



## WAVE 1 DATA COLLECTION INSTRUMENTS

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# Wave I In-Person Interview and Physical Measures

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## IN-PERSON ENCOUNTER

1. Just to confirm, your name is [FILL FIRST AND LAST NAME FROM PRELOAD] and your year of birth is [FILL IN YEAR OF BIRTH FROM PRELOAD]? CHCKINFO[TS]

- BOTH NAME AND YEAR OF BIRTH ARE CORRECT (**GO TO CONSENT1**)
- SMALL CHANGES NEEDED (**GO TO EDITINFO**)  
WRONG PERSON (**TERMINATE INTERVIEW**)

2. PLEASE TYPE IN THE CORRECTED RESPONDENT INFORMATION, WHERE NEEDED. EDITINFO

FIRST NAME: \_\_\_\_\_  
NO CHANGE NEEDED

LAST NAME: \_\_\_\_\_  
NO CHANGE NEEDED

YEAR OF BIRTH: \_\_\_\_\_  
NO CHANGE NEEDED

3. I have a consent form that describes the study procedures, risks, and benefits of participation and confidentiality. I would like to read this form to you. If you prefer, however, you may read it to yourself. May I read the form to you now or would you like to read it yourself? CONSENT1[TS]

CHOOSE ONE

- R TO READ FORM
- FI TO READ FORM TO R (**GO TO CONSENT3**)

4. Take your time and after you're finished I'll ask you to sign the form. CONSENT2  
PRESS CONTINUE WHEN R COMPLETES FORM.

- CONTINUE (**GO TO GENDER**)

5. READ FORM TO R. PRESS CONTINUE WHEN COMPLETE FORM. CONSENT3

- CONTINUE (**GO TO GENDER**)

## I. BASIC BACKGROUND INFORMATION

(ASK ALL RESPONDENTS THIS SECTION)

### I. A. GENDER

PLEASE INDICATE THE GENDER OF THE RESPONDENT. IF UNCLEAR, ASK: I am required to ask you the following: are you male or female? GENDER[TS]

- Male
- Female

### I. B. AGE

1. First, we would like to get some basic background information about you. In what month, day, and year were you born?  
\_\_\_\_ (month) \_\_\_\_ (day) \_\_\_\_ (year) AGEMO/AGEDAY/AGEYEAR[TS]

## I. C. EDUCATION

Now I'd like to ask you some questions about your schooling.

2. Have you received a high school diploma or passed a high school equivalency test? HSCHL[TS]
- YES, DIPLOMA
- YES, EQUIVALENCY: How many grades of school did you finish prior to getting your GED? HSCHLGR1
- \_\_\_\_\_ (CODE EXACT YEARS)
- DON'T KNOW
- REFUSED
- No: How many grades of school did you finish? HSCHLGR2
- \_\_\_\_\_ (CODE EXACT YEARS)
- DON'T KNOW
- REFUSED
- DON'T KNOW
- REFUSED
3. Did you attend college or university? COLLEGE
- Yes: How many years did you complete at college or university? If you did graduate work, please include this also. COLLEGEY
- \_\_\_\_\_ Years
- DON'T KNOW
- REFUSED
- No
- DON'T KNOW
- REFUSED
4. What is the highest degree or certification you have earned? DEGREE
- None
- High school diploma/equivalency
- Associate's (2-year college) or post-HS vocational certificate
- Bachelor's (4-year college) degree
- Master's degree/MBA
- Law or MD
- PhD
- OTHER (SPECIFY) \_\_\_\_\_ (DEGREE.OTHER)
- DON'T KNOW
- REFUSED

## I. D. RACE/ETHNICITY

5. Do you consider yourself primarily white or Caucasian, Black or African-American, American Indian, Asian or something else? RACE[TS]
- WHITE/CAUCASIAN
- BLACK/AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN OR PACIFIC ISLANDER
- OTHER (SPECIFY) \_\_\_\_\_ (RACE.OTHER)
- DON'T KNOW
- REFUSED
6. Do you consider yourself Hispanic or Latino? HISPANIC
- Yes
- No
- DON'T KNOW
- REFUSED

## II. SOCIAL NETWORKS AND SOCIAL SUPPORT

### II. A. ROSTER

(ASK ALL RESPONDENTS THIS SECTION)

**RE: QUESTIONS 1-6: HAVE RESPONDENT USE ROSTER TO LIST PERSONS IDENTIFIED IN THIS SECTION**

Now we are going to ask you some questions about your relationships with other people. We will begin by identifying some of the people you interact with on a regular basis. You may refer to these people in any way you want; for example, you may use just their first names or nicknames. We are not interested in the identities of these persons, we just need to have some way to refer to them so that when we ask you some follow-up questions we both know whom we are talking about.

Q1. From time to time, most people discuss things that are important to them with others. For example, these may include good or bad things that happen to you, problems you are having, or important concerns you may have. Looking back over the last 12 months, who are the people with whom you most often discussed things that were important to you? Please list these people in Section A of your roster. ROSTERTX[TS]

(PROMPT IF DON'T KNOW: This could be a person you tend to talk to about things that are important to you.)

ENTER **UP TO 5 NAMES** IN ROSTER IN THE ORDER IN WHICH THEY ARE IDENTIFIED BY RESPONDENT (SECTION A). ROSTERA

\*PROMPT ONCE WHEN RESPONDENT IS FINISHED IF HE OR SHE HAS NAMED FEWER THAN 5 PEOPLE:

Are there any more? ANYMR

IF THE ANSWER IS "NO", DO NOT PUSH FURTHER.\*

Q9. Which of the following best describes (**name**)'s relationship to you? (PROMPT IF NEEDED: So this person is your...)  
(USE HAND CARD A) ROARELAT

- Spouse
- Ex-spouse
- Romantic/Sexual partner
- Parent
- Parent in-law
- Child
- Step-child
- Brother or sister
- Other relative of yours
- Other in-law
- Friend
- Neighbor
- Co-worker or boss
- Minister, priest, or other clergy
- Psychiatrist, psychologist, counselor, or therapist
- Caseworker/Social worker
- Housekeeper/Home health care provider
- Other (Specify) \_\_\_\_\_ (ROARELAT.OTHER)
- DON'T KNOW
- REFUSED

**\*\*IF SPOUSE IS SELECTED IN QUESTION 9 (ROARELAT), Q2-4 (MARITLST through SPOUSE) WILL BE SKIPPED\*\***

Q2. Are you currently married, living with a partner, separated, divorced, widowed, or have you never been married?  
MARITLST[TS]

- MARRIED
- LIVING WITH A PARTNER
- SEPARATED
- DIVORCED
- WIDOWED
- NEVER MARRIED

**\*\*ASK QUESTION 3 (SPARTNER) ONLY IF RESPONDENT ANSWERED "SEPARATED", "DIVORCED", "WIDOWED", OR "NEVER MARRIED" TO QUESTION 2\*\***

Q3. Do you currently have a romantic, intimate, or sexual partner? SPARTNER

- Yes
- No

**\*\*ASK QUESTION 4A (SPOUSE) ONLY IF RESPONDENT ANSWERED "LIVING WITH A PARTNER" TO QUESTION 2 (MARITLST), OR "YES" TO QUESTION 3 (SPARTNER)\*\***

**\*\*IF RESPONDENT ANSWERED "MARRIED" TO QUESTION 2 (MARITLST), ASK THE NO BRANCH OF Q4A (ROSTERB).\*\***

Q4a. Is your (spouse/partner) someone we wrote down on your roster earlier? SPOUSE

- Yes: Please tell me the line number on which this person appears RECORD LINE NUMBER SPOUSELN
- No: Would you please add this person to Section B. ADD NAME ROSTERB

**\*IF RESPONDENT IS NOT MARRIED OR COHABITING AND REPORTS HAVING MORE THAN ONE CURRENT PARTNER, ASK HIM OR HER TO PICK THE PARTNER HE OR SHE CONSIDERS TO BE THE MOST IMPORTANT.\***

**(ASK ALL RESPONDENTS ROADD1)**

Q5. (Besides the people we wrote down on your roster earlier), is there anyone (else) who is very important to you, perhaps someone with whom you feel especially close? ROADD1[TS]

- Yes: Would you please add this person to Section C. RECORD NAME ROSTERC
- No **(SKIP TO ROADD2)**
- DON'T KNOW **(SKIP TO ROADD2)**
- REFUSED **(SKIP TO ROADD2)**

**\*ONLY CAN ADD ONE PERSON TO ROSTER C\***

**\*\*SKIP Q9 (ROCRELAT) IF THE RESPONDENT DOES NOT ADD ANYONE TO SECTION C.\*\***

Q9. Which of the following best describes **(name)**'s relationship to you? (PROMPT IF NEEDED: So this person is your...) (USE HAND CARD B) ROCRELAT

- Ex-spouse
- Romantic/Sexual partner
- Parent
- Parent in-law
- Child
- Step-child
- Brother or sister
- Other relative of yours
- Other in-law
- Friend
- Neighbor
- Co-worker or boss
- Minister, priest, or other clergy
- Psychiatrist, psychologist, counselor, or therapist
- Caseworker/Social worker
- Housekeeper/Home health care provider
- Other (Specify) \_\_\_\_\_ (ROCRELAT.OTHER)
- DON'T KNOW
- REFUSED

Q6. (**Excluding** the people we wrote down on your roster earlier,) are there (other) people who live in your household with you? ROADD2[TS]

- Yes: Please add these people to your list in Section D. RECORD ALL NAMES R ADDS TO **SECTION D** OF ROSTER. ROSTERD
- No
- DON'T KNOW
- REFUSED

**\*\*SKIP Q9 (RODRELAT) IF THE RESPONDENT DOES NOT ADD ANYONE TO SECTION D.**

Q9. Which of the following best describes **(name)**'s relationship to you? (PROMPT IF NEEDED: So this person is your...) (USE HAND CARD B) RODRELAT

- Ex-spouse
- Romantic/Sexual partner
- Parent
- Parent in-law
- Child
- Step-child
- Brother or sister
- Other relative of yours
- Other in-law
- Friend
- Neighbor
- Co-worker or boss
- Minister, priest, or other clergy
- Psychiatrist, psychologist, counselor, or therapist
- Caseworker/Social worker
- Housekeeper/Home health care provider
- Other (Specify) \_\_\_\_\_ (RODRELAT.OTHER)
- DON'T KNOW
- REFUSED

Are there any more? ANYMRD

READ LIST OUT LOUD

MAKE CERTAIN THERE ARE NO DUPLICATES. IF THERE ARE DUPLICATES, CLICK THE BOX NEXT TO THE PERSON'S NAME TO REMOVE THEM AND CLICK NEXT. IF THERE ARE NO DUPLICATES, CHOOSE 'NO DUPLICATES' AND CLICK NEXT.

**\*\*BEFORE GOING ON, REVIEW THE ENTIRE LIST WITH THE RESPONDENT TO MAKE CERTAIN THAT THERE ARE NO DUPLICATES (I.E., THE SAME PERSON LISTED TWICE).\*\***

**\*\*IF R DOES NOT LIST ANYONE IN THEIR ROSTER, SKIP TO SECTION 3B (SKIP TO FAMOPEN)\*\***

**\*\*(LOOP) QUESTIONS 7-13 (ROGENDER THROUGH ROHEALTH): REPEAT FOR EACH INDIVIDUAL NAMED IN SOCIAL NETWORK ROSTER.\*\***

Next we are going to ask you some questions about the people you have just listed. We'll start with (name).

Q7. Is (name) male or female? ROGENDER[TS]

- Male  
 Female

**\*\*RE: QUESTION ROLIVE: SKIP IF (NAME) LISTED IN SECTION D (OTHER HOUSEHOLD MEMBERS)\*\***

Q10. Does (name) live in the same household with you? (INTERVIEWER NOTE: LIVES IN SAME RESIDENCE WITH RESPONDENT, NOT IN SAME APARTMENT COMPLEX.) ROLIVE

- Yes – lives in the same household  
 No – does not live in household  
 IF VOLUNTEERED – LIVES WITH RESPONDENT PART OF THE YEAR  
 DON'T KNOW  
 REFUSED

**\*\*ASK Q8/Q8a (ROAGE/ROAGEDK) ABOUT THOSE IN ROSTER D AND THOSE IN ROSTER A, B, AND C ABOUT WHOM R ANSWERED "YES" OR "IF VOLUNTEERED – LIVES WITH RESPONDENT PART OF THE YEAR" TO ROLIVE.\*\***

Q8. What is (name)'s age? (PROMPT IF NEEDED: It's okay if you don't know the exact age, just give us your best guess.) ROAGE

- \_\_\_\_\_ Age  
 DON'T KNOW (**GO TO ROAGEDK**)  
 REFUSED (**GO TO ROAGEDK**)

Q8a. Is (name) older than you, younger than you, or about the same age? ROAGEDK

- OLDER THAN YOU  
 YOUNGER THAN YOU  
 ABOUT THE SAME AGE  
 DON'T KNOW  
 REFUSED

**\*\*SKIP 11 – 13 (ROTALK, ROCLOSE, ROHEALTH) FOR THOSE LISTED IN ROSTER D\*\***



Q11. How often do you talk to this person?

\*IF RESPONDENT ASKS, SAY THAT TALKING OVER THE TELEPHONE AND PERSONAL EMAIL (I.E., EMAIL BACK AND FOR THE BETWEEN THE TWO OF YOU) MAY BE INCLUDED.\*

(USE HAND CARD C) ROTALK

- Every day
- Several times a week
- Once a week
- Once every two weeks
- Once a month
- A couple times a year
- Once a year
- Less than once a year
- DON'T KNOW
- REFUSED

Q12. How close do you feel is your relationship with (name)? Would you say... ROCLOSE

- Not very close
- Somewhat close
- Very close
- Extremely close
- DON'T KNOW
- REFUSED

Q13. Suppose you had a health problem that you were concerned about, or needed to make an important decision about your own medical treatment. How likely is it that you would talk with (name) about this: would you say very likely, somewhat likely, or not likely? ROHEALTH

- Very likely
- Somewhat likely
- Not likely
- DON'T KNOW
- REFUSED

**\*\* (LOOP) QUESTION 15 (SOCNET): REPEAT FOR EACH PAIR OF INDIVIDUALS LISTED IN SECTIONS A-C OF SOCIAL NETWORK ROSTER. \*\***

(USE HAND CARD D)

In the next set of questions, I'm going to give you two of the names you listed earlier, and ask you to indicate how frequently these two people talk to each other by using the categories on this card. Once we get started, I think you'll see that this works pretty easily. Let's start with (name1) and (name2).

Q15. How frequently do (name1) and (name2) talk to each other?

IF RESPONDENT ASKS, SAY THAT TALKING OVER THE TELEPHONE AND PERSONAL EMAIL MAY BE INCLUDED. SOCNET[TS]

- Every day
- Several times a week
- Once a week
- Once every two weeks
- Once a month
- A couple times a year
- Once a year
- Less than once a year
- Have never spoken to each other
- DON'T KNOW
- REFUSED

**\*WHEN FINISHED, SAY "That completes our questions about the relationships among the people you listed. Thank you for bearing with us."\***

## II. B. SUPPORT FROM PARTNER

**(ASK ALL RESPONDENTS THIS SECTION IF RESPONDENT IS MARRIED OR HAS A ROMANTIC, INTIMATE, OR SEXUAL PARTNER)**

For this next set of questions, I'd like you to think about your relationship with (NAME OF SPOUSE/PARTNER).

7. Some couples like to spend their free time doing things together, while others like to do different things in their free time. What about you and (NAME)? Do you like to spend free time doing things together, or doing things separately?  
SPTIME[TS]
  - TOGETHER
  - SOME TOGETHER, SOME DIFFERENT
  - DIFFERENT/SEPARATE THINGS
  - DON'T KNOW
  - REFUSED
8. How often can you open up to (NAME) if you need to talk about your worries? Would you say hardly ever, some of the time, or often? SPOPEN
  - HARDLY EVER (OR NEVER)
  - SOME OF THE TIME
  - OFTEN
  - DON'T KNOW
  - REFUSED
9. How often can you rely on (NAME) for help if you have a problem? Would you say hardly ever, some of the time, or often? SPRELY
  - HARDLY EVER (OR NEVER)
  - SOME OF THE TIME
  - OFTEN
  - DON'T KNOW
  - REFUSED
10. How often does (NAME) make too many demands on you? Would you say hardly ever, some of the time, or often? SPDEMAND
  - HARDLY EVER (OR NEVER)
  - SOME OF THE TIME
  - OFTEN
  - DON'T KNOW
  - REFUSED
11. How often does (NAME) criticize you? Would you say hardly ever, some of the time, or often? SPCRITE
  - HARDLY EVER (OR NEVER)
  - SOME OF THE TIME
  - OFTEN
  - DON'T KNOW
  - REFUSED

## II. C. SUPPORT FROM FAMILY AND FRIENDS

(ASK THIS SECTION ONLY IF RANDOMIZED TO MODULE A)

These next questions ask about your relationships with members of your family or relatives. IF RESPONDENT IS MARRIED OR HAS A CURRENT PARTNER ADD: In answering these questions, we'd like you to **exclude** (NAME).

How often can you open up to members of your family if you need to talk about your worries? Would you say hardly ever, some of the time, or often? FAMOPEN[TS]

- HARDLY EVER (OR NEVER)
- SOME OF THE TIME
- OFTEN
- IF VOLUNTEERED – NO FAMILY (**SKIP TO FRAMT**)
- DON'T KNOW
- REFUSED

12. How often can you rely on them for help if you have a problem? Would you say hardly ever, some of the time, or often? FAMRELY

- HARDLY EVER (OR NEVER)
- SOME OF THE TIME
- OFTEN
- DON'T KNOW
- REFUSED

13. (Not including (NAME)), how often do members of your family make too many demands on you? Would you say hardly ever, some of the time, or often? FAMDEMAN

- HARDLY EVER (OR NEVER)
- SOME OF THE TIME
- OFTEN
- DON'T KNOW
- REFUSED

14. How often do they criticize you? Would you say hardly ever, some of the time, or often? FAMCRITZ

- HARDLY EVER (OR NEVER)
- SOME OF THE TIME
- OFTEN
- DON'T KNOW
- REFUSED

15. (Other than (NAME),) how many family members or relatives do you have whom you feel close to? Would you say... (HAND CARD E) CLSREL

- None
- One
- 2-3
- 4-9
- 10-20
- More than 20
- DON'T KNOW
- REFUSED

Now we'd like to know a little about your relationships with friends, **not** including the family members or relatives we were just talking about. Some people see themselves as having a great many friends. Others see themselves as having fewer. Think about the people you consider to be your friends, both your closest friends and people with whom you are pretty good friends.

About how many friends would you say that you have? Is that... (HAND CARD E) FRAMT[TS]

- None (**SKIP TO NEXT SECTION**)
- One
- 2-3
- 4-9
- 10-20
- More than 20
- DON'T KNOW
- REFUSED

**\*\*ASK NEXT FOUR QUESTIONS (FROPEN, FRRELY, FRDEMAN, FRCRITZ) ONLY IF RESPONDENT ANSWERED "ONE", "2-3", "4-9", "10-20", OR "MORE THAN 20" TO ABOVE QUESTION (FRAMT)\*\***

16. How often can you open up to your friends if you need to talk about your worries? Would you say hardly ever, some of the time, or often? FROPEN

- HARDLY EVER (OR NEVER)
- SOME OF THE TIME
- OFTEN
- DON'T KNOW
- REFUSED

17. How often can you rely on them for help if you have a problem? Would you say hardly ever, some of the time, or often? FRRELY

- HARDLY EVER (OR NEVER)
- SOME OF THE TIME
- OFTEN
- DON'T KNOW
- REFUSED

18. How often do your friends make too many demands on you? Would you say hardly ever, some of the time, or often? FRDEMN

- HARDLY EVER (OR NEVER)
- SOME OF THE TIME
- OFTEN
- DON'T KNOW
- REFUSED

19. How often do they criticize you? Would you say hardly ever, some of the time, or often? FRCRITZ

- HARDLY EVER (OR NEVER)
- SOME OF THE TIME
- OFTEN
- DON'T KNOW
- REFUSED

## **II. D. CHILDREN AND GRANDCHILDREN**

**(ASK THIS SECTION ONLY IF RANDOMIZED TO MODULE B)**

Now we'd like to ask you some questions about any children or grandchildren you may have.

1. How many living sons do you have? (IF ASKED, SAY: "You may include step-sons if you wish.") SONS[TS]
  - \_\_\_\_\_ Number
  - DON'T KNOW
  - REFUSED

2. How many living daughters do you have? (IF ASKED, SAY: "You may include step-daughters if you wish.")  
DAUGHTER
- \_\_\_\_\_ Number
- DON'T KNOW
- REFUSED
3. How many living grandchildren do you have? (IF ASKED, SAY: "You may include grandchildren from step-sons or step-daughters, or step-grandchildren, if you wish.") NGRNDCLD
- \_\_\_\_\_ Number
- DON'T KNOW
- REFUSED

## II. E. ELDER ABUSE

(ASK THIS SECTION ONLY IF RANDOMIZED TO **MODULE A**)

Now we would like to discuss ways that people behave towards you that bother you. We would like you to think of people and your relationships with them just in the past year or so. That is, when I ask you the next few questions, think specifically about the **past 12 months**.

1. Is there anyone who you feel is too controlling over your daily decisions and life? KNOWWR[TS]
- No (**SKIP TO CALLNAM**)
- Yes
- DON'T KNOW (**SKIP TO CALLNAM**)
- REFUSED (**SKIP TO CALLNAM**)
- 1a. **ASK ONLY IF 'YES' TO 1 (KNOWWR):** In the past 12 months, how many people have done this? KNOWHM
- \_\_\_\_\_ Number
- DON'T KNOW
- REFUSED
- 1b. **ASK ONLY IF 'YES' TO 1 (KNOWWR): (IF MORE THAN ONE PERSON:** Thinking about the person who does this most often,) Is this person someone we wrote down on your roster earlier? KNOWRO
- Yes: RECORD LINE NUMBER KNOWRN
- No: Which of the following best describes this person's relationship to you?  
(USE HAND CARD F) KNOWRE
- Ex-spouse
  - Romantic/Sexual partner
  - Parent
  - Parent in-law
  - Child
  - Step-child
  - Brother or sister
  - Other relative of yours
  - Other in-law
  - Friend
  - Neighbor
  - Co-worker or boss
  - Minister, priest, or other clergy
  - Psychiatrist, psychologist, counselor, or therapist
  - Caseworker/Social worker
  - Housekeeper/Home health care provider
  - Other (Specify) \_\_\_\_\_ (KNOWRE.OTHER)

2. Is there anyone who insults you or puts you down? CALLNAM

- No (**SKIP TO PREVINC**)  
 Yes  
 DON'T KNOW (**SKIP TO PREVINC**)  
 REFUSED (**SKIP TO PREVINC**)

2a. **ASK ONLY IF 'YES' TO 2 (CALLNAM):** In the past 12 months, how many people have done this? CALLHM

- \_\_\_\_\_ Number  
 DON'T KNOW  
 REFUSED

2b. **ASK ONLY IF 'YES' TO 2 (CALLNAM): (IF MORE THAN ONE PERSON:** Thinking about the person who does this most often,) Is this person someone we wrote down on your roster earlier? CALLRO

- Yes: RECORD LINE NUMBER CALLRN  
 No: Which of the following best describes this person's relationship to you?  
 (USE HAND CARD F) CALLRE

- ◇ Ex-spouse
- ◇ Romantic/Sexual partner
- ◇ Parent
- ◇ Parent in-law
- ◇ Child
- ◇ Step-child
- ◇ Brother or sister
- ◇ Other relative of yours
- ◇ Other in-law
- ◇ Friend
- ◇ Neighbor
- ◇ Co-worker or boss
- ◇ Minister, priest, or other clergy
- ◇ Psychiatrist, psychologist, counselor, or therapist
- ◇ Caseworker/Social worker
- ◇ Housekeeper/Home health care provider
- ◇ Other (Specify) \_\_\_\_\_ (CALLRE.OTHER)
- ◇ DON'T KNOW
- ◇ REFUSED

- DON'T KNOW  
 REFUSED

3. Is there anyone who has taken your money or belongings without your OK or prevented you from getting them even when you ask? PREVINC

- No (**SKIP TO HIT**)  
 Yes  
 DON'T KNOW (**SKIP TO HIT**)  
 REFUSED (**SKIP TO HIT**)

3a. **ASK ONLY IF 'YES' TO 3 (PREVINC):** In the past 12 months, how many people have done this? PREVHM

- \_\_\_\_\_ Number  
 DON'T KNOW  
 REFUSED

3a. **ASK ONLY IF 'YES' TO 3 (PREVINC): (IF MORE THAN ONE PERSON:** Thinking about the person who does this most often,) Is this person someone we wrote down on your roster earlier? PREVRO

Yes: RECORD LINE NUMBER PREVRN

No: Which of the following best describes this person's relationship to you? PREVRE

(USE HAND CARD F)

- ◇ Ex-spouse
- ◇ Romantic/Sexual partner
- ◇ Parent
- ◇ Parent in-law
- ◇ Child
- ◇ Step-child
- ◇ Brother or sister
- ◇ Other relative of yours
- ◇ Other in-law
- ◇ Friend
- ◇ Neighbor
- ◇ Co-worker or boss
- ◇ Minister, priest, or other clergy
- ◇ Psychiatrist, psychologist, counselor, or therapist
- ◇ Caseworker/Social worker
- ◇ Housekeeper/Home health care provider
- ◇ Other (Specify) \_\_\_\_\_ (PREVRE.OTHER)
- ◇ DON'T KNOW
- ◇ REFUSED

DON'T KNOW

REFUSED

4. Is there anyone who hits, kicks, slaps, pushes or throws things at you? HIT

No (**GO TO NEXT SECTION**)

Yes

DON'T KNOW (**GO TO NEXT SECTION**)

REFUSED (**GO TO NEXT SECTION**)

4a. **ASK ONLY IF 'YES' TO 4 (HIT):** In the past 12 months, how many people have done this? HITHM

\_\_\_\_\_ Number

DON'T KNOW

REFUSED

4b. **ASK ONLY IF 'YES' TO 4 (HIT): (IF MORE THAN ONE PERSON:** Thinking about the person who does this most often,) Is this person someone we wrote down on your roster earlier? HITRO

Yes: RECORD LINE NUMBER HITRN

No: Which of the following best describes this person's relationship to you? HITRE

(USE HAND CARD F)

- ◇ Ex-spouse
- ◇ Romantic/Sexual partner
- ◇ Parent
- ◇ Parent in-law
- ◇ Child
- ◇ Step-child
- ◇ Brother or sister
- ◇ Other relative of yours
- ◇ Other in-law
- ◇ Friend
- ◇ Neighbor

- ◇ Co-worker or boss
- ◇ Minister, priest, or other clergy
- ◇ Psychiatrist, psychologist, counselor, or therapist
- ◇ Caseworker/Social worker
- ◇ Housekeeper/Home health care provider
- ◇ Other (Specify) \_\_\_\_\_ (HITRE.OTHER)
- ◇ DON'T KNOW
- ◇ REFUSED

- DON'T KNOW
- REFUSED

### III. SEX

#### III. A. MARRIAGE/COHAB/SEXUAL PARTNER HISTORY

(ASK ALL RESPONDENTS THIS SECTION)

Thank you. Now that we have talked about your current relationships, we'd like to ask you some questions about important relationships you've had in the past.

