HIGH SCHOOL & Beyond

providing a lifetime of insight

Sixth Follow-up Study

Conducted by

NORC at the University of Chicago

Please update your name and address below (if needed) and answer the questions in this booklet.

The High School and Beyond study is funded by the National Institute on Aging and is being conducted by NORC at the University of Chicago. We are surveying individuals who were in high school in 1980 to better understand how their health, education and workforce experiences as early adults have affected their circumstances later in life. This survey takes about 15 minutes, and your participation is voluntary. You may choose to skip any questions you do not wish to answer. 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 give will only be used for research purposes.

Thank you in advance for your participation!

This is how we have your name and address:

Is this correct?

- ❑ Yes, it is all correct
- ❑ No, some information is incorrect

Please provide your updated information:

First Name _____ M.I. _____

Last Name _____

Street Address _____

Apartment / Suite / Unit _____

City / Town _____

State _____ ZIP Code _____

Office Use Only				
RC: ☐	Edit: ☐	CADE: ☐	VER: ☐	Adj: ☐

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Section A. High School Verification

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.

1. What is your gender?
Please select one.

1 ❑ Male
2 ❑ Female
3 ❑ Other

2. What is your date of birth?

☐☐ – ☐☐ – 19☐☐
Month Day Year

3. Did you attend high school in 1980 as a student?

1 ❑ Yes
2 ❑ No → ***Go to question 5***

4. If you attended high school in 1980, what high school did you attend?

_____
1980 High School Name

_____
1980 High School City and State

Section B. Demographics

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

1 ❑ Less than high school
2 ❑ High school
3 ❑ Vocational certificate or license
→ ***Go to question 9***

4 ❑ Some college
5 ❑ Associate's degree
6 ❑ Bachelor's degree
7 ❑ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
8 ❑ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
9 ❑ Doctorate degree (for example: PhD, EdD)

6. What was the name of the last college you attended?

_____
College Name

7. In what city and state was the college located?

_____
College City and State

8. What was your major field of study for your highest degree?
If you have more than one field of study, please list them all.

Field of Study:
_____
_____

9. What is your current marital status?

1 ❑ Currently married
2 ❑ Living in a marriage-like relationship
3 ❑ Separated
4 ❑ Divorced
5 ❑ Widowed
6 ❑ Never married

Section C. Health

The next questions ask about your health and health care. We are interested in learning more about your health in recent years.

10. How would you best describe your health in general?

5 ❑ Poor
4 ❑ Fair
3 ❑ Good
2 ❑ Very good
1 ❑ Excellent

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

1 ❑ Yes
2 ❑ Probably Yes (I think so)
3 ❑ No
4 ❑ Probably No (I don't think so)
5 ❑ Not sure

12. 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.

1 ❑ Yes
2 ❑ No → ***Go to question 14***

13. Did the test indicate that you had the virus?

1 ❑ Yes
2 ❑ No
3 ❑ I am waiting for the results

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

1 ❑ Yes
2 ❑ No → ***Go to question 17***

15. How many doses are required for the vaccine you received?

1 ❑ One → ***Go to question 17***
2 ❑ Two
3 ❑ I don't know how many doses are required

16. How many doses of the vaccine have you received?

1 ❑ One
2 ❑ Two

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

1 ❑ Never → ***Go to question 19***
2 ❑ Some days
3 ❑ Most days
4 ❑ Every day

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

1 ❑ A little
2 ❑ A lot
3 ❑ Somewhere in between a little and a lot

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

1 ❑ Yes
2 ❑ No → ***Go to question 23***

20. What type or types of cancer?

Type(s):

_____

_____

_____

21. 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

22. In what year did you go into remission, or do you still have cancer?

☐☐☐☐ **OR** 1 ❑ I still have it
Year

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

1 ❑ Yes
2 ❑ Yes, but only during my pregnancy
3 ❑ No
4 ❑ No, but I had pre-diabetes or borderline diabetes

→ ***Go to question 25***

24. In what year were you told you had diabetes?

☐☐☐☐
Year

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

1 ❑ Yes
2 ❑ No → ***Go to question 28***

26. In what year were you told you had hypertension?

☐☐☐☐
Year

27. In what year did you stop having hypertension, or do you still have it?

☐☐☐☐ **OR** 1 ❑ I still have it
Year

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

1 ❑ Yes
2 ❑ No → ***Go to question 30***

29. 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

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

1 ❑ Yes
2 ❑ No → ***Go to question 33***

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

☐☐☐☐
Year

32. In what year did you stop having angina or coronary heart disease, or do you still have it?

☐☐☐☐ **OR** 1 ❑ I still have it
Year

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

1 ❑ Yes
2 ❑ No

34. 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?

