HS&B:80/2021 Follow-up Questionnaire – Web Survey

May 13, 2025

High School and Beyond Follow-up Cohort
2021 Web Survey
Updated May 13, 2025

GENERAL PROGRAMMING NOTES:

Font colors as follows:

Screen names are in **red font**.
Variable names are in **light green font**.
Programmer notes are in **dark green font**.
DK/RF = Don't know or refused (respondent didn't answer).

This text is at the bottom of every page in a banner. The email link mails to HS&B@norc.org.

HS&B Tech Support at NORC – click here to email or call 877-346-7151

The "don't know/refused" (DK/RF) path is shown, those response options will not be displayed unless noted. The "don't know/refused" path should be followed when the SM skips to the next page without selecting a valid, displayed response.

The main navigation buttons will be:

PRELOADED Respondent Information

Variable Names in Preload View	Description	Type	Values	Database Source
SU_ID	Sample Unit ID	Char		Sample_unit.su_id
First_name	Sample Person first name	Char		Person.first_name
Middle_name	Sample Person middle name	Char		Person.middle_name
Last_name	Sample Person last name	Char		Person.last_name
Birth_day	Sample Person day of birth	Num		Person.birth_day
Birth_month	Sample Person month of birth	Num		Person.birth_month
Birth_year	Sample Person year of birth	Num		Person.birth_year
COHORT	HS&B cohort	Num	1=Senior 2=Sophomore	Extra_attribute.cohort
SCHOOL_NAME	High school name	Char		Extra_attribute.school_name
SCHOOL_CITY	High school city	Char		Extra_attribute.school_city
SCHOOL_STATE	High school state	Char		Extra_attribute.school_state
SEX	Sample Person gender	Num	1=Male 2=Female 3=Other -3=Missing	Person.gender
P_WORKEVER	Flag for Sample Person indicated they had worked for pay in an earlier survey	Num	1=Yes 2=No -3=Missing	Extra_attribute.workever
ASK_CP	Flag for if contact person screens should be shown in the Future Contact section	Num	1=Yes 2=No	Extra_attribute.ask_cp
ADDR1	Primary good address line 1	Char		ADDRESS.ADDR1
ADDR2	Primary good address line 2	Char		ADDRESS.ADDR2
UNIT	Primary good unit	Char		ADDRESS.UNIT
CITY	Primary good city	Char		ADDRESS.CITY
STATE	Primary good state	Char		ADDRESS.STATE
ZIP	Primary good zip	Char		ADDRESS.ZIP
PHONE_NBR	Primary good phone number	Char		PHONE.PHONE_NBR
EMAIL_ADDRESS	Primary good email address	Char		EMAIL.EMAIL_ADDRESS

HIGH SCHOOL & Beyond
providing a lifetime of insight

Welcome to the 2021 High School & Beyond Follow-up Study!

You should have received a Personal Identification Number (PIN) and a password to gain access to this survey. Please enter them below, and then click the "Continue" button. If you do not have your PIN or password, please contact HS&B@norc.org or call 1-877-346-7151.

PIN:

PASSWORD:

Continue

The HS&B study is sponsored by the National Institute on Aging, a division of the National Institutes of Health, and is being conducted by NORC at the University of Chicago.

Misplaced password or other problems?
For technical support email HS&B@norc.org. Support is also available at 1-877-346-7151. If you reach voice mail, please leave a detailed message including the best number to reach you.

SURVEY INFORMATION

SURVINFO.

SURVEY INFORMATION

Background

We are interviewing individuals who were in high school in the 1980s to better understand how their education and workforce experiences as early adults have affected their circumstances later in life.
The survey will include questions that help us understand how people think and how well they remember things. We are interested in exploring how these particular areas are related to social relationships and health. We will also ask you about participation in a future home health visit.

Assurance of Confidentiality

Any information you provide will be kept confidential. Only the research team will have full access to your data and know that you were a part of the study. No personal identifying information is ever released to the public, and the information you provide will only be used for research purposes.
We will do our best to protect the confidentiality of all the information we collect from you, but no one can guarantee complete confidentiality for data that is sent over the Internet.

Participation Information

The average time to complete this survey is about 35 minutes and you can skip any questions you don't want to answer. We may use your data even if you do not reach the end of the survey
Your response is voluntary
There are no risks in participating in this survey beyond those experienced in everyday life.

If you have questions about this survey, please refer to our Frequently Asked Questions. If you have any further questions, please contact NORC toll-free at 1-877-346-7151 or email us at HS&B@norc.org. *If you have questions about your rights as a study participant*, you may call the NORC Institutional Review Board Administrator, toll-free, at 1-866-309-0542.

Thank you in advance for your participation! Please click the "Next" button to read more about how to navigate this survey.

Save & Exit Next →

NAVIGATION INSTRUCTIONS

NAVINST.

NAVIGATION INSTRUCTIONS

Move forward or backward one question at a time by clicking on the **Next** or **Previous** buttons. (DO NOT use your browser's Back or Forward buttons.)

SUSPENDING THE SURVEY

If you need to exit the survey prior to completion, please click on the **Save & Exit** button at the bottom of any screen. All responses that you have provided to that point are securely stored, and you can resume the survey at your convenience.

In order to resume your survey, you will need your PIN and Password, which will be displayed on the screen after you click **Save & Exit**.

If you exit the survey another way, for example by closing the browser window without clicking the **Save & Exit** button, you will need to wait ten minutes before you can re-enter the survey. Again, all responses that you provided to that point are saved.

CONTACT.

Please enter your email address. We will use your email address to contact you if we need to clarify any of your survey responses.

Email Address: _____

SAMPLE PERSON VERIFICATION

V1.
This survey is for people who were originally selected for the High School and Beyond Study in 1980. These questions verify that we have reached the correct person who originally participated in the High School and Beyond Study in 1980.

