

«barcode»

First Name:

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HRS

HEALTH AND RETIREMENT STUDY
A Longitudinal Study of Health, Retirement, and Aging
Sponsored by the National Institute on Aging

Health and Retirement Study

Questionnaire on Your
Everyday Life and Well-being
2020

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ABOUT THIS QUESTIONNAIRE

This questionnaire is a part of the Health and Retirement Study. We greatly value your past participation in the HRS, and we hope that you will find this questionnaire interesting to complete. As always, your answers are extremely important to us. Please remember that your participation is voluntary and that you may skip over any questions that you would prefer not to answer.

A Department of Health and Human Services Certificate of Confidentiality covers this research in order to help ensure your privacy. This certificate can help protect the investigators from being forced to release any research information that identifies you. We may report to state or local officials evidence of harm or abuse to any vulnerable person, but this questionnaire does not ask any questions about such topics.

Please return your completed questionnaire in the pre-addressed postage paid envelope. If you have any questions about the questionnaire, please feel free to call us at 1-866-611-6476.

THANK YOU!

HOW TO FILL IN THIS QUESTIONNAIRE

Please use #2 pencil, dark blue or black ink. Please do NOT use highlighter or permanent marker.

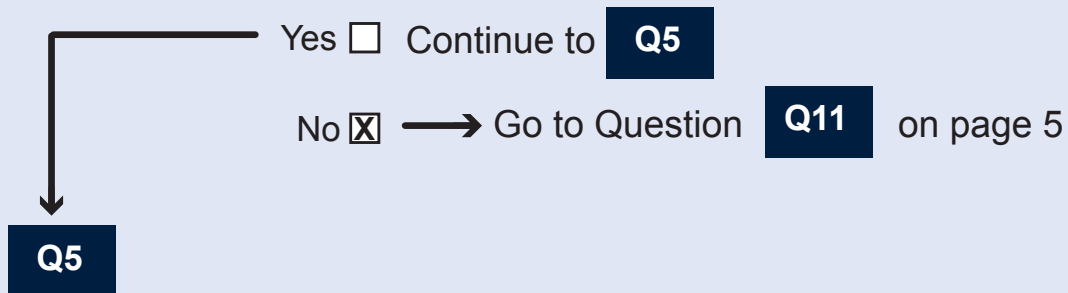
Please answer the questions by:

Marking inside a box like this:

Writing a number in a box like this:

		1	6
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Sometimes you will find an instruction telling you which question to answer next like this:



Erase or cross out unwanted marks completely.

It is very important that the questions in this booklet be answered by the person whose first name is written on the front cover. That person may receive assistance filling out the questionnaire, if needed, but the questions should be answered from his or her point of view.

PLEASE START THE QUESTIONNAIRE AT QUESTION **Q1** ON PAGE 1

Q1

These first questions are about the activities in your life now. Please tell us
HOW OFTEN YOU DO EACH ACTIVITY. (Mark (X) one box for each line.)

	Daily	Several times a week	Once a week	Several times a month	At least once a month	Not in the last month	Never/ Not Relevant
Care for a sick or disabled adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do activities with grandchildren, nieces/ nephews, or neighborhood children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do volunteer work with children or young people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any other volunteer or charity work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend an educational or training course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a sport, social, or other club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend meetings of non-religious organizations, such as political, community, or other interest groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pray privately in places other than a church or synagogue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books, magazines, or newspapers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do word games such as crossword puzzles or Scrabble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play cards or games such as chess?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do writing (such as letters, stories, or journal entries)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a computer for e-mail, Internet or other tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Question 1 continues on next page)

Q1

These first questions are about the activities in your life now. Please tell us
HOW OFTEN YOU DO EACH ACTIVITY. (Mark (X) one box for each line.)

(Cont'd)

	Daily	Several times a week	Once a week	Several times a month	At least once a month	Not in the last month	Never/ Not Relevant
Do home or car maintenance or gardening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bake or cook something special?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make clothes, knit, embroider, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on a hobby or project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play sports or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk for 20 minutes or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in a local community arts group such as a choir, dance, photography, theatre, or music group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2

Please say how much you agree or disagree with the following statements.
(Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Some what agree	Strongly agree
In most ways my life is close to ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So far, I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could live my life again, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3

Do you have a husband, wife, or partner with whom you live? (Mark (X) one.)

Yes Continue to **Q4**No → Go to Question **Q6** on page 4**Q4**We would now like to ask you some questions about your **PARTNER OR SPOUSE**. Please mark the answer which best shows how you feel about each statement. (Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they criticize you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5

How close is your relationship with your partner or spouse?