1 ❑ Yes
2 ❑ No → ***Go to question 36***

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

Mental condition(s):

_____

_____

_____

Questions 36 and 37 ask 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.

36. During the past 3 months, have you taken any opioid pain relievers?
Examples include hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet, and Percodan.

1 ❑ Yes
2 ❑ No → ***Go to question 38***

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

1 ❑ Some days
2 ❑ Most days
3 ❑ Every day

38. About how tall are you?

Feet Inches

39. About how much do you weigh?

Pounds

40. How would you best describe your health as a child, during the period when you were growing up, through age 16?

5 ❑ Poor
4 ❑ Fair
3 ❑ Good
2 ❑ Very good
1 ❑ Excellent

Section D. Substance Use

41. Have you smoked at least 100 cigarettes in your entire life?
Do not 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

1 ❑ Yes
2 ❑ No → ***Go to question 44***

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

1 ❑ Every day
2 ❑ Some days → ***Go to question 44***
3 ❑ Not at all

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

1 ❑ Less than 1 year ago
2 ❑ 1-5 years ago
3 ❑ 6-10 years ago
4 ❑ More than 10 years ago

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

1 ❑ Yes
2 ❑ No
3 ❑ I have not had a drink in the past year → ***Go to question 47***

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

1 ❑ Yes
2 ❑ No

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

1 ❑ Yes
2 ❑ No

Section E. Memory

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

	Yes, a change ▼	No change ▼
a. Problems with judgment — for example, problems making decisions, making bad financial decisions, problems with thinking?	1❑	2❑
b. Less interest in hobbies/activities?	1❑	2❑
c. Repeating the same things over and over — for example, questions, stories, or statements?	1❑	2❑
d. Trouble learning how to use a tool, appliance, or gadget — for example, a phone, computer, microwave, or remote control?	1❑	2❑
e. Forgetting the correct month or year?	1❑	2❑
f. Trouble handling complicated financial affairs — for example, balancing a checkbook, income taxes, paying bills?	1❑	2❑
g. Trouble remembering appointments?	1❑	2❑
h. Daily problems with thinking and/or memory?	1❑	2❑

48. Do you feel like your memory is becoming worse?

1❑ Yes
2❑ No → ***Go to question 50***

49. Does it worry you that your memory is becoming worse?

1❑ Yes
2❑ No

50. Do you have more memory difficulties than others your age?

1❑ Yes
2❑ No → ***Go to question 52***

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

1❑ Yes
2❑ No

Section F. Mental Health

Question 52 asks about how you have been feeling during the past 30 days.

52. 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 ▼
a. Nervous	1❑	2❑	3❑	4❑	5❑
b. Hopeless	1❑	2❑	3❑	4❑	5❑
c. Restless or fidgety	1❑	2❑	3❑	4❑	5❑
d. So depressed that nothing could cheer you up	1❑	2❑	3❑	4❑	5❑
e. That everything was an effort	1❑	2❑	3❑	4❑	5❑
f. Worthless	1❑	2❑	3❑	4❑	5❑

Question 53 asks about how you feel about different aspects of your life.

53. How often do you feel…?

	Often ▼	Some of the time ▼	Hardly ever ▼
a. That you lack companionship	1❑	2❑	3❑
b. Left out	1❑	2❑	3❑
c. Isolated from others	1❑	2❑	3❑

Section G. Work

This section asks about your current employment situation and your current or most recent job.

54. What best describes your current employment situation?

1 ❑ Working now
2 ❑ Unemployed and looking for work
3 ❑ Temporarily laid off, on sick or other leave
5 ❑ Retired
→ ***Go to question 57***

4 ❑ Disabled
6 ❑ Homemaker
7 ❑ Other
→ ***Go to question 56***

55. How many jobs do you currently hold?

☐☐ Number of Jobs → ***Go to question 58***

56. Have you ever worked for pay?

1 ❑ Yes
2 ❑ No → ***Go to question 68***

57. In what year did you last work for pay?

☐☐☐☐ Year

For questions 58-62, think about your current (main) job or the most recent (main) job you held. Your main job is the one at which you work/worked the most hours per week.

58. What kind of work are/were you doing at this job?

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

_____
_____
_____
_____
_____

59. What are/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.*

_____
_____
_____
_____
_____
_____

60. In a typical week, how many hours per week do/did you work at your current/most recent main job?

☐☐ Hours

61. What kind of business or industry is/was this?

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

_____
_____
_____
_____
_____
_____

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

1 ❑ Government
2 ❑ Private company or organization
3 ❑ Self-employed
4 ❑ Working in a family business

Section H. Wage and Salary

The next questions ask about your income and assets.

63. Did you work at a job or business for pay at any time during 2020?

1 ❑ Yes
2 ❑ No → ***Go to question 68***

64. 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

65. 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

66. 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.*

$ ☐

67. 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?

