
<td>B17. In the past month, have you felt that life has lost its meaning?</td>
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<tr>
<td>B18. In the last month, have you had any regrets about anything that happened between you and your (husband/wife) while (he/she) was still alive?</td>
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<tr>
<td>B19. Have you felt as though you did all you could have done for your (husband/wife) before (his/her) death?</td>
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<tr>
<td>B20. During the past month, have you had any regrets about things you did or failed to do while (he/she) was alive?</td>
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<tr>
<td>B21. In the past month, have you heard a sound that you thought might be (him/her)?</td>
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<tr>
<td>B22. In the past month, have you sensed the presence of your (husband/wife)?</td>
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<tr>
<td>B23. To help you make decisions, have you thought about what your (husband/wife) would have done?</td>
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<tr>
<td>B24. During the past month, have you felt drawn to places and things that make you feel close to your (husband/wife)?</td>
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<tr>
<td>B25. Have you found yourself longing to have (him/her) with you?</td>
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</tbody>
</table>
B26. (RB, STILL ON P. 7) People have different reactions to the death of a husband or wife. During the past month, have you had painful waves of missing your (husband/wife)? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN  

GO TO B27

B26a. (RB, STILL ON P. 7) Has it happened in the last 6 months?—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN  

GO TO B27

B26b. (RB, STILL ON P. 7) At any time since (he/she) died, did you ever have painful waves of missing (him/her)—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

B27. (RB, STILL ON P. 7) During the past month, have you experienced feelings of intense pain or grief over the loss of your (husband/wife)—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

NEXT PAGE, B28

B27a. (RB, STILL ON P. 7) Has it happened in the last 6 months?—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

NEXT PAGE, B28

B27b. (RB, STILL ON P. 7) At any time since (he/she) died, did you ever experience feelings of intense pain or grief over (his/her) loss—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN
B28. Since your (husband's/wife's) death, have you experienced feelings of grief in response to another loss -- for example, the loss of a friend, a distant relative or a pet -- that were more intense than you might have expected?

1. YES 5. NO 8. IF VOLUNTEERED: NOT SURE

NEXT PAGE, SECTION C

B28a. How long after your (husband's/wife's) death did that happen most recently?

# MONTHS OR # YEARS
SECTION C: PARENTING

The next questions are about children.

C1. Do you have any children who are not living here with you at the present time? Please include adopted children or stepsons and stepdaughters not living here.

1. YES

5. NO, NO CHILDREN ELSEWHERE --> GO TO C2

C1a. How many do not live with you?

NUMBER

C2. Altogether, how many living children do you have? Again, please include any adopted children or stepsons and stepdaughters you may have.

NUMBER OF CHILDREN

00. NONE --> TURN TO P. 22, C25

C2a. INTERVIEWER CHECKPOINT

1. R ONLY HAS ONE CHILD

2. ALL OTHERS --> NEXT PAGE, C3

C2b. Is this a son or daughter?

1. SON

2. DAUGHTER
C4. Think about your (son/daughter) who does not live with you. Does (he/she) live within an hour's drive of here?

- YES
- NO

C4a. (RB, P. 8) In the past 12 months, how often did you have contact with your (son/daughter) who doesn't live with you, either in person, by phone or by mail? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1 TO 3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER

C5. Think about your children who do not live with you. How many of your children live within an hour's drive from you?

- NONE

C5a. (RB, P. 8) In the past 12 months, how often did you have contact with at least one of your children who do not live with you either in person, by phone or by mail? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?
C6. INTERVIEWER CHECKPOINT

SEE C2

1. R HAS ONLY ONE CHILD --> TURN TO P. 20, C16

2. R HAS TWO OR MORE CHILDREN

C7. (RB, P. 9) 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?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C8. (RB, STILL ON P. 9) How much do you feel they make too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C9. (RB, STILL ON P. 9) How much do you feel you make too many demands on your children? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C10. (RB, STILL ON P. 9) How much are they willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C11. (RB, STILL ON P. 9) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
C12. (RB, P. 10) At this point in your life, how satisfied are you with being a parent—are you completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED 2. VERY SATISFIED 3. SOMEWHAT SATISFIED 4. NOT VERY SATISFIED 5. NOT AT ALL SATISFIED

C13. Not using the booklet—how often do you feel bothered or upset as a parent—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER

| C14a. (RB, P. 11) How much do your children depend on you for emotional support? Would you say a lot, some, a little or not at all? |
|---|---|---|---|
| A LOT (1) | SOME (2) | A LITTLE (3) | NOT AT ALL (4) |

| C14b. How much do they depend on you for help or advice with financial and legal matters? |
|---|---|---|
|   |

| C14c. How much do they depend on you for help with errands, babysitting or other chores? |
|---|---|---|
|   |

| C14d. How much do you depend on your children for emotional support? |
|---|---|---|
|   |

| C14e. How much do you depend on them for help or advice with financial and legal matters? |
|---|---|---|
|   |

| C14f. How much do you depend on them for help with errands or other chores? |
|---|---|---|
|   |

C15. (RB, P. 12) At this point in your life, how often do you and any of your children have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK 2. ABOUT ONCE A WEEK 3. 1-3 TIMES A MONTH 4. LESS THAN ONCE A MONTH 5. NEVER

TURN TO P. 22, C25
C16. (RB, P. 9) How much does your (son/daughter) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C17. (RB, STILL ON P. 9) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C18. (RB, STILL ON P. 9) How much do you feel you make too many demands on your (son/daughter)? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C19. (RB, STILL ON P. 9) How much is (he/she) willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C20. (RB, STILL ON P. 9) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C21. (RB, P. 10) At this point in your life, how satisfied are you with being a parent—are you completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED 2. VERY SATISFIED 3. SOMEWHAT SATISFIED 4. NOT VERY SATISFIED 5. NOT AT ALL SATISFIED

C22. Not using the booklet—How often do you feel bothered or upset as a parent—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER
<table>
<thead>
<tr>
<th>C23</th>
<th>Question</th>
<th>A LOT (1)</th>
<th>SOME (2)</th>
<th>A LITTLE (3)</th>
<th>NOT AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C23a.</td>
<td>(RB, P. 11) How much does your (son/daughter) depend on you for emotional support? Would you say a lot, some, a little or not at all?</td>
<td></td>
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<tr>
<td>C23b.</td>
<td>How much does (he/she) depend on you for help or advice with financial and legal matters?</td>
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<tr>
<td>C23c.</td>
<td>How much does (he/she) depend on you for help with errands, babysitting or other chores?</td>
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<tr>
<td>C23d.</td>
<td>How much do you depend on your (son/daughter) for emotional support?</td>
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<tr>
<td>C23e.</td>
<td>How much do you depend on (him/her) for help or advice with financial and legal matters?</td>
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</tr>
<tr>
<td>C23f.</td>
<td>How much do you depend on (him/her) for help with errands or other chores?</td>
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<td></td>
</tr>
</tbody>
</table>

C24. (RB, P. 12) At this point in your life, how often do you and your (son/daughter) have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

| 1. MORE THAN ONCE A WEEK | 2. ABOUT ONCE A WEEK | 3. 1-3 TIMES A MONTH | 4. LESS THAN ONCE A MONTH | 5. NEVER |
C25. How many grandchildren do you have, if any?

01. ONE

OTHER: ______ NUMBER

00. NONE

NEXT PAGE,
SECTION D

C25a. How often do you see your grandchild? (Would you say more than once a week, about once a week, 1 to 3 times a month, or less than once a month, or never?)

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1 TO 3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER

C25b. How often do you see your grandchildren? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)
SECTION D: SOCIAL SUPPORT

Now I would like to ask you some questions about your relationships with your relatives and friends. Please think of all your close family members, (including children,) as well as other friends and relatives.

D1. Is there anyone in your life with whom you can really share your very private feelings and concerns?

1. YES 5. NO --> GO TO D7

D1a. How many such people are there?

NUMBER

GO TO D7

D2 - D6 WERE OMITTED FROM THIS WAVE OF THE QUESTIONNAIRE.

D7. (RB, P. 13) The next questions are about friends and relatives other than 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?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

D8. (RB, STILL ON P. 13) 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?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

D9. (RB, STILL ON P. 13) How much are your friends and relatives willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

D10. (RB, STILL ON P. 13) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL
For the next questions, please think about the past month.

E1. (RB, P. 14) During the past month, how often have you had thoughts or memories of your (husband/wife)? Would you say several times a day, daily or almost daily, 2 to 3 times a week, about once a week, less than once a week, or never?

<table>
<thead>
<tr>
<th>1. SEVERAL TIMES A DAY</th>
<th>2. DAILY OR ALMOST DAILY</th>
<th>3. 2 TO 3 TIMES A WEEK</th>
<th>4. ABOUT ONCE A WEEK</th>
<th>5. LESS THAN ONCE A WEEK</th>
<th>6. NEVER</th>
</tr>
</thead>
</table>

| E2. (RB, P. 15) During the past month, did thoughts or memories of your (husband/wife) make you feel sad or upset? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often? |
|----------------|----------------|----------------|----------------|----------------|----------------|
| NO, NEVER (1) | YES, BUT RARELY (2) | YES, SOMETIMES (3) | YES, OFTEN (4) |

| E3. Did thoughts or memories of (him/her) make you feel happy or at peace? |
|----------------|----------------|

| E4. During the past month, have you had difficulty falling asleep because thoughts relating to (him/her) kept coming into your mind? |
|----------------|----------------|

| E5. Have you tried to block out memories or thoughts of your (husband/wife)? |
|----------------|----------------|

| E6. During the past month, did you find that you couldn't get thoughts of your (husband/wife) out of your mind even when you wanted to? |
|----------------|----------------|

| E7. During the past month, have you found yourself going over and over what happened? |
|----------------|----------------|

MIDDLE OF NEXT PAGE, E10
E8. (RB, P. 15) During the past 6 months (that is, since [MONTH, YEAR]), did you ever find that you couldn't get thoughts of your (husband/wife) out of your mind even when you wanted to—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E9. (RB, STILL ON P. 15) During the past 6 months, did you ever find yourself going over and over what happened—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E10. (RB, STILL ON P. 15) During the past month, have you tried to keep busy so that you would be less likely to dwell on your (husband/wife) or (his/her) death? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E11. (RB, STILL ON P. 15) During the past month, have you avoided people or places that remind you of (him/her)? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E12. (RB, STILL ON P. 15) During the past 6 months, did you ever ask yourself "Why me?" or "Why my (husband/wife)"? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

NEXT PAGE,

E13

E12a. Were you able to answer this question?

1. YES  5. NO
26

E13. (RB, STILL ON P. 15) During the past month, have you ever found yourself searching to make sense or find some meaning in your (husband's/wife's) death—(no. never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOME TIMES 4. YES, OFTEN

GO TO E14

E13a. (RB, STILL ON P. 15) Has this happened during the past 6 months? (no. never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOME TIMES 4. YES, OFTEN

GO TO E14

E13b. (RB, STILL ON P. 15) At any time since (his/her) death, have you ever found yourself searching to make sense or find some meaning in (his/her) death—(no. never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOME TIMES 4. YES, OFTEN

E14. (RB, P. 16) Have you made any sense or found any meaning in your (husband's/wife's) death? Would you say no, not at all: yes, a little: yes, some: or yes, a great deal?

1. NO, NOT AT ALL 2. YES, A LITTLE 3. YES, SOME 4. YES, A GREAT DEAL

E14a. Can you tell me why you feel that way?

E14b. How have you done so? (PROBE FOR A FULL RESPONSE.)

E14c. (RB, STILL ON P. 16) Are you comforted by this explanation—(no, not at all; yes, a little; yes, some; or yes, a great deal)?

1. NO, NOT AT ALL 2. YES, A LITTLE 3. YES, SOME 4. YES, A GREAT DEAL
E15. (RB, P. 17) Please tell me how true the following statements are as they apply to you now.

<table>
<thead>
<tr>
<th>E15. At times, I want or need to think about my (husband/wife) or (his/her) death. Is this very true, somewhat, a little, or not true at all?</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY TRUE (1)</td>
</tr>
<tr>
<td>E16. Almost everything I see or hear brings back painful reminders of my (husband/wife).</td>
</tr>
<tr>
<td>E17. I try not to think about what happened.</td>
</tr>
<tr>
<td>E18. I do not see any purpose in dwelling on my (husband's/wife's) death.</td>
</tr>
</tbody>
</table>

E19. (RB, STILL ON P. 17) It is upsetting to come into contact with reminders of my (husband/wife) -- (very true, somewhat, a little, or not true at all)?

1. VERY TRUE 2. SOMEWHAT TRUE 3. A LITTLE TRUE 4. NOT TRUE AT ALL

NEXT PAGE, E20

E19a. (RB, STILL ON P. 17) There were times in the past 6 months when it was upsetting to come into contact with reminders of (him/her) -- (very true, somewhat, a little, or not true at all)?

1. VERY TRUE 2. SOMEWHAT TRUE 3. A LITTLE TRUE 4. NOT TRUE AT ALL
E20. (RB, STILL ON P. 17) I feel the need to be with people who will let me talk about my (husband/wife) or (his/her) death. (Is this very true of you, somewhat, a little, or not true at all of you?)

1. VERY TRUE  2. SOMewhat TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL

E21. (RB, P. 18) During the past month, how often did you actually talk about your (husband/wife) or (his/her) death with anyone? Would you say several times a day, daily or almost daily, 2 to 3 times a week, about once a week, less than once a week, or never?

1. SEVERAL TIMES A DAY  2. DAILY OR ALMOST DAILY  3. 2 TO 3 TIMES A WEEK  4. ABOUT ONCE A WEEK  5. LESS THAN ONCE A WEEK  6. NEVER

E22. (RB, P. 19) In general, during the past month, has talking with others about (him/her) made you feel sad or upset? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E23. (RB, STILL ON P. 19) Has talking about (him/her) made you feel happy or at peace during the past month—no, never; yes, but rarely; yes, sometimes; or yes, often? 

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E24. (RB, STILL ON P. 19) During the past month, has talking about (him/her), or (his/her) death, or how you are doing seemed to make other people uncomfortable—no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

E25. (RB, STILL ON P. 19) During the past month, have you ended up talking about your (husband/wife) or (his/her) death, or how you are doing even when you didn't want to—no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN
E26. (RB, P. 20) Please tell me how true the following statements are as they apply to you.
At times I find that I want or need to cry. Is this very true of you, somewhat, a little, or not true at all of you?

1. VERY TRUE  2. SOMEWHAT TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL

E27. (RB, STILL ON P. 20) I believe that there is no point in crying over the loss of my (husband/wife) since crying will not bring (him/her) back. (Is this very true for you, somewhat, a little, or not true at all for you?)

1. VERY TRUE  2. SOMEWHAT TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL
E28. (RB, P. 21) During the past month, how often did you actually cry about the loss of your (husband/wife)? Would you say several times a day, daily or almost daily, 2 to 3 times a week, about once a week, less than once a week, or never?

1. SEVERAL TIMES A DAY  
2. DAILY OR ALMOST DAILY  
3. 2 TO 3 TIMES A WEEK  
4. ABOUT ONCE A WEEK  
5. LESS THAN ONCE A WEEK  
6. NEVER

E28a. How long did these periods of crying typically last?

MINUTES OR HOURS

E28b. (RB, P. 22) At any time since your (husband's/wife's) death did you ever cry about (his/her) loss? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E29. (RB, P. 22) In general, during the past month, has crying made you feel worse than you did before—no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E30. (RB, STILL ON P. 22) Has crying made you feel better during the past month—no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E31. (RB, STILL ON P. 22) During the past month, did you become tearful even when you didn't want to? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN
SECTION F: COPING WITH PROBLEMS OF WIDOWHOOD

The next questions are about problems and changes facing bereaved people.

F1. (RB, STILL ON P. 22) During the past month, have you experienced feelings of grief, loneliness or missing your (husband/wife)? (Would you say no; never; yes, but rarely; yes, sometimes; or yes, often?)

1. No, never
2. Yes, but rarely
3. Yes, sometimes
4. Yes, often

NEXT PAGE, F2

F1a. (RB, STILL ON P. 22) Have you had these feelings in the last 6 months? (no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. No, never
2. Yes, but rarely
3. Yes, sometimes
4. Yes, often

NEXT PAGE, F2

F1b. (RB, STILL ON P. 22) Have you ever had feelings of grief, loneliness or missing your (husband/wife) since (he/she) died—(no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. No, never
2. Yes, but rarely
3. Yes, sometimes
4. Yes, often

TURN TO MIDDLE OF P. 33, F4
F2. (RB, P. 23) I am going to read you a list of things people sometimes do to handle feelings of grief, loneliness or missing their (husband/wife). For each one, please tell me how much you have done this to help you cope with your feelings, at any time since your (husband/wife) died.

<table>
<thead>
<tr>
<th></th>
<th>A LOT (1)</th>
<th>A LITTLE (2)</th>
<th>NOT AT ALL (3)</th>
<th>IF VOLUNTEERED: DID, BUT NOT TO COPE WITH SPOUSE’S DEATH (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F2a. To cope with these feelings, how much have you gotten out of the house--gone somewhere, or taken a walk or drive? Have you done this a lot, a little, or not at all?</td>
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<td>F2b. How much have you kept busy or tried to get involved in some activity?</td>
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<td>F2c. How much have you turned to God for strength and comfort?</td>
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<td>F2d. How much have you tried to dull the pain you are feeling by turning to alcohol, food or drugs, or sleeping more?</td>
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<td>F2e. How much have you tried to think about the good things about your life?</td>
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<td>F2f. How much have you told yourself that things will get better with time; that you have gone through the worst of it?</td>
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<td>F2g. How much have you tried to remember the good times that you and your (husband/wife) had together?</td>
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<td>F2h. How much have you done things that help you feel close to your (husband/wife), such as going to the cemetery?</td>
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<td>F2j. How much have you tried to forget about what has happened?</td>
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</tbody>
</table>
F3. For the next few questions you can just answer yes or no. To help handle feelings of grief, loneliness or missing your (husband/wife), have you...

| F3a. ...gone to a self-help group or support group for people who have lost a spouse? | 1. YES | 5. NO |
| F3b. Have you seen a minister, priest or other clergy for help? | 1. YES | 5. NO |
| F3c. Have you talked to your family doctor about your feelings of grief, loneliness or missing your (husband/wife)? | 1. YES | 5. NO |
| F3d. Have you gone to a mental health professional for help—someone like a social worker or psychologist? | 1. YES | 5. NO |

F4. (RB, P. 24) During the past month, have you been bothered by having to plan or fix meals and eat on your own? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

F5. (RB, STILL ON P. 24) During the past month, have you experienced problems keeping up with things around the house such as cleaning, paying bills, maintenance of your home and car or doing laundry? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN
F6. During the past month, have you been bothered by having to handle such things as your (husband’s/wife’s) estate, arranging for credit or dealing with insurance companies or agencies like Blue Cross or Social Security? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

F7. During the past month, have you been troubled by having to make major decisions without your (husband/wife), such as decisions about major purchases or whether or not to move? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

F8. During the past month, have you had any problems as a result of being widowed that I haven’t asked you about?

1. YES
5. NO --> NEXT PAGE, SECTION G

F8a. What other problems have you experienced?
SECTION G: MARRIAGE

G0. INTERVIEWER CHECKPOINT

SEE COVERSHEET,

1. R WAS INTERVIEWED AT WAVE 1

2. ALL OTHERS--GO TO G2

G0a. Did your (husband/wife) have any serious, ongoing, health problems before (he/she) died?

1. YES  5. NO

G1. OMITTED FOR WAVE 2

G2. INTERVIEWER CHECKPOINT

SEE G0a, A6, A7 or A28

1. SPOUSE HAD (SERIOUS) ONGOING HEALTH PROBLEM

2. SPOUSE DID NOT HAVE (SERIOUS) ONGOING HEALTH PROBLEM

G2a. For the next questions, please think about the last few years of your marriage before your (husband/wife) became very ill.

G2b. For the next questions, please think about the last few years of your marriage.

G3. (RB, P. 25) How much did your (husband/wife) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G4. (RB, STILL ON P. 25) How much do you feel (he/she) made too many demands on you in the last few years of your marriage (before (he/she) became very ill)? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
G5. (RB, STILL ON P. 25) In the last few years of your marriage (before (he/she) became very ill) how much was (he/she) willing to listen when you needed to talk about your worries or problems--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G6. (RB, STILL ON P. 25) During the last few years of your marriage (before (he/she) became ill) how much were you willing to listen when your (husband/wife) needed to talk about (his/her) worries or problems--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G7. (RB, STILL ON P. 25) How much do you think you made your (husband/wife) feel loved and cared for--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G8. (RB, P. 26) During the last few years of your marriage (before (he/she) became ill), how often would you say you and your (husband/wife) typically had unpleasant disagreements or conflicts? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

G9. (RB, P. 27) Please tell me how true the next two statements are. My (husband/wife) did not treat me as well as I deserved to be treated. Is this very true, somewhat true, a little true, or not true at all?

1. VERY TRUE  2. SOMewhat TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL

G10. (RB, STILL ON P. 27) I did not treat my (husband/wife) as well as (he/she) deserved to be treated. (Is this very true, somewhat true, a little true, or not true at all?)

1. VERY TRUE  2. SOMewhat TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL
SECTION H: SELF DESCRIPTION

H1. (RB, STILL ON P. 27) Please tell me how true the following statements are as they apply to you now.

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. On the whole I am satisfied with myself. (Is this very true, somewhat, a little, or not true at all as it applies to you?)</td>
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<td>H2. At times I think I am no good at all.</td>
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<td>H3. I wish I could have more respect for myself.</td>
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<td>H4. All in all, I am inclined to feel that I am a failure.</td>
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<td>H5. I feel I am a person of worth, at least equal with others.</td>
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<td>H6. I have never worried about having a painful disease.</td>
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<td>H7. Funerals sometimes upset me.</td>
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<tr>
<td>H8. I am afraid of dying of cancer.</td>
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</tbody>
</table>

H9. OMITTED
H10. (SAB, P. 1) Please look at page 1 of the large blue booklet where you will find a number of statements. After each statement, put an "X" in the answer category that indicates how strongly you agree or disagree with the statement as it applies to you. The best answer is usually the one that comes to your mind first, so try not to spend too much time on any one statement. Continue until you see a STOP sign at the bottom of page 4. (If you prefer, I can read the statements to you.)

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<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE (1)</th>
<th>AGREE (2)</th>
<th>NEUTRAL (3)</th>
<th>DISAGREE (4)</th>
<th>STRONGLY DISAGREE (5)</th>
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</thead>
<tbody>
<tr>
<td>H11. I have a very active imagination. Do you strongly agree, agree, feel neutral, disagree or strongly disagree?</td>
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<td>H12. I keep my belongings neat and clean.</td>
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<td>H13. I'm an even-tempered person.</td>
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<td>H15. I'm pretty good about pacing myself so as to get things done on time.</td>
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<td>STRONGLY AGREE (1)</td>
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<td>STRONGLY DISAGREE (5)</td>
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<td>H16. I don't get much pleasure from chatting with people. Do you strongly agree, agree, feel neutral, disagree or strongly disagree?</td>
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<td>H17. I like to have a lot of people around me.</td>
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<td>H18. I am sometimes completely absorbed in music I am listening to.</td>
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<td>H19. I have a clear set of goals and work toward them in an orderly fashion.</td>
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<td>H20. I rarely experience strong emotions.</td>
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<td>H21. I work hard to accomplish my goals.</td>
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<td>H22. I am easily frightened.</td>
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<td>H23. I tend to blame myself when anything goes wrong.</td>
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<td>H24. I waste a lot of time before settling down to work.</td>
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<td>H25. I often worry about things that might go wrong.</td>
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<td>H26. Sometimes I'm not as dependable or reliable as I should be.</td>
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<td>H27. Poetry has little or no effect on me.</td>
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<td>H28. It takes a lot to get me mad.</td>
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<td>H29. I experience a wide range of emotions or feelings.</td>
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<td>STRONGLY AGREE (1)</td>
<td>AGREE (2)</td>
<td>NEUTRAL (3)</td>
<td>DISAGREE (4)</td>
<td>STRONGLY DISAGREE (5)</td>
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<td>H30. I have strong emotional attachments to my friends. Do you strongly agree, agree, feel neutral, disagree or strongly disagree?</td>
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<td>H31. I never seem to be able to get organized.</td>
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<td>H32. I prefer jobs that let me work alone without being bothered by other people.</td>
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<td>H33. I strive for excellence in everything I do.</td>
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<td>H34. I am seldom sad or depressed.</td>
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<td>H35. I'm pretty set in my ways.</td>
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<td>H36. I have trouble resisting my cravings.</td>
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<td>H37. I have sometimes done things just for &quot;kicks&quot; or &quot;thrills&quot;.</td>
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<td>H38. I enjoy solving problems or puzzles.</td>
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<td>H39. It would not bother me if I had to punish a child or pet.</td>
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<td>H40. Once I find the right way to do something, I stick to it.</td>
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<td>H41. At times I have been so ashamed I just wanted to hide.</td>
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<td>H42. Some people think I'm selfish and egotistical.</td>
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<td>Statement</td>
<td>STRONGLY AGREE (1)</td>
<td>AGREE (2)</td>
<td>NEUTRAL (3)</td>
<td>DISAGREE (4)</td>
<td>STRONGLY DISAGREE (5)</td>
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<td>H43. I tend to be cynical and skeptical of others' intentions.</td>
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<tr>
<td>Do you strongly agree, agree, feel neutral, disagree or strongly disagree?</td>
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<td>H44. I often feel inferior to others.</td>
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<td>H45. I would rather cooperate with others than compete with them.</td>
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<td>H46. I believe that most people will take advantage of you if you let them.</td>
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<td>H47. Some people think of me as cold and calculating.</td>
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<td>H48. I am a cheerful, high-spirited person.</td>
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<td>H49. I consider myself broad-minded and tolerant of other people's lifestyles.</td>
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<td>H50. I'm hard-headed and tough-minded in my attitudes.</td>
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<td>H51. I generally try to be thoughtful and considerate.</td>
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<td>H52. When everything seems to be going wrong, I can still make good decisions.</td>
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<td>H53. I am a very active person.</td>
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<td>H54. I have a wide range of intellectual interests.</td>
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</table>
SECTION J: HEALTH AND LIMITATION OF ACTIVITIES

J1. The next questions are about your health. In general, how satisfied are you with your health—completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED
J2. We'd like to know if you have experienced any of the following health problems during the last 6 months.

<table>
<thead>
<tr>
<th>Question</th>
<th>1. YES</th>
<th>5. NO</th>
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</thead>
<tbody>
<tr>
<td>J2a. Have you had arthritis or rheumatism?</td>
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<tr>
<td>J2b. During the last 6 months, have you had a lung disease?</td>
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<td>J2c. Have you had hypertension, sometimes called high blood pressure, or have you taken medication for it?</td>
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<tr>
<td>J2d. Have you had a heart attack or other heart trouble during the last 6 months?</td>
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<td>J2e. Have you had diabetes or high blood sugar, or have you taken medication for it?</td>
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<td>J2f. Have you had a stroke during the last 6 months?</td>
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<tr>
<td>J2g. Have you had any broken or fractured bones?</td>
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<tr>
<td>J2h. Have you lost any amount of urine beyond your control during the last 6 months?</td>
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</table>

J3. Have you had cancer or a malignant tumor of any kind, or have you been treated for it in the past 6 months?

1. YES --> J3a. What kind of cancer or malignant tumor did you have? (In what part of your body did it start?)

5. NO

J3a. __________________________ TYPE OF CANCER

J4. In the past 6 months, have you had any major health problems that I haven't asked you about?

1. YES

5. NO --> NEXT PAGE, J5

J4a. What are they? __________________________
J5. INTERVIEWER CHECKPOINT

1. R ANSWERS "NO" TO ALL QUESTIONS IN J2a-h, J3 AND J4 --> TURN TO P. 48, J10

2. ALL OTHERS

MARK THE BOX NEXT TO ALL PREPRINTED CONDITIONS IN THE GRID TO WHICH R ANSWERED "YES" IN J2a-h, J3 AND J4. IF MORE THAN 5, ASK J6-9a ONLY FOR FIRST 5 CONDITIONS.

<table>
<thead>
<tr>
<th>J6. Were you hospitalized during the last 6 months for (CONDITION)?</th>
<th>(J2a)</th>
<th>(J2b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ARTHRITIS/RHEUMATISM</td>
<td>LUNG DISEASE</td>
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</tr>
<tr>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td></td>
</tr>
</tbody>
</table>

J7. Did (CONDITION) start in the last 6 months or was it going on before that?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. STARTED IN LAST 6 MONTHS</td>
<td>1. STARTED IN LAST 6 MONTHS</td>
<td></td>
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<tr>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J7a. In what month did it start? (RECORD YEAR, ALSO.)</th>
<th>(MONTH) / (YEAR)</th>
<th>(MONTH) / (YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>GO TO NEXT COND. OR J10</td>
<td>GO TO NEXT COND. OR J10</td>
<td></td>
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</tbody>
</table>

J8. In the past 6 months, has your (CONDITION) become better, stayed about the same, or become worse?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>1. BETTER</td>
<td>1. BETTER</td>
<td></td>
</tr>
<tr>
<td>2. SAME</td>
<td>2. SAME</td>
<td></td>
</tr>
<tr>
<td>3. WORSE</td>
<td>3. WORSE</td>
<td></td>
</tr>
</tbody>
</table>

J9. Did your (CONDITION) start before or after you were widowed?

<p>| | | |</p>
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</thead>
<tbody>
<tr>
<td>1. BEFORE -&gt; NEXT COND. OR J10</td>
<td>1. BEFORE -&gt; NEXT COND. OR J10</td>
<td></td>
</tr>
<tr>
<td>2. AFTER</td>
<td>2. AFTER</td>
<td></td>
</tr>
</tbody>
</table>

J9a. In about what month and year did it start?

<p>| | | |</p>
<table>
<thead>
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<tbody>
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<tr>
<td>GO TO NEXT COND. OR TURN TO P. 48, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 48, J10</td>
<td></td>
</tr>
<tr>
<td>J2c</td>
<td>J2d</td>
<td>J2e</td>
</tr>
<tr>
<td>-----</td>
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<td>-----</td>
</tr>
<tr>
<td><strong>HYPERTENSION/HIGH BLOOD PRESSURE</strong></td>
<td><strong>HEART TROUBLE</strong></td>
<td><strong>DIABETES/HIGH BLOOD SUGAR</strong></td>
</tr>
<tr>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
</tr>
<tr>
<td>1. STARTED IN LAST 6 MONTHS</td>
<td>1. STARTED IN LAST 6 MONTHS</td>
<td>1. STARTED IN LAST 6 MONTHS</td>
</tr>
<tr>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
</tr>
<tr>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
</tr>
<tr>
<td>GO TO J8</td>
<td>GO TO J8</td>
<td>GO TO J8</td>
</tr>
</tbody>
</table>

MONTH / YEAR

GO TO NEXT COND. OR J10

1. BETTER
2. SAME
3. WORSE

1. BEFORE ->NEXT COND. OR J10
2. AFTER

MONTH / YEAR

GO TO NEXT COND. OR
TURN TO P. 48, J10
<table>
<thead>
<tr>
<th>Question</th>
<th>(J2f)</th>
<th>STROKE</th>
<th>(J2g)</th>
<th>BROKEN OR FRACTURED BONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>J6. Were you hospitalized during the last 6 months for (CONDITION)?</td>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J7. Did (CONDITION) start in the last 6 months or was it going on before that?</td>
<td>1. STARTED IN LAST 6 MONTHS</td>
<td>1. STARTED IN LAST 6 MONTHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>J7a. In what month did it start? (RECORD YEAR, ALSO)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GO TO J8</td>
<td>GO TO J8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J8. In the past 6 months, has your (CONDITION) become better, stayed about the same, or become worse?</td>
<td>1. BETTER</td>
<td>1. BETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. SAME</td>
<td>2. SAME</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. WORSE</td>
<td>3. WORSE</td>
<td></td>
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</tr>
<tr>
<td>J9. Did your (CONDITION) start before or after you were widowed?</td>
<td>1. BEFORE -&gt; NEXT COND. OR J10</td>
<td>1. BEFORE -&gt; NEXT COND. OR J10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. AFTER</td>
<td>2. AFTER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J9a. In about what month and year did it start?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GO TO NEXT COND. OR TURN TO P. 48, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 48, J10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(J2h) Loss of urine beyond control</td>
<td>(J3a) Cancer</td>
<td>(J4a) Specify:</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Started in last 6 months</td>
<td>1. Started in last 6 months</td>
<td>1. Started in last 6 months</td>
<td></td>
<td></td>
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<tr>
<td>Go to J7a</td>
<td>Go to J7a</td>
<td>Go to J7a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Going on before</td>
<td>2. Going on before</td>
<td>2. Going on before</td>
<td></td>
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<tr>
<td>Go to J8</td>
<td>Go to J8</td>
<td>Go to J8</td>
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<tr>
<td>Month / Year</td>
<td>Month / Year</td>
<td>Month / Year</td>
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<tr>
<td>Go to next cond. or J10</td>
<td>Go to next cond. or J10</td>
<td>Go to next cond. or J10</td>
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<tr>
<td>2. Same</td>
<td>2. Same</td>
<td>2. Same</td>
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<tr>
<td>3. Worse</td>
<td>3. Worse</td>
<td>3. Worse</td>
<td></td>
<td></td>
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<tr>
<td>1. Before -&gt; next cond. or J10</td>
<td>1. Before -&gt; next cond. or J10</td>
<td>1. Before -&gt; next cond. or J10</td>
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<tr>
<td>2. After</td>
<td>2. After</td>
<td>2. After</td>
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<tr>
<td>Month / Year</td>
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<td>Month / Year</td>
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<tr>
<td>Go to next cond. or next page, J10</td>
<td>Go to next cond. or next page, J10</td>
<td>Go to next cond. or next page, J10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
J10. Are you currently in bed or in a chair for most or all of the day because of your health?

1. YES
5. NO

J11. Do you currently have any difficulty bathing by yourself?

1. YES
5. NO --> GO TO J12

J11a. How much difficulty do you have bathing by yourself--a little, some, a lot, or can't you do this on your own?

1. A LITTLE
2. SOME
3. A LOT
4. CANNOT DO

TURN TO P. 50, J17

J12. INTERVIEWER CHECKPOINT

1. R ANSWERED "YES" (BOX WITH DOUBLE LINE) TO J10-->TURN TO P. 50, J17

2. ALL OTHERS-->NEXT PAGE, J13
J13. Do you currently have any difficulty climbing a few flights of stairs because of your health?

1. YES  
3. VOLUNTEERED: AGE IS ONLY LIMITATION  
5. NO  -> GO TO J14

J13a. How much difficulty do you have--a little, some, a lot, or can't you do this at all?

1. A LITTLE  
2. SOME  
3. A LOT  
4. CANNOT DO

J14. Do you currently have any difficulty walking several blocks because of your health?

1. YES  
3. VOLUNTEERED: AGE IS ONLY LIMITATION  
5. NO  -> GO TO J15

J14a. How much difficulty do you have--a little, some, a lot, or can't you do this at all?

1. A LITTLE  
2. SOME  
3. A LOT  
4. CANNOT DO

J15. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "A LOT" OR "CANNOT DO" (BOXES WITH DOUBLE LINES) TO EITHER J13a OR J14a  -> NEXT PAGE, J17

☐ 2. ALL OTHERS

J16. Would you currently have any difficulty doing heavy work around the house such as shoveling snow or washing walls, because of your health?

1. YES  
3. VOLUNTEERED: AGE IS ONLY LIMITATION  
5. NO  -> NEXT PAGE, J17

J16a. How much difficulty would you have--a little, some, a lot, or couldn't you do this at all?

1. A LITTLE  
2. SOME  
3. A LOT  
4. COULD NOT DO
J17. How would you rate your health at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. EXCELLENT 2. VERY GOOD 3. GOOD 4. FAIR 5. POOR

J18. How much are your daily activities limited in any way by your health or health-related problems—a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

J19. On how many days out of the past 30 did you take medication to help you sleep?

00. NONE ___________ DAYS

J20. IF NOT I'WED AT WAVE I: During the 6 months after your (husband/wife) died, did a doctor prescribe any medications to help you sleep?

1. YES 5. NO

J21. (Not counting medication to help you sleep,) On how many days out of the past 30 did you take any medication to make you feel more relaxed and calm?

00. NONE ___________ DAYS

J22. IF NOT I'WED AT WAVE I: During the 6 months after your (husband/wife) died, did a doctor prescribe any medications (besides sleep medications) to help you feel more relaxed and calm?

1. YES 5. NO

J23. How many hours of sleep do you usually get in a 24-hour period, including naps?

___________ HOURS


J25. Do you smoke cigarettes now?

1. YES 5. NO -->NEXT PAGE, J26

J25a. On the average, how many cigarettes or packs do you usually smoke in a day?

OR

CIGARETTES PACKS
J26. Do you ever drink beer, wine, or liquor?

1. YES

5. NO --> GO TO J27

J26a. During the last 30 days, on how many days did you drink beer, wine or liquor?

DAYS/MONTH OR DAYS/WEEK 96. NONE --> GO TO J27

J26b. On days that you drink, how many cans of beer, glasses of wine, or drinks of liquor do you usually have?

CANS/GLASSES/DRINKS PER DAY WHEN DRINK

J27. (RB, P. 28) How often does someone remind or tell you to do things to protect your health? Would you say often, sometimes, rarely or never?

1. OFTEN 2. SOMETIMES 3. RARELY 4. NEVER --> GO TO J28

J27a. Who reminds you? (CHECK ALL THAT APPLY)

A.CHILD B.OTHER RELATIVE C.FRIEND OR NEIGHBOR D.PROFESSIONAL E.OTHER(S)

J28. (RB, STILL ON P. 28) How often do you take walks for exercise or pleasure? (Would you say often, sometimes, rarely or never?)

1. OFTEN 2. SOMETIMES 3. RARELY 4. NEVER --> NEXT PAGE, J30

J29. (RB, STILL ON P. 28) How often do you take walks or get any kind of exercise with a pet or with someone you know--(often, sometimes, rarely or never)?

1. OFTEN 2. SOMETIMES 3. RARELY 4. NEVER --> NEXT PAGE, J30

J29a. Who do you take walks or exercise with? (CHECK ALL THAT APPLY)

A.CHILD B.OTHER RELATIVE C.FRIEND OR NEIGHBOR D.PET E.OTHER(S)
J30. (RB, STILL ON P. 28) How often do you participate in active sports or exercise—(often, sometimes, rarely or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

J31. Do you have to take medications regularly, eat a special diet for health reasons, or use other health care treatments at home on a regular basis?

1. YES  5. NO --> NEXT PAGE, SECTION K

J31a. (RB, STILL ON P. 28) How often does someone else help you do this? (Would you say often, sometimes, rarely, or never?)

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> NEXT PAGE, SECTION K

J31b. Who helps you do this? (CHECK ALL THAT APPLY)

A. CHILD  B. OTHER RELATIVE  C. FRIEND OR NEIGHBOR  D. VOLUNTEER AGENCY  E. OTHER(S)
Section K: Well-Being

K1. (RB, P. 29) Please tell me how often the following things happened to you during the past week.

<table>
<thead>
<tr>
<th></th>
<th>Hardly Ever (1)</th>
<th>Some of the Time (2)</th>
<th>Most of the Time (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1a. During the past week, I felt depressed. Did you feel this way hardly ever, some of the time, or most of the time?</td>
<td></td>
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</tr>
<tr>
<td>K1b. During the past week, I felt that everything I did was an effort.</td>
<td></td>
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<tr>
<td>K1c. My sleep was restless.</td>
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<tr>
<td>K1d. During the past week, I was happy.</td>
<td></td>
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<tr>
<td>K1e. I felt lonely.</td>
<td></td>
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<tr>
<td>K1f. During the past week, people were unfriendly.</td>
<td></td>
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<tr>
<td>K1g. I enjoyed life.</td>
<td></td>
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<tr>
<td>K1h. During the past week, I did not feel like eating. My appetite was poor.</td>
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<tr>
<td>K1i. I felt sad.</td>
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<tr>
<td>K1k. During the past week, I felt that people disliked me.</td>
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<tr>
<td>K1m. I could not get &quot;going&quot;.</td>
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</tbody>
</table>
K2. (RB, P. 30) Now for a different kind of question. Please tell me how much you have been bothered during the past seven days by feelings like the ones I’m about to read.

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL (1)</th>
<th>A LITTLE BIT (2)</th>
<th>MODERATELY (3)</th>
<th>QUITE A BIT (4)</th>
<th>EXTREMELY (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K2a. First, nervousness or shakiness inside. How much have you been bothered by this feeling during the past seven days—not at all, a little bit, moderately, quite a bit, or extremely?</td>
<td></td>
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<tr>
<td>K2b. Trembling?</td>
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<tr>
<td>K2c. Feeling suddenly scared for no reason?</td>
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<tr>
<td>K2d. Feeling fearful?</td>
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<tr>
<td>K2e. Heart pounding or racing?</td>
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</tr>
<tr>
<td>K2f. How much have you been bothered by feeling tense and keyed up in the past seven days?</td>
<td></td>
<td></td>
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<tr>
<td>K2g. Spells of terror and panic?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>K2h. Feeling so restless you couldn't sit still?</td>
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</tr>
<tr>
<td>K2j. Feeling that something bad is going to happen to you?</td>
<td></td>
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</tr>
<tr>
<td>K2k. Thoughts and images of a frightening nature?</td>
<td></td>
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</tr>
</tbody>
</table>
K3. (RB, P. 31) Please tell me how often you have had the following feelings during the past week.

<table>
<thead>
<tr>
<th></th>
<th>ALWAYS (1)</th>
<th>OFTEN (2)</th>
<th>SOMETIMES (3)</th>
<th>RARELY (4)</th>
<th>NEVER (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K3a. Feeling particularly excited or interested in something. Did you feel this way always, often, sometimes, rarely, or never?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3b. Feeling pleased about having accomplished something.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3c. Feeling that things were going your way.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3d. Feeling proud because someone complimented you on something you had done.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3e. Feeling on top of the world.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION L: EMPLOYMENT

L1. We would like to know more about what you do. (READ SLOWLY) Are you working now for pay at a regular job, on temporary leave or laid off, looking for work, retired from a paid job, keeping house, permanently disabled or something else? (CHECK ALL THAT APPLY)

A. WORKING NOW FOR PAY
B. ONLY TEMPORARILY LAID OFF; SICK LEAVE
C. LOOKING FOR WORK, UNEMPLOYED
D. RETIRED FROM A PAID JOB
E. PERMANENTLY DISABLED

F. KEEPING HOUSE/STAYING HOME
G. OTHER (SPECIFY):

L2. Are you doing any work for pay at the present time?

1. YES
5. NO -->TURN TO P. 59, L14

L3. Including paid vacations and sick leave, how many weeks altogether were you employed during the past 6 months?

52. ALL WEEKS IN LAST 6 MONTHS

_______ WEEKS IN LAST 6 MONTHS OR FROM ___/___ TO ___/___
MO DAY MO DAY

L3a. How long have you worked at your present job or position?

--------------- OR --------------- OR ---------------
#WEEKS #MONTHS #YEARS

L3b. INTERVIEWER CHECKPOINT

SEE COVERSHEET AND L3a

☐ 1. R EMPLOYED AT PRESENT JOB/POSITION BEFORE DATE OF LAST INTERVIEW--> MIDDLE OF NEXT PAGE, L8

☐ 2. ALL OTHERS--->NEXT PAGE, L4
L4. What is your occupation on your main job?


L5. What kind of work do you do? What are your most important activities or duties?


L6. What kind of business or industry is that in? What do they make or do where you work?


L7. Are you self-employed, or do you work for a private employer or a municipal, county, state or federal government?

1. SELF-EMPLOYED  2. PRIVATE EMPLOYER  3. GOVERNMENT EMPLOYER

L8. On the average how many hours a week do you work on this job, including paid and unpaid overtime?

___________ HOURS PER WEEK

L9. How much do you earn now from this job?

$ __________ PER _________

L10. How much do you enjoy doing that kind of work--do you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
L11. How satisfied are you with your job—completely, very, somewhat, not very or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

L12. In general, how often do you feel bothered or upset in your work—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

L13. INTERVIEWER CHECKPOINT

SEE L1 (P. 56)

☐ 1. R IS ALSO RETIRED—>NEXT PAGE, L14

☐ 2. ALL OTHERS—>TURN TO P. 61, L21
L14. INTERVIEWER CHECKPOINT

SEE L1 (P. 56)

□ 1. "RETIRED" IS CHECKED AT L1

□ 2. ALL OTHERS

Now we have a few questions about the last regular job you had before retirement.

L15. Have you ever held a regular job for pay?

□ 1. YES □ 5. NO -- turn to P. 63, SECTION M

We have a few questions about the last regular job you had.

L16. In what month and year did you (retire/stop working)?

MONTH / YEAR

L17. INTERVIEWER CHECKPOINT

SEE COVERSHEET AND L16

□ 1. R (RETIRED/STOPPED WORKING) SINCE DATE OF LAST INTERVIEW

□ 2. ALL OTHERS -- turn to P. 61, L21

L18. People (retire/leave a paid job) for many reasons. What are the reasons you (retired/left your last job)? (PROBE: Were there any other reasons?)

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
L19. Did you leave this job earlier, just about the time you wanted to, or later than you wanted to?

1. EARLIER  2. JUST ABOUT TIME  3. LATER  7. OTHER (SPECIFY):

L20. Have the changes brought about by your (retirement/stopping work) been entirely good, mostly good, mostly bad, or entirely bad for you?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
L21. INTERVIEWER CHECKPOINT

SEE L1 (P. 56)

1. R IS CURRENTLY WORKING FOR PAY
2. ALL OTHERS--->TURN TO P. 63, SECTION M

L22. In the past 12 months, were there any changes in your work patterns? Like starting or stopping a job, or changes in the number of hours you worked?

1. YES  5. NO --->NEXT PAGE, L23

L22a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)

RETIRED --->NEXT PAGE, L23

☐ a. FIRED
☐ b. QUIT WORKING
☐ c. LAID OFF PERMANENTLY
☐ d. LAID OFF TEMPORARILY
☐ e. CHANGED JOBS
☐ f. STARTED TO WORK FOR THE FIRST TIME
☐ g. RETURNED TO WORK
☐ h. PROMOTED
☐ j. DEMOTED
☐ k. FULL-TIME TO PART-TIME
☐ m. PART-TIME TO FULL-TIME
☐ n. OTHER, SPECIFY:

L22b. In what month did this change in your work pattern happen? (IF DK MONTH, PROBE FOR SEASON)

MONTH/RECORD YEAR

L22c. People change their work patterns for many reasons. What are the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)

L22d. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad or entirely bad?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
L23. INTERVIEWER CHECKPOINT

SEE COVERSHEET

☐ 1. R WAS INTERVIEWED AT WAVE I --› NEXT PAGE, SECTION M
☐ 2. ALL OTHERS

L24. During the first 6 months after you were widowed, were there any changes in your work patterns? For example, starting or stopping a job or changes in the number of hours you worked?

1. YES 5. NO --› NEXT PAGE, SECTION M

L24a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)

RETIRED --› NEXT PAGE, SECTION M

☐ a. FIRED
☐ b. QUIT WORKING
☐ c. LAID OFF PERMANENTLY
☐ d. LAID OFF TEMPORARILY
☐ e. CHANGED JOBS
☐ f. STARTED TO WORK FOR THE FIRST TIME
☐ g. RETURNED TO WORK
☐ h. PROMOTED
☐ i. DEMOTED
☐ k. FULL-TIME TO PART-TIME
☐ m. PART-TIME TO FULL-TIME
☐ n. OTHER, SPECIFY:

L24b. In what month and year did this change in your work pattern happen? (IF DK MONTH, PROBE FOR SEASON)

/ MONTH YEAR

L24c. People change their work patterns for many reasons. What were the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)


L24d. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad or entirely bad?

1. ENTIRELY GOOD 2. MOSTLY GOOD 3. MOSTLY BAD 4. ENTIRELY BAD
SECTION M: FINANCIAL SITUATION

Now a few questions about your financial situation at this time.

M1. How difficult is it for you to meet the monthly payments on your bills? Is it extremely difficult, very, somewhat, slightly, or not at all difficult?

| 1. EXTREMELY DIFFICULT | 2. VERY DIFFICULT | 3. SOMewhat DIFFICULT | 4. SLIGHTLY DIFFICULT | 5. NOT AT ALL DIFFICULT |

M2. In general, how do your finances usually work out at the end of the month—do you find that you usually end up with some money left over, just enough money to make ends meet, or not enough money to make ends meet?

| 1. SOME MONEY LEFT OVER | 2. JUST ENOUGH MONEY | 3. NOT ENOUGH MONEY |

M3. How often do you feel bothered by your financial situation? Would you say almost always, often, sometimes, rarely, or never?

| 1. ALMOST ALWAYS | 2. OFTEN | 3. SOMETIMES | 4. RARELY | 5. NEVER |

M4. How satisfied are you with your present financial situation—completely, very, somewhat, not very or not at all satisfied?

| 1. COMPLETELY SATISFIED | 2. VERY SATISFIED | 3. SOMEWHAT SATISFIED | 4. NOT VERY SATISFIED | 5. NOT AT ALL SATISFIED |
M5. (SAB, P. 5) Now, please look at page 5 of the blue booklet. After each statement, put an "X" in the box that best describes how true you think the statement is. Again, the best answer is usually the one that comes to mind first, so don't spend too much time on any one question. There are more questions on page 6. (If you prefer, I can read the statements to you.)

<table>
<thead>
<tr>
<th>M5a. In the long run, good people will be rewarded for the good things they have done. Is this very true, somewhat true, a little true, or not at all true?</th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M6. By and large, people deserve what they get.</td>
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<tr>
<td>M7. Death is simply part of the process of life.</td>
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<td>M8. People who meet with misfortune have often brought it on themselves.</td>
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<tr>
<td>M9. I don't see any point in worrying about death.</td>
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<tr>
<td>M10. Eventually, everybody gets what is coming to them.</td>
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<tr>
<td>M11. When I look back on what has happened to me, I feel cheated.</td>
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<tr>
<td>M12. I don't seem to get what should be coming to me.</td>
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<tr>
<td>M13. In the long run, people get the respect they deserve.</td>
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<tr>
<td>M15. It is only a matter of time before the bad people will be punished for the bad things they have done.</td>
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<tr>
<td>M16. Other people always seem to get the breaks.</td>
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<tr>
<td>M17. I am certain something bad could happen to me at any time.</td>
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</tr>
<tr>
<td>Statement</td>
<td>Very True (1)</td>
<td>Somewhat True (2)</td>
<td>A Little True (3)</td>
<td>Not True At All (4)</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>M18. I am certain something bad could happen to one of my loved ones at any time.</td>
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<tr>
<td>M19. Getting too attached to people is unwise.</td>
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<tr>
<td>M20. I am resigned to the fact that we all have to die.</td>
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<tr>
<td>M21. Bad things can happen to anyone at any time.</td>
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<tr>
<td>M22. People who think catastrophes cannot happen to them are kidding themselves.</td>
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<tr>
<td>M23. People die when it is their time to die, and nothing can change that.</td>
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<tr>
<td>M24. Everything that happens is a part of God's plan.</td>
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<tr>
<td>M25. If bad things happen, it is because they were meant to be.</td>
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<tr>
<td>M26. Everything that happens has a purpose.</td>
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<tr>
<td>M27. The good and bad things that have happened to me were destined to happen.</td>
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</tbody>
</table>

END OF SAB TASK
SECTION N: HOUSEHOLD RESPONSIBILITIES AND VOLUNTARY ACTIVITIES

N1. Now let's talk about work you do around your home. How many hours do you spend preparing food and doing housework in an average week?

<table>
<thead>
<tr>
<th>HOURS PER WEEK</th>
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</thead>
<tbody>
<tr>
<td>00. NONE</td>
</tr>
</tbody>
</table>

N1a. How much do you enjoy doing housework—do you enjoy it a great deal, some, a little, or not at all?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. A GREAT DEAL</td>
</tr>
<tr>
<td>2. SOME</td>
</tr>
<tr>
<td>3. A LITTLE</td>
</tr>
<tr>
<td>4. NOT AT ALL</td>
</tr>
</tbody>
</table>

N2. (RB, P. 32) Altogether, how many hours did you yourself spend doing home maintenance and minor repairs during the last 12 months? Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. LESS THAN 20 HOURS</td>
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<tr>
<td>2. 20-39 HRS</td>
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<tr>
<td>3. 40-79 HRS</td>
</tr>
<tr>
<td>4. 80-159 HRS</td>
</tr>
<tr>
<td>5. 160 HOURS OR MORE</td>
</tr>
</tbody>
</table>

N3. (RB, P. 33) If you needed extra help with general housework or home maintenance, how much could you count on friends or family members to help you? Would you say a great deal, some, a little, or not at all?

<p>| |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1. A GREAT DEAL</td>
</tr>
<tr>
<td>2. SOME</td>
</tr>
<tr>
<td>3. A LITTLE</td>
</tr>
<tr>
<td>4. NOT AT ALL</td>
</tr>
</tbody>
</table>

N4. (RB, STILL ON P. 33) If you needed extra money, how much could you count on someone, other than a lending institution, to lend or give you money—(a great deal, some, a little, or not at all)?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. A GREAT DEAL</td>
</tr>
<tr>
<td>2. SOME</td>
</tr>
<tr>
<td>3. A LITTLE</td>
</tr>
<tr>
<td>4. NOT AT ALL</td>
</tr>
</tbody>
</table>

N5. (RB, STILL ON P. 33) If you were ill, how much could you count on someone to make sure you are taken care of—(a great deal, some, a little, or not at all)?

<p>| |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1. A GREAT DEAL</td>
</tr>
<tr>
<td>2. SOME</td>
</tr>
<tr>
<td>3. A LITTLE</td>
</tr>
<tr>
<td>4. NOT AT ALL</td>
</tr>
</tbody>
</table>
N6. Now I have some questions about volunteer work. (READ SLOWLY) During the last 6 months, did you do volunteer work for a church or other religious organization, for a political group, a senior citizens' group, or for any other type of organization?

1. YES  5. NO  -- NEXT PAGE, N9

N7. (RB, P. 34) About how many hours did you spend on volunteer work of these kinds during the last 6 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

1. LESS THAN 20 HOURS  2. 20-39 HOURS  3. 40-79 HOURS  4. 80-159 HOURS  5. 160 HOURS OR MORE

N8. Not using the booklet--How much did you enjoy doing that volunteer work--did you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
N9. Now let's talk about help you may have given in the last six months to friends, neighbors, or relatives who did not live with you. We are interested in help you provided during the last 6 months for which you did not receive pay.