USE LIFE HISTORY CALENDAR (LHC) IF R HAS PROBLEMS REMEMBERING DATES. PROMPT IF NEEDED: "About how old were you?" IF AN AGE IS PROVIDED, USE THE LHC TO FIGURE OUT THE CORRESPONDING YEAR.

1A. **(IF MARRIED)** First, you mentioned before that you are currently married to (NAME). In what month and year were you married?

\_\_\_ MONTH (DK/Ref) MARRIEDM[TS]

\_\_\_ YEAR MARRIEDY

**GO TO Q2**

1B. **(IF COHABITING)** First, you mentioned before that you are currently living with (NAME). In what month and year did you and (NAME) begin living together?

\_\_\_ MONTH (DK/Ref) COHABITM[TS]

\_\_\_ YEAR COHABITY

1C. Were you and (NAME) ever married? COHABM

- Yes
- No **(IF NO SKIP TO Q1F)**
- DON'T KNOW **(SKIP TO COHABOTM)**
- REFUSED **(SKIP TO COHABOTM)**

1D. In what month and year did that marriage begin?

\_\_\_ MONTH COHABMBM

\_\_\_ YEAR COHABMBY

1E. In what month and year did that marriage end?

\_\_\_ MONTH COHABMEM

\_\_\_ YEAR COHABMEY

1F. Have you ever been married (to anyone else)? COHABOTM

- Yes **(GOTO Q4)**
- No **(GOTO Q8)**
- DON'T KNOW **(SKIP TO LIVEC)**
- REFUSED **(SKIP TO LIVEC)**



1G. **(IF SEPARATED/DIVORCED)** You mentioned before that you are (separated/divorced). In what month and year did you stop living with your last (husband/wife)? SEPDIVE[TS]

IF VOLUNTEERS: STILL LIVING TOGETHER

RESPONDENT PROVIDED DATE

\_\_\_ MONTH SEPDIVEM

\_\_\_ YEAR SEPDIVEY

1H. In what month and year did that marriage begin?

\_\_\_ MONTH SEPDIVBM

\_\_\_ YEAR SEPDIVBY

**ASK ONLY IF RELATIONSHIP ENDED WITHIN THE LAST 5 YEARS:** Please tell me the first name or some other way to refer to this person. SEPDIVNM

\_\_\_\_\_

**GO TO Q2**

1J. **(IF WIDOWED)** You mentioned before that you are widowed. In what month and year did your (husband/wife) die?

\_\_\_ MONTH WIDOWEM[TS]

\_\_\_ YEAR WIDOWEY

1K. In what month and year did that marriage begin?

\_\_\_ MONTH WIDOWBM

\_\_\_ YEAR WIDOWBY

**ASK ONLY IF RELATIONSHIP ENDED WITHIN THE LAST 5 YEARS:** Please tell me the first name or some other way to refer to this person. WIDOWNM

\_\_\_\_\_

**GO TO Q2**

1L. **(IF NEVER MARRIED)** You mentioned before that you have never been married, is that right? NEVRMARY[TS]

Yes **(SKIP TO Q8)**

No **(SKIP TO Q4)**

2. Many couples live together before they get married. Did you and your (husband/wife) live together before you got married? LIVBFMR

Yes

**2A. (IF YES TO LIVBFMR):** In what month and year did you begin living together?

\_\_\_ MONTH LIVBFMRM

\_\_\_ YEAR LIVBFMRY

No

DON'T KNOW

REFUSED

3. (Is/Was) this your first marriage or (have/had) you been married before? FRSTMARG

FIRST MARRIAGE **(SKIP TO LIVEC)**

MARRIED BEFORE

DON'T KNOW **(SKIP TO LIVEC)**

REFUSED **(SKIP TO LIVEC)**

4. Altogether, how many times have you been married (IF CURRENTLY MARRIED: including your current marriage)? NUMMARG

\_\_\_ NUMBER OF MARRIAGES

DON'T KNOW **(SKIP TO LIVEC)**

REFUSED **(SKIP TO LIVEC)**

5. In what month and year did your (first/next) marriage begin?  
 \_\_\_ MONTH OTHMARBM[TS]  
 \_\_\_ YEAR OTHMARBY
6. Did you and your (husband/wife) live together before you were married? OTMARCH  
 Yes: **6A:** In what month and year did you begin living together?  
 \_\_\_ MONTH OTMARCHM  
 \_\_\_ YEAR OTMARCHY  
 No  
 DON'T KNOW  
 REFUSED

7. Did that marriage end in divorce or were you widowed? OTMARE  
 IF VOLUNTEERS: SEPARATED (**FOLLOW DIVORCED BRANCH: 7A**)  
 DIVORCED  
 **7A:** In what month and year did you stop living together?  
 \_\_\_ MONTH OTMAREDM  
 \_\_\_ YEAR OTMAREDY  
 WIDOWED  
 **7B:** In what month and year did your (husband/wife) die?  
 \_\_\_ MONTH OTMAREWM  
 \_\_\_ YEAR OTMAREWY

**ASK ONLY IF RELATIONSHIP ENDED WITHIN THE LAST 5 YEARS:** Please tell me the first name or some other way to refer to this person. OTMARNM

\_\_\_\_\_

**\*\*REPEAT LOOP FOR ALL REMAINING MARRIAGES (OTHMARBM THROUGH OTMARNM).\*\***

**\*\*IF ANY MARRIAGE DATES OVERLAP WITH CURRENT COHAB PARTNER, ASK IF SAME PERSON.\*\***

## COHAB HISTORY

8. (IF R IS NOT CURRENTLY COHABITING, BEGIN WITH: Nowadays, many couples live together without getting married.) Have you ever lived with anyone (else) in a romantic relationship for a month or more? (I.E., WITHOUT MARRYING THE PERSON.) LIVEC[TS]

- Yes  
 No (**SKIP TO SEXUAL PARTNERING SECTION**)  
 DON'T KNOW (**SKIP TO SEXUAL PARTNERING SECTION**)  
 REFUSED (**SKIP TO SEXUAL PARTNERING SECTION**)

9. With how many (other) people have you lived in a romantic relationship for a month or more? (I.E., WITHOUT MARRYING THE PERSON) NUMLIVEC

\_\_\_\_\_ NUMBER

10. In what month and year did you (first/next) begin living with someone in a romantic relationship?

\_\_\_ MONTH LIVECBM[TS]  
 \_\_\_ YEAR LIVECBY

11. In what month and year did you stop living with this person? LIVECE  
 IF VOLUNTEERS: STILL LIVING TOGETHER ( **SKIP TO LIVECRO**)

RESPONDENT PROVIDED DATE  
 \_\_\_ MONTH LIVECEM  
 \_\_\_ YEAR LIVECEY

11a. Is this person still living? COHABLIV

- Yes (**SKIP TO LIVECNM**)  
 No  
 DON'T KNOW (**SKIP TO LIVECNM**)  
 REFUSED (**SKIP TO LIVECNM**)

11b. **IF NO TO COHABLIV:** Did this person die during the time you were living together? CDIELIVE

- Yes  
 No  
 DON'T KNOW  
 REFUSED

**ASK ONLY IF THEY ARE STILL LIVING WITH THIS PERSON (FROM LIVECEM) OR IF THE RELATIONSHIP ENDED WITHIN THE LAST 5 YEARS:** Is this person someone you identified earlier on this roster? (SHOW R ROSTER) LIVECRO

- Yes: → Please tell me the line number on which this person appears. \_\_\_\_\_ (**SKIP TO END OF LOOP**)  
 LIVECRN  
 No: → Please tell me the first name or some other way to refer to this person.  
 \_\_\_\_\_ LIVECNM

**\*\*REPEAT LOOP (LIVECBM THROUGH LIVECNM) FOR ALL REMAINING COHAB PARTNERS.\*\***

**BOX A: IF MARRIED OR COHABITING AT ANY TIME WITHIN THE LAST 5 YEARS (FROM THIS SECTION) OR CURRENTLY HAS A ROMANTIC OR SEXUAL PARTNER (FROM SOCIAL NETWORKS SECTION)**

Now we would like to ask you some questions about your sexual relationships. By "sex" or "sexual activity," we mean any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs.

**\*\*SKIP TO Q13 IF CURRENT OR MOST RECENT MARRIAGE/COHAB BEGAN MORE THAN 5 YRS AGO\*\***

12. First, in what month and year did you first have sexual activity with (CURRENT OR MOST RECENT SPOUSE/COHAB THAT BEGAN W/IN LAST 5 YEARS, OR CURRENT ROMANTIC PARTNER'S NAME)?

\_\_\_ MONTH AFSTSEXM[TS]  
 \_\_\_ YEAR AFSTSEXY

13. (First), In what month and year did you most recently have sexual activity with (NAME)?

\_\_\_ MONTH ARCTSEXM[TS]  
 \_\_\_ YEAR ARCTSEXY

**IF REFUSES YEAR OR DK/REF MONTH AND YEAR IS WITHIN LAST TWO YEARS:** Was it sometime within the last month? ARCT1M

- Yes  
 No  
 DON'T KNOW  
 REFUSED

**IF NO OR REFUSES TO ARCT1M:**

Was that within the last 3 months? ARCT3M

- Yes  
 No  
 DON'T KNOW  
 REFUSED

**IF NO OR REFUSES TO ARCT3M:**

Was that within the last year? ARCTYR

- Yes  
 No  
 DON'T KNOW  
 REFUSED

**\*\*SKIP TO Q17 (LST5AGAIN) IF WE ALREADY KNOW THIS PERSON IS ON THE ROSTER\*\***Is (**name**) one of the people we wrote down on your roster earlier? (SHOW R ROSTER) LST5RO

- Yes: → Please tell me the line number on which this person appears. \_\_\_\_\_ LST5RN  
 No

**\*\*SKIP TO Q17 (LST5AGAIN) IF THIS PERSON IS ON THE ROSTER\*\***

14. Is this person male or female? LST5GNDR

- Male  
 Female

15. How many years older or younger than you is (he/she)? LST5AGE

\_\_\_\_\_ OLDER LST5AGEO  
 \_\_\_\_\_ YOUNGER LST5AGEY

- SAME AGE AS RESPONDENT  
 DECEASED  
 DON'T KNOW  
 REFUSED

**ASK 17 ABOUT EVERYONE (EXCEPT IF ANSWER "DECEASED" TO LST5AGE)**

17. Do you expect to have sexual activity with him/her again? LST5AGAN

- Yes  
 No  
 DON'T KNOW  
 REFUSED

**\*\*IF R HAD ANOTHER SPOUSE/COHAB W/IN LAST 5 YEARS, REPEAT LOOP Q12-17 (AFSTSEXM/ARCTSEX through LST5AGAN)\*\***

18. [IF ANSWER TO Q13 (ARCTSEX) IS WITHIN THE LAST 5 YEARS: Besides the (people/person) we have just talked about, how many other people,] How many people, including men and women, have you had sexual activity with in the last five years, even if only one time? AOTRSEX  
 \_\_\_\_\_ NUMBER **\*\*IF 0 SKIP TO Q26 (SPLSTMRE)\*\***

19. (IF MORE THAN 1 TO AOTRSEX, BEGIN WITH: Thinking about the most recent (IF ANSWER TO Q13 IS W/IN LAST 5 YEARS: other) person you had sexual activity with in the last five years,) In what month and year did you first have sexual activity with that person, even if it was more than five years ago?

\_\_\_ MONTH OTHRFSTM[TS]  
 \_\_\_ YEAR OTHRFSTY

**FOR ADDITIONAL PARTNERS (LOOPS 2 AND 3), Q19 (OTHRFSTM/OTHRFSTY) SHOULD READ:** Thinking about the (second/third) most recent other person you had sexual activity with in the last five years, in what month and year did you first have sexual activity with that person, even if it was more than five years ago?

20. In what month and year did you most recently have sexual activity with that person?

\_\_\_ MONTH OTHRSEXM  
 \_\_\_ YEAR OTHRSEXY

**IF REFUSES OR DK MONTH AND YEAR IS LAST TWO YEARS:**

Was it sometime within the last month? OTRSEX1M

- Yes
- No
- DON'T KNOW
- REFUSED

**IF NO OR REFUSES:** Was that within the last 3 months? OTRSEX3M

- Yes
- No
- DON'T KNOW
- REFUSED

**IF NO OR REFUSES:** Was that within the last year? OTRSEX1Y

- Yes
- No
- DON'T KNOW
- REFUSED

21. Is this person someone we wrote down on your roster earlier? (SHOW R ROSTER) OTHRRO

- Yes: → Write down number from roster \_\_\_\_\_ [SHOW RESPONDENT COMPUTER SCREEN: Please tell me the line number on which this person appears. (SKIP TO OTRAGAIN) OTHRRN]
- No: → Please tell me the first name or some other way to refer to this person \_\_\_\_\_. OTHRNM

22. Is this person male or female? OTHRGNDR

- MALE
- FEMALE

23. How many years older or younger than you is (he/she)? OTHRAGE

\_\_\_\_\_ YEARS OLDER OTHRAGEO  
 \_\_\_\_\_ YEARS YOUNGER OTHRAGEY

- SAME AGE AS RESPONDENT
- DECEASED
- DON'T KNOW
- REFUSED

25. (SKIP IF ANSWER "DECEASED" TO OTHRAGE) Do you expect to have sexual activity with him/her again? OTRAGAIN

- Yes
- No
- DON'T KNOW
- REFUSED

**\*\*REPEAT LOOP FOR UP TO TWO ADDITIONAL SEXUAL PARTNERS (I.E., OTHRFSTM THROUGH OTRAGAIN LOOPS A MAX OF THREE TIMES)\*\***

26. **IF R DOES NOT HAVE CURRENT SPOUSE OR COHAB AND LAST MARRIAGE OR COHAB ENDED MORE THAN 5 YEARS AGO:** Besides the people we have talked about, how many other sexual partners have you had since your last marriage/live-in relationship ended? SPLSTMRE

- \_\_\_\_\_ NUMBER

**GO TO S3B – SEXUAL INTEREST**

**BOX B: IF R HAS NOT BEEN MARRIED OR COHABITED W/IN LAST 5 YEARS AND DOES NOT HAVE CURRENT ROMANTIC OR SEXUAL PARTNER (SEE SOCIAL NETWORKS SECTION):**

27. Now we would like to ask you about sexual relationships you may have had at any time within the last five years. By “sex” or “sexual activity,” we mean any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs. How many people, including men and women, have you had sexual activity with in the last five years, even if only one time? SEXLT5YR[TS]

\_\_\_\_\_ NUMBER

**\*\*IF “0” TO SEXLT5YR SKIP TO Q35\*\***

28. (IF MORE THAN 1, BEGIN WITH: Thinking about the (most recent/ second most recent/ third most recent) person you had sexual activity with in the last five years,) In what month and year did you first have sexual activity with that person, even if that first time was more than five years ago?

\_\_\_\_ MONTH BFSTSEXM

\_\_\_\_ YEAR BFSTSEXY

29. In what month and year did you most recently have sexual activity with that person?

IF RESPONDENT STATES THAT THEY ONLY HAD SEX WITH THIS PERSON ONCE, ENTER DATE AGAIN.

\_\_\_\_ MONTH BRCTSEXM

\_\_\_\_ YEAR BRCTSEXY

**IF REFUSES YEAR OR DK/REF MONTH AND YEAR IS LAST TWO YEARS:** Was it sometime within the last month? BRCTIM

Yes

No

DON'T KNOW

REFUSED

**IF NO OR REFUSES:** Was that within the last 3 months? BRCT3M

Yes

No

DON'T KNOW

REFUSED

**IF NO OR REFUSES:** Was that within the last year? BRCT1Y

Yes

No

DON'T KNOW

REFUSED

30. Is this person someone we wrote down on your roster earlier? (SHOW R ROSTER) BROSTER

Yes → Please tell me the line number on which this person appears \_\_\_\_\_. BROSTERN (**SKIP TO Q33**

**BWAITSX**)

No: → Please tell me the first name or some other way to refer to this person \_\_\_\_\_. BNAME

31. Is this person male or female? BGENDER

MALE

FEMALE

32. How many years older or younger than you is (he/she)? BAGE

- \_\_\_\_\_ YEARS OLDER BAGEO  
 \_\_\_\_\_ YEARS YOUNGER BAGEY
- SAME AGE AS RESPONDENT  
 DECEASED  
 DON'T KNOW  
 REFUSED

33. How long did you know him/her prior to having sexual activity for the first time? BWAITSX

- \_\_\_\_\_ DAYS BWAITSXD  
 \_\_\_\_\_ WEEKS BWAITSXW  
 \_\_\_\_\_ MONTHS BWAITSXM  
 \_\_\_\_\_ YEARS BWAITSXY
- DON'T KNOW  
 REFUSED

34. (SKIP IF ANSWERED "DECEASED" TO BAGE, Q32) Do you expect to have sexual activity with him/her again?

- BSXAGAIN
- Yes  
 No  
 DON'T KNOW  
 REFUSED

**REPEAT LOOP FOR UP TO TWO ADDITIONAL SEXUAL PARTNERS (I.E., BFSTSEX/ BFSTSEXY THROUGH BSXAGAIN LOOPS A MAX OF THREE TIMES)**

35. **IF EVER MARRIED OR COHABITED:** (Besides the people we have talked about,) How many (other) sexual partners have you had since your last (marriage/live-in) relationship ended? SEXLSTMR

- \_\_\_\_\_ NUMBER  
 DON'T KNOW  
 REFUSED

**GO TO S3B – SEXUAL INTEREST**

### III. B. SEXUAL INTEREST

(ASK THIS SECTION ONLY IF RANDOMIZED TO **MODULE B**)

1. For some people sex is a very important part of their lives and for others it is not very important at all. How important a part of your life would you say that sex is? SEXIMPRT[TS]

- Extremely important  
 Very important  
 Moderately important  
 Somewhat important  
 Not at all important  
 DON'T KNOW  
 REFUSED

2. About how often do you think about sex? THINKSEX

- Less than once a month  
 One to a few times a month  
 One to a few times a week  
 Every day  
 Several times a day  
 [IF RESPONDENT STATES: NEVER]  
 DON'T KNOW  
 REFUSED

**\*\*IF LAST SEX WAS MORE THAN 3 MONTHS AGO → GO TO Q4 (WHYNOSXA/WHYNOSXB)\*\***

**\*\*IF LAST SEX WAS WITHIN 3 MONTHS → SKIP TO NEXT SECTION (S3C – CURRENT OR MOST RECENT SEXUAL RELATIONSHIP)\*\***

4. You mentioned before that you last had sex in (month/year). What are the reasons you haven't had sexual activity since then? CHOOSE ALL THAT APPLY. USE HAND CARD G IF R HAS CURRENT SPOUSE / COHAB / SEXUAL PARTNER; OTHERWISE USE HAND CARD H.

HAND CARD G (CHOOSE ALL THAT APPLY): WHYNOSXA

- 1 You are not interested
- 2 Your partner is not interested
- 3 Physical health problems or physical limitations you have
- 4 Physical health problems or physical limitations your partner has
- 5 Emotional problems you have
- 6 Emotional problems your partner has
- 7 Your children or other family members wouldn't approve
- 8 Your friends wouldn't approve
- 9 Your religious beliefs do not allow sex outside of marriage
- 10 Sex is painful
- 11 You are grieving
- 12 You did not want to get a sexually transmitted disease
- 13 You did not have enough privacy
- 14 You have not had an opportunity
- 15 Other (Specify) \_\_\_\_\_ (WHYNOSXA.OTHER)
- DON'T KNOW
- REFUSED

HAND CARD H (CHOOSE ALL THAT APPLY) WHYNOSXB

- 1 You are not interested
- 2 You have not met the right person
- 3 You have not met a willing partner
- 4 Physical health problems or physical limitations you have
- 5 Emotional problems you have
- 6 Your children or other family members wouldn't approve
- 7 Your friends wouldn't approve
- 8 Your religious beliefs do not allow sex outside of marriage
- 9 Sex is painful
- 10 You are grieving
- 11 You did not want to get a sexually transmitted disease
- 12 You did not have enough privacy
- 13 You have not had an opportunity
- 14 Other (Specify) \_\_\_\_\_ (WHYNOSXB.OTHER)
- DON'T KNOW
- REFUSED

### III. C. CURRENT OR MOST RECENT SEXUAL RELATIONSHIP

**\*\*\*NOTE: 3 POSSIBLE INTRODUCTIONS: OPTION A, B, OR C (WITH SUBSECTIONS)\*\*\***

**\*\*OPTION A. IF WE HAVE A NAME AND DATE OF MOST RECENT SEXUAL PARTNER:**

Now we'd like to ask you some questions about your relationship with (NAME OF MOST RECENT SEXUAL PARTNER).  
INTRO4C[TS]



**\*\*OPTION B. IF WE HAVE NOT ALREADY GOTTEN THIS PERSON'S NAME:** Now we'd like to ask you some questions about your relationship with your most recent sexual partner. Since we will be asking some questions about this partner, please tell me the first name or some other way to refer to this person: AINTR4C[TS]

- NAME \_\_\_\_\_
- NEVER HAD SEX
- REFUSES TO GIVE NAME

**IF PROVIDE NAME OR REFUSED TO GIVE NAME ASK:** Is this person male or female? AINT4CG1

- MALE
- FEMALE

**\*\*OPTION C. IF HAVE NAME, BUT CANNOT FIGURE OUT FROM THE BOXES WHICH PERSON IS THE MOST RECENT SEXUAL PARTNER:**

Now we'd like to ask you some questions about your relationship with your most recent sexual partner.

You mentioned you had sexual activity with (NAME OF MOST RECENT SEXUAL PARTNER FROM Q13, ARCTSEXM) in (DATE) and have not provided a date for your last sexual activity with (NAME OF PERSON FROM Q20 OTHERSEXM.)

You have not provided a date for your last sexual activity with (NAME OF PERSON FROM Q13 ARCTSEXM), and mentioned you had sexual activity with (NAME OF MOST RECENT SEXUAL PARTNER FROM Q20 OTHERSEXM) in (DATE).

[IF MOST RECENT SEX DATES THE SAME] You mentioned you had sexual activity with (NAME) in (DATE) and with (NAME) in (DATE).

You have not provided a date for your last sexual activity with (NAME) or with (NAME).

