

# NLS:72/2025 Follow-up Questionnaire – In-Person Interview (CAPI)

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**National Longitudinal Study of the High School Class of 1972 (NLS-72)**  
**2025 CAPI**  
**Updated January 2026**

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**GENERAL PROGRAMMING NOTES:**

Screen names are in **red font**.

Programmer notes are in **dark green font**.

## Screener

### V1.

Thank you for agreeing to confirm whether you are the correct person who participated in previous rounds of the NLS-72. I just have a few questions to ask.

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  
 DON'T KNOW ..... -8 → GO TO V1\_2  
 REFUSED ..... -7 → GO TO V1\_2

### V1\_1.

Could you tell me what your name is now?

[RFNAM] FIRST NAME: \_\_\_\_\_ [FIRST\_NAME]  
 [RMNAM] MIDDLE NAME: \_\_\_\_\_ [MIDDLE\_NAME]  
 [RLNAM] LAST NAME: \_\_\_\_\_ [LAST\_NAME]

IF [RFNAM] + [RLNAM] ≠ [FIRST\_NAME] + [LAST\_NAME] → GO TO V1\_2  
 ALL OTHERS → GO TO V2

### V1\_2.

Did you ever go by the name... [FIRST\_NAME] [MIDDLE\_NAME] [LAST\_NAME]

Yes ..... 1 → GO TO V2  
 No ..... 2 → GO TO CLOSE  
 DON'T KNOW ..... -8 → GO TO V2  
 REFUSED ..... -7 → GO TO V2

### V2.

What is your gender?

MALE ..... 1  
 FEMALE ..... 2  
 OTHER ..... 3  
 DON'T KNOW ..... -8  
 REFUSED ..... -7

**V3.**

To confirm we've reached the correct person, please tell me your date of birth.

MONTH: \_\_\_\_\_ [BIRTH\_MONTH]

DAY: \_\_\_\_\_ [BIRTH\_DAY]

YEAR: \_\_\_\_\_ [BIRTH\_YEAR]

**V4.**

What high school did you attend in 1972? And in what city and state was that?

HIGH SCHOOL: \_\_\_\_\_ [SCHOOL\_NAME]

HS CITY: \_\_\_\_\_ [SCHOOL\_CITY]

HS STATE: \_\_\_\_\_ [SCHOOL\_STATE]

- R DID NOT ATTEND HS IN 1972.....1 → GO TO CLOSE
- HS INFO WAS MISSING.....2 → GO TO THANKYOU
- HS INFO MATCHED.....3 → GO TO THANKYOU
- HS INFO DID NOT MATCH.....4 → GO TO THANKYOU
- DON'T KNOW.....-8 → GO TO THANKYOU
- REFUSED.....-7 → GO TO THANKYOU

**CLOSE.**

This survey is for people who were originally selected for The National Longitudinal Study of the High School Class of 1972. It appears that I've reached you in error. I apologize, but thank you for taking the time to talk with me. Good-bye.

- END SCREENER.....1 COMPLETE SCREENER
- R INSISTS WAS IN NLS-72.....2 → GO TO THANKYOU

**THANK YOU.**

Thank you for confirming your information.

- SCREENER CONDUCTED OVER PHONE.....1 → GO TO CONTACT1
- INTERVIEW WILL BE CONDUCTED TODAY.....2 → GO TO CLOSE1
- INTERVIEW WILL NOT BE CONDUCTED TODAY.....3 → GO TO CONTACT2
- R HESITANT ABOUT PROVIDING INFORMATION.....4 → GO TO CLOSE1
- IN-PERSON VISIT, OTHER SITUATION.....5 → GO TO CONTACT2

**CONTACT1.**

**I want to make sure I have your correct contacting information. Can you provide me with your street address and email address?**

ADDRESS1: \_\_\_\_\_

ADDRESS2: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**GO TO CLOSE1**

**CONTACT2.**

**I want to make sure I have your correct contacting information. Can you provide me with your phone number and email address?**

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**GO TO CLOSE1**

**CLOSE1.**

**Thank you for your time.**

## Informed Consent

### IC0.

**Before we begin, I am going to ask you to review the informed consent for this interview. This form describes the procedures, risks, and benefits of participating and outlines the steps we take to protect your privacy. Upon review of the consent form, if you choose to participate, I will collect your signature electronically. As a note, you can change your mind at any time or choose to skip any parts of the interview.**

**Would you like to review the consent on your own or would you like me to read it to you?**

SM DOES NOT INDICATE NEED FOR CONSENT TO BE READ ALOUD..... 1  
SM NEEDS CONSENT READ ALOUD..... 2

### IC1.

**Do you agree to participate in the NLS-72 in-home interview?**

SM AGREES TO PARTICIPATE ..... 1 → GO TO IC2  
SM DOES NOT AGREE TO PARTICIPATE..... 0 → GO TO IC4

### IC2.

**Great. I am now going to ask you to confirm your consent by signing your name on the screen.**

### IC3.

*I confirm I read the NLS-72 In-Home Interview Consent and I agree to participate. I also understand I can refuse to answer any question or skip any measure without penalty.*