Our records show that your name is:

[FIRST_NAME] [MIDDLE_NAME] [LAST_NAME]

Is this correct?

Yes ..... 1 → **GO TO V2**
No ..... 2 → **GO TO V1_1**
DK/RF ..... -3 → **GO TO V1_1**

V1_1.
Please update your name.

First name: [FIRST_NAME]
Middle name: [MIDDLE_NAME]
Last name: [LAST_NAME]

IF [FIRST_NAME] + [LAST_NAME] ≠ First_name (preloaded respondent info) + Last_name (preloaded respondent info) .... → GO TO V1_2
ALL OTHERS ..... → GO TO V2

V1_2.

Did you ever go by the name…

[FIRST_NAME] [MIDDLE_NAME] [LAST_NAME]
or
[ALTFNAME] [ALTMNAME] [ALTFNAME]

Yes ..... 1 → **GO TO V2**
No ..... 2 → **GO TO CLOSE**
DK/RF ..... -3 → **GO TO V2**

V2.
What is your gender?
Please select one.

Male 1
Female 2
Other 3
DK/RF ..... -3

V3.
What is your date of birth?

MONTH:
DAY:
YEAR:

IF MONTH OR YEAR ARE MISSING ..... → GO TO V3_1
IF MONTH AND YEAR ARE COMPLETE AND YEAR ≥ 1958 and ≤ 1970 ..... → GO TO V4
IF MONTH AND YEAR ARE COMPLETE, AND YEAR < 1958 or > 1970 ..... → GO TO V3_2

V3_1.
Age is a very important piece of demographic data for this study. We also use age to verify that we have reached the correct person originally selected for the High School and Beyond Study.

What is your date of birth?

MONTH:
DAY:
YEAR:

IF YEAR < 1942 or > 1970 or BLANK ..... → GO TO V3_2
ALL OTHERS ..... → GO TO V4

V3_2
Did you attend high school in the late 1970s, completing your senior year in 1980?
Did you attend high school in 1980?

Yes ..... 1 **→ GO TO V4**
No ..... 2 **→ GO TO CLOSE**
DK/RF ..... -3 **→ GO TO V4**

V4.
Did you attend [SCHOOL_NAME] in 1980 (when you were a senior)?

Did you attend [SCHOOL_NAME] in 1980 (when you were a sophomore)?

Yes ..... 1 → **GO TO SPV**
No ..... 2 → **GO TO V4_1**
DK/RF ..... -3 → **GO TO V4_1**

V4_1.
Did you ever attend [SCHOOL_NAME] in [SCHOOL_CITY], [SCHOOL_STATE]?

Yes ..... 1 → **GO TO SPV**
No ..... 2 → **GO TO CLOSE**
DK/RF ..... -3 → **GO TO SPV**

CLOSE.
This survey is for people who were originally selected for the High School and Beyond Study in 1980.

Thank you for your time.

Exit Survey

SECTION A: EDUCATION – HIGHEST DEGREE AND FIELD (ED)

F6A001

A1.

What is the highest degree or level of schooling you completed?

Less than high school ..... 1 → **GO TO B1**
High school ..... 2 → **GO TO A2**
Vocational certificate or license ..... 3 → **GO TO B1**
Some college ..... 4 → **GO TO A3_A**
College ..... 5 → **GO TO A4_A**
Graduate or professional school ..... 6 → **GO TO A5_A**
DK/RF ..... -3 → **GO TO B1**

F6A002

A2.

Did you earn a GED or a regular high school diploma?

GED 1
High school diploma 2
DK/RF ..... -3

GO TO B1

F6A003

A3_A.

Did you complete less than a year of college credit or a year or more of college credit?

Less than a year 1
One year or more 2
DK/RF ..... -3

A3_B.

What was the name of the last college or university you attended?

Name:

A3_C.
In what city and state was that college or university located?

City:
State:

GO TO B1

F6A007
A4_A.
Was your highest degree an associate's degree, bachelor's degree or something else?

Associate's degree ..... 1 → **GO TO A4_C**
Bachelor's degree ..... 2 → **GO TO A4_C**
Something else ..... 3 → **GO TO A4_B**
DK/RF ..... -3 → **GO TO A4_C**

A4_B.
What degree did you earn?

Degree:

A4_C.
What was the name of the college or university where you earned this degree?

Name:

A4_D.
In what city and state was that college or university located?

City:
State:

A4_E.
What was your major field of study for your [bachelor's/associate's] degree?

Field of study:

GO TO B1

F6A013

A5_A.

Was your highest degree a master's degree, a professional degree like an MD or JD, a doctoral degree, or something else?

Master's degree ..... 1 → GO TO A5_C
Professional degree (MD/JD) ..... 2 → GO TO A5_C
Doctoral degree ..... 3 → GO TO A5_C
Something else ..... 4 → GO TO A5_B
DK/RF ..... -3 → GO TO A5_C

A5_B.

What degree did you earn?

Degree:

A5_C.

What was the name of the last college or university where you earned this degree?

Name:

A5_D.

In what city and state was that college or university located?

City:
State:

A5_E.

What was the major field of study for this degree?

Field:

SECTION B: MARITAL STATUS (MARI)

F6B001

B1.

What is your current marital status?

Married ……1
Living in a marriage-like relationship ……..2
Separated ……..3
Divorced ……...4
Widowed ……..5
Never married ……...6
DK/RF ……...-3

SECTION C: COGNITIVE BATTERIES (COG)

C1.

Now we'd like you to do a few fun exercises related to attention, concentration, and memory. For this section of the survey, you will be directed to a new website. This website will not receive your name, contacting information, or any of your responses so far. Below is a view of the website to which you will be redirected. When you are done, you will be directed right back to our survey, where you will be able to answer the remainder of the questions we have.

