

Section 1 - BACKGROUND INFORMATION

Statement A

These first few questions are about your background.

<p>1a. (1) How old are you as of today?</p>	<p>_____ Age</p>
<p>CHECK ITEM 1.0A Is age D or R?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 1a (4)</i></p>
<p><i>Ask if not apparent.</i></p> <p>1a. (2) Are you 18 years old or older?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(3) Interviewer: Enter best guess as to respondent's age.</p>	<p>_____ Age - <i>SKIP to 1b</i></p>
<p>(4) What is your date of birth? Please give me the month, day and year.</p> <p>Example: 01-20-1983 12-01-1963</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p>
<p><i>Ask if not apparent.</i></p> <p>1b. What is your sex?</p>	<p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>
<p>c. Are you of Hispanic or Latino origin?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><i>(SHOW FLASHCARD 2)</i></p> <p>d. On Card 2 is a list of racial categories. Please select 1 or more categories to describe your race.</p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> American Indian or Alaska Native 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black or African American 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p>
<p><i>(SHOW FLASHCARD 3)</i></p> <p>e. What is your origin or descent?</p>	<p><input type="text"/> <input type="text"/></p>
<p>f. Were you born in the United States?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 2a</i> 2 <input type="checkbox"/> No</p>
<p>g. How many years have you lived in the United States? <i>(Code 1 if less than 1 year.)</i></p>	<p>_____ Year(s)</p>
<p>2a. Did you live with at least 1 of your biological or birth parents at any time when you were growing up, that is BEFORE you were 18 years old?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2c</i></p>
<p>b. Did your biological father ever live in your household when you were growing up, regardless of whether he and your mother were married or not?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 2d</i> 2 <input type="checkbox"/> No - <i>SKIP to 2g</i></p>
<p>c. When you were growing up, BEFORE the age of 18, were you raised by adoptive parents, by relatives, by foster parents or in an institution like an orphanage?</p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Adoptive parents 2 <input type="checkbox"/> Relatives 3 <input type="checkbox"/> Foster parents 4 <input type="checkbox"/> Institution 5 <input type="checkbox"/> Other</p>
<p>CHECK ITEM 1.0B Is 1 marked in 2c?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a, page 3</i></p>
<p>2d. Did your (biological/adoptive) parents get divorced or permanently stop living together BEFORE you were 18?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2g</i></p>
<p>e. How old were you when they first stopped living together?</p>	<p>_____ Age</p>
<p>f. Which of your (biological/adoptive) parents did you live with most of the time after they stopped living together?</p>	<p>1 <input type="checkbox"/> Mother 2 <input type="checkbox"/> Father 3 <input type="checkbox"/> Both equally 4 <input type="checkbox"/> Neither parent</p>
<p>g. Did you ever live with a stepparent BEFORE the age of 18, including any who may have subsequently adopted you?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2k</i></p>
<p>h. How old were you when that stepparent started living with you?</p> <p><i>(Code earliest age if more than one stepparent.)</i></p>	<p>_____ Age</p>

Section 1 - BACKGROUND INFORMATION (Continued)

<p>2i. Did your stepparent die before you were 18?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2k</i></p>
<p>j. How old were you when that happened? <i>(Code age at first death if more than one stepparent died.)</i></p>	<p>_____ Age</p>
<p>k. Did either of your (biological/adoptive) parents die before you were 18?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i></p>
<p>l. How old were you when that happened? <i>(Code age at first death if more than one biological/adoptive parent died.)</i></p>	<p>_____ Age</p>
<p><i>(SHOW FLASHCARD 4)</i></p> <p>3a. What is your current marital status?</p>	<p>1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Living with someone as if married (not currently married or separated from another person) 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married - <i>SKIP to 5a</i></p>
<p>b. How many times have you been married (including your current marriage)? Do not count times when you were living with someone as if married.</p>	<p>_____ Number of times 0 <input type="checkbox"/> None - <i>SKIP to 5a</i></p>
<p>CHECK ITEM 1.1A Does number in 3b equal 1 and 3a equal 1?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 4d</i> 2 <input type="checkbox"/> No</p>
<p>4a. How old were you when you got married (for the first time)?</p>	<p>_____ Age</p>
<p>CHECK ITEM 1.1B Does number in 3b equal 1 and 3a equal 3 or 4 or 5?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 4c</i> 2 <input type="checkbox"/> No</p>
<p>4b. How did this marriage end - were you widowed or divorced from your first (husband/wife)?</p>	<p>1 <input type="checkbox"/> Widowed 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Other</p>
<p>c. How old were you when (your first/former husband/wife died/you stopped living with your first/former husband/wife)?</p>	<p>_____ Age</p>
<p>CHECK ITEM 1.1B2 Does number marked in 3a equal 1?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i></p>
<p>4d. How old were you when you and your (CURRENT) (husband/wife) got married?</p>	<p>_____ Age</p>
<p>5a. How many children HAVE you EVER had, including those who are not now living? Please include adopted or foster children and any stepchildren who may have lived with you.</p> <p><i>Do not include stillbirths or abortions.</i></p>	<p>_____ Number of children 0 <input type="checkbox"/> None - <i>SKIP to 6a, page 4</i></p>
<p>b. How old were you when your (FIRST) child was born or when your (FIRST) step, adopted or foster child began to live with you?</p> <p><i>Report earliest age if experienced more than 1 of these events.</i></p>	<p>_____ Age</p>
<p>c. How old were you when your LAST child was born or when your LAST step, adopted or foster child began to live with you?</p> <p><i>Report latest age if experienced more than 1 of these events.</i></p>	<p>_____ Age</p>