ELECTRONIC SIGNATURE \_\_\_\_\_

**GO TO C1**

### IC4.

**I understand that you do not want to participate in the in-home-interview at this time. If you change your mind, please contact the NLS-72 team and a member of the study team can answer any questions you may have. I am going to leave you with some materials that have more information about the study as well as our contact information.**

**GO TO CLOSE OUT**

## Section C. Family and Household

### C1.

**What is your current marital status? Are you currently married, living in a marriage-like relationship, separated, divorced, widowed or have you never been married?**

- Currently married.....1
- Living in a marriage-like relationship.....2
- Separated.....3
- Divorced.....4
- Widowed.....5
- Never married.....6 → GO TO Bio1
- DON'T KNOW.....8
- REFUSED.....7

### C2.1

**How many times have you been married?**

- ENTER NUMBER: \_\_\_\_\_
- DON'T KNOW.....8
- REFUSED.....7

## Blood Pressure and Pulse

### Blood Pressure and Pulse #1

#### Bio1.

**Before we move on, we're going to take two blood pressure readings and measure your pulse.**

- ENTER READING ..... 1
- EQUIPMENT PROBLEM ..... 2 → GO TO BP\_INTRO\_2
- TRIED, UNABLE TO DO ..... 3 → GO TO BP\_NOTES
- REFUSED ..... -7 → GO TO BP\_NOTES

#### Bio3.

**We are done taking your first measurement. We will need to wait one minute before we begin the second measurement. I will take this time to enter your results into the computer.**

SYSTOLIC: \_\_\_\_\_  
DIASTOLIC: \_\_\_\_\_

**Bio4.**

WAS THERE AN IRREGULAR HEARTBEAT (FLASHING HEART SYMBOL APPEARED ON MONITOR)?

- Yes..... 1
- No.....2

**Bio5.**

WHAT WAS THE PULSE READING?

- PULSE: \_\_\_\_\_
- PULSE READING ERROR ..... 2

**Bio6.**

WHICH ARM WAS USED FOR THE READING?

- RIGHT ..... 1
- LEFT..... 2

Blood Pressure and Pulse #2

**Bio7.**

**Let's take your final blood pressure reading.**

- ENTER READING ..... 1
- EQUIPMENT PROBLEM ..... 2 → GO TO BP\_NOTES
- TRIED, UNABLE TO DO ..... 3 → GO TO BP\_NOTES
- REFUSED ..... -7 → GO TO BP\_NOTES

**Bio9.**

- SYSTOLIC: \_\_\_\_\_
- DIASTOLIC: \_\_\_\_\_

**Bio10.**

WAS THERE AN IRREGULAR HEARTBEAT (FLASHING HEART SYMBOL APPEARED ON MONITOR)?

- Yes..... 1
- No.....2

**Bio11.**

WHAT WAS THE PULSE READING?

- PULSE: \_\_\_\_\_
- PULSE READING ERROR ..... 2

**Bio12.**

WHICH ARM WAS USED FOR THE READING?

RIGHT ..... 1  
LEFT..... 2

**IF [Bio3\_SYSTOLIC OR Bio9\_SYSTOLIC]>180 OR [Bio3\_DIASTOLIC OR Bio9\_DIASTOLIC]>120, THEN DISPLAY: Your blood pressure today was [SYSTOLIC AVG] over [DIASTOLIC AVG]. This is a very high blood pressure reading. Please contact a medical professional about this reading.**

**IF [Bio3\_SYSTOLIC OR Bio9\_SYSTOLIC]<80 OR [Bio3\_DIASTOLIC OR Bio9\_DIASTOLIC]<50, THEN DISPLAY: Your blood pressure today was [SYSTOLIC AVG] over [DIASTOLIC AVG]. This is a very low blood pressure reading. Please contact a medical professional about this reading.**

**IF [Bio5\_PULSE OR Bio11\_PULSE] ≥150, DISPLAY THE: Your pulse was [PULSE AVG] today. This is a very high pulse reading. Please contact a medical professional about this reading.**

**IF [Bio5\_PULSE OR Bio11\_PULSE] ≤50 , THEN DISPLAY: Your pulse was [PULSE AVG] today. This is a very low pulse reading. Please contact a medical professional about this reading.**