<table>
<thead>
<tr>
<th>Question</th>
<th>1. YES</th>
<th>5. NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>N9a. During the last 6 months, did you provide transportation, shop or run errands for friends, neighbors or relatives who did not live with you?</td>
<td></td>
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<tr>
<td>N9b. Did you help others with their housework or with the upkeep of their house, car or other things?</td>
<td></td>
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<tr>
<td>N9c. Did you do childcare without pay for persons not living in your household?</td>
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<tr>
<td>N9d. Did you do any other things in the last 6 months to help neighbors, friends or relatives who did not live with you?</td>
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</tbody>
</table>

N10. INTERVIEWER CHECKPOINT

☐ 1. RESPONDENT GAVE HELP TO RELATIVES, FRIENDS OR NEIGHBORS (ONE OR MORE "YES" TO N9a-N9d)

☐ 2. ALL OTHERS-->NEXT PAGE, N13

N11. (RB. STILL ON P. 34) About how many hours did you spend doing these things during the last 6 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

<table>
<thead>
<tr>
<th>Hours</th>
<th>1. LESS THAN 20 HOURS</th>
<th>2. 20-39 HOURS</th>
<th>3. 40-79 HOURS</th>
<th>4. 80-159 HOURS</th>
<th>5. 160 HOURS OR MORE</th>
</tr>
</thead>
</table>

N12. Not using the booklet--How much did you enjoy helping friends, neighbors and relatives--a great deal, quite a bit, some, a little, or not at all?

<table>
<thead>
<tr>
<th>Enjoyment Level</th>
<th>1. A GREAT DEAL</th>
<th>2. QUITE A BIT</th>
<th>3. SOME</th>
<th>4. A LITTLE</th>
<th>5. NOT AT ALL</th>
</tr>
</thead>
</table>
N13. Now please think about friends and relatives 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?

1. YES  5. NO -->NEXT PAGE, SECTION P

N13a. About how many hours do you spend doing this in a usual week?

_________ HOURS
SECTION P: DEPRESSION

P1. During the past 6 months (that is, since [MONTH, YEAR]), have you had any period of two weeks or more when you have been feeling sad, blue or depressed most of the time, or have lost all interest and pleasure in the things you usually care about or enjoy?

1. YES  5. NO --> P1a. During the past 6 months, has there been a time lasting two weeks or more when you felt irritable, easily annoyed and really down in the dumps?

1. YES  5. NO --> TURN TO P. 75, P17

P2. How many periods or spells like that have you had in the last 6 months that lasted two weeks or longer? If you are having one now, please include it also.

NUMBER 97. ALL THE TIME

NEXT PAGE, P4

P3. INTERVIEWER CHECKPOINT

☐ 1. R HAS HAD ONLY ONE SPELL --> NEXT PAGE, P4

☐ 2. ALL OTHERS --> TURN TO P. 73, P10

96. NOTHING CAUSED DEPRESSION

P5. In what month and year did the period or spell start?

MONTH / YEAR

P6. How long did the period or spell last or is it still going on?

# WEEKS OR # MONTHS OR # YEARS

97. STILL GOING ON

P7. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES  5. NO

P7a. INTERVIEWER QUESTION

DID R SPECIFY "OFF" AND "ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES  5. NO

P8. What happened to make the depression go away? (OBTAINT COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P9. Now I have some questions about things that may have happened during (this/that) period or spell. Did you...

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>P9a. ...lose your appetite?</td>
<td></td>
<td></td>
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<tr>
<td>P9b. Did you lose or gain weight without trying to--as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
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<td></td>
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<tr>
<td>P9c. Did you have trouble falling asleep, staying asleep, or with waking up too early?</td>
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<tr>
<td>P9d. Did you talk or move more slowly than is normal for you?</td>
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<tr>
<td>P9e. Did you have to be moving all the time; that is, you couldn't sit still or paced up and down?</td>
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<tr>
<td>P9f. Were you less interested in the things that normally interest you?</td>
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<tr>
<td>P9g. Did you feel worthless, sinful or guilty?</td>
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<tr>
<td>P9h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<tr>
<td>P9j. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<tr>
<td>P9k. Were you sleeping too much?</td>
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<tr>
<td>P9m. Did you feel tired out all the time?</td>
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<tr>
<td>P9n. Did you think a lot about death--either your own, someone else's, or death in general?</td>
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<tr>
<td>P9p. Did you feel like you wanted to die?</td>
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<tr>
<td>P9q. Did you attempt suicide?</td>
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<tr>
<td>P9r. [If NO to P9q] Did you feel so low you thought about committing suicide?</td>
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</table>

TURN TO P. 75, P17
P10. Now please think about the worst period or spell you have had during the last 6 months (that is, since [MONTH, YEAR]). Basically, what made you become depressed? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What about the situation made you feel depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. NOTHING CAUSED DEPRESSION

P11. In what month and year did this worst period or spell start?

MONTH / YEAR

P12. How long did the period or spell last or is it still going on?

97. STILL GOING ON

P13. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

P13a. INTERVIEWER QUESTION

DID R SPECIFY "OFF" AND "ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

NEXT PAGE, P15

P14. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P15. Now I have some questions about things that may have happened during that worst period or spell in the last 6 months. Did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<td>P15r. [IF NO TO P15q] Did you feel so low you thought about committing suicide?</td>
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</tbody>
</table>

P16. You told me that you have had (another spell/other spells) during the last 6 months. In what month(s) did (it/they) start? (PROBE FOR OTHER SPELLS)

_______ MONTH
_______ MONTH
_______ MONTH
P17. (READ SLOWLY) I have already asked you about the past 6 months. Now, please think about the time between when we interviewed you last and 6 months ago. That would be between (MONTH, YEAR [SEE COVERSHEET]) and (MONTH, YEAR [6 MONTHS AGO]). During that time, did you have any period of two weeks or more when you felt sad, blue or depressed most of the time, or lost all interest and pleasure in the things you usually care about or enjoy?

1. YES  
5. NO -> P17a. During that time period, was there a time lasting two weeks or more when you felt irritable, easily annoyed and really down in the dumps?

1. YES  
5. NO -> TURN TO P. 81, SECTION Q

P18. How many periods or spells like that did you have between when we interviewed you last and 6 months ago (that is, between [MONTH, YEAR ON COVERSHEET] and [MONTH, YEAR]) that lasted two weeks or longer?

NUMBER

97. ALL THE TIME

NEXT PAGE, P20

P19. Could you tell me about when (that spell/those spells) started? That is, in what month and year? (PROBE FOR OTHER SPELLS)

MONTH/ YEAR  
MONTH/ YEAR

MONTH/ YEAR  
MONTH/ YEAR
P20. INTERVIEWER CHECKPOINT

SEE P1 AND P1a, P. 70

☐ 1. R HAD ONE OR MORE DEPRESSIONS IN LAST 6 MONTHS—TURN TO P. 81, SECTION Q

☐ 2. ALL OTHERS

P20a. INTERVIEWER CHECKPOINT

SEE P18, P. 75

☐ 1. R HAD ONLY ONE SPELL BETWEEN LAST INTERVIEW AND 6 MONTHS AGO

☐ 2. R WAS DEPRESSED "ALL THE TIME" BETWEEN LAST INTERVIEW AND 6 MONTH AGO

☐ 3. ALL OTHERS—TURN TO P. 79, P26

P21. Basically, what made you become depressed (at that time)? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What about the situation made you feel depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. NOTHING CAUSED DEPRESSION
P22. How long did the period or spell last?

OR

# WEEKS

OR

# MONTHS

OR

# YEARS

P23. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES

5. NO

P24. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P25. Now I have some questions about things that may have happened during (this/that) period or spell. Did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
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</thead>
<tbody>
<tr>
<td>P25a. ...lose your appetite?</td>
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<tr>
<td>P25b. Did you lose or gain weight without trying to--as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
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<tr>
<td>P25c. Did you have trouble falling asleep, staying asleep, or with waking up too early?</td>
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<tr>
<td>P25d. Did you talk or move more slowly than is normal for you?</td>
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<tr>
<td>P25e. Did you have to be moving all the time; that is, you couldn't sit still or paced up and down?</td>
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<tr>
<td>P25f. Were you less interested in the things that normally interest you?</td>
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<tr>
<td>P25g. Did you feel worthless, sinful or guilty?</td>
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<tr>
<td>P25h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<tr>
<td>P25j. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<tr>
<td>P25k. Were you sleeping too much?</td>
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<td>P25m. Did you feel tired out all the time?</td>
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<td>P25n. Did you think a lot about death--either your own, someone else's, or death in general?</td>
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<td>P25p. Did you feel like you wanted to die?</td>
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<td>P25q. Did you attempt suicide?</td>
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<td>P25r. [IF NO TO P25q] Did you feel so low you thought about committing suicide?</td>
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TURN TO P. 81, SECTION Q
P26. Now please think about the worst period or spell you had between when we interviewed you last and 6 months ago. (That is, between [MONTH, YEAR ON COVERSHEET] and [MONTH, YEAR].) Basically what made you become depressed at that time? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What about the situation made you feel depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. NOTHING CAUSED DEPRESSION

P27. In what month and year did this worst period or spell start?

MONTH / YEAR

P28. How long did the period or spell last?

# WEEKS OR # MONTHS OR # YEARS

P29. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

P30. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P31. Now I have some questions about things that may have happened during that worst period or spell you had between when we interviewed you last and 6 months ago. (That is, between [MONTH, YEAR ON COVERSHEET] and [MONTH, YEAR].)

Did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
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<td>P31o. [IF NO TO P31n] Did you feel so low you thought about committing suicide?</td>
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</table>
SECTION Q: LIFE EVENTS

Q1. Now I would like to ask you about some other things that may have happened in the last 6 months. During the last 6 months, have you been a victim of a serious physical attack or assault?

1. YES   5. NO --> GO TO Q2

Q1a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

/ MONTH / RECORD YEAR

Q2. Have you had a life-threatening illness or injury in the past 6 months?

1. YES   5. NO --> GO TO Q3

Q2a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

/ MONTH / RECORD YEAR

Q3. Have you had a serious but not life-threatening illness in the last 6 months?

1. YES   5. NO --> GO TO Q4

Q3a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

/ MONTH / RECORD YEAR

Q4. Were you robbed or was your home burglarized in the past 6 months?

1. YES   5. NO --> NEXT PAGE, Q5

Q4a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

/ MONTH / RECORD YEAR
Q5. Did you involuntarily lose a job for reasons other than retirement in the past 6 months?
   1. YES  5. NO -->GO TO Q6

Q5a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)
   ___________________________/_____________________  
   MONTH                  RECORD YEAR

Q6. Did you have any serious financial problems or difficulties in the past 6 months?
   1. YES  5. NO -->GO TO Q7

Q6a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)
   ___________________________/_____________________  
   MONTH                  RECORD YEAR

Q7. Did a parent, brother or sister die in the past 6 months?
   1. YES  5. NO -->GO TO Q8

Q7a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)
   ___________________________/_____________________  
   MONTH                  RECORD YEAR

Q8. Since we interviewed you in (MONTH, YEAR [on coversheet]) has a son or daughter of yours died?
   1. YES  5. NO -->GO TO Q9

Q8a. In what month and year did that happen? (IF DK MONTH, PROBE FOR SEASON)
   ___________________________/_____________________  
   MONTH                  YEAR

Q9. In the last 6 months, did anyone (else) you felt very close to die?
   1. YES  5. NO -->NEXT PAGE, Q10

Q9a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)
   ___________________________/_____________________  
   MONTH                  RECORD YEAR
Q10. Have you moved to a new residence in the last 6 months?

1. YES

5. NO  --> GO TO Q11

Q10a. In what month did that happen?  (IF DK MONTH, PROBE FOR SEASON)

MONTH  RECORD YEAR

Q10b. (RB, P. 35) What was the main reason you moved?  (READ SLOWLY) Was it to save money, to be closer to your family, because your other home was too big, to move in with your son or daughter or another reason?  (IF OTHER REASON: What was your main reason for moving?)

01. SAVE MONEY  02. CLOSER TO FAMILY  03. HOME TOO BIG

04. MOVE IN WITH SON/DAUGHTER

97. OTHER, SPECIFY: ____________________________________________________

__________________________________________________

Q11. During the last 6 months, has anything (else) bad happened to you that upset you a lot and that you haven't already told me about?

1. YES

5. NO  --> NEXT PAGE, Q12

Q11a. What was that? _________________________________________________________

__________________________________________________

Q11b. In what month did that happen?  (IF DK MONTH, PROBE FOR SEASON)

MONTH  RECORD YEAR
Q12. Have you remarried?
   1. YES   5. NO -->TURN TO P. 89, SECTION R

Q13. Did your friends approve of your marriage to this (man/woman)?
   1. YES   5. NO   8. DK

Q14. INTERVIEWER CHECKPOINT

SFR C7?
   1. R HAS CHILDREN
   2. ALL OTHERS-->GO TO Q15

Q14a. Did your (son/daughter/children) approve?
   1. YES   5. NO

Q15. Were your friends or relatives worried that you were getting married too soon?
   1. YES   5. NO

Q16. INTERVIEWER:

IT IS BEST FOR YOU AND R TO BE ALONE FOR THIS SECTION. IF AT ALL
POSSIBLE, ASK FOR PRIVACY WITH R.

BE AWARE OF THE PRESENCE OF R'S SPOUSE WITHIN LIKELY HEARING RANGE
DURING THIS SECTION. YOU WILL BE ASKED TO REPORT ON IT AT Q31.

Q17. Next, I have some questions about your marriage and your relationship with
your (husband/wife). In what month and year did you and your (husband/wife)
get married? (IF DK: How long have you been married?)

MONTH / YEAR OR # MONTHS OF MARRIAGE

Q18. (RR. P. 36) How much does your (husband/wife) make you feel loved and cared
for? Would you say a great deal, quite a bit, some, a little, or not at all?
Just give me the number from the booklet.

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL
Q19. (RB, STILL ON P. 36) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

Q20. (RB, STILL ON P. 36) How much is (he/she) willing to listen when you need to talk about your worries or problems (—a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

Q21. (RB, STILL ON P. 36) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

Q22. (RB, STILL ON P. 36) How much do you think you make your (husband/wife) feel loved and cared for (—a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

Q23. (RB, STILL ON P. 36) How much are you willing to listen when your (husband/wife) needs to talk about (his/her) worries or problems (—a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

Q24. (RB, STILL ON P. 36) How much are you critical of (him/her) or what (he/she) does (—a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
Q25. (SAB, P. 7) Please look at page 7 of the blue booklet. After each statement, put an "X" in the box that best describes how true you think this statement is as it applies to your marriage. (If you prefer, I can read the statements to you.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very True (1)</th>
<th>Somewhat True (2)</th>
<th>A Little True (3)</th>
<th>Not True At All (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q25a. There are some serious difficulties in our marriage. Is this very true for you, somewhat true, a little true, or not at all true?</td>
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<tr>
<td>Q25b. Although my marriage is important to me, I have a lot of outside interests and friends of my own.</td>
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<tr>
<td>Q25c. My (husband/wife) doesn't treat me as well as I deserve to be treated.</td>
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<tr>
<td>Q25d. I do not treat my (husband/wife) as well as (he/she) deserves to be treated.</td>
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</tbody>
</table>

END OF SAB TASK
Q26. (RB, P. 37) How often would you say you and your (husband/wife) typically have unpleasant disagreements or conflicts? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. More than once a week  2. About once a week  3. 1 to 3 times a month  4. Less than once a month  5. Never

Q27. (READ SLOWLY) Not using the booklet—In some marriages there are times when you feel very close, but other times when you can get more upset with that person than with anyone else. How much does this sound like the relationship you have with your (husband/wife)? Would you say a lot, some, a little, or not at all?


Q28. (RB, P. 38) Thinking about your marriage as a whole, how often do you feel happy about it? Would you say almost always, often, sometimes, rarely, or never?


Q29. (RB, STILL ON P. 38) How often do you feel bothered or upset by your marriage? (Would you say almost always, often, sometimes, rarely, or never)?


Q30. (RB, P. 39) Taking all things together, how satisfied are you with your marriage—completely, very, somewhat, not very, or not at all satisfied?

Q31. INTERVIEWER CHECKPOINT

DURING THE ADMINISTRATION OF QUESTIONS Q17 - Q30, R'S SPOUSE OVERHEARD/PROBABLY OVERHEARD QUESTIONS AND R'S ANSWERS:

☐ 1. ALL THE TIME

☐ 2. MOST OF THE TIME (HALF OR MORE)

☐ 3. SOME OF THE TIME (LESS THAN HALF)

☐ 4. NEVER/PROBABLY DIDN'T OVERHEAR

☐ 5. CAN'T TELL/DON'T KNOW IF SPOUSE OVERHEARD QUESTIONS AND ANSWERS
SECTION R: RELIGION

R1. The next several questions are about religion. In general, how important are religious or spiritual beliefs in your day-to-day life? Would you say very important, fairly important, not too important, or not at all important?

1. VERY IMPORTANT
2. FAIRLY IMPORTANT
3. NOT TOO IMPORTANT
4. NOT AT ALL IMPORTANT

R2. (RB, P. 40) How often do you usually attend religious services—more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1 TO 3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER

R3. (RB, P. 41) When you have problems or difficulties in your family, work, or personal life, how often do you seek spiritual comfort and support—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS
2. OFTEN
3. SOMETIMES
4. RARELY
5. NEVER

R4. (RB, STILL ON P. 41) When you have decisions to make in your everyday life, how often do you ask yourself what God would want you to do? (Would you say almost always, often, sometimes, rarely, or never?)

1. ALMOST ALWAYS
2. OFTEN
3. SOMETIMES
4. RARELY
5. NEVER
R5. Some people believe that people simply stop existing after death while others believe in an afterlife. Which comes closest to what you believe—that people stop existing after death or that there is an afterlife?

1. STOP EXISTING
2. AFTERLIFE
8. DON'T KNOW

R6. (RB, P. 42) Please tell me how strongly you agree or disagree with the next two statements. The first one is: In the afterlife, you will be reunited with your loved ones. Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?

1. STRONGLY AGREE
2. AGREE SOMewhat
3. DISAGREE SOMewhat
4. STRONGLY DISAGREE

R7. (RB, STILL ON P. 42) People who suffer unjustly in this life will be rewarded in the afterlife. (Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?)

1. STRONGLY AGREE
2. AGREE SOMewhat
3. DISAGREE SOMewhat
4. STRONGLY DISAGREE
SECTION S: RECOVERY

S1. (RB, P. 43) Next I have a list of things that bereaved people have said about themselves. Please tell me how true each statement is of you.

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMewhat TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1. As a result of having to manage without my (husband/wife), I have become more self-confident. Is this very true, somewhat, a little, or not true at all?</td>
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<tr>
<td>S2. It is impossible for me to imagine a future without my (husband/wife).</td>
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<tr>
<td>S3. I am as hopeful of good things in the future as I have ever been.</td>
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<tr>
<td>S4. I can give as much attention and energy to the things I'm doing as I ever could.</td>
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<tr>
<td>S5. No good will ever come from my (husband's/wife's) death.</td>
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<tr>
<td>S6. I have been able to feel warmth and affection for those near to me.</td>
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<tr>
<td>S7. I am a stronger person as a result of dealing with the loss of my (husband/wife).</td>
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<tr>
<td>S8. I have more freedom now than I did when (he/she) was still alive.</td>
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</tbody>
</table>
S9. INTERVIEWER CHECKPOINT

SEE Q12, P. 84

1. R IS REMARRIED --> GO TO S11
2. ALL OTHERS

S9a. (RB, STILL ON P.43) Some day I would like to remarry. (Is this very true, somewhat, a little, or not true at all?)

1. VERY TRUE 2. SOMewhat TRUE 3. A LITTLE TRUE 4. NOT TRUE AT ALL

S10. (RB, STILL ON P.43) In some ways I'm a happier person on my own.

1. VERY TRUE 2. SOMewhat TRUE 3. A LITTLE TRUE 4. NOT TRUE AT ALL

S11. (RB, P. 44) Thinking about all parts of your life including the way you feel, to what extent would you say you are back to managing as well as ever? Would you say completely, almost completely, fairly much, somewhat, or not much?

1. COMPLETELY 2. ALMOST COMPLETELY 3. FAIRLY MUCH 4. SOMewhat 5. NOT MUCH

GO TO S12

S11a. How many weeks or months did it take for you to get back to managing as well as ever after (he/she) died?

_________ WEEKS OR _________ MONTHS

Now I have some questions about how you spend your time.

S12. (RB, P. 45) 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, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK 2. ABOUT ONCE A WEEK 3. 1 TO 3 TIMES A MONTH 4. LESS THAN ONCE A MONTH 5. NEVER
S13. (RB, STILL ON P. 45) How often do you attend meetings or programs of groups, clubs, or organizations that you belong to? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S14. (RB, STILL ON P. 45) How often do you go out to eat, go to a movie or do similar types of things by yourself? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S15. Do you drive a car to get where you need to go?

1. YES  5. NO

S16. (RB, STILL ON P. 45) How often do you work on hobbies or projects around the house, or get involved in other special interests? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S17. (RB, P. 46) In a typical week, about how many times do you talk on the telephone 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?

1. MORE THAN ONCE A DAY  2. ONCE A DAY  3. 2 OR 3 TIMES A WEEK  4. ABOUT ONCE A WEEK  5. LESS THAN ONCE A WEEK  6. NEVER OR NO PHONE

S18. (ITEM MOVED)
S19. Now, please think about your life as a whole. How satisfied are you with your life—completely satisfied, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMewhat SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

S20. Would you say your daily routine is very satisfying, satisfying, average, boring, or very boring?

1. VERY SATISFYING  2. SATISFYING  3. AVERAGE  4. BORING  5. VERY BORING

S21. How much pleasure do the things you do every day give you—a great deal, a lot, some, a little, or no pleasure?


S22. INTERVIEWER CHECKPOINT

☐ 1. R IS REMARRIED --> TURN TO PAGE 96, SECTION T

☐ 2. ALL OTHERS

S23. In spite of all the problems, some (widows/widowers) feel that there are things that become less difficult, and there may even be some benefits to being widowed. Is this true for you now?

1. YES  5. NO --> NEXT PAGE, S24

S23a. What is less difficult or what benefits can you now see?
S24. At this point, do you have any interest in dating?

1. YES  5. NO -->NEXT PAGE, SECTION T

S24a. Do you go out on dates?

1. YES  5. NO -->NEXT PAGE, SECTION T

S24b. (RB, P. 47) How often do you go out on dates? Would you say more than once a week, about once a week, 1 to 3 times a month, or less than once a month?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH

S24c. For how many weeks or months have you been dating?

_____________ WEEKS OR _____________ MONTHS
SECTION T: DEMOGRAPHICS

T1. To end the interview, I have some questions about your background and circumstances. First, what is the month, day, and year of your birth?

_____/_____/_____
MONTH  DAY  YEAR

T2. Do you own your own (home/apartment/mobile home), do you pay rent, or what?

1. OWNS OR IS BUYING  5. PAYS RENT  8. NEITHER OWNS NOR RENTS

GO TO T4

T2a. If you sold this (house/apartment/mobile home) today, how much money would you get for it after paying off the mortgage, if any?

$_________ AMOUNT R WOULD RECEIVE

T3. Omitted

T4. (SAB, P. 8) Please look at page 8 of the blue booklet. If we include the income from your earnings, and all other sources, what would your total income before taxes for the last 12 months add up to? Please mark an "X" in the answer box that comes closest to this amount. (If you prefer, I can mark the answer in the questionnaire, just give me the letter from the list.)

T4a.

A. LESS THAN $5,000 (01)  E. $20,000-24,999 (05)  J. $60,000-79,999 (09)
B. $5,000-9,999 (02)  F. $25,000-29,999 (06)  K. $80,000+ (10)
C. $10,000-14,999 (03)  G. $30,000-39,999 (07)
D. $15,000-19,999 (04)  H. $40,000-59,999 (08)
T4b. (SAB, P. 9) Now look at page 9 of the blue booklet. Suppose you needed money quickly, and you cashed in all of your checking and savings accounts, and any stocks and bonds, and real estate (other than your principal home). If you added up what you got, about how much would this amount to? Please mark an "X" in the answer box that comes closest to this amount. (If you prefer, I can mark the answer in the questionnaire, just give me the letter from the list.)

<table>
<thead>
<tr>
<th>A. LESS THAN $10,000 (01)</th>
<th>E. $100,000-199,999 (05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. $10,000-19,999 (02)</td>
<td>F. $200,000-499,999 (06)</td>
</tr>
<tr>
<td>C. $20,000-49,999 (03)</td>
<td>G. $500,000 OR MORE (07)</td>
</tr>
<tr>
<td>D. $50,000-99,999 (04)</td>
<td></td>
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</tbody>
</table>

T5. This completes the interview; thank you for answering these questions.

T6. EXACT TIME NOW: ____________________________

T7. INTERVIEWER QUESTIONS

<table>
<thead>
<tr>
<th>T7a. R IS:</th>
<th>1. MALE</th>
<th>2. FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>T7b. BASED ON YOUR OBSERVATION, R’S RACE IS:</td>
<td>1. WHITE</td>
<td>2. BLACK</td>
</tr>
</tbody>
</table>

TURN TO COVER SHEET, RECONTACT INFORMATION
THIS IS A BLANK PAGE
SECTION X: INTERVIEWER OBSERVATIONS

X1. Type of structure in which respondent lives:

<table>
<thead>
<tr>
<th>01. MOBILE HOME</th>
<th>02. DETACHED SINGLE FAMILY HOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>03. TWO FAMILY HOUSE; DUPLEX</td>
<td>04. HOUSE CONVERTED TO APARTMENTS</td>
</tr>
<tr>
<td>05. ROW HOUSE OR TOWN HOUSE (3 OR MORE ATTACHED UNITS)</td>
<td>06. APARTMENT HOUSE (3 OR MORE UNITS, 3 STORIES OR LESS)</td>
</tr>
<tr>
<td>07. APARTMENT HOUSE (5 OR MORE UNITS, 4 STORIES OR MORE)</td>
<td>08. APARTMENT IN A PARTLY COMMERCIAL STRUCTURE</td>
</tr>
</tbody>
</table>

| 97. OTHER (SPECIFY): |

X2. Does respondent have to climb a flight of stairs (more than 3 stairs) to get to living quarters or bedroom? (INCLUDING OUTSIDE STAIRS)

| 1. YES | 5. NO | 8. DON'T KNOW |

X3. Is R's building/community/area especially designed for older people--is it retirement housing or an adult only community?

| 1. YES | 5. NO | 8. DON'T KNOW |

X4. How far is it from R's home (building) to the nearest home or other building (on either side or across the road)?

<table>
<thead>
<tr>
<th>1. LESS THAN 15 FEET (less than 1 car length)</th>
<th>2. 15-29 FEET (1 to 2 car lengths)</th>
<th>3. 30-49 FEET (2 to 3 car lengths)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. 50-99 FEET (3 to 6 car lengths)</td>
<td>5. 100 FEET OR MORE (more than 6 car lengths)</td>
<td></td>
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</tbody>
</table>

X5. How clean was the interior of the dwelling unit?

<table>
<thead>
<tr>
<th>1. VERY CLEAN</th>
<th>2. CLEAN</th>
<th>3. SO-SO</th>
<th>4. NOT VERY CLEAN</th>
<th>5. DIRTY</th>
<th>6. DID NOT SEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>X6. How well maintained was the interior of the dwelling?</td>
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<td>---------------------------------------------------------</td>
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<tr>
<td>1. VERY WELL</td>
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<td></td>
</tr>
<tr>
<td>2. QUITE WELL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. MIXED, e.g., COULD USE A PAINT JOB</td>
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<td></td>
<td></td>
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<tr>
<td>4. POORLY, e.g., NEEDS PAINTING AND SOME REPAIRS</td>
<td></td>
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<tr>
<td>5. VERY POORLY--DILAPIDATED</td>
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<td></td>
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<tr>
<td>6. DID NOT SEE</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>X7. How well kept are the buildings in the respondent's neighborhood?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. VERY WELL</td>
</tr>
<tr>
<td>2. QUITE WELL</td>
</tr>
<tr>
<td>3. MIXED</td>
</tr>
<tr>
<td>4. POORLY</td>
</tr>
<tr>
<td>5. VERY POORLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X8. How well kept and cared for are the yards and/or sidewalks in front of the buildings in the neighborhood?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. VERY WELL</td>
</tr>
<tr>
<td>2. QUITE WELL</td>
</tr>
<tr>
<td>3. MIXED</td>
</tr>
<tr>
<td>4. POORLY</td>
</tr>
<tr>
<td>5. VERY POORLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X9. Does R have a pet, or did you observe evidence of a pet?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
</tr>
<tr>
<td>5. NO --&gt;GO TO X10</td>
</tr>
</tbody>
</table>

| X9a. What type of pet(s)?                                    |

<table>
<thead>
<tr>
<th>X10. Was adult child present during respondent's interview?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES, MOST OF IW</td>
</tr>
<tr>
<td>2. YES, ABOUT HALF OF IW</td>
</tr>
<tr>
<td>3. YES, BUT INFREQUENT</td>
</tr>
<tr>
<td>5. NO --&gt;NEXT PAGE, X11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X10a. How much influence or input did adult child seem to have on R's answers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Corrected answers, actively answered for R, interrupted</td>
</tr>
<tr>
<td>2. Listened, but did not actively interfere.</td>
</tr>
<tr>
<td>3. Paid little attention</td>
</tr>
<tr>
<td>6. No influence</td>
</tr>
</tbody>
</table>
X11. Who else was present during the interview?

1. NO ONE  2. OTHER ADULTS  3. CHILD(REN) UNDER 18  4. ADULTS AND CHILD(REN) UNDER 18

Go to X12

X11a. How much distraction was caused by (this person/these people)?

1. CONSTANT  2. SOME  3. LITTLE  4. NONE

X12. The overall quality of this interview is:

1. HIGH QUALITY  2. GENERALLY RELIABLE  3. QUESTIONABLE  4. UNSATISFACTORY

X13. How alert do you think R was?

1. EXTREMELY ALERT AND RESPONSIVE  2. QUITE ALERT AND RESPONSIVE  3. ADEQUATELY ALERT AND RESPONSIVE (AVERAGE)  4. SLIGHTLY UNRESPONSIVE  5. VERY UNRESPONSIVE

X14. How was R's understanding of the questions?

1. EXCELLENT  2. GOOD  3. FAIR  4. POOR

X15. How much difficulty did R have remembering things that you asked (him/her) about?

1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL

X16. Does R wear a hearing aid?

1. YES  3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW  5. NO
X17. How much difficulty did R have hearing you when you talked to (him/her)?

1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL

X18. Does R wear eyeglasses (or contact lenses if you saw them or they were mentioned)?

1. YES  3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW  5. NO

X19. How much difficulty did R have seeing things up close?

1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL

X20. How much difficulty did R seem to have walking around in the home?


X21. How would you rate R's health?

1. EXCELLENT  2. GOOD  3. FAIR  4. POOR  5. GRAVELY OR TERMINALLY ILL

X22. How tiring did the interview seem to be for R?

1. VERY TIRING  2. SOMewhat TIRING  3. A LITTLE TIRING  4. NOT TIRING

X23. How much effort did R put into the interview and giving good responses?

X24. How much did R seem to enjoy the interview?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

X25. On the basis of your experience with R in the interview, how comfortable would you say R is in dealing with other people?

1. NOT AT ALL  2. SLIGHTLY  3. SOMEWHAT  4. FAIRLY  5. VERY

X26. On the basis of your experience with R in the interview, how skilled would you say R is in handling or dealing with other people?

1. NOT AT ALL  2. SLIGHTLY  3. SOMEWHAT  4. FAIRLY  5. VERY

X27. How warm or cold was R to you?

1. VERY WARM  2. SOMEWHAT WARM  3. SOMEWHAT COOL  4. COLD AND DISTANT

X28. Rate respondent's appearance/attractiveness:

1. VERY ATTRACTIVE OR BEAUTIFUL  2. ATTRACTIVE (ABOVE AVERAGE FOR AGE AND SEX)  3. AVERAGE ATTRACTIVENESS FOR AGE AND SEX

4. UNATTRACTIVE (BELOW AVERAGE FOR AGE AND SEX)  5. VERY UNATTRACTIVE

X29. Respondent's grooming:

1. VERY NEAT AND CLEAN  2. SOMEWHAT NEAT AND CLEAN  3. NOT VERY NEAT AND CLEAN  4. NOT AT ALL NEAT AND CLEAN
X30. How emotionally stable do you think the respondent is (i.e., how well do you think the respondent can handle stress)?

1 2 3 4 5 6 7
VERY ABOUT AVERAGE VERY
STABLE AVERAGE UNSTABLE

X31. When answering the questions, how open and forthcoming do you think the respondent was?

1 2 3 4 5 6 7
VERY ABOUT NOT AT
OPEN AVERAGE ALL OPEN

X32. Was R wearing a wedding ring?

1. YES 5. NO --> GO TO X33

X32a. On which hand was R wearing the ring?

1. LEFT 5. RIGHT

X33. In the part of the dwelling where you were, did you see any pictures or photographs which you thought were of the deceased spouse?

1. YES 5. NO

X34. Did R take out any pictures/photos or directly show you any pictures/photos of her/his deceased spouse?

1. YES 5. NO

X35. Overall, how well do you think R is coping with the loss of his/her spouse?

1. NOT COPING AT ALL WELL 2. COPING SOMWHAT WELL 3. COPING FAIRLY WELL 4. COPING VERY WELL
Now we would like to get your observation on how much/often R cried during the interview.

X36. During the interview, did R become tearful but did not actually cry, become tearful sometimes and cried sometimes, or did not cry/become tearful at all?

1. R DID NOT CRY OR BECOME TEARFUL AT ALL  
2. R WAS TEARFUL BUT DID NOT ACTUALLY CRY  
3. R WAS TEARFUL AND R CRIED SOMETIMES

GO TO THUMBNAIL SKETCH

X36a. What percentage of the time did R cry?

1. 10%  2. 20%  3. 30%  4. 40%  5. 50%
6. 60%  7. 70%  8. 80%  9. 90%  10. 100%

X36b. Was the interview significantly interrupted by R’s crying?

1. YES  5. NO

GO TO THUMBNAIL SKETCH

X36c. About how many different times was the interview interrupted?

NUMBER
THUMBNAIL SKETCH
THE CHANGING LIVES OF OLDER COUPLES
WAVE II CONTROL

SURVEY RESEARCH CENTER
INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN 48106

1. INTERVIEWER'S LABEL

2. Iw No: [Box]

3. Date of Iw: [Box]

4. Length of Iw: [Box] MINS

5. Length of Edit: [Box] MINS

THIS STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary. If we come to any question you do not want to answer, please let me know and we'll go on to the next one.

REVIEWED BY:

[Box] SUPERVISOR ______________________________ (DATE)
SECTION A: HOUSEHOLD LISTING

A0. EXACT TIME NOW: ______________

A1. First, I need to list all the people who live here. 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?

Now I need the age, sex and relationship to you of any other adults and children who live here.

<table>
<thead>
<tr>
<th>(a) RELATIONSHIP TO RESPONDENT</th>
<th>(b) SEX</th>
<th>(c) AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RESPONDENT</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td>9.</td>
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<tr>
<td>10.</td>
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</tbody>
</table>

A2 - B27 ARE OMITTED
SECTION C: PARENTING

The first questions are about children.

C1. Do you have any children who are not living here with you at the present time? Please include adopted children or stepsons and stepdaughters not living here.

1. YES  
5. NO, NO CHILDREN ELSEWHERE --> GO TO C2

C1a. How many do not live with you?

NUMBER

C2. Altogether, how many living children do you have? Again, please include any adopted children or stepsons and stepdaughters you may have.

NUMBER OF CHILDREN  
00. NONE --> TURN TO P. 9, C25

C2a. INTERVIEWER CHECKPOINT

1. R ONLY HAS ONE CHILD  
2. ALL OTHERS-->NEXT PAGE, C3

C2b. Is this a son or daughter?

1. SON  
2. DAUGHTER
C3. INTERVIEWER CHECKPOINT

SEE C1 AND C1a

☐ 1. R HAS NO CHILDREN LIVING ELSEWHERE --> NEXT PAGE, C6

☐ 2. R HAS ONLY ONE CHILD LIVING ELSEWHERE

☐ 3. R HAS MORE THAN ONE CHILD LIVING ELSEWHERE

C4. Think about your (son/daughter) who does not live with you. Does (he/she) live within an hour's drive of here?

01. YES 96. NO

C4a. (RB, P. 1) In the past 12 months, how often did you have contact with your (son/daughter) who doesn't live with you, either in person, by phone or by mail? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month or never?

C5. Think about your children who do not live with you. How many of your children live within an hour's drive from you?

96. NONE

C5a. (RB, P. 1) In the past 12 months, how often did you have contact with at least one of your children who do not live with you either in person, by phone or by mail? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK 2. ABOUT ONCE A WEEK 3. 1 TO 3 TIMES A MONTH 4. LESS THAN ONCE A MONTH 5. NEVER
C6. INTERVIEWER CHECKPOINT

SEE C2

1. R HAS ONLY ONE CHILD --> TURN TO P. 7, C16

2. R HAS TWO OR MORE CHILDREN

C7. (RB, P. 2) 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?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C8. (RB, STILL ON P. 2) How much do you feel they make too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C9. (RB, STILL ON P. 2) How much do you feel you make too many demands on your children? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C10. (RB, STILL ON P. 2) How much are they willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

C11. (RB, STILL ON P. 2) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL
C12. (RB, P. 3) At this point in your life, how satisfied are you with being a parent— are you completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

C13. Not using the booklet—How often do you feel bothered or upset as a parent—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

<table>
<thead>
<tr>
<th>Question</th>
<th>A LOT (1)</th>
<th>SOME (2)</th>
<th>A LITTLE (3)</th>
<th>NOT AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C14a. (RB, P. 4) How much do your children depend on you for emotional support? Would you say a lot, some, a little or not at all?</td>
<td></td>
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<tr>
<td>C14b. How much do they depend on you for help or advice with financial and legal matters?</td>
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</tr>
<tr>
<td>C14c. How much do they depend on you for help with errands, babysitting or other chores?</td>
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<tr>
<td>C14d. How much do you depend on your children for emotional support?</td>
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<tr>
<td>C14e. How much do you depend on them for help or advice with financial and legal matters?</td>
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<tr>
<td>C14f. How much do you depend on them for help with errands or other chores?</td>
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</tbody>
</table>
C15. (RB. P. 5) At this point in your life, how often do you and any of your children have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1-3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER

TURN TO P. 9, C25
C16. (RB, P. 2) How much does your (son/daughter) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C17. (RB, STILL ON P. 2) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C18. (RB, STILL ON P. 2) How much do you feel you make too many demands on your (son/daughter)? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C19. (RB, STILL ON P. 2) How much is (he/she) willing to listen when you need to talk about your worries or problems (--a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C20. (RB, STILL ON P. 2) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C21. (RB, P. 3) At this point in your life, how satisfied are you with being a parent--are you completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED
C22. Not using the booklet--How often do you feel bothered or upset as a parent--almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

<table>
<thead>
<tr>
<th></th>
<th>A LOT (1)</th>
<th>SOME (2)</th>
<th>A LITTLE (3)</th>
<th>NOT AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C23a. (RB, P. 4) How much does your (son/daughter) depend on you for emotional support? Would you say a lot, some, a little or not at all?</td>
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<tr>
<td>C23b. How much does (he/she) depend on you for help or advice with financial and legal matters?</td>
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<tr>
<td>C23c. How much does (he/she) depend on you for help with errands, babysitting or other chores?</td>
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<tr>
<td>C23d. How much do you depend on your (son/daughter) for emotional support?</td>
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<tr>
<td>C23e. How much do you depend on (him/her) for help or advice with financial and legal matters?</td>
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<tr>
<td>C23f. How much do you depend on (him/her) for help with errands or other chores?</td>
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C24. (RB, P. 5) At this point in your life, how often do you and your (son/daughter) have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1-3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER
C25. How many grandchildren do you have, if any?

<table>
<thead>
<tr>
<th>01. ONE</th>
<th>OTHER: ___________ NUMBER</th>
<th>00. NONE</th>
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</table>

C25a. (RB, [STILL ON] P. 5) How often do you see your grandchild? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

C25b. (RB, [STILL ON] P. 5) How often do you see your grandchildren? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

| 1. MORE THAN ONCE A WEEK | 2. ABOUT ONCE A WEEK | 3. 1 TO 3 TIMES A MONTH | 4. LESS THAN ONCE A MONTH | 5. NEVER |
Now I would like to ask you some questions about your relationships with your relatives and friends. Please think of all your close family members, (including your husband/wife and children,) as well as other friends and relatives.

D1. Is there anyone in your life with whom you can really share your very private feelings and concerns?

1. YES
2. NO

Dla. How many such people are there?

NUMBER

D2 - D6 WERE OMITTED FROM THIS WAVE OF THE QUESTIONNAIRE.
The next questions are about friends and relatives other than your (husband/wife) or your children.

D7. (RB, P. 6) 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?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

D8. (RB, STILL ON P. 6) 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?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

D9. (RB, STILL ON P. 6) How much are your friends and relatives willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

D10. (RB, STILL ON P. 6) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
SECTIONS E AND F ARE OMITTED
SECTION G: MARRIAGE

G0. INTERVIEWER:

IT IS BEST FOR YOU AND R TO BE ALONE FOR THIS SECTION. IF AT ALL POSSIBLE, ASK FOR PRIVACY WITH R.

BE AWARE OF THE PRESENCE OF R'S SPOUSE WITHIN LIKELY HEARING RANGE DURING THIS SECTION. YOU WILL BE ASKED TO REPORT ON IT AT G18.

G1. Next, I have some questions about your marriage and your relationship with your (husband/wife). In what year did you and your (husband/wife) get married? (IF DK: How long have you been married?)

OR

YEAR WHEN MARRIED # YEARS OF MARRIAGE

G2. (RB, P. 6) How much does your (husband/wife) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all? Just give me the number from the booklet.

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

G3. (RB, STILL ON P. 6) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

G4. (RB, STILL ON P. 6) How much is (he/she) willing to listen when you need to talk about your worries or problems--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL
G5. (RB, STILL ON P. 6) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

G6. (RB, STILL ON P. 6) How much do you think you make your (husband/wife) feel loved and cared for--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

G7. (RB, STILL ON P. 6) How much are you willing to listen when your (husband/wife) needs to talk about (his/her) worries or problems--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

G8. (RB, STILL ON P. 6) How much are you critical of (him/her) or what (he/she) does--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL
G9. (SAB, P. 1) Please look at Page 1 of the large pink booklet. For each
statement, please mark an "X" in the answer category that best describes how
true the statement is as it applies to your marriage. (If you prefer, I can
read the statements to you.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G9a. The idea of losing my (husband/wife) is terrifying to me. Is this very true for you, somewhat true, a little true, or not true at all?</td>
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<td>G9b. There are some serious difficulties in our marriage.</td>
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<td>G9c. No one could ever take the place of my (husband/wife).</td>
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<td>G9d. Although my marriage is important to me, I have a lot of outside interests and friends of my own.</td>
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<tr>
<td>G9e. If my (husband/wife) died, it would be the worst thing that could happen to me.</td>
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<tr>
<td>G9f. I would feel completely lost if I didn't have my (husband/wife).</td>
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<td>G9g. My (husband/wife) doesn't treat me as well as I deserve to be treated.</td>
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<tr>
<td>G9h. I do not treat my (husband/wife) as well as (he/she) deserves to be treated.</td>
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</table>

END OF SAB TASK
G10. (RB, P. 7) How often would you say you and your (husband/wife) typically have unpleasant disagreements or conflicts? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

G11. (READ SLOWLY) Not using the booklet--In some marriages there are times when you feel very close, but other times when you can get more upset with that person than with anyone else. How much does this sound like the relationship you have with your (husband/wife)? Would you say a lot, some, a little, or not at all?

1. A LOT  2. SOME  3. A LITTLE  4. NOT AT ALL
**G12. INTERVIEWER CHECKPOINT**

SEE A1

- [] 1. R’S SPOUSE LIVES AT HOME WITH R
- [] 2. ALL OTHERS ---> GO TO G14

**G13.** (RB, P. 8) Suppose your (husband/wife) were away visiting relatives or friends for a couple of weeks. Thinking about this situation, please tell me how true each statement is as it applies to you.

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMewhat TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G13a.</strong> I would not know what to do with myself if my (husband/wife) were away. Is this very true, somewhat true, a little true, or not true at all as it applies to you?</td>
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<tr>
<td><strong>G13b.</strong> If I couldn't talk to my (husband/wife) every day, it would really bother me.</td>
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<tr>
<td><strong>G13c.</strong> I hate being home alone by myself.</td>
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</table>

**NEXT PAGE, G15**

**G14.** (RB, P. 8) Please tell me how true each of the following statements is as it applies to you.

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMewhat TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G14a.</strong> I do not know what to do with myself with my (husband/wife) away. Is this very true, somewhat true, a little true, or not true at all as it applies to you?</td>
<td></td>
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<td></td>
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<tr>
<td><strong>G14b.</strong> If I couldn't talk to my (husband/wife) every day, it would really bother me.</td>
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<tr>
<td><strong>G14c.</strong> I hate being home alone by myself.</td>
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</tbody>
</table>
G15. (RB, P. 9) Thinking about your marriage as a whole, how often do you feel happy about it? Would you say almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

G16. (RB, P. 9) How often do you feel bothered or upset by your marriage? (Would you say almost always, often, sometimes, rarely, or never?)

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

G17. (RB, P. 10) Taking all things together, how satisfied are you with your marriage—completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

G18. INTERVIEWER CHECKPOINT

DURING THE ADMINISTRATION OF QUESTIONS G1-G17, R'S SPOUSE OVERHEARD/PROBABLY OVERHEARD QUESTIONS AND R'S ANSWERS:

☐ 1. ALL THE TIME

☐ 2. MOST OF THE TIME (HALF OR MORE)

☐ 3. SOME OF THE TIME (LESS THAN HALF)

☐ 4. NEVER/PROBABLY DIDN'T OVERHEAR

☐ 5. CAN'T TELL/DON'T KNOW IF SPOUSE OVERHEARD QUESTIONS AND ANSWERS
**SECTION H: SELF DESCRIPTION**

H1. (RB, P. 11) Please tell me how true the following statements are as they apply to you now.

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. On the whole I am satisfied with myself. (Is this very true, somewhat, a little, or not true at all as it applies to you?)</td>
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<td>H2. At times I think I am no good at all.</td>
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<td>H3. I wish I could have more respect for myself.</td>
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<td>H4. All in all, I am inclined to feel that I am a failure.</td>
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<td>H5. I feel I am a person of worth, at least equal with others.</td>
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<td>H6. I have never worried about having a painful disease.</td>
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<td>H7. Funerals sometimes upset me.</td>
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<tr>
<td>H8. I am afraid of dying of cancer.</td>
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</table>

H9. OMITTED
H10. Please look at page 2 of the large pink booklet where you will find a list of statements. After each statement, put an "X" in the answer category that indicates how strongly you agree or disagree with the statement as it applies to you. The best answer is usually the one that comes to your mind first, so try not to spend too much time on any one statement. Continue until you see a STOP sign at the bottom of page 5. (If you prefer, I can read the statements to you.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE (1)</th>
<th>AGREE (2)</th>
<th>NEUTRAL (3)</th>
<th>DISAGREE (4)</th>
<th>STRONGLY DISAGREE (5)</th>
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<tbody>
<tr>
<td>H11. I have a very active imagination. Do you strongly agree, agree, feel neutral, disagree, or strongly disagree?</td>
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<td>H12. I keep my belongings neat and clean.</td>
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<td>H13. I'm an even-tempered person.</td>
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<td>H15. I'm pretty good about pacing myself so as to get things done on time.</td>
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NOTE: ITEMS H11 - H54 are reproduced by special permission of the Publisher, Psychological Assessment Resources, Inc., 16102 North Florida Avenue, Lutz, Florida, 33549, from the NEO Personality Inventory, by Paul Costa, and Robert McCrae, Copyright, 1978, 1985. Further reproduction is prohibited without the permission of PAR, Inc.
<p>| H16. I don't get much pleasure from chatting with people. Do you <strong>strongly agree</strong>, <strong>agree</strong>, <strong>feel neutral</strong>, <strong>disagree</strong> or <strong>strongly disagree</strong>? |
|---|---|---|---|---|
| H17. I like to have a lot of people around me. |
| H18. I am sometimes completely absorbed in music I am listening to. |
| H19. I have a clear set of goals and work toward them in an orderly fashion. |
| H20. I rarely experience strong emotions. |
| H21. I work hard to accomplish my goals. |
| H22. I am easily frightened. |
| H23. I tend to blame myself when anything goes wrong. |
| H24. I waste a lot of time before settling down to work. |
| H25. I often worry about things that might go wrong. |
| H26. Sometimes I'm not as dependable or reliable as I should be. |
| H27. Poetry has little or no effect on me. |
| H28. It takes a lot to get me mad. |
| H29. I experience a wide range of emotions or feelings. |</p>
<table>
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<tr>
<th></th>
<th>STRONGLY AGREE (1)</th>
<th>AGREE (2)</th>
<th>NEUTRAL (3)</th>
<th>DISAGREE (4)</th>
<th>STRONGLY DISAGREE (5)</th>
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<tr>
<td>H30.</td>
<td>I have strong emotional attachments to my friends. Do you strongly agree, agree, feel neutral, disagree or strongly disagree?</td>
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<td>H31.</td>
<td>I never seem to be able to get organized.</td>
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<td>H32.</td>
<td>I prefer jobs that let me work alone without being bothered by other people.</td>
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<td>H33.</td>
<td>I strive for excellence in everything I do.</td>
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<td>H34.</td>
<td>I am seldom sad or depressed.</td>
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<td>H35.</td>
<td>I'm pretty set in my ways.</td>
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<td>H36.</td>
<td>I have trouble resisting my cravings.</td>
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<td>H37.</td>
<td>I have sometimes done things just for &quot;kicks&quot; or &quot;thrills&quot;.</td>
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<td>H38.</td>
<td>I enjoy solving problems or puzzles.</td>
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<td>H39.</td>
<td>It would not bother me if I had to punish a child or pet.</td>
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<td>H40.</td>
<td>Once I find the right way to do something, I stick to it.</td>
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<td>H41.</td>
<td>At times I have been so ashamed I just wanted to hide.</td>
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<td>H42.</td>
<td>Some people think I'm selfish and egotistical.</td>
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<td>H43. I tend to be cynical and skeptical of others' intentions. Do you <strong>strongly agree</strong>, agree, feel neutral, disagree or <strong>strongly disagree</strong>?</td>
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<td>H44. I often feel inferior to others.</td>
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<td>H45. I would rather cooperate with others than compete with them.</td>
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<td>H46. I believe that most people will take advantage of you if you let them.</td>
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<td>H47. Some people think of me as cold and calculating.</td>
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<td>H48. I am a cheerful, high-spirited person.</td>
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<td>H49. I consider myself broad-minded and tolerant of other people's lifestyles.</td>
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<td>H50. I'm hard-headed and tough-minded in my attitudes.</td>
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<td>H51. I generally try to be thoughtful and considerate.</td>
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<td>H52. When everything seems to be going wrong, I can still make good decisions.</td>
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<td>H53. I am a very active person.</td>
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<tr>
<td>H54. I have a wide range of intellectual interests.</td>
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</tbody>
</table>

**END OF SAB TASK**
**SECTION J: HEALTH AND LIMITATION OF ACTIVITIES**

J1. The next questions are about your health. In general, how satisfied are you with your health—completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED
2. VERY SATISFIED
3. SOMEWHAT SATISFIED
4. NOT VERY SATISFIED
5. NOT AT ALL SATISFIED

J2. We'd like to know if you have experienced any of the following health problems during the last 6 months.

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>1. YES</th>
<th>5. NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2a. Have you had arthritis or rheumatism?</td>
<td>J2a</td>
<td></td>
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<tr>
<td>J2b. During the last 6 months, have you had a lung disease?</td>
<td>J2b</td>
<td></td>
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<tr>
<td>J2c. Have you had hypertension, sometimes called high blood pressure, or have you taken medication for it?</td>
<td>J2c</td>
<td></td>
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<tr>
<td>J2d. Have you had a heart attack or other heart trouble during the last 6 months?</td>
<td>J2d</td>
<td></td>
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<tr>
<td>J2e. Have you had diabetes or high blood sugar or have you taken medication for it?</td>
<td>J2e</td>
<td></td>
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<tr>
<td>J2f. Have you had a stroke during the last 6 months?</td>
<td>J2f</td>
<td></td>
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<tr>
<td>J2g. Have you had any broken or fractured bones?</td>
<td>J2g</td>
<td></td>
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<tr>
<td>J2h. Have you lost any amount of urine beyond your control during the last 6 months?</td>
<td>J2h</td>
<td></td>
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</tr>
</tbody>
</table>
J3. Have you had cancer or a malignant tumor of any kind, or have you been treated for it in the past 6 months?

1. YES --> J3a. What kind of cancer or malignant tumor did you have? (In what part of your body did it start?)

5. NO

J3a. __________________________ TYPE OF CANCER

J4. In the past 6 months, have you had any major health problems that I haven't asked you about?

1. YES

5. NO --> TURN TO P. 28, J5

J4a. What are they? __________________________________________

__________________________________________
THIS IS A BLANK PAGE
J5. **INTERVIEWER CHECKPOINT**

1. R ANSWERS "NO" TO ALL QUESTIONS IN J2a-h, J3 AND J4 --> TURN TO P. 32, J10

2. ALL OTHERS

MARK THE BOX NEXT TO ALL PREPRINTED CONDITIONS IN THE GRID TO WHICH R ANSWERED "YES" IN J2a-h, J3 AND J4. IF MORE THAN 5, ASK J6-9a ONLY FOR FIRST 5 CONDITIONS.

