

Health and Retirement Study: Participant Lifestyle Questionnaire



Conducted by:

**The Survey Research Center
The University of Michigan**

Sponsored by:

The National Institute on Aging

Initials: _____

Logging ID: _____



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. Please note that we must report credible evidence of serious harm or abuse to any person to the authorities, but this questionnaire does not ask any questions about such topics.

It is very important that the questions in this booklet be answered by the person whose initials are written on the 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.

Many questions can be answered by placing an X in the box () in front of your response or by circling your response to the question. Some questions may not apply to you, and you will be instructed to skip them. When this occurs, you will find an arrow (➔) from your answer to the next appropriate question number. When no special instruction is given for your response choice, please continue with the next question.

Please return your completed questionnaire in the pre-addressed postage paid Priority Mail Envelopes. If you have any questions about the questionnaire, please feel free to call us at **1-800-759-7947**.

THANK YOU!

Q1. Which of these statements apply to you?: (**Check all that apply.**)

- ₁ I read a daily newspaper.
- ₂ I have a hobby or a pastime.
- ₃ I have taken a vacation within the US in the last 12 months.
- ₄ I have taken a vacation outside the US in the last 12 months.
- ₅ I have gone on a daytrip or outing in the last 12 months.
- ₆ I use the internet and/or email.
- ₇ I own a cell phone.
- ₉ None of these statements apply to me.

Q2. Not including attendance at religious services, how often do you attend meetings or programs of groups, clubs, or organizations that you belong to? (**Check one.**)

- ₁ More than once a week
- ₂ Once a week
- ₃ 2 or 3 times a month
- ₄ About once a month
- ₅ Less than once a month
- ₆ Never

Q3. Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you feel this way. (**Check one box for each line.**)

	Often	Some times	Not Often	Never
a. My age prevents me from doing the things I would like to.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I feel that what happens to me is out of my control.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. I feel free to plan for the future.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I feel left out of things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

	Often	Some times	Not Often	Never
e. I can do the things that I want to do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Family responsibilities prevent me from doing what I want to do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. I feel that I can do as I please.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. My health stops me from doing things I want to do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Shortage of money stops me from doing the things I want to do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. I look forward to each day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. I feel that my life has meaning.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. I enjoy the things that I do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. I enjoy being in the company of others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n. On balance, I look back on my life with a sense of happiness.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o. I feel full of energy these days.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p. I choose to do things that I have never done before.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q. I feel satisfied with the way my life has turned out.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
r. I feel that life is full of opportunities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
s. I feel that the future looks good for me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q4. The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way. (**Check one box for each line.**)

	Often	Some of the time	Hardly ever or never
a. How often do you feel you lack companionship?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. How often do you feel left out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. How often do you feel isolated from others?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. How often do you feel in tune with the people around you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q5. Please say how much you agree or disagree with the following statements. (**Check one box for each line.**)

	Strongly Agree	Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Disagree	Strongly Disagree
a. In most ways my life is close to ideal.	<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
b. The conditions of my life are excellent.	<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
c. I am satisfied with my life.	<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
d. So far, I have gotten the important things I want in life.	<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
e. If I could live my life again, I would change almost nothing.	<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

Q6. Here are some questions about how you feel about your life in general. Please say how much you agree or disagree with the following statements. (**Check one box for each line.**)

	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
a. At home, I feel I have control over what happens in most situations.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. I feel that what happens in life is often determined by factors beyond my control.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. In general, I have different demands that I think are hard to combine.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. In general, I have enough time to do everything.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e. Considering the things I have to do at home, I have to work very fast.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f. I live life one day at a time and don't really think about the future.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g. I enjoy making plans for the future and working to make them a reality.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
h. Some people wander aimlessly through life, but I am not one of them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
i. I sometimes feel as if I've done all there is to do in life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
j. I feel it is impossible for me to reach the goals that I would like to strive for.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
k. The future seems hopeless to me and I can't believe that things are changing for the better.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
l. I don't expect to get what I really want.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
m. There's no use in really trying to get something I want because I probably won't get it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
n. If something can go wrong for me it will.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
o. I'm always optimistic about my future.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
p. In uncertain times, I usually expect the best.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
q. Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
r. I hardly ever expect things to go my way.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
s. I rarely count on good things happening to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
t. Most people inwardly dislike putting themselves out to help other people.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
u. Most people will use somewhat unfair means to gain profit or an advantage rather than lose it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
v. No one cares much what happens to you.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
w. I think most people would lie in order to get ahead.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
x. I commonly wonder what hidden reasons another person may have for doing something nice for me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q7. Do you have a husband, wife, or partner with whom you live?