(Mark (X) one.)

- Very close
- Quite close
- Not very close
- Not at all close

Q5a

Overall, how enjoyable is the time you spend together with your spouse/partner? (Mark (X) one.)

Extremely Enjoyable

Very Enjoyable

Somewhat Enjoyable

Not Too Enjoyable

Q5b

In your free time, do you and your spouse mostly do things together or separately? (Mark (X) one.)

Most or all together

Some together,
some separately

Most or all separately

Q6

Do you have any living children?
(Mark (X) one.)

Yes Continue to **Q7**

No → Go to Question **Q10** on page 5

Q7

Thinking about all of YOUR LIVING CHILDREN, please check the answer which best shows how you feel about each statement.
(Mark (X) one box for each line.)

A lot Some A little Not at all

How much do they really understand the way you feel about things?

How much can you rely on them if you have a serious problem?

How much can you open up to them if you need to talk about your worries?

How often do they make too many demands on you?

How much do they criticize you?

(Question 7 continues on next page)

Q7

Thinking about all of **YOUR LIVING CHILDREN**, please check the answer which best shows how you feel about each statement.

(Cont'd) (Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q8

On average, how often do you do each of the following with any of your children, not counting any who live with you?

(Mark (X) one box for each line.)

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate by Skype, Facebook, or other social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9

How many of your children would you say you have a close relationship with? (Please write a number in the box.)

Number of children with close relationship

Q10

Do you have any **OTHER IMMEDIATE FAMILY**, for example, any brothers or sisters, parents, cousins or grandchildren? (Mark (X) one.)

Yes Continue to **Q11** on page 6

No → Go to Question **Q14** on page 7

Q11

We would now like to ask you some questions about these family members. Please check the answer which shows how you feel about each statement. (Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they criticize you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12

On average, how often do you do each of the following with any of these family members, not counting any who live with you? (Mark (X) one box for each line.)

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate by Skype, Facebook, or other social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13

How many of these family members would you say you have a close relationship with? (Please write a number in the box.)

Number of family members with close relationship

Q13a

Besides the people living with you, do you have any relatives living in your neighborhood? (Mark (X) one.)

Yes No

Q14

Do you have any friends? (Mark (X) one.)

Yes Continue to **Q15**

No → Go to Question **Q18** on page 9

Q15

We would now like to ask you some questions about YOUR FRIENDS. Please check the answer which best shows how you feel about each statement. (Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they criticize you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16

On average, how often do you do each of the following with any of your friends, not counting any who live with you? (Mark (X) one box for each line.)

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate by Skype, Facebook, or other social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17

How many of your friends would you say you have a close relationship with? (Please write a number in the box.)

Number of friends with close relationship

Q17a

Do you have any good friends living in your neighborhood? (Mark (X) one.)

Yes

No

Q18

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
Most people dislike putting themselves out to help other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people will use somewhat unfair means to gain profit or an advantage rather than lose it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one cares much what happens to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think most people would lie in order to get ahead.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I commonly wonder what hidden reasons another person may have for doing something nice for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel it is impossible for me to reach the goals that I would like to strive for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Question 18 continues on next page)

Q18

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

(Cont'd)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
The future seems hopeless to me and I can't believe that things are changing for the better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't expect to get what I really want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There's no use in really trying to get something I want because I probably won't get it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19

The next questions are about how you feel about different aspects of your life. (Mark (X) one box for each line.)

HOW MUCH OF THE TIME DO YOU FEEL...

	Often	Some of the time	Hardly ever or never
You lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That you are "in tune" with the people around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That there are people you can talk to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That there are people you can turn to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That there are people who really understand you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That there are people you feel close to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a group of friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That you have a lot in common with the people around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20

These questions ask how you feel about your local area, that is everywhere within a 20 minute walk or about a mile of your home. Please mark one box on each line. The closer your mark is to a statement the more strongly you agree with it.