<table>
<thead>
<tr>
<th>(J2a) ARTHRITIS/ RHEUMATISM</th>
<th>(J2b) LUNG DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>J6. Were you hospitalized during the last 6 months for (CONDITION)?</td>
<td>1. YES 5. NO</td>
</tr>
<tr>
<td>J7. Did (CONDITION) start in the last 6 months or was it going on before that?</td>
<td>1. STARTED IN LAST 6 MONTHS</td>
</tr>
<tr>
<td>2. GOING ON BEFORE</td>
<td>1. STARTED IN LAST 6 MONTHS</td>
</tr>
<tr>
<td>2. GOING ON BEFORE</td>
<td>GO TO J7a</td>
</tr>
<tr>
<td>J7a. In what month did it start? (RECORD YEAR, ALSO)</td>
<td>MONTH / YEAR</td>
</tr>
<tr>
<td>GO TO NEXT COND. OR J10</td>
<td>GO TO NEXT COND. OR J10</td>
</tr>
<tr>
<td>J8. In the past 6 months, has your (CONDITION) become better, stayed about the same, or become worse?</td>
<td>1. BETTER 2. SAME</td>
</tr>
<tr>
<td>3. WORSE</td>
<td></td>
</tr>
<tr>
<td>J9. Did your (CONDITION) start since we last interviewed you in (MONTH, YEAR [SEE COVERSHEET]), or was it going on before that?</td>
<td>1. BEFORE NEXT COND. OR J10</td>
</tr>
<tr>
<td>2. AFTER</td>
<td>1. BEFORE NEXT COND. OR J10</td>
</tr>
<tr>
<td>J9a. In about what month and year did it start?</td>
<td>MONTH / YEAR</td>
</tr>
<tr>
<td>GO TO NEXT COND. OR TURN TO P. 32, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 32, J10</td>
</tr>
<tr>
<td>(J2c)</td>
<td>HYPERTENSION/HIGH BLOOD PRESSURE</td>
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<tr>
<td>Question</td>
<td>(J2f) Stroke</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>J6. Were you hospitalized during the last 6 months for (CONDITION)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. YES 5. NO</td>
</tr>
<tr>
<td>J7. Did (CONDITION) start in the last 6 months or was it going on before that?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. STARTED IN LAST 6 MONTHS</td>
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<td></td>
<td>2. GOING ON BEFORE</td>
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<td></td>
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<tr>
<td>J7a. In what month did it start? (RECORD YEAR, ALSO)</td>
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<td></td>
<td>MONTH / YEAR</td>
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<tr>
<td></td>
<td>GO TO NEXT COND. OR J10</td>
</tr>
<tr>
<td>J8. In the past 6 months, has your (CONDITION) become better, stayed about the same, or become worse?</td>
<td>1. BETTER 2. SAME</td>
</tr>
<tr>
<td></td>
<td>3. WORSE</td>
</tr>
<tr>
<td>J9. Did your (CONDITION) start since we last interviewed you in (MONTH, YEAR [SEE COVERSHEET]), or was it going on before that?</td>
<td>1. BEFORE -&gt; NEXT COND. OR J10</td>
</tr>
<tr>
<td></td>
<td>2. AFTER</td>
</tr>
<tr>
<td>J9a. In about what month and year did it start?</td>
<td>MONTH / YEAR</td>
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<tr>
<td></td>
<td>GO TO NEXT COND. OR TURN TO P. 32, J10</td>
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<tr>
<td>(J2h)</td>
<td>LOSS OF URINE BEYOND CONTROL</td>
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<td>-------------------------------</td>
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<tr>
<td></td>
<td>1. YES 5. NO</td>
</tr>
<tr>
<td>1. STARTED IN LAST 6 MONTHS</td>
<td>GO TO J7a</td>
</tr>
<tr>
<td>2. GOING ON BEFORE</td>
<td>GO TO J8</td>
</tr>
<tr>
<td>MONTH / YEAR</td>
<td>GO TO NEXT COND. OR J10</td>
</tr>
<tr>
<td>1. BETTER 2. SAME</td>
<td>3. WORSE</td>
</tr>
<tr>
<td>1. BEFORE -&gt; NEXT COND. OR J10</td>
<td>2. AFTER</td>
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<tr>
<td>MONTH / YEAR</td>
<td></td>
</tr>
<tr>
<td>GO TO NEXT COND. OR NEXT PAGE, J10</td>
<td>GO TO NEXT COND. OR NEXT PAGE, J10</td>
</tr>
</tbody>
</table>
J10. Are you currently in bed or in a chair for most or all of the day because of your health?

1. YES  
5. NO

J11. Do you currently have any difficulty bathing by yourself?

1. YES  
5. NO --GO TO J12

   J11a. How much difficulty do you have bathing by yourself--a little, some, a lot, or can't you do this on your own?

   1. A LITTLE  2. SOME  3. A LOT  4. CANNOT DO

   TURN TO P. 34, J17

J12. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "YES" (BOX WITH DOUBLE LINE) TO J10--TURN TO P. 34, J17

☐ 2. ALL OTHERS--NEXT PAGE, J13
J13. Do you currently have any difficulty climbing a few flights of stairs because of your health?

1. YES 3. VOLUNTEERED: AGE IS ONLY LIMITATION 5. NO -GO TO J14

J13a. How much difficulty do you have--a little, some, a lot, or can't you do this at all?

1. A LITTLE 2. SOME 3. A LOT 4. CANNOT DO

J14. Do you currently have any difficulty walking several blocks because of your health?

1. YES 3. VOLUNTEERED: AGE IS ONLY LIMITATION 5. NO -GO TO J15

J14a. How much difficulty do you have--a little, some, a lot, or can't you do this at all?

1. A LITTLE 2. SOME 3. A LOT 4. CANNOT DO

J15. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "A LOT" OR "CANNOT DO" (BOXES WITH DOUBLE LINES) TO EITHER J13a OR J14a- NEXT PAGE, J17

☐ 2. ALL OTHERS

J16. Would you currently have any difficulty doing heavy work around the house such as shoveling snow or washing walls, because of your health?

1. YES 3. VOLUNTEERED: AGE IS ONLY LIMITATION 5. NO -NEXT PAGE, J17

J16a. How much difficulty would you have--a little, some, a lot, or couldn't you do this at all?

1. A LITTLE 2. SOME 3. A LOT 4. COULD NOT DO
J17. How would you rate your health at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. EXCELLENT  2. VERY GOOD  3. GOOD  4. FAIR  5. POOR

J18. How much are your daily activities limited in any way by your health or health-related problems—a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

J19. On how many days out of the past 30 did you take medication to help you sleep?

00. NONE  _______ DAYS

J20. OMITTED

J21. (Not counting medication to help you sleep,) On how many days out of the past 30 did you take any medication to make you feel more relaxed and calm?

00. NONE  _______ DAYS

J22. OMITTED

J23. How many hours of sleep do you usually get in a 24-hour period, including naps?

_______ HOURS


J25. Do you smoke cigarettes now?

1. YES  5. NO

J25a. On the average, how many cigarettes or packs do you usually smoke in a day?

CIGARETTES  PACKS
J26. Do you ever drink beer, wine, or liquor?

1. YES  5. NO --> GO TO J27

J26a. During the last 30 days, on how many days did you drink beer, wine or liquor?

______ DAYS/MONTH OR ______ DAYS/WEEK

96. NONE --> GO TO J27

J26b. On days that you drink, how many cans of beer, glasses of wine, or drinks of liquor do you usually have?

______ CANS/GLASSES/DRINKS PER DAY WHEN DRINK

NUMBER

J27. (RB, P. 12) How often does someone remind or tell you to do things to protect your health? Would you say often, sometimes, rarely or never?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> GO TO J28

J27a. Who reminds you? (CHECK ALL THAT APPLY)

A. CHILD  B. OTHER RELATIVE  C. FRIEND OR NEIGHBOR  D. PROFESSIONAL  E. OTHER(S)  F. SPOUSE

J28. (RB, STILL ON P. 12) How often do you take walks for exercise or pleasure? (Would you say often, sometimes, rarely or never?)

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> NEXT PAGE, J30

J29. (RB, STILL ON P. 12) How often do you take walks or get any kind of exercise with a pet or with someone you know—(often, sometimes, rarely or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> NEXT PAGE, J30

J29a. Who do you take walks or exercise with? (CHECK ALL THAT APPLY)

A. CHILD  B. OTHER RELATIVE  C. FRIEND OR NEIGHBOR  D. PET  E. OTHER(S)  F. SPOUSE
J30. (RB, STILL ON P. 12) How often do you participate in active sports or exercise—(often, sometimes, rarely or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

J31. Do you have to take medications regularly, eat a special diet for health reasons, or use other health care treatments at home on a regular basis?

1. YES  5. NO -->NEXT PAGE, SECTION K

J31a. (RB, STILL ON P. 12) How often does someone else help you do this? (Would you say often, sometimes, rarely, or never?)

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER -->NEXT PAGE, SECTION K

J31b. Who helps you do this? (CHECK ALL THAT APPLY)

A. CHILD  B. OTHER RELATIVE  C. FRIEND OR NEIGHBOR
D. VOLUNTEER AGENCY  E. OTHER(S)  F. SPOUSE
SECTION K: WELL-BEING

K1. (RB, P. 13) Please tell me how often the following things happened to you during the past week.

<table>
<thead>
<tr>
<th>Question</th>
<th>Hardly Ever (1)</th>
<th>Some of the Time (2)</th>
<th>Most of the Time (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1a. During the past week, I felt depressed.</td>
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<tr>
<td>Did you feel this way hardly ever, some of the time, or most of the time?</td>
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<tr>
<td>K1b. During the past week, I felt that everything I did was an effort.</td>
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<tr>
<td>K1c. My sleep was restless.</td>
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<tr>
<td>K1d. During the past week, I was happy.</td>
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<tr>
<td>K1e. I felt lonely.</td>
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<tr>
<td>K1f. During the past week, people were unfriendly.</td>
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<tr>
<td>K1g. I enjoyed life.</td>
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<tr>
<td>K1h. During the past week, I did not feel like eating. My appetite was poor.</td>
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<tr>
<td>K1i. I felt sad.</td>
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<tr>
<td>K1j. During the past week, I felt that people disliked me.</td>
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<tr>
<td>K1m. I could not get &quot;going&quot;</td>
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</tbody>
</table>
K2. (RB, P. 14) Now for a different kind of question. Please tell me how much you have been bothered during the past seven days by feelings like the ones I'm about to read.

| K2a. First, nervousness or shakiness inside. How much have you been bothered by this feeling during the past seven days -- not at all, a little bit, moderately, quite a bit, or extremely? |
|-----------------|-----------------|-----------------|-----------------|
| K2b. Trembling? |                 |                 |                 |
| K2c. Feeling suddenly scared for no reason? |                 |                 |                 |
| K2d. Feeling fearful? |                 |                 |                 |
| K2e. Heart pounding or racing? |                 |                 |                 |
| K2f. How much have you been bothered by feeling tense and keyed up in the past seven days? |                 |                 |                 |
| K2g. Spells of terror and panic? |                 |                 |                 |
| K2h. Feeling so restless you couldn't sit still? |                 |                 |                 |
| K2j. Feeling that something bad is going to happen to you? |                 |                 |                 |
| K2k. Thoughts and images of a frightening nature? |                 |                 |                 |

<table>
<thead>
<tr>
<th>NOT AT ALL (1)</th>
<th>A LITTLE BIT (2)</th>
<th>MODERATELY (3)</th>
<th>QUITE A BIT (4)</th>
<th>EXTREMELY (5)</th>
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</tbody>
</table>
K3. (RB, P. 15) Please tell me how often you have had the following feelings during the past week.

<table>
<thead>
<tr>
<th></th>
<th>ALWAYS (1)</th>
<th>OFTEN (2)</th>
<th>SOMETIMES (3)</th>
<th>RARELY (4)</th>
<th>NEVER (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K3a. Feeling particular excited or interested in something. Did you feel this way always, often, sometimes, rarely, or never?</td>
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<tr>
<td>K3b. Feeling pleased about having accomplished something.</td>
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</tr>
<tr>
<td>K3c. Feeling that things were going your way.</td>
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<tr>
<td>K3d. Feeling proud because someone complimented you on something you had done.</td>
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<tr>
<td>K3e. Feeling on top of the world.</td>
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</table>
SECTION L: EMPLOYMENT

L1. We would like to know more about what you do--(READ SLOWLY) are you working now for pay at a regular job, on temporary leave or laid off, looking for work, retired from a paid job, keeping house, permanently disabled or something else? (CHECK ALL THAT APPLY)

A. WORKING NOW FOR PAY
B. ONLY TEMPORARILY LAID OFF; SICK LEAVE
C. LOOKING FOR WORK, UNEMPLOYED
D. RETIRED FROM A PAID JOB
E. PERMANENTLY DISABLED
F. KEEPING HOUSE/STAYING HOME
G. OTHER (SPECIFY):

L2. Are you doing any work for pay at the present time?

1. YES 5. NO --TURN TO P. 43, L14

L3. Including paid vacations and sick leave, how many weeks altogether were you employed during the past 6 months?

52. ALL WEEKS IN LAST 6 MONTHS

__ WEEKS IN LAST 6 MONTHS OR FROM ___/___ TO ___/___

MO DAY MO DAY

L3a. How long have you worked at your present job or position?

---------- OR --------- OR ----------
#WEEKS #MONTHS #YEARS

L3b. INTERVIEWER CHECKPOINT

SEE COVERSHEET AND L3a

☐ 1. R EMPLOYED AT PRESENT JOB/POSITION BEFORE DATE OF LAST INTERVIEW--> MIDDLE OF NEXT PAGE, L8

☐ 2. ALL OTHERS -> NEXT PAGE, L4
L4. What is your occupation on your main job?


L5. What kind of work do you do? What are your most important activities or duties?


L6. What kind of business or industry is that in? What do they make or do where you work?


L7. Are you self-employed, or do you work for a private employer or a municipal, county, state or federal government?

1. SELF-EMPLOYED  2. PRIVATE EMPLOYER  3. GOVERNMENT EMPLOYER

L8. On the average how many hours a week do you work on this job, including paid and unpaid overtime?

_____________ HOURS PER WEEK

L9. How much do you earn now from this job?

$ _____________ PER _____________
L10. How much do you enjoy doing that kind of work—do you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

L11. How satisfied are you with your job—completely, very, somewhat, not very or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

L12. In general, how often do you feel bothered or upset in your work—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

L13. INTERVIEWER CHECKPOINT

SEE L1 (P. 40)

☐ 1. R IS ALSO RETIRED-->NEXT PAGE, L14

☐ 2. ALL OTHERS-->TURN TO P. 45, L21
L14. INTERVIEWER CHECKPOINT

SEE L1 (P. 40)

1. "RETIRED" IS CHECKED AT L1

2. ALL OTHERS

Now we have a few questions about the last regular job you had before retirement.

L15. Have you ever held a regular job for pay?

1. YES 5. NO -> TURN TO P. 47, SECTION M

We have a few questions about the last regular job you had.

L16. In what month and year did you (retire/stop working)?

____ MONTH / ______ YEAR

L17. INTERVIEWER CHECKPOINT

SEE COVERSHEET AND L16

1. R (RETIRED/STOPPED WORKING) SINCE DATE OF LAST INTERVIEW

2. ALL OTHERS ---> TURN TO P. 45, L21

L18. People (retire/leave a paid job) for many reasons. What are the reasons you (retired/left your last job)? (PROBE: Were there any other reasons?)

_________________________________________________________________________

_________________________________________________________________________
L19. Did you leave this job earlier, just about the time you wanted to, or later than you wanted to?

1. EARLIER  2. JUST ABOUT TIME  3. LATER  7. OTHER (SPECIFY):

L20. Have the changes brought about by your (retirement/stopping work) been entirely good, mostly good, mostly bad, or entirely bad for you?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
L21. INTERVIEWER CHECKPOINT

SEE L1 (P. 40)

[ ] 1. R IS CURRENTLY WORKING FOR PAY

[ ] 2. ALL OTHERS--> TURN TO P. 47, SECTION M

L22. In the past 6 months, were there any changes in your work patterns? Like starting or stopping a job, or changes in the number of hours you worked?

[ ] 1. YES [ ] 5. NO --> NEXT PAGE, L23

L22a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)

[ ] a. FIRED

[ ] b. QUIT WORKING

[ ] c. LAID OFF PERMANENTLY

[ ] d. LAID OFF TEMPORARILY

[ ] e. CHANGED JOBS

[ ] f. STARTED TO WORK FOR THE FIRST TIME

[ ] g. RETURNED TO WORK

[ ] h. PROMOTED

[ ] j. DEMOTED

[ ] k. FULL-TIME TO PART-TIME

[ ] m. PART-TIME TO FULL-TIME

[ ] n. OTHER, SPECIFY:

L22b. In what month did this change in your work pattern happen? (IF DK MONTH, PROBE FOR SEASON)

MONTH / RECORD YEAR

L22c. People change their work patterns for many reasons. What are the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)

L22d. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad or entirely bad?

[ ] 1. ENTIRELY GOOD [ ] 2. MOSTLY GOOD [ ] 3. MOSTLY BAD [ ] 4. ENTIRELY BAD
L23. You have told me about the past 6 months. Now please think about the time between when we interviewed you last and 6 months ago. That would be between (MONTH, YEAR [SEE COVERSHEET]) and (MONTH, YEAR [6 MONTHS AGO]). During that time, were there any changes in your work patterns? For example, starting or stopping a job or changes in the number of hours you work?

1. YES   5. NO —> NEXT PAGE, SECTION M

L23a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)

☐ a. FIRED
☐ b. QUIT WORKING
☐ c. LAID OFF PERMANENTLY
☐ d. LAID OFF TEMPORARILY
☐ e. CHANGED JOBS
☐ f. STARTED TO WORK FOR THE FIRST TIME
☐ g. RETURNED TO WORK
☐ h. PROMOTED
☐ j. DEMOTED
☐ k. FULL-TIME TO PART-TIME
☐ m. PART-TIME TO FULL-TIME
☐ n. OTHER, SPECIFY:

L23b. In what month and year did this change in your work pattern happen? (IF DK MONTH, PROBE FOR SEASON)

/ MONTH YEAR

L23c. People change their work patterns for many reasons. What were the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)

L23d. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad or entirely bad?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
SECTION M: FINANCIAL SITUATION

Now a few questions about your financial situation at this time.

M1. How difficult is it for you to meet the monthly payments on your bills? Is it extremely difficult, very, somewhat, slightly, or not at all difficult?

1. EXTREMELY DIFFICULT  2. VERY DIFFICULT  3. SOMEWHAT DIFFICULT  4. SLIGHTLY DIFFICULT  5. NOT AT ALL DIFFICULT

M2. In general, how do your finances usually work out at the end of the month—do you find that you usually end up with some money left over, just enough money to make ends meet, or not enough money to make ends meet?

1. SOME MONEY LEFT OVER  2. JUST ENOUGH MONEY  3. NOT ENOUGH MONEY

M3. How often do you feel bothered by your financial situation? Would you say almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

M4. How satisfied are you with your present financial situation—completely, very, somewhat, not very or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED
Please look at page 6 of the large pink booklet. After each statement, put an "X" in the box that best describes how true you think the statement is. Again, the best answer is usually the one that comes to mind first, so don't spend too much time on any one question. There are more questions on page 7. (If you prefer, I can read the statements to you.)

<table>
<thead>
<tr>
<th>M5a. In the long run, good people will be rewarded for the good things they have done. Is this very true, somewhat true, a little true, or not at all true?</th>
</tr>
</thead>
<tbody>
<tr>
<td>M6. By and large, people deserve what they get.</td>
</tr>
<tr>
<td>M7. Death is simply part of the process of life.</td>
</tr>
<tr>
<td>M8. People who meet with misfortune have often brought it on themselves.</td>
</tr>
<tr>
<td>M9. I don't see any point in worrying about death.</td>
</tr>
<tr>
<td>M10. Eventually, everybody gets what is coming to them.</td>
</tr>
<tr>
<td>M11. When I look back on what has happened to me, I feel cheated.</td>
</tr>
<tr>
<td>M12. I don't seem to get what should be coming to me.</td>
</tr>
<tr>
<td>M13. In the long run, people get the respect they deserve.</td>
</tr>
<tr>
<td>M15. It is only a matter of time before the bad people will be punished for the bad things they have done.</td>
</tr>
<tr>
<td>M16. Other people always seem to get the breaks.</td>
</tr>
<tr>
<td>M17. I am certain something bad could happen to me at any time.</td>
</tr>
<tr>
<td>M18. I am certain something bad could happen to one of my loved ones at any time.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>M19. Getting too attached to people is unwise.</td>
</tr>
<tr>
<td>M20. I am resigned to the fact that we all have to die.</td>
</tr>
<tr>
<td>M21. Bad things can happen to anyone at any time.</td>
</tr>
<tr>
<td>M22. People who think catastrophes cannot happen to them are kidding themselves.</td>
</tr>
<tr>
<td>M23. People die when it is their time to die, and nothing can change that</td>
</tr>
<tr>
<td>M24. Everything that happens is a part of God's plan.</td>
</tr>
<tr>
<td>M25. If bad things happen, it is because they were meant to be.</td>
</tr>
<tr>
<td>M26. Everything that happens has a purpose.</td>
</tr>
<tr>
<td>M27. The good and bad things that have happened to me were destined to happen.</td>
</tr>
</tbody>
</table>

**END OF SAB TASK**
SECTION N: HOUSEHOLD RESPONSIBILITIES AND VOLUNTARY ACTIVITIES

N1. Now let's talk about work you do around your home. How many hours do you spend preparing food and doing housework in an average week?

N1a. How much do you enjoy doing housework—do you enjoy it a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N2. (RB, P. 16) Altogether, how many hours did you yourself spend doing home maintenance and minor repairs during the last 12 months? Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

1. LESS THAN 20 HOURS  2. 20-39 HRS  3. 40-79 HRS  4. 80-159 HRS  5. 160 HOURS OR MORE

N3. (RB, P. 17) If you needed extra help with general housework or home maintenance, how much could you count on friends or family members to help you? Would you say a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N4. (RB, STILL ON P. 17) If you needed extra money, how much could you count on someone, other than a lending institution, to lend or give you money—(a great deal, some, a little, or not at all)?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N5. (RB, STILL ON P. 17) If you were ill, how much could you count on someone to make sure you are taken care of—(a great deal, some, a little, or not at all)?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL
Now I have some questions about volunteer work. (READ SLOWLY) During the last 6 months, did you do volunteer work for a church or other religious organization, for a political group, a senior citizens' group, or for any other type of organization?

1. YES  5. NO  

→ NEXT PAGE, N9

About how many hours did you spend on volunteer work of these kinds during the last 6 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

1. LESS THAN 20 HOURS  2. 20-39 HOURS  3. 40-79 HOURS  4. 80-159 HOURS  5. 160 HOURS OR MORE

Not using the booklet--How much did you enjoy doing that volunteer work--did you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
N9. Now let's talk about help you may have given in the last six months to friends, neighbors, or relatives who did not live with you. We are interested in help you provided during the last 6 months for which you did not receive pay.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>N9a. During the last 6 months, did you provide transportation, shop or run errands for friends, neighbors or relatives who did not live with you?</td>
<td>1. YES, 5. NO</td>
</tr>
<tr>
<td>N9b. Did you help others with their housework or with the upkeep of their house, car or other things?</td>
<td>1. YES, 5. NO</td>
</tr>
<tr>
<td>N9c. Did you do childcare without pay for persons not living in your household?</td>
<td>1. YES, 5. NO</td>
</tr>
<tr>
<td>N9d. Did you do any other things in the last 6 months to help neighbors, friends or relatives who did not live with you?</td>
<td>1. YES, 5. NO</td>
</tr>
</tbody>
</table>

N10. INTERVIEWER CHECKPOINT

1. RESPONDENT GAVE HELP TO RELATIVES, FRIENDS OR NEIGHBORS (ONE OR MORE "YES" TO N9a-N9d)

2. ALL OTHERS-->NEXT PAGE, N13

N11. (RB, STILL ON P. 18) About how many hours did you spend doing these things during the last 6 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?)

<table>
<thead>
<tr>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LESS THAN 20 HOURS</td>
</tr>
<tr>
<td>2. 20-39 HOURS</td>
</tr>
<tr>
<td>3. 40-79 HOURS</td>
</tr>
<tr>
<td>4. 80-159 HOURS</td>
</tr>
<tr>
<td>5. 160 HOURS OR MORE</td>
</tr>
</tbody>
</table>

N12. Not using the booklet--How much did you enjoy helping friends, neighbors and relatives--a great deal, quite a bit, some, a little, or not at all?

<table>
<thead>
<tr>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A GREAT DEAL</td>
</tr>
<tr>
<td>2. QUITE A BIT</td>
</tr>
<tr>
<td>3. SOME</td>
</tr>
<tr>
<td>4. A LITTLE</td>
</tr>
<tr>
<td>5. NOT AT ALL</td>
</tr>
</tbody>
</table>
N13. Now please think about friends and relatives 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?

1. YES  
5. NO  -->NEXT PAGE, SECTION P

N13a. About how many hours do you spend doing this in a usual week?

__________ HOURS
SECTION P: DEPRESSION

P1. During the past 6 months (that is, since [MONTH, YEAR]), have you had any period of two weeks or more when you have been feeling sad, blue or depressed most of the time, or have lost all interest and pleasure in the things you usually care about or enjoy?

1. YES  5. NO --> Pla. During the past 6 months, has there been a time lasting two weeks or more when you felt irritable, easily annoyed and really down in the dumps?

1. YES  5. NO --> TURN TO P. 59, P17

P2. How many periods or spells like that have you had in the last 6 months that lasted two weeks or longer? If you are having one now, please include it also.

NUMBER  97. ALL THE TIME

NEXT PAGE, P4

P3. INTERVIEWER CHECKPOINT

☐ 1. R HAS HAD ONLY ONE SPELL--->NEXT PAGE, P4

☐ 2. ALL OTHERS--->TURN TO P. 57, P10
P4. Basically, what made you become depressed? (Obtain complete description of situation and probe if necessary: What about the situation made you feel depressed?) If R says "a combination of things," probe for most difficult aspect of each.

96. Nothing caused depression

P5. In what month and year did the period or spell start?

MONTH / YEAR

P6. How long did the period or spell last or is it still going on?

# WEEKS OR # MONTHS OR # YEARS

97. Still going on

P7. Interviewer question

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. Yes  5. No

P7a. Interviewer question

DID R SPECIFY "OFF" AND "ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. Yes  5. No

P8. What happened to make the depression go away? (Obtain complete description of situation and probe if necessary: What was it about the situation that helped end the depression?)

96. Nothing happened: went away with time
P9. Now I have some questions about things that may have happened during (this/that) period or spell. Did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
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</thead>
<tbody>
<tr>
<td>P9a. ...lose your appetite?</td>
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<tr>
<td>P9b. Did you lose or gain weight without trying to--as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
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<tr>
<td>P9c. Did you have trouble falling asleep, staying asleep, or with waking up too early?</td>
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<tr>
<td>P9d. Did you talk or move more slowly than is normal for you?</td>
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<tr>
<td>P9e. Did you have to be moving all the time; that is, you couldn't sit still or paced up and down?</td>
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<tr>
<td>P9f. Were you less interested in the things that normally interest you?</td>
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<tr>
<td>P9g. Did you feel worthless, sinful or guilty?</td>
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<tr>
<td>P9h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<tr>
<td>P9i. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<tr>
<td>P9k. Were you sleeping too much?</td>
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<tr>
<td>P9l. Did you feel tired out all the time?</td>
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<tr>
<td>P9m. Did you think a lot about death--either your own, someone else's, or death in general?</td>
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<tr>
<td>P9n. Did you feel like you wanted to die?</td>
<td></td>
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<tr>
<td>P9o. Did you attempt suicide?</td>
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<tr>
<td>P9p. [IF NO TO P9q] Did you feel so low you thought about committing suicide?</td>
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</tbody>
</table>

TURN TO P. 59. P17
P10. Now please think about the worst period or spell you have had during the last 6 months (that is, since [MONTH, YEAR]). Basically, what made you become depressed? (Obtain complete description of situation and probe, if necessary: What about the situation made you feel depressed?) If R says "A combination of things," probe for most difficult aspect of each.

   96. NOTHING CAUSED DEPRESSION

P11. In what month and year did this worst period or spell start?

   MONTH / YEAR

P12. How long did the period or spell last or is it still going on?

   # WEEKS OR # MONTHS OR # YEARS

   97. STILL GOING ON

P13. Interviewer Question

   DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

   1. YES  5. NO

P13a. Interviewer Question

   DID R SPECIFY "OFF" AND "ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

   1. YES  5. NO

P14. What happened to make the depression go away? (Obtain complete description of situation and probe, if necessary: What was it about the situation that helped end the depression?)

   96. NOTHING HAPPENED; WENT AWAY WITH TIME
P15. Now I have some questions about things that may have happened during that worst period or spell in the last 6 months. Did you...  

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P15a. ...lose your appetite?</td>
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<td>P15b. Did you lose or gain weight without trying to--as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
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<td>P15c. Did you have trouble falling asleep, staying asleep, or with waking up too early?</td>
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<tr>
<td>P15d. Did you talk or move more slowly than is normal for you?</td>
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<tr>
<td>P15e. Did you have to be moving all the time; that is, you couldn’t sit still or paced up and down?</td>
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<td>P15f. Were you less interested in the things that normally interest you?</td>
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<td>P15g. Did you feel worthless, sinful or guilty?</td>
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<tr>
<td>P15h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<td>P15j. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<tr>
<td>P15k. Were you sleeping too much?</td>
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<td>P15m. Did you feel tired out all the time?</td>
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<td>P15n. Did you think a lot about death--either your own, someone else’s, or death in general?</td>
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</tbody>
</table>

P16. You told me that you have had (another spell/other spells) during the last 6 months. In what month(s) did (it/they) start? (PROBE FOR OTHER SPELLS)

_______ MONTH _____ MONTH
_______ MONTH _____ MONTH
P17. (READ SLOWLY) I have already asked you about the past 6 months. Now, please think about the time between when we interviewed you last and 6 months ago. That would be between (MONTH, YEAR [SEE COVERSHEET]) and (MONTH, YEAR [6 MONTHS AGO]). During that time, did you have any period of two weeks or more when you felt sad, blue or depressed most of the time, or lost all interest and pleasure in the things you usually care about or enjoy?

1. YES  5. NO  -> P17a. During that time period, was there a time lasting two weeks or more when you felt irritable, easily annoyed and really down in the dumps?
   1. YES  5. NO  -> TURN TO P. 65, SECTION Q

P18. How many periods or spells like that did you have between when we interviewed you last and 6 months ago (that is, between [MONTH, YEAR ON COVERSHEET] and [MONTH, YEAR], that lasted two weeks or longer?

   ____________________________ NUMBER 97. ALL THE TIME

   NEXT PAGE, P20

P19. Could you tell me about when (that spell/those spells) started? That is, in what month and year? (PROBE FOR OTHER SPELLS)

   __________/__________  __________/__________
   MONTH     YEAR        MONTH     YEAR

   __________/__________  __________/__________
P20. **INTERVIEWER CHECKPOINT**

SEE P1 AND P1a, P. 54

- 1. R HAD ONE OR MORE DEPRESSIONS IN LAST 6 MONTHS -> TURN TO P. 65, SECTION Q
- 2. ALL OTHERS

P20a. **INTERVIEWER CHECKPOINT**

SEE P18, P. 59

- 1. R HAS HAD ONLY ONE SPELL BETWEEN LAST INTERVIEW AND 6 MONTHS AGO
- 2. R WAS DEPRESSED "ALL THE TIME" BETWEEN LAST INTERVIEW AND 6 MONTHS AGO.
- 3. ALL OTHERS -- TURN TO P. 63, P26

P21. Basically, what made you become depressed (at that time)? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What about the situation made you feel depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. **NOTHING CAUSED DEPRESSION**
P22. How long did the period or spell last?

# WEEKS OR # MONTHS OR # YEARS

P23. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES  5. NO

P24. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P25. Now I have some questions about things that may have happened during (this/that) period or spell. Did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
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<tr>
<td>P25p. Did you feel like you wanted to die?</td>
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<tr>
<td>P25q. Did you attempt suicide?</td>
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<tr>
<td>P25r. [IF NO TO P25q] Did you feel so low you thought about committing suicide?</td>
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</tbody>
</table>

TURN TO P. 65, SECTION Q
P26. Now please think about the worst period or spell you had between when we interviewed you last and 6 months ago. (That is, between [MONTH, YEAR ON COVERSHEET] and [MONTH, YEAR].) Basically what made you become depressed at that time? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE. IF NECESSARY: What about the situation made you feel depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. NOTHING CAUSED DEPRESSION

---

P27. In what month and year did this worst period or spell start?

MONTH / YEAR

P28. How long did the period or spell last?

# WEEKS OR # MONTHS OR # YEARS

P29. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

P30. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED: WENT AWAY WITH TIME
NOW I have some questions about things that may have happened during that worst period or spell you had between when we interviewed you last and 6 months ago. (That is between [MONTH, YEAR ON COVERSHEET] and [MONTH, YEAR].) Did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
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</thead>
<tbody>
<tr>
<td>P31a. ...lose your appetite?</td>
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<tr>
<td>P31b. Did you lose or gain weight without trying to--as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
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<tr>
<td>P31c. Did you have trouble falling asleep, staying asleep, or with waking up too early?</td>
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<td>P31d. Did you talk or move more slowly than is normal for you?</td>
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<tr>
<td>P31e. Did you have to be moving all the time; that is, you couldn't sit still or paced up and down?</td>
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<tr>
<td>P31f. Were you less interested in the things that normally interest you?</td>
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<td>P31g. Did you feel worthless, sinful or guilty?</td>
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<tr>
<td>P31h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<tr>
<td>P31i. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<tr>
<td>P31j. Were you sleeping too much?</td>
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<tr>
<td>P31k. Did you feel tired out all the time?</td>
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<tr>
<td>P31l. Did you think a lot about death--either your own, someone else's, or death in general?</td>
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<tr>
<td>P31m. Did you feel like you wanted to die?</td>
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<tr>
<td>P31n. Did you attempt suicide?</td>
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<tr>
<td>P31o. [IF NO TO P31n] Did you feel so low you thought about committing suicide?</td>
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</tbody>
</table>
SECTION Q: LIFE EVENTS

Q1. Now I would like to ask you about some other things that may have happened during the last 6 months. During the last 6 months, have you been a victim of a serious physical attack or assault?
   1. YES  5. NO -->GO TO Q2

Q1a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

Q2. Have you had a life-threatening illness or injury in the past 6 months?
   1. YES  5. NO -->GO TO Q3

Q2a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

Q3. Have you had a serious but not life-threatening illness in the last 6 months?
   1. YES  5. NO -->GO TO Q4

Q3a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

Q4. Were you robbed or was your home burglarized in the last 6 months?
   1. YES  5. NO -->NEXT PAGE, Q5

Q4a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)
Q5. Did you involuntarily lose a job for reasons other than retirement in the past 6 months?

1. YES  

2. NO  --> GO TO Q6

Q5a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

MONTH / RECORD YEAR

Q6. Did you have any serious financial problems or difficulties in the past 6 months?

1. YES  

2. NO  --> GO TO Q7

Q6a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

MONTH / RECORD YEAR

Q7. Did a parent, brother or sister die in the past 6 months?

1. YES  

2. NO  --> GO TO Q8

Q7a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

MONTH / RECORD YEAR

Q8. Since we interviewed you in (MONTH, YEAR ON COVERSHEET) has a son or daughter of yours died?

1. YES  

2. NO  --> GO TO Q9

Q8a. In what month and year did that happen? (IF DK MONTH, PROBE FOR SEASON)

MONTH / YEAR

Q9. In the last 6 months, did anyone (else) you felt very close to die?

1. YES  

2. NO  --> NEXT PAGE, Q10

Q9a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON)

MONTH / RECORD YEAR
Q10. Have you moved to a new residence in the last 6 months?

1. YES

5. NO -->GO TO Q11

Q10a. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON).

MONTH RECORD YEAR

Q10b. (RB, P. 19) What was the main reason you moved? (READ SLOWLY) Was it to save money, to be closer to your family, because your other home was too big, to move in with your son or daughter or another reason? (IF OTHER REASON: What was your main reason for moving?)

01. SAVE MONEY

02. CLOSER TO FAMILY

03. HOME TOO BIG

04. MOVE IN WITH SON/DAUGHTER

97. OTHER, SPECIFY: ____________________________

______________________________

Q11. During the last 6 months, has anything (else) bad happened to you that upset you a lot and that you haven't already told me about?

1. YES

5. NO -->NEXT PAGE, SECTION R

Q11a. What was that? ____________________________

______________________________

Q11b. In what month did that happen? (IF DK MONTH, PROBE FOR SEASON.)

MONTH RECORD YEAR
SECTION R: RELIGION

R1. The next several questions are about religion. In general, how important are religious or spiritual beliefs in your day-to-day life? Would you say very important, fairly important, not too important, or not at all important?

1. VERY IMPORTANT  2. FAIRLY IMPORTANT  3. NOT TOO IMPORTANT  4. NOT AT ALL IMPORTANT

R2. (RB, P. 20) How often do you usually attend religious services--more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

R3. (RB, P. 21) When you have problems or difficulties in your family, work, or personal life, how often do you seek spiritual comfort and support--almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

R4. (RB, STILL ON P. 21) When you have decisions to make in your everyday life, how often do you ask yourself what God would want you to do? (Would you say almost always, often, sometimes, rarely, or never?)

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER
R5. Some people believe that people simply stop existing after death while others believe in an afterlife. Which comes closest to what you believe—that people stop existing after death or that there is an afterlife?

1. STOP EXISTING  2. AFTERLIFE  8. DON'T KNOW

R6. (RB, P. 22) Please tell me how strongly you agree or disagree with the next two statements. The first one is: In the afterlife, you will be reunited with your loved ones. Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?

1. STRONGLY AGREE  2. AGREE SOMEWHAT  3. DISAGREE SOMEWHAT  4. STRONGLY DISAGREE

R7. (RB, STILL ON P. 22) People who suffer unjustly in this life will be rewarded in the afterlife. (Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?)

1. STRONGLY AGREE  2. AGREE SOMEWHAT  3. DISAGREE SOMEWHAT  4. STRONGLY DISAGREE
SECTION S: ACTIVITIES AND LIFE SATISFACTION

S1. (RB, P. 23) Next I have a list of things that people have said about themselves. Please tell me how true each statement is of you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
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<tbody>
<tr>
<td>S1 AND S2 ARE OMITTED</td>
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<tr>
<td>S3. I am as hopeful of good things in the future as I have ever been.</td>
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<tr>
<td>S4. I can give as much attention and energy to the things I'm doing as I ever could.</td>
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<tr>
<td>S5 IS OMITTED</td>
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<tr>
<td>S6. I have been able to feel warmth and affection for those near to me.</td>
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<tr>
<td>S7 - S10 ARE OMITTED</td>
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S11. (RB, P. 24) Thinking about all parts of your life including the way you feel, to what extent would you say you are managing as well as ever? Would you say completely, almost completely, fairly much, somewhat, or not much?

1. COMPLETELY  2. ALMOST COMPLETELY  3. FAIRLY MUCH  4. SOMEWHAT  5. NOT MUCH
Now I have some questions about how you spend your time.

S12. (RB, P. 25) 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, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S13. (RB, STILL ON P. 25) How often do you attend meetings or programs of groups, clubs, or organizations that you belong to? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S14. (RB, STILL ON P. 25) How often do you go out to eat, go to a movie or do similar types of things by yourself? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S15. Do you drive a car to get where you need to go?

1. YES  5. NO
S16. (RB, STILL ON P. 25) How often do you work on hobbies or projects around the house, or get involved in other special interests? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK
2. ABOUT ONCE A WEEK
3. 1 TO 3 TIMES A MONTH
4. LESS THAN ONCE A MONTH
5. NEVER

S17. (RB, P. 26) In a typical week, about how many times do you talk on the telephone 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?

1. MORE THAN ONCE A DAY
2. ONCE A DAY
3. 2 OR 3 TIMES A WEEK
4. ABOUT ONCE A WEEK
5. LESS THAN ONCE A WEEK
6. NEVER OR NO PHONE

S18 IS OMITTED

S19. Now, please think about your life as a whole. How satisfied are you with your life—completely satisfied, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED
2. VERY SATISFIED
3. SOMewhat SATISFIED
4. NOT VERY SATISFIED
5. NOT AT ALL SATISFIED

S20. Would you say your daily routine is very satisfying, satisfying, average, boring, or very boring?

1. VERY SATISFYING
2. SATISFYING
3. AVERAGE
4. BORING
5. VERY BORING

S21. How much pleasure do the things you do every day give you—a great deal, a lot, some, a little, or no pleasure?

1. A GREAT DEAL
2. A LOT
3. SOME
4. A LITTLE
5. NO PLEASURE

S22 - S24 ARE OMITTED
SECTION T: DEMOGRAPHICS

T1. To end the interview, I have some questions about your background and circumstances. First, what is the month, day, and year of your birth?

MONTH ___ DAY ___ YEAR

T2. Do you own your own (home/apartment/mobile home), do you pay rent, or what?

1. OWNS OR IS BUYING 5. PAYS RENT

D ' 1 ' 8. NEITHER OWNS NOR RENTS

V

GO TO T4

T2a. If you sold this (house/apartment/mobile home) today, how much money would you get for it after paying off the mortgage, if any?

$_________ AMOUNT R WOULD RECEIVE

T3 IS OMITTED

T4. (SAB, P. 8) Please look at page 8 of the large pink booklet. If we include the income from your and your spouse's earnings, and all other sources, what would your total income before taxes for the last 12 months add up to? Please mark an "X" in the answer box that comes closest to this amount. (If you prefer, I can mark the answer in the questionnaire, just give me the letter from the list.)

T4a.

A. LESS THAN $5,000 (01) E. $20,000-24,999 (05) J. $60,000-79,999 (09)
B. $5,000-9,999 (02) F. $25,000-29,999 (06) K. $80,000+ (10)
C. $10,000-14,999 (03) G. $30,000-39,999 (07)
D. $15,000-19,999 (04) H. $40,000-59,999 (08)
T4b. (SAB, P. 9) Now look at page 9 of the large pink booklet. Suppose you needed money quickly, and you cashed in all of your and your spouse's checking and savings accounts, and any stocks and bonds, and real estate (other than your principal home). If you added up what you got, about how much would this amount to? Please mark an "X" in the answer box that comes closest to this amount. (If you prefer, I can mark the answer in the questionnaire, just give me the letter from the list.)

A. LESS THAN $10,000 (01)  
B. $10,000-19,999 (02)  
C. $20,000-49,999 (03)  
D. $50,000-99,999 (04)  
E. $100,000-199,999 (05)  
F. $200,000-499,999 (06)  
G. $500,000 OR MORE (07)

T5. This completes the interview; thank you for answering these questions.

T6. EXACT TIME NOW: ____________

T7. INTERVIEWER QUESTIONS

T7a. R IS:  
1. MALE  
2. FEMALE

T7b. BASED ON YOUR OBSERVATION, R'S RACE IS:  
1. WHITE  
2. BLACK  
3. AMERICAN INDIAN  
4. ASIAN  
5. OTHER  
8. UNKNOWN

TURN TO COVER SHEET, RECONTACT INFORMATION
THIS IS A BLANK PAGE
SECTION X: INTERVIEWER OBSERVATIONS

X1. Type of structure in which respondent lives:
   01. MOBILE HOME
   02. DETACHED SINGLE FAMILY HOUSE
   03. TWO FAMILY HOUSE; DUPLEX
   04. HOUSE CONVERTED TO APARTMENTS
   05. ROW HOUSE OR TOWN HOUSE (3 OR MORE ATTACHED UNITS)
   06. APARTMENT HOUSE (3 OR MORE UNITS, 3 STORIES OR LESS)
   07. APARTMENT HOUSE (5 OR MORE UNITS, 4 STORIES OR MORE)
   08. APARTMENT IN A PARTLY COMMERCIAL STRUCTURE
   97. OTHER (SPECIFY):

X2. Does respondent have to climb a flight of stairs (more than 3 stairs) to get to living quarters or bedroom? (INCLUDING OUTSIDE STAIRS)
   1. YES
   5. NO
   8. DON'T KNOW

X3. Is R's building/community/area especially designed for older people--is it retirement housing or an adult only community?
   1. YES
   5. NO
   8. DON'T KNOW

X4. How far is it from R's home (building) to the nearest home or other building (on either side or across the road)?
   1. LESS THAN 15 FEET (less than 1 car length)
   2. 15-29 FEET (1 to 2 car lengths)
   3. 30-49 FEET (2 to 3 car lengths)
   4. 50-99 FEET (3 to 6 car lengths)
   5. 100 FEET OR MORE (more than 6 car lengths)

X5. How clean was the interior of the dwelling unit?
   1. VERY CLEAN
   2. CLEAN
   3. SO-SO
   4. NOT VERY CLEAN
   5. DIRTY
   6. DID NOT SEE
X6. How well maintained was the interior of the dwelling?

1. VERY WELL  2. QUITE WELL  3. MIXED, e.g., COULD USE A PAINT JOB  4. POORLY, e.g., NEEDS PAINTING AND SOME REPAIRS

5. VERY POORLY--DILAPIDATED  6. DID NOT SEE

X7. How well kept are the buildings in the respondent's neighborhood?

1. VERY WELL  2. QUITE WELL  3. MIXED  4. POORLY  5. VERY POORLY

X8. How well kept and cared for are the yards and/or sidewalks in front of the buildings in the neighborhood?

1. VERY WELL  2. QUITE WELL  3. MIXED  4. POORLY  5. VERY POORLY

X9. Does R have a pet, or did you observe evidence of a pet?

1. YES  5. NO --GO TO X10

X9a. What type of pet(s)?

X10. Was adult child present during respondent's interview?

1. YES, MOST OF IW  2. YES, ABOUT HALF OF IW  3. YES, BUT INFREQUENT  5. NO --NEXT PAGE, X11

X10a. How much influence or input did adult child seem to have on R's answers?

☐ 1. Corrected answers, actively answered for R, interrupted
☐ 2. Listened, but did not actively interfere.
☐ 3. Paid little attention
☐ 6. No influence
X11. Who else was present during the interview?

1. NO ONE  
2. OTHER ADULTS  
3. CHILD(REN) UNDER 18  
4. ADULTS AND CHILD(REN) UNDER 18  

GO TO X12

X11a. How much distraction was caused by (this person/these people)?

1. CONSTANT  
2. SOME  
3. LITTLE  
4. NONE

X12. The overall quality of this interview is:

1. HIGH QUALITY  
2. GENERALLY RELIABLE  
3. QUESTIONABLE  
4. UNSATISFACTORY

X13. How alert do you think R was?

1. EXTREMELY ALERT AND RESPONSIVE  
2. QUITE ALERT AND RESPONSIVE  
3. ADEQUATELY ALERT AND RESPONSIVE (AVERAGE)  
4. SLIGHTLY UNRESPONSIVE  
5. VERY UNRESPONSIVE

X14. How was R’s understanding of the questions?

1. EXCELLENT  
2. GOOD  
3. FAIR  
4. POOR

X15. How much difficulty did R have remembering things that you asked (him/her) about?

1. NO DIFFICULTY  
2. A LITTLE DIFFICULTY  
3. SOME DIFFICULTY  
4. A LOT OF DIFFICULTY  
5. COULDN’T DO AT ALL

X16. Does R wear a hearing aid?

1. YES  
3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN’T DURING THE INTERVIEW  
5. NO
<table>
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<tr>
<th>X17.</th>
<th>How much difficulty did R have hearing you when you talked to (him/her)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NO DIFFICULTY</td>
<td>2. A LITTLE DIFFICULTY</td>
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<tr>
<th>X18.</th>
<th>Does R wear eyeglasses (or contact lenses if you saw them or they were mentioned)?</th>
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<tbody>
<tr>
<td>1. YES</td>
<td>3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW</td>
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<tr>
<th>X19.</th>
<th>How much difficulty did R have seeing things up close?</th>
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<tbody>
<tr>
<td>1. NO DIFFICULTY</td>
<td>2. A LITTLE DIFFICULTY</td>
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<tr>
<th>X20.</th>
<th>How much difficulty did R seem to have walking around in the home?</th>
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<tr>
<th>X21.</th>
<th>How would you rate R's health?</th>
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<tbody>
<tr>
<td>1. EXCELLENT</td>
<td>2. GOOD</td>
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<tr>
<th>X22.</th>
<th>How tiring did the interview seem to be for R?</th>
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<tbody>
<tr>
<td>1. VERY TIRING</td>
<td>2. SOMewhat TIRING</td>
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<tr>
<th>X23.</th>
<th>How much effort did R put into the interview and giving good responses?</th>
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<tbody>
<tr>
<td>1. A LOT---TRIED HARD</td>
<td>2. QUITE A BIT---TRIED FAIRLY HARD</td>
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</table>
X24. How much did R seem to enjoy the interview?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

X25. On the basis of your experience with R in the interview, how comfortable would you say R is in dealing with other people?

1. NOT AT ALL  2. SLIGHTLY  3. SOMEWHAT  4. FAIRLY  5. VERY

X26. On the basis of your experience with R in the interview, how skilled would you say R is in handling or dealing with other people?

1. NOT AT ALL  2. SLIGHTLY  3. SOMEWHAT  4. FAIRLY  5. VERY

X27. How warm or cold was R to you?

1. VERY WARM  2. SOMEWHAT WARM  3. SOMEWHAT COOL  4. COLD AND DISTANT

X28. Rate respondent’s appearance/attractiveness:

1. VERY ATTRACTIVE OR BEAUTIFUL  2. ATTRACTIVE (ABOVE AVERAGE FOR AGE AND SEX)  3. AVERAGE ATTRACTIVENESS FOR AGE AND SEX

4. UNATTRACTIVE (BELOW AVERAGE FOR AGE AND SEX)  5. VERY UNATTRACTIVE

X29. Respondent’s grooming:

1. VERY NEAT AND CLEAN  2. SOMEWHAT NEAT AND CLEAN  3. NOT VERY NEAT AND CLEAN  4. NOT AT ALL NEAT AND CLEAN
X30. How emotionally stable do you think the respondent is (i.e., how well do you think the respondent can handle stress)?

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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td>VERY</td>
<td>2</td>
<td>3</td>
<td>ABOUT</td>
<td>5</td>
<td>6</td>
<td>VERY</td>
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<td>STABLE</td>
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<td>AVERAGE</td>
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<td>UNSTABLE</td>
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X31. When answering the questions, how open and forthcoming do you think the respondent was?

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<th>1</th>
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</thead>
<tbody>
<tr>
<td>VERY</td>
<td>2</td>
<td>3</td>
<td>ABOUT</td>
<td>5</td>
<td>6</td>
<td>NOT AT</td>
</tr>
<tr>
<td>OPEN</td>
<td></td>
<td></td>
<td>AVERAGE</td>
<td></td>
<td></td>
<td>ALL OPEN</td>
</tr>
</tbody>
</table>

X32. Was R wearing a wedding ring?

1. YES  
5. NO  --> GO TO X33  

X32a. On which hand was R wearing the ring?

1. LEFT  
5. RIGHT
THUMBNAIL SKETCH
THE CHANGING LIVES OF OLDER COUPLES
WAVE III FOLLOW-UP

The University of Michigan
Survey Research Center
Institute for Social Research
Ann Arbor, MI 48106

R History:
Matched Control
ID#: -71
History:

1. INTERVIEWER'S LABEL

2. Iw No: 

3. Date of Iw: 

4. Length of Iw: _______ MINS

5. Length of Edit: _______ MINS

THIS STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary. If we come to any question you do not want to answer, please let me know and we'll go on to the next one.

REVIEWED BY:

☐ SUPERVISOR ___________ (DATE)
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SECTION A: HOUSEHOLD LISTING

A0. EXACT TIME NOW: 

A1. First, I need to list all the people who live here. 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?

Now I need the age, sex, and relationship to you of any other adults and children who live here.

<table>
<thead>
<tr>
<th>(a) RELATIONSHIP TO RESPONDENT</th>
<th>(b) SEX</th>
<th>(c) AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RESPONDENT</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<tr>
<td>9.</td>
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<tr>
<td>10.</td>
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</tbody>
</table>

A1a. - A37e. ARE OMITTED.
SECTION B: PARENTING

The next questions are about children.

B1. Do you have any children who are not living here with you at the present time? Please include adopted children or stepsons and stepdaughters not living here.

1. YES
2. NO

5. NO, NO CHILDREN ELSEWHERE --> GO TO B2

B1a. How many do not live with you?

NUMBER

B2. Altogether, how many living children do you have? Again, please include any adopted children or stepsons and stepdaughters you may have.

NUMBER OF CHILDREN

00. NONE --> TURN TO P. 8, B25

B2a. INTERVIEWER CHECKPOINT

1. R ONLY HAS ONE CHILD
2. ALL OTHERS --> NEXT PAGE, B3

B2b. Is this a son or daughter?

1. SON
2. DAUGHTER
B3. INTERVIEWER CHECKPOINT

SEE B1 AND B1a

☐ 1. R HAS NO CHILDREN LIVING ELSEWHERE --> NEXT PAGE, B6

☐ 2. R HAS ONLY ONE CHILD LIVING ELSEWHERE

☐ 3. R HAS MORE THAN ONE CHILD LIVING ELSEWHERE

B4. Think about your (son/daughter) who does not live with you. Does (he/she) live within an hour's drive from here?

01. YES 96. NO

B4a. (RB, P. 1) In the past 12 months, how often did you have contact either in person, by phone, or by mail with your (son/daughter) who doesn't live with you? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK 2. ABOUT ONCE A WEEK 3. 1 TO 3 TIMES A MONTH 4. LESS THAN ONCE A MONTH 5. NEVER

B5. Think about your children who do not live with you. How many of your children live within an hour's drive from you?

96. NONE __________ NUMBER

B5a. (RB, P. 1) In the past 12 months, how often did you have contact, either in person, by phone, or by mail with at least one of your children who do not live with you? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?
B6. INTERVIEWER CHECKPOINT

SEE B2

☐ 1. R HAS ONLY ONE CHILD --> TURN TO P. 6, B16

☐ 2. R HAS TWO OR MORE CHILDREN

B7. (RB, P. 2) 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?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B8. (RB, STILL ON P. 2) How much do you feel they make too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B9. (RB, STILL ON P. 2) How much do you feel you make too many demands on your children? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B10. (RB, STILL ON P. 2) How much are they willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B11. (RB, STILL ON P. 2) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B12. (RB, P. 3) At this point in your life, how satisfied are you with being a parent --are you completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED 2. VERY SATISFIED 3. SOMEWHAT SATISFIED 4. NOT VERY SATISFIED 5. NOT AT ALL SATISFIED

B13. Not using the booklet--How often do you feel bothered or upset as a parent--almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER
### B14. (RB, P. 4) How much do your children depend on you for emotional support? Would you say a lot, some, a little, or not at all?