**Bio13.**

COMMENT BOX: \_\_\_\_\_

## Neurocognitive Tests

### Section 1. Number Span Test

Number Span Forward

**C1. – C1a\_15.**

Number Span Backward

**C1b. – C1b\_15.**

### Section 2. CERAD Word List Memory: Immediate Recall

Trial 1

**C2a\_1. – C2a\_3.**

Trial 2

**C2b\_1. – C2b\_3.**

Trial 3

**C2c\_1. – C2c\_4.**

### Section 3. Trail Making Test

Trail Making Test Part A

**C3a\_1. – C3a\_5.**

Trail Making Test Part B

**C3b\_1. – C3b\_5.**

### Section 4. Digit Symbol-Coding

**C4\_1. – C4\_5.**

### Section 5. CERAD Word List Memory: Delayed Recall

**C5\_1. – C5\_5.**

### Section 6. NIH Toolbox: Dimensional Change Card Sort

**C6\_1. – C6\_3.**

### Section 7. NIH Toolbox: Words-in-Noise Assessment

**Bio47. – Bio55.**

## Section 8. Verbal Fluencies

Letter Fluency: CFL

**C8LETTERC\_1. – C8LETTERF\_3.**

Category Fluency: Animals

**C8ANIMAL\_1. – C8ANIMAL\_3.**

## Section 9. Wide Range Achievement Test (WRAT)

**C9WRATWORD\_1. – C9WRAT\_NOTES.**

## Physical Measures

### Weight

**Bio14.**

Now, we are going to collect some physical measures. Before we begin, I ask that you not eat or drink anything until instructed to do so. One of the physical measures includes asking for a saliva sample. The saliva protocol states that you should not eat or drink for a minimum of 30 minutes prior to providing saliva.

Let’s start by measuring your weight. It is not necessary to remove your shoes or any extra clothing.

POUNDS: \_\_\_\_\_  
NOT COLLECTED..... 1

**Bio15.**

- R IN WHEELCHAIR.....1 → GO TO WEIGHT\_NOTES
- R REFUSED TO STAND ON SCALE/FELT UNSAFE .....2 → GO TO WEIGHT\_NOTES
- R OVER SCALE MAXIMUM .....3 → GO TO WEIGHT\_NOTES
- EQUIPMENT PROBLEM .....4 → GO TO WEIGHT\_NOTES
- TRIED, UNABLE TO DO .....5 → GO TO WEIGHT\_NOTES

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**Bio16.**

**CHECK ALL THAT APPLY:**

MEASUREMENT TAKEN ON CARPET (FOLLOWED CARPET PROTOCOL)

UNCHECKED ..... 0

CHECKED ..... 1

R WORE SHOES

UNCHECKED ..... 0

CHECKED ..... 1

R WORE HEAVY CLOTHING

UNCHECKED ..... 0

CHECKED ..... 1

NONE OF THE ABOVE

UNCHECKED ..... 0

CHECKED ..... 1

**Bio17.**

COMMENT BOX: \_\_\_\_\_

## Waist and Hip Circumference

### Bio18.

Next let's measure your waist and hip circumference. We will start with your waist measurement.

WAIST: \_\_\_\_\_ → GO TO Bio20.  
NOT COLLECTED..... 1 → GO TO Bio19.

### Bio19.

REFUSED .....-7 → GO TO Bio21.  
EQUIPMENT PROBLEM.....2 → GO TO Bio21.  
TRIED, UNABLE TO DO.....3 → GO TO Bio21.

### Bio20.

WAS MEASURE TAKEN OVER BULKY CLOTHING?

Yes ..... 1  
No ..... 2

### Bio21.

COMMENT BOX: \_\_\_\_\_

### Bio23.

Next we will measure your hip measurement.

HIP MEASUREMENT: \_\_\_\_\_ → GO TO Bio24.  
NOT COLLECTED..... 1 → GO TO Bio23b.

### Bio23b.

R IN WHEELCHAIR..... 1 → GO TO Bio25.  
REFUSED .....-7 → GO TO Bio25.  
EQUIPMENT PROBLEM.....3 → GO TO Bio25.  
TRIED, UNABLE TO DO.....4 → GO TO Bio25.

### Bio24.

WAS MEASURE TAKEN OVER BULKY CLOTHING?

Yes ..... 1  
No ..... 2

### Bio25.

COMMENT BOX: \_\_\_\_\_

## Height

### Bio27.

Now let's measure your height. We will need a wall with enough clear space for you to comfortably stand with your back against it. Do you have a wall available?

HEIGHT: \_\_\_\_\_  
NOT COLLECTED..... 1 → GO TO Bio27.

### Bio27.

R IN WHEELCHAIR..... 1 → GO TO Bio28.  
REFUSED ..... -7 → GO TO Bio28.  
EQUIPMENT PROBLEM..... 3 → GO TO Bio28.  
TRIED, UNABLE TO DO..... 4 → GO TO Bio28.

### Bio28.

COMMENT BOX: \_\_\_\_\_

## Grip Strength

### Bio33.

Now let's measure your grip strength. Have you had surgery or experienced any swelling, inflammation, pain, or injury in either of your hands?

Yes..... 1  
No ..... 2 → GO TO Bio35.  
DON'T KNOW ..... -8 → GO TO Bio46.  
REFUSED ..... -7 → GO TO Bio46.

### Bio34.

Right hand, left hand, or both?

BOTH HANDS..... 1 → GO TO Bio46.  
RIGHT HAND..... 2  
LEFT HAND ..... 3  
DON'T KNOW ..... -8 → GO TO Bio46.  
REFUSED ..... -7 → GO TO Bio46.

**Bio35.**

**What is your dominant hand, or the hand you write with?**

- RIGHT ..... 1
- LEFT ..... 2
- BOTH HANDS EQUALLY DOMINANT.....3
- DON'T KNOW .....-8 → GO TO Bio46.
- REFUSED .....-7 → GO TO Bio46.