Which person is your most recent sexual partner? BINTRO4C[TS]

**\*\*SKIP Q1 (RLTLAST) IF PERSON ASKING QUESTIONS ABOUT IS NOT A CURRENT MARRIAGE/ COHAB/ ROMANTIC/ SEXUAL PARTNER (FROM SOCIAL NETWORKS SECTION)\*\***

**1. ASK RLTLAST ONLY IF RANDOMIZED TO MODULE B:** How much longer do you expect your relationship with (PARTNER) to last? RLTLAST

- For the rest of your lives
- For at least a year, but not for the rest of your lives
- For less than a year
- IF VOLUNTEERS: RELATIONSHIP IS OVER
- DON'T KNOW
- REFUSED

**2. Taking all things together, how would you describe your (marriage/relationship) with (PARTNER) on a scale from 1 to 7 with 1 being very unhappy and 7 being very happy? USE HAND CARD I RLTHAPPY**

- 1 Very unhappy
- 2
- 3
- 4
- 5
- 6
- 7 Very happy
- DON'T KNOW
- REFUSED

3. **IF RELATIONSHIP IS CURRENT:** Would you say (PARTNER'S) health is ... (HAND CARD J) PHEALTH1  
**IF RELATIONSHIP IS NOT CURRENT:** "In the last year of your relationship, would you say (PARTNER'S) health was... (HAND CARD J) PHEALTH2
- Excellent
  - Very Good
  - Good
  - Fair
  - Poor
  - DON'T KNOW
  - REFUSED
4. **IF RELATIONSHIP IS CURRENT:** How is (PARTNER'S) emotional or mental health? Would you say it is... (HAND CARD J) PMHEALTH2  
**IF RELATIONSHIP IS NOT CURRENT:** "In the last year of your relationship, would you say (PARTNER'S) emotional or mental health was... (HAND CARD J) PMHEALTH1
- Excellent
  - Very Good
  - Good
  - Fair
  - Poor
  - DON'T KNOW
  - REFUSED
5. **ASK PEDUC ONLY IF RANDOMIZED TO MODULE B:** What (is/was) the highest level of education that (PARTNER) completed? PEDUC
- Less than high school diploma
  - High school diploma/GED
  - Vocational/technical degree or associate's (2-year) degree
  - Some college
  - Bachelor's (4-year college) degree (e.g. BA/BS)
  - Graduate degree (e.g. MBA, JD, MD, PhD)
  - Other (specify) \_\_\_\_\_ (PEDUC.OTHER)
  - DON'T KNOW
  - REFUSED

**\*\*IF MOST RECENT SEX WAS MORE THAN 12 MONTHS AGO, SKIP TO OFTSEXOK\*\***

The next set of questions is about your sexual relationship with (PARTNER) in the last 12 months. You may refuse to answer any question, but as an interviewer for this survey I am required to ask all the questions.

6. During the last 12 months (IF PARTNER NOT CURRENT: During your relationship), about how often did you have sex with (PARTNER)? Was it... (USE HAND CARD K) OFTSEX[TS]
- Once a day or more
  - 3-6 times a week
  - Once or twice a week
  - 2 to 3 times a month
  - Once a month or less
  - DON'T KNOW
  - REFUSED

**\*\*SKIP TO ORALSEXR IF THIS IS A MALE/MALE OR FEMALE/FEMALE PARTNERSHIP\*\***

- 
7. When you had sex with (PARTNER) in the last 12 months, how often did your activities include vaginal intercourse? [PROMPT IF NEEDED: By vaginal intercourse, we mean when a man's penis is inside a woman's vagina.] (HAND CARD L) VISEX
- Always
  - Usually
  - Sometimes
  - Rarely
  - Never (**SKIP TO ORALSEXR**)
  - DON'T KNOW (**SKIP TO ORALSEXR**)
  - REFUSED (**SKIP TO ORALSEXR**)
8. When you had vaginal intercourse with (him/her), how often did you use condoms? (HAND CARD L) VICONDOM
- Always
  - Usually
  - Sometimes
  - Rarely
  - Never
  - DON'T KNOW
  - REFUSED
9. When you had sex with (PARTNER) in the last 12 months, how often did (he/she) perform oral sex on you? Was it... [PROMPT IF NEEDED: By oral sex we mean stimulating the genitals with the mouth, that is licking or kissing your partner's genitals or when your partner does this to you.] (HAND CARD L) ORALSEXR
- Always
  - Usually
  - Sometimes
  - Rarely
  - Never
  - DON'T KNOW
  - REFUSED
10. How often did you perform oral sex on (him/her)? Was it... (HAND CARD L) ORALSEXG
- Always
  - Usually
  - Sometimes
  - Rarely
  - Never
  - DON'T KNOW
  - REFUSED
11. When you had sex with (PARTNER) in the last 12 months, how often did your activities include kissing, hugging, caressing, or other ways of sexual touching? (HAND CARD L) OFT4PLAY
- Always
  - Usually
  - Sometimes
  - Rarely
  - Never
  - DON'T KNOW
  - REFUSED
-

12. During the past 12 months (IF PARTNER NOT CURRENT: During your relationship), would you say that you had sex: OFTSEXOK[TS] (HAND CARD M)
- Much more often than you would like
  - Somewhat more often than you would like
  - About as often as you would like
  - Less often than you would like
  - Much less often than you would like
  - DON'T KNOW
  - REFUSED
13. How **physically** pleasurable did/do you find your relationship with (PARTNER) to be: extremely pleasurable, very pleasurable, moderately pleasurable, slightly pleasurable, or not at all pleasurable? (HAND CARD N) PLEASURE
- Extremely
  - Very
  - Moderately
  - Slightly
  - Not at all
  - DON'T KNOW
  - REFUSED
14. How **emotionally** satisfying did/do you find your relationship with (him/her) to be? Extremely satisfying, very satisfying, moderately satisfying, slightly satisfying, or not at all satisfying? (HAND CARD N) EMTSATFY
- Extremely
  - Very
  - Moderately
  - Slightly
  - Not at all
  - DON'T KNOW
  - REFUSED

**\*\*IF R HAS NOT HAD SEX IN LAST 12 MONTHS: SKIP TO [PAFFAIR IF GIVEN MODULE B] OR [MLTIPOFT IF NOT GIVEN MODULE B]\*\***

15. Sometimes people go through periods in which they are not interested in sex or are having trouble with sexual gratification. We have just a few questions about whether during the last 12 months there has ever been a period of **several months or more** when you...(READ A-H BELOW).
- |  |   |   |    |           |
|--|---|---|----|-----------|
| A. lacked interest in having sex?  | Y | N | DK | R LACKSEX |
| B. were unable to climax (experience an orgasm)?                               | Y | N | DK | R NOCLMAX |
| C. came to a climax (experienced orgasm) too quickly?                          | Y | N | DK | R CLMAXQK |
| D. experienced physical pain during intercourse?                               | Y | N | DK | R SEXPAIN |
| E. did not find sex pleasurable (even if it was not painful)?                  | Y | N | DK | R SEXNOPL |
| F. felt anxious just before having sex about your ability to perform sexually? | Y | N | DK | R ANXBSEX |

**FOR MALE R's ONLY:**

- |  |   |   |    |           |
|--|---|---|----|-----------|
| G. had trouble getting or maintaining an erection? | Y | N | DK | R NOERECT |
|--|---|---|----|-----------|

**FOR FEMALE R's ONLY:**

- |                             |   |   |    |           |
|-----------------------------|---|---|----|-----------|
| H. had trouble lubricating? | Y | N | DK | R LUBRCTE |
|-----------------------------|---|---|----|-----------|

(IF RESPONDENT DOES NOT KNOW THE MEANING OF LUBRICATING, USE THE FOLLOWING PROMPT:  
When the vagina felt dry during sexual activity or, in other words, it did not become smooth or wet during sexual activity.)

16. **IF YES TO PAIN QUESTION (SEXPAIN):** You mentioned that there were times when you experienced pain during intercourse. Please tell me the numbers from this card that correspond to all the places you felt pain. HAND CARDS O(Females) or P (Males)

**FEMALES –HAND CARD O WHRPAINF[TS]**

- 1 Vagina, upon entry
- 2 Vagina with deep penetration
- 3 Anus or rectum
- 4 Pelvis or lower abdomen
- 5 Hips or joints
- 6 Pain with orgasm
- 7 Breasts
- 8 Heart or chest
- 9 Back
- 10 Stomach
- 11 Leg cramps
- 12 Headache
- 13 Other (specify) \_\_\_\_\_ (WHRPAINF.OTHER)
- DON'T KNOW
- REFUSED

**MALES- HAND CARD P WHRPAINM[TS]**

- 1 Groin (in the area where the thigh meets the torso)
- 2 Penis or scrotum
- 3 Anus or rectum
- 4 Pelvis or lower abdomen
- 5 Hips or joints
- 6 Pain with orgasm
- 7 Heart or chest
- 8 Back
- 9 Stomach
- 10 Leg cramps
- 11 Headache
- 12 Other (specify) \_\_\_\_\_ (WHRPAINM.OTHER)
- DON'T KNOW
- REFUSED

16A. How much does the pain bother you? (HAND CARD Q) UPAINBTR

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

17. **FOR EACH OTHER PROBLEM R HAD, ASK:**

17A. How much ....

“did your lack of interest in having sex” bother you? (HAND CARD Q) ULACKBTR

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

“did your inability to climax (experience orgasm)” bother you? (HAND CARD Q) UNCMXBTR

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

“did your climaxing (experiencing orgasm) too quickly” bother you? (HAND CARD Q) UCMXQBTR

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

“did your not finding sex pleasurable,” bother you? (HAND CARD Q) UNPLSBTR

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

“did your feelings of anxiety before sex” bother you? (HAND CARD Q) UANXTBTR

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

**(MEN ONLY)** “did your trouble getting or maintaining an erection” bother you? (HAND CARD Q) UERCTBTR

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

**(WOMEN ONLY)** “did your trouble lubricating during sexual activity” bother you? (HAND CARD Q) ULUBRBTR

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

(IF RESPONDENT DOES NOT KNOW THE MEANING OF LUBRICATING, USE THE FOLLOWING PROMPT:  
When the vagina felt dry during sexual activity or, in other words, it did not become smooth or wet during sexual activity.)

**\*\*SKIP TO AROUSED (WOMEN) OR PLACKSEX (MEN) IF R DID NOT HAVE ANY PROBLEMS\*\***

18. During the past 12 months, have you ever avoided sex because of the problem(s) you mentioned? AVOIDSEX

- Yes
- No
- DON'T KNOW
- REFUSED

19. Have you ever talked with a doctor about the problem(s) you mentioned? SPTALKDR

- Yes
- No
- DON'T KNOW
- REFUSED

20. Have you ever talked with [PARTNER] about the problem(s) you mentioned? SPTLKPTR

- Yes
- No
- DON'T KNOW
- REFUSED

**\*\*ASK AROUSED AND TINGLING OF WOMEN ONLY:**

21. In the last 12 months, how often did you...

feel sexually aroused (“turned on”) during sexual activity with (PARTNER)? (HAND CARD R) AROUSED

- Always
- Usually
- Sometimes
- Rarely
- Never
- DON'T KNOW
- REFUSED

have a sensation of pulsating or tingling in your vagina/genital area during sexual activity with (PARTNER)? (HAND CARD R) TINGLING

- Always
- Usually
- Sometimes
- Rarely
- Never
- DON'T KNOW
- REFUSED

Now we would like to ask about [PARTNER]:

22. During the last 12 months has there ever been a period of **several months or more** when (PARTNER)...(READ A-H BELOW)

- |   |   |   |    |                |
|---|---|---|----|----------------|
| A. lacked interest in having sex?   | Y | N | DK | R PLACKSEX[TS] |
| B. was unable to climax (experience an orgasm)?                                     | Y | N | DK | R PNOCLMAX     |
| C. came to a climax (experienced orgasm) too quickly?                               | Y | N | DK | R PCLMAXQK     |
| D. experienced physical pain during intercourse?                                    | Y | N | DK | R PSEXPAIN     |
| E. did not find sex pleasurable (even if it was not painful)?                       | Y | N | DK | R PSEXNOPL     |
| F. felt anxious just before having sex about (his/her) ability to perform sexually? | Y | N | DK | R PANXBSEX     |

**FOR MALE PARTNERS ONLY:**

- |  |   |   |    |            |
|--|---|---|----|------------|
| G. had trouble getting or maintaining an erection? | Y | N | DK | R PNOERECT |
|--|---|---|----|------------|

**FOR FEMALE PARTNERS ONLY:**

- |                             |   |   |    |            |
|-----------------------------|---|---|----|------------|
| H. had trouble lubricating? | Y | N | DK | R PLUBRCTE |
|-----------------------------|---|---|----|------------|

(IF RESPONDENT DOES NOT KNOW THE MEANING OF LUBRICATING, USE THE FOLLOWING PROMPT:  
When the vagina felt dry during sexual activity or, in other words, it did not become smooth or wet during sexual activity.)

23. **IF “YES” TO PAIN QUESTION (PSEXPAIN):** You mentioned that there were times when (PARTNER) experienced pain during intercourse. Please tell me the numbers from this card that correspond to all the places (PARTNER) felt pain. (USE HAND CARDS)

**FEMALES- USE HAND CARD S PPAINF**

- 1 Vagina, upon entry
- 2 Vagina with deep penetration
- 3 Anus or rectum
- 4 Pelvis or lower abdomen
- 5 Hips or joints
- 6 Pain with orgasm

- 7 Breasts
- 8 Heart or chest
- 9 Back
- 10 Stomach
- 11 Leg cramps
- 12 Headache
- 13 Other (specify) \_\_\_\_\_ (PPAINF.OTHER)
- DON'T KNOW
- REFUSED

**MALES- USE HAND CARD T PPAINM**

- 1 Groin (in the area where the thigh meets the torso)
- 2 Penis or scrotum
- 3 Anus or rectum
- 4 Pelvis or lower abdomen
- 5 Hips or joints
- 6 Pain with orgasm
- 7 Heart or chest
- 8 Back
- 9 Stomach
- 10 Leg cramps
- 11 Headache
- 12 Other (specify) \_\_\_\_\_ (PPAINM.OTHER)
- DON'T KNOW
- REFUSED

**24. FOR EACH OTHER PROBLEM PARTNER HAD, ASK:**

24A. How much did (PARTNER'S) ...

“lack of interest in having sex” bother you? (HAND CARD U) LACKBTRU

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

“inability to climax (experience orgasm)” bother you? (HAND CARD U) NCMXBTRU

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

“climaxing (experiencing orgasm) too quickly” bother you? (HAND CARD U) CMXQBTRU

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

“not finding sex pleasurable” bother you? (HAND CARD U) NPLSBTRU

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED



“feelings of anxiety before sex” bother you? (HAND CARD U) ANXTBTRU

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

**(MALE PARTNERS ONLY)** “trouble getting or maintaining an erection” bother you? (HAND CARD U) ERCTBTRU

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

**(FEMALE PARTNERS ONLY)** “trouble lubricating during sexual activity” bother you? (HAND CARD U) LUBRBTRU

- A lot
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

(IF RESPONDENT DOES NOT KNOW THE MEANING OF LUBRICATING, USE THE FOLLOWING PROMPT: When the vagina felt dry during sexual activity or, in other words, it did not become smooth or wet during sexual activity.)

25. **ASK PAFFAIR ONLY IF RANDOMIZED TO MODULE B:** To the best of your knowledge, how many people other than you has/did (PARTNER) had/have sex with during the course of your relationship? PAFFAIR

\_\_\_ NUMBER [IF 0, SKIP Q26 (TPAFFAIR)]

26. **ASK TPAFFAIR ONLY IF RANDOMIZED TO MODULE B:** About when was the last time (PARTNER) had sex with someone else during your relationship? (PROMPT IF NEEDED: You can answer in month and year or number of years ago.) TPAFFAIR

\_\_\_ MONTH TPAFRMO / \_\_\_ YEAR TPAFRYR

\_\_\_ NUMBER OF YEARS AGO TPAFRYRA

- DON'T KNOW
- REFUSED

**\*\*IF CURRENT/MOST RECENT SEXUAL RELATIONSHIP IS NOT A MARRIAGE/COHAB RELATIONSHIP AND R WAS PREVIOUSLY MARRIED OR COHABITED, ASK Q'S 2-6 (RLTHAPPY – OFTSEX), 13 (PLEASURE), AND 14 (EMTSATFY) OF MOST RECENT SPOUSE/COHAB.**

**\*\*IF R IS CURRENTLY MARRIED, COHABITING, OR HAS A ROMANTIC PARTNER (FROM SOCIAL NETWORK SECTION) AND R'S CURRENT/MOST RECENT SEXUAL RELATIONSHIP IS NOT THE SAME PERSON IDENTIFIED IN THE SOCIAL NETWORK SECTION, GO THROUGH THIS SECTION AGAIN WITH THE CURRENT SPOUSE/COHAB/ROMANTIC PARTNER.**

**\*\*IF MORE THAN 1 PARTNER IN THE LAST 12 MONTHS:**

27. We've just asked about your relationship with (PARTNER). Now thinking about all the partners you have had in the last 12 months, about how often would you say you had sex on average in the last 12 months? Was it... (USE HAND CARD V) MLTIPOFT

- Not at all
- Once or twice
- About once a month
- Two or three times a month

- About once a week
- Two or three times a week
- Four or more times a week
- DON'T KNOW
- REFUSED

## **IV. PHYSICAL HEALTH**

### **IV. A. SELF REPORTED HEALTH**

**(ASK ALL RESPONDENTS THIS SECTION)**

This next section is about your physical health. First, we would like to ask you some general questions.

1. Would you say your health is excellent, very good, good, fair, or poor? (HAND CARD W) PHYSHLTH[TS]

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- DON'T KNOW
- REFUSED

2. What about your emotional or mental health? Is it excellent, very good, good, fair, or poor? (HAND CARD W)

MNTLHLTH

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- DON'T KNOW
- REFUSED

### **IV. B. SENSORY FUNCTION**

**(ASK ALL RESPONDENTS EYESIGHT, HEARLOSS, AND HEARING)**

1. With your glasses or contact lenses if you wear them, is your eyesight excellent, very good, good, fair, or poor? (HAND CARD W) EYESIGHT[TS]

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- DON'T KNOW
- REFUSED

2. Do you feel you have a hearing loss? HEARLOSS

- Yes
- No
- DON'T KNOW
- REFUSED

3. Is your hearing excellent, very good, good, fair, or poor? (PROMPT: If you wear a hearing aid, please answer this based on your hearing when you are wearing your hearing aid.) (HAND CARD W) HEARING

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- DON'T KNOW
- REFUSED

4. **ASK SMELL ONLY IF RANDOMIZED TO MODULE E:** INTERVIEWER INSTRUCTION: CONTINUE USING HAND CARD W AND ONLY READ RESPONSE CATEGORIES AS NECESSARY

How is your sense of smell? (Is it ...) SMELL

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- DON'T KNOW
- REFUSED

5. **ASK TASTE ONLY IF RANDOMIZED TO MODULE E:** How is your sense of taste? (Is it ...) TASTE

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- DON'T KNOW
- REFUSED

6. **ASK SNSTOUCH ONLY IF RANDOMIZED TO MODULE E:** How is your sense of touch? (Is it...) SNSTOUCH

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- DON'T KNOW
- REFUSED

## IV. C. SURGERIES AND PROCEDURES

(ASK ALL RESPONDENTS THIS SECTION)

Now we would like to ask about different tests or procedures you may have had done. For each item, please tell me if you had it done within the past year, between one and five years ago, more than five years ago, or if you have never had it done.

USE HAND CARD X

About how long has it been since you had...(CHOOSE ALL THAT APPLY)

1. An angioplasty, cardiac catheterization, or coronary angiogram? (PROMPT IF NECESSARY: A special test or treatment of your heart where tubes were inserted to help open your arteries.) HEARTTST[TS]
- Within the past year
  - Between 1 and 5 years ago
  - More than 5 years ago
  - Never
  - DON'T KNOW
  - REFUSED

**WOMEN ONLY**

2. **ASK PELVIC ONLY IF RANDOMIZED TO MODULE B:** A pelvic examination? PELVIC[TS] (HAND CARD X)
- Within the past year
  - Between 1 and 5 years ago
  - More than 5 years ago
  - Never
  - DON'T KNOW
  - REFUSED
3. **ASK PAPSMEAR/DYSPLAS ONLY IF RANDOMIZED TO MODULE B:** A Pap smear test? (A Pap smear is a routine medical test in which the doctor examines the cervix [internal female organ] and sends a cell sample to the lab) PAPSMEAR (HAND CARD X)
- Within the past year
  - Between 1 and 5 years ago
  - More than 5 years ago
  - Never
  - DON'T KNOW
  - REFUSED
- 3a. **IF YES TO PAPSMEAR:** Have you ever been told you have pre-cancer or dysplasia of the cervix? DYSPLAS
- Yes
  - No
  - DON'T KNOW
  - REFUSED
4. Tubal ligation (tubes tied, cut, or burned)? TUBAL (HAND CARD X)
- Within the past year
  - Between 1 and 5 years ago
  - More than 5 years ago
  - Never
  - DON'T KNOW
  - REFUSED
5. Hysterectomy? (PROMPT IF NECESSARY: A hysterectomy is an operation to remove the uterus) HYSTREC (HAND CARD X)
- Within the past year
  - Between 1 and 5 years ago
  - More than 5 years ago
  - Never (**SKIP TO OVARYR**)
  - DON'T KNOW (**SKIP TO OVARYR**)
  - REFUSED (**SKIP TO OVARYR**)
6. **IF RESPONDENT HAD HYSTERECTOMY:** Was the entire uterus removed including the cervix? UTERUSR
- Yes
  - No
  - DON'T KNOW
  - REFUSED

- 
7. **IF RESPONDENT HAD HYSTERECTOMY:** Did you have your hysterectomy after your last menstrual period, that is, after you went through menopause? HAVEHYST
- Yes
- No
- DON'T KNOW
- REFUSED
8. Ovaries removed? (**FOR RESPONDENTS WHO HAD A HYSTERECTOMY:** This may or may not have happened during a hysterectomy.) OVARYR (HAND CARD X)
- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never (**SKIP TO BREASTR**)
- DON'T KNOW (**SKIP TO BREASTR**)
- REFUSED (**SKIP TO BREASTR**)
9. **IF RESPONDENT HAD OVARIES REMOVED:** Was it the left, right, or both ovaries? OVARYLRB
- LEFT
- RIGHT
- BOTH
- DON'T KNOW
- REFUSED
10. **IF RESPONDENT HAD OVARIES REMOVED:** Did you have your ovaries removed after your last menstrual period, that is, after you went through menopause? REMOVARY
- Yes
- No
- DON'T KNOW
- REFUSED
11. All or most of a breast removed? (HAND CARD X) BREASTR
- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never (**SKIP TO ALTMEDS**)
- DON'T KNOW (**SKIP TO ALTMEDS**)
- REFUSED (**SKIP TO ALTMEDS**)
12. **IF RESPONDENT HAD ALL OR MOST OF BREAST REMOVED:** Was it the left, right, or both breasts? BRSTLRB
- LEFT: was all or most of your left breast removed? LBRST
- ALL
- MOST
- DON'T KNOW
- REFUSED
- RIGHT: was all or most of your right breast removed? RBRST
- ALL
- MOST
- DON'T KNOW
- REFUSED
- BOTH: a. was all or most of your left breast removed?
- ALL
- MOST
- DON'T KNOW
- REFUSED
-

- b. was all or most of your right breast removed? RBRST
- ALL
  - MOST
  - DON'T KNOW
  - REFUSED

- DON'T KNOW
- REFUSED

13. **IF RESPONDENT HAD ALL OR MOST OF BREAST REMOVED:** Have you had breast reconstructive surgery?  
BRSTSURG

- Yes
- No
- DON'T KNOW
- REFUSED

#### MEN ONLY

14. **ASK PSA ONLY IF RANDOMIZED TO MODULE B:** A Prostate-Specific Antigen test, also called a PSA test?  
(PROMPT: A PSA test is a blood test used to check men for prostate cancer) PSA[TS] (HAND CARD X)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never
- DON'T KNOW
- REFUSED

15. Complete or partial removal of the prostate gland? PROSTATR (HAND CARD X)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never (**SKIP TO VASECTMY**)
- DON'T KNOW (**SKIP TO VASECTMY**)
- REFUSED (**SKIP TO VASECTMY**)

16. **IF COMPLETE OR PARTIAL REMOVAL OF PROSTATE GLAND:** Was all or part of your prostate removed?  
APPROST

- ALL
- PART
- DON'T KNOW
- REFUSED

17. **IF COMPLETE OR PARTIAL REMOVAL OF PROSTATE GLAND:** Was your prostatectomy through the urethra or through an incision in your abdomen? (DO NOT READ RESPONSES) PROSTOMY

- URETHRA
- INCISION IN ABDOMEN
- DON'T KNOW
- REFUSED

18. Vasectomy (PROMPT: A vasectomy is a surgical procedure on the testicles to stop a man's fertility. ADDITIONAL PROMPT IF NEEDED: Sometimes referred to as "getting snipped") VASECTMY (HAND CARD X)