<table>
<thead>
<tr>
<th></th>
<th>A LOT (1)</th>
<th>SOME (2)</th>
<th>A LITTLE (3)</th>
<th>NOT AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B14a.</td>
<td>How much do they depend on you for help or advice with financial and legal matters?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B14c.</td>
<td>How much do they depend on you for help with errands, babysitting, or other chores?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B14d.</td>
<td>How much do you depend on your children for emotional support?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B14e.</td>
<td>How much do you depend on them for help or advice with financial and legal matters?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B14f.</td>
<td>How much do you depend on them for help with errands or other chores?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B15. (RB, P. 5) At this point in your life, how often do you and any of your children have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

<table>
<thead>
<tr>
<th></th>
<th>1. MORE THAN ONCE A WEEK</th>
<th>2. ABOUT ONCE A WEEK</th>
<th>3. 1-3 TIMES A MONTH</th>
<th>4. LESS THAN ONCE A MONTH</th>
<th>5. NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TURN TO P. 8, B25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B16. (RB, P. 2) How much does your (son/daughter) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B17. (RB, STILL ON P. 2) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B18. (RB, STILL ON P. 2) How much do you feel you make too many demands on your (son/daughter)? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B19. (RB, STILL ON P. 2) How much is (he/she) willing to listen when you need to talk about your worries or problems (--a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B20. (RB, STILL ON P. 2) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B21. (RB, P. 3) At this point in your life, how satisfied are you with being a parent—are you completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

B22. Not using the booklet—How often do you feel bothered or upset as a parent—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER
| B23a. (RB, P. 4) How much does your (son/daughter) depend on you for emotional support? Would you say a lot, some, a little, or not at all? | A LOT (1) | SOME (2) | A LITTLE (3) | NOT AT ALL (4) |
| B23b. How much does (he/she) depend on you for help or advice with financial and legal matters? |
| B23c. How much does (he/she) depend on you for help with errands, babysitting, or other chores? |
| B23d. How much do you depend on your (son/daughter) for emotional support? |
| B23e. How much do you depend on (him/her) for help or advice with financial and legal matters? |
| B23f. How much do you depend on (him/her) for help with errands or other chores? |

**B24. (RB, P. 5) At this point in your life, how often do you and your (son/daughter) have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?**

| 1. MORE THAN ONCE A WEEK | 2. ABOUT ONCE A WEEK | 3. 1-3 TIMES A MONTH | 4. LESS THAN ONCE A MONTH | 5. NEVER |
B25. How many grandchildren do you have, if any?

- **01. ONE**
- **OTHER:** _________
- **00. NONE**

NEXT PAGE,
SECTION C

---

B25a. (RB, STILL ON P. 5) How often do you see your grandchild? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

| 1. MORE THAN ONCE A WEEK | 2. ABOUT ONCE A WEEK | 3. 1 TO 3 TIMES A MONTH | 4. LESS THAN ONCE A MONTH | 5. NEVER |
---|---|---|---|---|---|

B25b. (RB, STILL ON P. 5) How often do you see your grandchildren? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)
SECTION C: SOCIAL SUPPORT

Now I would like to ask you some questions about your relationships with your relatives and friends. Please think of all your close family members (including children), as well as other friends and relatives.

C1. Is there anyone in your life with whom you can really share your very private feelings and concerns?

\[ \begin{array}{cc}
1. & \text{YES} \\
5. & \text{NO} \end{array} \rightarrow \text{NEXT PAGE, C7} \]

\[ \rightarrow \]

C1a. How many such people are there?

\[
\text{NUMBER}
\]

C2. - C6. ARE OMITTED.
C7. The next questions are about friends and relatives (other than your children). Since becoming widowed, do you have contact with your other relatives and friends more, about the same, or less than before?

1. MORE  3. SAME  5. LESS

C8. Compared to when your (husband/wife) was alive, do you have more interest, about the same amount of interest, or less interest in having contact with relatives and friends?

1. MORE  3. SAME  5. LESS

C9. Do your relatives and friends show more interest, about the same amount of interest, or less interest in having contact with you?

1. MORE  3. SAME  5. LESS

C10. (RB, P. 6) 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?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C11. (RB, STILL ON P. 6) 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?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C12. (RB, STILL ON P. 6) How much are your friends and relatives willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C13. (RB, STILL ON P. 6) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
SECTION D: GRIEF

D1. - D2e. ARE OMITTED.

D3. (RB, P. 7) Now, I have a list of feelings and emotions that some people still experience many months after the loss of their husband or wife. Please think about the past month. Because of the loss of your (husband/wife) . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>NO, NEVER (1)</th>
<th>YES, BUT RARELY (2)</th>
<th>YES, SOMETIMES (3)</th>
<th>YES, OFTEN (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3. . . . have you felt afraid of what lies ahead for you? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?</td>
<td></td>
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</tr>
<tr>
<td>D4. (Because of the loss of your [husband/wife]) Have you felt extremely anxious and unsettled during the past month?</td>
<td></td>
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</tr>
<tr>
<td>D5. During the past month, (because of the loss of your [husband/wife]) have you felt worried about how you would manage your day-to-day affairs?</td>
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<tr>
<td>D6. (Because of the loss of your [husband/wife]) Has life seemed empty?</td>
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<tr>
<td>D7. During the past month, (because of the loss of your [husband/wife]) did you feel amazed at your strength?</td>
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<tr>
<td>D8. Did you feel you were coping well with the loss of your (husband/wife)?</td>
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<tr>
<td>D9. During the past month, did you feel proud of how well you were managing?</td>
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<tr>
<td></td>
<td>NO, NEVER (1)</td>
<td>YES, BUT RARELY (2)</td>
<td>YES, SOMETIMES (3)</td>
<td>YES, OFTEN (4)</td>
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<tr>
<td>D10. (RB, STILL ON P. 7) (Because of the loss of your [husband/wife]), have you felt as though you were in a state of shock?</td>
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<tr>
<td>D11. During the past month, (because of the loss of your [husband/wife]) have you felt as though you couldn't believe what was happening?</td>
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</tr>
<tr>
<td>D12. (Because of the loss of your [husband/wife]), have you felt emotionally numb?</td>
<td></td>
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<tr>
<td>D13. During the past month, have you felt resentful or bitter about your (husband’s/wife’s) death?</td>
<td></td>
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<tr>
<td>D14. Have you felt that the death of your (husband/wife) was unfair?</td>
<td></td>
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<tr>
<td>D15. In the past month, have you felt anger toward God (because of the loss of your [husband/wife])?</td>
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<tr>
<td>D16. Have you felt empty inside, like an important part of you is missing (because of the loss of your [husband/wife])?</td>
<td></td>
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<tr>
<td>D17. In the past month, have you felt that life has lost its meaning (because of the loss of your [husband/wife])?</td>
<td></td>
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<tr>
<td>D18. Have you had any regrets about anything that happened between you and your (husband/wife) while (he/she) was still alive?</td>
<td></td>
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<tr>
<td>D19. Have you felt as though you did all you could have done for your (husband/wife) before (his/her) death?</td>
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</tr>
<tr>
<td>D20. During the past month, have you had any regrets about things you did or failed to do while (he/she) was alive?</td>
<td></td>
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</tr>
</tbody>
</table>
| D21. In the past month, have you heard a sound that you thought might be (him/her)?
<table>
<thead>
<tr>
<th>Question</th>
<th>NO, NEVER (1)</th>
<th>YES, BUT RARELY (2)</th>
<th>YES, SOMETIMES (3)</th>
<th>YES, OFTEN (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D22. (RB, STILL ON P. 7) In the past month, have you sensed the presence of your (husband/wife)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D23. To help you make decisions, have you thought about what your (husband/wife) would have done?</td>
<td></td>
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</tr>
<tr>
<td>D24. During the past month, have you felt drawn to places and things that make you feel close to your (husband/wife)?</td>
<td></td>
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<tr>
<td>D25. Have you found yourself longing to have (him/her) with you?</td>
<td></td>
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</tbody>
</table>
D26. (RB, STILL ON P. 7) People have different reactions to the death of a husband or wife. During the past month, have you had painful waves of missing your (husband/wife)? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

GO TO D27

D26. (RB, STILL ON P. 7) People have different reactions to the death of a husband or wife. During the past month, have you had painful waves of missing your (husband/wife)? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

GO TO D27

D26a. (RB, STILL ON P. 7) Has it happened in the last 12 months?—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

D26b. IS OMITTED

D27. (RB, STILL ON P. 7) During the past month, have you experienced feelings of intense pain or grief over the loss of your (husband/wife)—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

NEXT PAGE, D29

D27a. (RB, STILL ON P. 7) Has it happened in the last 12 months?—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

D27b. AND D28 ARE OMITTED
D29. Considering all the things associated with your (husband's/wife's) death, from the time of the death up until now, how stressful has the death been for you? Would you say not stressful, a little stressful, somewhat, very, or so stressful that it was nearly unbearable?

1. NOT STRESSFUL  2. A LITTLE  3. SOMEWHA T  4. VERY  5. NEARLY UNBEARABLE

D30. Is losing your (husband/wife) the most stressful thing that has ever happened to you?

1. YES  5. NO

D30a. What was more stressful than the death of your (husband/wife)?
SECTION E: RESPONSES TO THE LOSS

For the next questions, please think about the past month.

E1. *(RB, P. 8)* During the past month, how often have you had thoughts or memories of your (husband/wife)? Would you say several times a day, daily or almost daily, 2 to 3 times a week, about once a week, less than once a week, or never?

<table>
<thead>
<tr>
<th>选项</th>
<th>1. SEVERAL TIMES A DAY</th>
<th>2. DAILY OR ALMOST DAILY</th>
<th>3. 2 TO 3 TIMES A WEEK</th>
<th>4. ABOUT ONCE A WEEK</th>
<th>5. LESS THAN ONCE A WEEK</th>
<th>6. NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>选择</td>
<td>NO, NEVER (1)</td>
<td>YES, BUT RARELY (2)</td>
<td>YES, SOMETIMES (3)</td>
<td>YES, OFTEN (4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E2. *(RB, P. 9)* During the past month, did thoughts or memories of your (husband/wife) make you feel sad or upset? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

E3. Did thoughts or memories of (him/her) make you feel happy or at peace?

E4. During the past month, have you had difficulty falling asleep because thoughts relating to (him/her) kept coming into your mind?

E5. Have you tried to block out memories or thoughts of your (husband/wife)?

E6. During the past month, did you find that you couldn't get thoughts of your (husband/wife) out of your mind even when you wanted to?

E7. During the past month, have you found yourself going over and over what happened?

MIDDLE OF NEXT PAGE, E10
E8. (RB, STILL ON P. 9) During the past 12 months (that is, since [MONTH, YEAR]), did you ever find that you couldn't get thoughts of your (husband/wife) out of your mind even when you wanted to—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOMETIMES 4. YES, OFTEN

E9. (RB, STILL ON P. 9) During the past 12 months, did you ever find yourself going over and over what happened—(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOMETIMES 4. YES, OFTEN

E10. (RB, STILL ON P. 9) During the past month, have you tried to keep busy so that you would be less likely to dwell on your (husband/wife) or (his/her) death? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOMETIMES 4. YES, OFTEN

E11. (RB, STILL ON P. 9) During the past month, have you avoided people or places that remind you of (him/her)? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOMETIMES 4. YES, OFTEN

E12. (RB, STILL ON P. 9) During the past 12 months, did you ever ask yourself "Why me?" or "Why my (husband/wife)?" (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOMETIMES 4. YES, OFTEN

NEXT PAGE,
E13

E12a. Were you able to answer this question?

1. YES 5. NO
E13. (RB, STILL ON P. 9) During the past month, have you ever found yourself searching to make sense or find some meaning in your (husband's/wife's) death--(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

GO TO E14

E13a. (RB, STILL ON P. 9) Has this happened during the past 12 months? (no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

E13b. IS OMITTED.

E14. (RB, P. 10) Have you made any sense or found any meaning in your (husband's/wife's) death? Would you say no, not at all; yes, a little; yes, some; or yes, a great deal?

1. NO, NOT AT ALL
2. YES, A LITTLE
3. YES, SOME
4. YES, A GREAT DEAL

E14a. Can you tell me why you feel that way?

E14b. How have you done so? (PROBE FOR A FULL RESPONSE.)

E14c. (RB, STILL ON P. 10) Are you comforted by this explanation--(no, not at all; yes, a little; yes, some; or yes, a great deal)?

1. NO, NOT AT ALL
2. YES, A LITTLE
3. YES, SOME
4. YES, A GREAT DEAL
E15. (RB, P. 11) Please tell me how true the following statements are as they apply to you now.

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E15. At times, I want or need to think about my (husband/wife) or (his/her) death. (Is this very true, somewhat, a little, or not true at all?)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>E16. Almost everything I see or hear brings back painful reminders of my (husband/wife).</td>
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<tr>
<td>E17. I try not to think about what happened.</td>
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<tr>
<td>E18. I do not see any purpose in dwelling on my (husband's/wife's) death.</td>
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<tr>
<td>E19. (RB, STILL ON P. 11) It is upsetting to come into contact with reminders of my (husband/wife)--(very true, somewhat, a little, or not true at all)?</td>
<td>1. VERY TRUE</td>
<td>2. SOMEWHAT TRUE</td>
<td>3. A LITTLE TRUE</td>
<td>4. NOT TRUE AT ALL</td>
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<td></td>
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<tr>
<td>E19a. (RB, STILL ON P. 11) There were times in the past 12 months when it was upsetting to come into contact with reminders of (him/her)--(very true, somewhat, a little, or not true at all)?</td>
<td>1. VERY TRUE</td>
<td>2. SOMEWHAT TRUE</td>
<td>3. A LITTLE TRUE</td>
<td>4. NOT TRUE AT ALL</td>
</tr>
<tr>
<td>E20. (RB, STILL ON P. 11) I feel the need to be with people who will let me talk about my (husband/wife) or (his/her) death. (Is this very true of you, somewhat, a little, or not true at all of you?)</td>
<td>1. VERY TRUE</td>
<td>2. SOMEWHAT TRUE</td>
<td>3. A LITTLE TRUE</td>
<td>4. NOT TRUE AT ALL</td>
</tr>
</tbody>
</table>
E21. (RB, P. 12) During the past month, how often did you actually talk about your (husband/wife) or (his/her) death with anyone? Would you say several times a day, daily or almost daily, 2 to 3 times a week, about once a week, less than once a week, or never?

1. SEVERAL TIMES A DAY  
2. DAILY OR ALMOST DAILY  
3. 2 TO 3 TIMES A WEEK  
4. ABOUT ONCE A WEEK  
5. LESS THAN ONCE A WEEK  
6. NEVER

E22. (RB, P. 13) In general, during the past month, has talking with others about (him/her) made you feel sad or upset? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E23. (RB, STILL ON P. 13) Has talking about (him/her) made you feel happy or at peace during the past month--(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E24. (RB, STILL ON P. 13) During the past month, has talking about (him/her), or (his/her) death, or how you are doing seemed to make other people uncomfortable--(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E25. (RB, STILL ON P. 13) During the past month, have you ended up talking about your (husband/wife) or (his/her) death, or how you are doing even when you didn’t want to--(no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER  
2. YES, BUT RARELY  
3. YES, SOMETIMES  
4. YES, OFTEN

E26. (RB, P. 14) Please tell me how true the following statements are as they apply to you. At times I find that I want or need to cry. (Is this very true of you, somewhat, a little, or not true at all of you?)

1. VERY TRUE  
2. SOMewhat TRUE  
3. A LITTLE TRUE  
4. NOT TRUE AT ALL

E27. (RB, STILL ON P. 14) I believe that there is no point in crying over the loss of my (husband/wife) since crying will not bring (him/her) back. (Is this very true for you, somewhat, a little, or not true at all for you?)

1. VERY TRUE  
2. SOMewhat TRUE  
3. A LITTLE TRUE  
4. NOT TRUE AT ALL
E28. (RB, P. 15) During the past month, how often did you actually cry about the loss of your (husband/wife)? Would you say several times a day, daily or almost daily, 2 to 3 times a week, about once a week, less than once a week, or never?

1. SEVERAL TIMES A DAY
2. DAILY OR ALMOST DAILY
3. 2 TO 3 TIMES A WEEK
4. ABOUT ONCE A WEEK
5. LESS THAN ONCE A WEEK
6. NEVER

E28a. How long did these periods of crying typically last?

MINUTES OR HOURS

E28b. IS OMITTED

E29. (RB, P. 16) In general, during the past month, has crying made you feel worse than you did before (--no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

E30. (RB, STILL ON P. 16) Has crying made you feel better during the past month (--no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

E31. (RB, STILL ON P. 16) During the past month, did you become tearful even when you didn’t want to? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN
E32. (RB, P. 17) Now I have two sets of questions focusing on dreams and nightmares which many people have after their spouse's death. First, I will ask you about dreams. During the past 12 months, approximately how many times, if any, did you have dreams about your (husband/wife) or (his/her) death (-- once or twice, 3 or 4 times, about once a month, 2-3 times a month, once a week or more, or none?)

1. 1-2
2. 3-4 TIMES
3. ONCE A MO.
4. 2-3 TIMES/MO. TIMES/MONTH
5. ONCE A WEEK OR MORE
6. NONE

GO TO E33

E32a. How do these dreams make you feel -- very sad or upset, somewhat sad or upset, or very happy?

1. VERY SAD OR UPSET
2. SOMEWHAT SAD/UPSET
3. SOMEWHAT HAPPY
4. VERY HAPPY

E33. (RB, STILL ON P. 17) Now please think about the first couple of years after your (husband/wife) died. Approximately how many times, if any, did you have dreams about your (husband/wife) or (his/her) death (-- once or twice, 3 or 4 times, about once a month, 2-3 times a month, once a week or more, or none?)

1. 1-2
2. 3-4 TIMES
3. ONCE A MO.
4. 2-3 TIMES/MO. TIMES/MONTH
5. ONCE A WEEK OR MORE
6. NONE

E34. (RB, STILL ON P. 17) The next questions are about nightmares. During the past 12 months, approximately how many times, if any, did you have nightmares about your (husband/wife) or (his/her) death (-- once or twice, 3 or 4 times, about once a month, 2-3 times a month, once a week or more, or none?)

1. 1-2
2. 3-4 TIMES
3. ONCE A MO.
4. 2-3 TIMES/MO. TIMES/MONTH
5. ONCE A WEEK OR MORE
6. NONE

E35. (RB, STILL ON P. 17) Now please think about the first couple of years after your (husband/wife) died. Approximately how many times, if any, did you have nightmares about your (husband/wife) or (his/her) death (-- once or twice, 3 or 4 times, about once a month, 2-3 times a month, once a week or more, or none?)

1. 1-2
2. 3-4 TIMES
3. ONCE A MO.
4. 2-3 TIMES/MO. TIMES/MONTH
5. ONCE A WEEK OR MORE
6. NONE
SECTION F: COPING WITH PROBLEMS OF WIDOWHOOD

The next questions are about problems and changes facing bereaved people.

F1. (RB, P. 18) During the past month, have you experienced feelings of grief, loneliness, or missing your (husband/wife)? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

NEXT PAGE, F2

F1a. (RB, STILL ON P. 18) Have you had these feelings in the last 12 months (no, never; yes, but rarely; yes, sometimes; or yes, often)?

1. NO, NEVER
2. YES, BUT RARELY
3. YES, SOMETIMES
4. YES, OFTEN

TURN TO MIDDLE OF PAGE 25, F4

NEXT PAGE, F2

F1b. IS OMITTED
I am going to read you a list of things people sometimes do to handle feelings of grief, loneliness or missing their (husband/wife). For each one, please tell me how much you have done this to help you cope with your feelings in the last 12 months.

<table>
<thead>
<tr>
<th>Action</th>
<th>A LOT (1)</th>
<th>A LITTLE (2)</th>
<th>NOT AT ALL (3)</th>
<th>IF VOLUNTEERED: DID, BUT NOT TO COPE WITH SPOUSE’S DEATH (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To cope with these feelings, how much have you gotten out of the house--gone somewhere, or taken a walk or drive? (Have you done this a lot, a little, or not at all?)</td>
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<td>How much have you kept busy or tried to get involved in some activity?</td>
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<td>How much have you turned to God for strength and comfort?</td>
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<td>How much have you tried to dull the pain you are feeling by turning to alcohol, food or drugs, or sleeping more?</td>
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<td>How much have you tried to think about the good things about your life?</td>
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<td>How much have you told yourself that things will get better with time; that you have gone through the worst of it?</td>
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<tr>
<td>How much have you tried to remember the good times that you and your (husband/wife) had together?</td>
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<tr>
<td>How much have you done things that help you feel close to your (husband/wife), such as going to the cemetery?</td>
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<tr>
<td>How much have you tried to forget about what has happened?</td>
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</tbody>
</table>
F3. (NOT USING THE BOOKLET) For the next few questions you can just answer yes or no. To help handle feelings of grief, loneliness, or missing your (husband/wife), have you...

F3a. ...gone to a self-help group or support group for people who have lost a spouse?

1. YES  5. NO

F3b. Have you seen a minister, priest, or other clergy for help?

1. YES  5. NO

F3c. Have you talked to your family doctor about your feelings of grief, loneliness, or missing your (husband/wife)?

1. YES  5. NO

F3d. Have you gone to a mental health professional for help--someone like a social worker or psychologist?

1. YES  5. NO

F4. (RB, P. 20) During the past month, have you been bothered by having to plan or fix meals and eat on your own? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN

F5. (RB, STILL ON P. 20) During the past month, have you experienced problems keeping up with things around the house such as cleaning, paying bills, maintenance of your home and car, or doing laundry? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER  2. YES, BUT RARELY  3. YES, SOMETIMES  4. YES, OFTEN
F6. During the past month, have you been bothered by having to handle such things as your (husband/wife's) estate, arranging for credit, or dealing with insurance companies or agencies like Blue Cross or Social Security? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOMETIMES 4. YES, OFTEN

F7. During the past month, have you been troubled by having to make major decisions without your (husband/wife), such as decisions about major purchases or whether or not to move? (Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?)

1. NO, NEVER 2. YES, BUT RARELY 3. YES, SOMETIMES 4. YES, OFTEN

F8. During the past month, have you had any problems as a result of being widowed that I haven't asked you about?

1. YES 5. NO --> NEXT PAGE, SECTION G

F8a. What other problems have you experienced?
SECTION G: MARRIAGE

G1. Did your (husband/wife) have any serious, ongoing, health problems before (he/she) died?

1. YES

5. NO

G1a. For the next questions, please think about the last few years of your marriage before your (husband/wife) became very ill. (You can just give me the number from the booklet if you prefer.)

G1b. For the next questions, please think about the last few years of your marriage. (You can just give me the number from the booklet if you prefer.)

G2. (RB, P. 21) How much did your (husband/wife) make you feel loved and cared for? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G3. (RB, STILL ON P. 21) How much do you feel (he/she) made too many demands on you in the last few years of your marriage (before [he/she] became very ill)? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G4. (RB, STILL ON P. 21) In the last few years of your marriage (before [he/she] became very ill) how much was (he/she) willing to listen when you needed to talk about your worries or problems--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

G5. (RB, STILL ON P. 21) During the last few years of your marriage (before [he/she] became ill) how much were you willing to listen when your (husband/wife) needed to talk about (his/her) worries or problems--(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
G6. (RB, STILL ON P. 21) How much do you think you made your (husband/wife) feel loved and cared for—(a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

G7. (RB, P. 22) During the last few years of your marriage (before [he/she] became ill), how often would you say you and your (husband/wife) typically had unpleasant disagreements or conflicts? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK 2. ABOUT ONCE A WEEK 3. 1 TO 3 TIMES A MONTH 4. LESS THAN ONCE A MONTH 5. NEVER

G8. (RB, P. 23) Please tell me how true the next two statements are. My (husband/wife) did not treat me as well as I deserved to be treated. (Is this very true, somewhat true, a little true, or not true at all?)

1. VERY TRUE 2. SOMewhat TRUE 3. A LITTLE TRUE 4. NOT TRUE AT ALL

G9. (RB, STILL ON P. 23) I did not treat my (husband/wife) as well as (he/she) deserved to be treated. (Is this very true, somewhat true, a little true, or not true at all?)

1. VERY TRUE 2. SOMewhat TRUE 3. A LITTLE TRUE 4. NOT TRUE AT ALL
SECTION H: SELF DESCRIPTION

H1. (RB, STILL ON P. 23) Please tell me how true the following statements are as they apply to you now.

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMewhat TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. On the whole I am satisfied with myself. (Is this very true, somewhat, a little, or not true at all as it applies to you?)</td>
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<td>H2. At times I think I am no good at all.</td>
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<td>H3. I wish I could have more respect for myself.</td>
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<td>H4. All in all, I am inclined to feel that I am a failure.</td>
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<td>H5. I feel I am a person of worth, at least equal with others.</td>
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</tbody>
</table>

H6 - H9 ARE OMITTED
H10. (SAB, P. 1) Please look at page 1 of the large booklet where you will find a number of statements. After each statement, put an "X" in the answer category that indicates how strongly you agree or disagree with the statement as it applies to you. The best answer is usually the one that comes to your mind first, so try not to spend too much time on any one statement. Continue until you see a STOP sign at the bottom of page 4. (If you prefer, I can read the statements to you. [RB P. 24])

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<table>
<thead>
<tr>
<th>STRONGLY AGREE (1)</th>
<th>AGREE (2)</th>
<th>NEUTRAL (3)</th>
<th>DISAGREE (4)</th>
<th>STRONGLY DISAGREE (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H11. I have a very active imagination. Do you strongly agree, agree, feel neutral, disagree or strongly disagree?</td>
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<tr>
<td>H12. I keep my belongings neat and clean.</td>
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<tr>
<td>H13. I'm an even-tempered person.</td>
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<tr>
<td>H15. I'm pretty good about pacing myself so as to get things done on time.</td>
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<tr>
<td></td>
<td>STRONGLY AGREE (1)</td>
<td>AGREE (2)</td>
<td>NEUTRAL (3)</td>
<td>DISAGREE (4)</td>
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<tr>
<td>H16. I don't get much pleasure from chatting with people.</td>
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<td>H17. I like to have a lot of people around me.</td>
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<tr>
<td>H18. I am sometimes completely absorbed in music I am listening to.</td>
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<tr>
<td>H19. I have a clear set of goals and work toward them in an orderly fashion.</td>
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<tr>
<td>H20. I rarely experience strong emotions.</td>
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<tr>
<td>H21. I work hard to accomplish my goals.</td>
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<tr>
<td>H22. I am easily frightened.</td>
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<tr>
<td>H23. I tend to blame myself when anything goes wrong.</td>
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<tr>
<td>H24. I waste a lot of time before settling down to work.</td>
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<tr>
<td>H25. I often worry about things that might go wrong.</td>
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<td>H26. Sometimes I'm not as dependable or reliable as I should be.</td>
<td></td>
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<tr>
<td>H27. Poetry has little or no effect on me.</td>
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<tr>
<td>H28. It takes a lot to get me mad.</td>
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<tr>
<td>H29. I experience a wide range of emotions or feelings.</td>
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<tr>
<td></td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>NEUTRAL</td>
<td>DISAGREE</td>
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<tr>
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<tr>
<td>H30.</td>
<td>I have strong emotional attachments to my friends.</td>
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</tr>
<tr>
<td>H31.</td>
<td>I never seem to be able to get organized.</td>
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<tr>
<td>H32.</td>
<td>I prefer jobs that let me work alone without being bothered by other people.</td>
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<td></td>
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<tr>
<td>H33.</td>
<td>I strive for excellence in everything I do.</td>
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<tr>
<td>H34.</td>
<td>I am seldom sad or depressed.</td>
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<tr>
<td>H35.</td>
<td>I'm pretty set in my ways.</td>
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<tr>
<td>H36.</td>
<td>I have trouble resisting my cravings.</td>
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<tr>
<td>H37.</td>
<td>I have sometimes done things just for &quot;kicks&quot; or &quot;thrills&quot;.</td>
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<tr>
<td>H38.</td>
<td>I enjoy solving problems or puzzles.</td>
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<tr>
<td>H39.</td>
<td>It would not bother me if I had to punish a child or pet.</td>
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<tr>
<td>H40.</td>
<td>Once I find the right way to do something I stick to it.</td>
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<tr>
<td>H41.</td>
<td>At times I have been so ashamed I just wanted to hide.</td>
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<td></td>
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</tr>
<tr>
<td>H42.</td>
<td>Some people think I'm selfish and egotistical.</td>
<td></td>
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<tr>
<td></td>
<td>STRONGLY AGREE (1)</td>
<td>AGREE (2)</td>
<td>NEUTRAL (3)</td>
<td>DISAGREE (4)</td>
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<tr>
<td>H43. I tend to be cynical and skeptical of others' intentions.</td>
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<tr>
<td>H44. I often feel inferior to others.</td>
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<tr>
<td>H45. I would rather cooperate with others than compete with them.</td>
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<tr>
<td>H46. I believe that most people will take advantage of you if you let them.</td>
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</tr>
<tr>
<td>H47. Some people think of me as cold and calculating.</td>
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<tr>
<td>H48. I am a cheerful, highspirited person.</td>
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<tr>
<td>H49. I consider myself broadminded and tolerant of other people's lifestyles.</td>
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</tr>
<tr>
<td>H50. I'm hard-headed and tough-minded in my attitudes.</td>
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<tr>
<td>H51. I generally try to be thoughtful and considerate.</td>
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<td></td>
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</tr>
<tr>
<td>H52. When everything seems to be going wrong, I can still make good decisions.</td>
<td></td>
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</tr>
<tr>
<td>H53. I am a very active person.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>H54. I have a wide range of intellectual interests.</td>
<td></td>
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</tr>
</tbody>
</table>

**END OF SAB TASK**
SECTION J: HEALTH AND LIMITATION OF ACTIVITIES

J1. The next questions are about your health. In general, how satisfied are you with your health—completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

J2. We'd like to know if you have experienced any of the following health problems during the last 12 months.

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2a. Have you had arthritis or rheumatism?</td>
<td>J2a</td>
</tr>
<tr>
<td>J2b. During the last 12 months, have you had a lung disease?</td>
<td>J2b</td>
</tr>
<tr>
<td>J2c. Have you had hypertension, sometimes called high blood pressure, or have you taken medication for it?</td>
<td>J2c</td>
</tr>
<tr>
<td>J2d. Have you had a heart attack or other heart trouble during the last 12 months?</td>
<td>J2d</td>
</tr>
<tr>
<td>J2e. Have you had diabetes or high blood sugar, or have you taken medication for it?</td>
<td>J2e</td>
</tr>
<tr>
<td>J2f. Have you had a stroke during the last 12 months?</td>
<td>J2f</td>
</tr>
<tr>
<td>J2g. Have you had any broken or fractured bones?</td>
<td>J2g</td>
</tr>
<tr>
<td>J2h. Have you lost any amount of urine beyond your control during the last 12 months?</td>
<td>J2h</td>
</tr>
</tbody>
</table>

1. YES  5. NO
J3. Have you had cancer or a malignant tumor of any kind, or have you been treated for it in the past 12 months?

1. YES

5. NO ---> GO TO J4

J3a. What kind of cancer or malignant tumor did you have? (In what part of your body did it start?)

________________________ TYPE OF CANCER

J4. In the past 12 months, have you had any major health problems that I haven't asked you about?

1. YES

5. NO ---> NEXT PAGE, J5

J4a. What are they?

________________________

________________________

________________________

________________________

________________________

________________________
J5. INTERVIEWER CHECKPOINT

<table>
<thead>
<tr>
<th>(J2a)</th>
<th>(J2b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTHRITIS/RHEUMATISM</td>
<td>LUNG DISEASE</td>
</tr>
</tbody>
</table>

J6. Were you hospitalized during the last 12 months for (CONDITION)?

- 1. YES
- 5. NO

J7. Did (CONDITION) start in the last 12 months or was it going on before that?

- 1. STARTED IN LAST 12 MONTHS
- GO TO J7a  
- 2. GOING ON BEFORE
- GO TO J8

J7a. In what month did it start? (RECORD YEAR, ALSO.)

- MONTH / YEAR
- GO TO NEXT COND. OR TURN TO P. 40, J10

J8. In the past 12 months, has your (CONDITION) become better, stayed about the same, or become worse?

- 1. BETTER
- 2. SAME
- 3. WORSE

- GO TO NEXT COND. OR TURN TO P. 40, J10

J9-J9a ARE OMITTED
<table>
<thead>
<tr>
<th>(J2c)</th>
<th>(J2d)</th>
<th>(J2e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ HYPERTENSION/ HIGH BLOOD PRESSURE</td>
<td>□ HEART TROUBLE</td>
<td>□ DIABETES/ HIGH BLOOD SUGAR</td>
</tr>
<tr>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
</tr>
<tr>
<td>1. STARTED IN LAST 12 MONTHS</td>
<td>1. STARTED IN LAST 12 MONTHS</td>
<td>1. STARTED IN LAST 12 MONTHS</td>
</tr>
<tr>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
</tr>
<tr>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
</tr>
<tr>
<td>GO TO J8</td>
<td>GO TO J8</td>
<td>GO TO J8</td>
</tr>
<tr>
<td>MONTH / YEAR</td>
<td>MONTH / YEAR</td>
<td>MONTH / YEAR</td>
</tr>
<tr>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
</tr>
<tr>
<td>1. BETTER</td>
<td>1. BETTER</td>
<td>1. BETTER</td>
</tr>
<tr>
<td>2. SAME</td>
<td>2. SAME</td>
<td>2. SAME</td>
</tr>
<tr>
<td>3. WORSE</td>
<td>3. WORSE</td>
<td>3. WORSE</td>
</tr>
<tr>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
</tr>
<tr>
<td>J6. Were you hospitalized during the last 12 months for (CONDITION)?</td>
<td>(J2f) □ STROKE</td>
<td>(J2g) □ BROKEN OR FRACTURED BONES</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td></td>
</tr>
<tr>
<td>J7. Did (CONDITION) start in the last 12 months or was it going on before that?</td>
<td>1. STARTED IN LAST 12 MONTHS</td>
<td>1. STARTED IN LAST 12 MONTHS</td>
</tr>
<tr>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
<td></td>
</tr>
<tr>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
<td></td>
</tr>
<tr>
<td>GO TO J8</td>
<td>GO TO J8</td>
<td></td>
</tr>
<tr>
<td>J7a. In what month did it start? (RECORD YEAR, ALSO)</td>
<td>MONTH / YEAR</td>
<td>MONTH / YEAR</td>
</tr>
<tr>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
<td></td>
</tr>
<tr>
<td>J8. In the past 12 months, has your (CONDITION) become better, stayed about the same, or become worse?</td>
<td>1. BETTER</td>
<td>1. BETTER</td>
</tr>
<tr>
<td>2. SAME</td>
<td>2. SAME</td>
<td></td>
</tr>
<tr>
<td>3. WORSE</td>
<td>3. WORSE</td>
<td></td>
</tr>
<tr>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
<td>GO TO NEXT COND. OR TURN TO P. 40, J10</td>
<td></td>
</tr>
</tbody>
</table>

**J9-J9a ARE OMITTED**
<table>
<thead>
<tr>
<th>(J2h)</th>
<th>(J3a)</th>
<th>(J4a) SPECIFY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ LOSS OF URINE BEYOND CONTROL</td>
<td>□ CANCER</td>
<td>□ ________</td>
</tr>
<tr>
<td>1. YES  5. NO</td>
<td>1. YES  5. NO</td>
<td>1. YES  5. NO</td>
</tr>
<tr>
<td>1. STARTED IN LAST 12 MONTHS</td>
<td>1. STARTED IN LAST 12 MONTHS</td>
<td>1. STARTED IN LAST 12 MONTHS</td>
</tr>
<tr>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
</tr>
<tr>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
</tr>
<tr>
<td>GO TO J8</td>
<td>GO TO J8</td>
<td>GO TO J8</td>
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<tr>
<td>MONTH / YEAR</td>
<td>MONTH / YEAR</td>
<td>MONTH / YEAR</td>
</tr>
<tr>
<td>GO TO NEXT COND. OR NEXT PAGE, J10</td>
<td>GO TO NEXT COND. OR NEXT PAGE, J10</td>
<td>NEXT PAGE, J10</td>
</tr>
<tr>
<td>1. BETTER</td>
<td>1. BETTER</td>
<td>1. BETTER</td>
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<tr>
<td>2. SAME</td>
<td>2. SAME</td>
<td>2. SAME</td>
</tr>
<tr>
<td>3. WORSE</td>
<td>3. WORSE</td>
<td>3. WORSE</td>
</tr>
<tr>
<td>GO TO NEXT COND. OR NEXT PAGE, J10</td>
<td>GO TO NEXT COND. OR NEXT PAGE, J10</td>
<td>GO TO SUP. PAGE OR NEXT PAGE, J10</td>
</tr>
</tbody>
</table>
J10. Are you currently in bed or in a chair for most or all of the day because of your health?

1. YES  
5. NO

J11. Do you currently have any difficulty bathing by yourself?

1. YES  
5. NO --> GO TO J12

J11a. How much difficulty do you have bathing by yourself--a little, some, a lot, or can't you do this on your own?

1. A LITTLE  
2. SOME  
3. A LOT  
4. CANNOT DO

TURN TO P. 42, J17

J12. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "YES" (BOX WITH DOUBLE LINE) TO J10 --> TURN TO P. 42, J17

☐ 2. ALL OTHERS

J13. Do you currently have any difficulty climbing a few flights of stairs because of your health?

1. YES  
3. VOLUNTEERED: AGE IS ONLY LIMITATION  
5. NO --> NEXT PAGE, J14

J13a. How much difficulty do you have--a little, some, a lot, or can't you do this at all?

1. A LITTLE  
2. SOME  
3. A LOT  
4. CANNOT DO
J14. Do you currently have any difficulty walking several blocks because of your health?

1. YES  3. VOLUNTEERED: AGE IS ONLY LIMITATION  5. NO  --> GO TO J15

J14a. How much difficulty do you have--a little, some, a lot, or can't you do this at all?

1. A LITTLE  2. SOME  3. A LOT  4. CANNOT DO

J15. INTERVIEWER CHECKPOINT

☐ 1. R answered "A LOT" or "CANNOT DO" (boxes with double lines) to either J13a or J14a---> NEXT PAGE, J17

☐ 2. ALL OTHERS

J16. Would you currently have any difficulty doing heavy work around the house, such as shoveling snow or washing walls, because of your health?

1. YES  3. VOLUNTEERED: AGE IS ONLY LIMITATION  5. NO  --> NEXT PAGE, J17

J16a. How much difficulty would you have--a little, some, a lot, or couldn't you do this at all?

1. A LITTLE  2. SOME  3. A LOT  4. COULD NOT DO
J17. How would you rate your health at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. EXCELLENT  2. VERY GOOD  3. GOOD  4. FAIR  5. POOR

J18. How much are your daily activities limited in any way by your health or health-related problems—a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

J19. Have you taken any non-prescription medications in the last 30 days to help you sleep?

1. YES  5. NO

J19a. On how many days out of the past 30 did you take non-prescription medication to help you sleep?

______ DAYS

J20. (RB, P. 25) The next questions are about prescription-type medications taken with or without a doctor's prescription. Here is a list of medications people sometimes take to help them sleep or stay calm during the day. Are you taking any of these medications now? [LISTED IN RB: AMYTAL, AMOBARBITAL, BARBITURATE, BUTICAP, BUTISOL, CHLORAL HYDRATE, DALMANE, DORIDEN, HALCION, MEBARAL, METHAQUALONE, NEMBUTAL, NOLUDAR, PENTOBARBITAL, PHENOBARBITAL, PLACIDYL, QUAALUDE, RESTORIL, SECOBARBITAL, SECONAL, SOPOR, TUINAL]

1. YES  5. NO

J20a. (RB, STILL ON P. 25) On how many days out of the past 30 did you take any of these medications at least once?

______ DAYS

J20b. (RB, STILL ON P. 25) Have you taken any of these medications at any time since your (husband/wife's) death?

1. YES  5. NO
J21. (RB, STILL ON P. 25) Did you ever take any of these medications before your (husband/wife's) death?

1. YES  
5. NO

J22. (RB, P. 26) Here is a list of medications people sometimes take to help them relax their muscles or calm down. They are sometimes called "nerve pills." Are you taking any of these medications now? [LISTED IN RB: ATARAX, ATIVAN, BUSPAR, CENTRAX, DEPROL, DIAZEPAM, DURAX, EQUANIL, LIBRILUM, LIMBITROL, MENRIUM, MEPROBAMATE, MILTOWN, PAXIPAM, SERAX, SK-LYGEN, TRANXENE, VALIUM, VISTARIL, XANAX]

1. YES  
5. NO

J22a. (RB, STILL ON P. 26) On how many days out of the past 30 did you take any of these medications at least once?

DAYS

J22b. (RB, STILL ON P. 26) Have you taken any of these medications at any time since your (husband/wife's) death?

1. YES  
5. NO

J23. (RB, STILL ON P. 26) Did you ever take any of these medications before your (husband/wife's) death?

1. YES  
5. NO

J24. (RB, P. 27) Here is a list of medications people sometimes take to help them relieve feelings of depression or sadness. Are you taking any of these medications now? [LISTED IN RB: PAMELOR, PROZAC, TRAZADONE]

1. YES  
5. NO

J24a. (RB, STILL ON P. 27) On how many days out of the past 30 did you take any of these medications at least once?

DAYS

J24b. (RB, STILL ON P. 27) Have you taken any of these medications at any time since your (husband/wife's) death?

1. YES  
5. NO

J25. (RB, STILL ON P. 27) Did you ever take any of these medications before your (husband/wife's) death?

1. YES  
5. NO
J26. The next questions are about the present. How many hours of sleep do you usually get in a 24-hour period, including naps?

_____ HOURS

J27. About how much do you weigh?

_____ LBS

J28. Do you smoke cigarettes now?

1. YES  5. NO --> GO TO J29

J28a. On the average, how many cigarettes or packs do you usually smoke in a day?

OR

CIGARETTES  PACKS

J29. (RB, P. 28) How often does someone remind or tell you to do things to protect your health? Would you say often, sometimes, rarely or never?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> GO TO J30

J29a. Who reminds you? [CHECK ALL THAT APPLY]

A. CHILD  B. OTHER RELATIVE  C. FRIEND OR NEIGHBOR  D. PROFESSIONAL  E. OTHER(S)  F. SPOUSE

J30. (RB, STILL ON P. 28) How often do you take walks for exercise or pleasure? (Would you say often, sometimes, rarely, or never?)

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> NEXT PAGE, J32

J31. (RB, STILL ON P. 28) How often do you take walks or get any kind of exercise with a pet or with someone you know--(often, sometimes, rarely, or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> NEXT PAGE, J32

J31a. Who do you take walks or exercise with? [CHECK ALL THAT APPLY]

A. CHILD  B. OTHER RELATIVE  C. FRIEND OR NEIGHBOR  D. PET  E. OTHER(S)  F. SPOUSE
J32. (RB, STILL ON P. 28) How often do you participate in active sports or exercise—(often, sometimes, rarely, or never)?

1. OFTEN  
2. SOMETIMES  
3. RARELY  
4. NEVER  

J33. Do you have to take medications regularly, eat a special diet for health reasons, or use other health care treatments at home on a regular basis?

1. YES  
5. NO  

J33a. (RB, STILL ON P. 28) How often does someone else help you do this? (Would you say often, sometimes, rarely, or never?)

1. OFTEN  
2. SOMETIMES  
3. RARELY  
4. NEVER  

J33b. Who helps you do this? (CHECK ALL THAT APPLY)

A. CHILD  
B. OTHER RELATIVE  
C. FRIEND OR NEIGHBOR  
D. VOLUNTEER AGENCY  
E. OTHER(S)  
F. SPOUSE  

J34. Does anyone come into your home on a regular basis to help you with such things as bathing, getting dressed, or eating your food?

1. YES  
5. NO  

J34a. Who helps you? (CHECK ALL THAT APPLY)

A. FRIEND  
B. RELATIVE  
C. VOLUNTEER SERVICE  
D. PAID SERVICE  

J34b. How many days per week does (this person/these people) come into your home?

_______ # of days/week  

J34c. How may hours per day do they usually stay?

_______ # of hours/day
J35. [ASK IF NECESSARY, BUT MARK BOX] Have you ever been in a nursing home?

1. YES
2. CURRENTLY IN NURSING HOME
3. CURRENTLY IN NURSING HOME
4. R NOT CURRENTLY IN NURSING HOME
5. NO --> NEXT PAGE, SECTION K

J35a. In what month and year did you enter a nursing home most recently?

MONTH / YEAR

J35b. Did you enter the nursing home because of a health condition or for some other reason? [MARK ALL THAT APPLY]

HEALTH CONDITION

OTHER REASON

(IF NEC.: Which one?) ____________

(IF NEC.: What was it?) _______

J35c. INTERVIEWER CHECKPOINT

SEE J35

1. R NOT CURRENTLY IN NURSING HOME

2. R CURRENTLY IN NURSING HOME --> NEXT PAGE, SECTION K

J35d. For how many weeks or months did you stay in the nursing home?

WEEKS OR MONTHS
SECTION K: WELL-BEING

K1. (RB, P. 29) Please tell me how often the following things happened to you during the past week.

<table>
<thead>
<tr>
<th></th>
<th>Hardly Ever (1)</th>
<th>Some of the Time (2)</th>
<th>Most of the Time (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1a. During the past week, I felt depressed. (Did you feel this way hardly ever, some of the time, or most of the time?)</td>
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<td>K1b. During the past week, I felt that everything I did was an effort.</td>
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<td>K1c. My sleep was restless.</td>
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<tr>
<td>K1d. During the past week, I was happy.</td>
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<tr>
<td>K1e. I felt lonely.</td>
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<tr>
<td>K1f. During the past week, people were unfriendly.</td>
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<tr>
<td>K1g. I enjoyed life.</td>
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<td>K1h. During the past week, I did not feel like eating. My appetite was poor.</td>
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<td>K1i. I felt sad.</td>
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<td>K1k. During the past week, I felt that people disliked me.</td>
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<td>K1m. I could not get &quot;going&quot;.</td>
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</tbody>
</table>
K2. (RB, P. 30) Now for a different kind of question. Please tell me how much you have been bothered during the past seven days by feelings like the ones I'm about to read.

<table>
<thead>
<tr>
<th>Question</th>
<th>NOT AT ALL (1)</th>
<th>A LITTLE BIT (2)</th>
<th>MODERATELY (3)</th>
<th>QUITE A BIT (4)</th>
<th>EXTREMELY (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K2a. First, nervousness or shakiness inside. How much have you been bothered by this feeling during the past seven days (not at all, a little bit, moderately, quite a bit, or extremely?)</td>
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<tr>
<td>K2b. Trembling?</td>
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<td>K2c. Feeling suddenly scared for no reason?</td>
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<tr>
<td>K2d. Feeling fearful?</td>
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<td>K2e. Heart pounding or racing?</td>
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<tr>
<td>K2f. How much have you been bothered by feeling tense and keyed up in the past seven days?</td>
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<tr>
<td>K2g. Spells of terror and panic?</td>
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<tr>
<td>K2h. Feeling so restless you couldn't sit still?</td>
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<tr>
<td>K2j. Feeling that something bad is going to happen to you?</td>
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<tr>
<td>K2k. Thoughts and images of a frightening nature?</td>
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</tbody>
</table>
K3. (RB, P. 31) Please tell me how often you have had the following feelings during the past week.

<table>
<thead>
<tr>
<th>K3a. Feeling particularly excited or interested in something. (Did you feel this way always, often, sometimes, rarely, or never?)</th>
<th>ALWAYS (1)</th>
<th>OFTEN (2)</th>
<th>SOMETHES (3)</th>
<th>RARELY (4)</th>
<th>NEVER (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K3b. Feeling pleased about having accomplished something.</td>
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<tr>
<td>K3c. Feeling that things were going your way.</td>
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<tr>
<td>K3d. Feeling proud because someone complimented you on something you had done.</td>
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<tr>
<td>K3e. Feeling on top of the world.</td>
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</tbody>
</table>
SECTION L: EMPLOYMENT

L1. We would like to know more about what you do. (READ SLOWLY) Are you working now for pay at a regular job, on temporary leave or laid off, looking for work, retired from a paid job, keeping house, permanently disabled, or something else? (CHECK ALL THAT APPLY; IF A OR B CHECKED, GO TO L3)

A. WORKING NOW FOR PAY

B. ONLY TEMPORARILY LAID OFF; SICK LEAVE

C. LOOKING FOR WORK, UNEMPLOYED

D. RETIRED FROM A PAID JOB

E. PERMANENTLY DISABLED

F. KEEPING HOUSE/STAYING HOME

G. OTHER (SPECIFY):

L2. Are you doing any work for pay at the present time?  

1. YES  5. NO  --> TURN TO MIDDLE OF P. 52, L14

L3. Including paid vacations and sick leave, how many weeks altogether were you employed during the past 12 months?

52. ALL WEEKS IN LAST 12 MONTHS

_______ WEEKS IN LAST 12 MONTHS OR FROM ___/___ TO ___/___

L3a. How long have you worked at your present job or position?

_______ OR _______ OR _______

#WEEKS #MONTHS #YEARS

L3b. INTERVIEWER CHECKPOINT

SEE COVERSHEET AND L3a

1. R EMPLOYED AT PRESENT JOB/POSITION BEFORE DATE OF LAST INTERVIEW---> MIDDLE OF NEXT PAGE, L8

2. ALL OTHERS---> NEXT PAGE, L4
L4. What is your occupation on your main job?


L5. What kind of work do you do? What are your most important activities or duties?


L6. What kind of business or industry is that in? What do they make or do where you work?


L7. Are you self-employed, or do you work for a private employer or a municipal, county, state, or federal government?

1. SELF-EMPLOYED  2. PRIVATE EMPLOYER  3. GOVERNMENT EMPLOYER

L8. On the average how many hours a week do you work on this job, including paid and unpaid overtime?

__________ HOURS PER WEEK

L9. How much do you earn now from this job?

$ __________ PER __________________

L10. How much do you enjoy doing that kind of work--do you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

L11. (RB, P. 32) How satisfied are you with your job--completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

L12. (RB, P. 33) In general, how often do you feel bothered or upset in your work--almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER
L13. INTERVIEWER CHECKPOINT

SEE L1 (P. 50)

☐ 1. R IS ALSO RETIRED

☐ 2. ALL OTHERS---> TURN TO P. 54, L21

L14. INTERVIEWER CHECKPOINT

SEE L1 (P. 50)

☐ 1. "RETIRED" IS CHECKED AT L1

☐ 2. ALL OTHERS

Now we have a few questions about the last regular job you had before retirement.

L15. Have you ever held a regular job for pay?

☐ 1. YES

☐ 5. NO --> TURN TO P. 55, SECTION M

We have a few questions about the last regular job you had.

L16. In what month and year did you (retire/stop working)?

MONTH / YEAR
L17. INTERVIEWER CHECKPOINT

SEE COVERSHEET AND L16, P. 52

☐ 1. R (RETIRED/STOPPED WORKING) SINCE DATE OF LAST INTERVIEW

☐ 2. ALL OTHERS--> NEXT PAGE, L21

L18. People (retire/leave a paid job) for many reasons. What are the reasons you (retired/last your last job)? (PROBE: Were there any other reasons?)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

L19. Did you leave this job earlier, just about the time you wanted to, or later than you wanted to?

1. EARLIER  2. JUST ABOUT TIME  3. LATER  7. OTHER (SPECIFY):

__________________________________________________________________________

L20. Have the changes brought about by your (retirement/stopping work) been entirely good, mostly good, mostly bad, or entirely bad for you?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
L21. INTERVIEWER CHECKPOINT

SEE L1 (P. 50)

☐ 1. R IS CURRENTLY WORKING FOR PAY

☐ 2. ALL OTHERS--> NEXT PAGE, SECTION M

L22. Since we interviewed you in (MONTH, YEAR), were there any changes in your work patterns? Like starting or stopping a job, or changes in the number of hours you worked?

☐ 1. YES ☐ 5. NO --> NEXT PAGE, SECTION M

L22a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)

☐ RETIRED --> NEXT PAGE, SECTION M

☐ a. FIRED ☐ g. RETURNED TO WORK
☐ b. QUIT WORKING ☐ h. PROMOTED
☐ c. LAID OFF PERMANENTLY ☐ j. DEMOTED
☐ d. LAID OFF TEMPORARILY ☐ k. FULL-TIME TO PART-TIME
☐ e. CHANGED JOBS ☐ l. PART-TIME TO FULL-TIME
☐ f. STARTED TO WORK FOR THE FIRST TIME ☐ n. OTHER, SPECIFY:

L22b. In what month and year did this change in your work pattern happen? (IF DK MONTH, PROBE FOR SEASON)

MONTH / YEAR

L22c. People change their work patterns for many reasons. What are the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)

L22d. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad, or entirely bad?

☐ 1. ENTIRELY GOOD ☐ 2. MOSTLY GOOD ☐ 3. MOSTLY BAD ☐ 4. ENTIRELY BAD
SECTION M: FINANCIAL SITUATION

Now a few questions about your financial situation at this time.

M1. How difficult is it for you to meet the monthly payments on your bills? Is it extremely difficult, very, somewhat, slightly, or not at all difficult?

<table>
<thead>
<tr>
<th>1. EXTREMELY DIFFICULT</th>
<th>2. VERY DIFFICULT</th>
<th>3. SOMEWHAT DIFFICULT</th>
<th>4. SLIGHTLY DIFFICULT</th>
<th>5. NOT AT ALL DIFFICULT</th>
</tr>
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</table>

M2. In general, how do your finances usually work out at the end of the month--do you find that you usually end up with some money left over, just enough money to make ends meet, or not enough money to make ends meet?

<table>
<thead>
<tr>
<th>1. SOME MONEY LEFT OVER</th>
<th>2. JUST ENOUGH MONEY</th>
<th>3. NOT ENOUGH MONEY</th>
</tr>
</thead>
</table>

M3. How often do you feel bothered by your financial situation? Would you say almost always, often, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th>1. ALMOST ALWAYS</th>
<th>2. OFTEN</th>
<th>3. SOMETIMES</th>
<th>4. RARELY</th>
<th>5. NEVER</th>
</tr>
</thead>
</table>

M4. How satisfied are you with your present financial situation--completely, very, somewhat, not very, or not at all satisfied?