**Bio37.**

**We will use this device to measure how strong your hands are. You will squeeze the handle as hard as you can for a few seconds while your arm is beside you and your elbow is straight like this. We'll practice once, then do two tests with each eligible hand. I will demonstrate this measure.**

- CONTINUE .....1
- REFUSED .....-7 → GO TO Bio46.

**Bio38.**

**Before we measure your grip strength, we will do one practice round with your right hand. Please remove any rings or hand jewelry. Squeeze the handle as hard as you can for 4 seconds when I say begin.**

**Now let's do a real test with your right hand and record the measurement. Ready? Begin. 1-2-3-4 stop.**

- GRIP MEASUREMENT: \_\_\_\_\_
- R REFUSED TO BE MEASURED ..... 1 → GO TO Bio46.
- EQUIPMENT PROBLEM..... 2 → GO TO Bio46.
- TRIED, UNABLE TO DO ..... 3 → GO TO Bio46.

**Bio39.**

**We will use this device to measure how strong your hands are. You will squeeze the handle as hard as you can for a few seconds while your arm is beside you and your elbow is straight like this. We'll practice once, then do two tests with each eligible hand. I will demonstrate this measure.**

- CONTINUE .....1
- REFUSED .....-7 → GO TO Bio46.

**Bio40.**

**Before we measure your grip strength, we will do one practice round with your left hand. Please remove any rings or hand jewelry. Squeeze the handle as hard as you can for 4 seconds when I say begin.**

**Now let's do a real test with your left hand and record the measurement. Ready? Begin. 1-2-3-4 stop.**

- GRIP MEASUREMENT: \_\_\_\_\_
- R REFUSED TO BE MEASURED ..... 1 → GO TO Bio46.
- EQUIPMENT PROBLEM..... 2 → GO TO Bio46.
- TRIED, UNABLE TO DO ..... 3 → GO TO Bio46.

**Bio41.**

Now let's test your right hand. Ready? Begin. 1-2-3-4 stop.

- GRIP MEASUREMENT: \_\_\_\_\_
- R REFUSED TO BE MEASURED ..... 1 → GO TO Bio46.
- EQUIPMENT PROBLEM..... 2 → GO TO Bio46.
- TRIED, UNABLE TO DO ..... 3 → GO TO Bio46.

**Bio42.**

Now we will test your right hand for the second time. Ready? Begin. 1-2-3-4 stop.

- GRIP MEASUREMENT: \_\_\_\_\_
- R REFUSED TO BE MEASURED ..... 1 → GO TO Bio46.
- EQUIPMENT PROBLEM..... 2 → GO TO Bio46.
- TRIED, UNABLE TO DO ..... 3 → GO TO Bio46.

**Bio43.**

Now let's test your left hand. Ready? Begin. 1-2-3-4 stop.

- GRIP MEASUREMENT: \_\_\_\_\_
- R REFUSED TO BE MEASURED ..... 1 → GO TO Bio46.
- EQUIPMENT PROBLEM..... 2 → GO TO Bio46.
- TRIED, UNABLE TO DO ..... 3 → GO TO Bio46.

**Bio44.**

Now we will test your left hand for the second time. Ready? Begin. 1-2-3-4 stop.

- GRIP MEASUREMENT: \_\_\_\_\_
- R REFUSED TO BE MEASURED ..... 1 → GO TO Bio46.
- EQUIPMENT PROBLEM..... 2 → GO TO Bio46.
- TRIED, UNABLE TO DO ..... 3 → GO TO Bio46.

**Bio45.**

HOW MUCH EFFORT DID R GIVE TO THIS TEST?

- R GAVE FULL EFFORT ..... 1
- R WAS PREVENTED FROM GIVING FULL EFFORT ..... 2
- R DID NOT APPEAR TO GIVE FULL EFFORT ..... 3

**Bio46.**

COMMENT BOX: \_\_\_\_\_

### Chair Stands

#### Bio67.

Now I am going to ask you to stand up from a chair without using your arms. We will need a chair without wheels or arms for this measure.

First, let me demonstrate this measure. After I demonstrate the measure, please tell me if you cannot do this movement or if you feel it would be unsafe to try.

- CONTINUE..... 1
- R CANNOT PARTICIPATE..... 2 → GO TO Bio70.
- REFUSED ..... -7 → GO TO Bio70.

#### Bio68.

When I say ‘Begin’ you may stand up straight from the chair. Begin.

- R STOOD WITHOUT USING ARMS..... 1
- R USED ARMS TO STAND ..... 2 → GO TO Bio70.
- TRIED, UNABLE TO DO ..... 3 → GO TO Bio70.
- R COULD NOT STAND UNASSISTED ..... 4 → GO TO Bio70.
- EQUIPMENT PROBLEM..... 5 → GO TO Bio70.
- NOT ATTEMPTED, FI FELT UNSAFE ..... 6 → GO TO Bio70.
- NOT ATTEMPTED, R FELT UNSAFE..... 7 → GO TO Bio70.
- R UNABLE TO UNDERSTAND INSTRUCTIONS ..... 8 → GO TO Bio70.
- OTHER (SPECIFY)..... 9 → GO TO Bio70.