(Mark (X) ONE box.)
I really feel part of this area I feel that I don't belong in this area
1 2 3 4 5 6 7

(Mark (X) ONE box.)
There is no problem with vandalism and graffiti in this area Vandalism and graffiti are a big problem in this area
1 2 3 4 5 6 7

(Mark (X) ONE box.)
Most people in this area can be trusted Most people in this area can't be trusted
1 2 3 4 5 6 7

(Mark (X) ONE box.)
People feel safe walking alone in this area after dark People would be afraid to walk alone in this area after dark
1 2 3 4 5 6 7

(Mark (X) ONE box.)
Most people in this area are friendly Most people in this area are unfriendly
1 2 3 4 5 6 7

(Mark (X) ONE box.)
This area is kept very clean This area is always full of rubbish and litter
1 2 3 4 5 6 7

(Mark (X) ONE box.)
If you were in trouble, there are lots of people in this area who would help you If you were in trouble, there is nobody in this area who would help you
1 2 3 4 5 6 7

(Mark (X) ONE box.)
There are no vacant houses or storefronts in this area There are many vacant or deserted houses or storefronts in this area
1 2 3 4 5 6 7

Q21

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I often feel helpless in dealing with the problems of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people determine most of what I can and cannot do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What happens in my life is often beyond my control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have little control over the things that happen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is really no way I can solve the problems I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I can do just about anything I really set my mind to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I really want to do something, I usually find a way to succeed at it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not I am able to get what I want is in my own hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What happens to me in the future mostly depends on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do the things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23

Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your health these days?

No control (Mark (X) one number.) Very much control

0 1 2 3 4 5 6 7 8 9 10

Q24

Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your social life these days?

No control (Mark (X) one number.) Very much control

0 1 2 3 4 5 6 7 8 9 10

Q25

Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your financial situation these days?

No control (Mark (X) one number.) Very much control

0 1 2 3 4 5 6 7 8 9 10

Q25a

Has the amount of control you have over your financial situation changed in the last year?

- YES, I have **less** control now
- YES, I have **more** control now
- NO, the amount of control I have has stayed the same

Q25b

How confident are you filling out medical forms by yourself?

Extremely Quite Somewhat A little Not at all

Q26

During the past 30 days, TO WHAT DEGREE DID YOU FEEL...
(Mark (X) one box for each line.)

	Very much	Quite a bit	Moderately	A little	Not at all
Afraid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jittery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashamed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Question 26 continues on next page)

Q26

During the past 30 days, TO WHAT DEGREE DID YOU FEEL...
(Mark (X) one box for each line.)

(Cont'd)

	Very much	Quite a bit	Moderately	A little	Not at all
Sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopeful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I believe in a God who watches over me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The events in my life unfold according to a divine or greater plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try hard to carry my religious beliefs over into all my other dealings in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find strength and comfort in my religion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q28a

Many people feel older or younger than they actually are.
 What age do you feel? (Write in a number.)

I feel years old

Q28b

The next statements are about the way people feel about their age and about the things that happen as they get older. Please tell us how much you agree or disagree with each statement for you personally.
 (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
Things keep getting worse as I get older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have as much pep as I did last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The older I get, the more useless I feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am as happy now as I was when I was younger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As I get older, things are better than I thought they would be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So far, I am satisfied with the way that I am aging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The older I get, the more I have had to stop doing things that I liked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting older has brought with it many things that I do not like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q29

In your day-to-day life, HOW OFTEN HAVE ANY OF THE FOLLOWING THINGS HAPPENED TO YOU? (Mark (X) one box for each line)

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy or respect than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people at restaurants or stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service or treatment than other people from doctors or hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30

If any of the above (in Q29.) have happened to you, what do you think were the reasons WHY these experiences happened to you? (Mark (X) all that apply.)

Your ancestry or national origin

Your weight

Your gender

A physical disability

Your race

An aspect of your physical appearance

Your age

Your sexual orientation

Your religion

Your financial status

Other

If other, specify here:

Q31

Please indicate how well each of the following **DESCRIBES YOU**.
(Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
Outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reckless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softhearted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Careless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broad-minded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sympathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cautious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Question 31 continues on next page)

Q31

Please indicate how well each of the following DESCRIBES YOU.
(Mark (X) one box for each line.)

(Cont'd)

	A lot	Some	A little	Not at all
Talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sophisticated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adventurous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrifty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32

People behave differently in different situations. We'd like to know how willing you are to take risks in the following areas. Using a 0 to 10 scale where 0 means "unwilling to take any risks" and 10 means "fully prepared to take risks" please mark one box (X) in each row.

How willing are you to take risks...

Not at all willing

(Mark (X) one number.)

Very willing

While driving

0 1 2 3 4 5 6 7 8 9 10

In financial matters

Not at all willing

(Mark (X) one number.)

Very willing

0 1 2 3 4 5 6 7 8 9 10

During leisure and sport

Not at all willing

(Mark (X) one number.)