- Within the past year
- Between 1 and 5 years ago
- More than 5 years ago
- Never
- DON'T KNOW

REFUSED

19. Are you circumcised? CIRCUM

- Yes  
 No  
 DON'T KNOW  
 REFUSED

**(ASK ALL RESPONDENTS)**

20. In the past 12 months, have you used any of the following alternative or complementary medicines or treatments?  
 [CHOOSE ALL THAT APPLY] [READ RESPONSES] (USE HAND CARD Y) ALTMEDS

- Herbal supplement or remedy  
 High-dose or mega-vitamin, not including a daily vitamin  
 Massage therapies  
 Acupuncture  
 Chiropractic treatments  
 Meditation  
 Religious or spiritual healing by others  
 None  
 Other (SPECIFY) \_\_\_\_\_ (ALTMEDS.OTHER)  
 DON'T KNOW  
 REFUSED

**IV. D. HEALTH CARE UTILIZATION**

**(ASK THIS SECTION ONLY IF RANDOMIZED TO MODULE B)**

1. Is there a place that you usually go when you are sick or need advice about your health? HLTHPLC[TS]

- No  
 Yes: → What kind of place do you go to most often: is it a clinic, doctor's office, emergency room, or some other place?  
 (DO NOT READ RESPONSES) PLACETYP
- CLINIC OR HEALTH CENTER
  - DOCTOR'S OFFICE OR HMO
  - HOSPITAL EMERGENCY ROOM
  - HOSPITAL OUTPATIENT DEPARTMENT
  - SOME OTHER PLACE
  - DON'T KNOW
  - REFUSED
- DON'T KNOW  
 REFUSED

2. During the past 12 months, how many times have you seen a doctor or other health care professional about your health at a doctor's office, a clinic, hospital emergency room, at home or some other place? Do not include times you were hospitalized overnight. (DO NOT READ RESPONSES) HLTHVIS

- 1  
 2 – 3  
 4 – 9  
 10 – 12 (ABOUT ONCE A MONTH)  
 13 – 20  
 20 – 30 (ABOUT TWICE A MONTH)  
 30 OR MORE  
 NONE: → About how long has it been since you last saw or talked to a doctor or other health care professional about your health? Include doctors seen while you were a patient in a hospital. Has it been... TALKDOC
- 6 months or less

- More than 6 months, but not more than 1 year ago
  - More than 1 year, but not more than 3 years ago
  - More than 3 years
  - Never
  - DON'T KNOW
  - REFUSED
- DON'T KNOW
  - REFUSED

## IV. E. MORBIDITY

### (ASK ALL RESPONDENTS THIS SECTION)

3. Has a medical doctor ever told you that you have had a heart attack? (PROMPT: Medical doctors include specialists such as dermatologists, psychiatrists, ophthalmologists, as well as general practitioners and osteopaths. Do not include chiropractors, dentists, nurses, or nurse practitioners.) HRTPROB[TS]
- Yes
  - No
  - DON'T KNOW
  - REFUSED
4. Have you ever been treated for heart failure? (PROMPT: You may have been short of breath and the doctor may have told you that you had fluid in your lungs or that your heart was not pumping well.) HRTFAIL
- Yes
  - No
  - DON'T KNOW
  - REFUSED
5. Have you had an operation to unclog or bypass the arteries in your legs? UNCLOGA
- Yes
  - No
  - DON'T KNOW
  - REFUSED
6. Has a medical doctor ever told you that you have any of the following conditions? (PROMPT: Medical doctors include specialists such as dermatologists, psychiatrists, ophthalmologists, as well as general practitioners and osteopaths. Do not include chiropractors, dentists, nurses, or nurse practitioners.) (CHOOSE ALL THAT APPLY.) CONDITNS
- Arthritis
  - Stomach ulcers, or peptic ulcer disease
  - Emphysema, chronic bronchitis, or chronic obstructive lung disease
  - Asthma
  - Stroke, cerebrovascular accident, blood clot or bleeding in the brain, or transient ischemic attack (TIA)
  - High blood pressure or hypertension
  - Diabetes or high blood sugar
  - Alzheimer's disease or another form of dementia
  - Cirrhosis, or serious liver damage
  - HIV/AIDS
  - Leukemia or polycythemia vera
  - Lymphoma
  - Skin cancer (including melanoma, basal cell carcinoma, squamous cell carcinoma)
  - Cancer, other than skin cancer, leukemia or lymphoma
  - Poor kidney function (blood tests show high creatinine), used hemodialysis, peritoneal dialysis, or received a kidney transplantation
  - Thyroid problems
- MEN ONLY:** Enlarged prostate gland
- NONE



- DON'T KNOW  
 REFUSED

**7. ASK ONLY IF RESPONDENT HAD CANCER (YES TO "Cancer, other than skin cancer, leukemia, or lymphoma):**

Other than lymphoma, leukemia, and skin cancer, how many such cancers have you had? HOWMANYC[TS]

- \_\_\_\_\_ Number (0-20)  
 DON'T KNOW  
 REFUSED

**\*\*IF MORE THAN ONE CANCER, ASK QUESTIONS 8 – 10 (CDIAG, CBEGIN, SPREAD) FOR FIRST CANCER AND FOR MOST RECENT CANCER (LOOP UP TO TWO TIMES). LOOP ONLY ONCE IF ONE CANCER REPORTED.\*\***

**8. ASK ONLY IF RESPONDENT HAD CANCER:**

**\*\*IF MORE THAN ONE CANCER:**

**\*FOR FIRST LOOP, INTRO TEXT SHOULD READ:** Now thinking about your first cancer ...

**\*FOR SECOND LOOP, INTRO TEXT SHOULD READ:** Now thinking about your most recent cancer ...

When did the cancer begin? (PROMPT IF NEEDED: How old were you?) CDIAG

INTERVIEWER INSTRUCTION: "DO NOT INCLUDE LYMPHOMA, LEUKEMIA OR SKIN CANCER"

- \_\_\_\_ Month/\_\_\_\_ Year OR \_\_\_\_ Age  
 DON'T KNOW  
 REFUSED

**9. ASK ONLY IF RESPONDENT HAD CANCER:** Sometimes, cancer will start in one place and spread to other parts of the body. Right now we are interested in knowing about primary cancer, or, in other words, where your cancer began. In which organ or part of your body did the cancer start? (DO NOT READ LIST) CBEGIN

- BLADDER  
 BONE  
 BRAIN  
 BREAST  
 CERVIX (WOMEN ONLY)  
 COLON  
 ESOPHAGUS  
 GALLBLADDER  
 KIDNEY  
 LARYNX-WINDPIPE  
 LEUKEMIA  
 LIVER  
 LUNG  
 LYMPHOMA  
 MOUTH, TONGUE, OR LIP  
 OVARY (WOMEN ONLY)  
 PANCREAS  
 PERITONEAL  
 PROSTATE (MEN ONLY)  
 RECTUM  
 SKIN  
 SOFT TISSUE (MUSCLE OR FAT)  
 STOMACH  
 TESTIS (MEN ONLY)  
 THROAT – PHARYNX  
 THYROID  
 UTERUS (WOMEN ONLY)  
 VULVA (WOMEN ONLY)  
 OTHER: (SPECIFY) \_\_\_\_\_ (CBEGIN.OTHER)

- DON'T KNOW
- REFUSED

10. **ASK ONLY IF RESPONDENT HAD CANCER:** Has this cancer spread to other parts of your body? SPREAD

- Yes
- No
- DON'T KNOW
- REFUSED

11. Have you ever discussed with a doctor the changes to your sex life that may result from a medical condition?  
SEXCHGES

- Yes
- No
- DON'T KNOW
- REFUSED

#### IV. F.STD

**(ASK THIS SECTION ONLY IF RANDOMIZED TO MODULE B)**

There are several diseases or infections that can be transmitted during sex. These are sometimes called venereal diseases, or VD. I will be using the term sexually transmitted diseases, or STDs, to refer to them.

1. Have you ever been told by a doctor or other health professional that you have... (CHOOSE ALL THAT APPLY)  
(READ RESPONSES) (HAND CARD Z) HAVESTDS[TS]

- Herpes (genital herpes)
- Genital warts (Venereal warts, HPV)
- Trich or trichomonas
- Gonorrhea (clap, drip)
- Chlamydia
- (Females) Pelvic Inflammatory Disease (PID)
- Syphilis (bad blood)
- Hepatitis
- NONE
- DON'T KNOW
- REFUSED

**IF ANSWER YES TO ANY OF THE ABOVE IN HAVESTDS, THEN ASK THE NEXT QUESTION (FLAREUPS) FOR EACH STD:**

1a. In the past 12 months, has a doctor told you that you have (above listed STD) (Include flare-ups)? FLAREUPS

- No
- Yes
- DON'T KNOW
- REFUSED

#### FEMALES ONLY

2. Now we would like to ask about common vaginal infections women experience. Have you been told by a doctor in the last year that you have...? (CHOOSE ALL THAT APPLY) VAGINF

- Vaginitis
- Yeast infection (PROMPT: Candidiasis)
- BV or Bacterial Vaginosis (PROMPT: changes in or an overgrowth of bacteria in the vagina)
- None
- DON'T KNOW

REFUSED

**IV. G. FERTILITY AND MENOPAUSE**

(ASK ALL FEMALE RESPONDENTS THIS SECTION)

Now I'm going to ask you a few questions about your reproductive history.

1. How many times have you been pregnant altogether? (PROMPT IF NEEDED: Please include livebirths, miscarriages, stillbirths, tubal pregnancies, and abortions.) TXPREGN[TS]  
 \_\_\_\_\_ Number (RANGE 0-50)

- Don't know
- Refused

2. **IF NO PREGNANCIES, SKIP THIS QUESTION (BIRTHS):** How many of your pregnancies resulted in live births? (PROMPT IF NEEDED: By "live birth," we mean the birth of a living newborn.)

INTERVIEWER INSTRUCTIONS: A BIRTH IS CONSIDERED "LIVE" EVEN IF THE INFANT ONLY LIVED A SHORT TIME. BIRTHS

\_\_\_\_\_ Number

- Don't know
- Refused

3. How old were you when you had your last menstrual period? (PROMPT IF RESPONDENT REFERS TO MENOPAUSE: We are trying to understand when women go through menopause. The best way to measure the time of menopause is to record when you had your last menstrual period.) LASTPRD

- ANSWERED BY AGE AT LAST MENSTRUAL PERIOD \_\_\_\_\_ AGELSTPD
- ANSWERED IS STILL MENSTRUATING / HAVING PERIODS
- DON'T KNOW
- REFUSED

**IV. H. FUNCTIONAL HEALTH**

(ASK ALL RESPONDENTS THIS SECTION)

HAND CARD AA

We are interested in what activities are easy or difficult for you. Please look at the answer categories on the hand AA card and tell me how much difficulty you have with each activity. Exclude any difficulties that you expect to last less than three months.

	No difficulty	Some difficulty	Much difficulty	Unable to do	IF VOLUNTEERED - Have never done	DON'T KNOW	REFUSED
4. Walking one block? WALKBLK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Walking across a room? WALKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dressing, including putting on shoes and socks? DRESSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bathing or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No difficulty	Some difficulty	Much difficulty	Unable to do	IF VOLUNTEERED - Have never done	DON'T KNOW	REFUSED
showering? BATHING							
8. Eating, such as cutting up your food? EATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Getting in or out of bed? INOUTBED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Using the toilet, including getting up and down? TOILET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Driving a car during the day? DRIVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Driving a car during the night? DRIVEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. I. MEDICAL DECISION MAKER**

**(ASK THIS SECTION ONLY IF RANDOMIZED TO MODULE B)**

1. Do you have someone who you would like to make medical decisions for you if you were unable, as for example if you were seriously injured or very sick? MEDDEC[TS]

(INTERVIEWER PROMPT: If only one person could make these decisions, who would that be for you?)

- Yes
- No
- DON'T KNOW
- REFUSED

**\*IF RESPONDENT SAYS "YES," ASK: "Is this person someone we wrote down on your roster earlier?\*" MEDDECRO**

- Yes
- No

IF PERSON ON ROSTER, RECORD LINE NUMBER. MEDDECRN

IF RESPONDENT ANSWERS 'NO ONE', MAKE CERTAIN TO RECORD.

**\*\*ASK NEXT QUESTION ONLY IF DECISION-MAKER NOT LISTED ON ROSTER\*\***

2. Which of the following best describes this person's relationship to you? (USE HAND CARD BB) MEDDECRE

- Ex-spouse
- Romantic/Sexual partner
- Parent
- Parent in-law
- Child
- Step-child
- Brother or sister
- Other relative of yours
- Other in-law
- Friend

- Neighbor
- Co-worker or boss
- Minister, priest, or other clergy
- Psychiatrist, psychologist, counselor, or therapist
- Caseworker/Social worker
- Housekeeper/Home health care provider
- Other (Specify) \_\_\_\_\_ (MEDDECRE.OTHER)
- DON'T KNOW
- REFUSED

## IV. J. HEALTH-RELATED BEHAVIORS

(ASK ALL RESPONDENTS THIS SECTION)

Now I will be asking you about physical activities you may do on a regular basis.

How often do you participate in physical activity such as walking, dancing, gardening, physical exercise or sports? (HAND CARD CC) PHYSACT[TS]

- 3 or more times per week
- 1-2 times per week
- 1-3 times per month
- Less than 1 time per month
- Never
- DON'T KNOW
- REFUSED

Now let's talk about your sleeping habits...

3. How often do you feel really rested when you wake up in the morning? RESTED

- Most of the time
- Sometimes
- Rarely
- Never
- DON'T KNOW
- REFUSED

4. How many hours do you usually sleep at night? HRSSLEEP

- \_\_\_\_\_ Hours
- DON'T KNOW
  - REFUSED

4. Next, we would like to know about your use of alcohol and tobacco... Do you ever drink any alcoholic beverages such as beer, wine, or liquor? ALCOHOL

- No: 4a. Have you ever drunk alcohol? EVERDRNK
  - No (SKIP TO Q8 – SMOKECIG)
  - Yes: 4a1. Have you drunk alcohol in the last three months? DRNK3MO
    - ◇ Yes
    - ◇ No (SKIP TO Q8 – SMOKECIG)
    - ◇ DON'T KNOW (SKIP TO Q8 – SMOKECIG)
    - ◇ REFUSED (SKIP TO Q8 – SMOKECIG)
  - DON'T KNOW (SKIP TO Q8 – SMOKECIG)
  - REFUSED (SKIP TO Q8 – SMOKECIG)
- Yes: (SKIP TO Q5 – DRNKWKLY)
- DON'T KNOW (SKIP TO EVERDRNK)
- REFUSED (SKIP TO EVERDRNK)

- 
5. **ASK QUESTION ONLY IF THEY CURRENTLY DRINK OR HAVE DRUNK IN THE PAST 3 MONTHS**  
 (“YES” to Q4-ALCOHOL or “YES” to Q4a1): In the last three months, on average, how many days per week have you had any alcohol to drink? (For example, beer, wine, or any drink containing liquor) (DO NOT READ RESPONSES)  
 DRNKWKLY
- 7 (EVERY DAY)
- 6
- 5
- 4
- 3
- 2
- 1
- 0 (NONE OR LESS THAN ONCE A WEEK)
- DON'T KNOW
- REFUSED
6. In the last three months, on the days you drink, about how many **drinks** do you have? MNYDRINK
- \_\_\_\_\_ DRINKS
- DON'T KNOW
- REFUSED
7. In the last three months, on how many **days** have you had four or more drinks in one occasion? (USE ZERO FOR NONE) MORE4DRN
- \_\_\_\_\_ DAYS
- DON'T KNOW
- REFUSED
8. Do you smoke cigarettes now? SMOKECIG
- (INTERVIEWER INSTRUCTION: DOES NOT INCLUDE PIPES, SNUFF, CHEWING TOBACCO OR ANY OTHER FORMS OF TOBACCO BESIDES CIGARETTES)
- Yes (**SKIP TO AVECIG**)
- No
- DON'T KNOW
- REFUSED
9. **IF RESPONDENT DOES NOT SMOKE REGULARLY NOW:** Did you ever smoke cigarettes regularly?  
 EVERSMTK
- No (**SKIP TO ANYTOBAC**)
- Yes
- DON'T KNOW (**SKIP TO ANYTOBAC**)
- REFUSED (**SKIP TO ANYTOBAC**)
10. **IF RESPONDENT USED TO SMOKE REGULARLY:** On the average, how many cigarettes per day did you usually smoke (ONE PACK = 20 CIGARETTES) EAVGCIG
- \_\_\_\_\_ CIGARETTES
- DON'T KNOW
- REFUSED
11. **IF RESPONDENT USED TO SMOKE REGULARLY:** How old were you when you last smoked cigarettes regularly? ELSTSMK
- \_\_\_\_\_ AGE
- DON'T KNOW
- REFUSED
12. **IF RESPONDENT USED TO SMOKE REGULARLY:** How old were you when you first smoked cigarettes regularly? EFRSTSMK
- \_\_\_\_\_ AGE (**SKIP TO ANYTOBAC**)
-

- DON'T KNOW (SKIP TO ANYTOBAC)
  - REFUSED (SKIP TO ANYTOBAC)
13. **IF RESPONDENT SMOKES REGULARLY NOW:** On the average, how many cigarettes per day do you usually smoke? (NOTE: ONE PACK = 20 CIGARETTES) AVECIG
- \_\_\_\_\_ CIGARETTES
  - DON'T KNOW
  - REFUSED
14. **IF RESPONDENT SMOKES REGULARLY NOW:** How old were you when you first smoked cigarettes regularly? FRSTSMK
- \_\_\_\_\_ AGE
  - DON'T KNOW
  - REFUSED
15. Do you use any of the other following tobacco products regularly now? (CHOOSE ALL THAT APPLY) ANYTOBAC
- Pipe
  - Cigar
  - Snuff
  - Chewing tobacco
  - None
  - DON'T KNOW
  - REFUSED

#### IV. K. SPMSQ

(ASK ALL RESPONDENTS THIS SECTION)

The next questions are about memory. Since there isn't much scientific information on how good the average person's memory is, many of our questions are designed to provide this basic information. The questions may seem unusual, but they are routine questions we ask of everyone. Some of the questions are very easy and some are difficult, so don't be surprised if you have trouble with some of them.

16. What is the date today? (PROMPT: What is the month, day and year?) MEMDATE1[TS]  
 RESPONDENT REFUSED (SKIP TO MEMDAYW1)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (SKIP TO MEMDAYW1)  
 RESPONDENT ABLE TO GIVE ANSWER. (FI CAN PROBE WITH: "CAN YOU GIVE ME THE MONTH, DAY AND YEAR?")

MEMDATE2

RECORD ANSWER:	_____ CHECKLIST FOR MONTH + "OTHER VERBATIM SPECIFY." _____ 2 DIGIT DAY VERBATIM. _____ 4 DIGIT YEAR VERBATIM.
RESPONDENT'S ANSWER WAS....	<input type="checkbox"/> CORRECT <input type="checkbox"/> INCORRECT / HAD ERRORS

	<input type="checkbox"/> DON'T KNOW (SPECIFY)
--	---

17. What day of the week is it? MEMDAYW1  
 RESPONDENT REFUSED (**SKIP TO MEMPLAC1**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO MEMPLAC1**)  
 RESPONDENT ABLE TO GIVE ANSWER

MEMDAYW2

RECORD ANSWER:	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> OTHER SPECIFY
RESPONDENT'S ANSWER WAS....	<input type="checkbox"/> CORRECT <input type="checkbox"/> INCORRECT / HAD ERRORS <input type="checkbox"/> DON'T KNOW (SPECIFY)

18. What is the name of this place? MEMPLAC1[TS]  
 RESPONDENT REFUSED (**SKIP TO MEMTEL1**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO MEMTEL1**)  
 RESPONDENT ABLE TO GIVE ANSWER

MEMPLAC2

RECORD ANSWER:	
DO NOT RECORD IDENTIFYING INFORMATION	
RESPONDENT'S ANSWER WAS....  NOTE: CORRECT ANSWERS CAN INCLUDE: THE LIVING ROOM MY HOUSE THE UNITED STATES ETC	<input type="checkbox"/> CORRECT <input type="checkbox"/> INCORRECT / HAD ERRORS <input type="checkbox"/> DON'T KNOW (SPECIFY)



19. What is your telephone number? MEMTEL1

RESPONDENT REFUSED (**SKIP TO MEMSTR1**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO MEMSTR1**)  
 RESPONDENT ABLE TO GIVE ANSWER

MEMTEL2

RECORD ANSWER:	____ _ (NOTE: THIS WILL BE COMPARED TO # PROVIDED BY R IN DEBRIEFING, EITHER IN POST PROCESSING IF POSSIBLE, OR BY FI IN INTERVIEW COMMENTS SECTION)
Is this your home number, your cell number or a work number or something else?	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> SOMETHING ELSE

20. What is your (STREET) address? (INSTRUCTION: THIS REFERS TO HOME ADDRESS) MEMSTR1

RESPONDENT REFUSED (**SKIP TO MEMAGE1**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO MEMAGE1**)  
 RESPONDENT ABLE TO GIVE ANSWER

MEMSTR2

RECORD ANSWER:	_____
RESPONDENT'S ANSWER WAS....  CHECK AGAINST CONTROL CARD	<input type="checkbox"/> CORRECT <input type="checkbox"/> INCORRECT / HAD ERRORS <input type="checkbox"/> DON'T KNOW (SPECIFY)

21. How old are you? MEMAGE1[TS]

RESPONDENT REFUSED (**SKIP TO MEMDOB1**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO MEMDOB1**)  
 RESPONDENT ABLE TO GIVE ANSWER

MEMAGE2

RECORD ANSWER:	_____
CAPI DISPLAYS R'S CALCULATED AGE BASED ON BIRTHDATE AND TODAY'S DATE.	
RESPONDENT'S ANSWER COMPARED TO CALCULATED WAS....	<input type="checkbox"/> CORRECT <input type="checkbox"/> INCORRECT / HAD ERRORS <input type="checkbox"/> DON'T KNOW (SPECIFY)

22. What is your date of birth? MEMDOB1  
 RESPONDENT REFUSED (**SKIP TO MEMPRES1**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO MEMPRES1**)  
 RESPONDENT ABLE TO GIVE ANSWER

MEMDOB2

RECORD ANSWER:	_____ CHECKLIST FOR MONTH + "OTHER VERBATIM SPECIFY." _____ 2 DIGIT DAY VERBATIM. _____ 4 DIGIT YEAR VERBATIM.
CAPI TO DISPLAY RESPONDENT'S BIRTHDATE.  RESPONDENT'S ANSWER COMPARED TO CAPI DISPLAY WAS....	<input type="checkbox"/> CORRECT <input type="checkbox"/> INCORRECT / HAD ERRORS <input type="checkbox"/> DON'T KNOW (SPECIFY)

23. Who is the President of the United States? MEMPRES1  
 RESPONDENT REFUSED (**SKIP TO MEMB4PR1**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO MEMB4PR1**)  
 RESPONDENT ABLE TO GIVE ANSWER

MEMPRES2

RECORD ANSWER:	
RESPONDENT'S ANSWER WAS....  LAST NAME IS SUFFICIENT	<input type="checkbox"/> CORRECT <input type="checkbox"/> INCORRECT / HAD ERRORS <input type="checkbox"/> DON'T KNOW (SPECIFY)

24. Who was the President just before him? (IF RESPONDENT ANSWERS SAME NAME AS THEY ANSWERED IN PREVIOUS QUESTION, PROBE: Who was the President just before him?) MEMB4PR1  
 RESPONDENT REFUSED (**SKIP TO MEMNAME1**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO MEMNAME1**)  
 RESPONDENT ABLE TO GIVE ANSWER.

MEMB4PR2

RECORD ANSWER:	
RESPONDENT'S ANSWER WAS....  LAST NAME IS SUFFICIENT	<input type="checkbox"/> CORRECT <input type="checkbox"/> INCORRECT / HAD ERRORS <input type="checkbox"/> DON'T KNOW (SPECIFY)

25. What is your mother's maiden name? MEMNAME1[TS]  
 RESPONDENT REFUSED (**SKIP TO MEMSUBT1**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO MEMSUBT1**)  
 RESPONDENT ABLE TO GIVE ANSWER

MEMNAME2

	<input type="checkbox"/> RESPONDENT GAVE OWN NAME <input type="checkbox"/> RESPONDENT GAVE A DIFFERENT NAME
--	--

26. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down ... MEMSUBT1  
 RESPONDENT REFUSED (**SKIP TO NEXT SECTION**)  
 RESPONDENT COULD NOT GIVE ANY ANSWER TO THE QUESTION (**SKIP TO NEXT SECTION**)  
 RESPONDENT ABLE TO GIVE ANSWER

MEMSUBT2

<p>RECORD ANSWER:</p> <p>DO NOT RECORD '20'</p> <p>IF RESPONDENT REPEATS '20' MORE THAN TWICE, RECORD ANSWER AND MARK AS INCORRECT</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>RESPONDENT'S ANSWER WAS...</p> <p>CORRECT RESPONSE IS: 17, 14, 11, 8, 5, 2</p> <p>THE ENTIRE SERIES MUST BE PERFORMED CORRECTLY IN ORDER TO BE SCORED AS CORRECT.</p> <p>ANY ERROR IN THE SERIES OR UNWILLINGNESS TO ATTEMPT THE SERIES IS SCORED INCORRECT</p>	<p><input type="checkbox"/> CORRECT</p> <p><input type="checkbox"/> INCORRECT / HAD ERRORS</p> <p><input type="checkbox"/> DON'T KNOW (SPECIFY)</p>

## V. SAQ

Sometimes people find it easier to enter their answers to some questions on the computer instead of saying them to another person. Please answer the following questions on this computer by entering in your answers.