#### Bio69.

Now I'm going to ask you to stand up and sit down as quickly as you can five times, keeping your arms folded across your chest. Then, when I say begin, please stand up.

- CHAIR STAND (SECONDS): \_\_\_\_\_
- NOT COLLECTED..... 1 → GO TO Bio69b.

#### Bio69b.

- TRIED, UNABLE TO DO ..... 1 → GO TO Bio70.
- R COULD NOT STAND UNASSISTED ..... 2 → GO TO Bio70.
- EQUIPMENT PROBLEM..... 3 → GO TO Bio70.
- NOT ATTEMPTED, FI FELT UNSAFE ..... 4 → GO TO Bio70.
- NOT ATTEMPTED, R FELT UNSAFE ..... 5 → GO TO Bio70.
- R UNABLE TO UNDERSTAND INSTRUCTIONS ..... 6 → GO TO Bio70.
- OTHER..... 7 → GO TO Bio70.

#### Bio70.

COMMENT BOX: \_\_\_\_\_

## Saliva Consent

### Inst3.

Now we would like to collect a saliva sample. Before we begin, I am going to ask you to review the saliva consent form. Upon review of the consent form, if you choose to participate, I will collect your signature electronically.

Would you like to review the consent on your own or would you like me to read it to you?

SM DOES NOT INDICATE NEED FOR CONSENT TO BE READ ALOUD ..... 1  
SM NEEDS CONSENT READ ALOUD..... 2

### Inst3b.

Do you agree to provide a saliva sample today?

SM CONSENTS TO PROVIDING A SALIVA SAMPLE ..... 1  
SM DOES NOT CONSENT TO PROVIDING A SALIVA SAMPLE ..... 2 → GO TO Bio74.

### Inst4.

Great. I am now going to ask you to confirm your consent by signing your name on the screen, like before.

### Inst5.

*I confirm I read the NLS-72 Saliva Consent and I agree to participate.*

ELECTRONIC SIGNATURE: \_\_\_\_\_

## Saliva Collection

### Bio72.

First, I am going to hand you the collection container. You will hold the collection container upright and release your saliva into the funnel until it reaches the fill line on the collection tube. Please do not strain or cough when generating saliva. Please try your best to limit foam and bubbles when releasing your saliva. After the collection tube is filled, you will hand the tube back to me.

COMPLETE SAMPLE (VIAL FILLED TO LINE OR MORE)..... 1  
PARTIAL SAMPLE (VIAL FILLED BELOW LINE) ..... 2  
EQUIPMENT PROBLEM..... 3 → GO TO Bio74.  
TRIED, UNABLE TO DO..... 4 → GO TO Bio74.  
REFUSED ..... -7 → GO TO Bio74.

### Bio73.

SALIVA VIAL ID: S \_\_\_\_\_  
CONFIRM SALIVA VIAL ID: S \_\_\_\_\_

### Bio74.

COMMENT BOX: \_\_\_\_\_

## Biomarker Notification Protocol

### **Rslts.**

#### **Results Available Today**

**Today's measurements were collected for research purposes and are not a medical diagnosis. Please contact your doctor or health care professional if you have any questions about your health.**

**Today's measurements were collected on \_\_\_ / \_\_\_ / \_\_**

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches  
Measurement not taken

Weight: \_\_\_\_\_ Pounds  
Measurement not taken

BMI: \_\_\_\_\_  
Height and/or weight measurement not taken

Waist Measurement: \_\_\_\_\_ Inches  
Measurement not taken

Hip Measurement: \_\_\_\_\_ Inches  
Measurement not taken  
Waist and/or hip measurement not taken

Pulse: \_\_\_\_\_ Beats per minute  
Measurement not taken

Systolic: \_\_\_\_\_ mmHg  
Diastolic: \_\_\_\_\_ mmHg  
Measurement not taken

#### Single Chair Stand

I completed one chair stand without using my arms

I completed one chair stand while using my arms

I tried to stand both without and while using my arms but was unable to do so

Measurement not performed

#### Repeated Chair Stand

I completed 5 chair stands without using my arms in seconds

I could not complete 5 chair stands without using my arms

Measurement not performed

## Section D. Health

### D1.1

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

Would you say your health is poor, fair, good, very good, or excellent?

Poor ..... 1  
Fair..... 2  
Good ..... 3  
Very good..... 4  
Excellent ..... 5  
DON'T KNOW..... -8  
REFUSED.....-7

IF DK/RF THEN GO TO D1\_P, OTHERWISE CONTINUE TO D2.1

### D1\_P.

It is very important that we get an answer to this question. Researchers use this information to better understand the relationship between health and other life outcomes. Please answer to the best of your ability.

Would you say your health is poor, fair, good, very good, or excellent?

Poor ..... 1  
Fair..... 2  
Good ..... 3  
Very good..... 4  
Excellent ..... 5  
DON'T KNOW..... -8  
REFUSED.....-7

### D2.1

The next question asks about the difficulties you may have doing certain activities because of a health problem. By "health problem" we mean any long-term physical, mental, or emotional problem or illness.