Please keep your password handy in the event you need to log back in once redirected.

Verbal Pairs
F6C801 – F6C825

Visual Pairs
F6C901 – F6C924

SECTION D: HEALTH (HLTH)

F6D001
D11.
The next few questions ask about your health in general. We are interested in learning more about your health in recent years.

How would you best describe your health <u>in general</u>?

Poor …….5
Fair ……..4
Good ……....3
Very good ……2
Excellent ……..1
DK/RF ……. -3

F6D002
D7.
Have you had or do you now have COVID-19, the disease caused by the novel coronavirus?

Yes ……1
Probably Yes (I think so) …….2
No …….3
Probably No (I don't think so) ….4
Not Sure ……5
DK/RF .....-3

F6D003
D8.
Have you been tested for the coronavirus?
This question is not about antibody tests. It is about tests for the presence of the virus. These are usually done via a nasal or throat swab or a sample of your saliva.

Yes ……1
No …….2 **→ GO TO D21**
DK/RF .....-3 **→ GO TO D21**

F6D004

D9.

Did the test indicate that you had the virus?

Yes ……1
No ……2
I am waiting for the results ……. -3
DK/RF .....-3

F6D005

D21.

Have you received a COVID-19 vaccine?
If you have only received one of two doses, select "Yes".

Yes ……1
No ……2 → **GO TO D15**
DK/RF .....-3 → **GO TO D15**

F6D006

D22.

How many doses are required for the vaccine you received?

One ……1 → **GO TO D15**
Two ……2
I don't know how many doses are required ……3
DK/RF ……-3

F6D007

D25.

How many doses of the vaccine have you received?

One ……1
Two ……2
DK/RF ……-3

F6D008

D15.

In the past 3 months, how often did you have pain?

Never ..... 1 → **GO TO D0A**
Some days 2
Most days 3
Every day 4
DK/RF ..... -3 → **GO TO D0A**

F6D009

D15_A.

Thinking about the last time you had pain, how much pain did you have?

A little 1
A lot 2
Somewhere in between a little and a lot 3
DK/RF ..... -3

F6D010

D0A.

These next questions are about cancer screening.

Several screening tests are available for colorectal cancer, including colonoscopy, sigmoidoscopy, virtual colonoscopy, CT colonography, or a blood stool test like FOBT, FIT, fit DNA or Cologuard. Have you ever had any of these exams?

Yes ……1 → GO TO D0C
No ……2 → GO TO D0D
DK/RF ……...-3 → GO TO D0D

F6D011

D0C.

About how long has it been since your MOST RECENT test for colon cancer?

One year or less 1
More than one year but less than two years 2
More than two years but less than four years 3
More than four years 4
DK/RF ..... -3

F6D012

D0D.

ONLY DISPLAY IF V2 = 2 OR V2 = MISSING and SEX (preloaded respondent information) = 2

Some women get screened for cervical cancer. There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test. Have you ever had a test to check for cervical cancer?

Yes ..... 1 → GO TO D0F
No ..... 2 → GO TO D0G
DK/RF ..... -3 → GO TO D0G

F6D013

D0F.

About how long has it been since your MOST RECENT test for cervical cancer?

One year or less 1
More than one year, but less than two years 2
More than two years, but less than four years 3
More than four years 4
DK/RF .....-3

F6D014

D0G

ONLY DISPLAY IF V2=2 OR V2 = MISSING and SEX (preloaded respondent information)=2

Have you EVER HAD a mammogram? A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

Yes ..... 1→ GO TO D0H
No ..... 2 → GO TO D1
DK/RF ..... -3 → GO TO D1

F6D015

D0H.

About how long has it been since your MOST RECENT mammogram?

One year ago or less 1
More than one year, but less than two years.....2
More than two years, but less than four years 3
More than four years 4
DK/RF ..... -3

F6D016

D1.

Has a doctor, nurse, or other health professional ever told you that you had any form of cancer?

Yes…….. 1
No…… 2 → GO TO D2
DK/RF …… -3 → GO TO D2

D1_A.
What type or types of cancer?

Type:
DK/RF ..... -3

F6D018
D1_B.
In what year were you told you had cancer?
If you have had cancer more than once, indicate the first time you were told you had cancer.

Year:
DK/RF …… -3

F6D019
D1_C.
Are you currently in remission?

Yes……. 1
No……... 2
DK/RF……. -3

F6D020
D2.
Has a doctor, nurse, or other health professional ever told you that you had diabetes?

Yes……. 1
No……... 2
DK/RF……. -3

IF "YES" AND ONE OF THE BULLETED CONDITIONS IS TRUE, THEN GO TO D2_A.

- **V2 = 2 (FEMALE) OR 3 (OTHER)**
- **V2 = DK/RF AND SEX (preloaded respondent information) = 2 (FEMALE) OR 3 (OTHER)**

OTHERWISE, IF "YES" AND NEITHER CONDITION IS TRUE, THEN GO TO D2_B.

FOR ALL "NO" AND DK/RF RESPONSES, GO TO D2_1.

F6D021
D2_1.
What about pre-diabetes or borderline diabetes?

Yes……. 1
No……... 2
DK/RF……. -3

GO TO D3

F6D022
D2_A.
Was this only when you were pregnant?

Yes……. 1
No……... 2
DK/RF……. -3

F6D023
D2_B.
In what year were you told you had diabetes?

Year:
DK/RF……. -3

F6D024
D3.
Has a doctor, nurse, or other health professional ever told you that you had hypertension?

Yes……. 1
No…… 2 → **GO TO D4**
DK/RF……. -3 → **GO TO D4**

F6D025
D3_A.
In what year were you told you had hypertension?