Very willing

0 1 2 3 4 5 6 7 8 9 10

In your occupation

Not at all willing

(Mark (X) one number.)

Very willing

0 1 2 3 4 5 6 7 8 9 10

With your health

Not at all willing

(Mark (X) one number.)

Very willing

0 1 2 3 4 5 6 7 8 9 10

Q32a

Please indicate how much each of the following describes you.
(Mark (X) one box for each line.)

	Not at all like me	Some what unlike me	Uncertain	Some what like me	Very much like me
I like to have the responsibility of handling a situation that requires a lot of thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really enjoy a task that involves coming up with new solutions to problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The notion of thinking abstractly is appealing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather do something that requires little thought than something that is sure to challenge my thinking abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to anticipate and avoid situations where there is likely a chance I will have to think in depth about something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only think as hard as I have to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I enjoy making plans for the future and working to make them a reality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My daily activities often seem trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am an active person in carrying out the plans I set for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have a good sense of what it is I'm trying to accomplish in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes feel as if I've done all there is to do in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I live life one day at a time and don't really think about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a sense of direction and purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34

**Please think about your life and situation RIGHT NOW.
HOW SATISFIED ARE YOU WITH... (Mark (X) one box for each line.)**

	Completely satisfied	Very satisfied	Some what satisfied	Not very satisfied	Not at all satisfied
The condition of the place where you live (house or apartment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The city or town you live in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your daily life and leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your family life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your present financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The total income of your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34a

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement. (Mark (X) one box for each line.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I'm a person of worth, at least on an equal plane with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I could have more respect for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Question 34a continues on next page)

Q34a
(Cont'd)

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement. (Mark (X) one box for each line.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take a positive attitude toward myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35

How difficult is it for (you/your family) to meet monthly payments on (your/your family's) bills?

	Not at all difficult	Not very difficult	Some what difficult	Very difficult	Completely difficult
(Mark (X) one box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35a

Please read the list below and indicate whether or not any of these are current and ongoing problems that have lasted twelve months or longer. If the problem is happening to you, indicate how upsetting it has been. Check the answer that is most like your current situation. (Mark (X) one box for each line.)

	No, didn't happen	Yes, but not upsetting	Yes, somewhat upsetting	Yes, very upsetting
Ongoing health problems (in yourself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing physical or emotional problems (in spouse or child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing problems with alcohol or drug use in family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing difficulties at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing financial strain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing housing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing problems in a close relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping at least one sick, limited, or frail family member or friend on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35b

Please tell us how often you felt or thought each of the following **IN THE LAST MONTH**. (Mark (X) one box for each line.)

In the last month, how often have you...

	Never	Almost Never	Sometimes	Fairly Often	Very Often
Been upset because of something that happened unexpectedly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt nervous and "stressed"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Found that you could not cope with all the things that you had to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been able to control irritations in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt that you were on top of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been angered because of things that were outside of your control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35c

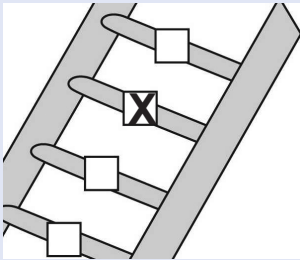
Please read the statements below. How often did you feel that way **DURING THE PAST WEEK**? The best answer is usually the one that comes to your mind first. (Mark (X) one box for each line.)

	Never	Hardly ever	Some of the time	Most of the time
I had fear of the worst happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt my hands trembling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a fear of dying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt faint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

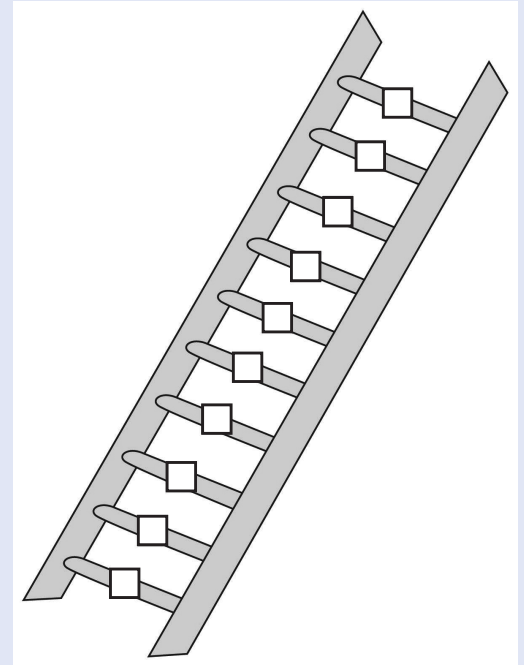
Q36

Think of this ladder as representing where people stand in our society. At the top of the ladder are the people who are the best off - those who have the most money, most education, and best jobs. At the bottom are the people who are the worst off - who have the least money, least education, and the worst jobs or no jobs. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

Example



Please mark an X on the rung on the ladder where you would place yourself. (Mark (X) one.)