<table>
<thead>
<tr>
<th>1. COMPLETELY SATISFIED</th>
<th>2. VERY SATISFIED</th>
<th>3. SOMEWHAT SATISFIED</th>
<th>4. NOT VERY SATISFIED</th>
<th>5. NOT AT ALL SATISFIED</th>
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</table>

M5. (SAB, P. 5) Now, please look at page 5 of the large booklet. After each statement, put an "X" in the box that best describes how true you think the statement is. Again, the best answer is usually the one that comes to mind first, so don't spend too much time on any one question. There are more questions on page 6. (If you prefer, I can read the statements to you. [RB P. 34])

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
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</thead>
<tbody>
<tr>
<td>M5a. In the long run, good people will be rewarded for the good things they have done. Is this very true, somewhat true, a little true, or not at all true?</td>
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<tr>
<td>M6. By and large, people deserve what they get.</td>
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<tr>
<td>M7. Death is simply part of the process of life.</td>
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<td>M8. People who meet with misfortune have often brought it on themselves.</td>
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<tr>
<td>M9. I don't see any point in worrying about death</td>
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<tr>
<td>M10. Eventually, everybody gets what is coming to them.</td>
<td>VERY TRUE (1)</td>
<td>SOMETHAT TRUE (2)</td>
<td>A LITTLE TRUE (3)</td>
<td>NOT TRUE AT ALL (4)</td>
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<td>------------------------------------------------------</td>
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<tr>
<td>M11. When I look back on what has happened to me, I feel cheated.</td>
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<tr>
<td>M12. I don't seem to get what should be coming to me.</td>
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<tr>
<td>M13. In the long run, people get the respect they deserve.</td>
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<tr>
<td>M15. It is only a matter of time before the bad people will be punished for the bad things they have done.</td>
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<tr>
<td>M16. Other people always seem to get the breaks.</td>
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<tr>
<td>M17. I am certain something bad could happen to me at any time.</td>
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<tr>
<td>M18. I am certain something bad could happen to one of my loved ones at any time.</td>
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<tr>
<td>M19. Getting too attached to people is unwise.</td>
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<tr>
<td>M20. I am resigned to the fact that we all have to die.</td>
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<tr>
<td>M21. Bad things can happen to anyone at any time.</td>
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<tr>
<td>M22. People who think catastrophes cannot happen to them are kidding themselves.</td>
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<tr>
<td>M23. People die when it is their time to die, and nothing can change that.</td>
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<tr>
<td>M24. Everything that happens is a part of God's plan.</td>
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<tr>
<td>M25. If bad things happen, it is because they were meant to be.</td>
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<tr>
<td>M26. Everything that happens has a purpose.</td>
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<tr>
<td>M27. The good and bad things that have happened to me were destined to happen.</td>
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</table>
SECTION N: HOME, HOUSEHOLD
RESPONSIBILITIES, AND VOLUNTARY ACTIVITIES

N1. (RB, P. 35) The next questions are about your home and neighborhood. Overall, how satisfied are you with your home? Are you completely satisfied, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

N2. (RB, STILL ON P. 35) Overall, how satisfied are you with your neighborhood? (Are you completely satisfied, very, somewhat, not very, or not at all satisfied?)

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

<table>
<thead>
<tr>
<th>N3. (RB, P. 36) How safe do you think your home is from fires? (Would you say very safe, somewhat, not very, or not at all safe?)</th>
<th>1. VERY SAFE</th>
<th>2. SOMEWHAT SAFE</th>
<th>3. NOT VERY SAFE</th>
<th>4. NOT AT ALL SAFE</th>
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<tr>
<th>N4. (RB, STILL ON P. 36) How safe do you think your home is from break-ins and vandalism?</th>
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<tr>
<th>N5. (RB, STILL ON P. 36) Thinking about your neighborhood, how safe do you think you are from being robbed or physically attacked?</th>
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<tr>
<th>N6. (RB, STILL ON P. 36) How safe do you think you are from becoming ill due to exposure to pollution or other unhealthy things in your neighborhood?</th>
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</table>
N7. Now let's talk about work you do around your home. In an average week, how many hours do you spend preparing food and doing housework?

HOURS PER WEEK

00. NONE

N7a. How much do you enjoy doing housework—do you enjoy it a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N8. (RB, P. 37) Altogether, how many hours did you yourself spend doing home maintenance and minor repairs during the last 12 months? Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

1. LESS THAN 20 HOURS  2. 20-39 HRS  3. 40-79 HRS  4. 80-159 HRS  5. 160 HOURS OR MORE

N9. (RB, P. 38) If you needed extra help with general housework or home maintenance, how much could you count on friends or family members to help you? Would you say a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N10. (RB, STILL ON P. 38) If you needed extra money, how much could you count on someone, other than a lending institution, to lend or give you money—a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL

N11. (RB, STILL ON P. 38) If you were ill, how much could you count on someone to make sure you are taken care of—a great deal, some, a little, or not at all?

1. A GREAT DEAL  2. SOME  3. A LITTLE  4. NOT AT ALL
N12. Now I have some questions about volunteer work. (READ SLOWLY) During the last 12 months, did you do volunteer work for a church or other religious organization, for a political group, a senior citizens' group, or for any other type of organization?

1. YES  5. NO --> GO TO N15

N13. (RB, P. 39) About how many hours did you spend on volunteer work of these kinds during the last 12 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?)

1. LESS THAN 20 HOURS  2. 20-39 HOURS  3. 40-79 HOURS  4. 80-159 HOURS  5. 160 HOURS OR MORE

N14. Not using the booklet--How much did you enjoy doing that volunteer work--did you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

N15. Now let's talk about help you may have given in the last 12 months 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.

| N15a. During the last 12 months, did you provide transportation, shop or run errands for friends, neighbors, or relatives who did not live with you? | 1. YES | 5. NO |
| N15b. Did you help others with their housework or with the upkeep of their house, car, or other things? | 1. YES | 5. NO |
| N15c. Did you do childcare without pay for persons not living in your household? | 1. YES | 5. NO |
| N15d. Did you do any other things in the last 12 months to help neighbors, friends or relatives who did not live with you? | 1. YES | 5. NO |
N16. INTERVIEWER CHECKPOINT

[Box for 1. RESPONDENT GAVE HELP TO RELATIVES, FRIENDS, OR NEIGHBORS (ONE OR MORE "YES" TO N15a-N15d)]

[Box for 2. ALL OTHERS --> GO TO N19]

N17. (RB, STILL ON P. 39) About how many hours did you spend doing these things during the last 12 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?)

1. LESS THAN 20 HOURS  2. 20-39 HOURS  3. 40-79 HOURS  4. 80-159 HOURS  5. 160 HOURS OR MORE

N18. Not using the booklet--How much did you enjoy helping friends, neighbors and relatives--a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

N19. Now please think about friends and relatives 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?

1. YES  5. NO --> NEXT PAGE, SECTION P

N19a. About how many hours do you spend doing this in a usual week?

__________ HOURS
SECTION P: DEPRESSION AND ANXIETY

P1. During the past 12 months, have you had any period of two weeks or more when you felt sad, blue, or depressed most of the time, or have lost all interest and pleasure in the things you usually care about or enjoy?

1. YES  5. NO --> P1a. During the past 12 months, has there been a time lasting two weeks or more when you felt irritable, easily annoyed, and really down in the dumps?

1. YES  5. NO --> TURN TO P. 66, P17

P2. How many periods or spells like that have you had in the last 12 months that lasted two weeks or longer? If you are having one now, please include it also.

NUMBER

97. ALL THE TIME --> GO TO P4

P3. INTERVIEWER CHECKPOINT

1. R HAS HAD ONLY ONE SPELL
2. ALL OTHERS-->TURN TO P. 64, P10


96. NOTHING CAUSED DEPRESSION
P5. In what month and year did the period or spell start?

MONTH / YEAR

P6. How long did the period or spell last, or is it still going on?

# WEEKS OR # MONTHS OR # YEARS

97. STILL GOING ON

P7. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

NEXT PAGE, P9

P7a. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

P8. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P9. Now I have some questions about things that may have happened during this/that period or spell. Did you...

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<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P9a.</td>
<td>...lose your appetite?</td>
<td></td>
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<tr>
<td>P9b.</td>
<td>Did you lose or gain weight without trying to—as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
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<tr>
<td>P9c.</td>
<td>Did you have trouble falling asleep, staying asleep, or waking up too early?</td>
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<td>P9d.</td>
<td>Did you talk or move more slowly than is normal for you?</td>
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<tr>
<td>P9e.</td>
<td>Did you have to be moving all the time; that is, you couldn’t sit still or paced up and down?</td>
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<tr>
<td>P9f.</td>
<td>Were you less interested in the things that normally interest you?</td>
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<tr>
<td>P9g.</td>
<td>Did you feel worthless, sinful, or guilty?</td>
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<tr>
<td>P9h.</td>
<td>Did you have a lot more trouble concentrating than is normal for you?</td>
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<tr>
<td>P9j.</td>
<td>Did your thoughts come more slowly than usual or seem mixed up?</td>
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<tr>
<td>P9k.</td>
<td>Were you sleeping too much?</td>
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<tr>
<td>P9m.</td>
<td>Did you feel tired out all the time?</td>
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<tr>
<td>P9n.</td>
<td>Did you think a lot about death—either your own, someone else’s, or death in general?</td>
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<td>P9p.</td>
<td>Did you feel like you wanted to die?</td>
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<tr>
<td>P9q.</td>
<td>Did you attempt suicide?</td>
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<tr>
<td>P9r. [IF NO TO P9q]</td>
<td>Did you feel so low you thought about committing suicide?</td>
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</tbody>
</table>

TURN TO P. 66, P17
P10. Now please think about the worst period or spell you have had during the past 12 months. Basically, what made you become depressed? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What about the situation made you feel depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. NOTHING CAUSED DEPRESSION

---

P11. In what month and year did this worst period or spell start?

MONTH / YEAR

P12. How long did the period or spell last or is it still going on?

# WEEKS OR # MONTHS OR # YEARS

97. STILL GOING ON

---

P13. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

---

P13a. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES 5. NO

NEXT PAGE, P15

---

P14. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME

---
P15. Now I have some questions about things that may have happened during that worst period or spell during the past 12 months. Did you ...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
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</thead>
<tbody>
<tr>
<td>P15a. . .lose your appetite?</td>
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<td>P15r. [IF NO TO P15q] Did you feel so low you thought about committing suicide?</td>
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</tbody>
</table>

P16. You told me that you have had (another spell/other spells) during the past 12 months. In what month(s) and year(s) did (it/they) start? (PROBE FOR OTHER SPELLS)

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Month</th>
<th>Year</th>
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</thead>
<tbody>
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</tbody>
</table>
P17. [READ SLOWLY] Now I would like to ask you some questions about panic attacks -- sudden experiences of extreme anxiety. These attacks are often accompanied by physiological reactions such as shortness of breath, heart pounding, sweating, nausea and dizziness. These attacks usually last minutes or, more rarely, hours. Panic attacks are extremely frightening, and many people who have them for the first time go to hospital emergency rooms thinking they are having a heart attack. Have you ever in your life had such a spell or attack when all of a sudden you felt frightened, anxious, or very uneasy in a situation when most people would not be afraid or anxious?

1. YES

5. NO ---» TURN TO P. 68, SECTION R

P18. Did this happen in situations when you were not in danger or not the center of attention?

1. YES

5. NO ---» TURN TO P. 68, SECTION R

P19. (RB, P. 40) When was the last time you had a spell or attack of sudden fright or uneasiness -- in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH

2. PAST SIX MONTHS

3. PAST YEAR

4. MORE THAN A YEAR AGO

P19a. Has this happened since your spouse died?

1. YES

5. NO ---» NEXT PAGE, P22

P20. How many weeks or months after your spouse died did you first have a spell or attack of suddenly feeling frightened, anxious, or very uneasy?

OR

WEEKS MONTHS

P21. About how many spells or attacks of suddenly feeling frightened, anxious, or very uneasy have you had since your spouse died?

# OF ATTACKS
P22. About how many spells or attacks of suddenly feeling frightened, anxious, or very uneasy have you had in your lifetime? [PROBE FOR BEST ESTIMATE]

_____ # OF ATTACKS

P23. How old were you the first time (you had a sudden spell or attack of feeling frightened, anxious, or very uneasy)? (IF DK AGE, PROBE: Can you tell me what year this happened?)

_____ AGE _____ YEAR

P24. INTERVIEWER CHECKPOINT

SEE P22

☐ 1. R HAS HAD 3 OR FEWER SPELLS---> NEXT PAGE, SECTION R

☐ 2. ALL OTHERS

P25. Did you ever have four or more spells or attacks within a four-week period?

1. YES  5. NO ---> NEXT PAGE, SECTION R

P25a. How old were you the first time you had four or more attacks in a four-week period? (IF DK AGE, PROBE: Can you tell me what year this happened?)

_____ AGE _____ YEAR
SECTION R: RELIGION

R1. The next several questions are about religion. In general, how important are religious or spiritual beliefs in your day-to-day life? Would you say very important, fairly important, not too important, or not at all important?

1. VERY IMPORTANT  2. FAIRLY IMPORTANT  3. NOT TOO IMPORTANT  4. NOT AT ALL IMPORTANT

R2. (RB, P. 41) How often do you usually attend religious services (--more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never)?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

R3. (RB, P. 42) When you have problems or difficulties in your family, work, or personal life, how often do you seek spiritual comfort and support (--almost always, often, sometimes, rarely, or never)?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

R4. (RB, STILL ON P. 42) When you have decisions to make in your everyday life, how often do you ask yourself what God would want you to do? (Would you say almost always, often, sometimes, rarely, or never?)

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

R5. Some people believe that people simply stop existing after death while others believe in an afterlife. Which comes closest to what you believe--that people stop existing after death or that there is an afterlife?

1. STOP EXISTING  2. AFTERLIFE  3. DON'T KNOW

R6. (RB, P. 43) Please tell me how strongly you agree or disagree with the next two statements. The first one is: In the afterlife, you will be reunited with your loved ones. Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?

1. STRONGLY AGREE  2. AGREE SOMewhat  3. DISAGREE SOMewhat  4. STRONGLY DISAGREE

R7. (RB, STILL ON P. 43) People who suffer unjustly in this life will be rewarded in the afterlife. (Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?)

1. STRONGLY AGREE  2. AGREE SOMewhat  3. DISAGREE SOMewhat  4. STRONGLY DISAGREE
SECTION S: RECOVERY

S1. (RB, P. 44) Next I have a list of things that bereaved people have said about themselves. Please tell me how true each statement is of you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1a. As a result of having to manage without my (late) (husband/wife), I have become more self-confident. (Is this very true, somewhat, a little, or not true at all?)</td>
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<tr>
<td>S2. IS OMITTED</td>
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<tr>
<td>S3. I am as hopeful of good things in the future as I have ever been.</td>
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<tr>
<td>S4. I can give as much attention and energy to the things I’m doing as I ever could.</td>
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<tr>
<td>S5. IS OMITTED</td>
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<tr>
<td>S6. I have been able to feel warmth and affection for those near to me.</td>
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<tr>
<td>S7. I am a stronger person as a result of dealing with the loss of my (late) (husband/wife).</td>
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<tr>
<td>S8. I have more freedom now than I did when (he/she) was still alive.</td>
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</tbody>
</table>

S9. Have you remarried since the death of your (husband/wife)?

1. YES  5. NO

MIDDLE OF NEXT PAGE, S11

S9a. (RB, STILL ON P. 44) Someday I would like to remarry. (Is this very true, somewhat, a little, or not true at all?)

1. VERY TRUE  2. SOMEWHAT TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL
S10. (RB, STILL ON P. 44) In some ways I’m a happier person on my own.

1. VERY TRUE  2. SOMewhat TRUE  3. A LITTLE TRUE  4. NOT TRUE AT ALL

S11. (RB, P. 45) Thinking about all parts of your life including the way you feel, to what extent would you say you are back to managing as well as ever? Would you say completely, almost completely, fairly much, somewhat, or not much?

1. COMPLETELY  2. ALMOST COMPLETELY  3. FAIRLY MUCH  4. SOMewhat  5. NOT MUCH

GO TO S12

S11a. How many weeks, months, or years did it take after (he/she) died for you to get back to managing as well as ever?

97. IMMEDIATELY OR _____ # of DAYS WEEKS MONTHS YEARS

S12. (RB, P. 46) 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, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S13. (RB, STILL ON P. 46) How often do you attend meetings or programs of groups, clubs, or organizations that you belong to? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S14. (RB, STILL ON P. 46) How often do you go out to eat, go to a movie, or do similar types of things by yourself? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S15. Do you drive a car to get where you need to go?

1. YES  5. NO
S16. (RB, STILL ON P. 46) How often do you work on hobbies or projects around the house, or get involved in other special interests? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  
2. ABOUT ONCE A WEEK  
3. 1 TO 3 TIMES A MONTH  
4. LESS THAN ONCE A MONTH  
5. NEVER

S17. (RB, P. 47) In a typical week, about how many times do you talk on the telephone 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?

1. MORE THAN ONCE A DAY  
2. ONCE A DAY  
3. 2 OR 3 TIMES A WEEK  
4. ABOUT ONCE A WEEK  
5. LESS THAN ONCE A WEEK  
6. NEVER OR NO PHONE

S18. Now, please think about your life as a whole. How satisfied are you with your life--completely satisfied, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  
2. VERY SATISFIED  
3. SOMewhat SATISFIED  
4. NOT VERY SATISFIED  
5. NOT AT ALL SATISFIED

S19. Would you say your daily routine is very satisfying, satisfying, average, boring, or very boring?

1. VERY SATISFYING  
2. SATISFYING  
3. AVERAGE  
4. BORING  
5. VERY BORING

S20. How much pleasure do the things you do every day give you--a great deal, a lot, some, a little, or no pleasure?

1. A GREAT DEAL  
2. A LOT  
3. SOME  
4. A LITTLE  
5. NO PLEASURE
S21. INTERVIEWER CHECKPOINT

SEE S9, P. 69

☐ 1. R IS REMARRIED --> NEXT PAGE, SECTION T

☐ 2. ALL OTHERS

S22. In spite of all the problems, some (widows/widowers) feel that there are things that become less difficult, and there may even be some benefits to being widowed. Is this true for you now?

1. YES 5. NO --> GO TO S23

S22a. What is less difficult or what benefits can you now see?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

S23. At this point, do you have any interest in dating?

1. YES 5. NO --> NEXT PAGE, SECTION T

S23a. Do you go out on dates?

1. YES 5. NO --> NEXT PAGE, SECTION T

S23b. How often do you go out on dates? Would you say more than once a week, about once a week, 1 to 3 times a month, or less than once a month?

1. MORE THAN ONCE A WEEK 2. ABOUT ONCE A WEEK

3. 1 TO 3 TIMES A MONTH 4. LESS THAN ONCE A MONTH

S23c. For how many weeks, months, or years have you been dating?

______ WEEKS OR ______ MONTHS OR ______ YEARS
SECTION T: ALCOHOL USE

T1. Do you ever drink beer, wine, or liquor?

1. YES
5. NO

T1a. Did you ever in your lifetime drink beer, wine, or liquor?

1. YES
2. NO ---► TURN TO PAGE 77, SECTION U

GO TO T2

T1b. During the last 30 days, on how many days did you drink beer, wine or liquor?

_____ DAYS/MONTH OR _____ DAYS/WEEK

96. NONE ---► GO TO T2

T1c. In days that you drink, how many cans of beer, glasses of wine, or drinks of liquor do you usually have?

_____ CANS/GLASSES/DRINKS PER DAY WHEN DRINK

T2. (READ SLOWLY) Think about the past 12 months. In a typical month, on how many days did you have at least five or more drinks of any kind of alcoholic beverage in a single day?

_____ # OF DAYS

95. EVERY DAY
96. NONE

T3. Did your use of alcohol increase, decrease or stay the same as a result of your spouse's death?

INCREASE
DECREASE
3. NO CHANGE ---► NEXT PAGE, T4

T3a. Did it increase just a little or a lot?

1. A LOT
2. A LITTLE

T3b. Did it decrease just a little or a lot?

4. A LITTLE
5. A LOT
T4. Has your use of alcohol ever in your life seriously kept you from performing important responsibilities?

1. YES

5. NO ---＞ GO TO T5

T4a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

OR

AGE YEAR

T5. Did your use of alcohol ever (in your life) cause you considerable problems with your family, friends, or anyone else?

1. YES

5. NO ---＞ GO TO T6

T5a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

OR

AGE YEAR

T6. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "NO" (BOX WITH DOUBLE LINE) TO BOTH T4 AND T5 ---＞ TURN TO PAGE 77, SECTION U

☐ 2. ALL OTHERS

T7. Did you ever in your life feel such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else?

1. YES

5. NO ---＞ NEXT PAGE, T8

T7a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

OR

AGE YEAR
T8. Did you ever (in your life) accidentally injure yourself when you were under the influence of alcohol -- like had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that?

   1. YES  5. NO  ---> GO TO T9

T8a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

   OR

T9. (RB, P. 48) Did you ever in your life have any health problems as a result of using alcohol -- such as those listed on page 48 (liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, a persistent cough, a seizure or fit, hepatitis, or abscesses)?

   1. YES  5. NO  ---> GO TO T10

T9a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

   OR

T10. Did you ever (in your life) want or try to stop or cut down on alcohol but found you could not?

   1. YES  5. NO  ---> NEXT PAGE, T11

T10. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

   OR
T11. INTERVIEWER CHECKPOINT

- 1. R ANSWERED "NO" TO ALL OF THE FOLLOWING: T4, T5, T7, T8, T9 AND T10 (BOXES WITH DOUBLE LINES) --> NEXT PAGE, SECTION U
- 2. ALL OTHERS

T12. When was the last time any of these problems happened because of using alcohol -- in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH
2. PAST SIX MONTHS
3. PAST YEAR
4. MORE THAN A YEAR AGO

T12a. How old were you when this happened? (IF DK AGE, PROBE: Can you tell me the year?)

______ AGE OR ______ YEAR
### SECTION U: WELL BEING

U1. (SAB, P. 7) Please look at page 7 of the large booklet where you will find a list of statements. After each statement, put an "X" in the answer category that indicates how strongly you agree or disagree with the statement as it applies to you. Continue until you see a STOP sign on page 9. (If you prefer, I can read the statements to you. [RB, P. 49])

<table>
<thead>
<tr>
<th>Statement</th>
<th>1. STRONGLY AGREE</th>
<th>2. SOMEWHAT AGREE</th>
<th>3. SOMEWHAT DISAGREE</th>
<th>4. STRONGLY DISAGREE</th>
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</thead>
<tbody>
<tr>
<td>U2. My decisions are usually influenced by what everyone else is doing.</td>
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<tr>
<td>U3. I tend to worry about what other people think of me.</td>
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<tr>
<td>U4. I tend to be influenced by people with strong opinions.</td>
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<tr>
<td>U5. I have confidence in my own opinions, even if they are different from what most people think.</td>
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<tr>
<td>U6. I judge myself by what I think is important, not by what others think is important.</td>
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<tr>
<td>U7. In general, I feel I am in charge of the situation in which I live.</td>
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<tr>
<td>U8. The demands of everyday life often get me down.</td>
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<tr>
<td>U9. I am quite good at managing my daily responsibilities.</td>
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<tr>
<td>U10. I have difficulty arranging my life in a satisfying way.</td>
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<tr>
<td>U11. I have been able to create a home and a lifestyle that I like very much.</td>
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<td>U12. I am interested in activities that will expand my horizons.</td>
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<tr>
<td>U13. I think it is important to have new experiences that challenge how you think about yourself and the world.</td>
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<td></td>
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<tr>
<td></td>
<td>1. STRONGLY AGREE</td>
<td>2. SOMEWHAT AGREE</td>
<td>3. SOMEWHAT DISAGREE</td>
<td>4. STRONGLY DISAGREE</td>
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<tr>
<td>U14. When I think about it, I have improved a great deal as a person over the years.</td>
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<tr>
<td>U15. For me, life has been a continuous process of learning, changing and growth.</td>
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<tr>
<td>U16. I enjoy seeing how my views have changed and matured over the years.</td>
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<tr>
<td>U17. Maintaining close relationships has been difficult and frustrating for me.</td>
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<tr>
<td>U18. I enjoy personal conversations with family members or friends.</td>
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<tr>
<td>U19. I feel like I get a lot out of my friendships.</td>
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<tr>
<td>U20. It seems that most people have more friends than I do.</td>
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<tr>
<td>U21. I have experienced many warm and trusting relationships with others.</td>
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<tr>
<td>U22. I have a sense of direction and purpose in life.</td>
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<tr>
<td>U23. My daily activities often seem trivial and unimportant to me.</td>
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<tr>
<td>U24. I have a good sense of what I’m trying to accomplish in life.</td>
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<tr>
<td>U25. I enjoy making plans for the future and working to make them a reality.</td>
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<tr>
<td>U26. I am not a person who wanders aimlessly through life.</td>
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<tr>
<td>U27. When I look at my life, I am pleased with how things have turned out.</td>
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<tr>
<td>U28. In general, I feel confident and positive about myself.</td>
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</tr>
<tr>
<td></td>
<td>1. STRONGLY AGREE</td>
<td>2. SOMEWHAT AGREE</td>
<td>3. SOMEWHAT DISAGREE</td>
<td>4. STRONGLY DISAGREE</td>
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<tr>
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<tr>
<td>U29. In many ways, I feel disappointed about my achievements in life.</td>
<td></td>
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<tr>
<td>U30. My attitude about myself is as positive as most people have about themselves.</td>
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<tr>
<td>U31. Many days I wake up feeling discouraged about how I have lived my life.</td>
<td></td>
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</tr>
</tbody>
</table>

END OF SAB TASK
SECTION V: LIFE EVENTS

V1 - V11b ARE OMITTED

V12. INTERVIEWER CHECKPOINT

SEE S9, P. 69

1. R IS REMARRIED

2. ALL OTHERS ---> TURN TO MIDDLE OF P. 85, V36

INTERVIEWER:

IT IS BEST FOR YOU AND R TO BE ALONE FOR V13-V35. IF AT ALL POSSIBLE, ASK FOR PRIVACY WITH R.

BE AWARE OF THE PRESENCE OF R'S SPOUSE WITHIN LIKELY HEARING RANGE DURING THIS SESSION. YOU WILL BE ASKED TO REPORT ON IT AT V35.

V13. Did your friends approve of your marriage to this (man/woman)?

1. YES  5. NO  8. DK

V14. INTERVIEWER CHECKPOINT

SEE B2 (P. 2)

1. R HAS CHILDREN

2. ALL OTHERS ---> GO TO V15

V14a. Did your (son/daughter/children) approve?

1. YES  5. NO

V15. Were your friends or relatives worried that you were getting married too soon?

1. YES  5. NO
V16. I have some questions about your marriage and your relationship with your present (husband/wife). In what month and year did you and your present (husband/wife) get married? (IF DK: How long have you been married?)

MONTH / YEAR OR # MONTHS OF MARRIAGE

V17. (RB, P. 50) How much does your (husband/wife) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all? Just give me the number from the booklet.

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

V18. (RB, STILL ON P. 50) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

V19. (RB, STILL ON P. 50) How much is (he/she) willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

V20. (RB, STILL ON P. 50) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

V21. (RB, STILL ON P. 50) How much do you think you make your (husband/wife) feel loved and cared for (a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

V22. (RB, STILL ON P. 50) How much are you willing to listen when your (husband/wife) needs to talk about (his/her) worries or problems (a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

V23. (RB, STILL ON P. 50) How much are you critical of (him/her) or what (he/she) does (a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL
V24. (SAB, P. 10) Please look at page 10 of the large booklet. After each statement, put an "X" in the box that best describes how true you think this statement is as it applies to your marriage. (If you prefer, I can read the statements to you. [RB, P. 51])

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very True (1)</th>
<th>Somewhat True (2)</th>
<th>A Little True (3)</th>
<th>Not True At All (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V24a. There are some serious difficulties in our marriage. Is this very true for you, somewhat true, a little true, or not at all true?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>V24b. Although my marriage is important to me, I have a lot of outside interests and friends of my own.</td>
<td></td>
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<tr>
<td>V24c. My (husband/wife) doesn't treat me as well as I deserve to be treated.</td>
<td></td>
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<tr>
<td>V24d. IS OMITTED.</td>
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</tbody>
</table>

END OF SAB TASK

V25. (RB, P. 52) How often would you say you and your (husband/wife) typically have unpleasant disagreements or conflicts? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. More than once a week  2. About once a week  3. 1 to 3 times a month  4. Less than once a month  5. Never

V26. IS OMITTED.

V27. (RB, P. 53) Thinking about your marriage as a whole, how often do you feel happy about it? Would you say almost always, often, sometimes, rarely, or never?

V28. (RB, STILL ON P. 53) How often do you feel bothered or upset by your marriage? (Would you say almost always, often, sometimes, rarely, or never?)

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

V29. (RB, P. 54) Taking all things together, how satisfied are you with your marriage--completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMewhat SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

V30. Not using the booklet—how would you rate your (husband’s/wife’s) health at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. EXCELLENT  2. VERY GOOD  3. GOOD  4. FAIR  5. POOR

V31. Has (he/she) had a serious illness, injury, surgery, or accident in the past 12 months?

1. YES  5. NO --> NEXT PAGE, V32

V31a. What kind of illness or other health problems has (he/she) had?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
V32. Does your (husband/wife) need to be taken care of because of a health problem?

1. YES  5. NO --> NEXT PAGE, V35

V32a. How many hours a week do you usually spend taking care of (him/her)?

HRS/WK

96. VOL: NONE--SPouse IN NURSING HOME OR HOSPITAL
97. VOL: NONE--SOMEONE ELSE CARES FOR SPOUSE AT HOME

GO TO V33 NEXT PAGE, V35

V32b. How difficult is it for you to take care of your (husband/wife)--very, somewhat, a little, or not at all difficult?

1. VERY  2. SOMETHAT  3. A LITTLE  4. NOT AT ALL

V32c. How often do you feel that you don't have enough time to yourself because of taking care of your (husband/wife)? Would you say almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

NEXT PAGE, V35

V33. How difficult is it for you that your (husband/wife) is in a (nursing home/hospital)--very, somewhat, a little, or not at all difficult?

1. VERY  2. SOMETHAT  3. A LITTLE  4. NOT AT ALL

V34. How often do you feel that you don't have enough time to yourself because of your (husband/wife) being in a (nursing home/hospital)? Would you say almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER
V35. INTERVIEWER CHECKPOINT

DURING THE ADMINISTRATION OF QUESTIONS V13 - V34, R'S SPOUSE OVERHEARD/PROBABLY OVERHEARD QUESTIONS AND R'S ANSWERS:

☐ 1. ALL THE TIME

☐ 2. MOST OF THE TIME (HALF OR MORE)

☐ 3. SOME OF THE TIME (LESS THAN HALF)

☐ 4. NEVER/PROBABLY DIDN'T OVERHEAR

☐ 5. CAN'T TELL/DON'T KNOW IF SPOUSE OVERHEARD QUESTIONS AND ANSWERS

V36. The next questions are about your childhood up to the age of 15. First, were you adopted or raised by someone other than your natural parents?

1. YES  5. NO

V37. Did either of (your parents/the people who raised you) ever have periods lasting two weeks or more when she or he was depressed, down in the dumps, or blue most of the time?

1. YES  5. NO  8. DON'T KNOW

V38. Did either of (your parents/the people who raised you) have periods of a month or more when she or he was constantly nervous, edgy, or anxious?

1. YES  5. NO  8. DON'T KNOW

V39. Did either of (your parents/the people who raised you) ever have a problem with drinking?

1. YES  5. NO  8. DON'T KNOW
V40. Did either of (your parents/the people who raised you) ever abuse drugs?
   1. YES  5. NO  8. DON'T KNOW

V41. Were you ever abandoned by one of (your parents/the people who raised you)?
   1. YES  5. NO

V42. (RB, P. 55) While you were growing up, how often was there intense verbal conflict, such as yelling, insults, or swearing, between (your parents/the people who raised you) (-- often, sometimes, rarely, or never)?
   1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

V43. (RB, STILL ON P. 55) (While you were growing up) How often was there intense verbal conflict, such as yelling, insults, or swearing, between one of (your parents/the people who raised you) and you -- (often, sometimes, rarely, or never)?
   1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

V44. (RB, STILL ON P. 55) (While you were growing up) How often were there physical fights such as pushing, slapping, hitting, or kicking between (your parents/the people who raised you) -- (often, sometimes, rarely, or never)?
   1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

V45. (RB, STILL ON P. 55) (While you were growing up) How often did one of (your parents/the people who raised you) engage in physically abusive behavior toward you, such as hitting with a fist or other hard object, beating up, or kicking (-- often, sometimes, rarely, or never)?
   1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

V46. Did a brother or sister die while you were growing up?
   1. YES  5. NO --> NEXT PAGE, V47

V46a. How many brothers and/or sisters died (while you were growing up)?
V47. Now I would like to ask you about some things that may have happened to you at some time in your life. First, not counting any miscarriages or stillbirths, has any child of yours ever died?

1. YES  5. NO ------>TURN TO P. 89, V53

V47a. How many of your children have died?

1. ONE  MORE THAN ONE: NUMBER

RECORD THIS # IN THE BOX ON PAGE 88

NEXT PAGE, V48

V48. Was it a son or a daughter who died?

1. SON  2. DAUGHTER

V49. How old was (he/she) [when (he/she) died]?

CHILD'S AGE

V50. What was the cause of (his/her) death?

V51. In what year did this happen? (IF DK YEAR, PROBE: Can you tell me how old you were when this happened?)

YEAR (OR) AGE

V52. Was (her/his) death totally unexpected or did you expect it for some time?

1. UNEXPECTED  2. EXPECTED

TURN TO P. 89, V53
# Of Children Who Died (From P. 87, V47a)
(Take first four mentions only)

<table>
<thead>
<tr>
<th>V48. Was the first/next child who died a son or a daughter?</th>
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<tbody>
<tr>
<td>FIRST CHILD: 1. SON</td>
</tr>
<tr>
<td>SECOND CHILD: 1. SON</td>
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<tr>
<td>THIRD CHILD: 1. SON</td>
</tr>
<tr>
<td>FOURTH CHILD: 1. SON</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>V49. How old was (he/she) [when (he/she) died]?</th>
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</thead>
<tbody>
<tr>
<td>FIRST CHILD: CHILD'S AGE</td>
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<tr>
<td>SECOND CHILD: CHILD'S AGE</td>
</tr>
<tr>
<td>THIRD CHILD: CHILD'S AGE</td>
</tr>
<tr>
<td>FOURTH CHILD: CHILD'S AGE</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>V50. What was the cause of (his/her) death?</th>
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</thead>
<tbody>
<tr>
<td>FIRST CHILD:</td>
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<tr>
<td>SECOND CHILD:</td>
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<tr>
<td>THIRD CHILD:</td>
</tr>
<tr>
<td>FOURTH CHILD:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V51. In what year did (he/she) die? (If DK YEAR, probe: Can you tell me how old you were when this happened?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST CHILD: ______ YEAR (OR) ______ AGE</td>
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<tr>
<td>SECOND CHILD: ______ YEAR (OR) ______ AGE</td>
</tr>
<tr>
<td>THIRD CHILD: ______ YEAR (OR) ______ AGE</td>
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<tr>
<td>FOURTH CHILD: ______ YEAR (OR) ______ AGE</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>V52. Was (her/his) death totally unexpected or did you expect it for some time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST CHILD: 1. UNEXPECTED 2. EXPECTED</td>
</tr>
<tr>
<td>SECOND CHILD: 1. UNEXPECTED 2. EXPECTED</td>
</tr>
<tr>
<td>THIRD CHILD: 1. UNEXPECTED 2. EXPECTED</td>
</tr>
<tr>
<td>FOURTH CHILD: 1. UNEXPECTED 2. EXPECTED</td>
</tr>
</tbody>
</table>

NEXT CHILD OR NEXT PAGE, V53
V53. INTERVIEWER CHECKPOINT

☐ 1. R IS MALE -----> NEXT PAGE, V54

☐ 2. R IS FEMALE

V53a. Have you ever had a miscarriage or stillbirth?

1. YES  
5. NO

V53b. Have you ever had an abortion?

1. YES  
5. NO
The next questions are about events that may have happened in your lifetime. Please turn to RB Page 56.

INTERVIEWER: DO NOT READ THE DESCRIPTION LISTED FOR EACH EVENT. SIMPLY READ THEM AS "Event number 1", "Event number 2", etc.

V55. (RB, P. 56) Did Event #1 ever happen to you [YOU HAD DIRECT COMBAT EXPERIENCE IN A WAR]?
   1. YES  5. NO

V56. (RB, STILL ON P. 56) Did Event #2 ever happen to you [YOU HAD A LIFE THREATENING ILLNESS OR ACCIDENT]?
   1. YES  5. NO

V57. (RB, STILL ON P. 56) (How about) Event #3 [YOU WERE INVOLVED IN A FIRE, FLOOD, OR NATURAL DISASTER]? (Did this ever happen to you?)
   1. YES  5. NO

V58. (RB, STILL ON P. 56) (Did) Event #4 (ever happen to you)? [YOU WITNESSED SOMEONE BEING BADLY INJURED OR KILLED]
   1. YES  5. NO

V59. (RB, STILL ON P. 56) (Did) Event #5 (ever happen to you)? [YOU WERE SERIOUSLY NEGLECTED AS A CHILD]
   1. YES  5. NO

V60. (RB, STILL ON P. 56) (Did) Event #6 (ever happen to you)? [YOU WERE THREATENED WITH A WEAPON, HELD CAPTIVE, OR KIDNAPPED]
   1. YES  5. NO

V61. (RB, STILL ON P. 56) (Aside from any event you have already reported,) did Event #7 (ever happen to you) at any point in your life? [YOU WERE SERIOUSLY PHYSICALLY ATTACKED OR ASSAULTED]
   1. YES  5. NO
V62. (RB, P. 57) (Did) Event #8 (ever happen to you)? [YOU WERE RAPED]

1. YES

5. NO --> GO TO V63

V62a. (RB, STILL ON P. 57) Look at the question in the middle of P. 57. Thinking about when Event #8 (first) happened, read the question and tell me the letter of the answer. (CHECK ALL MENTIONS.)

Who did this to you?

☐ A. PARENT
☐ B. RELATIVE
☐ C. STEP-RELATIVE
☐ D. SOMEONE ELSE YOU KNEW
☐ E. STRANGER

V63. (RB, STILL ON P. 57) Aside from Event #8, did Event #9 ever happen to you? [YOU WERE SEXUALLY MOLESTED]

1. YES

5. NO --> NEXT PAGE, V64

V63a. (RB, STILL ON P. 57) Look at the question in the middle of P. 57. Thinking about when Event #9 (first) happened, read the question and tell me the letter of the answer. (CHECK ALL MENTIONS.)

Who did this to you?

☐ A. PARENT
☐ B. RELATIVE
☐ C. STEP-RELATIVE
☐ D. SOMEONE ELSE YOU KNEW
☐ E. STRANGER
V64. Is your (natural mother/the woman who raised you) still living?

1. YES  
5. NO  
8. DK

GO TO V65

GO TO V65

V64a. How old were you when she died? [IF DK AGE, PROBE: Can you tell me the year?]

OR

AGE OR YEAR

V64b. Was her death totally unexpected or did you expect it for some time?

1. UNEXPECTED  
2. EXPECTED

V65. Is your (natural father/the man who raised you) still living?

1. YES  
5. NO  
8. DK

NEXT PAGE, V66

NEXT PAGE, V66

V65a. How old were you when he died? [IF DK AGE, PROBE: Can you tell me the year?]

OR

AGE OR YEAR

V65b. Was his death totally unexpected or did you expect it for some time?

1. UNEXPECTED  
2. EXPECTED
V66. Now I would like to ask you about other losses that you may have experienced since the death of your (husband/wife). Since the death of your (husband/wife), did a brother or sister die?

1. YES  
5. NO  ------> GO TO PAGE 96, V74

V66a. How many of your brothers and/or sisters have died (since the death of your [husband/wife])?

1. ONE  
MORE THAN ONE:  ____________  
NUMBER  
RECORD THIS # IN THE BOX ON PAGE 94  

V67. Was this a brother or a sister?

1. BROTHER  
2. SISTER

V68. Were you very close, somewhat close, a little close, or not close at all to (him/her)?

1. VERY CLOSE  
2. SOMewhat CLOSE  
3. A LITTLE CLOSE  
4. NOT CLOSE AT ALL

V69. Did (he/she) live within an hour's drive from here?

1. YES  
5. NO

V70. (RB, P. 58) Before (he/she) died, how often did you have contact, either in person, by phone or by mail, with (him/her)? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month or never?

1. MORE THAN ONCE A WK  
2. ABOUT ONCE A WEEK  
3. 1 TO 3 TIMES A MO.  
4. LESS THAN ONCE A MO  
5. NEVER

V71. How old was (he/she) [when (he/she) died]?

SISTER/BROTHER'S AGE

V72. What was the cause of (her/his) death?


V73. Was the death totally unexpected or did you expect it for some time?

1. UNEXPECTED  
2. EXPECTED  

GO TO PAGE 96, V74
# OF BROTHERS AND SISTERS WHO DIED (TAKE FIRST FOUR MENTIONS ONLY)

<table>
<thead>
<tr>
<th></th>
<th>FIRST LOSS</th>
<th>SECOND LOSS</th>
<th>THIRD LOSS</th>
<th>FOURTH LOSS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>V67. Was the</strong></td>
<td>1. BROTHER</td>
<td>1. BROTHER</td>
<td>1. BROTHER</td>
<td>1. BROTHER</td>
</tr>
<tr>
<td><strong>first/next</strong></td>
<td>2. SISTER</td>
<td>2. SISTER</td>
<td>2. SISTER</td>
<td>2. SISTER</td>
</tr>
<tr>
<td>a brother or a</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>sister?</td>
<td></td>
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<tr>
<td><strong>V68. Were you</strong></td>
<td>1. VERY CLOSE</td>
<td>1. VERY CLOSE</td>
<td>1. VERY CLOSE</td>
<td>1. VERY CLOSE</td>
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<tr>
<td><strong>very close,</strong></td>
<td>2. SOMewhat close</td>
<td>2. SOMewhat close</td>
<td>2. SOMewhat close</td>
<td>2. SOMewhat close</td>
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<tr>
<td><strong>somewhat close,</strong></td>
<td>3. A LITTLE close</td>
<td>3. A LITTLE close</td>
<td>3. A LITTLE close</td>
<td>3. A LITTLE close</td>
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<tr>
<td><strong>a little close,</strong></td>
<td>4. NOT close</td>
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<tr>
<td><strong>or not close</strong></td>
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<td><strong>at all to</strong></td>
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<td><strong>(him/her)?</strong></td>
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<tr>
<td><strong>V69. Did (he/she)</strong></td>
<td>1. YES</td>
<td>1. YES</td>
<td>1. YES</td>
<td>1. YES</td>
</tr>
<tr>
<td><strong>live within an</strong></td>
<td>2. <strong>hour's drive</strong></td>
<td>2. <strong>from here</strong></td>
<td>2. <strong>from here</strong></td>
<td>2. <strong>from here</strong></td>
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<tr>
<td><strong>from here?</strong></td>
<td>5. NO</td>
<td>5. NO</td>
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<td><strong>NEXT PAGE, V70</strong></td>
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<tr>
<td>V70. (RB, P.58)</td>
<td>FIRST LOSS</td>
<td>SECOND LOSS</td>
<td>THIRD LOSS</td>
<td>FOURTH LOSS</td>
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<tr>
<td><strong>Before (he/she) died,</strong> how often did you have contact, either in person, by phone or by mail with (him/her)? Would you say more than once a week, about once a week, 1-3 times a month, less than once a month, or never?</td>
<td>1. MORE THAN ONCE A WK</td>
<td>1. MORE THAN ONCE A WK</td>
<td>1. MORE THAN ONCE A WK</td>
<td>1. MORE THAN ONCE A WK</td>
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<td></td>
<td>2. ABOUT ONCE A WEEK</td>
<td>2. ABOUT ONCE A WEEK</td>
<td>2. ABOUT ONCE A WEEK</td>
<td>2. ABOUT ONCE A WEEK</td>
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<td></td>
<td>3. 1-3 TIMES A MONTH</td>
<td>3. 1-3 TIMES A MONTH</td>
<td>3. 1-3 TIMES A MONTH</td>
<td>3. 1-3 TIMES A MONTH</td>
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<td></td>
<td>4. LESS THAN ONCE A MO.</td>
<td>4. LESS THAN ONCE A MO.</td>
<td>4. LESS THAN ONCE A MO.</td>
<td>4. LESS THAN ONCE A MO.</td>
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<td></td>
<td>5. NEVER</td>
<td>5. NEVER</td>
<td>5. NEVER</td>
<td>5. NEVER</td>
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</tbody>
</table>

| V71. How old was (he/she) when (he/she) died? | BROTHER/SISTER'S AGE | BROTHER/SISTER'S AGE | BROTHER/SISTER'S AGE | BROTHER/SISTER'S AGE |

| V72. What was the cause of (her/his) death? | | | |

| V73. Was the death totally unexpected or did you expect it for some time? | 1. UNEXPECTED | 1. UNEXPECTED | 1. UNEXPECTED | 1. UNEXPECTED |
| | 2. EXPECTED | 2. EXPECTED | 2. EXPECTED | 2. EXPECTED |

| Go to 2nd Loss P. 94, or Next Page, V74 | Go to 3rd Loss P. 94, or Next Page, V74 | Go to 4th Loss P. 94 or Next Page, V74 | Next Page, V74 |
V74. Did anyone (else) you felt close to die in the past 12 months (other than parents brothers or sisters)?

1. YES  
5. NO

V75. The next questions have to do with events during the past 12 months. In the past 12 months did you have a close friendship break up?

1. YES  
5. NO

V76. (In the past 12 months) Were you robbed or was your home burglarized?

1. YES  
5. NO

V77. (In the past 12 months) Was your driver's license revoked or suspended?

1. YES  
5. NO

V78. (In the past 12 months) Did you have any serious financial problems or difficulties?

1. YES  
5. NO

V79. (RB, P. 59) Using the list on Page 59, did you have serious ongoing tensions, conflicts, or arguments with any of these people in the past 12 months?

1. YES  
5. NO ---> GO TO V80

V79a. Can you tell me which ones? (LIST FIRST FOUR MENTIONS.)

(a) RELATIONSHIP TO R  
(b) RELATIONSHIP TO R  
(c) RELATIONSHIP TO R  
(d) RELATIONSHIP TO R

V80. (RB, STILL ON P. 59) In the past 12 months, did any of the people on the list have a major life crisis like a life-threatening illness, problem with the law, or other crisis that could affect them for years to come?

1. YES  
5. NO ---> NEXT PAGE, V81

V80a. Which of these people had a life crisis? (PROBE: Did any of the other people on the list have a life crisis? (LIST FIRST FOUR MENTIONS.)

(a) RELATIONSHIP TO R  
(b) RELATIONSHIP TO R  
(c) RELATIONSHIP TO R  
(d) RELATIONSHIP TO R
V81. Other than the things we have already covered, did any other major stressful event happen to you in the past 12 months?

1. YES  5. NO --->GO TO V82

V81a. Could you tell me something about this? (PROBE: Why was that a stressful experience for you?)

__________________________________________________________
__________________________________________________________
__________________________________________________________

V81b. INTERVIEWER CHECKPOINT

SEE V81a

☐ 1. R MENTIONS ONGOING SITUATION

☐ 2. ALL OTHERS--->GO TO V82

V81c. Did (this start/you first learn about this) in the past 12 months?

1. YES  5. NO --->GO TO V82

V81d. In what month and year (did this start/did this happen/did you first learn about it)?

MONTH/YEAR

V82. Have you moved to a new residence in the past 12 months?

1. YES  5. NO
SECTION W: DEMOGRAPHICS

W1. To end the interview, I have some questions about your background and circumstances. First, what is the month, day, and year of your birth?

MONTH / DAY / YEAR

W2. In addition to being American, what is your ethnic background or origins?

NONE  DK  REFUSED

W2a. INTERVIEWER CHECKPOINT

☐ 1. ONLY ONE GROUP MENTIONED AT W2---> GO TO W3

☐ 2. ALL OTHERS

W2b. Which do you feel best describes your ethnic background or origins?

W3. Do you own your own (home/apartment/mobile home), do you pay rent, or what?

1. OWNS OR IS BUYING  5. PAYS RENT  8. NEITHER OWNS NOR RENTS

W3a. If you sold this (house/apartment/mobile home) today, how much money would you get for it after paying off the mortgage, if any?

$__________AMOUNT R WOULD RECEIVE
W4. (SAB, P. 11) Please look at page 11 of the large booklet. If we include the income from your earnings, and all other sources, what would your total income before taxes for the last 12 months add up to? Please mark an "X" in the answer box that comes closest to this amount. (If you prefer, I can mark the answer in the questionnaire, just give me the letter from the list.)

<table>
<thead>
<tr>
<th>A. LESS THAN $5,000 (01)</th>
<th>E. $20,000-24,999 (05)</th>
<th>J. $60,000-79,999 (09)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. $5,000-9,999 (02)</td>
<td>F. $25,000-29,999 (06)</td>
<td>K. $80,000+ (10)</td>
</tr>
<tr>
<td>C. $10,000-14,999 (03)</td>
<td>G. $30,000-39,999 (07)</td>
<td></td>
</tr>
<tr>
<td>D. $15,000-19,999 (04)</td>
<td>H. $40,000-59,999 (08)</td>
<td></td>
</tr>
</tbody>
</table>

W4b. (SAB, P. 12) Now look at page 12 of the large booklet. Suppose you needed money quickly, and you cashed in all of your checking and savings accounts, and any stocks and bonds, and real estate (other than your principal home). If you added up what you got, about how much would this amount to? Please mark an "X" in the answer box that comes closest to this amount. (If you prefer, I can mark the answer in the questionnaire, just give me the letter from the list.)

<table>
<thead>
<tr>
<th>A. LESS THAN $10,000 (01)</th>
<th>E. $100,000-199,999 (05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. $10,000-19,999 (02)</td>
<td>F. $200,000-499,999 (06)</td>
</tr>
<tr>
<td>C. $20,000-49,999 (03)</td>
<td>G. $500,000 OR MORE (07)</td>
</tr>
<tr>
<td>D. $50,000-99,999 (04)</td>
<td></td>
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</tbody>
</table>

W5. This completes the interview; thank you for answering these questions.

W6. EXACT TIME NOW: ________________
### W7. INTERVIEWER QUESTIONS

#### W7a. R IS:
- 1. MALE
- 2. FEMALE

#### W7b. BASED ON YOUR OBSERVATION, R’S RACE IS:
- 1. WHITE
- 2. BLACK
- 3. AMERICAN INDIAN
- 4. ASIAN
- 5. OTHER
- 8. UNKNOWN

---

TURN TO COVER SHEET, RECONTACT INFORMATION
**SECTION X: INTERVIEWER OBSERVATIONS**

X1. Type of structure in which respondent lives:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>MOBILE HOME</td>
</tr>
<tr>
<td>2.</td>
<td>DETACHED SINGLE FAMILY HOUSE</td>
</tr>
<tr>
<td>3.</td>
<td>TWO FAMILY HOUSE; DUPLEX</td>
</tr>
<tr>
<td>4.</td>
<td>HOUSE CONVERTED TO APARTMENTS</td>
</tr>
<tr>
<td>5.</td>
<td>ROW HOUSE OR TOWN HOUSE (3 OR MORE ATTACHED UNITS)</td>
</tr>
<tr>
<td>6.</td>
<td>APARTMENT HOUSE (3 OR MORE UNITS, 3 STORIES OR LESS)</td>
</tr>
<tr>
<td>7.</td>
<td>APARTMENT HOUSE (5 OR MORE UNITS, 4 STORIES OR MORE)</td>
</tr>
<tr>
<td>8.</td>
<td>APARTMENT IN A PARTLY COMMERCIAL STRUCTURE</td>
</tr>
<tr>
<td>97.</td>
<td>OTHER (SPECIFY): __________________</td>
</tr>
</tbody>
</table>

X2. Does respondent have to climb a flight of stairs (more than 3 stairs) to get to living quarters or bedroom? (INCLUDING OUTSIDE STAIRS)

<p>| | |</p>
<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>YES</td>
</tr>
<tr>
<td>5.</td>
<td>NO</td>
</tr>
<tr>
<td>8.</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

X3. Is R's building/community/area especially designed for older people—is it retirement housing or an adult only community?

<p>| | |</p>
<table>
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<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>YES</td>
</tr>
<tr>
<td>5.</td>
<td>NO</td>
</tr>
<tr>
<td>8.</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

X4. How far is it from R's home (building) to the nearest home or other building (on either side or across the road)?

<p>| | |</p>
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<tbody>
<tr>
<td>1.</td>
<td>LESS THAN 15 FEET (less than 1 car length)</td>
</tr>
<tr>
<td>2.</td>
<td>15-29 FEET (1 to 2 car lengths)</td>
</tr>
<tr>
<td>3.</td>
<td>30-49 FEET (2 to 3 car lengths)</td>
</tr>
<tr>
<td>4.</td>
<td>50-99 FEET (3 to 6 car lengths)</td>
</tr>
<tr>
<td>5.</td>
<td>100 FEET OR MORE (more than 6 car lengths)</td>
</tr>
</tbody>
</table>

X5. How clean was the interior of the dwelling unit?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>VERY CLEAN</td>
</tr>
<tr>
<td>2.</td>
<td>CLEAN</td>
</tr>
<tr>
<td>3.</td>
<td>SO-SO</td>
</tr>
<tr>
<td>4.</td>
<td>NOT VERY CLEAN</td>
</tr>
<tr>
<td>5.</td>
<td>DIRTY</td>
</tr>
<tr>
<td>6.</td>
<td>DID NOT SEE</td>
</tr>
</tbody>
</table>
X6. How well maintained was the interior of the dwelling?

1. VERY WELL  2. QUITE WELL  3. MIXED, e.g., COULD USE A PAINT JOB  4. POORLY, e.g., NEEDS PAINTING AND SOME REPAIRS

5. VERY POORLY--DILAPIDATED  6. DID NOT SEE

X7. How well kept are the buildings in the respondent’s neighborhood?

1. VERY WELL  2. QUITE WELL  3. MIXED  4. POORLY  5. VERY POORLY

X8. How well kept and cared for are the yards and/or sidewalks in front of the buildings in the neighborhood?

1. VERY WELL  2. QUITE WELL  3. MIXED  4. POORLY  5. VERY POORLY

X9. Does R have a pet, or did you observe evidence of a pet?

1. YES  5. NO --> GO TO X10

X9a. What type of pet(s)?

X10. Was adult child present during respondent’s interview?

1. YES, MOST OF IW  2. YES, ABOUT HALF OF IW  3. YES, BUT INFREQUENT  5. NO --> NEXT PAGE, X11

X10a. How much influence or input did adult child seem to have on R’s answers?

1. Corrected answers, actively answered for R, interrupted

2. Listened, but did not actively interfere.

3. Paid little attention

6. No influence
X11. Who else was present during the interview?

1. NO ONE
2. OTHER ADULTS
3. CHILD(REN) UNDER 18
4. ADULTS AND CHILD(REN) UNDER 18

GO TO X12

X11a. How much distraction was caused by (this person/these people)?

1. CONSTANT
2. SOME
3. LITTLE
4. NONE

X12. The overall quality of this interview is:

1. HIGH QUALITY
2. GENERALLY RELIABLE
3. QUESTIONABLE
4. UNSATISFACTORY

X13. How alert do you think R was?