By yourself and without using any special equipment, how much difficulty do you have managing your money such as keeping track of your expenses or paying bills? Do you have no difficulty, a little difficulty, some difficulty, quite a bit of difficulty, or a great deal of difficulty?

No difficulty..... 1  
A little difficulty ..... 2  
Some difficulty ..... 3  
Quite a bit of difficulty ..... 4  
A great deal of difficulty..... 5  
R DOES NOT DO THIS ACTIVITY ..... 6  
DON'T KNOW..... -8  
REFUSED ..... -7

**D2.2**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Walking for a quarter of a mile, that is about 2 or 3 blocks?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.3**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Walking up 10 steps without resting.**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.4**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Stooping, crouching, or kneeling.**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.5**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Lifting or carrying something as heavy as 10 pounds, like a sack of potatoes or rice?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.6**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Doing chores around the house, like vacuuming, sweeping, dusting, or straightening up?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.7**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Preparing your own meals?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.8**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Walking from one room to another on the same level?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.9**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Standing up from an armless straight chair?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.10**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Getting in or out of bed?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.11**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Eating, like holding a fork, cutting food, or drinking from a glass?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.12**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Dressing yourself, including tying shoes, working zippers, and doing buttons?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.13**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Doing errands on your own such as visiting the doctor or shopping?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.14**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Taking a bath or shower?**

No difficulty.....	1
A little difficulty .....	2
Some difficulty .....	3
Quite a bit of difficulty .....	4
A great deal of difficulty.....	5
R DOES NOT DO THIS ACTIVITY .....	6
DON'T KNOW.....	-8
REFUSED .....	-7

**D2.15**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Using the toilet?**

No difficulty.....	1
A little difficulty .....	2
Some difficulty .....	3
Quite a bit of difficulty .....	4
A great deal of difficulty.....	5
R DOES NOT DO THIS ACTIVITY .....	6
DON'T KNOW.....	-8
REFUSED .....	-7

**D2.16**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Correctly taking medication?**

No difficulty.....	1
A little difficulty .....	2
Some difficulty .....	3
Quite a bit of difficulty .....	4
A great deal of difficulty.....	5
R DOES NOT DO THIS ACTIVITY .....	6
DON'T KNOW.....	-8
REFUSED .....	-7

**D2.17**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Climbing a flight of stairs?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D2.18**

**(By yourself and without using any special equipment, how much difficulty do you have...)**

**Traveling outside of the neighborhood by driving or using public transportation?**

- No difficulty..... 1
- A little difficulty ..... 2
- Some difficulty ..... 3
- Quite a bit of difficulty ..... 4
- A great deal of difficulty..... 5
- R DOES NOT DO THIS ACTIVITY ..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**D3.1**

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

**Would you say never, some days, most days, or every day?**

- Never ..... 1 → GO TO D4.1
- Some days..... 2
- Most days..... 3
- Every day..... 4
- DON'T KNOW..... -8 → GO TO D4.1
- REFUSED..... -7 → GO TO D4.1

**D3.2**

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

**Would you say a little, a lot, or somewhere in between?**

- A little ..... 1
- A lot ..... 2
- Somewhere in between a little and a lot..... 3
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D4.1**

**Have you ever been diagnosed with or treated for high blood pressure or hypertension?**

- Yes ..... 1
- No ..... 2 → GO TO D4.2
- DON'T KNOW ..... -8 → GO TO D4.2
- REFUSED ..... -7 → GO TO D4.2

**D4.1a**

**At about what age were you told you had high blood pressure or hypertension?**

- AGE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D4.1b**

**How is your high blood pressure or hypertension being managed or treated?**

- OPEN ENDED RESPONSE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D4.2**

**Have you ever been diagnosed with or treated for any heart condition—such as a heart attack or myocardial infarction, congestive heart failure or “CHF,” atrial fibrillation, angina, or coronary heart disease?**

- Yes ..... 1 → GO TO D4.3
- No ..... 2
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D4.3**

**Have you had a procedure to treat coronary artery disease, such as cardiac by-pass surgery or placement of a coronary artery stent?**

- Yes..... 1
- No.....2 → GO TO D4.5
- DON'T KNOW .....-8 → GO TO D4.5
- REFUSED.....-7 → GO TO D4.5

**D4.3.a**

**At about what age did you first have this procedure?**

- AGE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D4.5**

**Have you ever been diagnosed with or treated for any form of cancer?**

- Yes..... 1
- No.....2 → GO TO D4.6
- DON'T KNOW .....-8 → GO TO D4.6
- REFUSED.....-7 → GO TO D4.6

**D4.5.a**

**What type or types of cancer?**

- TYPE(S): \_\_\_\_\_
- DON'T KNOW .....-8
- REFUSED ..... -7

**D4.5.b**

**At about what age were you told you had cancer?**

- AGE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D4.5.c**

**At about what age did you go into remission, or do you still have cancer?**

**QUESTION IS SELECT ALL THAT APPLY. CONTINUE TO NEXT QUESTION IF 1 IS SELECTED**

- OPEN ENDED RESPONSE: \_\_\_\_\_ → GO TO D4.6
- I STILL HAVE CANCER ..... 1
- DON'T KNOW ..... -8 → GO TO D4.6
- REFUSED ..... -7 → GO TO D4.6