Q37

Has your position on the ladder changed within the last two years?
(Mark (X) one.)

Yes, I have moved up.

Yes, I have moved down.

No, my position has not changed.

Q37b

Now please think about the **LAST 5 YEARS** and indicate whether each of the events below occurred. If the event did happen, please indicate the year in which it happened **MOST RECENTLY**. (Mark (X) one box for each line. If "Yes", indicate year.)

Yes No If Yes, what year?

Have you involuntarily lost a job for reasons other than retirement at any point in the past five years?

--	--	--	--

Have you been unemployed and looking for work for longer than 3 months at some point in the past five years?

--	--	--	--

Was anyone else in your household unemployed and looking for work for longer than 3 months in the past five years?

--	--	--	--

Have you moved to a worse residence or neighborhood in the past five years?

--	--	--	--

Were you robbed or did you have your home burglarized in the past five years?

--	--	--	--

Have you been the victim of fraud in the past five years?

--	--	--	--

Q38

These next questions are about your use of modern devices. Which of the following devices do you own or have access to? (Mark (X) one box for each line.)

YES NO

Desktop computer

iPad or other tablet

Laptop computer

Smartphone (such as iPhone, Android, or Blackberry)

Regular cell phone (not a smartphone)

E-reader (such as Kindle or Nook)

Wearable device (such as a Fitbit or Apple Watch)

Home assistant (such as Amazon Echo, Alexa, or Google Home)

Smart home technology or security (such as Nest, Ring, or SimpliSafe)

Smart TV or Streaming Device (such as Roku or Amazon Firestick)

Q38a

How often do you use one or more of the devices listed in Q38 (page 25) to do any of the following activities? (Mark (X) one box for each line)

	Daily	Several times a week	At least once a month	At least once a year	Never/ Not relevant
Play games or do puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get news and other information updates (such as sport results)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get information about local neighborhood events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search for ideas such as recipes, patterns, or tips about travel, home renovations, or repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get directions or traffic information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a home assistant such as Amazon Echo (Alexa) or Google Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch videos on sites like YouTube or Netflix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music, radio stations, or podcasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use as an alarm clock, timer, or calendar for reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write notes, take surveys, or fill out forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit websites or surf the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q38b

Now please think about the following activities. How often do you use one or more of the devices listed in Q38 on page 25 to do any of the activities in the list below? (Mark (X) one box for each line)

	Daily	Several times a week	At least once a month	At least once a year	Never/ Not relevant
Make a purchase or shop online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do banking, pay bills, send or receive money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order food or groceries for pick up or delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request a ride via an app (such as Uber, Lyft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage travel or hotel stays online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy tickets (sports, movie, concert) or reserve a table at a restaurant online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take or share photos and videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track your steps, exercise, or personal fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your doctor or other medical professional, make medical appointments, order prescriptions, or receive personal health care advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply for jobs online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy or manage insurance online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send or receive instant messages, text messages, or emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or read blogs, reviews, ratings, or comments online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access a social network site like Facebook, Twitter, or Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use other social media such as LinkedIn to network with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use WhatsApp, Snapchat, or similar apps to network with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connect face-to-face with family and friends using an app (such as FaceTime, Skype)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now please pause briefly to think about **YESTERDAY**, from the morning until the end of the day. Think about where you were, what you were doing, who you were with, and how you felt.

Q39 What day of the week was it yesterday? (Mark (X) one box.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Q40 What was the date yesterday? (Please write a number in the boxes.)

Month Day

Q41 What time did you wake up yesterday? (For example, if you woke up at 4:00 AM, please write 04 in the hour boxes, 00 in the minute boxes, and mark AM (X) in the last boxes.)

Hour Minute AM
PM

Q42 What time did you go to sleep at the end of the day yesterday? (For example, if you went to sleep at 11:30 PM, please write 11 in the hour boxes, 30 in the minute boxes, and mark PM (X) in the last boxes. Remember that midnight and later times are AM.)