₁ Yes → **Go to Question Q8**

₅ No → **Go to Question Q10**

Q8. We would now like to ask you some questions about your partner or spouse. Please check the answer which best shows how you feel about each statement. (**Check one box for each line.**)

	A lot	Some	A little	Not at all
a. How much do they really understand the way you feel about things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. How much can you rely on them if you have a serious problem?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. How much do they criticize you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. How much do they let you down when you are counting on them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q9. How close is your relationship with your partner or spouse? (**Check one.**)

- ₁ Very Close
- ₂ Quite Close
- ₃ Not Very Close
- ₄ Not at All Close

Q10. Do you have any children?

- ₁ Yes → **Go to Question Q11**
- ₅ No → **Go to Question Q14**

Q11. Thinking about all of your living children, please check the answer which best shows how you feel about each statement. (**Check one box for each line.**)

	A lot	Some	A little	Not at all
a. How much do they really understand the way you feel about things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. How much can you rely on them if you have a serious problem?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. How much do they criticize you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. How much do they let you down when you are counting on them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q12. On average, how often do you do each of the following with any of your children, not counting any who live with you? (**Check 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
a. Meet up (include both arranged and chance meetings)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. Speak on the phone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Write or email	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q13. How many of your children would you say you have a close relationship with? (**Please write a number on the line.**)

_____ child(ren)

Q14. Do you have any other immediate family, for example, any brothers or sisters, parents, cousins or grandchildren?

₁ Yes → **Go to Question Q15**

₅ No → **Go to Question Q18**

Q15. We would now like to ask you some questions about your immediate family. Please check the answer which shows how you feel about each statement. (Check one box for each line.)

	A lot	Some	A little	Not at all
a. How much do they really understand the way you feel about things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. How much can you rely on them if you have a serious problem?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. How much do they criticize you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. How much do they let you down when you are counting on them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q16. On average, how often do you do each of the following with any of these family members, not counting any who live with you? (Check 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
a. Meet up (include both arranged and chance meetings)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. Speak on the phone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Write or email	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q17. With how many people in your immediate family would you say you have a close relationship? **(Please write a number on the line.)**

_____ people

Q18. Do you have any friends?

₁ Yes → **Go to Question Q19**

₅ No → **Go to Question Q22**

Q19. 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. **(Check one box for each line.)**

	A lot	Some	A little	Not at all
a. How much do they really understand the way you feel about things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. How much can you rely on them if you have a serious problem?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. How much do they criticize you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. How much do they let you down when you are counting on them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q20. On average, how often do you do which of the following with any of your friends, not counting any who live with you? (**Check 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
a. Meet up (include both arranged and chance meetings)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. Speak on the phone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Write or email	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q21. How many friends would you say you have a close relationship with?
(**Please write a number on the line.**)

_____ friend(s)

Q22. Did you do any work for pay during the last month?

₁ Yes → **Go to Question Q23**

₅ No → **Go to Question Q24**

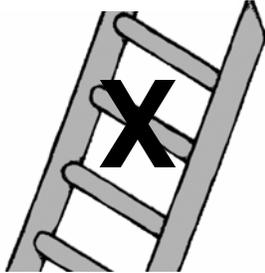
Q23. Here are some statements people might use to describe their work. We would like to know how well each of these statements describes the work you did for pay during the last month. (**Check one box for each line.**)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. All things considered I am satisfied with my job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. My job is physically demanding.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. I receive the recognition I deserve for my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