1. EXTREMELY ALERT AND RESPONSIVE
2. QUITE ALERT AND RESPONSIVE
3. ADEQUATELY ALERT AND RESPONSIVE (AVERAGE)
4. SLIGHTLY UNRESPONSIVE
5. VERY UNRESPONSIVE

X14. How was R's understanding of the questions?

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR

X15. How much difficulty did R have remembering things that you asked (him/her) about?

1. NO DIFFICULTY
2. A LITTLE DIFFICULTY
3. SOME DIFFICULTY
4. A LOT OF DIFFICULTY
5. COULD NOT DO AT ALL

X16. Does R wear a hearing aid?

1. YES
3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW
5. NO

X17. How much difficulty did R have hearing you when you talked to (him/her)?

1. NO DIFFICULTY
2. A LITTLE DIFFICULTY
3. SOME DIFFICULTY
4. A LOT OF DIFFICULTY
5. COULD NOT DO AT ALL
X18. Does R wear eyeglasses (or contact lenses if you saw them or they were mentioned)?

1. YES 3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW 5. NO

X19. How much difficulty did R have seeing things up close?

1. NO DIFFICULTY 2. A LITTLE DIFFICULTY 3. SOME DIFFICULTY 4. A LOT OF DIFFICULTY 5. COULD NOT DO AT ALL

X20. How much difficulty did R seem to have walking around in the home?


X21. How would you rate R’s health?

1. EXCELLENT 2. GOOD 3. FAIR 4. POOR 5. GRAVELY OR TERMINALLY ILL

X22. How tiring did the interview seem to be for R?

1. VERY TIRING 2. SOMewhat TIRING 3. A LITTLE TIRING 4. NOT TIRING

X23. How much effort did R put into the interview and giving good responses?


X24. How much did R seem to enjoy the interview?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

X25. On the basis of your experience with R in the interview, how comfortable would you say R is in dealing with other people?

1. NOT AT ALL 2. SLIGHTLY 3. SOMEWHAT 4. FAIRLY 5. VERY

X26. On the basis of your experience with R in the interview, how skilled would you say R is in handling or dealing with other people?

1. NOT AT ALL 2. SLIGHTLY 3. SOMEWHAT 4. FAIRLY 5. VERY
X27. How warm or cold was R to you?

1. VERY WARM  2. SOMewhat WARM  3. SOMewhat COOL  4. COLD AND DISTANT

X28. Rate respondent's appearance/attractiveness:

1. VERY ATTRACTIVE OR BEAUTIFUL  2. ATTRACTIVE (ABOVE AVERAGE FOR AGE AND SEX)  3. AVERAGE ATTRACTIVENESS FOR AGE AND SEX  4. UNATTRACTIVE (BELOW AVERAGE FOR AGE AND SEX)  5. VERY UNATTRACTIVE

X29. Respondent's grooming:

1. VERY NEAT AND CLEAN  2. SOMewhat NEAT AND CLEAN  3. NOT VERY NEAT AND CLEAN  4. NOT AT ALL NEAT AND CLEAN

X30. How emotionally stable do you think the respondent is (i.e., how well do you think the respondent can handle stress)?

1. VERY STABLE  2  3  4  5  6  7. VERY UNSTABLE

X31. When answering the questions, how open and forthcoming do you think the respondent was?

1. VERY OPEN  2  3  4  5  6  7. NOT AT ALL OPEN

X32. Was R wearing a wedding ring?

1. YES  5. NO  -- NEXT PAGE, X33

X32a. On which hand was R wearing the ring?

1. LEFT  5. RIGHT
X33. In the part of the dwelling where you were, did you see any pictures or photographs which you thought were of the deceased spouse?

1. YES  5. NO

X34. Did R take out any pictures/photos or directly show you any pictures/photos of her/his deceased spouse?

1. YES  5. NO

X35. Overall, how well do you think R is coping with the loss of his/her spouse?

1. NOT COPING AT ALL WELL  2. COPING SOMewhat WELL  3. COPING FAIRLY WELL  4. COPING VERY WELL

Now we would like to get your observation on how much/often R cried during the interview.

X36. During the interview, did R become tearful but did not actually cry, become tearful sometimes and cried sometimes, or did not cry/become tearful at all?

1. R DID NOT CRY OR BECOME TEARFUL AT ALL  2. R WAS TEARFUL BUT DID NOT ACTUALLY CRY  3. R WAS TEARFUL AND R CRIED SOMETIMES

X36a. What percentage of the time did R cry?

01. 10%  02. 20%  03. 30%  04. 40%  05. 50%

06. 60%  07. 70%  08. 80%  09. 90%  10. 100%

X36b. Was the interview significantly interrupted by R's crying?

1. YES  5. NO

X36c. About how many different times was the interview interrupted?

NUMBER
THUMBNAIL SKETCH
THE UNIVERSITY OF MICHIGAN
Survey Research Center
Institute for Social Research
Ann Arbor, MI 48106

1. INTERVIEWER'S LABEL

2. Int No. __________

3. Date of Int: __________

4. Length of Int: __________ MINS

5. Length of Edit: __________ MINS

R History:
Matched Control
ID#: -31
History:

THIS STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary. If we come to any question you do not want to answer, please let me know and we'll go on to the next one.

REVIEWED BY:

☐ SUPERVISOR __________________ (DATE)
SECTION A: HOUSEHOLD LISTING

A0. EXACT TIME NOW: ____________

A1. First, I need to list all the people who live here. 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?

Now I need the age, sex, and relationship to you of any other adults and children who live here.

<table>
<thead>
<tr>
<th>(a) RELATIONSHIP TO RESPONDENT</th>
<th>(b) SEX</th>
<th>(c) AGE</th>
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</thead>
<tbody>
<tr>
<td>1. RESPONDENT</td>
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<td>9.</td>
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<td>10.</td>
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</table>

A1a. - A37e. ARE OMITTED.
SECTION B: PARENTING

The next questions are about children.

B1. Do you have any children who are not living here with you at the present time? Please include adopted children or stepsons and stepdaughters not living here.

1. YES

5. NO, NO CHILDREN ELSEWHERE --> GO TO B2

B1a. How many do not live with you?

NUMBER

B2. Altogether, how many living children do you have? Again, please include any adopted children or stepsons and stepdaughters you may have.

NUMBER OF CHILDREN

00. NONE --> TURN TO P. 8, B25

B2a. INTERVIEWER CHECKPOINT

1. R ONLY HAS ONE CHILD

2. ALL OTHERS --> NEXT PAGE, B3

B2b. Is this a son or daughter?

1. SON

2. DAUGHTER
### B3. INTERVIEWER CHECKPOINT

**SEE B1 AND B1a**

- **1. R HAS NO CHILDREN LIVING ELSEWHERE** → NEXT PAGE, B6
- **2. R HAS ONLY ONE CHILD LIVING ELSEWHERE**
- **3. R HAS MORE THAN ONE CHILD LIVING ELSEWHERE**

#### B4. Think about your (son/daughter) who does not live with you. Does (he/she) live within an hour's drive of here?

- **01. YES**
- **96. NO**

**B4a. (RB, P. 1)** In the past 12 months, how often did you have contact either in person, by phone or by mail with your (son/daughter) who doesn't live with you? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

<table>
<thead>
<tr>
<th>1. More than once a week</th>
<th>2. About once a week</th>
<th>3. 1 to 3 times a month</th>
<th>4. Less than once a month</th>
<th>5. Never</th>
</tr>
</thead>
</table>

#### B5. Think about your children who do not live with you. How many of your children live within an hour's drive from you?

- **96. NONE**

**B5a. (RB, P. 1)** In the past 12 months, how often did you have contact, either in person, by phone or by mail with at least one of your children who do not live with you? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?
B6. INTERVIEWER CHECKPOINT

See B2, p. 2

1. R has only one child --> turn to p. 6, B16

2. R has two or more children

B7. (RB, p. 2) 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?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B8. (RB, still on p. 2) How much do you feel they make too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B9. (RB, still on p. 2) How much do you feel you make too many demands on your children? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B10. (RB, still on p. 2) How much are they willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B11. (RB, still on p. 2) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

B12. (RB, p. 3) At this point in your life, how satisfied are you with being a parent—are you completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

B13. Not using the booklet—How often do you feel bothered or upset as a parent—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER
B14a. (RB, P. 4) How much do your children depend on you for emotional support? Would you say a lot, some, a little, or not at all?

B14b. How much do they depend on you for help or advice with financial and legal matters?

B14c. How much do they depend on you for help with errands, babysitting, or other chores?

B14d. How much do you depend on your children for emotional support?

B14e. How much do you depend on them for help or advice with financial and legal matters?

B14f. How much do you depend on them for help with errands or other chores?

| B15. (RB, P. 5) At this point in your life, how often do you and any of your children have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never? |
|---|---|---|---|---|
| 1. MORE THAN ONCE A WEEK | 2. ABOUT ONCE A WEEK | 3. 1-3 TIMES A MONTH | 4. LESS THAN ONCE A MONTH | 5. NEVER |

TURN TO P. 8, B25


R HAS ONLY ONE CHILD

B16. (RB, P. 2) How much does your (son/daughter) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B17. (RB, STILL ON P. 2) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B18. (RB, STILL ON P. 2) How much do you feel you make too many demands on your (son/daughter)? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B19. (RB, STILL ON P. 2) How much is (he/she) willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B20. (RB, STILL ON P. 2) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

B21. (RB, P. 3) At this point in your life, how satisfied are you with being a parent—are you completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED 2. VERY SATISFIED 3. SOMEWHAT SATISFIED 4. NOT VERY SATISFIED 5. NOT AT ALL SATISFIED

B22. Not using the booklet—How often do you feel bothered or upset as a parent—almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER
<table>
<thead>
<tr>
<th>B23a. (RB, P. 4) How much does your (son/daughter) depend on you for emotional support? Would you say a lot, some, a little, or not at all?</th>
<th>A LOT (1)</th>
<th>SOME (2)</th>
<th>A LITTLE (3)</th>
<th>NOT AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B23b. How much does (he/she) depend on you for help or advice with financial and legal matters?</td>
<td></td>
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<tr>
<td>B23c. How much does (he/she) depend on you for help with errands, babysitting, or other chores?</td>
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<tr>
<td>B23d. How much do you depend on your (son/daughter) for emotional support?</td>
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<tr>
<td>B23e. How much do you depend on (him/her) for help or advice with financial and legal matters?</td>
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<tr>
<td>B23f. How much do you depend on (him/her) for help with errands or other chores?</td>
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</tbody>
</table>

B24. (RB, P. 5) At this point in your life, how often do you and your (son/daughter) have unpleasant conflicts or disagreements? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1-3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER
B25. How many grandchildren do you have, if any?

01. ONE

OTHER: ______ NUMBER

00. NONE

NEXT PAGE, SECTION C

B25a. (RB, STILL ON P. 5) How often do you see your grandchild? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK

2. ABOUT ONCE A WEEK

3. 1 TO 3 TIMES A MONTH

4. LESS THAN ONCE A MONTH

5. NEVER

B25b. (RB, STILL ON P. 5) How often do you see your grandchildren? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)
SECTION C: SOCIAL SUPPORT

Now I would like to ask you a question about your relationships with your relatives and friends. Please think of all your close family members [including your (husband/wife) and children], as well as other friends and relatives.

C1. Is there anyone in your life with whom you can really share your very private feelings and concerns?

1. YES  5. NO -->NEXT PAGE, C10

C1a. How many such people are there?

NUMBER

C2 - C6 ARE OMITTED
C7 - C9 ARE OMITTED

The next questions are about friends and relatives [other than your (husband/wife) or your children].

C10. (RB, P. 6) 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?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C11. (RB, STILL ON P. 6) 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?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C12. (RB, STILL ON P. 6) How much are your friends and relatives willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all)?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

C13. (RB, STILL ON P. 6) How much are they critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL
SECTION D: FEELINGS AND EMOTIONS

D1 - D2e ARE OMITTED

D3. (RB, P. 7) Now, I have a list of feelings and emotions that some people experience. Please think about the past month.

<table>
<thead>
<tr>
<th>Question</th>
<th>NO, NEVER (1)</th>
<th>YES, BUT RARELY (2)</th>
<th>YES, SOMETIMES (3)</th>
<th>YES, OFTEN (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3. Have you felt afraid of what lies ahead for you? Would you say no, never; yes, but rarely; yes, sometimes; or yes, often?</td>
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<tr>
<td>D4. Have you felt extremely anxious and unsettled during the past month?</td>
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<tr>
<td>D5. During the past month, have you felt worried about how you would manage your day-to-day affairs?</td>
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<tr>
<td>D6. Has life seemed empty?</td>
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<tr>
<td>D7. During the past month, did you feel amazed at your strength?</td>
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<tr>
<td>D8 IS OMITTED</td>
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<tr>
<td>D9. During the past month, did you feel proud of how well you were managing?</td>
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<tr>
<td></td>
<td>NO, NEVER (1)</td>
<td>YES, BUT RARELY (2)</td>
<td>YES, SOMETIMES (3)</td>
<td>YES, OFTEN (4)</td>
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<tr>
<td>D10 - D14 ARE OMITTED</td>
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<tr>
<td>D15. In the past month, have you felt anger toward God?</td>
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<td>D16. Have you felt empty inside, like an important part of you is missing?</td>
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<tr>
<td>D17. In the past month, have you felt that life has lost its meaning?</td>
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<tr>
<td>D18. Have you had any regrets about anything that happened between you and your (husband/wife)?</td>
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<tr>
<td>D19 - D25 ARE OMITTED</td>
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</tbody>
</table>
D30. Many people experience stressful situations in their lifetime. What is the most stressful thing that has ever happened to you?
SECTION E: DREAMS & NIGHTMARES

E1 - E31 ARE OMITTED

E32. (RB, P. 8) Now I have two sets of questions focusing on dreams and nightmares. First, I will ask you about dreams. During the past 12 months, approximately how many times, if any, did you have dreams about your (husband/wife) (— once or twice, 3 or 4 times, about once a month, 2-3 times a month, once a week or more, or none?)

1. 1-2 TIMES
2. 3-4 TIMES
3. ONCE A MO.
4. 2-3 TIMES/MO
5. ONCE A WK OR MORE
6. NONE

GO TO E34

E32a. How do these dreams make you feel — very sad or upset, somewhat sad or upset, somewhat happy, or very happy?

1. VERY SAD OR UPSET
2. SOMewhat SAD/UPSET
3. SOMewhat HAPPY
4. VERY HAPPY

E33 IS OMITTED

E34. (RB, STILL ON P. 8) The next questions are about nightmares. During the past 12 months, approximately how many times, if any, did you have nightmares about your (husband/wife) (— once or twice, 3 or 4 times, about once a month, 2-3 times a month, once a week or more, or none?)

1. 1-2 TIMES
2. 3-4 TIMES
3. ONCE A MO.
4. 2-3 TIMES/MO
5. ONCE A WK OR MORE
6. NONE

E35 IS OMITTED
SECTION F IS OMITTED
SECTION G IS OMITTED
### SECTION H: SELF DESCRIPTION

H1. (RB P. 9) Please tell me how true the following statements are as they apply to you now.

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMewhat TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. On the whole I am satisfied with myself. (Is this very true, somewhat, a little, or not true at all as it applies to you?)</td>
<td></td>
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<tr>
<td>H2. At times I think I am no good at all.</td>
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<td>H3. I wish I could have more respect for myself.</td>
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<td>H4. All in all, I am inclined to feel that I am a failure.</td>
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<tr>
<td>H5. I feel I am a person of worth, at least equal with others.</td>
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</tbody>
</table>

H6 - H9 ARE OMITTED
H10. (SAB, P. 1) Please look at page 1 of the large booklet where you will find a number of statements. After each statement, put an "X" in the answer category that indicates how strongly you agree or disagree with the statement as it applies to you. The best answer is usually the one that comes to your mind first, so try not to spend too much time on any one statement. Continue until you see a STOP sign at the bottom of page 4. (If you prefer, I can read the statements to you. [RB P. 10])

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<table>
<thead>
<tr>
<th>STRONGLY AGREE (1)</th>
<th>AGREE (2)</th>
<th>NEUTRAL (3)</th>
<th>DISAGREE (4)</th>
<th>STRONGLY DISAGREE (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H11. I have a very active imagination. Do you strongly agree, agree, feel neutral, disagree or strongly disagree?</td>
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<td>H12. I keep my belongings neat and clean.</td>
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<tr>
<td>H13. I'm an even-tempered person.</td>
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<tr>
<td>H15. I'm pretty good about pacing myself so as to get things done on time.</td>
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<tr>
<td>Number</td>
<td>Statement</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
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<tr>
<td>H16.</td>
<td>I don't get much pleasure from chatting with people.</td>
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<tr>
<td>H17.</td>
<td>I like to have a lot of people around me.</td>
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<tr>
<td>H18.</td>
<td>I am sometimes completely absorbed in music I am listening to.</td>
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<tr>
<td>H19.</td>
<td>I have a clear set of goals and work toward them in an orderly fashion.</td>
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<tr>
<td>H20.</td>
<td>I rarely experience strong emotions.</td>
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<tr>
<td>H21.</td>
<td>I work hard to accomplish my goals.</td>
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<tr>
<td>H22.</td>
<td>I am easily frightened.</td>
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<tr>
<td>H23.</td>
<td>I tend to blame myself when anything goes wrong.</td>
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<tr>
<td>H24.</td>
<td>I waste a lot of time before settling down to work.</td>
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<tr>
<td>H25.</td>
<td>I often worry about things that might go wrong.</td>
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<tr>
<td>H26.</td>
<td>Sometimes I'm not as dependable or reliable as I should be.</td>
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<tr>
<td>H27.</td>
<td>Poetry has little or no effect on me.</td>
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<tr>
<td>H28.</td>
<td>It takes a lot to get me mad.</td>
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<tr>
<td>H29.</td>
<td>I experience a wide range of emotions or feelings.</td>
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<tr>
<td></td>
<td>STRONGLY AGREE (1)</td>
<td>AGREE (2)</td>
<td>NEUTRAL (3)</td>
<td>DISAGREE (4)</td>
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<tr>
<td>H30.</td>
<td>I have strong emotional attachments to my friends.</td>
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<tr>
<td>H31.</td>
<td>I never seem to be able to get organized.</td>
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<tr>
<td>H32.</td>
<td>I prefer jobs that let me work alone without being bothered by other people.</td>
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<tr>
<td>H33.</td>
<td>I strive for excellence in everything I do.</td>
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<tr>
<td>H34.</td>
<td>I am seldom sad or depressed.</td>
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<tr>
<td>H35.</td>
<td>I'm pretty set in my ways.</td>
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<tr>
<td>H36.</td>
<td>I have trouble resisting my cravings.</td>
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<tr>
<td>H37.</td>
<td>I have sometimes done things just for &quot;kicks&quot; or &quot;thrills&quot;.</td>
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<tr>
<td>H38.</td>
<td>I enjoy solving problems or puzzles.</td>
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<tr>
<td>H39.</td>
<td>It would not bother me if I had to punish a child or pet.</td>
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<tr>
<td>H40.</td>
<td>Once I find the right way to do something I stick to it.</td>
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<tr>
<td>H41.</td>
<td>At times I have been so ashamed I just wanted to hide.</td>
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<tr>
<td>H42.</td>
<td>Some people think I'm selfish and egotistical.</td>
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<tr>
<td>ID</td>
<td>Statement</td>
<td>Strongly Agree (1)</td>
<td>Agree (2)</td>
<td>Neutral (3)</td>
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<tr>
<td>H43</td>
<td>I tend to be cynical and skeptical of others' intentions.</td>
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<tr>
<td>H44</td>
<td>I often feel inferior to others.</td>
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<td>H45</td>
<td>I would rather cooperate with others than compete with them.</td>
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<tr>
<td>H46</td>
<td>I believe that most people will take advantage of you if you let them.</td>
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<tr>
<td>H47</td>
<td>Some people think of me as cold and calculating.</td>
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<tr>
<td>H48</td>
<td>I am a cheerful, highspirited person.</td>
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<tr>
<td>H49</td>
<td>I consider myself broadminded and tolerant of other people’s lifestyles.</td>
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<tr>
<td>H50</td>
<td>I’m hard-headed and tough-minded in my attitudes.</td>
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<tr>
<td>H51</td>
<td>I generally try to be thoughtful and considerate.</td>
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<tr>
<td>H52</td>
<td>When everything seems to be going wrong, I can still make good decisions.</td>
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<tr>
<td>H53</td>
<td>I am a very active person.</td>
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<tr>
<td>H54</td>
<td>I have a wide range of intellectual interests.</td>
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</table>
SECTION J: HEALTH AND LIMITATION OF ACTIVITIES

J1. The next questions are about your health. In general, how satisfied are you with your health—completely, very, somewhat, not very, or not at all satisfied?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COMPLETELY SATISFIED</td>
</tr>
<tr>
<td>2</td>
<td>VERY SATISFIED</td>
</tr>
<tr>
<td>3</td>
<td>SOMEWHAT SATISFIED</td>
</tr>
<tr>
<td>4</td>
<td>NOT VERY SATISFIED</td>
</tr>
<tr>
<td>5</td>
<td>NOT AT ALL SATISFED</td>
</tr>
</tbody>
</table>

J2. We'd like to know if you have experienced any of the following health problems during the last 12 months.

<table>
<thead>
<tr>
<th>Question</th>
<th>J2a</th>
<th>J2b</th>
<th>J2c</th>
<th>J2d</th>
<th>J2e</th>
<th>J2f</th>
<th>J2g</th>
<th>J2h</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2a. Have you had arthritis or rheumatism?</td>
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<tr>
<td>J2b. During the last 12 months, have you had a lung disease?</td>
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<tr>
<td>J2c. Have you had hypertension, sometimes called high blood pressure, or have you taken medication for it?</td>
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<tr>
<td>J2d. Have you had a heart attack or other heart trouble during the last 12 months?</td>
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<tr>
<td>J2e. Have you had diabetes or high blood sugar, or have you taken medication for it?</td>
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<tr>
<td>J2f. Have you had a stroke during the last 12 months?</td>
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<tr>
<td>J2g. Have you had any broken or fractured bones?</td>
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<tr>
<td>J2h. Have you lost any amount of urine beyond your control during the last 12 months?</td>
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</tbody>
</table>
J3. Have you had cancer or a malignant tumor of any kind, or have you been treated for it in the past 12 months?

1. YES

5. NO ---GO TO J4

J3a. What kind of cancer or malignant tumor did you have? (In what part of your body did it start?)  

TYPE OF CANCER

J4. In the past 12 months, have you had any major health problems that I haven't asked you about?

1. YES

5. NO ---NEXT PAGE, J5

J4a. What are they?

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
### J5. INTERVIEWER CHECKPOINT

- [ ] 1. R ANSWERS "NO" TO ALL QUESTIONS IN J2a-h, J3 AND J4 --> TURN TO P. 28, J10
- [ ] 2. ALL OTHERS

Mark the box next to all preprinted conditions in the grid to which R answered "YES" in J2a-h, J3 and J4. If more than 5, ask J6-9a only for first 5 conditions.

<table>
<thead>
<tr>
<th>J6. Were you hospitalized during the last 12 months for (CONDITION)?</th>
<th>(J2a) ARTHRITIS/RHEUMATISM</th>
<th>(J2b) LUNG DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES [ ] NO</td>
<td>[ ] YES [ ] NO</td>
<td></td>
</tr>
</tbody>
</table>

- 1. STARTED IN LAST 12 MONTHS
  - GO TO J7a
- 2. GOING ON BEFORE
  - GO TO J8

<table>
<thead>
<tr>
<th>J7. Did (CONDITION) start in the last 12 months or was it going on before that?</th>
<th>(J2a) ARTHRITIS/RHEUMATISM</th>
<th>(J2b) LUNG DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES [ ] NO</td>
<td>[ ] YES [ ] NO</td>
<td></td>
</tr>
</tbody>
</table>

- 1. STARTED IN LAST 12 MONTHS
  - GO TO J7a
- 2. GOING ON BEFORE
  - GO TO J8

<table>
<thead>
<tr>
<th>J7a. In what month did it start? (RECORD YEAR, ALSO.)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH / YEAR</td>
<td>MONTH / YEAR</td>
<td></td>
</tr>
</tbody>
</table>

- GO TO NEXT COND. OR TURN TO P. 28, J10

<table>
<thead>
<tr>
<th>J8. In the past 12 months, has your (CONDITION) become better, stayed about the same, or become worse?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BETTER</td>
<td>1. BETTER</td>
<td></td>
</tr>
<tr>
<td>2. SAME</td>
<td>2. SAME</td>
<td></td>
</tr>
<tr>
<td>3. WORSE</td>
<td>3. WORSE</td>
<td></td>
</tr>
</tbody>
</table>

- GO TO NEXT COND. OR TURN TO P. 28, J10

J9-J9a ARE OMITTED
<table>
<thead>
<tr>
<th>(J2c)</th>
<th>(J2d)</th>
<th>(J2e)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HYPERTENSION/ HIGH BLOOD PRESSURE</strong></td>
<td><strong>HEART TROUBLE</strong></td>
<td><strong>DIABETES/ HIGH BLOOD SUGAR</strong></td>
</tr>
<tr>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
</tr>
<tr>
<td><strong>1. STARTED IN LAST 12 MONTHS</strong></td>
<td><strong>1. STARTED IN LAST 12 MONTHS</strong></td>
<td><strong>1. STARTED IN LAST 12 MONTHS</strong></td>
</tr>
<tr>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
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<tr>
<td><strong>2. GOING ON BEFORE</strong></td>
<td><strong>2. GOING ON BEFORE</strong></td>
<td><strong>2. GOING ON BEFORE</strong></td>
</tr>
<tr>
<td>GO TO J8</td>
<td>GO TO J8</td>
<td>GO TO J8</td>
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<tr>
<td><strong>MONTH/ YEAR</strong></td>
<td><strong>MONTH/ YEAR</strong></td>
<td><strong>MONTH/ YEAR</strong></td>
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<tr>
<td>GO TO NEXT COND. OR TURN TO P. 28, J10</td>
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<tr>
<td><strong>1. BETTER</strong></td>
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<td><strong>1. BETTER</strong></td>
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<tr>
<td><strong>2. SAME</strong></td>
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<td><strong>2. SAME</strong></td>
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<tr>
<td><strong>3. WORSE</strong></td>
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<td>GO TO NEXT COND. OR TURN TO P. 28, J10</td>
</tr>
<tr>
<td>J6. Were you hospitalized during the last 12 months for (CONDITION)?</td>
<td>(J2f)</td>
<td>(J2g)</td>
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<td>---</td>
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</tr>
<tr>
<td>1. YES 5. NO</td>
<td>1. YES 5. NO</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>J7. Did (CONDITION) start in the last 12 months or was it going on before that?</th>
<th>(J2f)</th>
<th>(J2g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. STARTED IN LAST 12 MONTHS GO TO J7a</td>
<td>1. STARTED IN LAST 12 MONTHS GO TO J7a</td>
<td></td>
</tr>
<tr>
<td>2. GOING ON BEFORE GO TO J8</td>
<td>2. GOING ON BEFORE GO TO J8</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>J7a. In what month did it start? (RECORD YEAR, ALSO)</th>
<th>(J2f)</th>
<th>(J2g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH/ YEAR GO TO NEXT COND. OR TURN TO P. 28, J10</td>
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<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>J8. In the past 12 months, has your (CONDITION) become better, stayed about the same, or become worse?</th>
<th>(J2f)</th>
<th>(J2g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BETTER</td>
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<td></td>
</tr>
<tr>
<td>2. SAME</td>
<td>2. SAME</td>
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<tr>
<td>3. WORSE</td>
<td>3. WORSE</td>
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GO TO NEXT COND. OR TURN TO P. 28, J10  
GO TO NEXT COND. OR TURN TO P. 28, J10

J9-J9a ARE OMITTED
<table>
<thead>
<tr>
<th>(J2h)</th>
<th>(J3a)</th>
<th>(J4a) SPECIFY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ LOSS OF URINE BEYOND CONTROL</td>
<td>□ CANCER</td>
<td>□ ____________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1. YES 5. NO</th>
<th>1. YES 5. NO</th>
<th>1. YES 5. NO</th>
</tr>
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<tbody>
<tr>
<td>1. STARTED IN LAST 12 MONTHS</td>
<td>1. STARTED IN LAST 12 MONTHS</td>
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<tr>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
<td>GO TO J7a</td>
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<tr>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
<td>2. GOING ON BEFORE</td>
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<tr>
<td>GO TO J8</td>
<td>GO TO J8</td>
<td>GO TO J8</td>
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</table>

<table>
<thead>
<tr>
<th>MONTH / YEAR</th>
<th>MONTH / YEAR</th>
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<tbody>
<tr>
<td>GO TO NEXT COND. OR NEXT PAGE, J10</td>
<td>GO TO NEXT COND. OR NEXT PAGE, J10</td>
<td>NEXT PAGE, J10</td>
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</tbody>
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<table>
<thead>
<tr>
<th>1. BETTER</th>
<th>1. BETTER</th>
<th>1. BETTER</th>
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<tbody>
<tr>
<td>2. SAME</td>
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<td>2. SAME</td>
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<tr>
<td>3. WORSE</td>
<td>3. WORSE</td>
<td>3. WORSE</td>
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</table>

| GO TO NEXT COND. OR NEXT PAGE, J10 | GO TO NEXT COND. OR NEXT PAGE, J10 | GO TO SUP. PAGE OR NEXT PAGE, J10 |
J10. Are you currently in bed or in a chair for most or all of the day because of your health?

1. YES 5. NO

J11. Do you currently have any difficulty bathing by yourself?

1. YES 5. NO --->GO TO J12

J11a. How much difficulty do you have bathing by yourself--a little, some, a lot, or can't you do this on your own?

1. A LITTLE 2. SOME 3. A LOT 4. CANNOT DO

TURN TO P. 30, J17

J12. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "YES" (BOX WITH DOUBLE LINE) TO J10-->TURN TO P. 30, J17

☐ 2. ALL OTHERS

J13. Do you currently have any difficulty climbing a few flights of stairs because of your health?

1. YES 3. VOLUNTEERED: AGE IS ONLY LIMITATION 5. NO --->NEXT PAGE, J14

J13a. How much difficulty do you have--a little, some, a lot, or can't you do this at all?

1. A LITTLE 2. SOME 3. A LOT 4. CANNOT DO
J14. Do you currently have any difficulty walking several blocks because of your health?
1. YES  3. VOLUNTEERED: AGE IS ONLY LIMITATION  5. NO --> GO TO J15

J14a. How much difficulty do you have--a little, some, a lot, or can't you do this at all?
1. A LITTLE  2. SOME  3. A LOT  4. CANNOT DO

J15. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "A LOT" OR "CANNOT DO" (BOXES WITH DOUBLE LINES) TO EITHER J13a OR J14a--> NEXT PAGE, J17
☐ 2. ALL OTHERS

J16. Would you currently have any difficulty doing heavy work around the house, such as shoveling snow or washing walls, because of your health?
1. YES  3. VOLUNTEERED: AGE IS ONLY LIMITATION  5. NO --> NEXT PAGE, J17

J16a. How much difficulty would you have--a little, some, a lot, or couldn't you do this at all?
1. A LITTLE  2. SOME  3. A LOT  4. COULD NOT DO
J17. How would you rate your health at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. EXCELLENT  2. VERY GOOD  3. GOOD  4. FAIR  5. POOR

J18. How much are your daily activities limited in any way by your health or health-related problems—a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

J19. Have you taken any non-prescription medications in the last 30 days to help you sleep?

1. YES  5. NO ---> GO TO J20

J19a. On how many days out of the past 30 did you take non-prescription medication to help you sleep?

_______ DAYS

J20. (RB, P. 11) The next questions are about prescription-type medications taken with or without a doctor's prescription. Here is a list of medications people sometimes take to help them sleep or stay calm during the day. Are you taking any of these medications now? [LISTED IN RB: AMOBARBITAL, AMYTAL, BARBITURATE, BUTICAP, BUTISOL, CHLORYL HYDRATE, DALMAME, DORIDEN, HALCION, MEBARAL, METHAQUALONE, NEMBUTAL, NOLUDAR, PENTOBARBITAL, PHENOBARBITAL, PLACIDYL, QUAAALUDE, RESTORIL, SECOBARBITAL, SECONAL, SOPOR, TUINAL]

1. YES  5. NO

J20a. (RB, STILL ON P. 11) On how many days out of the past 30 did you take any of these medications at least once?

_______ DAYS

J20b. (RB, STILL ON P. 11) Have you taken any of these medications at any time in the past 4 years?

1. YES  5. NO
J21. (RB, STILL ON P. 11) Did you ever take any of these medications earlier than four years ago?

1. YES  
5. NO

J22. (RB, P. 12) Here is a list of medications people sometimes take to help them relax their muscles or calm down. They are sometimes called "nerve pills." Are you taking any of these medications now? [LISTED IN RB: ATARAX, ATIVAN, BUSPAR, CENTRAX, DEPRL, DIAZEPAM, DURAX, EQUANIL, LIBRUM, LIMBITROL, MENRIUM, MEPROBAMATE, MILTOWN, PAXIPAM, SERAX, SK-LYGEN, TRANXENE, VALIUM, VISTARIL, XANAX]

1. YES  
5. NO

J22a. (RB, STILL ON P. 12) On how many days out of the past 30 did you take any of these medications at least once?

_______ DAYS

J22b. (RB, STILL ON P. 12) Have you taken any of these medications at any time in the past four years?

1. YES  
5. NO

J23. (RB, STILL ON P. 12) Did you ever take any of these medications earlier than four years ago?

1. YES  
5. NO

J24. (RB, P. 13) Here is a list of medications people sometimes take to help them relieve feelings of depression or sadness. Are you taking any of these medications now? [LISTED IN RB: PAMELOR, PROZAC, TRAZADONE]

1. YES  
5. NO

J24a. (RB, STILL ON P. 13) On how many days out of the past 30 did you take any of these medications at least once?

_______ DAYS

J24b. (RB, STILL ON P. 13) Have you taken any of these medications at any time in the past four years?

1. YES  
5. NO

J25. (RB, STILL ON P. 13) Did you ever take any of these medications earlier than four years ago?

1. YES  
5. NO
J26. The next questions are about the present. How many hours of sleep do you usually get in a 24-hour period, including naps?

_________HOURS

J27. About how much do you weigh?

_________LBS

J28. Do you smoke cigarettes now?

1. YES  5. NO -->GO TO J29

J28a. On the average, how many cigarettes or packs do you usually smoke in a day?

OR

CIGARETTES  PACKS

J29. (RB, P. 14) How often does someone remind or tell you to do things to protect your health? Would you say often, sometimes, rarely, or never?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER -->GO TO J30

J29a. Who reminds you? [CHECK ALL THAT APPLY]

A.CHILD  B.OTHER RELATIVE  C.FRIEND OR NEIGHBOR  D.PROFESSIONAL  E.OTHER(S)  F.SPOUSE

J30. (RB, STILL ON P. 14) How often do you take walks for exercise or pleasure? (Would you say often, sometimes, rarely, or never?)

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER -->NEXT PAGE, J32

J31. (RB, STILL ON P. 14) How often do you take walks or get any kind of exercise with a pet or with someone you know--(often, sometimes, rarely, or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER -->NEXT PAGE, J32

J31a. Who do you take walks or exercise with? [CHECK ALL THAT APPLY]

A.CHILD  B.OTHER RELATIVE  C.FRIEND OR NEIGHBOR  D.PET  E.OTHER(S)  F.SPOUSE
J32. (RB, STILL ON P. 14) How often do you participate in active sports or exercise-- (often, sometimes, rarely, or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

J33. Do you have to take medications regularly, eat a special diet for health reasons, or use other health care treatments at home on a regular basis?

1. YES  5. NO --> GO TO J34

J33a. (RB, STILL ON P. 14) How often does someone else help you do this? (Would you say often, sometimes, rarely, or never?)

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER --> GO TO J34

J33b. Who helps you do this? (CHECK ALL THAT APPLY)

A. CHILD  B. OTHER RELATIVE  C. FRIEND OR NEIGHBOR  D. VOLUNTEER AGENCY  E. OTHER(S)  F. SPOUSE

J34. Does anyone come into your home on a regular basis to help you with such things as bathing, getting dressed, or eating your food?

1. YES  5. NO --> NEXT PAGE, J35

J34a. Who helps you? (CHECK ALL THAT APPLY)

A. FRIEND  B. RELATIVE  C. VOLUNTEER SERVICE  D. PAID SERVICE

J34b. How many days per week does (this person/these people) come into your home?

_______ # of days/week

J34c. How may hours per day do they usually stay?

_______ # of hours/day
J35. [ASK IF NECESSARY, BUT MARK BOX] Have you ever been in a nursing home?

1. YES  
3. CURRENTLY IN NURSING HOME  
5. NO --> NEXT PAGE, SECTION K

J35a. In what month and year did you enter a nursing home most recently?

MONTH / YEAR

J35b. Did you enter the nursing home because of a health condition or for some other reason? [MARK ALL THAT APPLY]

HEALTH CONDITION

OTHER REASON

(IF NEC.: Which one?) 

(IF NEC.: What was it?) 

J35c. INTERVIEWER CHECKPOINT

SEE J35

1. R NOT CURRENTLY IN NURSING HOME

2. R CURRENTLY IN NURSING HOME --> NEXT PAGE, SECTION K

J35d. For how many weeks or months did you stay in the nursing home?

WEEKS OR MONTHS
SECTION K: WELL-BEING

K1. (RB, P. 15) Please tell me how often the following things happened to you during the past week.

<table>
<thead>
<tr>
<th></th>
<th>HARDLY EVER (1)</th>
<th>SOME OF THE TIME (2)</th>
<th>MOST OF THE TIME (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1a. During the past week, I felt depressed. (Did you feel this way hardly ever, some of the time, or most of the time?)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>K1b. During the past week, I felt that everything I did was an effort.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>K1c. My sleep was restless.</td>
<td></td>
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<tr>
<td>K1d. During the past week, I was happy.</td>
<td></td>
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<tr>
<td>K1e. I felt lonely.</td>
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<tr>
<td>K1f. During the past week, people were unfriendly.</td>
<td></td>
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<td></td>
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<tr>
<td>K1g. I enjoyed life.</td>
<td></td>
<td></td>
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<tr>
<td>K1h. During the past week, I did not feel like eating. My appetite was poor.</td>
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<tr>
<td>K1j. I felt sad.</td>
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<tr>
<td>K1k. During the past week, I felt that people disliked me.</td>
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<tr>
<td>K1m. I could not get &quot;going&quot;.</td>
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</tbody>
</table>
K2. (RB, P. 16) Now for a different kind of question. Please tell me how much you have been bothered during the past seven days by feelings like the ones I’m about to read.

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL (1)</th>
<th>A LITTLE BIT (2)</th>
<th>MODERATELY (3)</th>
<th>QUITE A BIT (4)</th>
<th>EXTREMELY (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K2a. First, nervousness or shakiness inside. How much have you been bothered by this feeling during the past seven days (not at all, a little bit, moderately, quite a bit, or extremely?)</td>
<td></td>
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<tr>
<td>K2b. Trembling?</td>
<td></td>
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<td></td>
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<tr>
<td>K2c. Feeling suddenly scared for no reason?</td>
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<tr>
<td>K2d. Feeling fearful?</td>
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<tr>
<td>K2e. Heart pounding or racing?</td>
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<tr>
<td>K2f. How much have you been bothered by feeling tense and keyed up in the past seven days?</td>
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<tr>
<td>K2g. Spells of terror and panic?</td>
<td></td>
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<td>K2h. Feeling so restless you couldn’t sit still?</td>
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<td>K2i. Feeling that something bad is going to happen to you?</td>
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<td>K2k. Thoughts and images of a frightening nature?</td>
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</tbody>
</table>
K3. (RB, P. 17) Please tell me how often you have had the following feelings **during the past week**.

<table>
<thead>
<tr>
<th></th>
<th>ALWAYS (1)</th>
<th>OFTEN (2)</th>
<th>SOMETIMES (3)</th>
<th>RARELY (4)</th>
<th>NEVER (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K3a. Feeling particularly excited or interested in something. (Did you feel this way always, often, sometimes, rarely, or never?)</td>
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<tr>
<td>K3b. Feeling pleased about having accomplished something.</td>
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<td>K3c. Feeling that things were going your way.</td>
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<tr>
<td>K3d. Feeling proud because someone complimented you on something you had done.</td>
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<tr>
<td>K3e. Feeling on top of the world.</td>
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</table>
SECTION L: EMPLOYMENT

L1. We would like to know more about what you do. (READ SLOWLY) Are you working now for pay at a regular job, on temporary leave or laid off, looking for work, retired from a paid job, keeping house, permanently disabled, or something else? (CHECK ALL THAT APPLY; IF A OR B CHECKED, GO TO L3)

   A. WORKING NOW FOR PAY
   B. ONLY TEMPORARILY LAID OFF; SICK LEAVE
   C. LOOKING FOR WORK, UNEMPLOYED
   D. RETIRED FROM A PAID JOB
   E. PERMANENTLY DISABLED
   F. KEEPING HOUSE/STAYING HOME
   G. OTHER (SPECIFY):

L2. Are you doing any work for pay at the present time?

1. YES  5. NO --> TURN TO MIDDLE OF P. 40, L14

L3. Including paid vacations and sick leave, how many weeks altogether were you employed during the past 12 months?

52. ALL WEEKS IN LAST 12 MONTHS

WEEKS IN LAST 12 MONTHS OR FROM / TO /
  MON DAY MON DAY

L3a. How long have you worked at your present job or position?

#WEEKS  #MONTHS  #YEARS

L3b. INTERVIEWER CHECKPOINT

SEE COVERSHEET AND L3a

☐ 1. R EMPLOYED AT PRESENT JOB/POSITION BEFORE DATE OF LAST INTERVIEW --> MIDDLE OF NEXT PAGE, L8
☐ 2. ALL OTHERS --> NEXT PAGE, L4
L4. What is your occupation on your main job?

________________________________________________________________________

L5. What kind of work do you do? What are your most important activities or duties?

________________________________________________________________________

L6. What kind of business or industry is that in? What do they make or do where you work?

________________________________________________________________________

L7. Are you self-employed, or do you work for a private employer or a municipal, county, state, or federal government?

1. SELF-EMPLOYED  2. PRIVATE EMPLOYER  3. GOVERNMENT EMPLOYER

L8. On the average how many hours a week do you work on this job, including paid and unpaid overtime?

_________ HOURS PER WEEK

L9. How much do you earn now from this job?

$ __________ PER ________

L10. How much do you enjoy doing that kind of work--do you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

L11. (RB, P. 18) How satisfied are you with your job--completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

L12. (RB, P. 19) In general, how often do you feel bothered or upset in your work--almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER
L13. INTERVIEWER CHECKPOINT

---

1. R IS ALSO RETIRED
   - SEE L1 (P. 38)
   - TURN TO P. 42, L21

L14. INTERVIEWER CHECKPOINT

---

1. "RETIRED" IS CHECKED AT L1
2. ALL OTHERS
   - SEE L1 (P. 38)

Now we have a few questions about the last regular job you had before retirement.

L15. Have you ever held a regular job for pay?

1. YES
5. NO -- Turn to P. 43, SECTION M

We have a few questions about the last regular job you had.

L16. In what month and year did you (retire/stop working)?

MONTH / YEAR
L17. INTERVIEWER CHECKPOINT

SEE COVERSHEET AND L16, P. 40

1. R (RETIRED/STOPPED WORKING) SINCE DATE OF LAST INTERVIEW

2. ALL OTHERS--> NEXT PAGE, L21

L18. People (retire/leave a paid job) for many reasons. What are the reasons you (retired/ left your last job)? (PROBE: Were there any other reasons?)

________________________________________________________

________________________________________________________

________________________________________________________

L19. Did you leave this job earlier, just about the time you wanted to, or later than you wanted to?

1. EARLIER  2. JUST ABOUT TIME  3. LATER  7. OTHER (SPECIFY):

________________________________________________________

L20. Have the changes brought about by your (retirement/stopping work) been entirely good, mostly good, mostly bad, or entirely bad for you?

1. ENTIRELY GOOD  2. MOSTLY GOOD  3. MOSTLY BAD  4. ENTIRELY BAD
L21. INTERVIEWER CHECKPOINT

SEE L1 (P. 38)

☐ 1. R IS CURRENTLY WORKING FOR PAY

☐ 2. ALL OTHERS--> NEXT PAGE, SECTION M

L22. In the last four years, were there any changes in your work patterns? Like starting or stopping a job, or changes in the number of hours you worked?

1. YES 5. NO -->NEXT PAGE, SECTION M

L22a. What was this change? (IF MORE THAN ONE, PROBE FOR MOST IMPORTANT CHANGE.)

RETIRED -->NEXT PAGE, SECTION M

☐ a. FIRED ☐ g. RETURNED TO WORK
☐ b. QUIT WORKING ☐ h. PROMOTED
☐ c. LAID OFF PERMANENTLY ☐ j. DEMOTED
☐ d. LAID OFF TEMPORARILY ☐ k. FULL-TIME TO PART-TIME
☐ e. CHANGED JOBS ☐ m. PART-TIME TO FULL-TIME
☐ f. STARTED TO WORK FOR THE FIRST TIME ☐ n. OTHER, SPECIFY:

L22b. In what month and year did this change in your work pattern happen? (IF DK MONTH, PROBE FOR SEASON)

MONTH/ YEAR

L22c. People change their work patterns for many reasons. What are the main reasons you changed your work pattern? (PROBE: Were there any other reasons?)


L22d. Were the changes brought about by the change in your work pattern entirely good, mostly good, mostly bad, or entirely bad?

1. ENTIRELY GOOD 2. MOSTLY GOOD 3. MOSTLY BAD 4. ENTIRELY BAD
SECTION M: FINANCIAL SITUATION

Now a few questions about your financial situation at this time.

M1. How difficult is it for you to meet the monthly payments on your bills? Is it extremely difficult, very, somewhat, slightly, or not at all difficult?

1. EXTREMELY DIFFICULT  2. VERY DIFFICULT  3. SOMEWHAT DIFFICULT  4. SLIGHTLY DIFFICULT  5. NOT AT ALL DIFFICULT

M2. In general, how do your finances usually work out at the end of the month--do you find that you usually end up with some money left over, just enough money to make ends meet, or not enough money to make ends meet?

1. SOME MONEY LEFT OVER  2. JUST ENOUGH MONEY  3. NOT ENOUGH MONEY

M3. How often do you feel bothered by your financial situation? Would you say almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

M4. How satisfied are you with your present financial situation--completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

M5. (SAB, P. 5) Now, please look at page 5 of the large booklet. After each statement, put an "X" in the box that best describes how true you think the statement is. Again, the best answer is usually the one that comes to mind first, so don't spend too much time on any one question. There are more questions on page 6. (If you prefer, I can read the statements to you. [RB P. 20])

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M5a. In the long run, good people will be rewarded for the good things they have done. Is this very true, somewhat true, a little true, or not at all true?</td>
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<tr>
<td>M6. By and large, people deserve what they get.</td>
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<td>M7. Death is simply part of the process of life.</td>
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<td>M8. People who meet with misfortune have often brought it on themselves.</td>
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<tr>
<td>M9. I don't see any point in worrying about death</td>
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<tr>
<td>Statement</td>
<td>Very True (1)</td>
<td>Somewhat True (2)</td>
<td>A Little True (3)</td>
<td>Not True at All (4)</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>M10. Eventually, everybody gets what is coming to them.</td>
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<td>M11. When I look back on what has happened to me, I feel cheated.</td>
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<td>M12. I don't seem to get what should be coming to me.</td>
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<tr>
<td>M13. In the long run, people get the respect they deserve.</td>
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<tr>
<td>M15. It is only a matter of time before the bad people will be punished for the bad things they have done.</td>
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<tr>
<td>M16. Other people always seem to get the breaks.</td>
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<tr>
<td>M17. I am certain something bad could happen to me at any time.</td>
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<tr>
<td>M18. I am certain something bad could happen to one of my loved ones at any time.</td>
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<td>M19. Getting too attached to people is unwise.</td>
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<td>M20. I am resigned to the fact that we all have to die.</td>
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<tr>
<td>M21. Bad things can happen to anyone at any time.</td>
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<tr>
<td>M22. People who think catastrophes cannot happen to them are kidding themselves.</td>
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<tr>
<td>M23. People die when it is their time to die, and nothing can change that.</td>
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<td>M24. Everything that happens is a part of God's plan.</td>
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<td>M25. If bad things happen, it is because they were meant to be.</td>
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<tr>
<td>M26. Everything that happens has a purpose.</td>
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<tr>
<td>M27. The good and bad things that have happened to me were destined to happen.</td>
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END OF SAB TASK
## SECTION N: HOME, HOUSEHOLD RESPONSIBILITIES, AND VOLUNTARY ACTIVITIES

N1. (RB, P. 21) The next questions are about your home and neighborhood. Overall, how satisfied are you with your home? Are you completely satisfied, very, somewhat, not very, or not at all satisfied?

<table>
<thead>
<tr>
<th>1. COMPLETELY SATISFIED</th>
<th>2. VERY SATISFIED</th>
<th>3. SOMEWHAT SATISFIED</th>
<th>4. NOT VERY SATISFIED</th>
<th>5. NOT AT ALL SATISFIED</th>
</tr>
</thead>
</table>

N2. (RB, STILL ON P. 21) Overall, how satisfied are you with your neighborhood? (Are you completely satisfied, very, somewhat, not very, or not at all satisfied?)

<table>
<thead>
<tr>
<th>1. COMPLETELY SATISFIED</th>
<th>2. VERY SATISFIED</th>
<th>3. SOMEWHAT SATISFIED</th>
<th>4. NOT VERY SATISFIED</th>
<th>5. NOT AT ALL SATISFIED</th>
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N3. (RB, P. 22) How safe do you think your home is from fires? (Would you say very safe, somewhat, not very, or not at all safe?)

N4. (RB, STILL ON P. 22) How safe do you think your home is from break-ins and vandalism?

N5. (RB, STILL ON P. 22) Thinking about your neighborhood, how safe do you think you are from being robbed or physically attacked?

N6. (RB, STILL ON P. 22) How safe do you think you are from becoming ill due to exposure to pollution or other unhealthy things in your neighborhood?
N7. Now let's talk about work you do around your home. In an average week, how many hours do you spend preparing food and doing housework?

**HOURS PER WEEK**

N7a. How much do you enjoy doing housework—do you enjoy it 
a great deal, some, a little, or not at all?

1. A GREAT DEAL 2. SOME 3. A LITTLE 4. NOT AT ALL

N8. (RB, P. 23) Altogether, how many hours did you yourself spend doing home maintenance and minor repairs during the last 12 months? Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?

1. LESS THAN 20 HOURS 2. 20-39 HRS 3. 40-79 HRS 4. 80-159 HRS 5. 160 HOURS OR MORE

N9. (RB, P. 24) If you needed extra help with general housework or home maintenance, how much could you count on friends or family members to help you? Would you say a great deal, some, a little, or not at all?

1. A GREAT DEAL 2. SOME 3. A LITTLE 4. NOT AT ALL

N10. (RB, STILL ON P. 24) If you needed extra money, how much could you count on someone, other than a lending institution, to lend or give you money—a great deal, some, a little, or not at all?

1. A GREAT DEAL 2. SOME 3. A LITTLE 4. NOT AT ALL

N11. (RB, STILL ON P. 24) If you were ill, how much could you count on someone to make sure you are taken care of—a great deal, some, a little, or not at all?

1. A GREAT DEAL 2. SOME 3. A LITTLE 4. NOT AT ALL
N12. Now I have some questions about volunteer work. (READ SLOWLY) During the last 12 months, did you do volunteer work for a church or other religious organization, for a political group, a senior citizens' group, or for any other type of organization?

1. YES  5. NO --&gt; GO TO N15

N13. (RB, P. 25) About how many hours did you spend on volunteer work of these kinds during the last 12 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?)

1. LESS THAN 20 HOURS  2. 20-39 HOURS  3. 40-79 HOURS  4. 80-159 HOURS  5. 160 HOURS OR MORE

N14. Not using the booklet--How much did you enjoy doing that volunteer work--did you enjoy it a great deal, quite a bit, some, a little, or not at all?

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

N15. Now let's talk about help you may have given in the last 12 months 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.

| N15a. During the last 12 months, did you provide transportation, shop or run errands for friends, neighbors, or relatives who did not live with you? | 1. YES  5. NO |
| N15b. Did you help others with their housework or with the upkeep of their house, car, or other things? | 1. YES  5. NO |
| N15c. Did you do childcare without pay for persons not living in your household? | 1. YES  5. NO |
| N15d. Did you do any other things in the last 12 months to help neighbors, friends or relatives who did not live with you? | 1. YES  5. NO |
N16. **INTERVIEWER CHECKPOINT**

1. **RESPONDENT GAVE HELP TO RELATIVES, FRIENDS, OR NEIGHBORS (ONE OR MORE "YES" TO N15a-N15d)**

2. **ALL OTHERS --> GO TO N19**

N17. **(RB, STILL ON P. 25) About how many hours did you spend doing these things during the last 12 months? (Would you say less than 20 hours, 20 to 39 hours, 40 to 79 hours, 80 to 159 hours, or 160 hours or more?)**

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<tbody>
<tr>
<td>1. LESS THAN 20 HOURS</td>
<td>2. 20-39 HOURS</td>
<td>3. 40-79 HOURS</td>
<td>4. 80-159 HOURS</td>
<td>5. 160 HOURS OR MORE</td>
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N18. **Not using the booklet--How much did you enjoy helping friends, neighbors and relatives--a great deal, quite a bit, some, a little, or not at all?**

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<tbody>
<tr>
<td>1. A GREAT DEAL</td>
<td>2. QUITE A BIT</td>
<td>3. SOME</td>
<td>4. A LITTLE</td>
<td>5. NOT AT ALL</td>
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</table>

N19. **Now please think about friends and relatives 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?**

1. **YES**

5. **NO --> NEXT PAGE, SECTION P**

N19a. **About how many hours do you spend doing this in a usual week?**

_________ HOURS
SECTION P: DEPRESSION AND ANXIETY

P1. During the past 12 months, have you had any period of **two weeks or more** when you felt sad, blue, or depressed **most** of the time, or have lost all interest and pleasure in the things you usually care about or enjoy?

   1. YES  5. NO --> P1a. During the past 12 months, has there been a time lasting **two weeks or more** when you felt irritable, easily annoyed, and **really down in the dumps**?

      1. YES  5. NO --> TURN TO P. 54, P17

P2. How many periods or spells like that have you had in the last 12 months that lasted **two weeks or longer**? If you are having one now, please include it also.