**D4.5.d**

**How is your cancer being managed or treated?**

OPEN ENDED RESPONSE: \_\_\_\_\_  
DON'T KNOW ..... -8  
REFUSED ..... -7

**D4.6**

**Have you ever been diagnosed with or treated for diabetes or high blood sugar?**

Yes ..... 1  
No ..... 2 → GO TO D4.7  
DON'T KNOW ..... -8 → GO TO D4.7  
REFUSED ..... -7 → GO TO D4.7

**D4.6.a**

**At about what age were you told you had diabetes or high blood sugar?**

AGE: \_\_\_\_\_  
DON'T KNOW ..... -8  
REFUSED ..... -7

**D4.6.b**

**How is your diabetes or high blood sugar being managed or treated?**

OPEN ENDED RESPONSE: \_\_\_\_\_  
DON'T KNOW ..... -8  
REFUSED ..... -7

**D4.7**

**Have you ever been diagnosed with or treated for emphysema, asthma, chronic bronchitis, or chronic obstructive pulmonary disease?**

Yes ..... 1 → GO TO D4.8  
No ..... 2 → GO TO D4.8  
DON'T KNOW ..... -8 → GO TO D4.8  
REFUSED ..... -7 → GO TO D4.8

**D4.8**

**Have you ever been diagnosed with or treated for a stroke, a cerebrovascular accident or CVA, a blood clot or bleeding in the brain, or transient ischemic attack or TIA?**

- Yes..... 1
- No.....2 → GO TO D4.9
- DON'T KNOW .....-8 → GO TO D4.9
- REFUSED.....-7 → GO TO D4.9

**D4.8.a**

**At about what age were you first told you had a stroke, a cerebrovascular accident or CVA, a blood clot or bleeding in the brain, or transient ischemic attack or TIA?**

- AGE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D4.9**

**Have you ever been diagnosed with or treated for periodontal or gum disease?**

- Yes..... 1 → GO TO D4.10
- No.....2 → GO TO D4.10
- DON'T KNOW .....-8 → GO TO D4.10
- REFUSED.....-7 → GO TO D4.10

**D4.10**

**Have you ever been diagnosed with or treated for osteoporosis?**

- Yes..... 1 → GO TO D4.11
- No.....2 → GO TO D4.11
- DON'T KNOW .....-8 → GO TO D4.11
- REFUSED.....-7 → GO TO D4.11

**D4.11**

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

- NONE..... 1 → GO TO D4.12
- ONE..... 2
- TWO OR MORE..... 3
- DON'T KNOW .....-8 → GO TO D4.12
- REFUSED .....-7 → GO TO D4.12

**D4.11.b**

**[In that fall/In any of these falls], did you injure yourself seriously enough to need medical treatment?**

- Yes ..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED.....-7

**D4.12**

**Have you ever been diagnosed with or treated for a mental health condition, such as anxiety, depression, schizophrenia, or something else?**

- Yes ..... 1
- No .....2 → GO TO D4.13
- DON'T KNOW .....-8 → GO TO D4.13
- REFUSED.....-7 → GO TO D4.13

**D4.12.a**

**What type or types of mental conditions were you told you had? For example, depression, anxiety, bipolar, ADHD/ADD, PTSD, or schizophrenia?**

**CHECK ALL THAT APPLY.**

- DEPRESSION [MENTHLTH2\_01]
- ANXIETY [MENTHLTH2\_02]
- BIPOLAR [MENTHLTH2\_03]
- ADHD/ADD [MENTHLTH2\_04]
- PTSD [MENTHLTH2\_05]
- SCHIZOPHRENIA [MENTHLTH2\_06]
- OTHER (OPEN ENDED RESPONSE:) [MENTHLTH2\_07]: \_\_\_\_\_ [MENTHLTH2\_OTHMENTL]
- DON'T KNOW [MENTHLTH2\_08]
- REFUSED [MENTHLTH2\_09]

**D4.12.b**

**IF [MENTHLTH2] = 1, 2, 3, 4, 5, 6, OR OTHER THEN CREATE NUMERIC FIELD AND REPEAT QUESTION FOR EACH MENTAL HEALTH CONDITION FROM D4.12.a, INCLUDING OTHER**

**At about what age were you told you had this mental health condition?**

- AGE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D4.12.c**

**REPEAT QUESTION FOR EACH MENTAL HEALTH CONDITION FROM D4.12.a, INCLUDING OTHER**

**At about what age did you stop having this mental health condition, or do you still have it?**

AGE: \_\_\_\_\_ → GO TO D4.13  
I STILL HAVE IT ..... 1  
DON'T KNOW ..... -8 → GO TO D4.13  
REFUSED ..... -7 → GO TO D4.13