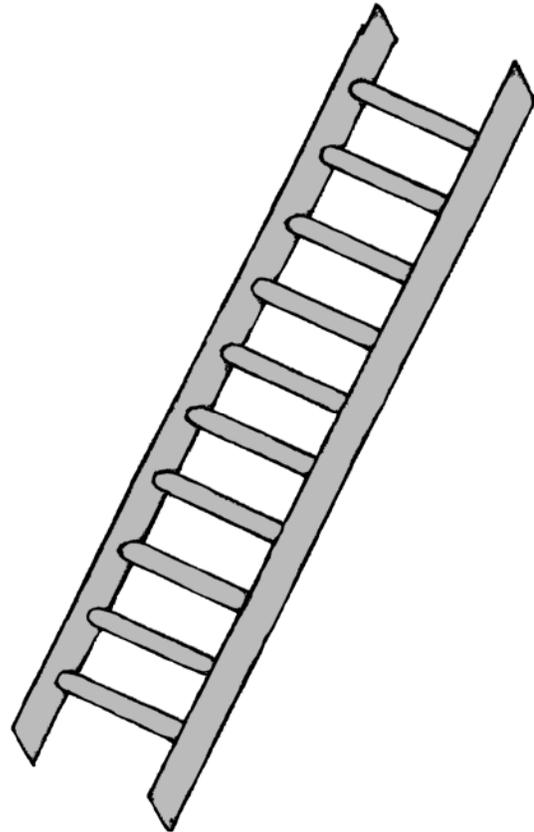
	Strongly Agree	Agree	Disagree	Strongly Disagree
d. My salary is adequate.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. My job promotion prospects are poor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. My job security is poor.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. I am under constant time pressure due to a heavy workload.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. I have very little freedom to decide how I do my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. I have the opportunity to develop new skills.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. I receive adequate support in difficult situations.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. At work, I feel I have control over what happens in most situations.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Considering the things I have to do at work, I have to work very fast.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. I often feel bothered or upset in my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n. In my work I am free from conflicting demands that others make.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o. The demands of my job interfere with my personal life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q24. 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 a cross on the rung on the ladder where you would place yourself.



Q25. Has your position on the ladder changed within the last two years? (**Check one.**)

- ₁ Yes, I have moved up
- ₃ Yes, I have moved down
- ₅ No, my position has not changed

Q26. On the whole has growing older been a positive or negative experience? (**Check one.**)

- ₁ Very positive
- ₂ Mainly positive
- ₃ Neither positive nor negative
- ₄ Mainly negative
- ₅ Very negative

Q27. For each of the following events, please indicate whether the event occurred **AT ANY POINT IN YOUR LIFE**. If the event did happen, please indicate the year in which it happened most recently. (**Check one box for each line. If “Yes”, indicate which year.**)

	Yes	No	If yes, what year?
a. Did you ever experience the death of a child of yours?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅	
b. Were you the victim of a serious physical attack or assault in your life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅	
c. Did you ever have a life-threatening illness or accident?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅	
d. Did your spouse or a child of yours ever have a life-threatening illness or accident?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅	

Q28. Now please think about the last **5 YEARS** of your life and indicate whether each of the events below occurred in the last 5 years. (**Check one box for each line. If “Yes”, indicate year.**)

	Yes	No	If yes, what year?
a. Have you involuntarily lost a job for reasons other than retirement at any point in the past five years?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅	
b. Have you been unemployed and looking for work for longer than 3 months at some point in the past five years?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅	
c. Was anyone else in your household unemployed and looking for work for longer than 3 months in the past five years?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅	
d. Have you moved to a worse residence or neighborhood in the past five years?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅	
e. Were you robbed or did you have your home burglarized in the past five years?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₅	

Q29. Please indicate which of the following choices best describes how you feel about your current financial situation. (**Circle one answer for each line.**)

a. How satisfied are you with (you/your family's) present financial situation?	Not at all satisfied	Not very satisfied	Somewhat satisfied	Very satisfied	Completely satisfied
b. How difficult is it for (you/yours family's) to meet monthly payments on your (family's) bills?	Not at all difficult	Not very difficult	Somewhat difficult	Very difficult	Extremely difficult

Q30. 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. (**Check one box for each line.**)

	No, didn't happen	Yes, but not upsetting	Yes, somewhat upsetting	Yes, very upsetting
a. Ongoing health problems (in yourself)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Ongoing physical or emotional problems (in spouse or child)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Ongoing problems with alcohol or drug use in family member	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Ongoing difficulties at work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Ongoing financial strain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Ongoing housing problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Ongoing problems in a close relationship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Helping at least one sick, limited, or frail family member or friend on a regular basis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