Year:
DK/RF …… -3

F6D026
D3_B.
Do you still have hypertension?

Yes……... 1 → **GO TO D4**
No……. 2
I don't know……. 3 → **GO TO D4**
DK/RF……... -3 → **GO TO D4**

F6D027

D3_C.

In what year did you stop having hypertension?

Year:

F6D028

D4.

Has a doctor, nurse, or other health professional ever told you that you had a stroke?

Yes……... 1
No…… 2 → GO TO D5
DK/RF……. -3 → GO TO D5

F6D029

D4_A.

In what year did you have a stroke?
If you have had more than one stroke, indicate the year you first had a stroke.

Year:

F6D030

D5.

Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease?

Yes……... 1
No…… 2 → GO TO D6
DK/RF……. -3 → GO TO D6

F6D031

D5_A.

In what year were you told you had angina or coronary heart disease?

Year:

F6D032

D5_B.

Do you still have angina or coronary heart disease?

Yes……..... 1 → GO TO D6
No……. 2
I don't know……. 3 → GO TO D6
DK/RF……... -3 → GO TO D6

F6D033

D5_C.

In what year did you stop having angina or coronary heart disease?

Year:

F6D034

D6.

Were you ever told you had kidney disease, <u>not including</u> kidney stones, bladder infection or incontinence?

Yes……... 1
No…… 2 → GO TO D1_E
DK/RF……. -3 → GO TO D1_E

F6D035

D6_A.

In what year were you told you had kidney disease?

Year:

F6D036

D6_B.

Do you still have kidney disease?

Yes…… 1 → GO TO D1_E
No……. 2
I don't know……. 3 → GO TO D1_E
DK/RF……. -3 → GO TO D1_E

F6D037

D6_C.

In what year did you stop having kidney disease?

Year:

F6D038

D1_E.

Have you ever been told by a doctor or other health professional that you had periodontal or gum disease?

Yes……... 1
No…… 2 → GO TO D23
DK/RF……. -3 → GO TO D23

F6D039

D1_E_A.

In what year were you told you had periodontal or gum disease?

Year:

F6D040

D1_E_B.

Do you still have periodontal or gum disease?

Yes……... 1 → GO TO D23
No……..... 2
I don't know… 3 → GO TO D23
DK/RF……. -3 → GO TO D23

F6D041

D1_E_C.

In what year did you stop having periodontal or gum disease?

Year:

F6D042

D23.

Has a doctor, nurse, or other health professional ever told you that you had a mental health condition, such as anxiety, depression, or schizophrenia, or something else?

Yes 1
No…… 2 → GO TO D14
DK/RF……. -3 → GO TO D14

D24.

What type or types of mental conditions were you told you had?

Mental Condition(s):
DK/RF……-3

F6D044

D14.

These next questions are about the use of prescription pain relievers called opioids. When answering these questions, please do not include over-the-counter pain relievers such as aspirin, Tylenol, Advil, or Aleve.

During the past 3 months, have you taken any opioid pain relievers?

Examples include hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet, and Percodan.

Yes……... 1 → **GO TO D14_U**
No…… 2 → **GO TO D13**
DK/RF……. -3 → **GO TO D13**

F6D045

D14_U

During the past 3 months, how often did you take a prescription opioid?

Some days…… 1
Most days……. 2
Every day……. 3
DK/RF……... -3

F6D046-F6D047

D13.

About how tall are you?

Feet:
Inches:
DK/RF..... -3

F6D048

D12.

About how much do you weigh?

Pounds:
DK/RF..... -3

F6D049

D16.

The next question asks about your health during the period when you were growing up, through age 16.

How would you best describe your health <u>as a child</u>?

Poor……. 5
Fair…….. 4
Good……... 3
Very good…... 2
Excellent……. 1
DK/RF…….. -3

D26.

Thank you for providing this information on your health. At the end of the survey we will provide more information about an opportunity to participate in a free home health visit. This health visit will help us to understand the roles that biology, education, and life experiences play in promoting health and wellbeing later in life. We will discuss this visit at the end of the survey after these next few sections.

Click "Next" to continue the survey.

SECTION G: SUBSTANCE USE (SUB)

F6G001
G1.
Have you smoked at least 100 cigarettes in your entire life?

Do <u>not</u> include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

5 packs = 100 cigarettes

Yes…….. 1
No……... 2 → **GO TO G2**
DK/RF…… -3 → **GO TO G2**

F6G002
G1_A.
Do you now smoke cigarettes every day, some days, or not at all?

Every day ……1 → **GO TO G2**
Some days ……2 → **GO TO G2**
Not at all ……..3 → **GO TO G1_B**
DK/RF……. -3 → **GO TO G2**

F6G003
G1_B.
About how long has it been since you completely quit smoking cigarettes?

Less than 1 year ago……... 1
1-5 years ago…….. 2
6-10 years ago …… 3
More than 10 years ago…….. 4
DK/RF…… -3

F6G004
G2.
Please answer these next few questions thinking of the past year.

In the past year, have you felt you needed to cut down on your drinking?

Yes…… 1
No…….. 2
I have not had a drink in the past year…….. 3 → **GO TO M1**
DK/RF……... -3

F6G005

G3.

In the past year, have people annoyed you by criticizing your drinking?

Yes…….. 1
No……... 2
DK/RF……. -3

F6G006

G4.

In the past year, have you felt guilty about drinking?

Yes…….. 1
No……... 2
DK/RF……. -3

SECTION M: SELF-REPORTED MEMORY COMPLAINTS (MEM)

M1.