- R WILL USE COMPUTER
- R WILL USE PAPER VERSION SAQINTR[TS]

1. In your entire life so far, about how many men have you had sex with, even if only one time? MENSEX

- \_\_\_\_\_ Number
- DON'T KNOW
- REFUSED

2. In your entire life so far, about how many women have you had sex with, even if only one time? WOMENSEX

- \_\_\_\_\_ Number
- DON'T KNOW
- REFUSED

3. Have you ever paid anyone for sex? PAYSEX

Yes:

**IF YES TO PAYSEX:** Have you paid anyone for sex since you turned 50? PAYSEX50

- ◇ Yes
- ◇ No
- ◇ DON'T KNOW
- ◇ REFUSED

- No
- DON'T KNOW
- REFUSED

Masturbation is a very common practice. By masturbation, we mean stimulating your genitals (sex organs) for sexual pleasure, **not** with a sexual partner.

4. On average, **in the past 12 months** how often did you masturbate? MSTBATE

(Please select one answer only)

- More than once a day
- Every day
- Several times a week
- Once a week
- 2-3 times a month
- Once a month
- Every other month
- 3-5 times a year
- 1-2 times a year
- Not at all this year (**SKIP TO URINEPR**)
- DON'T KNOW
- REFUSED

5. When masturbating in the past 12 months, how often did you have an orgasm, that is come or come to climax?

MSTBATEO

- Always
- Usually
- Sometimes
- Rarely
- Never
- DON'T KNOW
- REFUSED

The next set of questions is about incontinence. We know this might not be easy to talk about, but incontinence is quite a common health problem.

6. In the past 12 months, have you had difficulty controlling your bladder, including leaking small amounts of urine, leaking when you cough or sneeze, or not being able to make it to the bathroom on time? URINEPR

- No
- Yes: → How frequently does this occur? FREQRIN
  - ◇ Every day
  - ◇ A few times a week
  - ◇ A few times a month
  - ◇ A few times a year
  - ◇ DON'T KNOW
  - ◇ REFUSED
- DON'T KNOW
- REFUSED

- 
7. In the past 12 months, have you had other problems with urinating, such as incomplete emptying, a weak urinary stream, straining to begin urination, or difficulty in postponing urination? OTHURINE
- No
  - Yes: → How frequently does this occur? FREQOTHU
    - ◇ Every day
    - ◇ A few times a week
    - ◇ A few times a month
    - ◇ A few times a year
    - ◇ DON'T KNOW
    - ◇ REFUSED
  - DON'T KNOW
  - REFUSED
8. Now we would like to know if you have experienced stool incontinence. In the past 12 months, have you lost control of your bowels (stool incontinence or anal incontinence)? STOOLINC
- No
  - Yes: → How frequently does this occur? FREQSTL
    - ◇ Every day
    - ◇ A few times a week
    - ◇ A few times a month
    - ◇ A few times a year
    - ◇ DON'T KNOW
    - ◇ REFUSED
  - DON'T KNOW
  - REFUSED

**Thank you for your cooperation.**  
**Please give the laptop back to your interviewer.**

## BIOMARKER BREAK

### NSHAP Biomarker Core

#### Instructions

USE THIS WORKBOOK TO FILL IN THE RESULTS OF EACH BIOMARKER DURING THE NSHAP INTERVIEW.

#### Weight

Let's begin by measuring your weight. (WEIGHT)

- DOUBLE CHECK SCALE IS SWITCHED TO POUNDS.
- ALLOW THE SCALE TO ZERO.
- WHEN READOUT IS STABLE, RECORD WEIGHT.

1. RECORD WEIGHT IN POUNDS:

- |\_\_| |\_\_| |\_\_| . |\_\_| POUNDS (VALID VALUES: XX-XXX) (WEOTWWE1)
- R IN WHEELCHAIR
- R REFUSED TO STAND ON SCALE
- R OVER SCALE MAXIMUM
- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO

2. WEIGHT NOTES: (NOTESWE)

#### Waist

REFUSED (SKIP TO NOTES)

Next, let's measure your waist. (WAINTRO)

- HAVE R STAND WITH FEET TOGETHER.
- HAVE R RELAX ARMS AND STOMACH.
- ESTIMATE THE NATURAL WAIST AT THE NARROWEST PART OF THE TORSO ABOVE THE BELLY BUTTON AND BELOW THE CHEST. IN OVERWEIGHT INDIVIDUALS THIS COULD BE THE WIDEST PART.
- PLACE MEASURING TAPE EVENLY AROUND THE WAIST.
- MAKE SURE THE TAPE IS STRAIGHT AND NOT TWISTED.

3. RECORD WAIST TO THE NEAREST HALF INCH: (WAIST)

- |\_\_| |\_\_| . |\_\_| INCHES (WAOTWWA1)
- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO

4. WAIST NOTES: (NOTESWA)

## Height

REFUSED (SKIP TO NOTES)

Now, let's measure your height.

- HAVE R STAND STRAIGHT AGAINST WALL, FEET TOGETHER, EYES LOOKING FORWARD.
- PLACE CLIPBOARD ON TOP OF R'S HEAD WITH SHORTER EDGE FLAT AGAINST THE WALL.
- PLACE POST-IT DIRECTLY BELOW THE CLIPBOARD ON THE WALL.
- R STEP AWAY FROM WALL.
- SET MEASURING TAPE AGAINST WALL AND MEASURE HEIGHT.

5. RECORD HEIGHT TO THE NEAREST HALF INCH (HEIGHT)

|\_\_|\_\_|. |\_\_| INCHES (HEOTHHE1)

- R IN WHEELCHAIR
- R REFUSED TO BE MEASURED
- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO

6. HEIGHT NOTES: (NOTESHT)

## Blood Pressure #1

REFUSED (SKIP TO NOTES)

(BP1INTRO)

Now let's take two blood pressure readings. While I am setting up, please get a glass of water. It is necessary for an upcoming measure.

- IF R WEARING SHIRT WITH SLEEVES, ASK TO PUSH SLEEVE UP.
  - HAVE R PLACE BOTH FEET ON THE FLOOR.
  - HAVE R LAY LEFT ARM ON THE [SURFACE] PALM FACING UP.  
POSITION TUBE TOWARD INNER SIDE OF ARM.  
ADJUST TIGHTNESS WITH ROOM FOR TWO FINGERS.  
LOOK AT INDEX MARK ARROW ON CUFF.
    - IF POINTS WITHIN THE PROPER FIT RANGE, YOU ARE USING THE CORRECT CUFF SIZE.
    - IF POINTS AT ANOTHER CUFF SIZE, YOU ARE USING THE INCORRECT CUFF SIZE AND SHOULD ATTACH THE RECOMMENDED CUFF.
- PRESS START

1. ATTEMPT #1: (BP1DESCR)

|\_\_|\_\_|\_\_| SYSTOLIC (SYSTOL1)

|\_\_|\_\_|\_\_| DIASTOLIC (DIASTOL1)

- EQUIPMENT PROBLEM (**SKIP TO BPINTRO2**)
- TRIED, UNABLE TO DO (**SKIP TO Q13**)

2. IS THE HEARTBEAT IRREGULAR? (IRREGLR1)

- YES
- NO



3. PULSE #1 (BOTTOM LINE): (PULSE1A)
- |\_|\_|\_|\_|\_| (PUOTREP1)  
PULSE ERROR READING
4. WHAT ARM WAS USED FOR THE READING? (BP1ARM)
- LEFT ARM
- RIGHT ARM

## Blood Pressure #2

REFUSED (SKIP TO NOTES)

(BP2INTRO)

Let's take your final blood pressure reading.

5. ATTEMPT #2: (BP2DESCR)
- |\_|\_|\_|\_| SYSTOLIC (SYSTOL2)
- |\_|\_|\_|\_| DIASTOLIC (DIASTOL2)
- EQUIPMENT PROBLEM (**SKIP TO Q13**)
- TRIED, UNABLE TO DO (**SKIP TO Q13**)
6. IS THE HEARTBEAT IRREGULAR? (IRREGLR2)
- YES
- NO
7. PULSE #2 (BOTTOM LINE): (PULSE2A)
- |\_|\_|\_|\_| (PUOREP11)
- PULSE ERROR READING
8. WHAT ARM WAS USED FOR THE READING? (BP2ARM)
- LEFT ARM
- RIGHT ARM

IF SYSTOL2 – SYSTOL1 IS LESS THAN 20 *OR* IF DIASTOL2 – DIASTOL1 IS LESS THAN 14, THEN SKIP TO Q13.

## Blood Pressure #3

REFUSED (SKIP TO NOTES)

(BP3INTRO)

Your readings were quite different. Let's take a third reading.

9. ATTEMPT #3: (BP3DESCR)
- |\_|\_|\_|\_| SYSTOLIC (SYSTOL3)
- |\_|\_|\_|\_| DIASTOLIC (DIASTOL3)



---

## 2. Green Pen # 2

- How strong is the smell? (GPE2GRE1)

0 \_\_\_\_\_ 10  
 0 = no smell at all 10 = smells very strong

- REFUSED

---

## 3. Green Pen # 3

- How strong is the smell? (GPE3GRE1)

0 \_\_\_\_\_ 10  
 0 = no smell at all 10 = smells very strong

REFUSED

---

## 4. Green Pen # 4

- How strong is the smell? (GPE4GRE1)

0 \_\_\_\_\_ 10  
 0 = no smell at all 10 = smells very strong

REFUSED

---

## 5. Green Pen # 5

- How strong is the smell? (GPE5GRE1)

0 \_\_\_\_\_ 10  
 0 = no smell at all 10 = smells very strong

REFUSED

---

Now I have five new pens. We will perform this in the same way.

---

6. Red Pen # 1

How strong is the smell? (RPEN1RED)

0 \_\_\_\_\_ 10  
0 = no smell at all 10 = smells very strong

REFUSED

7. Red Pen # 2

How strong is the smell? (RPEN2RED)

0 \_\_\_\_\_ 10  
0 = no smell at all 10 = smells very strong

REFUSED

8. Red Pen # 3

How strong is the smell? (RPEN3RED)

0 \_\_\_\_\_ 10  
0 = no smell at all 10 = smells very strong

REFUSED

9. Red Pen # 4

How strong is the smell? (RPEN4RED)

0 \_\_\_\_\_ 10  
0 = no smell at all 10 = smells very strong

REFUSED

10. Red Pen # 5

How strong is the smell? (RPEN5RED)

0 ————— 10

0 = no smell at all 10 = smells very strong

REFUSED

I have five last pens that contain a smell of something familiar. For each pen, identify the smell using the four answer choices on the computer.

### SMELL IDENTIFICATION

CIRCLE RESPONDENT'S ANSWER

- 11. (BLUE1)
- 12. (BLUE2)
- 13. (BLUE3)
- 14. (BLUE4)
- 15. (BLUE5)

11.	Chamomile	Raspberry	Rose	Cherry	Refused
12.	Smoke	Glue	Leather	Grass	Refused
13.	Orange	Blueberry	Strawberry	Onion	Refused
14.	Bread	Fish	Cheese	Ham	Refused
15.	Chive	Peppermint	Pine	Onion	Refused

16. SMELL NOTES: (NOTESSML)

## Saliva

REFUSED (SKIP TO Q2)

- WEAR VINYL GLOVES

LIMIT THIS MEASUREMENT TO 5 MINUTES, UNLESS RECORDING MEDICATIONS TAKES LONGER

Now we are going to collect a sample of your saliva. (SLVINTRO)

1. How long has it been since you last had anything to eat or drink other than water?

RECORD IN HOURS AND MINUTES AGO

HOURS

\_\_\_\_\_ (LASTEATH)

DON'T KNOW

REFUSED

MINUTES

- \_\_\_\_\_ (LASTEATM)  
 DON'T KNOW  
 REFUSED

- R 'SAVE' OR 'POOL' A SMALL AMOUNT OF SALIVA IN MOUTH
- R USE STRAW TO GET SALIVA IN TUBE
- R CANNOT EAT ANYTHING TO STIMULATE SALIVA
- R CAN IMAGINE EATING A FAVORITE FOOD TO STIMULATE SALIVA
- R CAN CHEW ON A STRAW TO STIMULATE SALIVA

**MEDICATIONS**

(While you fill the saliva tube, I can give you some privacy by working on a record of your medications.) I'd like to record all medications that you take on a regular schedule, like every day or every week. This will include prescription and non-prescription medications, over-the-counter medicines, vitamins, and herbal and alternative medicines. Do I have all of your medications here?

(PROMPT: Ask Respondent to obtain all of his/her medications, if not already provided.) (MEDINTR)

2. ENTER DRUG NAMES: (DRUGAGN)

IF REFUSED SALIVA, SKIP TO Q5

3. I will package the sample and then we will ask you some questions about your medication history.

- FILL OUT SALIVA ROSTER
- SCREW CAP TIGHTLY ON TUBE
- PLACE LABEL WITH LAB ID ON TUBE
- PUT TUBE IN LUNCH BAG

SALIVA TUBE (SLVVIAL1)

- COMPLETE SAMPLE (TUBE IS HALF FULL)
- PARTIAL SAMPLE
- EQUIPMENT PROBLEM (SKIP TO Q5)
- TRIED, UNABLE TO DO (SKIP TO Q5)

4. ENTER SALIVA LAB ID

- |\_|\_|\_|\_|\_|\_|\_|\_| (IDSLV11)

ENTER SALIVA ID AGAIN

- |\_|\_|\_|\_|\_|\_|\_|\_| (IDSLV21)

5. SALIVA NOTES: (NOTESSLV)

**IF INSULIN (OR BRAND NAMES HUMULIN, NOVOLIN, HUMALOG, NOVALOG, OR LANTUS) LISTED ABOVE, ASK QUESTION 6.**

**IF NOT, SKIP TO QUESTION 7**

6. In the past 12 months, have you shared or borrowed insulin syringes and needles? SNEEDLE
- No
  - Yes
7. In the past 12 months, have you taken a prescription or non-prescription medicine, over the counter medicine, or herbal supplement to improve your sexual function? DIMPSEX
- No
  - Yes: ASK BRANCH QUESTIONS
    - a. Which medicine? MEDTAKE
    - b. Did the medicine have a positive effect on your sexual function? POSTSE
8. In the past 12 months, have you stopped or taken less of a prescription or non-prescription medicine, over the counter medicine, or herbal supplement due to sexual side effects? STOPMED
- No
  - Yes: ASK BRANCH QUESTIONS
    - a. Which medicine? MEDSTOP
    - b. Did stopping the medicine improve your sexual function? STOPIMP
9. **FEMALES ONLY:** Since menopause, have you used prescription hormones (for example, estrogen or combination or progestin pills, hormone replacement therapy, or patches, hormone creams, testosterone injections) NOT including birth control pills, also known as oral contraceptive pills? HORMMEDS
- No
  - Yes: ASK BRANCH QUESTIONS
    - a. For how long did you use them? LUHORM/ LUMONTH/ LUYEAR
    - b. Have you used them within the last 12 months? HORML12M
      - No (SKIP TO TASTE)
      - Yes:
        - c. Have you used them within the last 4 weeks? HORML4W

## Taste

REFUSED (SKIP TO NOTES)

(TSTINTRO)

### WEAR VINYL GLOVES

ARRANGE FILTER PAPER ON CHUX PAD

We are going to use flavored pieces of paper to identify tastes. The papers could taste salty, sweet, bitter, or sour. Some choices may not be used, while other choices may be used more than once. Some may have no taste at all. We will use the computer again to rate these, just as we did for smell.

- ASK R TO TAKE A SIP OF WATER
  - ASK R TO PLACE FIRST FILTER PAPER ON TONGUE
  - ASK R TO IDENTIFY TASTE
  - REPEAT WITH REMAINING FILTER PAPER
  - AFTER LAST STRIP HAVE R TAKE FINAL SIP OF WATER
- CONTINUE ON COMPUTER
  - R WILL USE PAPER VERSION (SKIP TO Q9)
  - EQUIPMENT PROBLEM (SKIP TO Q9)
  - REFUSED PAPER AND COMPUTER VERSION (SKIP TO NOTES)

1. Using these choices, how would you identify the taste on this filter paper? (TSTF1FPT)

- Salty
- Sweet
- Bitter
- Sour
- Tried, unable to do (SKIP TO Q9)
- REFUSED (SKIP TO Q3)

2. On a scale of 0 to 10, how certain are you that you identified the taste correctly? (TSTF1IDT)

0 \_\_\_\_\_ 10  
 0 = Very uncertain 10 = Very certain

3. Using these choices, how would you identify the taste on this filter paper? (TSTF2FPT)

- Salty
- Sweet
- Bitter
- Sour
- Tried, unable to do (SKIP TO Q9)
- REFUSED (SKIP TO Q5)

4. On a scale of 0 to 10, how certain are you that you identified the taste correctly? (TSTF2IDT)

0 \_\_\_\_\_ 10  
 0 = Very uncertain 10 = Very certain



5. Using these choices, how would you identify the taste on this filter paper? (TSTF3FPT)

- Salty  
 Sweet  
 Bitter  
 Sour  
 Tried, unable to do **(SKIP TO Q9)**  
 REFUSED **(SKIP TO Q7)**

6. On a scale of 0 to 10, how certain are you that you identified the taste correctly? (TSTF3IDT)

0 \_\_\_\_\_ 10  
 0 = Very uncertain 10 = Very certain

7. Using these choices, how would you identify the taste on this filter paper? (TSTF4FPT)

- Salty  
 Sweet  
 Bitter  
 Sour  
 Tried, unable to do **(SKIP TO Q9)**  
 REFUSED **(SKIP TO Q9)**

8. On a scale of 0 to 10, how certain are you that you identified the taste correctly? (TSTF4IDT)

0 \_\_\_\_\_ 10  
 0 = Very uncertain 10 = Very certain

9. TASTE NOTES: (NOTESTST)

## Vaginal Swab (FEMALES ONLY)

REFUSED (SKIP TO NOTES)

We are asking all of the women in our study to provide a vaginal sample to help doctors better understand and treat conditions that can cause vaginal irritation or infections in older women. This is not a Pap smear. Most women we've interviewed have found that it goes very smoothly. I have instructions for you to do this on your own, in the privacy of your bathroom.

[PROMPT IF NEEDED: A Pap smear is a routine medical test in which the doctor examines the cervix (internal female organ) and sends a cell sample to the lab.]

To collect the vaginal sample you will be using a swab in your vagina. This is a simple and sanitary process.

- **WEAR VINYL GLOVES**
- USE DIAGRAMS TO EXPLAIN STEPS
- R HOLD SWAB WITH TIP UP\
- R INSERTS SWAB INTO VAGINA
- R TURNS SWAB INSIDE VAGINA AS COUNT TO 10
- R REMOVES SWAB
- R REPEATS STEPS WITH ADDITIONAL SWAB
- R PLACES BOTH SWABS INSIDE BAG
- GIVE R COPY OF INSTRUCTIONS

IDENTIFICATION NUMBER: (VAGSDSC)

PLACE SWAB IN CORRESPONDING TRANSPORT

1. BLUE TIPPED SWAB (BVYEAST)
  - COMPLETE SAMPLE
  - EQUIPMENT PROBLEM
  - TRIED, UNABLE TO DO

PLACE SWAB IN CORRESPONDING TRANSPORT

2. STM SWAB (HPV)
  - COMPLETE SAMPLE
  - EQUIPMENT PROBLEM
  - TRIED, UNABLE TO DO
3. SWAB NOTES: (NOTESVS1)

## NSHAP Module D

### Orasure

REFUSED (SKIP TO NOTES)  
(ORAINTRO)

#### **WEAR VINYL GLOVES**

Now we are going to use this pad to collect a sample from the inside of your mouth to test for HIV. (SHOW ORASURE).

PLACE PAD BETWEEN LOWER CHEEK AND GUM  
 TIME FOR TWO MINUTES  
 FILL OUT MAGEE FORM  
 WITHOUT TOUCHING THE PAD, PLACE PAD IN TUBE  
 PLACE LABEL WITH LAB ID ON TUBE  
 PUT TUBE IN LUNCH BAG

IDENTIFICATION NUMBER: (IDORA11)

1. ORASURE SAMPLE (ORASURE)
  - COMPLETE SAMPLE
  - EQUIPMENT PROBLEM
  - TRIED, UNABLE TO DO
2. ORASURE NOTES: (NOTESOR1)



3. DID THE RESPONDENT WEAR GLASSES OR CONTACTS TO READ THE CHART? (GLASSES)
- YES
- NO
- NO, BUT R STATED USUALLY WEARS GLASSES OR CONTACTS FOR FAR DISTANCES
4. VISION NOTES: (NOTES)

## Get Up and Go

- REFUSED (SKIP TO NOTES)
- WHEELCHAIR (SKIP TO NOTES)
- (GUPINTRO)

Next we are going to do a walking exercise. Let me first demonstrate this measure.

- MEASURE 3 METERS FROM THE FRONT LEGS OF THE CHAIR.
  - DEMONSTRATE EACH STEP WHILE EXPLAINING INSTRUCTIONS.
  - HAVE R STAND UP FROM CHAIR WITHOUT USING ARMS OR SEAT OF CHAIR TO HELP.
  - WALK TO END OF THE STRING, TURN AROUND AT END OF STRING, WALK BACK TO CHAIR, SIT DOWN IN CHAIR.
  - HAVE R WALK AT COMFORTABLE AND SAFE PACE.
  - ALLOW R TO USE HIS/HER WALKING AID (CANE OR WALKER).
- TIME INTERVALS: R REACHES END OF STRING, R REACHES CHAIR, R SITS DOWN.

When I say "Go" you may begin. START TIMER ON GO. "Go"

- R STANDS, WALKS TO END OF STRING: (LAP 1)
- \_\_\_\_\_minutes \_\_\_\_\_seconds
- (B3TIME1)
- EQUIPMENT PROBLEM (SKIP TO Q5)
- TRIED, UNABLE TO DO (SKIP TO Q5)
- (GUPSTAND)
2. R TURNS AROUND, REACHES CHAIR: (LAP 2)
- \_\_\_\_\_minutes \_\_\_\_\_seconds
- (B3TIME3)
3. R SEATED: (LAP 3)
- \_\_\_\_\_minutes \_\_\_\_\_seconds
- (B3TIME5)
4. CHECK ALL THAT APPLY.
- R WALKED UNSTEADILY (GUPRPRO1)
- R LIMPED, SHUFFLED OR DRAGGED A LEG (GUPRPRO2)
- R UNSTEADY TURN (GUPRPRO4)
- R USES A CANE OR WALKER (GUPRPRO5)
- R STATED PAINFUL (GUPRPRO6)
- NOTHING APPLIES (GUPRPRO7)
5. GET UP AND GO NOTES: (NOTESGUP)

## Touch

REFUSED (SKIP TO NOTES)

(INTRO2PT)

Now we are going to measure your sensitivity to touch.

SHOW INSTRUMENT WHILE DEMONSTRATING ON SELF

PLACE HAND R USUALLY USES ON [SURFACE], PALM FACING UPWARDS

HAVE R CLOSE EYES

SUPPORT R'S HAND SO THERE IS NO MOVEMENT WHEN YOU TOUCH FINGER

LIGHTLY TOUCH THE INSTRUMENT TO THE TIP OF R'S INDEX FINGER IN SPECIFIED ORDER

1. How many points do you feel? One or two?

IF R FEELS SOMETHING (INCLUDING RESPONSES SUCH AS "3 POINTS" OR "I FEEL SOMETHING, BUT I'M NOT SURE HOW MANY POINTS") BUT NOT 1 OR 2 POINTS, CODE AS 1 POINT.

EQUIPMENT PROBLEM (SKIP TO Q3)

DISTANCE	1 Point	2 Points	DIDN'T FEEL ANY POINTS	TRIED, UNABLE TO DO
12 MM (2) (PTPTF1PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (SKIP TO Q3)
DUMMY (1) (PTDUPTPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (SKIP TO Q3)
8 MM (2) (PTFPT8PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (SKIP TO Q3)
4 MM (2) (PTFPT4PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (SKIP TO Q3)

2. WHAT HAND WAS USED FOR THE TEST? (HAND2PT)

RIGHT HAND

LEFT HAND

3. TOUCH NOTES: (NOTES2PT)

## NSHAP Module C

### Blood Spots

REFUSED (SKIP TO NOTES)

Now I'm going to use a device called a lancet to quickly prick your finger. This device is commonly used by children and adults to check their blood sugar at home. It is sterile and made for one-time use. Most people tell us this feels like a small pin prick.