Hour Minute AM
PM

Q43

The next questions are about your experiences yesterday. Mark (X) in one box for each line for the extent you felt the following.

Yesterday, did you feel...	Not at all	A little	Somewhat	Quite a bit	Very
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q44

Yesterday, did you feel any pain?

(Mark (X) one.)

None

A little

Some

Quite a bit

A lot

Q45

Did you feel well-rested yesterday morning (that is you slept well the night before)? (Mark (X) one box.)

Yes

No

Q46

How was your health yesterday? (Mark (X) one box.)

Was it...

Excellent

Very Good

Good

Fair

Poor

Q47

Was yesterday a normal day for you or did something unusual happen? (Mark (X) one.)

- Yes, just a normal day
- No, my day included unusual bad (stressful) things
- No, my day included unusual good things

Q48

Please think about the THINGS YOU DID YESTERDAY. How did you spend your time?

Yesterday, did you ...	Mark (X) one box		How much time did you spend doing this (Mark (X) one box)				
	NO	YES	Less than 1 hour	1	2 to 3	4 to 6	7 or more hours
Watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work or volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go for a walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do exercises at home, at a gym, community center, or class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do health-related activities other than walking or exercising (e.g., visit doctor, do treatments)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel or commute (e.g., by car, train, bus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialize with friends, neighbors, or family (not counting your spouse or partner)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time at home by yourself (without your spouse, partner, or anyone else present)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run errands (e.g., go shopping, get gas or supplies, pick up or deliver something)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do chores, maintenance, or gardening around the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a computer or the internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read a book, magazine, or newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do work on a hobby or project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving for an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities with grandchildren or other children (nieces, nephews, or neighbors)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a nap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend some quiet time (e.g., meditate, sit outside)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do religious or church activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q49

**How well does each statement below describe you or your financial situation?
(Mark (X) one box for each line.)**

	Completely	Very well	Somewhat	Very little	Not at all
I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q49a

**How often does each statement below apply to you?
(Mark (X) one box for each line.)**

	Always	Often	Sometimes	Rarely	Never
Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q49b

Now, suppose you were given the choice between receiving a payment today or a payment in 6 months. Ten different choices are listed below. The payment today is always the same but the payment in 6 months is different. Please mark (X) in one box on each line to indicate if you prefer to have the payment today OR in 6 months.

Choice	Q1^~ E	
F	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$309 in 6 months
2	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$327 in 6 months
3	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$345 in 6 months
4	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$364 in 6 months
5	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$382 in 6 months
6	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$400 in 6 months
7	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$418 in 6 months
8	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$436 in 6 months
9	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$455 in 6 months
10	<input type="checkbox"/> \$303 today	<input type="checkbox"/> \$473 in 6 months

Q49c

Now, suppose you were given the choice between receiving a payment in 6 months or a payment in 12 months. Ten different choices are listed below. The payment in 6 months is always the same but the payment in 12 months is different. Please mark (X) in one box on each line to indicate if you prefer to have the payment in 6 months OR in 12 months.

Choice	Q1^~ E	
F	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$313 in 12 months
2	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$332 in 12 months
3	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$350 in 12 months
4	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$368 in 12 months
5	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$387 in 12 months
6	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$405 in 12 months
7	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$424 in 12 months
8	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$442 in 12 months
9	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$461 in 12 months
10	<input type="checkbox"/> \$307 in 6 months	<input type="checkbox"/> \$479 in 12 months

Q50

Are you currently working? (Mark (X) one.)

Yes Continue to Question **Q51**

No → Go to Question **Q55** on page 36

Please answer these questions **ONLY** if you are currently working.

Q51

Right now, would you like to leave work altogether, but plan to keep working because... (Mark (X) one box for each line.)

You need the money? Yes No

You need health insurance? Yes No

Q52

For the following questions, please think about your work on **YOUR CURRENT MAIN JOB**. Assume that your work ability at its best has a value of 10 points. How many points would you give your **CURRENT ABILITY TO WORK**? (0 means that you cannot currently work at all; 10 means your work ability is currently at its lifetime best.)

Unable to work (Mark (X) one number.) Work ability at its best

0 1 2 3 4 5 6 7 8 9 10

Thinking about the **PHYSICAL DEMANDS** of your job, how do you rate your current ability to meet those demands?

Unable to work (Mark (X) one number.) Work ability at its best

0 1 2 3 4 5 6 7 8 9 10

Thinking about the **MENTAL DEMANDS** of your job, how do you rate your current ability to meet those demands?