Please indicate whether the following things have changed for you over the last several years:

		Yes, a change	No change	DK/RF
F6M001	**Problems with judgment — for example, problems making decisions, making bad financial decisions, problems with thinking?**	1	2	-3
F6M002	**Less interest in hobbies/activities?**	1	2	-3
F6M003	**Repeating the same things over and over —for example, questions, stories, or statements?**	1	2	-3
F6M004	**Trouble learning how to use a tool, appliance, or gadget — for example, a phone, computer, microwave, or remote control?**	1	2	-3
F6M005	**Forgetting the correct month or year?**	1	2	-3
F6M006	**Trouble handling complicated financial affairs — for example, balancing a checkbook, income taxes, paying bills?**	1	2	-3
F6M007	**Trouble remembering appointments?**	1	2	-3
F6M008	**Daily problems with thinking and/or memory?**	1	2	-3

F6M009

M2.

Do you feel like your memory is becoming worse?

Yes……. 0
No…….. 1 → GO TO M4
DK/RF……-3 → GO TO M4

F6M010

M3.

Does it worry you that your memory is becoming worse?

Yes…….. 1
No……... 2
DK/RF……. -3

F6M011

M4.

Do you have more memory difficulties than others your age?

Yes…….. 1
No……... 2 → **GO TO N1**
DK/RF…… -3 → **GO TO N1**

F6M012

M5.

Does it worry you that you have more memory difficulties than others your age?

Yes…….. 1
No……... 2
DK/RF……. -3

SECTION N: MENTAL HEALTH (MENT)

N1.

The next questions are about how you have been feeling during the past 30 days. About how often during the past 30 days did you feel…?

		All of the time	Most of the time	Some of the time	A little of the time	None of the time	DK/RF
F6N001	Nervous	1	2	3	4	5	-3
F6N002	Hopeless	1	2	3	4	5	-3
F6N003	Restless or fidgety	1	2	3	4	5	-3
F6N004	So depressed that nothing could cheer you up	1	2	3	4	5	-3
F6N005	That everything was an effort	1	2	3	4	5	-3
F6N006	Worthless	1	2	3	4	5	-3

N2.

The next questions are about how you feel about different aspects of your life. How often do you feel…?

		Often	Some of the time	Hardly ever	DK/RF
F6N007	That you lack companionship	1	2	3	-3
F6N008	Left out	1	2	3	-3
F6N009	Isolated from others	1	2	3	-3

SECTION H: LABOR FORCE (WORK)

F6H001

H1.

This section asks about employment.

What best describes your current employment situation?

Working now 1
Unemployed and looking for work ..... 2 → **GO TO H5**
Temporarily laid off, on sick or other leave ..... 3 → **GO TO H5**
Disabled ..... 4 → **GO TO H4**
Retired .....5 → **GO TO H5**
Homemaker ..... 6 → **GO TO H4**
Other ..... 7 → **GO TO H3**
DK/RF .....-3 → **GO TO H4**

F6H002

H2.

How many jobs do you currently hold?

Number of jobs:

GO TO H6.

H3.

Please explain your current employment situation.

Please describe:

F6H004

H4.

IF [P_WORKEVER] = 1 THEN SKIP THIS ITEM AND GO TO H5.

Have you ever worked for pay?

Yes……. 1
No……... 2 → **GO TO J6**
DK/RF…… -3 → **GO TO J6**

F6H005

H5.

In what year did you last work for pay?

Year:

H6_INFO.

DISPLAY THIS TEXT IF H1 = 1

For these next questions we would like you to think about your current (main) job. Your main job is the one at which you work the most hours per week.

OTHERWISE, IF H1 ≠ 1, THEN DISPLAY THIS TEXT

For these next questions we would like you to think about the most recent (main) job you held. Your main job is the one at which you worked the most hours per week.

H6.

DISPLAY THIS TEXT IF H1 = 1

What kind of work are you doing now?

For example: *registered nurse, personnel manager, supervisor of order department, secretary, accountant*

OTHERWISE, IF H1 ≠ 1, THEN DISPLAY THIS TEXT

What kind of work were you doing in your last job?

For example: *registered nurse, personnel manager, supervisor of order department, secretary, accountant*

Work:

H7.

DISPLAY THIS TEXT IF H1 = 1

What are your most important activities or duties? Please be as specific as possible, including any area of specialization.

For example: *patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records.*

OTHERWISE, IF H1 ≠ 1, THEN DISPLAY THIS TEXT

What were your most important activities or duties? Please be as specific as possible, including any area of specialization.

For example: *patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records.*

Work:

F6H008
H8.

DISPLAY THIS TEXT IF H1 = 1

In a typical week, how many hours per week do you work at your current (main) job?

OTHERWISE, IF H1 ≠ 1, THEN DISPLAY THIS TEXT

In a typical week, how many hours per week did you work at your most recent (main) job?

Hours:

H10.

DISPLAY THIS TEXT IF H1 = 1

What kind of business or industry is this? Describe the activity at the location where employed.

For example: *hospital, newspaper publishing, mail order house, auto engineering manufacturing, bank.*

OTHERWISE, IF H1 ≠ 1, THEN DISPLAY THIS TEXT

What kind of business or industry was this? Describe the activity at the location where employed.

For example: *hospital, newspaper publishing, mail order house, auto engineering manufacturing, bank.*

Business:

F6H010
H12.

DISPLAY THIS TEXT IF H1 = 1

Are you employed by government, by a private company or organization, or are you self-employed or working in a family business?
Please select one.

OTHERWISE, IF H1 ≠ 1, THEN DISPLAY THIS TEXT

Were you employed by government, by a private company or organization, or were you self-employed or working in a family business?
Please select one.

Government ……1
Private company or organization ……2
Self-employed ……3
Working in a family business ……..4
DK/RF ……..-3

SECTION J: WAGE AND SALARY (WAGE)

F6J001

J1.