#### **WEAR VINYL GLOVES (BSINTRO)**

- HAVE R CHOOSE A FINGER. DO NOT USE THUMB, PINKY OR FINGER WITH RING
- ANGLE R'S HAND BELOW THEIR LAP
- GENTLY KNEAD FINGER
- WIPE FINGER WITH ALCOHOL SWAB AND LET DRY NATURALLY
- SQUEEZE FINGER BELOW PRICK SITE
- FIRMLY PRICK FINGER
- **IMMEDIATELY** DISPOSE LANCET IN SHARPS CONTAINER
- KEEP R'S HAND BELOW THEIR LAP
- PLACE FIRST DROP OF BLOOD IN DISCARD SPOT
- COLLECT BLOOD SPOTS ON PAPER
- LABEL FILTER PAPER WITH SUID
- FILL OUT BLOOD SPOT COLLECTION FORM
- PLACE FILTER PAPER IN BAGGIE

IDENTIFICATION NUMBER: (SUID TEXT FILL)

1. FILTER PAPER (BLDSPOT1)

- NUMBER OF SPOTS COLLECTED (VALID VALUES 1-5) (BLONUBL1)
- EQUIPMENT PROBLEM (**SKIP TO Q3**)
- TRIED, UNABLE TO DO (0 SPOTS) (**SKIP TO Q3**)

2. RECORD THE NUMBER OF FINGER PRICKS: (BLDPRICK)

- ONE
- TWO
- THREE

3. BLOOD SPOT NOTES: (NOTESBS)

## VI. MENTAL HEALTH

### VI. A. HAPPINESS & LIFE SATISFACTION

**ASK ALL RESPONDENTS Q1 (HAPPY):** Now we will turn to thoughts and feelings you may have about your life or yourself. By asking about your thoughts and feelings in addition to your physical health, we can paint a more complete picture of your life.

- If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole... (USE HAND CARD DD) HAPPY[TS]
  - Extremely happy
  - Very happy
  - Pretty happy
  - Unhappy sometimes
  - Unhappy usually
  - DON'T KNOW
  - REFUSED
- ASK SLFESTEM IF RANDOMIZED TO MODULE A:** How true is the following statement for you: I have high self-esteem. (USE HAND CARD EE) SLFESTEM
  - Not very true of me
  - Somewhat untrue of me
  - Neither true or untrue
  - Somewhat true of me
  - Very true of me
  - DON'T KNOW
  - REFUSED

### VI. B. DEPRESSION, ANXIETY, & STRESS

(ASK ALL RESPONDENTS Qs 1 -11 [NOTEAT through NOTGETGO])

Now let's talk about thoughts and feelings you may have had during the past week. I will read a series of statements. Tell me how often during the past week you felt like this; rarely or none of the time, some of the time, occasionally, or most of the time? Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought out response. (HAND CARD FF)

During the past week ...

	Rarely or none of the time	Some of the time	Occasionally	Most of the time	DK	REF
1. I did not feel like eating; my appetite was poor NOTEAT[TS]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt depressed FLTDEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that everything I did was an effort FLTEFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely or none of the time	Some of the time	Occasionally	Most of the time	DK	REF
My sleep was restless NOSLEEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was happy WASHAPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt lonely WASLONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. People were unfriendly UNFRIEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I enjoyed life ENJLIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt sad FLTSAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt that people disliked me DISLIKD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I could not get "going" NOTGETGO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I felt tense or "wound up" FLTTENS[TS]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I got a frightened feeling as if something awful was about to happen FRIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> Worrying thoughts went through my mind WORRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I could sit at ease and feel relaxed RELAXED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I got a frightened feeling like butterflies in my stomach BUTRFLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I felt restless as if I had to be on the move RESTLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I had a sudden feeling of panic PANIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Rarely or none of the time	Some of the time	Occasionally	Most of the time	DK	REF
18. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I was unable to control important things in my life UNCNTRL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I felt confident about my ability to handle personal problems CONFIDNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I felt that things are going my way GOMYWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. <b>ASK ONLY IF RANDOMIZED TO MODULE A:</b> I felt difficulties were piling up so high that I could not overcome them PILEDIFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VII. EMPLOYMENT AND FINANCES

(ASK ALL RESPONDENTS THIS SECTION)

We are interested in the financial circumstances that might affect the health of older Americans, so I'd like to ask you some questions about your employment and your finances.

### VII. A. RESPONDENT EMPLOYMENT

(ASK ALL RESPONDENTS THIS SECTION)

22. Are you...

CHOOSE ALL THAT APPLY

IF NONE OF THESE APPLIES, SELECT OTHER. JOBSTAT1[TS] (HAND CARD GG)

- a. currently working? CURRENTLYWORKING\_JOBSTAT
- b. retired? RETIRED\_JOBSTAT
- c. disabled and unable to work? DISABLED\_JOBSTAT
- d. unemployed or laid off and looking for work? UNEMPLOYED\_JOBSTAT
- e. a homemaker? HOMEMAKER\_JOBSTAT
- f. other? (SPECIFY) → Please tell me what type of other employment you hold. \_\_\_\_\_ JSOTH

23. **ASK ONLY IF RESPONDENT IS NOT CURRENTLY WORKING AND IS NOT RETIRED:** Have you ever worked for pay? WORKPAY

- Yes
- No
- DON'T KNOW
- REFUSED

24. **ASK ONLY IF RESPONDENT ANSWERED 'OTHER' TO JOBSTAT1:** Are you working for pay, either full-time or part-time, at the present time? FULLPART

- Yes  
 No  
 DON'T KNOW  
 REFUSED

**(ASK ALL RESPONDENTS)**

I am first going to ask a few questions about work-related activities in the last week. By last week, I mean the week beginning on Sunday, (DATE), and ending on Saturday, (DATE).

25. Last week, did you do any work for pay? WEEKPAY

- Yes  
 No  
 DON'T KNOW  
 REFUSED

26. IF YES: How many hours per week do you usually work on this job? HRSCJOB

\_\_\_\_\_ (HOURS PER WEEK)

## VII. B. PARTNER'S EMPLOYMENT

**(ASK ALL RESPONDENTS WITH CURRENT SPOUSE/COHAB)**

**ASK SECTION ABOUT R'S CURRENT SPOUSE OR COHAB. IF R HAS BOTH A SPOUSE/COHAB AND A SEXUAL PARTNER, ASK THE QUESTIONS ABOUT THE SPOUSE OR COHAB. IF R DOES NOT HAVE A SPOUSE OR COHAB, SKIP TO QUESTION 33 (HEARN).**

Now we'd like to ask you some questions about (NAME OF SPOUSE OR COHAB)'s employment.

27. Is (NAME OF SPOUSE/COHAB)...

CHOOSE ALL THAT APPLY

IF NONE OF THESE APPLIES, SELECT OTHER. PJOBSTAT[TS] (HAND CARD GG)

- a. currently working? CURRENTLYWORKING\_JOBSTAT  
 b. retired? RETIRED\_JOBSTAT  
 c. disabled and unable to work? DISABLED\_JOBSTAT  
 d. unemployed or laid off and looking for work? UNEMPLOYED\_JOBSTAT  
 e. a homemaker? HOMEMAKER\_JOBSTAT  
 f. other? (SPECIFY) → Please tell me what type other employment (PARTNER) holds. \_\_\_\_\_ JSOTH

28. **ASK ONLY IF SPOUSE/COHAB IS NOT CURRENTLY WORKING AND IS NOT RETIRED:** Has (SPOUSE/COHAB) ever worked for pay? PWORKPAY

- Yes  
 No  
 DON'T KNOW  
 REFUSED

29. **ASK ONLY IF RESPONDENT ANSWERED 'OTHER' TO PJOBSAT:** Is SPOUSE/COHAB working for pay, either full-time or part-time, at the present time? PFULPART

- Yes  
 No  
 DON'T KNOW  
 REFUSED

**(ASK ALL RESPONDENTS WITH CURRENT SPOUSE/COHAB)**

I am first going to ask a few questions about work-related activities in the last week. By last week, I mean the week beginning on Sunday, (DATE), and ending on Saturday, (DATE).

30. Last week, did SPOUSE/COHAB do any work for pay? PWEEKPAY

- Yes
- No
- DON'T KNOW
- REFUSED

31. **IF YES TO PWEEKPAY:** How many hours per week does (NAME) usually work on this job? PHRSCJOB

\_\_\_\_\_ (hours per week)

## VII. C. HOUSEHOLD INCOME

(ASK ALL RESPONDENTS THIS SECTION)

32. Now, I'd like to ask you about the income of your household. Altogether, what would you say was approximately the income of your household in [CURRENT YEAR MINUS 1] before taxes or deductions?

\_\_\_\_\_ HEARN[TS]

(PROMPT IF RESPONDENT ASKS FOR DEFINITION OF HOUSEHOLD: Household means people living together under one roof, including dependents like young children, elderly parents, adult children who have returned. It does not include platonic roommates.)

(NOTE FOR INTERVIEWER: R should include earnings, government benefits like Social Security, Veterans benefits and SSI, and payments from pension plans of all members of the household. R should NOT include any interest payments from savings, payments from IRAs, dividends from stocks, bonds, or mutual funds, or any monetary gifts.)

**RE: QUESTION 44 (IML50K): ASK THIS QUESTION ONLY IF RESPONDENT ANSWERS "DON'T KNOW" OR "REFUSED" TO ABOVE QUESTION**

Q44. ASK ONLY IF R ANSWERS DON'T KNOW/REFUSED TO ABOVE QUESTION: Would you say the income of your household in (CURRENT YEAR MINUS 1) was more than \$50,000 or less than \$50,000? IML50K

- More than \$50,000 (GO TO 46 (IML100K))
- About \$50,000
- Less than \$50,000 (GO TO 45 (IML25K))
- Don't know
- Refused

**ASK QUESTION 45 (IML25K) ONLY IF RESPONDENT ANSWERED "LESS THAN \$50,000 (GO TO 45)" TO QUESTION 44 (IML50K)**

Q45. Would you say the income of your household in (CURRENT YEAR MINUS 1) was more than \$25,000 or less than \$25,000? IML25K

- More than \$25,000
- About \$25,000
- Less than \$25,000
- Don't know
- Refused

**ASK QUESTION 46 (IML100K) ONLY IF RESPONDENT ANSWERED "MORE THAN \$50,000 (GO TO 46)" TO QUESTION 44 (IML50K)**

Q46. Would you say the income of your household in (CURRENT YEAR MINUS 1) was more than \$100,000 or less than \$100,000? IML100K

- More than \$100,000
- About \$100,000
- Less than \$100,000
- Don't know
- Refused

## VII. D. HOUSEHOLD ASSETS

33. Now I'd like you to think about all of the assets of your household. These are things like your house (if you own it), your cars, other rental properties and businesses you own, and financial assets like savings accounts, stocks, bonds, mutual funds, and pensions. Altogether, how much would you say that amounted to, approximately, after accounting for the loans you might have to pay off?

(IF RESPONDENT ASKS IF THIS REFERS TO NET WORTH, CONFIRM THAT IT DOES.)

\_\_\_\_\_ HSASSETS[TS]

**RE: QUESTION 69 (HAML50K): ASK THIS QUESTION ONLY IF RESPONDENT ANSWERS "DON'T KNOW" OR "REFUSED" TO ABOVE QUESTION (HSASSETS)**

Q69. Would you say that all of your assets combined amount to more or less than \$50,000? HAML50K

- More than \$50,000
- About \$50,000
- Less than \$50,000

**ASK QUESTION 70 (HAML10K) ONLY IF RESPONDENT ANSWERED "LESS THAN \$50,000" TO QUESTION 69 (HAML50K)**

Q70. Would you say that all of your assets combined amount to more or less than \$10,000? HAML10K

- More than \$10,000
- About \$10,000
- Less than \$10,000

**ASK QUESTIONS 71-72 (HAML500K AND HAML100K) ONLY IF RESPONDENT ANSWERED "MORE THAN \$50,000" TO QUESTION 69 (HAML50K)**

Q71. Would you say that all of your assets combined amount to more or less than \$500,000? HAML500K

- More than \$500,000
- About \$500,000
- Less than \$500,000 (GO TO 72 (HAML100K))

**ASK QUESTION 72 (HAML100K) ONLY IF RESPONDENT ANSWERED "LESS THAN \$500,000 (GO TO 72)" TO QUESTION 71 (HAML500K)**

Q72. Would you say that all of your assets combined amount to more or less than \$100,000? HAML100K

- More than \$100,000
- About \$100,000
- Less than \$100,000

## VIII. RELIGION

### (ASK THIS SECTION OF ALL RESPONDENTS)

1. What is your current religious preference? (PROBE IF NECESSARY: Is it Protestant, Catholic, Jewish, or some other religion or no religion at all)? RELIGION[TS]

NOTE: CODE "GREEK ORTHODOX," "RUSSIAN ORTHODOX," OR "EASTERN ORTHODOX" AS CATHOLIC.

- NONE
- PROTESTANT (PROMPT: NON-DENOMINATIONAL CHRISTIAN)
- CATHOLIC
- JEWISH
- OTHER (SPECIFY) \_\_\_\_\_ (RELIGION.OTHER)
- DON'T KNOW
- REFUSED

34. **ASK ONLY IF RESPONDENT ANSWERED "PROTESTANT" TO RELIGION:** What specific denomination or branch is that, if any? BRANCH

- BAPTIST
- EPISCOPALIAN
- LUTHERAN
- METHODIST
- MORMON
- PRESBYTERIAN
- UNITED CHURCH OF CHRIST (CONGREGATIONAL)
- CHRISTIAN - NO DENOMINATION
- OTHER (SPECIFY – VERBATIM) \_\_\_\_\_ (BRANCH.OTHER)
- DON'T KNOW
- REFUSED

35. **ASK ONLY IF RESPONDENT ANSWERED "PROTESTANT" OR "CATHOLIC" TO RELIGION:** Would you say that you have been "born again" or have had a "born again" experience? BORNAGN

- Yes
- No
- DON'T KNOW
- REFUSED

### (ASK OF ALL RESPONDENTS)

36. Thinking about the past 12 months, about how often have you attended religious services? (HAND CARD HH)

ATNDSERV

- Several times a week
- Every week
- About once a month
- Several times a year
- About once or twice a year
- Less than once a year
- Never
- DON'T KNOW
- REFUSED

## IX. PHYSICAL CONTACT

(ASK THIS SECTION ONLY IF RANDOMIZED TO MODULE A)

In the last 12 months, how often have you engaged in the following activities? (HAND CARD II)

37. Petting or touching a cat, dog, or other pet. TOUCHPET[TS]

- Several times a week
- About once every week
- About once a month
- Several times a year
- About once or twice a year
- Less than once a year
- Never
- DON'T KNOW
- REFUSED

38. Greeting someone with an embrace, kiss, or pat on the back. (HAND CARD II) EMBRACE

- Several times a week
- About once every week
- About once a month
- Several times a year
- About once or twice a year
- Less than once a year
- Never
- DON'T KNOW
- REFUSED

39. Playing or cuddling with a grandchild or other child. (HAND CARD II) PLAYCHLD

- Several times a week
- About once every week
- About once a month
- Several times a year
- About once or twice a year
- Less than once a year
- Never
- DON'T KNOW
- REFUSED

40. (SKIP IF R HAS NO PARTNER IN "CURRENT PARTNER" SECTION.) Hugging, kissing, caressing, or other close physical contact with (PARTNER). (HAND CARD II) HUGPTNR

- Several times a week
- About once every week
- About once a month
- Several times a year
- About once or twice a year
- Less than once a year
- Never
- DON'T KNOW
- REFUSED

41. Hugging, holding, or other close physical contact with another adult [IF R HAS A CURRENT PARTNER, other than (NAME OF PARTNER)]. (HAND CARD II) HUGHOLD

INTERVIEWER NOTE: THIS INCLUDES HUGGING, HOLDING, OR OTHER CLOSE CONTACT WITH ANOTHER ADULT IN A CONTEXT OTHER THAN A GREETING.

- Several times a week  
 About once every week  
 About once a month  
 Several times a year  
 About once or twice a year  
 Less than once a year  
 Never  
 DON'T KNOW  
 REFUSED

## X. DEBRIEFING

(ASK ALL RESPONDENTS)

Thank you for your time.

Because people move from time to time, please give us the name, address and telephone number of a person who will always know where you can be reached (even if you should move or change your phone number).

1. What is this person's...

- FIRST & LAST NAME: \_\_\_\_\_ FNAME/LNAME[TS]  
 STREET ADDRESS: \_\_\_\_\_ ADDRESS  
 CITY, STATE & ZIP: \_\_\_\_\_ CITY/STATE/ZIPCODE  
 PHONE NUMBER: \_\_\_\_\_ PHONENO

2. UNDER WHAT NAME IS THIS PHONE NUMBER LISTED: NOLISTED

- \_\_\_\_\_ Name

3. We would like to confirm your home address. Is your home address (INSERT RESPONDENT ADDRESS FROM PRELOAD HERE)? RADDRVER

- Yes (**GO TO RPNUMBR1**)  
 No  
 DON'T KNOW  
 REFUSED

4. IF NO, DON'T KNOW, OR REFUSED TO RADDRVER: Please tell us your correct home address. NEWADDRS

- STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 ZIPCODE: \_\_\_\_\_

5. Please tell us up to three telephone numbers we can reach you at in the future, if necessary. RPNUMBR1

- PHONE NUMBER 1 \_\_\_\_\_  
 PHONE NUMBER 2 \_\_\_\_\_  
 PHONE NUMBER 3 \_\_\_\_\_

6. We would also like to keep in touch with you through email, if necessary. Please give us your email address if you currently have one. EMAIL

- \_\_\_\_\_ Email
- IF VOLUNTEERED - DOES NOT HAVE E-MAIL ADDRESS
- DON'T KNOW
- REFUSED

7. PLEASE GIVE RESPONDENT FOLLOW-UP QUESTIONNAIRE (1, 2, OR 3) AND APPROPRIATE ENVELOPE. WRITE SU ID WHERE INDICATED ON BACK COVER.

Thank you for your participation. Our survey is almost complete – the last step requires that you fill out this questionnaire, seal it in this postage-paid envelope, and drop it in the mail. PAPRQUX

PLEASE COMPLETE RECAP QUESTIONNAIRE BEFORE LEAVING HOME.  
[TS]

## INTERVIEWER COMMENTS

**INTERVIEWER: PLEASE COMPLETE THESE QUESTIONS AS SOON AS POSSIBLE AFTER YOU LEAVE THE INTERVIEW.**

### **CHARACTERISTICS AND LOCATION OF THE INTERVIEW**

1. Where did the interview take place? IWPLACE[TS]
- Respondent's home
- Respondent's family member's home
- Respondent's friend's home
- Respondent's workplace
- DON'T KNOW
- REFUSED
2. Other persons were present: PERSPRES
- During none of the interview [GO TO QUESTION 4 (CANDID)]
- Occasionally passing through the interview area
- During 1/4 of the interview
- During half of the interview
- During 3/4 of the interview
- For the entire interview
- DON'T KNOW
- REFUSED

**[ANSWER QUESTION 3 IF QUESTION 2 IS NOT ZERO.]**

3. What other persons were present during the interview? [CHOOSE ALL THAT APPLY.] OTHPERS
- Spouse/partner
- Respondent's child/children under 12 years of age
- Respondent's child/children over 12 years of age
- Other relative(s)
- Friend
- Caregiver



- Other adult non-relative
- Other child non-relative
- Unable to determine relationship
- DON'T KNOW
- REFUSED

4. How candid was the respondent? CANDID

- Probably not candid at all
- Somewhat candid
- Mostly candid
- Entirely candid
- DON'T KNOW
- REFUSED

### **RESPONDENT'S FUNCTIONAL HEALTH AND BEHAVIOR DURING THE INTERVIEW**

Please rate the respondent's functional health and behavior during the interview on the following scales:

	1	2	3	4	5		DON'T KNOW	REFUSED
<b>5. Practically deaf</b> RFHLTHR						Normal hearing		
<b>6. Practically blind</b> RFHLTH2R						Normal vision		
<b>7. Unable to read</b> RFHLTH3R						Normal adult literacy		

### **DESCRIPTION OF THE RESPONDENT**

Describe the respondent using the following scales:

	1	2	3	4	5		DON'T KNOW	REFUSED
<b>8. Physically attractive</b> RDESCR1						Not physically attractive		
<b>9. Attractive personality</b> RDESCR2						Not attractive personality		
<b>10. Well-dressed</b> RDESCR3						Poorly dressed		
<b>11. Hygienic</b> RDESCR4						Not hygienic		
<b>12. Straight posture</b> RDESCR5						Stooped/slouching		
<b>13. Flat stomach</b> RDESCR6						Pot belly		
<b>14. Thin</b> RDESCR7						Obese		

15. Did the respondent have any of the following notable aspects to his/her appearance? [CHOOSE ALL THAT APPLY]  
 APPEAR

- Age spots, sun spots, or liver spots on the skin
- Facial scars, large moles, or birthmarks on face
- Bad/missing teeth
- Heavy make-up
- Obviously dyed hair
- Obvious toupee
- Physical handicap (SPECIFY) \_\_\_\_\_
- Prosthesis and/or missing limb(s) (SPECIFY) \_\_\_\_\_
- Glasses
- Bald, balding, or thinning hair
- Gold or silver tooth or teeth
- No notable aspects
- Other (SPECIFY) \_\_\_\_\_ (APPEAR.OTHER)
- DON'T KNOW
- REFUSED

**DESCRIPTION OF THE INTERVIEW LOCATION**

Describe the room(s) in which the interview was conducted, using the following scales:

	1	2	3	4	5		DON'T KNOW	REFUSED
<b>16. Cold</b> IWLOC1						<b>Hot</b>		
<b>17. Dark</b> IWLOC2						<b>Light</b>		
<b>18. Clean</b> IWLOC3						<b>Dirty</b>		
<b>19. Neat and Tidy</b> IWLOC4						<b>Messy</b>		
<b>20. Quiet</b> IWLOC5						<b>Noisy</b>		
<b>21. No smell</b> IWLOC6	<b>[SKIP Q41]</b>					<b>Strong smell</b>		
<b>22. Pleasant smell</b> IWLOC7						<b>Unpleasant smell</b>		

**RESPONDENT'S HOME AND HIS/HER NEIGHBORHOOD ENVIRONMENT (SKIP STRUCTQ – COMBUILD IF IWPLACE WAS NOT RESPONDENT'S HOME)**

23. Type of structure in which respondent lives: STRUCTQ
- Trailer
  - Detached single family house
  - Two-family house, two units side-by-side
  - Two-family house, two units one above the other
  - Detached 3-4 family house

- Rowhouse (3 or more units in an attached row)
- Apartment house (5 or more units, 3 stories or less)
- Apartment house (5 or more units, 4 stories or more)
- Apartment in a partly-commercial structure
- Assisted living facility or group home
- Nursing home
- Other (Specify) \_\_\_\_\_ (STRUCTQ.OTHER)
- DON'T KNOW
- REFUSED

24. How well-kept is the building in which the respondent lives? BUILD

- Very poorly kept (needs major repairs)
- Poorly kept (needs minor repairs)
- Fairly well kept (needs cosmetic work)
- Very well kept
- DON'T KNOW
- REFUSED

25. How well kept are most of the buildings on the street (one block, both sides) where the respondent lives? OTBUILD

- Very poorly kept (needs major repairs)
- Poorly kept (needs minor repairs)
- Fairly well kept (needs cosmetic work)
- Very well kept
- DON'T KNOW
- REFUSED

26. Compared to other houses/apartments in the neighborhood, would you say that the respondent's house/apartment was:  
COMBUILD

- Far below average
- Below average
- Average
- Above average
- Far above average
- DON'T KNOW
- REFUSED

#### **INTERVIEW LOGISTICS AND OTHER INFORMATION**

27. Counting this case, how many interviews have you completed for this survey so far? CASECOMP

- This is my first case
- Second case
- Third case
- Fourth case
- Fifth case
- Sixth case
- Seventh case
- Eighth case
- Ninth case
- Tenth case
- Eleventh case or more
- DON'T KNOW
- REFUSED

28. How difficult was this case to get? CASEDIF

- Very difficult
- Somewhat difficult
- Not very difficult
- Not at all difficult
- DON'T KNOW
- REFUSED




29. Finally, please add additional information that would help us better understand the respondent as a person or the conditions under which the interview took place. ADDINFO[TS]

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- DON'T KNOW
- REFUSED

## Wave I Leave-Behind Questionnaire

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THE NATIONAL  
**SOCIAL LIFE**  
HEALTH &  
**AGING** PROJECT

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## **NSHAP Questionnaire**

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This questionnaire is part of the National Social Life Health and Aging Project (NSHAP). Please complete it after your in-person interview. Some of these questions will seem similar to those asked during your interview. This questionnaire is designed to obtain more detail in these important areas. Please answer all items as best you can, from your point of view.