Unable to work (Mark (X) one number.) Work ability at its best

0 1 2 3 4 5 6 7 8 9 10

Thinking about the **INTERPERSONAL DEMANDS** of your job, how do you rate your current ability to meet those demands?

Unable to work (Mark (X) one number.) Work ability at its best

0 1 2 3 4 5 6 7 8 9 10

Please answer these questions **ONLY** if you are currently working.

Q53

Please use the scale below to answer the next set of questions.
(Mark (X) one box for each line.)

	Rarely	Some times	Often	Most of the time
My work schedule makes it difficult to fulfill personal responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my job, I don't have the energy to do things with my family or other important people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job worries or problems distract me when I am not at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My home life keeps me from getting work done on time on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family or personal life drains me of the energy I need to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am preoccupied with personal responsibilities while I am at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work leaves me enough time to attend to my personal responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work gives me energy to do things with my family and other important people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my job, I am in a better mood at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal responsibilities leave me enough time to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family or personal life gives me energy to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am in a better mood at work because of my family or personal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q54

Please say how much you agree or disagree with the following statement.

	Strongly disagree	Disagree	Agree	Strongly agree	Does not apply
All things considered, I am satisfied with my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since March and April 2020, the social distancing policies introduced to flatten the curve of infection **during the coronavirus pandemic, also known as COVID-19**, have led to many changes in everyday life. We are interested in hearing how much these changes have affected you and your life. The questions on the next pages ask about your concerns related to the coronavirus pandemic and the changes that have occurred in your social contacts, activities, feelings, and well-being.

Q55

This first question is about things that people say they are worried about because of the coronavirus pandemic. On a scale from 1 to 10 where 1 means “not at all worried” and 10 means “very worried,” **BECAUSE OF THE CORONAVIRUS PANDEMIC HOW WORRIED ARE YOU ABOUT...**

Your own health?	<p>Not at all worried Very worried</p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 </p>
The health of others in your family?	<p>Not at all worried Very worried</p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 </p>
Your financial situation?	<p>Not at all worried Very worried</p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 </p>
Being able to get help if you needed it from family, friends, or others?	<p>Not at all worried Very worried</p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 </p>
What will happen in the future?	<p>Not at all worried Very worried</p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 </p>

Q56

Since the coronavirus pandemic, has the amount of contact you have with family and friends outside your home by PHONE, EMAIL, FACETIME, FACEBOOK, SKYPE, ZOOM OR SOCIAL MEDIA changed? (Mark (X) one box in each row.)

IS THE AMOUNT OF PHONE OR INTERNET-BASED CONTACT YOU NOW HAVE WITH...

	More	Less	About the same amount	Not relevant
Your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q57

Due to the coronavirus pandemic, did you experience any of these changes in activities?

	Yes	No	Not relevant
Unable to visit a family member in a care facility, nursing home, or group home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family celebrations cancelled or restricted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to visit a close family member who was in hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to attend in-person funeral or religious services for a family member or friend who died.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to visit family after the birth of a new baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q58

Overall, how stressful have changes in contacts with family and friends been for you?

Not at all stressful	Slightly stressful	Moderately stressful	Very stressful	Extremely stressful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q59

Since the coronavirus pandemic, how often has anyone outside your household such as a parent, adult child, other relatives, friends, or neighbors **HELPED YOU** to obtain necessities (e.g. food, medications) or arrange emergency household repairs?

Less often	About the same	More often	Not needed	Not relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q60

Since the coronavirus pandemic, how often has anyone outside your household such as a parent, adult child, other relatives, friends, or neighbors **GIVEN YOU** advice, encouragement, moral, or emotional support?

Less often	About the same	More often	Not needed	Not relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q61

Since the coronavirus pandemic, how often **HAVE YOU HELPED** anyone outside your household such as a parent, adult child, other relatives or friends to obtain necessities (e.g. food, medications) or arrange emergency household repairs?

Less often	About the same	More often	Not needed	Not relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q62

Since the coronavirus pandemic, how often **HAVE YOU GIVEN** anyone outside your household such as a parent, adult child, other relatives, friends, or neighbors advice, encouragement, moral, or emotional support?

Less often	About the same	More often	Not needed	Not relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q63

Since the coronavirus pandemic, has the quality of any of your relationships with people outside your household changed?

IS THE QUALITY OF YOUR RELATIONSHIPS WITH....

	Better	Worse	About the same	Not relevant
Your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q64

Since the coronavirus pandemic, how often have you felt lonely?