The next questions are about your income and assets.
Did you work at a job or business for pay at any time during 2020?

Yes…….. 1
No…… 2 → **GO TO J6**
DK/RF……. -3 → **GO TO J6**

F6J002

J2.

In 2020, how many weeks did you work even for a few hours? Include paid vacation and sick leave as work.
If you had more than one job, include how many weeks you worked at all jobs together.

Weeks:

F6J003

J3.

During the weeks that you worked in 2020, how many hours did you usually work per week?
If you had more than one job, include how many hours you usually worked at all jobs together.

Hours:

F6J004

J4.

Including overtime pay, tips and commissions, and self-employment income, about how much did you earn in total before taxes or other deductions in 2020? Please include income from all paid work.

Income: → **GO TO J5**
DK/RF…….. -3 → **GO TO J8**

F6J005

J8.

If you would rather give your earnings in ranges, was it less than $30,000 or $30,000 or more?

Less than $30,000 .....1→ **GO TO J9**
$30,000 or more .....2→ **GO TO J10**
DK/RF ..... -3→ **GO TO J5**

F6J006

J9.

Was it…

Less than $5,000 1
$5,000, but less than $15,000.....2
$15,000, but less than $25,000.....3
$25,000, but less than $30,000.....4
DK/RF ..... -3

GO TO J5

F6J007

J10.

Was it…

$30,000, but less than $45,000.....1
$45,000, but less than $75,000.....2
$75,000 or more 3
DK/RF ..... -3

F6J008

J5.

After February 2020, did your earned income decline due to COVID-19 because of being furloughed, laid off, having reduced hours, business closure, or anything else related to your job?

Yes……1
No……2
DK/RF……. -3

F6J009

J6.

How confident are you that you could come up with $2,000 in the next month if an unexpected need arose? Would you say that you could definitely, probably, probably not or definitely not come up with the money?]

Definitely…… 1
Probably…….. 2
Probably not…… 3
Definitely not…….. 4
DK/RF……. -3

F6J010

J7.

We would also like to know about your total household income in 2020. Be sure to include income from work, government benefits, pensions, and all other sources for you and all other adults in your household. During 2020, just roughly, what was your household income from all sources, before taxes?

Income (dollars): → GO TO L1
DK/RF……-3 → GO TO J11

F6J011

J11.

If you would rather give your total household income in ranges, was it less than $75,000 or $75,000 or more?

Less than $75,000 .....1 → GO TO J12
$75,000 or more .....2 → GO TO J13
DK/RF .....-3 → GO TO L1

F6J012

J12.

Was it…

Less than $20,000 1
$20,000, but less than $40,000.....2
$40,000, but less than $55,000.....3
$55,000, but less than $75,000.....4
DK/RF ..... -3

GO TO L1

F6J013

J13.

Was it…

$75,000, but less than $100,000.....1
$100,000, but less than $155,000.....2
$155,000 or more 3
DK/RF ..... -3

SECTION L: SCIENCE KNOWLEDGE

L1.

Now, we would like to ask you a few short questions like those you might see on a television game show. Please indicate for each statement if you believe it is true or false or that you don't know.

		True	False	Don't Know	RF
F6L001	**The center of the Earth is very hot.**	1	2	3	-3
F6L002	**All radioactivity is man-made.**	1	2	3	-3
F6L003	**A person who has no symptoms of COVID-19 can still pass it on to other people.**	1	2	3	-3
F6L004	**It is the father's gene that decides whether the baby is a boy or a girl.**	1	2	3	-3
F6L005	**Lasers work by focusing sound waves.**	1	2	3	-3
F6L006	**Electrons are smaller than atoms.**	1	2	3	-3
F6L007	**Antibiotics kill viruses as well as bacteria.**	1	2	3	-3
F6L008	**The universe began with a huge explosion.**	1	2	3	-3
F6L009	**The continents on which we live have been moving their locations for millions of years and will continue to move in the future.**	1	2	3	-3
F6L010	**Human beings, as we know them today, developed from earlier species of animals.**	1	2	3	-3
F6L011	**COVID-19 is mainly passed from person to person through droplets that come from people's mouths and noses when they cough or breathe out.**	1	2	3	-3

F6L012

L2.

Does the Earth go around the Sun, or does the Sun go around the Earth?

Earth around sun……. 1
Sun around earth……. 2
Don't know……. 3
DK/RF……. -3

SECTION O: FINAL COMMENT

F6O001

O0.

Are you currently living in the United States or Puerto Rico?

Yes, I currently live IN the United States or Puerto Rico……. 1
No, I currently live OUTSIDE of the United States or Puerto Rico……. 2
DK/RF..…… -3

O1.

Today we have asked a lot of questions about your health and about how you think and remember things.

Is there anything else you'd like to tell us that would help us better understand how things are for you these days?

Comments:

HOME HEALTH VISIT CONSENT

IF LIVING = 2 THEN SKIP TO FC1

WB1.

The next part of this year's follow-up is a free home health visit. Watch this short video to learn about this exciting, new part of the study!

Instructions for watching the video:

The video has sound and includes closed captions.
The video is best viewed horizontally if watched on a mobile phone.
Click on the image to start watching the video.
After the video has finished playing, click on the "Next" button to move on.

PLAY EMBEDDED VIDEO HERE AFTER RESPONDENT CLICKS THE IMAGE. IF THE RESPONDENT CLICKS IT, THEN FILL [WB_VIDEO] = 1.

WB3.

Thank you for taking the time to learn more about the home health visit.