1 ❑ Yes
2 ❑ No

68. How confident are you that you could come up with $2,000 in the next month if an unexpected need arose?

1 ❑ Definitely
2 ❑ Probably
3 ❑ Probably not
4 ❑ Definitely not

69. 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?

$ ☐

Section I. Science Questions

70. 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 ▼
a. The center of the Earth is very hot	1❑	2❑	3❑
b. All radioactivity is man-made	1❑	2❑	3❑
c. A person who has no symptoms of COVID-19 can still pass it on to other people	1❑	2❑	3❑
d. It is the father's gene that decides whether the baby is a boy or a girl	1❑	2❑	3❑
e. Lasers work by focusing sound waves	1❑	2❑	3❑
f. Electrons are smaller than atoms	1❑	2❑	3❑
g. Antibiotics kill viruses as well as bacteria	1❑	2❑	3❑
h. The universe began with a huge explosion	1❑	2❑	3❑
i. 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❑
j. Human beings, as we know them today, developed from earlier species of animals	1❑	2❑	3❑
k. 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❑

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

1❑ Earth around sun
2❑ Sun around earth
3❑ Don't know

Section J. Comment

72. 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?

_____

_____

_____

_____

_____

_____

_____

_____

Health Visit Consent

You are Invited to Participate in a Free Home Health Visit

We are offering a free home health visit as part of this year's follow-up. The home health visit will allow scientists to understand how people's life experiences shape their health, attention, and memory. During this visit, which takes less than an hour, a health professional will come to you to take routine health measurements, like blood pressure and height. The health professional will also ask you to donate blood and saliva samples and for permission to access information about the prescription medication you take. You can choose to skip any parts of the health visit you wish. If you're not sure about participating and would like to know more, please watch this short video about the health visit: https://hsandb.norc.org/HSABWeb/homevisit.html

If you agree to a free home health visit, you will recieve:

- **A check by mail for $100 *before* the visit**
- Be able to choose a date and time that work best for you at your home
- 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

With your help, we can make HS&B a huge success! Please select only **one** of the consent options below to send back with your questionnaire.

1 ❑ **I agree** to the home health visit. If I give blood and saliva for HS&B research, **I also agree** for my leftover samples to be stored without personal identifiers for future studies.

2 ❑ **I agree** to the home health visit. 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. I ask that my samples be disposed of after the tests for this HS&B follow-up and related HS&B research have been completed and confirmed.

3 ❑ **I do not agree** to the home health visit at this time.

By signing below, I indicate that I have read the above information. I have checked the box above that indicates my voluntary decision about participation in the HS&B home health visit and the collection, analysis, and storage of my blood and saliva samples. A copy of this consent form has been made available to me. Keep one copy of this document for your records, and send one copy to the researchers in the enclosed envelope.

Please print name: _____

Please sign name: _____ **Date:** _____

Below is additional information on the home health visit.

Who is sponsoring the study?

The High School and Beyond (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.

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 home health visit?

The health professional will ask to measure your height, weight, waist and hip circumference, blood pressure, and pulse. They will also 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 you to donate 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 home 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. It is up to you to decide if you will share the results with your doctor or anyone else. 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 will 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 sample?

If you agree, the blood and saliva samples will 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 will not affect your involvement in HS&B or how much money you receive for giving the samples.

Who do I contact if I have questions, concerns or feedback about my experience?

For any questions about the health visit, or anything else related to HS&B, please contact **NORC toll-free at 877-346-7151 or email us at HS&B@norc.org.**

Future Contact

We hope to continue the High School and Beyond study in the future, and would like 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 provide the phone numbers and an email address where you can be reached.

☐☐☐ – ☐☐☐ – ☐☐☐☐

Home Phone

☐☐☐ – ☐☐☐ – ☐☐☐☐

Work Phone

☐☐☐ – ☐☐☐ – ☐☐☐☐

Cell Phone

_____

Email

Please provide the name and contact information of the 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.

_____ _____

First Name Last Name

_____

Relationship of contact to you

☐☐☐ – ☐☐☐ – ☐☐☐☐

Contact's Phone

_____

Email

_____

Street Address and Number

_____ ☐☐ ☐☐☐☐☐

City / Town State ZIP code

Thank you for completing the questionnaire!

Please return the completed questionnaire in the postage-paid envelope provided.

If you have questions about this study or need assistance, please contact NORC by calling us at 1-877-346-7151, sending an email to HS&B@norc.org, or updating your information on the study website at https://hsandb.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.

Our mailing address is:

High School and Beyond Study
c/o NORC at the University of Chicago
55 East Monroe Street, 19th Floor
Chicago, IL 60603

HIGH SCHOOL & Beyond

providing a lifetime of insight