Often	Sometimes	Hardly ever or never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q64a

Is this about the same, more, or less often than before the outbreak?

About the same	Less so	More so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q65

Since the coronavirus pandemic, how often have you felt that you do not get enough in-person contact with people outside your household?

Often	Sometimes	Hardly ever or never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q65a

Is this about the same, more, or less often than before the outbreak?

About the same	Less so	More so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q66

G]bWY'h YW'fcbUj]fi g'dUbXYa]W\ ck 'cZyb\ Uj Y'nci 'ZY'hnci \ UX'lc' g\ UfY'fcc'a i W 'hja Yk]h 'cH Yf'dYcd'Y]b'nci f\ ci gY c`X3

			Hardly ever or never	NA/No one else in household
Often	Sometimes			
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Q67

G]bWY'h YW'fcbUj]fi g'dUbXYa]W\ ck 'cZyb\ Uj Y'nci 'YI dYf]YbWYX' X]gW]a]bU]cb]b`Yj YfnXUm`]ZY'fY'['ZVYWU gY'cZnci f'fUWY#H b]W]mz U[YZ[YbXYfzZ]bUbW]U`g]U]i gZ]X]gUV]]mzk Y][\ hzd\ ng]WU`UddYUfUbWYz fY][]cbzcf`cH Yf'fYUgcbk3

		Hardly ever or never
Often	Sometimes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q67a

=g'h]g'UWci hiH Y'gUa Yza cfYzcf`Ygg'cZyb'h Ub`VYZ'fY'h Y'ci HfYU_3

About the same	Less so	More so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q68

Since the coronavirus pandemic, have you...

Always Sometimes Never

Worn a mask around other people outside your home (e.g., in shops)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Washed your hands with soap more frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

Kept distance from others when you went outside your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

Used special hand sanitizers or disinfectants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

Q69**Since the coronavirus pandemic, have you changed how often you...**

	Do more often	Do less often	About the same	Not relevant
Leave your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel to visit family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel to visit friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend religious services outside your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pray or do other spiritual activities at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk outside your home for more than 20 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do hobbies, crafts, or puzzles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV, Netflix, stream movies, or shows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do garden work or home repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books, magazines, or newspapers (in print or digitally)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet with social groups on Zoom or other online video conference sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q70**Since the coronavirus pandemic, did you learn how to use a new technology device (e.g., iPad), application, or computer program?**Yes No

Q71

During the coronavirus pandemic, did someone in your household work in a job that was considered essential work?

Yes

No

Q72

At any time since the coronavirus pandemic, did you work for pay?

Yes Continue to Question **Q72a**

No → Go to Question **Q73**

Q72a

Was your job considered essential? If you had multiple jobs, please tell us if any of them was considered essential.

Yes

No

Q72b

Did you work outside your home?

Yes Continue to Question **Q72c**

No → Go to Question **Q73**

Q72c

How often did your job mean that you were...

Always Sometimes Never

In close contact with people in health care settings with confirmed COVID-19?

In close contact with the general public?

In close contact with co-workers?

Q73

Since the coronavirus pandemic, how often did you feel emotionally overwhelmed?

Often

Sometimes

Hardly ever
or never

Q74

Since the coronavirus pandemic, how often did you feel stressed?

Often

Sometimes

Hardly ever
or never

Q75

Even in hard times, sometimes people experience good things and learn new things about themselves. Please think about your own experiences since the coronavirus pandemic. How much do the following statements describe your experiences since the coronavirus pandemic?

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I tend to recover quickly after difficult times like this one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have learnt some positive things from this situation about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found greater meaning in work or my other activities and hobbies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I now feel more in touch with people in my local community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found new ways to connect socially with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am now more appreciative of things that I had taken for granted before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q76

We are interested to read about the things that have inspired you or cheered you up since the coronavirus pandemic. Please write about these things in the space below.

Q77

Were the questions in this booklet answered by the person whose first name is written on the front cover? (Mark (X) one.)

- YES, the person whose name is on the front cover completed the questionnaire by him/herself.
- YES, the person whose name is on the front cover answered the questions, but someone else assisted by writing in the answers for that person.
- NO, the person whose name is on the front cover did not answer/complete the questionnaire.

Q78

If there is anything else you would like to tell us, please write in the space below. We are very interested to read what you have to say.

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Please return your completed questionnaire in the preaddressed postage paid envelope. If you have any questions, please feel free to call us at 1-866-611-6476.

THANK YOU!

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