The health visit is an important part of the study that will contribute to research that can improve the lives of you and your family. If you participate in the home visit you will:

Receive a check by mail for $[BLOOD_INCENTIVE] before the visit
Be able to choose a date and time that work best for you at your home
Have routine measurements taken, like blood pressure and height
Be asked to donate blood and saliva samples and for permission to access information about the prescription medication you take
Receive confidential results from your health visit, which may include a blood pressure reading, cholesterol levels, and results from a COVID antibody test
Become a long-term contributor to important research that will help people live long, healthy and active lives

Remember, you can choose to skip any parts of the health visit you wish. With your help, we can make the 2021 HS&B Follow-up a huge success!

If you would like to do the home health visit, click here to read a *printable copy* of the full consent form, which contains more details about the home visit. A copy will also be provided at the time of the visit. Then you can consent below.

"Click here" IS A HYPERLINK THAT OPENS A NEW WINDOW, THE CONTENTS OF WHICH ARE SHOWN IN SCREEN WB_INFO BELOW.

If you still have questions or would like more information, you can:

Call and speak with a member of the HS&B team. Please contact our toll-free study line: 1-877-346-7151.
Email us at HS&B@norc.org.

Please select <u>one</u> of the consent options below.

I have read the above information and have been given the opportunity to ask questions. I have selected the option below that indicates my voluntary decision about participation in the HS&B home health visit and the collection and analysis of my blood and saliva samples. A copy of this consent form has been made available to me.

I **agree** to the home health visit……1
I **do not agree** to the home health visit at this time.....2 → **GO TO FC1**

WB_INFO.

HS&B Blood – Web Consent to Participate
High School and Beyond Home Health Visit

Who is sponsoring the study?
The HS&B study is led by Dr. John Robert Warren (University of Minnesota), Dr. Jennifer Manly (Columbia University), Dr. Chandra Muller (University of Texas at Austin), and Dr. Eric Grodsky (University of Wisconsin – Madison). The study is funded by the National Institute on Aging and the Alzheimer's Association.

What happens if I sign up for the home health visit?
If you agree to the home health visit, NORC will securely share your name, address, email, and phone number with a company called ExamOne to schedule a visit. ExamOne is a trusted company with a team of trained health professionals. For your safety, the health professional will wear full protective gear while in your home. Even if you agree to the home visit now, you can change your mind later, or do only the parts of the visit that you are comfortable with.

What will happen at the health visit?
The health professional will ask to measure your height, weight, waist and hip circumference, blood pressure, and pulse. The health professional will give you a consent form for you to read and sign about linking to your pharmacy records to see how your medications are connected to your health, thinking, and memory.

As part of the visit, the health professional will ask to collect some blood – about 4 tablespoons – and will ask you to spit into a tube. The blood and saliva samples will be sent to a laboratory at the University of Minnesota. We will examine the blood for levels of proteins and genes (the traits people inherit) that are related to thinking and memory, and run routine tests like a complete blood count, cholesterol, and a COVID antibody test. We will also examine the saliva for bacteria found in people's mouths. All parts of the home health visit are voluntary. You will provide blood or saliva samples only if you agree, and you can change your mind any time.

Are there any benefits or risks to me?
You will be given the results of your physical measurements, and, if you provide a blood sample, you will receive a personal report by mail a few weeks after your health visit that includes cholesterol, a complete blood count, and a COVID antibody test. However, because this is done for research purposes only, you will not be given the results of any genetic or protein analysis. Otherwise, you may not benefit directly from being in this study, but others may benefit. The risk to you of providing blood is small and may include minimal bruising, pain, fainting, temporary bleeding or infection.

How will you protect my data?
Your blood and saliva samples and data will only be shared with qualified researchers. Before sharing samples or data, we will remove any information that can directly identify you such as your name, phone number, and mailing address. Results from analyses using your blood would be submitted to a secure data storage site approved by the National Institute on Aging (NIA), such as the NIA Genetics of Alzheimer's Disease Data Storage Site.

What if there is blood or saliva left over from my samples?
If you agree, the blood and saliva samples would be stored for future research and shared with researchers in exactly the same way as described above. You may consent for HS&B to use your samples, but refuse to let your leftover samples be stored. It would not affect your involvement in HS&B or how much money you receive for giving the samples.

WB4.
<u>Please select one</u> of the options for storing any leftover samples below.

I have selected the option below that indicates my voluntary decision about storage of my blood and saliva samples.

If I give blood and saliva for HS&B research, I agree for my leftover samples to be securely stored . I understand that the samples would be used for future studies, which may include analyses related to thinking and memory, and that no names or contact information would be attached to my samples. 1
If I give blood and saliva for HS&B research, I **do not agree** for my leftover samples to be stored for future studies at this time. 2
DK/RF ..... -3

WB6.
For scheduling purposes, please provide a phone number at which ExamOne may contact you, along with your ZIP code.

Preferred phone:
Zip code:

ALL GO TO FC1

FUTURE CONTACT INFORMATION

FC1.

We hope to continue the High School and Beyond study in the future, and would like it if you'd continue to participate. If a future study is conducted, you can decide whether you wish to participate or not at that time.

Please update your information. We will mail your incentive for completing the survey to the address you provide.

F6STADD1	STREET ADDRESS 1
F6STADD2	STREET ADDRESS 2
F6NUM	APARTMENT/SUITE NUMBER
F6CITY	CITY
F6STATE	STATE
F6CZIP	ZIP
F6EMAIL1	EMAIL ADDRESS
F6EMAIL2	ALTERNATE EMAIL ADDRESS
F6TEL1	PHONE 1 (INCLUDING AREA OR COUNTRY CODE)
F6TELTY1	PHONE 1 TYPE: HOME/WORK/CELL
F6TEL2	PHONE 2 (INCLUDING AREA OR COUNTRY CODE)
F6TELTY2	PHONE 2 TYPE: HOME/WORK/CELL

IF [ASK_CP] = 1 THEN CONTINUE TO FC2. OTHERWISE, IF [ASK_CP] = 2 THEN GO TO FC4.