Section 1 - BACKGROUND INFORMATION (Continued)

<p>(SHOW FLASHCARD 5)</p> <p>6a. What is the highest grade or year of school that you completed?</p>	<p>1 <input type="checkbox"/> No formal schooling - <i>SKIP to 7a</i> 2 <input type="checkbox"/> Completed grade K, 1 or 2 3 <input type="checkbox"/> Completed grade 3 or 4 4 <input type="checkbox"/> Completed grade 5 or 6 5 <input type="checkbox"/> Completed grade 7 6 <input type="checkbox"/> Completed grade 8 7 <input type="checkbox"/> Some high school (grades 9-11) 8 <input type="checkbox"/> Completed high school 9 <input type="checkbox"/> Graduate equivalency degree (GED) 10 <input type="checkbox"/> Some college (no degree) 11 <input type="checkbox"/> Completed associate or other technical 2-year degree 12 <input type="checkbox"/> Completed college (Bachelor's degree) 13 <input type="checkbox"/> Some graduate or professional studies (completed Bachelor's degree but not graduate degree) 14 <input type="checkbox"/> Completed graduate or professional degree (Master's degree or higher)</p>
<p>b. How old were you at that time?</p>	<p>_____ Age</p>
<p>(SHOW FLASHCARD 6)</p> <p>7a. Which of these statements describe your present situation?</p> <p><i>Mark (X) all that apply.</i></p> <p><i>If more than one code applies, follow skip patterns for lowest number marked.</i></p>	<p>1 <input type="checkbox"/> Working full time, that is, 35 hours or more per week 2 <input type="checkbox"/> Working part time, that is, less than 35 hours per week 3 <input type="checkbox"/> Have a job or business, but not at work because of temporary illness or injury 4 <input type="checkbox"/> Have a job or business, but on paid vacation 5 <input type="checkbox"/> Have a job or business, but absent from work without pay 6 <input type="checkbox"/> Unemployed or laid off and looking for work 7 <input type="checkbox"/> Unemployed or laid off and not looking for work 8 <input type="checkbox"/> Unemployed and permanently disabled 9 <input type="checkbox"/> Retired 10 <input type="checkbox"/> In school, full time 11 <input type="checkbox"/> In school, part time 12 <input type="checkbox"/> Currently on summer break/holiday from school 13 <input type="checkbox"/> Full-time homemaker 14 <input type="checkbox"/> Something else</p>
<p>CHECK ITEM 1.1C Is 10 or 11 checked in 7a?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 7c</i> 2 <input type="checkbox"/> No</p>
<p>7b. Were you a full- or part-time student at any time in the last 12 months? <i>(If necessary, ask: Was that full-time or part-time)?</i></p>	<p>1 <input type="checkbox"/> Yes, full-time student 2 <input type="checkbox"/> Yes, part-time student 3 <input type="checkbox"/> No - <i>SKIP to Check Item 1.1D</i></p>
<p>(SHOW FLASHCARD 7)</p> <p>c. Where did you live when you were going to school in the last 12 months?</p> <p><i>(CHECK ALL THAT APPLY)</i></p>	<p>1 <input type="checkbox"/> In parent's or relative's home 2 <input type="checkbox"/> In dormitory or residence hall 3 <input type="checkbox"/> In house or apartment on campus 4 <input type="checkbox"/> In fraternity or sorority house 5 <input type="checkbox"/> In house, apartment or room off campus 6 <input type="checkbox"/> Other</p>
<p>(SHOW FLASHCARD 7A)</p> <p>d. What was your grade level last year, that is, during the 2000 and 2001 school year?</p>	<p>1 <input type="checkbox"/> High school - any grade level 2 <input type="checkbox"/> Enrolled in graduate equivalency degree (GED) program 3 <input type="checkbox"/> 1st year undergraduate/never attended college before 4 <input type="checkbox"/> 1st year undergraduate/attended college before 5 <input type="checkbox"/> 2nd year undergraduate/sophomore 6 <input type="checkbox"/> 3rd year undergraduate/junior 7 <input type="checkbox"/> 4th year/senior 8 <input type="checkbox"/> 5th year/other undergraduate 9 <input type="checkbox"/> 1st year graduate/professional 10 <input type="checkbox"/> 2nd year graduate/professional 11 <input type="checkbox"/> 3rd year graduate/professional or beyond 12 <input type="checkbox"/> Other</p>
<p>CHECK ITEM 1.1D Is 1, 2, 3, 4 or 5 checked in 7a?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 8d</i> 2 <input type="checkbox"/> No</p>