   [Number]

   97. ALL THE TIME --> GO TO P4

P3. INTERVIEWER CHECKPOINT

   □ 1. R HAS HAD ONLY ONE SPELL

   □ 2. ALL OTHERS -- > TURN TO P. 52, P10


   96. NOTHING CAUSED DEPRESSION
P5. In what month and year did the period or spell start?

MONTH / YEAR

P6. How long did the period or spell last, or is it still going on?

# WEEKS OR # MONTHS OR # YEARS

97. STILL GOING ON

P7. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES  5. NO

P7a. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES  5. NO

NEXT PAGE, P9

P8. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P9. Now I have some questions about things that may have happened during (this/that) period or spell. Did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
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<tbody>
<tr>
<td>P9a. ...lose your appetite?</td>
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<tr>
<td>P9b. Did you lose or gain weight without trying to--as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
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<tr>
<td>P9c. Did you have trouble falling asleep, staying asleep, or waking up too early?</td>
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<td>P9d. Did you talk or move more slowly than is normal for you?</td>
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<td>P9e. Did you have to be moving all the time; that is, you couldn’t sit still or paced up and down?</td>
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<td>P9f. Were you less interested in the things that normally interest you?</td>
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<td>P9g. Did you feel worthless, sinful, or guilty?</td>
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<td>P9h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<td>P9i. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<td>P9k. Were you sleeping too much?</td>
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<td>P9l. Did you feel tired out all the time?</td>
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<tr>
<td>P9m. Did you think a lot about death--either your own, someone else’s, or death in general?</td>
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<tr>
<td>P9n. Did you feel like you wanted to die?</td>
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<td>P9o. Did you attempt suicide?</td>
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<td>P9r. [IF NO TO P9q] Did you feel so low you thought about committing suicide?</td>
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TURN TO P. 54, P17
P10. Now please think about the worst period or spell you have had during the past 12 months. Basically, what made you become depressed? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What about the situation made you feel depressed?) IF R SAYS "A COMBINATION OF THINGS," PROBE FOR MOST DIFFICULT ASPECT OF EACH.

96. NOTHING CAUSED DEPRESSION

P11. In what month and year did this worst period or spell start?

MONTH / YEAR

P12. How long did the period or spell last or is it still going on?

OR

# WEEKS OR # MONTHS OR # YEARS

97. STILL GOING ON

P13. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES  5. NO

P13a. INTERVIEWER QUESTION

DID R SPECIFY "OFF AND ON" OR USE OTHER WORDS INDICATING THAT FEELING WAS INTERMITTENT?

1. YES  5. NO

NEXT PAGE, P15

P14. What happened to make the depression go away? (OBTAIN COMPLETE DESCRIPTION OF SITUATION AND PROBE, IF NECESSARY: What was it about the situation that helped end the depression?)

96. NOTHING HAPPENED; WENT AWAY WITH TIME
P15. Now I have some questions about things that may have happened during that worst period or spell during the past 12 months. Did you . . .

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<th></th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>P15a. Lose your appetite?</td>
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<td>P15b. Did you lose or gain weight without trying to--as much as two pounds a week for several weeks, or as much as ten pounds altogether?</td>
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<td>P15c. Did you have trouble falling asleep, staying asleep, or waking up too early?</td>
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<td>P15d. Did you talk or move more slowly than is normal for you?</td>
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<td>P15e. Did you have to be moving all the time; that is, you couldn’t sit still or paced up and down?</td>
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<td>P15f. Were you less interested in the things that normally interest you?</td>
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<td>P15g. Did you feel worthless, sinful, or guilty?</td>
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<td>P15h. Did you have a lot more trouble concentrating than is normal for you?</td>
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<td>P15i. Did your thoughts come more slowly than usual or seem mixed up?</td>
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<td>P15j. Were you sleeping too much?</td>
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<td>P15k. Did you feel tired out all the time?</td>
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<td>P15l. Did you think a lot about death--either your own, someone else’s, or death in general?</td>
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<td>P15m. Did you feel like you wanted to die?</td>
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<td>P15n. Did you attempt suicide?</td>
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<tr>
<td>P15o. [IF NO TO P15n] Did you feel so low you thought about committing suicide?</td>
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P16. You told me that you have had (another spell/other spells) during the past 12 months. In what month(s) and year(s) did it/they start? (PROBE FOR OTHER SPELLS)

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
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<th>Year</th>
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P17. [READ SLOWLY] Now I would like to ask you some questions about panic attacks — sudden experiences of extreme anxiety. These attacks are often accompanied by physiological reactions such as shortness of breath, heart pounding, sweating, nausea and dizziness. These attacks usually last minutes or, more rarely, hours. Panic attacks are extremely frightening, and many people who have them for the first time go to hospital emergency rooms thinking they are having a heart attack. Have you ever in your life had such a spell or attack when all of a sudden you felt frightened, anxious, or very uneasy in a situation when most people would not be afraid or anxious?

1. YES  
5. NO  --->TURN TO P. 56, SECTION R

P18. Did this happen in situations when you were not in danger or not the center of attention?

1. YES  
5. NO  --->TURN TO P. 56, SECTION R

P19. (RB, P. 26) When was the last time you had a spell or attack of sudden fright or uneasiness — in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH  2. PAST SIX MONTHS  3. PAST YEAR  4. MORE THAN A YEAR AGO

P19a-P20 ARE OMITTED.

P21. About how many spells or attacks of suddenly feeling frightened, anxious, or very uneasy have you had in the last four years?

_____ # OF ATTACKS
P22. About how many spells or attacks of suddenly feeling frightened, anxious, or very uneasy have you had in your lifetime? [PROBE FOR BEST ESTIMATE]

# OF ATTACKS

P23. How old were you the first time (you had a sudden spell or attack of feeling frightened, anxious, or very uneasy)? (IF DK AGE, PROBE: Can you tell me what year this happened?)

OR

AGE YEAR

P24. INTERVIEWER CHECKPOINT

SEE P22

□ 1. R HAS HAD 3 OR FEWER SPELLS---> NEXT PAGE, SECTION R

□ 2. ALL OTHERS

P25. Did you ever have four or more spells or attacks within a four-week period?

1. YES 5. NO ---NEXT PAGE, SECTION R

P25a. How old were you the first time you had four or more attacks in a four-week period? (IF DK AGE, PROBE: Can you tell me what year this happened?)

OR

AGE YEAR
SECTION R: RELIGION

R1. The next several questions are about religion. In general, how important are religious or spiritual beliefs in your day-to-day life? Would you say very important, fairly important, not too important, or not at all important?

1. VERY IMPORTANT  2. FAIRLY IMPORTANT  3. NOT TOO IMPORTANT  4. NOT AT ALL IMPORTANT

R2. (RB, P. 27) How often do you usually attend religious services (--more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never)?

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

R3. (RB, P. 28) When you have problems or difficulties in your family, work, or personal life, how often do you seek spiritual comfort and support (--almost always, often, sometimes, rarely, or never)?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

R4. (RB, STILL ON P. 28) When you have decisions to make in your everyday life, how often do you ask yourself what God would want you to do? (Would you say almost always, often, sometimes, rarely, or never?)

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

R5. Some people believe that people simply stop existing after death while others believe in an afterlife. Which comes closest to what you believe--that people stop existing after death or that there is an afterlife?

1. STOP EXISTING  2. AFTERLIFE  3. DON'T KNOW

R6. (RB, P. 29) Please tell me how strongly you agree or disagree with the next two statements. The first one is: In the afterlife, you will be reunited with your loved ones. Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?

1. STRONGLY AGREE  2. AGREE SOMewhat  3. DISAGREE SOMewhat  4. STRONGLY DISAGREE

R7. (RB, STILL ON P. 29) People who suffer unjustly in this life will be rewarded in the afterlife. (Do you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?)

1. STRONGLY AGREE  2. AGREE SOMewhat  3. DISAGREE SOMewhat  4. STRONGLY DISAGREE
SECTION S: ACTIVITIES AND LIFE SATISFACTION

S1. (RB, P. 30) Next I have a list of things that people have said about themselves. Please tell me how true each statement is of you.

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<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
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<tr>
<td>S1a - S2 ARE OMITTED</td>
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<tr>
<td>S3. I am as hopeful of good things in the future as I have ever been.</td>
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<tr>
<td>S4. I can give as much attention and energy to the things I'm doing as I ever could.</td>
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<tr>
<td>S5 IS OMITTED</td>
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<tr>
<td>S6. I have been able to feel warmth and affection for those near to me.</td>
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<td>S7 - S8 ARE OMITTED</td>
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<td>S9 - S10 ARE OMITTED</td>
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S11. (RB, P. 31) Thinking about all parts of your life including the way you feel, to what extent would you say you are managing as well as ever? Would you say completely, almost completely, fairly much, somewhat, or not much?

1. COMPLETELY  2. ALMOST COMPLETELY  3. FAIRLY MUCH  4. SOMEWHAT  5. NOT MUCH

S11a IS OMITTED

S12. (RB, P. 32) 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, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER
S13. (RB, STILL ON P. 32) How often do you attend meetings or programs of groups, clubs, or organizations that you belong to? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S14. (RB, STILL ON P. 32) How often do you go out to eat, go to a movie, or do similar types of things by yourself? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S15. Do you drive a car to get where you need to go?

1. YES  5. NO

S16. (RB, STILL ON P. 32) How often do you work on hobbies or projects around the house, or get involved in other special interests? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

S17. (RB, P. 33) In a typical week, about how many times do you talk on the telephone 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?

1. MORE THAN ONCE A DAY  2. ONCE  3. 2 OR 3 TIMES A WEEK  4. ABOUT ONCE A WEEK  5. LESS THAN ONCE A WEEK  6. NEVER OR NO PHONE

S18. Now, please think about your life as a whole. How satisfied are you with your life—completely satisfied, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED
S19. Would you say your daily routine is very satisfying, satisfying, average, boring, or very boring?

1. VERY SATISFYING  2. SATISFYING  3. AVERAGE  4. BORING  5. VERY BORING

S20. How much pleasure do the things you do every day give you—a great deal, a lot, some, a little, or no pleasure?


S21 - S23c ARE OMITTED
SECTION T: ALCOHOL USE

T1. Do you ever drink beer, wine, or liquor?

1. YES

5. NO

T1a. Did you ever in your lifetime drink beer, wine, or liquor?

1. YES

2. NO --> TURN TO PAGE 64, SECTION U

GO TO T2

T1b. During the last 30 days, on how many days did you drink beer, wine or liquor?

_______ DAYS/MONTH OR ____ DAYS/WEEK

96. NONE --> GO TO T2

T1c. In days that you drink, how many cans of beer, glasses of wine, or drinks of liquor do you usually have?

_______ CANS/GLASSES/DRINKS PER DAY WHEN DRINK NUMBER

T2. (READ SLOWLY) Think about the past 12 months. In a typical month, on how many days did you have at least five or more drinks of any kind of alcoholic beverage in a single day?

_______ # OF DAYS

95. EVERY DAY

96. NONE

T3. Has your use of alcohol increased, decreased or stayed the same in the past four years?

INCREASE

DECREASE

3. NO CHANGE --> NEXT PAGE, T4

T3a. Did it increase just a little or a lot?

1. A LOT

2. A LITTLE

T3B. Did it decrease just a little or a lot?

4. A LITTLE

5. A LOT
T4. Has your use of alcohol ever in your life seriously kept you from performing important responsibilities?

1. YES  5. NO  --> GO TO T5

T4a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

OR

T5. Did your use of alcohol ever (in your life) cause you considerable problems with your family, friends, or anyone else?

1. YES  5. NO  --> GO TO T6

T5a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

OR

T6. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "NO" (BOX WITH DOUBLE LINE) TO BOTH T4 AND T5---> TURN TO PAGE 64, SECTION U

☐ 2. ALL OTHERS

T7. Did you ever in your life feel such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else?

1. YES  5. NO  --> NEXT PAGE, T8

T7a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

OR

AGE  OR  YEAR
T8. Did you ever (in your life) accidentally injure yourself when you were under the influence of alcohol -- like had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that?

1. YES

5. NO ---> GO TO T9

T8a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

OR

AGE

YEAR

T9. (RB, P. 34) Did you ever in your life have any health problems as a result of using alcohol -- such as those listed on page 34 (liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, a persistent cough, a seizure or fit, hepatitis, or abscesses)?

1. YES

5. NO ---> GO TO T10

T9a. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

OR

AGE

YEAR

T10. Did you ever (in your life) want or try to stop or cut down on alcohol but found you could not?

1. YES

5. NO ---> NEXT PAGE, T11

T10. How old were you the first time this happened? (IF DK AGE, PROBE: Can you tell me the year?)

OR

AGE

YEAR
T11. INTERVIEWER CHECKPOINT

☐ 1. R ANSWERED "NO" TO ALL OF THE FOLLOWING: T4, T5, T7, T8, T9
   AND T10 (BOXES WITH DOUBLE LINES)--> NEXT PAGE, SECTION U

☐ 2. ALL OTHERS

T12. When was the last time any of these problems happened because of using alcohol
     -- in the past month, past six months, past year, or more than a year ago?

1. PAST MONTH          2. PAST SIX MONTHS       3. PAST YEAR         4. MORE THAN A YEAR AGO

NEXT PAGE,
SECTION U

T12a. How old were you when this happened? (IF DK AGE, PROBE: Can you tell me the year?

____ AGE OR ____ YEAR
SECTION U: WELL BEING

U1. (SAB, P. 7) Please look at page 7 of the large booklet where you will find a list of statements. After each statement, put an "X" in the answer category that indicates how strongly you agree or disagree with the statement as it applies to you. Continue until you see a STOP sign on page 9. (If you prefer, I can read the statements to you. [RB, P. 35])

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<th></th>
<th>1. STRONGLY AGREE</th>
<th>2. SOMEWHAT AGREE</th>
<th>3. SOMEWHAT DISAGREE</th>
<th>4. STRONGLY DISAGREE</th>
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<tr>
<td>U2. My decisions are usually influenced by what everyone else is doing.</td>
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<td>U3. I tend to worry about what other people think of me.</td>
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<td>U4. I tend to be influenced by people with strong opinions.</td>
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<td>U5. I have confidence in my own opinions, even if they are different from what most people think.</td>
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<td>U6. I judge myself by what I think is important, not by what others think is important.</td>
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<td>U7. In general, I feel I am in charge of the situation in which I live.</td>
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<td>U8. The demands of everyday life often get me down.</td>
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<td>U9. I am quite good at managing my daily responsibilities.</td>
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<td>U10. I have difficulty arranging my life in a satisfying way.</td>
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<td>U11. I have been able to create a home and a lifestyle that I like very much.</td>
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<td>U12. I am interested in activities that will expand my horizons.</td>
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<td>U13. I think it is important to have new experiences that challenge how you think about yourself and the world.</td>
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<td>1. STRONGLY AGREE</td>
<td>2. SOMEWHAT AGREE</td>
<td>3. SOMEWHAT DISAGREE</td>
<td>4. STRONGLY DISAGREE</td>
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<tr>
<td>U14. When I think about it, I have improved a great deal as a person over the years.</td>
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<tr>
<td>U15. For me, life has been a continuous process of learning, changing and growth.</td>
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<tr>
<td>U16. I enjoy seeing how my views have changed and matured over the years.</td>
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<td>U17. Maintaining close relationships has been difficult and frustrating for me.</td>
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<td>U18. I enjoy personal conversations with family members or friends.</td>
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<td>U19. I feel like I get a lot out of my friendships.</td>
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<tr>
<td>U20. It seems that most people have more friends than I do.</td>
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<tr>
<td>U21. I have experienced many warm and trusting relationships with others.</td>
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<td>U22. I have a sense of direction and purpose in life.</td>
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<td>U23. My daily activities often seem trivial and unimportant to me.</td>
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<td>U24. I have a good sense of what I'm trying to accomplish in life.</td>
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<td>U25. I enjoy making plans for the future and working to make them a reality.</td>
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<td>U26. I am not a person who wanders aimlessly through life.</td>
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<td>U27. When I look at my life, I am pleased with how things have turned out.</td>
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<td>U28. In general, I feel confident and positive about myself.</td>
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<td>1. STRONGLY AGREE</td>
<td>2. SOMewhat AGREE</td>
<td>3. SOMewhat DISAGREE</td>
<td>4. STRONGLY DISAGREE</td>
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<td>U29. In many ways, I feel disappointed about my achievements in life.</td>
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<td>U30. My attitude about myself is as positive as most people have about themselves.</td>
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<tr>
<td>U31. Many days I wake up feeling discouraged about how I have lived my life.</td>
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SECTION V: LIFE EVENTS

VI - V15 ARE OMITTED

INTERVIEWER:

IT IS BEST FOR YOU AND R TO BE ALONE FOR V16-V35. IF AT ALL POSSIBLE, ASK FOR PRIVACY WITH R.

BE AWARE OF THE PRESENCE OF R'S SPOUSE WITHIN LIKELY HEARING RANGE DURING THIS SESSION. YOU WILL BE ASKED TO REPORT ON IT AT V35.

VI6. I have some questions about your marriage and your relationship with your (husband/wife). In what month and year did you and your (husband/wife) get married? (IF DK: How long have you been married?)

MONTH / YEAR OR # MONTHS OF MARRIAGE

VI7. (RB, P. 36) How much does your (husband/wife) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all? Just give me the number from the booklet.

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

VI8. (RB, STILL ON P. 36) How much do you feel (he/she) makes too many demands on you? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

VI9. (RB, STILL ON P. 36) How much is (he/she) willing to listen when you need to talk about your worries or problems (a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL

V20. (RB, STILL ON P. 36) How much is (he/she) critical of you or what you do? (Would you say a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL 2. QUITE A BIT 3. SOME 4. A LITTLE 5. NOT AT ALL
V21. (RB, STILL ON P. 36) How much do you think you make your (husband/wife) feel loved and cared for (---a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

V22. (RB, STILL ON P. 36) How much are you willing to listen when your (husband/wife) needs to talk about (his/her) worries or problems (---a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

V23. (RB, STILL ON P. 36) How much are you critical of (him/her) or what (he/she) does (---a great deal, quite a bit, some, a little, or not at all?)

1. A GREAT DEAL  2. QUITE A BIT  3. SOME  4. A LITTLE  5. NOT AT ALL

V24. (SAB, P. 10) Please look at page 10 of the large booklet. After each statement, put an "X" in the box that best describes how true you think this statement is as it applies to your marriage. (If you prefer, I can read the statements to you. [RB, P. 37])

<table>
<thead>
<tr>
<th></th>
<th>VERY TRUE (1)</th>
<th>SOMEWHAT TRUE (2)</th>
<th>A LITTLE TRUE (3)</th>
<th>NOT TRUE AT ALL (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V24a. There are some serious difficulties in our marriage. Is this very true for you, somewhat true, a little true, or not at all true?</td>
<td></td>
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<tr>
<td>V24b. Although my marriage is important to me, I have a lot of outside interests and friends of my own.</td>
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<tr>
<td>V24c. My (husband/wife) doesn’t treat me as well as I deserve to be treated.</td>
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<td></td>
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</tr>
<tr>
<td>V24d. I do not treat my (husband/wife) as well as (he/she) deserves to be treated.</td>
<td></td>
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</tbody>
</table>

END OF SAB TASK
V25. (RB, P. 38) How often would you say you and your (husband/wife) typically have unpleasant disagreements or conflicts? (Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?)

1. MORE THAN ONCE A WEEK  2. ABOUT ONCE A WEEK  3. 1 TO 3 TIMES A MONTH  4. LESS THAN ONCE A MONTH  5. NEVER

V26 IS OMITTED

V27. (RB, P. 39) Thinking about your marriage as a whole, how often do you feel happy about it? Would you say almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

V28. (RB, STILL ON P. 39) How often do you feel bothered or upset by your marriage? (Would you say almost always, often, sometimes, rarely, or never?)

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

V29. (RB, P. 40) Taking all things together, how satisfied are you with your marriage—completely, very, somewhat, not very, or not at all satisfied?

1. COMPLETELY SATISFIED  2. VERY SATISFIED  3. SOMEWHAT SATISFIED  4. NOT VERY SATISFIED  5. NOT AT ALL SATISFIED

V30. Not using the booklet—how would you rate your (husband's/wife's) health at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. EXCELLENT  2. VERY GOOD  3. GOOD  4. FAIR  5. POOR
V31. Has (he/she) had a serious illness, injury, surgery, or accident in the past 12 months?

1. YES 5. NO --> GO TO V32

V31a. What kind of illness or other health problems has (he/she) had?


V32. Does your (husband/wife) need to be taken care of because of a health problem?

1. YES 5. NO --> NEXT PAGE, V35

V32a. How many hours a week do you usually spend taking care of (him/her)?

HRS/WK

96. VOL: NONE--SPOUSE IN NURSING HOME OR HOSPITAL

97. VOL: NONE--SOMEONE ELSE CARES FOR SPOUSE AT HOME

GO TO V33 NEXT PAGE, V35

V32b. How difficult is it for you to take care of your (husband/wife) -- very, somewhat, a little, or not at all difficult?

1. VERY 2. SOMewhat 3. A LITTLE 4. NOT AT ALL

V32c. How often do you feel that you don’t have enough time to yourself because of taking care of your (husband/wife)? Would you say almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER

NEXT PAGE, V35

V33. How difficult is it for you that your (husband/wife) is in a (nursing home/ hospital) -- very, somewhat, a little, or not at all difficult?

1. VERY 2. SOMewhat 3. A LITTLE 4. NOT AT ALL
V34. How often do you feel that you don’t have enough time to yourself because of your (husband/wife) being in a (nursing home/hospital)? Would you say almost always, often, sometimes, rarely, or never?

1. ALMOST ALWAYS  2. OFTEN  3. SOMETIMES  4. RARELY  5. NEVER

V35. INTERVIEWER CHECKPOINT

DURING THE ADMINISTRATION OF QUESTIONS V16 - V34, R’S SPOUSE OVERHEARD/PROBABLY OVERHEARD QUESTIONS AND R’S ANSWERS:

☐ 1. ALL THE TIME

☐ 2. MOST OF THE TIME (HALF OR MORE)

☐ 3. SOME OF THE TIME (LESS THAN HALF)

☐ 4. NEVER/PROBABLY DIDN’T OVERHEAR

☐ 5. CAN’T TELL/DON’T KNOW IF SPOUSE OVERHEARD QUESTIONS AND ANSWERS

V36. The next questions are about your childhood up to the age of 15. First, were you adopted or raised by someone other than your natural parents?

1. YES  5. NO

V37. Did either of (your parents/the people who raised you) ever have periods lasting two weeks or more when she or he was depressed, down in the dumps, or blue most of the time?

1. YES  5. NO  8. DON’T KNOW

V38. Did either of (your parents/the people who raised you) have periods of a month or more when she or he was constantly nervous, edgy, or anxious?

1. YES  5. NO  8. DON’T KNOW
V39. Did either of (your parents/the people who raised you) ever have a problem with drinking?

1. YES  5. NO  8. DON'T KNOW

V40. Did either of (your parents/the people who raised you) ever abuse drugs?

1. YES  5. NO  8. DON'T KNOW

V41. Were you ever abandoned by one of (your parents/the people who raised you)?

1. YES  5. NO

V42. (RB, P. 41) While you were growing up, how often was there intense verbal conflict, such as yelling, insults, or swearing, between (your parents/the people who raised you) -- (often, sometimes, rarely, or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

V43. (RB, STILL ON P. 41) (While you were growing up) How often was there intense verbal conflict, such as yelling, insults, or swearing, between one of (your parents/the people who raised you) and you -- (often, sometimes, rarely, or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

V44. (RB, STILL ON P. 41) (While you were growing up) How often were there physical fights such as pushing, slapping, hitting, or kicking between (your parents/the people who raised you) -- (often, sometimes, rarely, or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

V45. (RB, STILL ON P. 41) (While you were growing up) How often did one of (your parents/the people who raised you) engage in physically abusive behavior toward you, such as hitting with a fist or other hard object, beating up, or kicking -- (often, sometimes, rarely, or never)?

1. OFTEN  2. SOMETIMES  3. RARELY  4. NEVER

V46. Did a brother or sister die while you were growing up?

1. YES  5. NO  ---> NEXT PAGE, V47

V46a. How many brothers and/or sisters died (while you were growing up)?
V47. Now I would like to ask you about some things that may have happened to you at some time in your life. First, not counting any miscarriages or stillbirths, has any child of yours ever died?

1. YES

5. NO

------>TURN TO P. 75, V53

V47a. How many of your children have died?

1. ONE

MORE THAN ONE: _____ NUMBER

RECORD THIS # IN THE BOX ON PAGE 74

NEXT PAGE, V48

V48. Was it a son or a daughter who died?

1. SON 2. DAUGHTER

V49. How old was (he/she) [when (he/she) died]?

_____ CHILD’S AGE

V50. What was the cause of (his/her) death?

______________________________________________

______________________________________________

V51. In what year did this happen? (IF DK YEAR, PROBE: Can you tell me how old you were when this happened?)

_____ YEAR (OR) _____ AGE

V52. Was (her/his) death totally unexpected or did you expect it for some time?

1. UNEXPECTED 2. EXPECTED

TURN TO P. 75, V53
# OF CHILDREN WHO DIED (FROM P. 73, V47a)
(TAKE FIRST FOUR MENTIONS ONLY)

<table>
<thead>
<tr>
<th>V48. Was the (first/next) child who died a son or a daughter?</th>
<th>FIRST CHILD</th>
<th>SECOND CHILD</th>
<th>THIRD CHILD</th>
<th>FOURTH CHILD</th>
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<tbody>
<tr>
<td></td>
<td>1. SON</td>
<td>1. SON</td>
<td>1. SON</td>
<td>1. SON</td>
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<tr>
<td></td>
<td>2. DAUGHTER</td>
<td>2. DAUGHTER</td>
<td>2. DAUGHTER</td>
<td>2. DAUGHTER</td>
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</tbody>
</table>

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<thead>
<tr>
<th>V49. How old was (he/she) [when (he/she) died]?</th>
<th>CHILD'S AGE</th>
<th>CHILD'S AGE</th>
<th>CHILD'S AGE</th>
<th>CHILD'S AGE</th>
</tr>
</thead>
</table>

| V50. What was the cause of (his/her) death? | | | | |
|---------------------------------------------| | | | |

<table>
<thead>
<tr>
<th>V51. In what year did (he/she) die? (IF DK YEAR, PROBE: Can you tell me how old you were when this happened?)</th>
<th>YEAR (OR)</th>
<th>YEAR (OR)</th>
<th>YEAR (OR)</th>
<th>YEAR (OR)</th>
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<td>AGE</td>
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</table>

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<tr>
<th>V52. Was (her/his) death totally unexpected or did you expect it for some time?</th>
<th>1. UNEXPECTED</th>
<th>1. UNEXPECTED</th>
<th>1. UNEXPECTED</th>
<th>1. UNEXPECTED</th>
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<tr>
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<td>2. EXPECTED</td>
<td>2. EXPECTED</td>
<td>2. EXPECTED</td>
<td>2. EXPECTED</td>
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</table>

NEXT CHILD OR NEXT PAGE, V53 | NEXT CHILD OR NEXT PAGE, V53 | NEXT CHILD OR NEXT PAGE, V53 | NEXT PAGE, V53
V53. INTERVIEWER CHECKPOINT

☐ 1. R IS MALE ----> NEXT PAGE, V54

☐ 2. R IS FEMALE

V53a. Have you ever had a miscarriage or stillbirth?

1. YES

5. NO

V53b. Have you ever had an abortion?

1. YES

5. NO
The next questions are about events that may have happened in your lifetime. Please turn to RB Page 42.

**INTERVIEWER: DO NOT READ THE DESCRIPTION LISTED FOR EACH EVENT. SIMPLY READ THEM AS "Event number 1", "Event number 2", etc.**

**V55.** (RB, P. 42) Did Event #1 ever happen to you [YOU HAD DIRECT COMBAT EXPERIENCE IN A WAR]?

1. YES  
5. NO

**V56.** (RB, STILL ON P. 42) Did Event #2 ever happen to you [YOU HAD A LIFE THREATENING ILLNESS OR ACCIDENT]?

1. YES  
5. NO

**V57.** (RB, STILL ON P. 42) (How about) Event #3 [YOU WERE INVOLVED IN A FIRE, FLOOD, OR NATURAL DISASTER]? (Did this ever happen to you?)

1. YES  
5. NO

**V58.** (RB, STILL ON P. 42) (Did) Event #4 (ever happen to you)? [YOU WITNESSED SOMEONE BEING BADLY INJURED OR KILLED]

1. YES  
5. NO

**V59.** (RB, STILL ON P. 42) (Did) Event #5 (ever happen to you)? [YOU WERE SERIOUSLY NEGLECTED AS A CHILD]

1. YES  
5. NO

**V60.** (RB, STILL ON P. 42) (Did) Event #6 (ever happen to you)? [YOU WERE THREATENED WITH A WEAPON, HELD CAPTIVE, OR KIDNAPPED]

1. YES  
5. NO

**V61.** (RB, STILL ON P. 42) (Aside from any event you have already reported,) did Event #7 (ever happen to you) at any point in your life? [YOU WERE SERIOUSLY PHYSICALLY ATTACKED OR ASSAULTED]

1. YES  
5. NO
V62. (RB, P. 43) (Did) Event #8 (ever happen to you)? [YOU WERE RAPED]

[Image 0x-2 to 624x800]

1. YES

5. NO --> GO TO V63

V62a. (RB, STILL ON P. 43) Look at the question in the middle of P. 43. Thinking about when Event #8 (first) happened, read the question and tell me the letter of the answer. (CHECK ALL MENTIONS.)

Who did this to you?

☐ A. PARENT
☐ B. RELATIVE
☐ C. STEP-RELATIVE
☐ D. SOMEONE ELSE YOU KNEW
☐ E. STRANGER

V63. (RB, STILL ON P. 43) Aside from Event #8, did Event #9 ever happen to you? [YOU WERE SEXUALLY MOLESTED]

[Image 0x-2 to 624x800]

1. YES

5. NO --> NEXT PAGE, V64

V63a. (RB, STILL ON P. 43) Look at the question in the middle of P. 43. Thinking about when Event #9 (first) happened, read the question and tell me the letter of the answer. (CHECK ALL MENTIONS.)

Who did this to you?

☐ A. PARENT
☐ B. RELATIVE
☐ C. STEP-RELATIVE
☐ D. SOMEONE ELSE YOU KNEW
☐ E. STRANGER
V64. Is your (natural mother/the woman who raised you) still living?

1. YES  5. NO  8. DK

GO TO V65  GO TO V65

V64a. How old were you when she died? [IF DK AGE, PROBE: Can you tell me the year?]

_____ AGE  OR  _____ YEAR

V64b. Was her death totally unexpected or did you expect it for some time?

1. UNEXPECTED  2. EXPECTED

V65. Is your (natural father/the man who raised you) still living?

1. YES  5. NO  8. DK

NEXT PAGE, V66  NEXT PAGE, V66

V65a. How old were you when he died? [IF DK AGE, PROBE: Can you tell me the year?]

_____ AGE  OR  _____ YEAR

V65b. Was his death totally unexpected or did you expect it for some time?

1. UNEXPECTED  2. EXPECTED
V66. Now I would like to ask you about losses that you may have experienced in the past four years. In the past four years, did a brother or sister die?

1. YES  
2. NO  

GO TO PAGE 82, V74

V66a. How many of your brothers and/or sisters have died (in the past four years)?

1. ONE

MORE THAN ONE: 
NUMBER
RECORD THIS # IN THE BOX ON PAGE 80

NEXT PAGE, V67

V67. Was this a brother or a sister?

1. BROTHER  
2. SISTER

V68. Were you very close, somewhat close, a little close, or not close at all to (him/her)?

1. VERY CLOSE  
2. SOMEWHAT CLOSE  
3. A LITTLE CLOSE  
4. NOT CLOSE AT ALL

V69. Did (he/she) live within an hour’s drive from here?

1. YES  
2. NO

V70. (RB, P. 44) Before (he/she) died, how often did you have contact, either in person, by phone or by mail, with (him/her)? Would you say more than once a week, about once a week, 1 to 3 times a month, less than once a month or never?

1. MORE THAN ONCE A WK  
2. ABOUT ONCE A WEEK  
3. 1 TO 3 TIMES A MO.  
4. LESS THAN ONCE A MO.  
5. NEVER

V71. How old was (he/she) [when (he/she) died]?

SISTER/BROTHER’S AGE

V72. What was the cause of (her/his) death?

V73. Was the death totally unexpected or did you expect it for some time?

1. UNEXPECTED  
2. EXPECTED

GO TO PAGE 82, V74
<table>
<thead>
<tr>
<th></th>
<th>FIRST LOSS</th>
<th>SECOND LOSS</th>
<th>THIRD LOSS</th>
<th>FOURTH LOSS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>V67. Was the (first/next) a brother or a sister?</strong></td>
<td>1. BROTHER</td>
<td>1. BROTHER</td>
<td>1. BROTHER</td>
<td>1. BROTHER</td>
</tr>
<tr>
<td></td>
<td>2. SISTER</td>
<td>2. SISTER</td>
<td>2. SISTER</td>
<td>2. SISTER</td>
</tr>
<tr>
<td><strong>V68. Were you very close, somewhat close, a little close, or not close at all to (him/her)?</strong></td>
<td>1. VERY CLOSE</td>
<td>1. VERY CLOSE</td>
<td>1. VERY CLOSE</td>
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<td>2. SOMewhat CLOSE</td>
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<td>4. NOT CLOSE</td>
<td>4. NOT CLOSE</td>
<td>4. NOT CLOSE</td>
<td>4. NOT CLOSE</td>
</tr>
<tr>
<td><strong>V69. Did (he/she) live within an hour's drive from here?</strong></td>
<td>1. YES</td>
<td>1. YES</td>
<td>1. YES</td>
<td>1. YES</td>
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<td>5. NO</td>
<td>5. NO</td>
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</table>

NEXT PAGE, V70   NEXT PAGE, V70   NEXT PAGE, V70   NEXT PAGE, V70
<table>
<thead>
<tr>
<th>V70. (RB, P. 44)</th>
<th>FIRST LOSS</th>
<th>SECOND LOSS</th>
<th>THIRD LOSS</th>
<th>FOURTH LOSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before (he/she) died, how often did you have contact, either in person, by phone or by mail with (him/her)? Would you say more than once a week, about once a week, 1-3 times a month, less than once a month, or never?</td>
<td>1. MORE THAN ONCE A WK</td>
<td>1. MORE THAN ONCE A WK</td>
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<td>2. ABOUT ONCE A WEEK</td>
<td>2. ABOUT ONCE A WEEK</td>
<td>2. ABOUT ONCE A WEEK</td>
<td>2. ABOUT ONCE A WEEK</td>
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<tr>
<td></td>
<td>3. 1-3 TIMES A MONTH</td>
<td>3. 1-3 TIMES A MONTH</td>
<td>3. 1-3 TIMES A MONTH</td>
<td>3. 1-3 TIMES A MONTH</td>
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<td>4. LESS THAN ONCE A MO.</td>
<td>4. LESS THAN ONCE A MO.</td>
<td>4. LESS THAN ONCE A MO.</td>
<td>4. LESS THAN ONCE A MO.</td>
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<td>5. NEVER</td>
<td>5. NEVER</td>
<td>5. NEVER</td>
<td>5. NEVER</td>
</tr>
</tbody>
</table>

| V71. How old was (he/she) when (he/she) died? | BROTHER/ SISTER'S AGE | BROTHER/ SISTER'S AGE | BROTHER/ SISTER'S AGE | BROTHER/ SISTER'S AGE |
| V72. What was the cause of (her/his) death? | | | | |
| V73. Was the death totally unexpected or did you expect it for some time? | 1. UNEXPECTED | 1. UNEXPECTED | 1. UNEXPECTED | 1. UNEXPECTED |
| | 2. EXPECTED | 2. EXPECTED | 2. EXPECTED | 2. EXPECTED |

GO TO 2ND LOSS P. 80, OR NEXT PAGE, V74
GO TO 3RD LOSS P. 80, OR NEXT PAGE, V74
GO TO 4TH LOSS P. 80 OR NEXT PAGE, V74
NEXT PAGE, V74
V74. Did anyone (else) you felt close to die in the past 12 months (other than parents brothers or sisters)?

1. YES 5. NO

V75. The next questions have to do with events during the past 12 months. In the past 12 months did you have a close friendship break up?

1. YES 5. NO

V76. (In the past 12 months) Were you robbed or was your home burglarized?

1. YES 5. NO

V77. (In the past 12 months) Was your driver’s license revoked or suspended?

1. YES 5. NO

V78. (In the past 12 months) Did you have any serious financial problems or difficulties?

1. YES 5. NO

V79. (RB, P. 45) Using the list on Page 45, did you have serious ongoing tensions, conflicts, or arguments with any of these people in the past 12 months?

1. YES 5. NO --> GO TO V80

V79a. Can you tell me which ones? (LIST FIRST FOUR MENTIONS.)

(a) _____ RELATIONSHIP TO R (c) _____ RELATIONSHIP TO R
(b) _____ RELATIONSHIP TO R (d) _____ RELATIONSHIP TO R

V80. (RB, STILL ON P. 45) In the past 12 months, did any of the people on the list have a major life crisis like a life-threatening illness, problem with the law, or other crisis that could affect them for years to come?

1. YES 5. NO -->NEXT PAGE, V81

V80a. Which of these people had a life crisis? (PROBE: Did any of the other people on the list have a life crisis? (LIST FIRST FOUR MENTIONS.)

(a) _____ RELATIONSHIP TO R (c) _____ RELATIONSHIP TO R
(b) _____ RELATIONSHIP TO R (d) _____ RELATIONSHIP TO R
V81. Other than the things we have already covered, did any other major stressful event happen to you in the past 12 months?

1. YES 5. NO --->GO TO V82

V81a. Could you tell me something about this? (PROBE: Why was that a stressful experience for you?)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

V81b. INTERVIEWER CHECKPOINT

SEE V81a

☐ 1. R MENTIONS ONGOING SITUATION

☐ 2. ALL OTHERS--->GO TO V82

V81c. Did (this start/you first learn about this) in the past 12 months?

1. YES 5. NO --->GO TO V82

V81d. In what month and year (did this start/did this happen/did you first learn about it)?

MONTH/YEAR

V82. Have you moved to a new residence in the past 12 months?

1. YES 5. NO
SECTION W: DEMOGRAPHICS

W1. To end the interview, I have some questions about your background and circumstances. First, what is the month, day, and year of your birth?

Month / Day / Year

W2. In addition to being American, what is your ethnic background or origins?

________________________________________________________

[NONE, DK, REFUSED]

W2a. INTERVIEWER CHECKPOINT

☐ 1. ONLY ONE GROUP MENTIONED AT W2 -> GO TO W3

☐ 2. ALL OTHERS

W2b. Which do you feel best describes your ethnic background or origins?

________________________________________________________

W3. Do you own your own (home/apartment/mobile home), do you pay rent, or what?

1. OWNS OR IS BUYING  5. PAYS RENT  8. NEITHER OWNS NOR RENTS

NEXT PAGE, W4

W3a. If you sold this (house/apartment/mobile home) today, how much money would you get for it after paying off the mortgage, if any?

$_________AMOUNT R WOULD RECEIVE
W4. (SAB, P. 11) Please look at page 11 of the large booklet. If we include the income from your earnings, and all other sources, what would your total income before taxes for the last 12 months add up to? Please mark an "X" in the answer box that comes closest to this amount. (If you prefer, I can mark the answer in the questionnaire, just give me the letter from the list.)

W4a.

A. LESS THAN $5,000 (01)  E. $20,000-24,999 (05)  J. $60,000-79,999 (09)
B. $5,000-9,999 (02)  F. $25,000-29,999 (06)  K. $80,000+ (10)
C. $10,000-14,999 (03)  G. $30,000-39,999 (07)
D. $15,000-19,999 (04)  H. $40,000-59,999 (08)

W4b. (SAB, P. 12) Now look at page 12 of the large booklet. Suppose you needed money quickly, and you cashed in all of your checking and savings accounts, and any stocks and bonds, and real estate (other than your principal home). If you added up what you got, about how much would this amount to? Please mark an "X" in the answer box that comes closest to this amount. (If you prefer, I can mark the answer in the questionnaire, just give me the letter from the list.)

A. LESS THAN $10,000 (01)  E. $100,000-199,999 (05)
B. $10,000-19,999 (02)  F. $200,000-499,999 (06)
C. $20,000-49,999 (03)  G. $500,000 OR MORE (07)
D. $50,000-99,999 (04)

W5. This completes the interview; thank you for answering these questions.

W6. EXACT TIME NOW: ______________
W7. INTERVIEWER QUESTIONS

W7a. R IS: 1. MALE  2. FEMALE

W7b. BASED ON YOUR OBSERVATION, R'S RACE IS:
1. WHITE  2. BLACK  3. AMERICAN INDIAN  4. ASIAN  5. OTHER  8. UNKNOWN

TURN TO COVER SHEET, RECONTACT INFORMATION
SECTION X: INTERVIEWER OBSERVATIONS

X1. Type of structure in which respondent lives:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>01. MOBILE HOME</td>
<td>02. DETACHED SINGLE FAMILY HOUSE</td>
</tr>
<tr>
<td>03. TWO FAMILY HOUSE; DUPLEX</td>
<td>04. HOUSE CONVERTED TO APARTMENTS</td>
</tr>
<tr>
<td>05. ROW HOUSE OR TOWN HOUSE (3 OR MORE ATTACHED UNITS)</td>
<td>06. APARTMENT HOUSE (3 OR MORE UNITS, 3 STORIES OR LESS)</td>
</tr>
<tr>
<td>07. APARTMENT HOUSE (5 OR MORE UNITS, 4 STORIES OR MORE)</td>
<td>08. APARTMENT IN A PARTLY COMMERCIAL STRUCTURE</td>
</tr>
<tr>
<td>97. OTHER (SPECIFY):</td>
<td></td>
</tr>
</tbody>
</table>

X2. Does respondent have to climb a flight of stairs (more than 3 stairs) to get to living quarters or bedroom? (INCLUDING OUTSIDE STAIRS)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>5. NO</td>
<td>8. DON'T KNOW</td>
</tr>
</tbody>
</table>

X3. Is R’s building/community/area especially designed for older people—is it retirement housing or an adult only community?

<p>| | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>5. NO</td>
<td>8. DON'T KNOW</td>
</tr>
</tbody>
</table>

X4. How far is it from R’s home (building) to the nearest home or other building (on either side or across the road)?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. LESS THAN 15 FEET (less than 1 car length)</td>
<td>2. 15-29 FEET (1 to 2 car lengths)</td>
<td>3. 30-49 FEET (2 to 3 car lengths)</td>
</tr>
<tr>
<td>4. 50-99 FEET (3 to 6 car lengths)</td>
<td>5. 100 FEET OR MORE (more than 6 car lengths)</td>
<td></td>
</tr>
</tbody>
</table>

X5. How clean was the interior of the dwelling unit?

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. VERY CLEAN</td>
<td>2. CLEAN</td>
<td>3. SO-SO</td>
<td>4. NOT VERY CLEAN</td>
<td>5. DIRTY</td>
<td>6. DID NOT SEE</td>
</tr>
</tbody>
</table>
X6. How well maintained was the interior of the dwelling?

1. VERY WELL  
2. QUITE WELL  
3. MIXED, e.g., COULD USE A PAINT JOB  
4. POORLY, e.g., NEEDS PAINTING AND SOME REPAIRS  
5. VERY POORLY--DILAPIDATED  
6. DID NOT SEE

X7. How well kept are the buildings in the respondent's neighborhood?

1. VERY WELL  
2. QUITE WELL  
3. MIXED  
4. POORLY  
5. VERY POORLY

X8. How well kept and cared for are the yards and/or sidewalks in front of the buildings in the neighborhood?

1. VERY WELL  
2. QUITE WELL  
3. MIXED  
4. POORLY  
5. VERY POORLY

X9. Does R have a pet, or did you observe evidence of a pet?

1. YES  
5. NO --> GO TO X10

X9a. What type of pet(s)?

X10. Was adult child present during respondent's interview?

1. YES, MOST OF IW  
2. YES, ABOUT HALF OF IW  
3. YES, BUT INFREQUENT  
5. NO --> NEXT PAGE, X11

X10a. How much influence or input did adult child seem to have on R's answers?

1. Corrected answers, actively answered for R, interrupted  
2. Listened, but did not actively interfere.  
3. Paid little attention  
6. No influence
X11. Who else was present during the interview?

1. NO ONE  2. OTHER ADULTS  3. CHILD(REN) UNDER 18  4. ADULTS AND CHILD(REN) UNDER 18

GO TO X12

X11a. How much distraction was caused by (this person/these people)?

1. CONSTANT  2. SOME  3. LITTLE  4. NONE

X12. The overall quality of this interview is:

1. HIGH QUALITY  2. GENERALLY RELIABLE  3. QUESTIONABLE  4. UNSATISFACTORY

X13. How alert do you think R was?

1. EXTREMELY ALERT AND RESPONSIVE  2. QUITE ALERT AND RESPONSIVE  3. ADEQUATELY ALERT AND RESPONSIVE (AVERAGE)  4. SLIGHTLY UNRESPONSIVE  5. VERY UNRESPONSIVE

X14. How was R's understanding of the questions?

1. EXCELLENT  2. GOOD  3. FAIR  4. POOR

X15. How much difficulty did R have remembering things that you asked (him/her) about?

1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL

X16. Does R wear a hearing aid?

1. YES  2. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW  3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW  4. NO

X17. How much difficulty did R have hearing you when you talked to (him/her)?

1. NO DIFFICULTY  2. A LITTLE DIFFICULTY  3. SOME DIFFICULTY  4. A LOT OF DIFFICULTY  5. COULD NOT DO AT ALL
X18. Does R wear eyeglasses (or contact lenses if you saw them or they were mentioned)?

<table>
<thead>
<tr>
<th>1. YES</th>
<th>3. R MENTIONED THAT HE/SHE USUALLY DOES, BUT DIDN'T DURING THE INTERVIEW</th>
<th>5. NO</th>
</tr>
</thead>
</table>

X19. How much difficulty did R have seeing things up close?

<table>
<thead>
<tr>
<th>1. NO DIFFICULTY</th>
<th>2. A LITTLE DIFFICULTY</th>
<th>3. SOME DIFFICULTY</th>
<th>4. A LOT OF DIFFICULTY</th>
<th>5. COULD NOT DO AT ALL</th>
</tr>
</thead>
</table>

X20. How much difficulty did R seem to have walking around in the home?

|---------|------------|--------|---------|------------------------|---------------|

X21. How would you rate R's health?

<table>
<thead>
<tr>
<th>1. EXCELLENT</th>
<th>2. GOOD</th>
<th>3. FAIR</th>
<th>4. POOR</th>
<th>5. GRAVELY OR TERMINALLY ILL</th>
</tr>
</thead>
</table>

X22. How tiring did the interview seem to be for R?

<table>
<thead>
<tr>
<th>1. VERY TIRING</th>
<th>2. SOMEWHAT TIRING</th>
<th>3. A LITTLE TIRING</th>
<th>4. NOT TIRING</th>
</tr>
</thead>
</table>

X23. How much effort did R put into the interview and giving good responses?

|----------------------|----------------------------------|-------------------------------|-------------------------------|

X24. How much did R seem to enjoy the interview?

<table>
<thead>
<tr>
<th>1. A GREAT DEAL</th>
<th>2. QUITE A BIT</th>
<th>3. SOME</th>
<th>4. A LITTLE</th>
<th>5. NOT AT ALL</th>
</tr>
</thead>
</table>

X25. On the basis of your experience with R in the interview, how comfortable would you say R is in dealing with other people?

<table>
<thead>
<tr>
<th>1. NOT AT ALL</th>
<th>2. SLIGHTLY</th>
<th>3. SOMEWHAT</th>
<th>4. FAIRLY</th>
<th>5. VERY</th>
</tr>
</thead>
</table>

X26. On the basis of your experience with R in the interview, how skilled would you say R is in handling or dealing with other people?

<table>
<thead>
<tr>
<th>1. NOT AT ALL</th>
<th>2. SLIGHTLY</th>
<th>3. SOMEWHAT</th>
<th>4. FAIRLY</th>
<th>5. VERY</th>
</tr>
</thead>
</table>
X27. How warm or cold was R to you?

1. VERY WARM  2. SOMewhat WARM  3. SOMewhat COOL  4. COLD AND DISTANT

X28. Rate respondent's appearance/attractiveness:

1. VERY ATTRACTIVE OR BEAUTIFUL  2. ATTRACTIVE (ABOVE AVERAGE FOR AGE AND SEX)  3. AVERAGE ATTRACTIVENESS FOR AGE AND SEX

4. UNATTRACTIVE (BELOW AVERAGE FOR AGE AND SEX)  5. VERY UNATTRACTIVE

X29. Respondent's grooming:

1. VERY NEAT AND CLEAN  2. SOMewhat NEAT AND CLEAN  3. NOT VERY NEAT AND CLEAN  4. NOT AT ALL NEAT AND CLEAN

X30. How emotionally stable do you think the respondent is (i.e., how well do you think the respondent can handle stress)?

1  2  3  4  5  6  7

VERY STABLE ABOUT AVERAGE VERY UNSTABLE

X31. When answering the questions, how open and forthcoming do you think the respondent was?

1  2  3  4  5  6  7

VERY OPEN ABOUT AVERAGE NOT AT ALL OPEN

X32. Was R wearing a wedding ring?

1. YES  5. NO --> NEXT PAGE, X33

X32a. On which hand was R wearing the ring?

1. LEFT  5. RIGHT

X33 - X36c ARE OMITTED.
THUMBNAIL SKETCH
THE CHANGING LIVES OF OLDER COUPLES
HEALTH FOLLOW-UP STUDY

1. INTERVIEWER LABEL

2. IW No: ___

3. Date of IW: _____________

4. Length of IW: ___________ MIN

5. Length of Edit: ___________ MIN

6. Specimen Agreement
   a. Urine: Yes ........... 1
      No ............ 5
   b. Blood: Yes ........... 1
      No ............ 5

THIS STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary. If we come to any question you do not want to answer, or any part of the data collection you do not want to do, please let me know and we'll go on to the next one. All of your responses will be kept completely confidential.

Survey Research Center
Institute for Social Research
The University of Michigan
Ann Arbor, MI 48106
SECTION A: PHYSICAL PERFORMANCE

EXACT TIME NOW: ______________

INTRODUCTION

(As I explained on the phone,) This interview is very different from other interviews you have participated in. It will mainly test how well you are able to do certain movements and remember different things. Do not worry if you have a hard time with some or many of the tasks. The interview is designed to be challenging for everyone.

A0. INTERVIEWER CHECKPOINT

☐ 1. R USES WALKER OR WHEELCHAIR --> TURN TO P. 15, SECTION D
☐ 2. ALL OTHERS

I would like to begin by asking you to try to do some different movements of your body that involve your legs and arms.

First, I will show you each movement. Then when I have finished, I'll ask you to try to do it. If you cannot do a particular movement or don't want to do it, tell me and we'll move on to the next one. If you use a cane, I'd like you to try to do these movements without it if possible.

Do you have any questions before we begin? O.K., let's begin.

A1. SEMI-TANDEM STAND (EYES OPEN)

This first series of movements will measure both the strength in your legs and your balance.

Please stand and watch me while I show you what I would like you to do. Watch me first, then you try.

I would like you to try to stand with the side of the heel of one foot touching the side of the big toe of the other foot for about ten seconds. You may use either foot, whichever is more comfortable for you. Like this...

DEMONSTRATE SEMI-TANDEM POSITION FOR R.
Ala. INTERVIEWER CHECKPOINT

☐ 1. R USES CANE --> GO TO A1b
☐ 2. ALL OTHERS --> GO TO A1c

Alb. Do you think you could try doing this without your cane?

YES ... 1 --> GO TO A1c
NO .... 5 --> TURN TO P. 11, A10

A1c. You may use your arms, bend your knees or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I say, "Stop". But do stop if you feel unsteady.

HELP R INTO POSITION:

1. STAND AT R'S LEFT SIDE.
2. HAVE YOUR RIGHT ARM BEHIND R (STOPWATCH IN HAND).
3. HELP R INTO POSITION BY HOLDING ON TO HIS/HER LEFT WRIST.
4. LET GO OF R'S WRIST SLOWLY WHEN YOU FEEL R IS BALANCED AND START STOPWATCH AT THAT POINT.

"Are you ready? O.K., begin." (START TIMING AS YOU RELEASE WRIST.)

STAND TO THE LEFT AND SLIGHTLY BEHIND R. STAND WITHIN ARM'S REACH AND WITH YOUR ARMS OUT SO THAT YOU COULD CATCH R WITHOUT HAVING TO LEAN FORWARD.

STOP TIMING AS SOON AS R MOVES A FOOT OUT OF THE SEMI-TANDEM POSITION OR GRABS ONTO SOMETHING FOR BALANCE.

- OR -

AFTER 10 SECONDS: "Stop"

# OF SECONDS __ __
TRIED, BUT UNABLE... 993
NOT PERFORMED FOR SAFETY REASONS.... 995
A1d. INTERVIEWER CHECKPOINT

☐ 1. R HELD POSITION FOR 10 SECONDS --> TURN TO P. 4, A3

☐ 2. ALL OTHERS

A2. SIDE BY SIDE STAND

Now I would like you to try to stand with your feet together, side by side, for about 10 seconds. Like this...

DEMONSTRATE SIDE BY SIDE POSITION FOR R.

Again, you may use your arms, bend your knees or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I say, "Stop". But do stop if you feel too unsteady.

HELP R INTO POSITION:

1. STAND AT R'S LEFT SIDE.
2. HAVE YOUR RIGHT ARM BEHIND R (STOPWATCH IN HAND).
3. HELP R INTO POSITION BY HOLDING ONTO HIS/HER LEFT WRIST.
4. LET GO OF R'S WRIST SLOWLY WHEN YOU FEEL R IS BALANCED AND START STOPWATCH AT THAT POINT.

"Are you ready? O.K., begin."

START TIMING AS YOU RELEASE WRIST. STAND TO LEFT AND SLIGHTLY BEHIND R AS FOR PREVIOUS TEST.

STOP TIMING AS SOON AS R MOVES A FOOT OUT OF POSITION OR GRABS ONTO SOMETHING FOR BALANCE.

- OR -

AFTER 10 SECONDS: "Stop"

# OF SECONDS _____
TRIED, BUT UNABLE... 993
NOT PERFORMED FOR SAFETY REASONS.... 995

TURN TO P. 7, A7
A3. **TANDEM STAND -- EYES OPEN**

Now I would like you to try standing with the heel of one foot in front of and touching the toes of your other foot for about 10 seconds. Like this...