FC2.

Can you please provide the name and contact information of a person who is likely to know where you can be reached in case your address changes in the near future? We will only contact this person, if we are unable to find you.

F6CFNAME	First Name
F6CLNAME	Last Name
F6CTEL	Contact's Phone
F6CEMAIL	Contact's Email
F6CSTADD1	Street Address 1
F6CSTADD2	Street Address 2
F6CNUM	Apartment Number
F6CCITY	City
F6CSTATE	State
F6CZIP	Zip

IF ALL FIELDS ARE BLANK, GO TO FC4.

F6CREL

FC3.

IF [First name] AND [Last Name] ARE BLANK THEN DISPLAY "this person"

How is [First name] AND [Last Name] related to you?

Relationship of contact to you:

1	**AUNT**
2	**AUNT, GREAT**
3	**BOARDER**
4	**BOYFRIEND**
5	**BROTHER**
6	**BROTHER-IN-LAW**
7	**COUSIN, FEMALE**
8	**COUSIN, MALE**
9	**DAUGHTER**
10	**DAUGHTER-IN-LAW**
11	**FATHER**
12	**FATHER, FOSTER**
13	**FATHER-IN-LAW**
14	**GIRLFRIEND**
15	**GRANDDAUGHTER**
16	**GRANDDAUGHTER, GREAT**

17	GRANDDAUGHTER-IN-LAW
18	GRANDFATHER
19	GRANDFATHER-IN-LAW
20	GRANDMOTHER
21	GRANDMOTHER-IN-LAW
22	GRANDSON
23	GRANDSON, GREAT
24	GRANDSON-IN-LAW
25	GUARDIAN
26	HUSBAND
27	MOTHER
28	MOTHER, FOSTER
29	MOTHER-IN-LAW
30	NEPHEW
31	NIECE
32	OTHER BLOOD RELATIVE
33	OTHER IN-LAW RELATIVE
34	OTHER NON-RELATIVE
35	PARTNER - FEMALE
36	PARTNER - MALE
37	PARTNER'S DAUGHTER
38	PARTNER'S OTHER BLOOD/IN-LAW RELATIVE
39	PARTNER'S SON
40	SIBLING OR IN-LAW'S SPOUSE
41	SISTER
42	SISTER-IN-LAW
43	SON
44	SON-IN-LAW
45	UNCLE
46	UNCLE, GREAT
47	WIFE
48	EX-SPOUSE
49	NEIGHBOR
50	CLOSE NON-RELATIVE FRIEND
-3	DK/RF

FC4.

IF [F6TELTY1] or [F6TELTY2] = CELL, SHOW TEXT BELOW; OTHERWISE GO TO FOLLOWUP.

Would you like us to send a text message to your cell phone to notify you if another High School and Beyond study begins? (Please note: standard text messaging rates apply.)

Yes ……1
No ……...2 → **GO TO FU1**
DK/RF …….-3 → **GO TO FU1**

FC4_A.

Please give the name of your cell phone service provider (e.g., AT&T, Verizon, Sprint, etc.) to ensure the message is sent to the correct carrier.

Cell phone service provider:

PHONE (CATI) FOLLOW-UP

FU1.

SET VALUE OF [CATI_F] VARIABLE BASED ON THESE CRITERIA:

IF FAIL FROM MANY BRAINS AND ANY OF THE QUESTIONS IN F6M001-F6M008 = 1, THEN SET [CATI_F] = 1.
FOR THE REMAINING CASES THAT DO NOT MEET THE ABOVE CONDITION, THEN SET EVERY ONE OUT OF FIVE TO [CATI_F] = 1.
OTHERWISE, SET [CATI_F] = 2.

IF [CATI_F] = 1 THEN CONTINUE TO FU2. OTHERWISE, GO TO CLOSEOUT.

FU2.

We would like to ask you to participate in a follow-up interview over the phone. It will involve attention, concentration, and memory exercises, similar to what you did today. However, instead of visual exercises, the exercises will involve hearing and speaking. It should only take 12 minutes of your time and many participants find it fun! We will send you an additional $25 for completing this follow-up survey.

To schedule an appointment for the follow-up survey, visit the HS&B FlexBooker page online at https://www.flexbooker.com/reserve/HSB. If you use FlexBooker, you will need to provide your WebPIN [WEBPIN].

You can also email us at HS&B@norc.org or call 1-877-346-7151 to schedule an appointment.

CLOSEOUT

CLOSEOUT.

Thank you for completing the HS&B questionnaire!

DISPLAY THIS ADDITIONAL TEXT IF [WB_SAMPLEAUTH] = 1.

ExamOne will reach out to you to set up an appointment for your home health visit.

If you would like to schedule your home health visit today, please call ExamOne at 833-572-0770!

If you have questions about this study or need assistance, please contact NORC by…

Calling toll free at 1-877-346-7151, or
Sending an email to HS&B@norc.org

If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board Administrator, toll free, at 1-866-309-0542.

If you or someone you know is in need of help, there are free and confidential services available. For more information and numbers for help hotlines, please visit: https://www.nami.org/Find-Support/NAMI-HelpLine.

Please hit the submit button to close out the survey and close this window.

Submit Survey

SAVE & EXIT SCREEN

SAVE.

Thank you for starting the HS&B questionnaire!

You may return to this survey at any time to resume where you left off.

Please keep your PIN and password for future access.

PIN: [WEBPIN]
Password: [PASSWORD]

Return to Login

If you have questions about this study or need assistance, please contact NORC by…

Calling toll free at 1-877-346-7151, or
Sending an email to HS&B@norc.org,

If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board Administrator, toll free, at 1-866-309-0542.