As always, your individual responses and your name will be kept completely confidential.

Please return your completed questionnaire in the pre-addressed, postage-paid envelope given to you by your field interviewer. If you have any questions about the questionnaire or NSHAP, please contact us, toll-free, at 1-866-309-0540. You can also learn more online at [norc.uchicago.edu/nshap](http://norc.uchicago.edu/nshap).

Thank you again for participating in the National Social Life Health and Aging Project.

VERSION 1

### INSTRUCTIONS

In answering these questions, please be as honest and accurate as possible. Most questions will ask you to choose from a list of options. Choose the response that most closely matches your answer, and put a check mark ✓ or X in the box provided on the left. Other questions will not include a list of choices and you should enter your response in the space provided.

Some questions may not apply to you, and you will be asked to skip over them. When this happens you will see an arrow or a note that tells you what question to answer next, like this:

1  No → If No, Go to Question 2

2  Yes

If no special instructions are given for your response choice, please continue with the next question.



### Social Relationships and Activities

1. In the past **12 months**, how often did you do volunteer work for religious, charitable, political, health-related, or other organizations?

- 1  Several times a week
- 2  Every week
- 3  About once a month
- 4  Several times a year
- 5  About once or twice a year
- 6  Less than once a year
- 7  Never

2. In the past **12 months**, how often did you attend meetings of any organized group? (Examples include: a choir, a committee or board, a support group, a sports or exercise group, a hobby group, or a professional society.)

- 1  Several times a week
- 2  Every week
- 3  About once a month
- 4  Several times a year
- 5  About once or twice a year
- 6  Less than once a year
- 7  Never

3. In the past **12 months**, how often did you get together socially with friends or relatives?

- 1  Several times a week
- 2  Every week
- 3  About once a month
- 4  Several times a year
- 5  About once or twice a year
- 6  Less than once a year
- 7  Never

4. Not including a spouse, have any of your close relatives died in the past **five years**?

- 1  No → If No, Go to Question 6
- 2  Yes

5. How many of your close relatives died in the past **five years**?

Write # of close relatives: \_\_\_\_\_

6. Have any of your friends died in the past **five years**?

- 1  No → If No, Go to Question 8
- 2  Yes

7. How many of your friends died in the past **five years**?

Write # of friends: \_\_\_\_\_

### Caregiving

8. Are you currently assisting an adult who needs help with day-to-day activities because of age or disability?

- 1  No → If No, Go to Question 16
- 2  Yes

9. What is this person's relationship to you? Is this person your spouse, your parent, your child, or other?

- 1  Spouse
- 2  Parent
- 3  Child
- 4  Other, please describe:

\_\_\_\_\_

**10. How old is this person?**

Write # of years old: \_\_\_\_\_

**11. Why does this person require care?**

- 1  Alzheimer's Disease or another form of dementia  
 2  Other, please describe:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12. Do you consider yourself the primary caregiver?**

- 1  No  
 2  Yes

**13. Are you the person who provides the most help or care for this person?**

- 1  No  
 2  Yes

**14. How many days per week do you typically spend caring for this person?**

Write # of days: \_\_\_\_\_

**15. How many hours per day do you typically spend caring for this person?**

- 1  Less than 2 hours  
 2  2 hours or more, but less than 4 hours  
 3  4 to 8 hours  
 4  More than 8 hours  
 5  All of the time

**Attitudes and Life Experiences****16. In the last month, how often did you sleep in the same bed with your spouse or romantic partner?**

- 1  Never  
 2  Some of the time  
 3  All or most of the time  
 4  I do not have a spouse or romantic partner

**17. In the past 12 months, how often did you have sex primarily because you felt obligated or that it was your duty?**

- 1  Always  
 2  Usually  
 3  Sometimes  
 4  Rarely  
 5  Never  
 6  I have not had sex in the past 12 months

**Below is a list of statements. For each one, please choose if you think this is always wrong, almost always wrong, wrong only sometimes, or not wrong at all. All of these statements refer to adults.**

**18. A married person having sexual relations with someone other than their marriage partner. Is this...**

- 1  Always wrong  
 2  Almost always wrong  
 3  Wrong only sometimes  
 4  Not wrong at all

**19. What about if the spouse is in advanced stages of dementia, such as Alzheimer's or other mental disease? Is this...**

- 1  Always wrong  
 2  Almost always wrong  
 3  Wrong only sometimes  
 4  Not wrong at all

**20. What about if the spouse has a serious, long-term physical illness and cannot have sex? Is this...**

- 1  Always wrong  
 2  Almost always wrong  
 3  Wrong only sometimes  
 4  Not wrong at all

**For the next set of statements, please choose whether you strongly agree, agree, disagree, or strongly disagree. These are just general statements; they are not about your specific relationship.**

**21. I would not have sex with someone unless I was in love with them.**

- 1  Strongly agree  
 2  Agree  
 3  Disagree  
 4  Strongly disagree

**22. My religious beliefs have shaped and guided my sexual behavior.**

- 1  Strongly agree  
 2  Agree  
 3  Disagree  
 4  Strongly disagree

**23. Satisfactory sexual relations are essential to the maintenance of a relationship.**

- 1  Strongly agree  
 2  Agree  
 3  Disagree  
 4  Strongly disagree

**24. The ability to have sex decreases as a person grows older.**

- 1  Strongly agree  
 2  Agree  
 3  Disagree  
 4  Strongly disagree

25. In the past two years, have you been a victim of a violent crime, such as burglary, larceny, theft, robbery, or battery?

- 1  No  
2  Yes

26. Thinking about your entire life so far, has anyone ever made you have sex by using force or threatening to harm you or someone close to you?

- 1  No → If No, Go to Question 30  
2  Yes

27. How many times did this happen?

Write # of times: \_\_\_\_\_

28. How old were you the most recent time this happened?

Write # of years old: \_\_\_\_\_

29. The most recent time this happened, what was the person's relationship to you?

- 1  Spouse or romantic partner  
2  Parent  
3  Stranger  
4  Friend  
5  Coworker  
6  Other, please describe:

\_\_\_\_\_

### Health

30. Compared with other people your age, would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse?

- 1  Much better  
2  Somewhat better  
3  About the same  
4  Somewhat worse  
5  Much worse

31. During the past 12 months have you had pain, aching, or cramps in your calves, thighs, or buttocks that occurred while walking but improved with rest?

- 1  No  
2  Yes

32. Have you had a fracture or broken bone since you were 45 years old?

- 1  No → If No, Go to Question 34  
2  Yes

33. Which bone was it?

- 1  Hip  
2  Leg (other than hip)  
3  Wrist  
4  Vertebrae (backbone)  
5  Other, please describe:

\_\_\_\_\_

34. Have you ever had a severe head injury requiring hospitalization overnight? Do not include an overnight stay in the emergency room.

- 1  No → If No, Go to Question 36  
2  Yes

35. How old were you when you had this head injury?

Write # of years old: \_\_\_\_\_

36. Have you ever had surgery on your nose?

- 1  No  
2  Yes

37. In the last 12 months, has a doctor or other health care professional told you to limit or stop your exercise because of your health?

- 1  No  
2  Yes

38. In the last 12 months, has a doctor or other health care professional told you to limit or stop sexual intercourse or sexual activity because of your health?

- 1  No  
2  Yes

39. In the past 12 months, have you fallen?

- 1  No → If No, Go to Question 41  
2  Yes

40. In the past 12 months, how many times have you fallen?

Write # of times: \_\_\_\_\_

41. What do you think your chance is of getting HIV (the virus that causes AIDS)?

- 1  High  
2  Medium  
3  Low  
4  None at all

42. Has a doctor or health care professional recommended that you have an HIV/AIDS test?

- 1  No  
2  Yes

43. Prior to the day you were interviewed for this study, had you ever been tested for HIV/AIDS?

- 1  No → If No, Continue with Question 44  
2  Yes → If Yes, Go to Question 45

44. Why haven't you been tested for HIV/AIDS? (Check all that apply)

- 1  You do not consider yourself at risk for HIV/AIDS  
2  You feel nervous about being tested  
3  It never occurred to you to get tested  
4  Some other reason

Please continue to Question 46 on the following page.

**45. (If Yes to Question 43) Why did you get tested for HIV/AIDS? (Check all that apply)**

- 1  You might have been exposed
- 2  You just wanted to find out if you were infected or not
- 3  You were sick or had a medical problem
- 4  You were required to be tested at the time of donating blood
- 5  Someone suggested you should be tested
- 6  Some other reason

**46. Have you ever received an HIV/AIDS test result?**

- 1  No
- 2  Yes

**47. Since you turned 50, have you ever discussed sex with a doctor?**

- 1  No → If No, Go to Question 49
- 2  Yes

**48. Who started the discussion - you or the doctor?**

- 1  Me
- 2  Doctor
- 3  Both (can be on different occasions)

**49. Thinking about the doctor(s) you see most, how appropriate would it be for the doctor(s) to ask you about your sexual health or your sexual concerns?**

- 1  Very appropriate
- 2  Somewhat appropriate
- 3  Somewhat inappropriate
- 4  Very inappropriate

**50. How comfortable would you feel discussing sexual issues with a doctor?**

- 1  Very comfortable
- 2  Somewhat comfortable
- 3  Somewhat uncomfortable
- 4  Very uncomfortable

**51. Are you currently covered by any of the following health insurance programs? (Check all that apply)**

- 1  Medicare
- 2  Medicaid (Medi-Cal in California)
- 3  Private insurance (purchased by yourself, your or your spouse's employer or union)
- 4  Veterans Administration
- 5  Other, *please describe:*

**Alcoholic Beverages  
(such as beer, wine, or liquor)**

**52. Have you ever felt that you should cut down on drinking?**

- 1  No
- 2  Yes

**53. Have people ever annoyed you by criticizing your drinking?**

- 1  No
- 2  Yes

**54. Have you ever felt bad or guilty about drinking?**

- 1  No
- 2  Yes

55. Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover?

- 1  No  
2  Yes

### General Background Questions

56. Have you ever served in the active military of the United States?

- 1  No  
2  Yes

57. Have you ever spent two or more nights in a jail, prison, or detention center?

- 1  No  
2  Yes

58. Compared with most of the people you know personally, like your friends, family, neighbors, and work associates, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1  Far below average  
2  Below average  
3  Average  
4  Above average  
5  Far above average

59. Compared with American families in general, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1  Far below average  
2  Below average  
3  Average  
4  Above average  
5  Far above average

60. How often do you feel that you lack companionship?

- 1  Hardly ever (or never)  
2  Some of the time  
3  Often

61. How often do you feel left out?

- 1  Hardly ever (or never)  
2  Some of the time  
3  Often

62. How often do you feel isolated from others?

- 1  Hardly ever (or never)  
2  Some of the time  
3  Often

63. How long have you lived in your neighborhood?

Write # of **year(s)**: \_\_\_\_\_  
and # of **month(s)**: \_\_\_\_\_

**64. Among your nearby neighbors, how many of the adults would you know by name if you met them on the street? (By nearby neighbors, we mean the ten to fifteen families living closest to you.)**

- 1  None of them
- 2  Some of them
- 3  Most of them
- 4  All of them

**65. How often do you get together with any of these neighbors just to chat or for a social visit?**

- 1  Daily or almost every day
- 2  Several times a week
- 3  Several times a month
- 4  Several times a year
- 5  Hardly ever

**66. How much do you agree with this statement: "I try hard to carry my religious beliefs over into all my other dealings in life."**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree

**67. In the past 12 months, how often have you used the internet?**

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

**68. Politically, do you consider yourself...**

- 1  Extremely liberal
- 2  Liberal
- 3  Slightly liberal
- 4  Moderate, middle of the road
- 5  Slightly conservative
- 6  Conservative
- 7  Extremely conservative



**Thank you!**

Please return the completed questionnaire in the postage-paid envelope to:

NORC  
Attn: NSHAP Survey  
1 North State Street, 16th Floor  
Chicago, IL 60602

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NSHAP 04/15/05



THE NATIONAL  
**SOCIAL LIFE**  
HEALTH &  
**AGING** PROJECT

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## **NSHAP Questionnaire**

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This questionnaire is part of the National Social Life Health and Aging Project (NSHAP). Please complete it after your in-person interview. Some of these questions will seem similar to those asked during your interview. This questionnaire is designed to obtain more detail in these important areas. Please answer all items as best you can, from your point of view.

As always, your individual responses and your name will be kept completely confidential.

Please return your completed questionnaire in the pre-addressed, postage-paid envelope given to you by your field interviewer. If you have any questions about the questionnaire or NSHAP, please contact us, toll-free, at 1-866-309-0540. You can also learn more online at [norc.uchicago.edu/nshap](http://norc.uchicago.edu/nshap).

Thank you again for participating in the National Social Life Health and Aging Project.

**VERSION 2**

### INSTRUCTIONS

In answering these questions, please be as honest and accurate as possible. Most questions will ask you to choose from a list of options. Choose the response that most closely matches your answer, and put a check mark ✓ or X in the box provided on the left. Other questions will not include a list of choices and you should enter your response in the space provided.

Some questions may not apply to you, and you will be asked to skip over them. When this happens you will see an arrow or a note that tells you what question to answer next, like this:

1  No → If No, Go to Question 2

2  Yes

If no special instructions are given for your response choice, please continue with the next question.

### Social Relationships and Activities

1. **Not including your spouse or romantic partner, how many family members or relatives do you have whom you feel close to?**

- 1  None  
 2  One  
 3  2-3  
 4  4-9  
 5  10-20  
 6  More than 20

2. **How often can you open up to these members of your family if you need to talk about your worries? Would you say hardly ever, some of the time, or often?**

- 1  Hardly ever (or never)  
 2  Some of the time  
 3  Often

3. **How often can you rely on them for help if you have a problem? Would you say hardly ever, some of the time, or often?**

- 1  Hardly ever (or never)  
 2  Some of the time  
 3  Often

4. **Not including your spouse or romantic partner, how often do members of your family make too many demands on you? Would you say hardly ever, some of the time, or often?**

- 1  Hardly ever (or never)  
 2  Some of the time  
 3  Often

5. **How often do they criticize you? Would you say hardly ever, some of the time, or often?**

- 1  Hardly ever (or never)  
 2  Some of the time  
 3  Often

6. **Think about the people you consider to be your friends, both your closest friends and people with whom you are pretty good friends. About how many friends would you say that you have? Is that...**

- 1  None  
 2  One  
 3  2-3  
 4  4-9  
 5  10-20  
 6  More than 20

7. **How often can you open up to your friends if you need to talk about your worries? Would you say hardly ever, some of the time, or often?**

- 1  Hardly ever (or never)  
 2  Some of the time  
 3  Often

8. **How often can you rely on them for help if you have a problem? Would you say hardly ever, some of the time, or often?**

- 1  Hardly ever (or never)  
 2  Some of the time  
 3  Often

**9. How often do your friends make too many demands on you? Would you say hardly ever, some of the time, or often?**

- 1  Hardly ever (or never)  
 2  Some of the time  
 3  Often

**10. How often do your friends criticize you? Would you say hardly ever, some of the time, or often?**

- 1  Hardly ever (or never)  
 2  Some of the time  
 3  Often

**11. In the past 12 months, how often did you do volunteer work for religious, charitable, political, health-related, or other organizations?**

- 1  Several times a week  
 2  Every week  
 3  About once a month  
 4  Several times a year  
 5  About once or twice a year  
 6  Less than once a year  
 7  Never

**12. In the past 12 months, how often did you attend meetings of any organized group? (Examples include: a choir, a committee or board, a support group, a sports or exercise group, a hobby group, or a professional society.)**

- 1  Several times a week  
 2  Every week  
 3  About once a month  
 4  Several times a year  
 5  About once or twice a year  
 6  Less than once a year  
 7  Never

**13. In the past 12 months, how often did you get together socially with friends or relatives?**

- 1  Several times a week  
 2  Every week  
 3  About once a month  
 4  Several times a year  
 5  About once or twice a year  
 6  Less than once a year  
 7  Never

**14. Not including a spouse, have any of your close relatives died in the past five years?**

- 1  No → If No, Go to Question 16  
 2  Yes

**15. How many of your close relatives died in the past five years?**

Write # of close relatives: \_\_\_\_\_

16. Have any of your friends died in the past five years?

- 1  No → If No, Go to Question 18  
2  Yes

17. How many of your friends died in the past five years?

Write # of friends: \_\_\_\_\_

### Caregiving

18. Are you currently assisting an adult who needs help with day-to-day activities because of age or disability?

- 1  No → If No, Go to Question 26  
2  Yes

19. What is this person's relationship to you? Is this person your spouse, your parent, your child, or other?

- 1  Spouse  
2  Parent  
3  Child  
4  Other, please describe:  
\_\_\_\_\_

20. How old is this person?

Write # of years old: \_\_\_\_\_

21. Why does this person require care?

- 1  Alzheimer's Disease or another form of dementia  
2  Other, please describe:  
\_\_\_\_\_

22. Do you consider yourself the primary caregiver?

- 1  No  
2  Yes

23. Are you the person who provides the most help or care for this person?

- 1  No  
2  Yes

24. How many days per week do you typically spend caring for this person?

Write # of days: \_\_\_\_\_

25. How many hours per day do you typically spend caring for this person?

- 1  Less than 2 hours  
2  2 hours or more, but less than 4 hours  
3  4 to 8 hours  
4  More than 8 hours  
5  All of the time

**Attitudes and Life Experiences**

26. In the last month, how often did you sleep in the same bed with your spouse or romantic partner?

- 1  Never
- 2  Some of the time
- 3  All or most of the time
- 4  I do not have a spouse or romantic partner

27. In the past 12 months, how often did you have sex primarily because you felt obligated or that it was your duty?

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  I have not had sex in the past 12 months

Below is a list of statements. For each one, please choose if you think this is always wrong, almost always wrong, wrong only sometimes, or not wrong at all. All of these statements refer to adults.

28. A married person having sexual relations with someone other than their marriage partner. Is this...

- 1  Always wrong
- 2  Almost always wrong
- 3  Wrong only sometimes
- 4  Not wrong at all

29. What about if the spouse is in advanced stages of dementia, such as Alzheimer's or other mental disease? Is this...

- 1  Always wrong
- 2  Almost always wrong
- 3  Wrong only sometimes
- 4  Not wrong at all

30. What about if the spouse has a serious, long-term physical illness and cannot have sex? Is this...

- 1  Always wrong
- 2  Almost always wrong
- 3  Wrong only sometimes
- 4  Not wrong at all



**For the next set of statements, please choose whether you strongly agree, agree, disagree, or strongly disagree. These are just general statements; they are not about your specific relationship.**

**31. I would not have sex with someone unless I was in love with them.**

- 1  Strongly agree  
 2  Agree  
 3  Disagree  
 4  Strongly disagree

**32. My religious beliefs have shaped and guided my sexual behavior.**

- 1  Strongly agree  
 2  Agree  
 3  Disagree  
 4  Strongly disagree

**33. Satisfactory sexual relations are essential to the maintenance of a relationship.**

- 1  Strongly agree  
 2  Agree  
 3  Disagree  
 4  Strongly disagree

**34. The ability to have sex decreases as a person grows older.**

- 1  Strongly agree  
 2  Agree  
 3  Disagree  
 4  Strongly disagree

**Now we would like to discuss ways that people behave towards you that bother you. We would like you to think of people and your relationships with them just in the past year or so. That is, for the next few questions, think specifically about the past 12 months.**

**35. Is there anyone who insults you or puts you down?**

- 1  No → If No, Go to Question 37  
 2  Yes

**36. What is this person's relationship to you? Is this person your spouse, your parent, your child, or other? (If more than one person, who is the person who does this most often?)**

- 1  Spouse or romantic partner  
 2  Parent  
 3  Child  
 4  Other, *please describe:*
- \_\_\_\_\_

**37. Is there anyone who has taken your money or belongings without your OK or prevented you from getting them even when you ask?**

- 1  No → If No, Go to Question 39  
 2  Yes

**38. What is this person's relationship to you? Is this person your spouse, your parent, your child, or other? (If more than one person, who is the person who does this most often?)**

- 1  Spouse or romantic partner  
 2  Parent  
 3  Child  
 4  Other, *please describe:*
- \_\_\_\_\_

**39. Is there anyone who you feel is too controlling over your daily decisions and life?**

- 1  No → If No, Go to Question 41  
 2  Yes

**40. What is this person's relationship to you? Is this person your spouse, your parent, your child, or other? (If more than one person, who is the person who does this most often?)**

- 1  Spouse or romantic partner  
 2  Parent  
 3  Child  
 4  Other, *please describe:*
- \_\_\_\_\_

**41. Is there anyone who hits, kicks, slaps, pushes, or throws things at you?**

- 1  No → If No, Go to Question 43  
 2  Yes

**42. What is this person's relationship to you? Is this person your spouse, your parent, your child, or other? (If more than one person, who is the person who does this most often?)**

- 1  Spouse or romantic partner  
 2  Parent  
 3  Child  
 4  Other, *please describe:*
- \_\_\_\_\_

**43. In the past two years, have you been a victim of a violent crime, such as burglary, larceny, theft, robbery, or battery?**

- 1  No  
 2  Yes

**44. Thinking about your entire life so far, has anyone ever made you have sex by using force or threatening to harm you or someone close to you?**

- 1  No → If No, Go to Question 48  
 2  Yes

**45. How many times did this happen?**

*Write # of times:* \_\_\_\_\_

**46. How old were you the most recent time this happened?**

*Write # of years old:* \_\_\_\_\_

**47. The most recent time this happened, what was the person's relationship to you?**

- 1  Spouse or romantic partner
  - 2  Parent
  - 3  Stranger
  - 4  Friend
  - 5  Coworker
  - 6  Other, *please describe:*
- \_\_\_\_\_

### Health

**48. Compared with other people your age, would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse?**

- 1  Much better
- 2  Somewhat better
- 3  About the same
- 4  Somewhat worse
- 5  Much worse

**49. During the past 12 months have you had pain, aching, or cramps in your calves, thighs, or buttocks that occurred while walking but improved with rest?**

- 1  No
- 2  Yes

**50. Have you had a fracture or broken bone since you were 45 years old?**

- 1  No → If No, Go to Question 52
- 2  Yes

**51. Which bone was it?**

- 1  Hip
  - 2  Leg (other than hip)
  - 3  Wrist
  - 4  Vertebrae (backbone)
  - 5  Other, *please describe:*
- \_\_\_\_\_

**52. Have you ever had a severe head injury requiring hospitalization overnight? Do not include an overnight stay in the emergency room.**

- 1  No → If No, Go to Question 54
- 2  Yes

**53. How old were you when you had this head injury?**

Write # of years old: \_\_\_\_\_

**54. Have you ever had surgery on your nose?**

- 1  No
- 2  Yes

**55. In the last 12 months, has a doctor or other health care professional told you to limit or stop your exercise because of your health?**

- 1  No
- 2  Yes

**56. In the last 12 months, has a doctor or other health care professional told you to limit or stop sexual intercourse or sexual activity because of your health?**

- 1  No
- 2  Yes

**57. In the past 12 months, have you fallen?**

- 1  No → If No, Go to Question 59  
2  Yes

**58. In the past 12 months, how many times have you fallen?**

Write # of times: \_\_\_\_\_

**59. What do you think your chance is of getting HIV (the virus that causes AIDS)?**

- 1  High  
2  Medium  
3  Low  
4  None at all

**60. Has a doctor or health care professional recommended that you have an HIV/AIDS test?**

- 1  No  
2  Yes

**61. Prior to the day you were interviewed for this study, had you ever been tested for HIV/AIDS?**

- 1  No → If No, Continue with Question 62  
2  Yes → If Yes, Go to Question 63

**62. Why haven't you been tested for HIV/AIDS? (Check all that apply)**

- 1  You do not consider yourself at risk for HIV/AIDS  
2  You feel nervous about being tested  
3  It never occurred to you to get tested  
4  Some other reason
- } Please continue to Question 64.