Section 1 - BACKGROUND INFORMATION (Continued)

<p>8a. Did you work at any time at a JOB OR BUSINESS, either full-time or part-time, even for only a few days, in the last 12 months? Include unpaid work in a family business or farm.</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 8d</i> 2 <input type="checkbox"/> No</p>
<p>b. Have you ever worked for pay or as an unpaid worker in a family business or farm?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i></p>
<p>c. How old were you when you last worked for pay or as an unpaid worker in a family business or farm, either full-time or part-time?</p>	<p>_____ Age</p>
<p>d. How old were you when you started your FIRST full-time job, that is, when you worked at least 30 hours per week for pay or without pay in a family business or farm?</p>	<p>_____ Age OR 0 <input type="checkbox"/> Never worked 30 hours/week</p>
<p>9a. (<i>SHOW FLASHCARD 8</i>) In what kind of business or industry (is your present job/was your most recent job)?</p>	<p><input type="text"/> <input type="text"/> Kind of business/industry</p>
<p>b. (<i>SHOW FLASHCARD 8A</i>) What kind of work (do/did) you do on this job?</p>	<p><input type="text"/> <input type="text"/> Kind of work</p>
<p>c. Which of the following best describes where you (work/worked)?</p>	<p>1 <input type="checkbox"/> A private for-profit company, business, or individual 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization 3 <input type="checkbox"/> Federal government (exclude Armed Forces) 4 <input type="checkbox"/> State government 5 <input type="checkbox"/> Local government 6 <input type="checkbox"/> Armed Forces 7 <input type="checkbox"/> Unpaid in family business or farm 8 <input type="checkbox"/> Self-employed in own business, professional practice, or farm</p>
<p>(<i>SHOW FLASHCARD 9</i>) 10a. During the last 12 months, what was YOUR TOTAL PERSONAL income? Please report income from all jobs BEFORE taxes and other deductions and net income after business expenses. Include any tips, bonuses, overtime pay and commissions, as well as any income from pensions, dividends, interest, Social Security, alimony, child support, workman's compensation or any public assistance or welfare payments and any other money income received by you from ANY OTHER source shown on this card. (Round amount to nearest dollar.)</p>	<p>\$ _____</p>
<p>CHECK ITEM 1.2 Is 10a blank?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 1.2A</i></p>
<p>(<i>SHOW FLASHCARD 9A</i>) 10b. Can you tell me which category on this card best represents your TOTAL PERSONAL income in the last 12 months?</p>	<p>0 <input type="checkbox"/> \$0 (no personal income) 1 <input type="checkbox"/> \$1 to \$4,999 2 <input type="checkbox"/> \$5,000 to \$7,999 3 <input type="checkbox"/> \$8,000 to \$9,999 4 <input type="checkbox"/> \$10,000 to \$12,999 5 <input type="checkbox"/> \$13,000 to \$14,999 6 <input type="checkbox"/> \$15,000 to \$19,999 7 <input type="checkbox"/> \$20,000 to \$24,999 8 <input type="checkbox"/> \$25,000 to \$29,999 9 <input type="checkbox"/> \$30,000 to \$34,999 10 <input type="checkbox"/> \$35,000 to \$39,999 11 <input type="checkbox"/> \$40,000 to \$49,999 12 <input type="checkbox"/> \$50,000 to \$59,999 13 <input type="checkbox"/> \$60,000 to \$69,999 14 <input type="checkbox"/> \$70,000 to \$79,999 15 <input type="checkbox"/> \$80,000 to \$89,999 16 <input type="checkbox"/> \$90,000 to \$99,999 17 <input type="checkbox"/> \$100,000 or more</p>
<p>CHECK ITEM 1.2A Refer to Control Card. The number of related persons in this household is?</p>	<p>1 <input type="checkbox"/> None - <i>SKIP to Check Item 1.2C</i> 2 <input type="checkbox"/> One or more</p>