**DEMONSTRATE TANDEM POSITION FOR R.**

Again, you may use your arms, bend your knees or move your body to maintain your balance, but try not to move your feet. Use whichever foot is more comfortable for you. Try to hold the position till I say, "Stop". But do stop if you feel unsteady.

**HELP R INTO POSITION:**

1. STAND AT R'S LEFT SIDE.
2. HAVE YOUR RIGHT ARM BEHIND R (STOPWATCH IN HAND).
3. HELP R INTO POSITION BY HOLDING ONTO HIS/HER LEFT WRIST.
4. LET GO OF R'S WRIST SLOWLY WHEN YOU FEEL R IS BALANCED AND START STOPWATCH AT THAT POINT.

"Are you ready? O.K., begin."

START TIMING AS SOON AS YOU RELEASE WRIST. STAND TO THE LEFT AND SLIGHTLY BEHIND R AS FOR PREVIOUS TEST.

STOP TIMING AS SOON AS R MOVES A FOOT OUT OF TANDEM POSITION OR GRABS ONTO SOMETHING TO KEEP BALANCE.

- OR -

AFTER 10 SECONDS: "Stop"

<table>
<thead>
<tr>
<th># OF SECONDS</th>
<th></th>
<th></th>
<th>[GO TO A3a]</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIED, BUT UNABLE... 993</td>
<td>[GO TO NEXT PAGE, A4]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT PERFORMED SAFETY REASONS..... 995</td>
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</table>

**COMPENSATORY MOVEMENTS**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A3a. MOVES ARMS</strong></td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>A3b. TRUNK SWAYING</strong></td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
A4. INTERVIEWER CHECKPOINT

☐ 1. R HELD TANDEM STAND (EYES OPEN) FOR 10 SECONDS

☐ 2. ALL OTHERS --- TURN TO P. 7, A7

A5. TANDEM STAND -- EYES CLOSED

Next, I'd like you to try standing like you just did with one foot in front of the other, but with your eyes closed this time. I'll be timing you again, so try to hold the position until I say, "Stop". But do stop if you feel very unsteady.

HELP R INTO POSITION:

1. STAND AT R'S LEFT SIDE.
2. HAVE YOUR RIGHT ARM BEHIND R (STOPWATCH IN HAND).
3. HELP R INTO POSITION BY HOLDING ONTO HIS/HER LEFT WRIST.
4. LET GO OF R'S WRIST SLOWLY WHEN YOU FEEL R IS BALANCED AND R'S EYES ARE CLOSED.
5. START STOPWATCH AT THAT POINT.

"Are you ready? O.K., begin." BE SURE R's EYES ARE CLOSED. START TIMING AS YOU RELEASE WRIST.

STOP TIMING AS SOON AS R MOVES A FOOT OUT OF TANDEM POSITION, GRABS ONTO SOMETHING, OR OPENS HIS/HER EYES.

- OR -

AFTER 10 SECONDS: "O.K., That's fine."

# OF SECONDS --- --- → GO TO A5a

TRIED, BUT UNABLE... 993 → NEXT PAGE,
NOT PERFORMED SAFETY REASONS..... 995 A6

COMPENSATORY MOVEMENTS YES NO

A5a. MOVES ARMS 1 5
A5b. TRUNK SWAYING 1 5
A6. TANDEM WALK

Now please watch me before you try this.

I would like you to walk as if you were walking a tightrope. Like this...

DEMONSTRATE FOR R.

Keep your feet in line, with the heel of the foot in front touching the toe of the foot behind. You can move your arms to help keep your balance. I'll be walking next to you and will time you to see how long it takes you to walk 10 steps.

Remember I will be right there next to you to help if you start to lose your balance. Now I'd like you to try to take a couple of steps like that for practice.

HELP R INTO POSITION:

1. STAND AT R's LEFT SIDE.
2. HAVE YOUR RIGHT ARM BEHIND R (STOPWATCH IN HAND).
3. HELP R INTO POSITION BY HOLDING ONTO HIS/HER LEFT WRIST.
4. LET GO OF R'S WRIST SLOWLY WHEN YOU FEEL R IS BALANCED AND START STOPWATCH AT THAT POINT.
5. WALK TO SIDE AND SLIGHTLY BEHIND R.

HAVE R PRACTICE STEPS THEN DO TEST.

"Now try to take 10 steps like that." START STOPWATCH AS YOU RELEASE WRIST.

COUNT ALOUD: "1, 2, 3, ...10. O.K., stop."

- OR -

STOP TEST AS SOON AS R PLACES FOOT OUT OF POSITION.

# OF STEPS ............... ___ --> GO TO A6a

TRIED, UNABLE (NO STEPS) .... 93 --> NEXT PAGE, A7

NOT PERFORMED FOR SAFETY REASONS .............. 95

A6a. TIME: # OF SECONDS ............ ___ ___

COMPENSATORY MOVEMENTS

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A6b. MOVES ARMS</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>A6c. TRUNK SWAYING</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
A7. SINGLE LEG STANDS

Now please watch me again. I would like you to try to balance on one leg like this... (DEMONSTRATE FOR R). Please try to do this without touching or holding on to anything. I'm going to time you so I'll say, "Begin", and then tell you when to stop. You can stand on whichever leg you prefer. Stop anytime you feel too unsteady.

STAND TO THE LEFT AND SLIGHTLY BEHIND R.

"O.K., begin."

START STOPWATCH WHEN R's FOOT LEAVES GROUND.

STOP WATCH WHEN SECOND FOOT TOUCHES GROUND OR R GRABS ONTO SOMETHING FOR BALANCE.

-OR-

AFTER 10 SECONDS: "Stop."

# OF SECONDS ___ ___ --> GO TO A7a

TRIED, BUT UNABLE... 993 --> GO TO A7d

NOT PERFORMED
SAFETY REASONS..... 995 --> TURN TO P. 9, A8

COMPENSATORY MOVEMENTS

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A7a. MOVES ARMS</td>
<td>1</td>
</tr>
<tr>
<td>A7b. TRUNK SWAYING</td>
<td>1</td>
</tr>
</tbody>
</table>

A7c. STANDING LEG

RIGHT...................... 1
LEFT....................... 2

A7d. INTERVIEWER CHECKPOINT

☐ 1. R HELD POSITION FOR 10 SEC. --> TURN TO P. 9, A8
☐ 2. ALL OTHERS --> NEXT PAGE, A7e
A7e. Would it be unsafe for you to try the stand using your other leg?

YES........1 ——> NEXT PAGE, A8

NO.........5 ——> GO TO A7f

A7f. STAND TO THE LEFT AND SLIGHTLY BEHIND R.

"O.K., begin."

START STOPWATCH WHEN R's FOOT LEAVES GROUND.

STOP WATCH WHEN SECOND FOOT TOUCHES GROUND OR R GRABS ONTO SOMETHING FOR BALANCE.

-OR-

AFTER 10 SECONDS: "Stop."

# OF SECONDS _______ ——> GO TO A7g

TRIED, UNABLE OR HOLDS ONTO OBJECT... 993

NOT PERFORMED SAFETY REASONS..... 995 ——> NEXT PAGE, A8

COMPENSATORY MOVEMENTS

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A7g. MOVES ARMS</td>
<td>1</td>
</tr>
<tr>
<td>A7h. TRUNK SWAYING</td>
<td>1</td>
</tr>
</tbody>
</table>

A7j. STANDING LEG

<table>
<thead>
<tr>
<th>RIGHT</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
A8. 360 DEGREE CIRCLE

Now please watch while I show you the next movement. Stand facing me. Then when I say, "Begin", I'd like you to turn all the way around in a circle, like this... (DEMONSTRATE FOR R)

Okay? Now you try turning all the way around.

BE PREPARED TO SUPPORT R IF NECESSARY. STAND WITHIN ARM'S REACH WITH ARMS EXTENDED.

START WATCH WHEN R TAKES FIRST STEP; STOP TIMING WHEN R RETURNS TO FACE YOU.

# OF SECONDS ___.___ --> GO TO A8a

TRIED, UNABLE ...... 993 --> NEXT PAGE, A9

NOT PERFORMED
SAFETY REASONS...... 995

COMPENSATORY MOVEMENTS YES NO
A8a. MOVES ARMS 1 5
A8b. TRUNK SWAYING 1 5
A9. BENDING OVER

This next movement involves bending over to pick up a pencil. If you've had an operation for cataracts within the past 6 weeks, you should not try this movement.

Have you had such an operation within the past 6 weeks?

*YES.........1 ———> NEXT PAGE, A10*

*NO.........5 ———> GO TO A9a*

*DK.........8 ———> NEXT PAGE, A10*

A9a. Do you become dizzy or faint when you bend over?

*YES.........1 ———> NEXT PAGE, A10*

*NO.........5 ———> GO TO A9b*

A9b. Now, when I say, "Begin", I'd like you to bend over and pick up this pencil and stand back up.

PLACE PENCIL ON FLOOR IN FRONT OF R. HAVE STOPWATCH READY.

"O.K., begin."

BEGIN TIMING AT WORD "BEGIN"; STOP WHEN R IS FULLY UPRIGHT AGAIN AFTER PICKING UP PENCIL.

IF R CANNOT DO THIS WITHIN 30 SECONDS, TELL HIM/HER TO STOP.

# SECONDS  ____  ____

TRIED, UNABLE ...... 993

NOT PERFORMED FOR SAFETY REASONS...... 995
A10. **10 FOOT WALK**

Next, I need to create a 10-foot walking course.

**USING A STEEL TAPE TO MEASURE, MARK BEGINNING AND END POINTS WITH LENGTHS OF ROPE.**

For the next exercise I am going to observe how you normally walk. (If you use a cane or something else to help you walk and would feel more comfortable with it, you may use it during the test.) However, if possible, I'd like you to walk without any aids.

This is the walking course. Please walk to the other end of the course at your usual speed, just as if you were walking down the street to go to the store. I want you to walk all the way past the end of the course at the other end, turn around, and walk back, like this... (DEMONSTRATE FOR R). I will walk with you.

Okay, now you try it. Start here... Ready? Begin.

**WALK BESIDE R. BE PREPARED TO SUPPORT HIM/HER IF NECESSARY.**

<table>
<thead>
<tr>
<th>A10a. STEP CONTINUITY:</th>
<th>YES ................. 01</th>
<th>NO ................. 05</th>
</tr>
</thead>
</table>

> GO TO A10b

<table>
<thead>
<tr>
<th>TRIED, UNABLE .... 93</th>
<th>TURN TO</th>
</tr>
</thead>
</table>

> P.13, A12

<table>
<thead>
<tr>
<th>A10b. TURN CONTINUOUS WITH WALKING; PIVOT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
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<table>
<thead>
<tr>
<th>A10c. STAGGER, UNSTEADY</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>A10d. WALKING AID</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
Now I would like you to do the same thing again. Walk at your usual pace, go all the way to the end of the course, turn and come back. Don't hurry, just walk at your usual pace.

Ready? Begin.

1. WALK BESIDE R
2. START STOPWATCH WHEN R PICKS UP FIRST FOOT TO BEGIN WALK
3. STOP WATCH WHEN AT LEAST ONE OF HIS/HER FEET HAS CROSS THE FINISH LINE

A10e. TIME: # SECONDS → GO TO A10f
TRIED, UNABLE ....... 993 → GO TO A11

Now, I would like you to walk down and back as fast as it feels safe and comfortable to you.

Ready? Begin.

A10f. TIME: # SECONDS
TRIED, UNABLE ....... 993

Thank you. Please sit down now.

A11. INTERVIEWER COMMENTS

A11a. ANY DIFFICULTY FINDING 10' SPACE FOR WALKING?

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

COMMENTS: ___________________________________________

A11b. WHAT TYPE OF WALKING SURFACE?

UNCARPETED ... 1
LOW CARPET ... 2
THICK/SHAG CARPET ...... 3
OTHER ............ 7
SPECIFY
A12. Do you think it would be unsafe for you to try to stand up from a chair without using your arms? (DEMONSTRATE)

YES ........ 1 -> TURN TO P. 15, B1
NO ........ 5 -> GO TO A13

A13. CHAIR STAND

For the next exercise I'll need to place a chair without arms against a wall. I have a cloth here to protect the wall and chair.

PLACE FOLDED CLOTH OVER THE BACK OF THE CHAIR, THEN PLACE THE BACK OF THE CHAIR AGAINST THE WALL TO STEADY IT. DEMONSTRATE THE CHAIR STAND FOR R. STAND NEXT TO R TO PROVIDE ASSISTANCE IF R LOSES HIS/HER BALANCE.

Please sit so that your feet are on the floor and fold your arms across your chest. Then try to stand up without using your arms. (IF R IS UNABLE TO RISE WITHOUT USING ARMS, SAY: "Okay, try to stand up using your arms to push off").

A13a. NUMBER OF ATTEMPTS TO RISE, INCLUDING ROCKING AND WEIGHT SHIFTING

A13b. OUTCOME: ROSE WITHOUT USING ARMS .... 01 -> GO TO A14

ROSE USING ARMS ............ 02

NOT ATTEMPTED, NO SUITABLE CHAIR ............ 94

NOT ATTEMPTED FOR SAFETY REASONS ............ 95

NOT ATTEMPTED, OTHER REASON ............ 90

SPECIFY

TRIED, BUT UNABLE ............ 93

TURN TO P. 15, B1

A14. Do you think it would be unsafe for you to try to stand up from a chair without using your arms, five times quickly?

YES ........ 1 -> TURN TO P. 15, B1
NO ........ 5 -> NEXT PAGE, A15
A15. REPEATED CHAIR STANDS

(Okay, you can sit down again.) For this exercise, please keep your arms folded across your chest. I'd like you to stand up straight as quickly as you can five times without stopping in between. After standing up each time, sit down and then stand again. I'll be timing you with a stopwatch. Please begin when I say "Ready? Stand."

WHEN THE SUBJECT IS PROPERLY SEATED, SAY "READY? STAND", AND BEGIN TIMING. COUNT OUT LOUD AS HE/SHE RISES EACH TIME, UP TO 5. STOP THE STOPWATCH WHEN HE/SHE HAS STRAIGHTENED UP COMPLETELY THE FIFTH TIME AND ALL BODY MOVEMENT HAS CEASED. IF HE/SHE SITS DOWN AFTER THE FIFTH STAND-UP, STOP TIMING AS HE/SHE BEGINS TO SIT DOWN.

ALSO STOP - IF R USES HIS/HER ARMS
- AFTER 1 MINUTE, IF R HAS NOT COMPLETED RISES
- IF YOU ARE CONCERNED FOR R'S SAFETY

# COMPLETED, NO ARM USE _0_ ___ -> GO TO A15a

NOT ATTEMPTED FOR SAFETY
REASONS ................. 95

NOT ATTEMPTED, OTHER REASON . 90

SPECIFY

TRIED, BUT UNABLE ............ 93

-> NEXT PAGE, B1

A15a. TIME: # SECONDS TO COMPLETE 5 STANDS ___ ___
DID NOT COMPLETE 5 STANDS .............. 999

A15b. CHAIR HEIGHT: INCHES FROM FLOOR TO LOWEST POINT OF CHAIR SEAT ___ ___
SECTION B: WAIST/HIP RATIO AND USE OF MEDICATIONS

B1. What is your current weight?

# POUNDS ___ ___ ___
DK ............... 998

B2. How tall are you without shoes on?

FEET INCHES
DK .......... 8 98

B3. WAIST/HIP RATIO

Now, I would like to measure your waist and hips.

WAIST: RESPONDENT SHOULD BE STANDING ERECT WEARING ONLY ONE LAYER OF CLOTHING. WAIST CIRCUMFERENCE SHOULD BE MEASURED TO THE NEAREST TENTH OF AN INCH.

MINIMAL WAIST: (STAND FACING R.) PLACE TAPE MEASURE AROUND BODY AT NARROWEST POINT BETWEEN RIBS AND ILIAC CREST (POINT OF SMALLEST HORIZONTAL CIRCUMFERENCE).

# INCHES ___ ___ ___
UNSUCCESSFUL ........ 997

B3a. HOW OBTAINED:

MEASURED .... 1
SELF-REPORT . 2

B3b. HIPS: RESPONDENT SHOULD REMAIN STANDING. HAVE R REMOVE ANY BULKY OBJECTS FROM HIP OR BACK POCKETS.

HIP CIRCUMFERENCE SHOULD BE MEASURED AT THE LEVEL OF THE ILIAC CREST (THE UPPER PELVIC BONE).

"Could you show me your hip bone?" (POINT TO YOUR OWN HIP BONE.)

# INCHES ___ ___ ___
UNSUCCESSFUL ........ 997

B3c. HOW OBTAINED:

MEASURED .... 1
SELF-REPORT . 2
B3d. MAXIMAL HIP CIRCUMFERENCE: (STAND TO THE SIDE OF R TO SEE MAXIMAL BUTTOCKS). MEASURE MAXIMUM BUTTOCKS DIAMETER.

# INCHES

UNSUCCESSFUL............ 997

B3e. HOW OBTAINED:

MEASURED .... 1
SELF-REPORT . 2

B3f. Could I ask if you are wearing any undergarments, like a brace or girdle, which might change your waist or hip measurements?

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

Next I have some questions about use of medications.

B4. During the past 2 weeks, did you take any medicine prescribed by a doctor?

YES .............. 1
NO ................. 5
DK ................. 8

B5. We are also interested in drugs not prescribed by a doctor. This would include such medicines as aspirin, Tylenol, antacids, laxatives and cold medicines. During the past 2 weeks, have you taken any of these or any other medications for which you did not need a doctor's prescription?

YES .............. 1
NO ................. 5
DK ................. 8

B6. INTERVIEWER CHECKPOINT

☐ 1. R SAID "YES" TO B4 AND/OR B5 -> NEXT PAGE, B7
☐ 2. ALL OTHERS -> TURN TO P. 18, SECTION C
May I please see the containers for all the medicines you took in the past 2 weeks? (Let's begin with medicines for which you have a prescription.) (RECORD ALL MEDICINES TAKEN BELOW. IF R REFUSES TO SHOW CONTAINERS OR DOES NOT HAVE THEM, ASK: What are the names of the (other) medicines you took? IF R DOESN'T KNOW NAME, ASK FOR KIND OF MEDICINE, E.G. FOR BLOOD PRESSURE).

<table>
<thead>
<tr>
<th>NAME OF MEDICINE</th>
<th>SEEN BY</th>
<th>DRUG CODE (OFFICE USE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1=YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5=NO</td>
<td></td>
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<td>1.____________________</td>
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<td>2.____________________</td>
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<tr>
<td>13.___________________</td>
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</tbody>
</table>

Interviewer __ __ __ __
Editor __ __ __ __
SECTION C: VISION, CONCENTRATION AND MEMORY

Now, I'm going to ask you to perform some tasks that measure your vision, concentration and memory. (But first, I'd like to seat you so that you won't have to move when I take your blood pressure in a few minutes.)

C1. IMMEDIATE RECALL OF STORY

Now I would like to ask you to try to remember a short story.

I'm going to read you the story first and when I'm through, I'm going to wait a few seconds and then ask you to tell me as much as you can remember.

The story is:

(Read slowly.) Three children were alone at home and the house caught on fire. A brave fireman managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises, all were well. WAIT A FEW SECONDS, THEN SAY: Please tell me the story.

RECORD R'S RESPONSE VERBATIM. THEN SCORE THE SIX BASIC IDEAS IN THE STORY AS PRESENT OR ABSENT.

<table>
<thead>
<tr>
<th>Idea</th>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1a. THREE CHILDREN</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C1b. HOUSE ON FIRE</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C1c. FIREMAN CLIMBED IN</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C1d. CHILDREN RESCUED</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C1e. MINOR INJURIES</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C1f. EVERYONE WELL</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
C2. How old are you?

# OF YEARS ___ ___

DK .............. 98

C2a. VERIFY ACCORDING TO DATE OF BIRTH, THEN MARK CORRECT OR OTHER

CORR .............. 1
OTHER .............. 2

C3. What is the month, day and year of your birth?
(USE TO VERIFY AGE)

MONTH _____ DAY _____ YEAR _____

C3a. IF DK/REFUSED, CODE "OTHER"

CORR .............. 1
OTHER .............. 2

C4. What is today's date?

MONTH _____ DAY _____ YEAR _____

C4a. VERIFY DATE:

CORR .............. 1
OTHER .............. 2

C5. What is the day of the week?

MON .............. 1
TUES .............. 2
WED .............. 3
THURS .............. 4
FRI .............. 5
SAT .............. 6
SUN .............. 7
DK .............. 8

C5a. VERIFY DAY:

CORR .............. 1
OTHER .............. 2
C6. What was your mother's maiden name—just her last name?

DIFFERENT NAME FROM R........ 1
SAME NAME AS R.............. 2
DK/NA .................... 3

C7. Who is the President of the United States?

SPECIFY

CORR .................. 1
OTHER ................. 2

C8. Who was the President before him?

SPECIFY

CORR .................. 1
OTHER ................. 2

C9. Please subtract 3 from 20 and keep subtracting 3 from each new number all the way down.

CORRECT RESPONSE IS: 17, 14, 11, 8, 5, 2

C9a. ALL CORR .......... 1
OTHER ............... 2
C10. DELAYED RECALL OF STORY

Remember I told you a short story a few minutes ago? Can you tell me as much as you remember of the story?

RECORD R'S RESPONSE VERBATIM. THEN SCORE THE SIX BASIC IDEAS IN THE STORY AS PRESENT OR ABSENT.

PRESENT ABSENT

C10a. THREE CHILDREN 1 2
C10b. HOUSE ON FIRE 1 2
C10c. FIREMAN CLIMBED IN 1 2
C10d. CHILDREN RESCUED 1 2
C10e. MINOR INJURIES 1 2
C10f. EVERYONE WELL 1 2

C11. HAND SIGNATURE

PLACE BLANK SHEET OF UNLINED PAPER AND PENCIL ON TABLE IN FRONT OF R. HAVE STOPWATCH READY.

When I say, "Begin," I'd like you to pick up this pencil from the table, sign your name on the paper and put the pencil back on the table. Begin.

BEGIN TIMING WHEN R PICKS UP PENCIL. STOP TIMING WHEN R RETURNS PENCIL TO TABLE, OR WHEN 30 SECONDS HAVE ELAPSED.

# OF SECONDS _____ _____ _____ -> GO TO C11a
TRIED, UNABLE .. 993 -> NEXT PAGE, C12

C11a. HAND USED:
RIGHT ................ 1
LEFT ................ 2
Now I would like to take your pulse and blood pressure.

C12. PULSE FOR 15 SECONDS
( RECORD ACTUAL COUNT, DON'T MULTIPLY )

___ ___
UNSUCCESSFUL .... 97

C13. SITTING, BLOOD PRESSURE READING
(CHECK ARM CIRCUMFERENCE FOR CORRECT CUFF SIZE.)

C13a. SYSTOLIC ___ ___ ___
UNSUCCESSFUL ... 997

C13b. DIASTOLIC ___ ___ ___
UNSUCCESSFUL ... 997
C14. NAMING

I am going to show you some pictures, and I would like you to tell me the name of each picture. RECORD ALL RESPONSES VERBATIM. ALLOW R TO SEE PICTURE FOR A MAXIMUM OF APPROXIMATELY 10 SECONDS. IF RESPONSE IS INCORRECT OR R IS UNABLE TO NAME, GO ON TO NEXT ITEM.*

<table>
<thead>
<tr>
<th>PICTURE</th>
<th>RECORD R'S RESPONSE</th>
<th>CORRECT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C14a. BROOM</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14b. FUNNEL</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14c. BENCH</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14d. WHEELCHAIR</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14e. TREE</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14f. HANGER</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14g. STETHOSCOPE</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14h. FLOWER</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14j. PLUG</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14k. COMB</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14m. ACCORDION</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14n. SAW</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14p. HAMMOCK</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14q. SCISSORS</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14r. TOOTHBRUSH</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14s. HOUSE</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14t. FAUCET</td>
<td></td>
<td>1 5 8</td>
</tr>
<tr>
<td>C14u. HARP</td>
<td></td>
<td>1 5 8</td>
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</tbody>
</table>

* IF R ASKS FOR CORRECT ANSWER, SAY "I'll be happy to discuss the answers with you after we finish". DO NOT GIVE ANY ANSWERS UNTIL END OF INTERVIEW.
C15. DELAYED RECOGNITION

What we're going to do next is something like a guessing game. This is how we play it. Here I have some discs (HOLD UP DISC AND SHOW IT TO R). What I'm going to do is put 1 of these down on this board (DEMONSTRATE). Next, I'll give you some time to look at the disc and its position on the board. I will want you to take a good look because then I'll tip the board up like this, and add another disc (DEMONSTRATE). When I lay the board down on the table (DEMONSTRATE), I'll want you to point to the new disc. As you can see, to do that you will have to remember where the discs were in the beginning. That's why I want you to look carefully before I put each new disc down. Do you have any questions?

Let's try it once for practice so you can see what it will be like. As I said before, I'm going to put one disc down.

PLACE ONE DISC ON THE BOARD IN POSITION INDICATED IN THE SAMPLE SPATIAL SERIES. THE NUMBER IN THE SERIES REPRESENTS THE PLACEMENT OF THE DISC.

SAMPLE SPATIAL SERIES: 17 9

Now take a good look at the position (ALLOW R ABOUT 5-10 SECONDS). Next, I'll tip the board up and add a disc.

TIP THE BOARD UP, ADD NEW DISC, THEN LAY THE BOARD DOWN AFTER 10 SECONDS. Now one of the discs is in the same position as before and one has just been added. Can you point to the new one?

<table>
<thead>
<tr>
<th>MAP OF DISC POSITIONS:</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
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</table>

IF R ANSWERS CORRECTLY SAY: Good. Let's begin. We're going to start with one disc and keep adding one disc at a time, so we will end up with a series of discs that's fairly long, so look closely.

IF R RESPOND INCORRECTLY SAY: Okay. Let's try again. We're going to start with one disc and keep adding one disc at a time, so we will end up with a series that's fairly long, so look closely. We'll start with just one disc down on the board.
BEGIN THE TASK. BEFORE ADDING EACH NEW DISC, ENCOURAGE R TO TRY TO REMEMBER THE DISCS ON THE BOARD BY SAYING:

"Now study the board, I'm going to add a new disc."

THEN TIP THE BOARD UP AND ADD THE NEXT DISC. LAY THE BOARD DOWN AND SAY:

"Can you point to the new disc?"

PRESENT SPATIAL SERIES A IN ORDER SHOWN BELOW.

DO NOT ALWAYS PUT THE NEW DISC IN THE FINAL POSITION FIRST; MOVE IT AROUND FROM PLACE TO PLACE. SOME PARTICIPANTS CAN TELL BY SOUND WHERE THE NEW ONE MIGHT BE. EACH TIME A CORRECT RESPONSE IS MADE, SAY SOMETHING LIKE:

"Okay. Let's go on."

STOP THE PRESENTATION OF SERIES A WHEN THE SUBJECT MAKES AN ERROR. CIRCLE EACH POSITION R CORRECTLY GUESSES. SCORE IS THE TOTAL NUMBER OF DISCS RESPONDED TO CORRECTLY, BEGINNING WITH THE FIRST DISC PLACED ON THE BOARD UP TO, BUT NOT INCLUDING, THE FIRST ERROR.

### MAP OF DISC POSITIONS:

<table>
<thead>
<tr>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
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</tbody>
</table>

### SPATIAL SERIES A:

8 23 21 11 19 20 4 1 16 6

26 3 17 13 30 9 14

**C15a. TOTAL CORRECT ___ ___
TRIED, UNABLE .......... 93**

**C15b. INTERVIEWER CHECKPOINT**

- [ ] 1. R GOT 10 OR MORE DISCS CORRECT -> NEXT PAGE, C16
- [ ] 2. ALL OTHERS -> NEXT PAGE, C15c
C15c. That's good. Now, let's try it with the discs in different places. As before I'll start with one disc and when I add each new one, I want you to tell me where the new disc is.

PRESENT SERIES B IN THE SAME MANNER AS SERIES A. DISCONTINUE SERIES B AFTER THE FIRST ERROR.

MAP OF DISC POSITIONS:

<p>| | | | | | |</p>
<table>
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</tbody>
</table>

SPATIAL SERIES B: 9 22 2 5 20 17 7 11 27 6
14 29 24 3 25 8 16
TOTAL ___ ___
TRIED, UNABLE .. 93

C16. SIMILARITIES

Now, we're going to do something different. I'm going to name two things that are alike in some way and ask you to tell me how they are alike. (START WITH ITEM C16a). Can you tell me in what way an orange and a banana are alike?

IF THE SUBJECT REPLIES THAT THEY ARE BOTH FRUIT, SAY, "Good" AND PROCEED TO THE NEXT ITEM.

IF THE SUBJECT GIVES A CONCRETE ANSWER, GIVE AN EXAMPLE OF A MORE ABSTRACT RESPONSE. FOR EXAMPLE, IF THE SUBJECT ANSWERS "You eat them both", SAY, "That's right, you do eat them both. Also, they are both fruit."

IF THE SUBJECT SAYS HOW OBJECTS ARE DIFFERENT, (e.g., "A banana is long and an orange is round") SAY, "That's a way they are different; can you tell me how they are alike?" IF R RESPONDS CORRECTLY, GO ON TO THE NEXT ITEM.

IF THE SUBJECT FAILS TO RESPOND TO ITEM C16a OR GIVES AN INCORRECT ANSWER, SAY, "They are similar because they are both fruit, you eat them both." THEN GO ON TO THE NEXT ITEM.

ON ALL SUBSEQUENT ITEMS, IF SUBJECT SAYS HOW OBJECTS ARE DIFFERENT, REPEAT CUE AS STATED ABOVE ASKING HOW OBJECTS ARE ALIKE. NO OTHER TYPE OF CUE IS PERMITTED ON ITEMS b-d.

RECORD ALL RESPONSES VERBATIM. SCORE ITEMS DURING THE EDIT USING SCORING CRITERIA IN THE MANUAL.
C16a. ORANGE-BANANA

C16b. In what way are a boat and an automobile alike?

C16c. In what way are north and west alike?

C16d. In what way are work and play alike?

<table>
<thead>
<tr>
<th>ABST</th>
<th>CONC</th>
<th>INCOR</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>
C17. COPYING FIGURE 1

Now I have a drawing I would like you to copy. Please copy this drawing down here as best you can. GIVE R SHEET WITH DRAWING OF DIAMOND. POINT TO A BLANK SECTION OF PAPER. PROVIDE 2 SHARPENED PENCILS WITH ERASERS. DO NOT NAME SHAPE IN THE DRAWING.

<table>
<thead>
<tr>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>C17a.</td>
<td>4 SIDES PRESENT AND ABOUT THE SAME LENGTH (NOT DIFFERENT BY MORE THAN 1/4 INCH IN LENGTH).</td>
</tr>
<tr>
<td>C17b.</td>
<td>3 OF 4 CORNERS RELATIVELY CLOSED (WITHIN 1/4 INCH).</td>
</tr>
<tr>
<td>C17c.</td>
<td>3 OF 4 ANGLES CLEARLY DEFINED (IF CLOSURE WITHIN 1/4 INCH, ANGLE CAN BE CLEARLY DEFINED).</td>
</tr>
<tr>
<td>C17d.</td>
<td>DIAMOND PLACED ON ITS TIP (SO THAT A VERTICAL LINE DRAWN THROUGH THE TIP AND THE OPPOSING CORNER AND A HORIZONTAL LINE DRAWN PARALLEL TO THE BASE OF PAGE FORM AN ANGLE BETWEEN 80 AND 110 DEGREES).</td>
</tr>
</tbody>
</table>

C18. INTERVIEWER CHECKPOINT

- [ ] 1. TWO OR MORE CRITERIA MARKED PRESENT -> TURN TO P. 30, C20
- [ ] 2. ALL OTHERS -> NEXT PAGE, C19
C19. **COPYING FIGURE 2**

Can you copy this drawing? GIVE R SHEET WITH DRAWING OF CIRCLE.

<table>
<thead>
<tr>
<th></th>
<th>PRESENT</th>
<th>ABSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>C19a.</td>
<td>LINE CONTINUOUS (NO GAP LONGER THAN 1/4 INCH)</td>
<td>1</td>
</tr>
<tr>
<td>C19b.</td>
<td>APPROXIMATELY CIRCULAR (DIAMETERS NOT DIFFERENT BY MORE THAN 1/4 INCH)</td>
<td>1</td>
</tr>
<tr>
<td>C19c.</td>
<td>FAIRLY SMOOTH CIRCUMFERENCE (NO MORE THAN 1 POINT OR ANGLE)</td>
<td>1</td>
</tr>
</tbody>
</table>

TURN TO P. 32, C23
C20. COPYING FIGURE 3

Can you copy this drawing? GIVE R DRAWING WITH DIAMOND INSIDE SQUARE.

<table>
<thead>
<tr>
<th>DIAMOND</th>
<th>PRESENT</th>
<th>ABSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>C20a. 4 SIDES PRESENT AND ABOUT THE SAME LENGTH (NOT DIFFERENT BY MORE THAN 1/4 INCH IN LENGTH).</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C20b. 3 OF 4 CORNERS RELATIVELY CLOSED (WITHIN 1/4 INCH)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C20c. 3 OF 4 ANGLES CLEARLY DEFINED (IF CLOSURE WITHIN 1/4 INCH, ANGLE CAN BE CLEARLY DEFINED.)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C20d. DIAMOND PLACED ON ITS TIP (SO THAT A VERTICAL LINE DRAWN THROUGH THE TIP AND THE OPPOSING CORNER AND A HORIZONTAL LINE DRAWN PARALLEL TO THE BASE OF PAGE FORM AN ANGLE BETWEEN 80 AND 110 DEGREES.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SQUARE</th>
<th>PRESENT</th>
<th>ABSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>C20e. 4 SIDES PRESENT AND ABOUT THE SAME LENGTH (NOT DIFFERENT BY MORE THAN 1/4 INCH IN LENGTH).</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C20f. 3 OF 4 CORNERS RELATIVELY CLOSED (WITHIN 1/4 INCH).</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C20g. 3 OF 4 ANGLES CLEARLY DEFINED (IF CLOSURE WITHIN 1/4 INCH, ANGLE CAN BE CLEARLY DEFINED).</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C20h. SQUARE PLACED ON SIDE (SO THAT ANGLE OF EACH VERTICAL SIDE AND A HORIZONTAL LINE DRAWN PARALLEL TO THE BASE OF PAGE FORM AN ANGLE BETWEEN 80 AND 110 DEGREES).</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
ALIGNMENT

C20j. DIAMOND INSIDE SQUARE (WITH NO MORE THAN 1/8 INCH OVERLAP BETWEEN TWO SHAPES). 1 2

C20k. POINTS OF DIAMOND AND SIDES OF SQUARE TOUCHING (WITHIN 1/8 INCH). 1 2

C20m. PLACE OF CONTACT OF POINTS OF DIAMOND GENERALLY TOUCHING CENTER OF SIDES OF SQUARE (WITHIN MIDDLE THIRD OF EACH SIDE OF SQUARE). 1 2

C21. INTERVIEWER CHECKPOINT

1. TWO OR MORE CRITERIA MARKED "PRESENT" FOR EACH OF 3 DOMAINS

2. ALL OTHERS -> NEXT PAGE, C23

C22. COPYING FIGURE 4

Can you copy this drawing? GIVE R SHEET OF DRAWING WITH CUBE.

C22a. 12 SIDES PRESENT AND ABOUT THE SAME LENGTH (NOT DIFFERENT BY MORE THAN 1/4 INCH IN LENGTH). 1 2

C22b. 7 OF 8 CORNERS RELATIVELY CLOSED (WITHIN 1/4 INCH). 1 2

C22c. 7 OF 8 CORNERS CLEARLY DEFINED (IF CLOSURE IS WITHIN 1/4 INCH, ANGLE CAN BE CLEARLY DEFINED). 1 2

C22d. 3 DIMENSIONAL 1 2

C22e. PERSPECTIVE ACCURATE (FRONT FACE AT LOWER LEFT AND BACK FACE AT UPPER RIGHT OF CUBE). 1 2
C23. INCIDENTAL RECALL

There is another thing I would like you to try to do. Do you remember that awhile ago I showed you pictures of some objects and asked you to tell me their names? Can you tell me any of the pictures you can recall? (RECORD VERBATIM. PROBE: Can you remember anything else?)

__________________________
__________________________
__________________________
__________________________
__________________________
__________________________

TURN TO P. 34, SECTION D

ITEMS C24 - C28 TO BE SCORED IN OFFICE

C24. TOTAL NUMBER OF RESPONSES TO C23

NONE .............. 00

OTHER # .... ___ ___
### SCORE IN OFFICE

<table>
<thead>
<tr>
<th>INITIAL STIMULUS</th>
<th>RECORD INCORRECT INITIAL NAMING RESPONSES FROM C14</th>
<th>COLUMN 1 RECALLED STIMULUS</th>
<th>COLUMN 2 RECALLED RESPONSE AGREES EXACTLY BY CORRECT NAME W/INITIAL INCORRECT NAMING NOT RESPONSE RECALLED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ACCORDION</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. BENCH</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. BROOM</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. COMB</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. FAUCET</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. FLOWER</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. FUNNEL</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. HAMMOCK</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>j. HANGER</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>k. HARP</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>m. HOUSE</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>n. PLUG</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>p. SAW</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>q. SCISSORS</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>r. STETHOSCOPE</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>s. TOOTHBRUSH</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>t. TREE</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>u. WHEELCHAIR</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

C26. # CORRECT RECALL RESPONSES (TOTAL OF COLUMN 1):  

C27. # RECALL RESPONSES WHICH AGREE EXACTLY W/ INCORRECT INITIAL NAMING RESPONSES (TOTAL OF COLUMN 2):  

C28. # RECALL RESPONSES NOT ON LIST AND NOT IN COLUMN 2: TO BE BUILT BY DDE.
SECTION D: BLOOD PRESSURE AND LUNG FUNCTION

Now I would like to take your blood pressure again. To begin I would like to check your pulse and take three blood pressure measures while you're seated.

D1. PULSE FOR 15 SECONDS
(RECORD ACTUAL COUNT, DON'T MULTIPLY.)

    UNSUCCESSFUL .... 97

D2. PULSE OBLITERATION PRESSURE
(RECORD ACTUAL PRESSURE. PUMP MERCURY TO 30mmHg HIGHER FOR BLOOD PRESSURE READINGS.)

    UNSUCCESSFUL .... 997

D3. FIRST SITTING BLOOD PRESSURE READING
(CHECK ARM CIRCUMFERENCE FOR CORRECT CUFF SIZE.)

    D3a. SYSTOLIC    ___ ___ ___
    UNSUCCESSFUL .... 997

    D3b. DIASTOLIC   ___ ___ ___
    UNSUCCESSFUL .... 997

D4. SECOND SITTING BLOOD PRESSURE READING

    D4a. SYSTOLIC    ___ ___ ___
    UNSUCCESSFUL .... 997

    D4b. DIASTOLIC   ___ ___ ___
    UNSUCCESSFUL .... 997
D5. THIRD SITTING BLOOD PRESSURE READING

D5a. SYSTOLIC — — —
UNSUCCESSFUL .... 997

D5b. DIASTOLIC — — —
UNSUCCESSFUL .... 997

Now I would like you to stand up and I'll take two more blood pressure readings. Begin timing when R stands up.

HAVE R REST ARM ON TOP OF CHAIR. BEGIN TAKING PULSE 15 SECONDS AFTER R STANDS UP.

D6. PULSE FOR 15 SECONDS
(RECORD ACTUAL COUNT, DON'T MULTIPLY.)

— — —
UNSUCCESSFUL ..... 97

D7. FIRST STANDING BLOOD PRESSURE READING
(1 MINUTE AFTER STANDING).

D7a. SYSTOLIC — — —
UNSUCCESSFUL .... 997

D7b. DIASTOLIC — — —
UNSUCCESSFUL .... 997

D8. PULSE FOR 15 SECONDS
(2 MINUTES 30 SECONDS AFTER STANDING).

— — —
UNSUCCESSFUL ..... 97
D9. SECOND STANDING BLOOD PRESSURE READING (3 MINUTES AFTER STANDING).

D9a. SYSTOLIC ___ ___ ___
UNSUCCESSFUL .... 997

D9b. DIASTOLIC ___ ___ ___
UNSUCCESSFUL .... 997

D10. CUFF SIZE

REGULAR .............. 1
PEDIATRIC ............ 2
LARGE ARM ............ 3

D11. WHAT DID YOU TELL THE RESPONDENT?

NORMAL .............. 1
SOMewhat ELEVATED . 2
ELEVATED ............ 3
CRITICAL ............ 4
NOTHING,
UNSUCCESSFUL ...... 5
OTHER ............. 7

GUIDELINES ON REPORTING BLOOD PRESSURE READINGS BASED ON SEATED PRESSURES (IF ONE VALUE IS IN A HIGHER CATEGORY, REPORT FOR THE HIGHER CATEGORY):

1. BLOOD PRESSURE LESS THAN 140/90 ON OR OFF ANTIHYPERTENSIVE MEDICATIONS

Your blood pressure today is within normal limits. You can help maintain good health by knowing your blood pressure, having it checked regularly and taking any medications your doctor may have prescribed.

2. BLOOD PRESSURE 140/90 TO 160/94 ON OR OFF TREATMENT

Your blood pressure today is somewhat elevated. It is important for you to have your blood pressure checked by your doctor to see if anything further should be done about your blood pressure.
3. **BLOOD PRESSURE 160/96 TO OVER 160**

Your blood pressure is elevated today. It is important that you visit your doctor or clinic soon and that you follow their instructions regarding lowering your blood pressure. Do you have a doctor or clinic where you receive medical care? If not, we would be glad to help you find a source of care. (USE LIST BELOW.)

4. **DIASTOLIC BLOOD PRESSURE 115 OR GREATER**

Your blood pressure is quite high today. It is important for you to see your doctor as soon as possible. If you would like, I can telephone your doctor's office or clinic to give them a report of your blood pressure. Because your blood pressure is this high, it is important for you to get care as soon as possible. Do you have a doctor or clinic where you usually go? If not, we would be glad to help you find a source of care. (USE LIST BELOW.)

**PHYSICIAN REFERRALS**

- Macomb Co. Medical Society 463-2101
- Oakland Co. Medical Society 646-5400 (2-3:30, only)
- Wayne Co. Medical Society 567-1640
D12. **PEAK EXPIRATORY FLOW RATE**

Next, I'm going to ask you to perform a simple test that will measure how fast you can expel air from your lungs. When you blow into this instrument (SHOW INSTRUMENT TO RESPONDENT) the value of the biggest, fastest "huff" of air that you can expel will be recorded. It is important that you blow as hard and as fast as you can. I would like you to perform the test three times.

I'll ask you to stand up. Take as deep a breath as possible. Open your mouth and close your lips firmly around the outside of the mouthpiece, and then blow as hard and as fast as you can into the mouthpiece. Like this...

USE INSTRUMENT YOURSELF TO DEMONSTRATE ITS CORRECT USE TO RESPONDENT. THEN, CHANGE MOUTHPIECE TO A CLEAN ONE AND HAND INSTRUMENT TO RESPONDENT. BE SURE RESPONDENT HOLDS THE INSTRUMENT LIGHTLY. THE SLOT SHOULD FACE AWAY FROM THE HAND SO THAT HIS/HER FINGERS DO NOT OBSTRUCT THE SLOT.

ONCE THE RESPONDENT HAS COMPLETED THE PROCEDURE, RECORD THE VALUE INDICATED BY THE MARKER ON THE SCALE. PUSH BACK THE MARKER TO THE LOWER END OF THE SCALE AND ASK RESPONDENT TO REPEAT THE PROCEDURE. BE SURE TO EMPHASIZE THAT HE/SHE IS TO BLOW AS HARD AND AS FAST AS HE/SHE CAN.

ALLOW 30 SECONDS BETWEEN TRIES.

---

**IF READING IS LESS THAN 60, BUT GREATER THAN 0, RECORD AS 030.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>D12a. FIRST READING</strong></td>
<td></td>
</tr>
<tr>
<td>TRIED, UNABLE ........ 993</td>
<td></td>
</tr>
<tr>
<td>NOT TRIED, HEALTH .... 995</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D12b. SECOND READING</strong></td>
<td></td>
</tr>
<tr>
<td>TRIED, UNABLE ........ 993</td>
<td></td>
</tr>
<tr>
<td>NOT TRIED, HEALTH .... 995</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D12c. THIRD READING</strong></td>
<td></td>
</tr>
<tr>
<td>TRIED, UNABLE ........ 993</td>
<td></td>
</tr>
<tr>
<td>NOT TRIED, HEALTH .... 995</td>
<td></td>
</tr>
</tbody>
</table>
D12d. METER SERIAL NUMBER

Thank you, you can sit down now.

D13. INTERVIEWER QUESTIONS

| D13a. INTERVIEWER OPINION OF UNDERSTANDING OF LUNG TEST | EXCELLENT ... 1 |
|                                                        | GOOD ........ 2 |
|                                                        | FAIR .......... 3 |
|                                                        | POOR .......... 4 |
|                                                        | NOT DONE ..... 5 |

| D13b. INTERVIEWER OPINION OF COMPLIANCE WITH LUNG TEST | EXCELLENT.... 1 |
|                                                          | GOOD......... 2 |
|                                                          | FAIR......... 3 |
|                                                          | POOR......... 4 |
|                                                          | NOT DONE..... 5 |

| D13c. POSITION FOR LUNG TEST | STANDING .... 1 |
|                             | SITTING ...... 2 |
|                             | LYING ....... 3 |
|                             | NOT DONE .... 5 |

TIME NOW: ____________________
SECTION E: CHEMISTRIES

That completes the interview. Thank you very much for participating. Now, I'd like to give you a token of our appreciation for participating in this part of the study. Then I'll ask you for more help. (PAY RESPONDENT.) As a final aspect of our study, we are asking our respondents if they would be willing to give us a small blood sample and a urine sample.

We believe that these measurements are important because they will allow us to learn much more about the variations in how people age. This study is one of the first to look at older people in their homes. Most studies look at people who are sick, and often in a hospital. For that reason, we don't know much about what are normal levels of cholesterol and other blood and urine measures of how the body is functioning for the average older person. We think it is very important to get this information.

If you are willing to do this, you will receive a free cholesterol test and $10 as a token of our appreciation.

Are you willing to consider giving us a blood or urine sample or both? (IF YES, CONTINUE. IF NO, THANK R AND PAY HIM/HER.)

Here is what I would like to do. I would like to give you this urine collection bottle to keep here at home with you overnight. We'd like to get a 12-hour, overnight sample. What I'll ask you to do is between 8:00 p.m. this evening and 8:00 a.m. tomorrow, whenever you urinate, to please use this collection bottle. It's very important that we collect the full 12-hour sample, so even if you get up during the night, it is very important that you remember to use the collection bottle. I will come to your home in the morning to pick up the urine sample.

I would also like to draw a blood sample tomorrow morning when I come to pick up the urine sample.

E1. Will you give us a urine sample and a blood sample?

YES, BOTH ........... 1 -> NEXT PAGE, E2
BLOOD ONLY ........... 2 -> NEXT PAGE, E3
URINE ONLY ........... 3 -> PAGE 42, E4
NO, NEITHER ........... 5 -> PAGE 42, E5
E2. Thank you. I would like to come back tomorrow morning between (TIME) and (TIME). It will take about 15 minutes. Would that be alright?

YES .................. 1 -> GO TO URINE PROTOCOL

(RECORD APPOINTMENT ON COVERSHEET)

NO .................. 5 -> GO TO E2a

E2a. ARRANGE ALTERNATE TIME FOR BLOOD DRAW. IF R WON'T BE HOME, ASK IF HE/SHE WILL DO A URINE COLLECTION TONIGHT AND LEAVE COOLER OUTSIDE DOOR WHEN HE/SHE LEAVES SO YOU CAN PICK IT UP TOMORROW MORNING.

(RECORD APPOINTMENT ON COVERSHEET)

GO TO URINE PROTOCOL

E3. ARRANGE ALTERNATE TIME FOR BLOOD DRAW (RECORD APPOINTMENT ON COVERSHEET). Your cholesterol test results will be most accurate if you do not eat between midnight the night before and the time when I draw your blood. However, if you do eat, the results will still be useful.
E4. Thank you. I would like to come back tomorrow morning between (TIME) and (TIME) to pick up the urine sample. Would that be alright?

YES .................... 1  -> GO TO URINE PROTOCOL

(RECORD APPOINTMENT ON COVERSHEET)

NO .................... 5  -> GO TO E4a

E4a. IF R WON'T BE HOME, ASK IF HE/SHE WILL DO URINE COLLECTION TONIGHT AND LEAVE COOLER OUTSIDE THE DOOR WHEN HE/SHE LEAVES SO YOU CAN PICK IT UP TOMORROW MORNING.

-OR-

ARRANGE ALTERNATE DATE FOR URINE COLLECTION. IF R WILL KEEP REFRIGERANT PACKS IN FREEZER UNTIL APPROPRIATE TIME, LEAVE COLLECTION KIT AND MAKE ARRANGEMENTS TO MAKE REMINDER CALL TO R ON APPROPRIATE DATE.

(RECORD APPOINTMENT ON COVERSHEET)

GO TO URINE PROTOCOL

E5. That's fine. Thank you again for the help you have given us.
### SECTION I: INTERVIEWER OBSERVATIONS

**X1.** Does respondent have to climb more than 3 stairs to get to living quarters?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>

**X2.** Condition of apartment walls, ceilings, windows, fixtures.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>In good condition</td>
<td>1</td>
</tr>
<tr>
<td>Needs some repair</td>
<td>2</td>
</tr>
<tr>
<td>Needs a lot of repair</td>
<td>3</td>
</tr>
</tbody>
</table>

**X3.** Condition of furnishings in apartment:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>In good condition</td>
<td>1</td>
</tr>
<tr>
<td>In fair condition</td>
<td>2</td>
</tr>
<tr>
<td>In poor condition</td>
<td>3</td>
</tr>
</tbody>
</table>

**X4.** Cleanliness of apartment:

<table>
<thead>
<tr>
<th>Neatness</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very neat and clean</td>
<td>1</td>
</tr>
<tr>
<td>Fairly neat and clean</td>
<td>2</td>
</tr>
<tr>
<td>Not too neat and clean</td>
<td>3</td>
</tr>
<tr>
<td>Not at all neat and clean</td>
<td>4</td>
</tr>
</tbody>
</table>

**X5.** Any other remarkable thing about the dwelling?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
</tbody>
</table>

**X5a.** IF YES, PLEASE SPECIFY:

__________________________
__________________________
__________________________
__________________________
__________________________
X6. Respondent's grooming:

- Very neat and clean..........1
- Fairly neat and clean.........2
- Not too neat and clean.......3
- Not at all neat and clean.....4

X7. Was Respondent disturbed or upset by any part of the interview?

- YES.......1
- NO.........5 ➔ GO TO X8

X7a. For what parts of the interview? If disturbed more often, select 3 most upsetting pages.

- Page ________
- Page ________
- Page ________

X8. Language:

- No language problem..............1
- Has some difficulty speaking English...2
- Has great difficulty speaking English..3

X9. What was the Respondent's overall attitude toward the interview?

- Friendly and eager..................1
- Cooperative but not particularly eager......2
- Indifferent..........................3
- Suspicious..........................4
- Hostile................................5
X10. Impression of affect, mood

- Excited ............................................... 1
- Alert .................................................. 2
- Normal ................................................ 3
- Apathetic (monotonic lack of affect) ...................... 4
- Mildly depressed (sadness, underlying non-sad facade) 5
- Moderately depressed (perceptible overt sadness) ...... 6
- Severely depressed (pronounced overt sadness) ....... 7

X11. Was the research interview perceived as helpful by the respondent?

- Very ................................................. 1
- Moderately ....................................... 2
- Little ............................................. 3
- No .................................................. 5
- DK ................................................ 8

X12. Please rate your confidence in the ability of the respondent to give an accurate history.

- Very confident ..................................... 1
- Fairly confident ................................... 2
- Confident .......................................... 3
- Somewhat confident ................................ 4
- Little or no confidence ........................... 5

X13. Was anyone else present during the interview?

- YES... 1 ———> GO TO X13a
- NO... 5 ———> GO TO X14
X13a. Who was present? (CODE ALL THAT APPLY)

- Spouse ................ A
- Child .................. B
- Other relative ........ C
- Friend .................. D
- Neighbor ................ E

X13b. How long were they present?

- Entire interview ............. 1
- More than half the interview . 2
- Less than half the interview . 3

X14. Interview completed?

- Yes, interview completed with very little or no missing information (missing information less than or equal to 1/10) ................. 1
- Yes, interview completed with a considerable amount of missing information (missing information more than 1/10) ................. 2
- No, interview terminated before completion; some information obtained ................ 5

X15. Observed physical difficulties:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>X15a. Hearing impairment</td>
<td>1 5</td>
</tr>
<tr>
<td>X15b. Visual impairment</td>
<td>1 5</td>
</tr>
<tr>
<td>X15c. Wheelchair</td>
<td>1 5</td>
</tr>
<tr>
<td>X15d. Use cane, crutches, walker</td>
<td>1 5</td>
</tr>
<tr>
<td>X15e. Walking difficulties</td>
<td>1 5</td>
</tr>
<tr>
<td>X15f. Crippled hands or legs</td>
<td>1 5</td>
</tr>
<tr>
<td>X15g. Coughs continually</td>
<td>1 5</td>
</tr>
<tr>
<td>X15j. Shortness of breath</td>
<td>1 5</td>
</tr>
<tr>
<td>X15k. Skin problems</td>
<td>1 5</td>
</tr>
<tr>
<td>X15m. Speech problems --not language</td>
<td>1 5</td>
</tr>
<tr>
<td>X15n. Other physical abnormalities</td>
<td>1 5</td>
</tr>
</tbody>
</table>

Specify: ___________________________
X16. Is it your impression that R is able to handle (cope with) major problems which occur in (his/her) life?

YES..........................1
NO..............................5
DK..............................8

X17. Is it your impression that R finds life exciting and enjoyable?

YES..........................1
NO..............................5
DK..............................8

X18. Is R either extremely overweight, or malnourished and emaciated?

Yes, malnourished or emaciated........1
Yes, extremely overweight............2
No, neither..........................5

DESCRIPTION OF PARTICIPANT DURING COGNITIVE TESTING

X19. How well do you think the participant understood the questions in the tasks?

Quite well..................1
Fairly well..................2
Somewhat..................3
Very little..................4
Not at all..................5
X20. How great an effort do you think the participant put into the cognitive function items?

A great deal..............1
A considerable amount...2
A moderate amount......3
A little bit..............4
Hardly any................5

X21. How nervous do you think R was about the testing?

Very much..................1
A moderate amount.......2
A little...................3
Not at all...............4

X22. How often was R's behavior toward the examiner and the testing situation appropriate?

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