**63. (If Yes to Question 61) Why did you get tested for HIV/AIDS? (Check all that apply)**

- 1  You might have been exposed  
2  You just wanted to find out if you were infected or not  
3  You were sick or had a medical problem  
4  You were required to be tested at the time of donating blood  
5  Someone suggested you should be tested  
6  Some other reason

**64. Have you ever received an HIV/AIDS test result?**

- 1  No  
2  Yes

**65. Since you turned 50, have you ever discussed sex with a doctor?**

- 1  No → If No, Go to Question 67  
2  Yes

**66. Who started the discussion – you or the doctor?**

- 1  Me  
2  Doctor  
3  Both (can be on different occasions)

**67. Thinking about the doctor(s) you see most, how appropriate would it be for the doctor(s) to ask you about your sexual health or your sexual concerns?**

- 1  Very appropriate  
2  Somewhat appropriate  
3  Somewhat inappropriate  
4  Very inappropriate

**68. How comfortable would you feel discussing sexual issues with a doctor?**

- 1  Very comfortable  
 2  Somewhat comfortable  
 3  Somewhat uncomfortable  
 4  Very uncomfortable

**69. Are you currently covered by any of the following health insurance programs? (Check all that apply)**

- 1  Medicare  
 2  Medicaid (Medi-Cal in California)  
 3  Private insurance (purchased by yourself, your or your spouse's employer or union)  
 4  Veterans Administration  
 5  Other, *please describe:*
- 

### Alcoholic Beverages (such as beer, wine, or liquor)

**70. Have you ever felt that you should cut down on drinking?**

- 1  No  
 2  Yes

**71. Have people ever annoyed you by criticizing your drinking?**

- 1  No  
 2  Yes

**72. Have you ever felt bad or guilty about drinking?**

- 1  No  
 2  Yes

**73. Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover?**

- 1  No  
 2  Yes

### Thoughts and Feelings

**74. How true is the following statement for you?: I have high self-esteem.**

- 1  Not very true of me  
 2  Somewhat untrue of me  
 3  Neither true or untrue  
 4  Somewhat true of me  
 5  Very true of me

The next set of questions is about thoughts and feelings you may have had during the past week. For each question, please indicate how often during the past week you felt like this. Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

**75. I felt tense or "wound up."**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**76. I got a frightened feeling as if something awful was about to happen.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**77. Worrying thoughts went through my mind.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**78. I could sit at ease and feel relaxed.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**79. I got a frightened feeling like butterflies in my stomach.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**80. I felt restless as if I had to be on the move.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**81. I had a sudden feeling of panic.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**82. I was unable to control important things in my life.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**83. I felt confident about my ability to handle personal problems.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**84. I felt that things are going my way.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

**85. I felt difficulties were piling up so high that I could not overcome them.**

- 1  Rarely or none of the time
- 2  Some of the time
- 3  Occasionally
- 4  Most of the time

### Physical Contact

**86. In the last 12 months, how often have you pet or touched a cat, dog, or other pet?**

- 1  Several times a week
- 2  About once every week
- 3  About once a month
- 4  Several times a year
- 5  About once or twice a year
- 6  Less than once a year
- 7  Never

**87. In the last 12 months, how often have you greeted someone with an embrace, kiss, or pat on the back?**

- 1  Several times a week
- 2  About once every week
- 3  About once a month
- 4  Several times a year
- 5  About once or twice a year
- 6  Less than once a year
- 7  Never

**88. In the last 12 months, how often have you played or cuddled with a grandchild or other child?**

- 1  Several times a week
- 2  About once every week
- 3  About once a month
- 4  Several times a year
- 5  About once or twice a year
- 6  Less than once a year
- 7  Never

**89. In the last 12 months, how often have you hugged, kissed, caressed, or had other close physical contact with a spouse or romantic partner?**

- 1  Several times a week
- 2  About once every week
- 3  About once a month
- 4  Several times a year
- 5  About once or twice a year
- 6  Less than once a year
- 7  Never

**90. In the last 12 months, how often have you hugged, held, or had other close physical contact with another adult (other than a spouse or romantic partner)?**

- 1  Several times a week
- 2  About once every week
- 3  About once a month
- 4  Several times a year
- 5  About once or twice a year
- 6  Less than once a year
- 7  Never

### General Background Questions

91. Have you ever served in the active military of the United States?

- 1  No  
2  Yes

92. Have you ever spent two or more nights in a jail, prison, or detention center?

- 1  No  
2  Yes

93. Compared with most of the people you know personally, like your friends, family, neighbors, and work associates, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1  Far below average  
2  Below average  
3  Average  
4  Above average  
5  Far above average

94. Compared with American families in general, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1  Far below average  
2  Below average  
3  Average  
4  Above average  
5  Far above average

95. How often do you feel that you lack companionship?

- 1  Hardly ever (or never)  
2  Some of the time  
3  Often

96. How often do you feel left out?

- 1  Hardly ever (or never)  
2  Some of the time  
3  Often

97. How often do you feel isolated from others?

- 1  Hardly ever (or never)  
2  Some of the time  
3  Often

98. How long have you lived in your neighborhood?

Write # of **year(s)**: \_\_\_\_\_  
and # of **month(s)**: \_\_\_\_\_

99. Among your nearby neighbors, how many of the adults would you know by name if you met them on the street? (By nearby neighbors, we mean the ten to fifteen families living closest to you.)

- 1  None of them  
2  Some of them  
3  Most of them  
4  All of them



**100. How often do you get together with any of these neighbors just to chat or for a social visit?**

- 1  Daily or almost every day
- 2  Several times a week
- 3  Several times a month
- 4  Several times a year
- 5  Hardly ever

**101. How much do you agree with this statement: "I try hard to carry my religious beliefs over into all my other dealings in life."**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree

**102. In the past 12 months how often have you used the internet?**

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


**103. Politically, do you consider yourself...**

- 1  Extremely liberal
- 2  Liberal
- 3  Slightly liberal
- 4  Moderate, middle of the road
- 5  Slightly conservative
- 6  Conservative
- 7  Extremely conservative

**Thank you!**

Please return the completed questionnaire in the postage-paid envelope to:

NORC  
Attn: NSHAP Survey  
1 North State Street, 16th Floor  
Chicago, IL 60602



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NSHAP 04/15/05



THE NATIONAL  
**SOCIAL LIFE**  
HEALTH &  
**AGING** PROJECT

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## **NSHAP Questionnaire**

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This questionnaire is part of the National Social Life Health and Aging Project (NSHAP). Please complete it after your in-person interview. Some of these questions will seem similar to those asked during your interview. This questionnaire is designed to obtain more detail in these important areas. Please answer all items as best you can, from your point of view.

As always, your individual responses and your name will be kept completely confidential.

Please return your completed questionnaire in the pre-addressed, postage-paid envelope given to you by your field interviewer. If you have any questions about the questionnaire or NSHAP, please contact us, toll-free, at 1-866-309-0540. You can also learn more online at [norc.uchicago.edu/nshap](http://norc.uchicago.edu/nshap).

Thank you again for participating in the National Social Life Health and Aging Project.

**VERSION 3**

**INSTRUCTIONS**

In answering these questions, please be as honest and accurate as possible. Most questions will ask you to choose from a list of options. Choose the response that most closely matches your answer, and put a check mark ✓ or X in the box provided on the left. Other questions will not include a list of choices and you should enter your response in the space provided.

Some questions may not apply to you, and you will be asked to skip over them. When this happens you will see an arrow or a note that tells you what question to answer next, like this:

1  No → If No, Go to Question 2

2  Yes

If no special instructions are given for your response choice, please continue with the next question.

### Social Relationships and Activities

1. In the past 12 months, how often did you do volunteer work for religious, charitable, political, health-related, or other organizations?

- 1  Several times a week  
 2  Every week  
 3  About once a month  
 4  Several times a year  
 5  About once or twice a year  
 6  Less than once a year  
 7  Never

2. In the past 12 months, how often did you attend meetings of any organized group? (Examples include: a choir, a committee or board, a support group, a sports or exercise group, a hobby group, or a professional society.)

- 1  Several times a week  
 2  Every week  
 3  About once a month  
 4  Several times a year  
 5  About once or twice a year  
 6  Less than once a year  
 7  Never

3. In the past 12 months, how often did you get together socially with friends or relatives?

- 1  Several times a week  
 2  Every week  
 3  About once a month  
 4  Several times a year  
 5  About once or twice a year  
 6  Less than once a year  
 7  Never

4. How many living sons do you have?

Write # of living sons: \_\_\_\_\_

5. How many living daughters do you have?

Write # of living daughters: \_\_\_\_\_

6. How many living grandchildren do you have?

Write # of living grandchildren: \_\_\_\_\_

7. Not including a spouse, have any of your close relatives died in the past five years?

- 1  No → If No, Go to Question 9  
 2  Yes

8. How many of your close relatives died in the past five years?

Write # of close relatives: \_\_\_\_\_

9. Have any of your friends died in the past five years?

- 1  No → If No, Go to Question 11  
 2  Yes

10. How many of your friends died in the past five years?

Write # of friends: \_\_\_\_\_

11. Are you currently married or in a romantic relationship?

- 1  No → If No, Go to Question 17  
 2  Yes

**12. How much longer do you expect your relationship with this person to last?**

- 1  For the rest of your lives  
 2  For at least a year, but not for the rest of your lives  
 3  For less than a year

**13. What is the highest level of education this person completed?**

- 1  Less than high school diploma  
 2  High school diploma/GED  
 3  Vocational/technical degree or associate's (2-year) degree  
 4  Some college  
 5  Bachelor's (4-year college) degree (e.g. BA/BS)  
 6  Graduate degree (e.g. MBA, JD, MD, PhD)  
 7  Other, *please describe*:  
 \_\_\_\_\_

**14. To the best of your knowledge, has this person had sex with someone other than yourself during the course of your relationship?**

- 1  No → If No, Go to Question 17  
 2  Yes

**15. To the best of your knowledge, how many people other than you has this person had sex with during the course of your relationship?**

*Write # of people:* \_\_\_\_\_

**16. About when was the last time this person had sex with someone else during your relationship? Was it...**

- 1  Less than a year ago  
 2  Between 2-3 years ago  
 3  More than 3 years ago

### Caregiving

**17. Are you currently assisting an adult who needs help with day-to-day activities because of age or disability?**

- 1  No → If No, Go to Question 25  
 2  Yes

**18. What is this person's relationship to you? Is this person your spouse, your parent, your child, or other?**

- 1  Spouse  
 2  Parent  
 3  Child  
 4  Other, *please describe*:  
 \_\_\_\_\_

**19. How old is this person?**

*Write # of years old:* \_\_\_\_\_

**20. Why does this person require care?**

- 1  Alzheimer's Disease or another form of dementia  
 2  Other, *please describe*:  
 \_\_\_\_\_

21. Do you consider yourself the primary caregiver?

- 1  No  
2  Yes

22. Are you the person who provides the **most** help or care for this person?

- 1  No  
2  Yes

23. How many **days per week** do you typically spend caring for this person?

Write # of days: \_\_\_\_\_

24. How many **hours per day** do you typically spend caring for this person?

- 1  Less than 2 hours  
2  2 hours or more, but less than 4 hours  
3  4 to 8 hours  
4  More than 8 hours  
5  All of the time

25. Do you have someone who you would like to make medical decisions **for you** if you were unable – for example, if you were seriously injured or very sick?

- 1  No → If No, Go to Question 28  
2  Yes

26. What is this person's relationship to you?

Write relationship:

\_\_\_\_\_

27. Have you told this person that you would like him or her to make medical decisions for you?

- 1  No  
2  Yes

### Attitudes and Life Experiences

28. In the last **month**, how often did you sleep in the same bed with your spouse or romantic partner?

- 1  Never  
2  Some of the time  
3  All or most of the time  
4  I do not have a spouse or romantic partner

29. In the past **12 months**, how often did you have sex primarily because you felt obligated or that it was your duty?

- 1  Always  
2  Usually  
3  Sometimes  
4  Rarely  
5  Never  
6  I have not had sex in the past 12 months

**Below is a list of statements. For each one, please choose if you think this is always wrong, almost always wrong, wrong only sometimes, or not wrong at all. All of these statements refer to adults.**

**30. A married person having sexual relations with someone other than their marriage partner. Is this...**

- 1  Always wrong
- 2  Almost always wrong
- 3  Wrong only sometimes
- 4  Not wrong at all

**31. What about if the spouse is in advanced stages of dementia, such as Alzheimer's or other mental disease? Is this...**

- 1  Always wrong
- 2  Almost always wrong
- 3  Wrong only sometimes
- 4  Not wrong at all

**32. What about if the spouse has a serious, long-term physical illness and cannot have sex? Is this...**

- 1  Always wrong
- 2  Almost always wrong
- 3  Wrong only sometimes
- 4  Not wrong at all

**For the next set of statements, please choose whether you strongly agree, agree, disagree, or strongly disagree. These are just general statements; they are not about your specific relationship.**

**33. I would not have sex with someone unless I was in love with them.**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree

**34. My religious beliefs have shaped and guided my sexual behavior.**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree

**35. Satisfactory sexual relations are essential to the maintenance of a relationship.**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree

**36. The ability to have sex decreases as a person grows older.**

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree



**37. In the past two years, have you been a victim of a violent crime, such as burglary, larceny, theft, robbery, or battery?**

- 1  No  
2  Yes

**38. Thinking about your entire life so far, has anyone ever made you have sex by using force or threatening to harm you or someone close to you?**

- 1  No → If No, Go to Question 42  
2  Yes

**39. How many times did this happen?**

Write # of times: \_\_\_\_\_

**40. How old were you the most recent time this happened?**

Write # of years old: \_\_\_\_\_

**41. The most recent time this happened, what was the person's relationship to you?**

- 1  Spouse or romantic partner  
2  Parent  
3  Stranger  
4  Friend  
5  Coworker  
6  Other, please describe:  
\_\_\_\_\_

**42. For some people sex is a very important part of their lives and for others it is not very important at all. How important a part of your life would you say that sex is?**

- 1  Extremely important  
2  Very important  
3  Moderately important  
4  Somewhat important  
5  Not at all important

**43. About how often do you think about sex?**

- 1  Less than once a month  
2  One to a few times a month  
3  One to a few times a week  
4  Every day  
5  Several times a day

**44. Have you had sex in the past three months?**

- 1  No  
2  Yes → If Yes, Go to Question 46

**45. What are the reasons you haven't had sexual activity? (Check all that apply)**

- 1  You are not interested
- 2  Your partner is not interested
- 3  Physical health problems or physical limitations **you** have
- 4  Physical health problems or physical limitations **your partner** has
- 5  Emotional problems **you** have
- 6  Emotional problems **your partner** has
- 7  Your children or other family members wouldn't approve
- 8  Your friends wouldn't approve
- 9  Your religious beliefs do not allow sex outside of marriage
- 10  Sex is painful
- 11  You are grieving
- 12  You did not want to get a sexually transmitted disease
- 13  You did not have enough privacy
- 14  You have not had an opportunity
- 15  Other, *please describe*:  
\_\_\_\_\_

**Health**

**46. Compared with other people your age, would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse?**

- 1  Much better
- 2  Somewhat better
- 3  About the same
- 4  Somewhat worse
- 5  Much worse

**47. During the past 12 months have you had pain, aching, or cramps in your calves, thighs, or buttocks that occurred while walking but improved with rest?**

- 1  No
- 2  Yes

**48. Have you had a fracture or broken bone since you were 45 years old?**

- 1  No → If No, Go to Question 50
- 2  Yes

**49. Which bone was it?**

- 1  Hip
- 2  Leg (other than hip)
- 3  Wrist
- 4  Vertebrae (backbone)
- 5  Other, *please describe*:  
\_\_\_\_\_

**50. Have you ever had a severe head injury requiring hospitalization overnight? Do not include an overnight stay in the emergency room.**

- 1  No → If No, Go to Question 52  
2  Yes

**51. How old were you when you had this head injury?**

Write # of years old: \_\_\_\_\_

**52. Have you ever had surgery on your nose?**

- 1  No  
2  Yes

**53. In the last 12 months, has a doctor or other health care professional told you to limit or stop your exercise because of your health?**

- 1  No  
2  Yes

**54. In the last 12 months, has a doctor or other health care professional told you to limit or stop sexual intercourse or sexual activity because of your health?**

- 1  No  
2  Yes

**55. In the past 12 months, have you fallen?**

- 1  No → If No, Go to Question 57  
2  Yes

**56. In the past 12 months, how many times have you fallen?**

Write # of times: \_\_\_\_\_

**57. Is there a place that you usually go when you are sick or need advice about your health?**

- 1  No → If No, Go to Question 59  
2  Yes

**58. What kind of place do you go most often: is it a clinic, doctor's office, emergency room, or some other place?**

- 1  Clinic or health center  
2  Doctor's office or HMO  
3  Hospital emergency room  
4  Hospital outpatient department  
5  Some other place

**59. During the past 12 months, how many times have you seen a doctor or other health care professional about your health? Do not include times you were hospitalized overnight.**

- 1  None  
2  1  
3  2-3  
4  4-9  
5  10-12 (about once a month)  
6  13-20  
7  20-30 (about twice a month)

**60. About how long has it been since you last saw or talked to a doctor or other health care professional about your health? Has it been...**

- 1  6 months or less
- 2  More than six months, but not more than 1 year ago
- 3  More than 1 year, but not more than 3 years ago
- 4  More than 3 years
- 5  Never

**61. WOMEN ONLY: When was the last time you had a pelvic examination?**

- 1  Within the past year
- 2  Between 1 and 5 years ago
- 3  More than 5 years ago
- 4  I have never had a pelvic examination

**62. WOMEN ONLY: When was the last time you had a Pap smear test? (A Pap smear is a routine medical test in which the doctor examines the cervix and sends a cell sample to the lab.)**

- 1  Within the past year
- 2  Between 1 and 5 years ago
- 3  More than 5 years ago
- 4  I have never had a Pap smear

**63. WOMEN ONLY: Have you ever been told you have pre-cancer or dysplasia of the cervix?**

- 1  No
- 2  Yes

**64. MEN ONLY: When was the last time you had a Prostate-Specific Antigen test, also called a PSA test? (A PSA test is a blood test used to check men for prostate cancer.)**

- 1  Within the past year
- 2  Between 1 and 5 years ago
- 3  More than 5 years ago
- 4  I have never had a PSA test

**65. What do you think your chance is of getting HIV (the virus that causes AIDS)?**

- 1  High
- 2  Medium
- 3  Low
- 4  None at all

**66. Has a doctor or health care professional recommended that you have an HIV/AIDS test?**

- 1  No
- 2  Yes

**67. Prior to the day you were interviewed for this study, had you ever been tested for HIV/AIDS?**

- 1  No → If No, Continue with Question 68
- 1  Yes → If Yes, Go to Question 69

**68. Why haven't you been tested for HIV/AIDS? (Check all that apply)**

- 1  You do not consider yourself at risk for HIV/AIDS
- 2  You feel nervous about being tested
- 3  It never occurred to you to get tested
- 4  Some other reason

Please continue to Question 70.

**69. (If Yes to Question 67) Why did you get tested for HIV/AIDS? (Check all that apply)**

- 1  You might have been exposed
- 2  You just wanted to find out if you were infected or not
- 3  You were sick or had a medical problem
- 4  You were required to be tested at the time of donating blood
- 5  Someone suggested you should be tested
- 6  Some other reason

**70. Have you ever received an HIV/AIDS test result?**

- 1  No
- 2  Yes

**71. Have you ever been told by a doctor or other health professional that you have herpes (genital herpes)?**

- 1  No → If No, Go to Question 73
- 2  Yes

**72. Has a doctor told you that you have herpes in the past 12 months (please include flare-ups)?**

- 1  No
- 2  Yes

**73. Have you ever been told by a doctor or other health professional that you have genital warts (Venereal warts, HPV)?**

- 1  No → If No, Go to Question 75
- 2  Yes

**74. Has a doctor told you that you have genital warts in the past 12 months?**

- 1  No
- 2  Yes

**75. Have you ever been told by a doctor or other health professional that you have trich or trichomonas?**

- 1  No → If No, Go to Question 77
- 2  Yes

**76. Has a doctor told you that you have trichomonas in the past 12 months?**

- 1  No
- 2  Yes

**77. Have you ever been told by a doctor or other health professional that you have gonorrhea (clap, drip)?**

- 1  No → If No, Go to Question 79
- 2  Yes

78. Has a doctor told you that you have gonorrhea in the past 12 months?

- 1  No  
2  Yes

79. Have you ever been told by a doctor or other health professional that you have chlamydia?

- 1  No → If No, Go to Question 81  
2  Yes

80. Has a doctor told you that you have chlamydia in the past 12 months?

- 1  No  
2  Yes

81. Have you ever been told by a doctor or other health professional that you have syphilis (bad blood)?

- 1  No → If No, Go to Question 83  
2  Yes

82. Has a doctor told you that you have syphilis in the past 12 months?

- 1  No  
2  Yes

83. Have you ever been told by a doctor or other health professional that you have hepatitis?

- 1  No → If No, Go to Question 85  
2  Yes

84. Has a doctor told you that you have hepatitis in the past 12 months?

- 1  No  
2  Yes

85. Have you ever been told by a doctor or other health professional that you have HIV/AIDS?

- 1  No → If No, Go to Question 87 (WOMEN) or Question 90 (MEN)  
2  Yes

86. Has a doctor told you that you have HIV/AIDS in the past 12 months?

- 1  No  
2  Yes

87. WOMEN ONLY: Have you ever been told by a doctor or other health professional that you have Pelvic Inflammatory Disease (PID)?

- 1  No → If No, Go to Question 89  
2  Yes

88. WOMEN ONLY: Has a doctor told you that you have PID in the past 12 months?

- 1  No  
2  Yes

**89. WOMEN ONLY: Now we would like to ask about common vaginal infections women experience. Have you been told by a doctor in the last year that you have... (Check all that apply)**

- 1  Vaginitis
- 2  Yeast infection  
(e.g., Candidiasis)
- 3  BV or Bacterial Vaginosis  
(BV is changes in, or an overgrowth of bacteria in the vagina)

**90. Since you turned 50, have you ever discussed sex with a doctor?**

- 1  No → If No, Go to Question 92
- 2  Yes

**91. Who started the discussion - you or the doctor?**

- 1  Me
- 2  Doctor
- 3  Both (can be on different occasions)

**92. Thinking about the doctor(s) you see most, how appropriate would it be for the doctor(s) to ask you about your sexual health or your sexual concerns?**

- 1  Very appropriate
- 2  Somewhat appropriate
- 3  Somewhat inappropriate
- 4  Very inappropriate

**93. How comfortable would you feel discussing sexual issues with a doctor?**

- 1  Very comfortable
- 2  Somewhat comfortable
- 3  Somewhat uncomfortable
- 4  Very uncomfortable

**94. Are you currently covered by any of the following health insurance programs? (Check all that apply)**

- 1  Medicare
- 2  Medicaid (Medi-Cal in California)
- 3  Private insurance (purchased by yourself, your or your spouse's employer or union)
- 4  Veterans Administration
- 5  Other, *please describe:*

#### Alcoholic Beverages (such as beer, wine, or liquor)

**95. Have you ever felt that you should cut down on drinking?**

- 1  No
- 2  Yes

**96. Have people ever annoyed you by criticizing your drinking?**

- 1  No
- 2  Yes

**97. Have you ever felt bad or guilty about drinking?**

- 1  No
- 2  Yes

98. Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover?

- 1  No  
2  Yes

### General Background Questions

99. Have you ever served in the active military of the United States?

- 1  No  
2  Yes

100. Have you ever spent two or more nights in a jail, prison, or detention center?

- 1  No  
2  Yes

101. Compared with most of the people you know personally, like your friends, family, neighbors, and work associates, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1  Far below average  
2  Below average  
3  Average  
4  Above average  
5  Far above average

102. Compared with American families in general, would you say that your household income is far below average, below average, average, above average, or far above average?

- 1  Far below average  
2  Below average  
3  Average  
4  Above average  
5  Far above average

103. How often do you feel that you lack companionship?

- 1  Hardly ever (or never)  
2  Some of the time  
3  Often

104. How often do you feel left out?

- 1  Hardly ever (or never)  
2  Some of the time  
3  Often

105. How often do you feel isolated from others?

- 1  Hardly ever (or never)  
2  Some of the time  
3  Often

106. How long have you lived in your neighborhood?

Write # of **year(s)**: \_\_\_\_\_  
and # of **month(s)**: \_\_\_\_\_



**107. Among your nearby neighbors, how many of the adults would you know by name if you met them on the street? (By nearby neighbors, we mean the ten to fifteen families living closest to you.)**

- 1  None of them  
 2  Some of them  
 3  Most of them  
 4  All of them

**108. How often do you get together with any of these neighbors just to chat or for a social visit?**

- 1  Daily or almost every day  
 2  Several times a week  
 3  Several times a month  
 4  Several times a year  
 5  Hardly ever

**109. How much do you agree with this statement: "I try hard to carry my religious beliefs over into all my other dealings in life."**

- 1  Strongly agree  
 2  Agree  
 3  Disagree  
 4  Strongly disagree

**110. In the past 12 months how often have you used the internet?**

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

**111. Politically, do you consider yourself...**

- 1  Extremely liberal  
 2  Liberal  
 3  Slightly liberal  
 4  Moderate, middle of the road  
 5  Slightly conservative  
 6  Conservative  
 7  Extremely conservative

**Thank you!**

Please return the completed questionnaire in the postage-paid envelope to:

NORC  
 Attn: NSHAP Survey  
 1 North State Street, 16th Floor  
 Chicago, IL 60602

**V3**

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NSHAP 04/15/05