Section 1 – BACKGROUND INFORMATION (Continued)

(SHOW FLASHCARD 10)

11a. During the last 12 months, what was YOUR TOTAL COMBINED FAMILY income received from jobs, businesses, and ALL OTHER SOURCES WE JUST TALKED ABOUT? Include ONLY immediate family members living in this household and report income before taxes and other deductions or net income after business expenses for self-employed family members. Include any tips, bonuses, overtime pay or commissions.

\$ _____

(Round amount to nearest dollar)

**CHECK
ITEM 1.2B**

Is 11a blank?

- 1 Yes
2 No - SKIP to Check Item 1.2C

(SHOW FLASHCARD 10A)

11b. Can you tell me which category on this card best represents YOUR TOTAL COMBINED FAMILY income in the last 12 months?

- 1 Less than \$5,000
- 2 \$5,000 to \$7,999
- 3 \$8,000 to \$9,999
- 4 \$10,000 to \$12,999
- 5 \$13,000 to \$14,999
- 6 \$15,000 to \$19,999
- 7 \$20,000 to \$24,999
- 8 \$25,000 to \$29,999
- 9 \$30,000 to \$34,999
- 10 \$35,000 to \$39,999
- 11 \$40,000 to \$49,999
- 12 \$50,000 to \$59,999
- 13 \$60,000 to \$69,999
- 14 \$70,000 to \$79,999
- 15 \$80,000 to \$89,999
- 16 \$90,000 to \$99,999
- 17 \$100,000 to \$109,999
- 18 \$110,000 to \$119,999
- 19 \$120,000 to \$149,999
- 20 \$150,000 to \$199,999
- 21 \$200,000 or more

**CHECK
ITEM 1.2C**

Refer to Control Card.

The number of unrelated persons in this household is?

- 1 None – SKIP to 13
2 One or more

(SHOW FLASHCARD 11)

12a. During the last 12 months, what was YOUR TOTAL COMBINED HOUSEHOLD income received from jobs, business and ALL OTHER SOURCES mentioned earlier? Include income from all RELATED and UNRELATED household members before taxes and other deductions or report net income after business expenses for self-employed household members.

\$ _____

(Round amount to nearest dollar)

**CHECK
ITEM 1.2D**

Is 12a blank?

- 1 Yes
2 No - SKIP to 13

(SHOW FLASHCARD 11A)

12b. Can you tell me which category on this card best represents YOUR TOTAL COMBINED HOUSEHOLD income in the last year?

- 1 Less than \$5,000
- 2 \$5,000 to \$7,999
- 3 \$8,000 to \$9,999
- 4 \$10,000 to \$12,999
- 5 \$13,000 to \$14,999
- 6 \$15,000 to \$19,999
- 7 \$20,000 to \$24,999
- 8 \$25,000 to \$29,999
- 9 \$30,000 to \$34,999
- 10 \$35,000 to \$39,999
- 11 \$40,000 to \$49,999
- 12 \$50,000 to \$59,999
- 13 \$60,000 to \$69,999
- 14 \$70,000 to \$79,999
- 15 \$80,000 to \$89,999
- 16 \$90,000 to \$99,999
- 17 \$100,000 to \$109,999
- 18 \$110,000 to \$119,999
- 19 \$120,000 to \$149,999
- 20 \$150,000 to \$199,999
- 21 \$200,000 or more

Section 1 - BACKGROUND INFORMATION (Continued)

<p>13. Please tell me if YOU PERSONALLY RECEIVED any income during the last 12 months from any of the following sources:</p> <p>(1) Did YOU receive Social Security?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) Did YOU receive Supplemental Security Income (SSI)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(3) Did YOU receive Traditional Aid to Families with Dependent Children (TAFDC) or Employment Services Program (ESP) or Emergency Assistance Program (EA)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(4) Did YOU receive WIC Benefits (Women, Infants and Children Nutritional Program)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>14a. Did YOU receive food stamps during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14c</i></p>
<p>b. How much did you receive in food stamps during the last 12 months?</p>	<p>\$ _____</p>
<p>c. Are you currently covered by:</p>	
<p>(1) Medicare?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) Medicaid or (local name)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(3) CHAMPUS, CHAMPVA, the VA, or other military health care?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(4) Health insurance obtained privately or through a current or former employer or union?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 16</i></p>
<p>16. In general, would you say your health is excellent, very good, good, fair or poor?</p>	<p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
<p><i>(SHOW FLASHCARD 11B)</i></p>	
<p>17. The following questions are about activities you might do during a typical day. Please tell me if your health now limits you in these activities and if so, how much.</p> <p>(1) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.</p>	<p>1 <input type="checkbox"/> Yes, limited a lot 2 <input type="checkbox"/> Yes, limited a little 3 <input type="checkbox"/> No, not limited at all</p>
<p>(2) Climbing several flights of stairs.</p>	<p>1 <input type="checkbox"/> Yes, limited a lot 2 <input type="checkbox"/> Yes, limited a little 3 <input type="checkbox"/> No, not limited at all</p>

Section 1 - BACKGROUND INFORMATION (Continued)

<i>(SHOW FLASHCARD 11C)</i>	
<p>18. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as the result of your physical health?</p> <p>(1) Accomplished less than you would like.</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> A little of the time 5 <input type="checkbox"/> None of the time</p>
<p>(2) Were limited in the kind of work or other activities.</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> A little of the time 5 <input type="checkbox"/> None of the time</p>
<i>(SHOW FLASHCARD 11C)</i>	
<p>19. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as the result of any emotional problems such as feeling depressed or anxious?</p> <p>(1) Accomplished less than you would like.</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> A little of the time 5 <input type="checkbox"/> None of the time</p>
<p>(2) Didn't do work or other activities as carefully as usual.</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> A little of the time 5 <input type="checkbox"/> None of the time</p>
<i>(SHOW FLASHCARD 11D)</i>	
<p>20. During the past 4 weeks, how much did pain interfere with your normal work including both work outside the home and housework?</p>	<p>1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> A little bit 3 <input type="checkbox"/> Moderately 4 <input type="checkbox"/> Quite a bit 5 <input type="checkbox"/> Extremely</p>
<i>(SHOW FLASHCARD 11C)</i>	
<p>21. The next few questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...</p> <p>(1) Have you felt calm and peaceful?</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> A little of the time 5 <input type="checkbox"/> None of the time</p>
<p>(2) Did you have a lot of energy?</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> A little of the time 5 <input type="checkbox"/> None of the time</p>
<p>(3) Have you felt downhearted and depressed?</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> A little of the time 5 <input type="checkbox"/> None of the time</p>
<i>(SHOW FLASHCARD 11C)</i>	
<p>22. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives, and so forth?</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> A little of the time 5 <input type="checkbox"/> None of the time</p>

Section 1 - BACKGROUND INFORMATION (Continued)

23. Can you please tell me if you have had any of the following experiences in the last 12 months?

In the last 12 months. . .
(Repeat phrase frequently)

- | | |
|---|---|
| (1) Did any of your family members or close friends die? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (2) Did any of your family members or close friends have a serious illness or injury? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (3) Did you move or have anyone new come to live with you? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (4) Were you fired or laid off from a job? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (5) Were you unemployed and looking for a job for more than a month? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (6) Have you had trouble with your boss or a coworker? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (7) Did you change jobs, job responsibilities or work hours? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (8) Did you get separated or divorced or break off a steady relationship? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (9) Have you had serious problems with a neighbor, friend or relative? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (10) Have you experienced a major financial crisis, declared bankruptcy or more than once been unable to pay your bills on time? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (11) Did you or a family member have trouble with the police, get arrested or get sent to jail? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (12) Were you or a family member the victim of any type of crime? | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |

24. Please tell me your height and weight as these are important factors for this survey.

Height

--	--

Feet

--	--

Inches

Weight

--	--	--

Pounds