**D4.12.d**

**REPEAT QUESTION FOR EACH MENTAL HEALTH CONDITION FROM D4.12.a, INCLUDING OTHER**

**How is your mental health condition being managed or treated?**

OPEN ENDED RESPONSE: \_\_\_\_\_  
DON'T KNOW ..... -8  
REFUSED ..... -7

**D4.13**

**Have you ever been diagnosed with or treated for thyroid disease?**

Yes ..... 1 → GO TO D4.14  
No ..... 2 → GO TO D4.14  
DON'T KNOW ..... -8 → GO TO D4.14  
REFUSED ..... -7 → GO TO D4.14

**D4.14**

**Have you ever been diagnosed with or treated for kidney disease?**

Yes ..... 1 → GO TO D4.15  
No ..... 2 → GO TO D4.15  
DON'T KNOW ..... -8 → GO TO D4.15  
REFUSED ..... -7 → GO TO D4.15

**D4.15**

**Have you ever been diagnosed with or treated for liver disease?**

Yes ..... 1 → GO TO D4.16  
No ..... 2 → GO TO D4.16  
DON'T KNOW ..... -8 → GO TO D4.16  
REFUSED ..... -7 → GO TO D4.16

**D4.16**

**Have you ever been diagnosed with or treated for sleep apnea?**

- Yes ..... 1
- No .....2 → GO TO D5.3
- DON'T KNOW .....-8 → GO TO D5.3
- REFUSED .....-7 → GO TO D5.3

**D4.16.a**

**At about what age were you told you had sleep apnea?**

- AGE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D4.16.b**

**How is your sleep apnea being managed or treated?**

- OPEN ENDED RESPONSE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D5.3**

**In the past 12 months have you seen a doctor or health professional in an office, clinic, health center, or virtually?**

- Yes ..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED .....-7

**D5.4**

**In the past 12 months have you seen a dentist or oral surgeon in an office, clinic or health center?**

- Yes ..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED .....-7

**D7.1**

**Now I'd like to ask about your history of head injuries. Have you ever had a head injury that resulted in a loss of consciousness?**

- Yes ..... 1 → GO TO D9.1
- No .....2 → GO TO D9.1
- DON'T KNOW .....-8 → GO TO D9.1
- REFUSED .....-7 → GO TO D9.1

**D9.1**

**This next question is 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?**

- Yes ..... 1
- No ..... 2 → GO TO D10.1
- DON'T KNOW ..... -8 → GO TO D10.1
- REFUSED ..... -7 → GO TO D10.1

**D9.2**

**During the past 3 months, how often did you take a prescription opioid? Would you say some days, most days, or every day?**

- SOME DAYS ..... 1
- MOST DAYS ..... 2
- EVERY DAY ..... 3
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D10.1**

**Have you smoked at least 100 cigarettes in your entire life? Do not include electronic cigarettes, herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes, hookahs, or marijuana.**

- Yes ..... 1
- No ..... 2 → GO TO D11.1
- DON'T KNOW ..... -8 → GO TO D11.1
- REFUSED ..... -7 → GO TO D11.1

**D10.2**

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

- Every day ..... 1 → GO TO D11.1
- Some days ..... 2 → GO TO D11.1
- Not at all ..... 3 → GO TO D11.1
- DON'T KNOW ..... -8 → GO TO D11.1
- REFUSED ..... -7 → GO TO D11.1

**D11.1**

**Have you had a drink in the past year?**

- Yes ..... 1
- No ..... 2 → GO TO E1
- DON'T KNOW ..... -8
- REFUSED ..... -7

**D11.1a**

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

**Have you felt you needed to cut down on your drinking?**

- Yes ..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED .....-7

**D11.2**

**Have people annoyed you by criticizing your drinking?**

- Yes ..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED .....-7

**D11.3**

**Have you felt guilty about drinking?**

- Yes ..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED .....-7

Section E. Sleep

**E1**

**During the past month, how would you rate your sleep quality overall? Would you say very good, fairly good, fairly bad, or very bad?**

- Very good ..... 1
- Fairly good ..... 2
- Fairly bad ..... 3
- Very bad ..... 4
- DON'T KNOW .....-8
- REFUSED .....-7

## Section F. Physical Activity

### F1

**We would like to know the type and amount of physical activity involved in your daily life.**

**How often do you take part in sports or activities that are vigorous, such as running or jogging, swimming, cycling, aerobics or gym workout, tennis, or digging with a spade or shovel? More than once a week, once a week, one to three times a month, or hardly ever or never?**

More than once a week.....	1
Once a week .....	2
One to three times a month.....	3
Hardly ever or never .....	4
DON'T KNOW .....	-8
REFUSED .....	-7

### F2

**And how often do you take part in sports or activities that are moderately energetic, such as gardening, cleaning the car, walking at a moderate pace, dancing, floor or stretching exercises?**

More than once a week.....	1
Once a week .....	2
One to three times a month.....	3
Hardly ever or never .....	4
DON'T KNOW .....	-8
REFUSED .....	-7

### F3

**And how often do you take part in sports or activities that are mildly energetic, such as vacuuming, laundry, or home repairs?**

More than once a week.....	1
Once a week .....	2
One to three times a month.....	3
Hardly ever or never .....	4
DON'T KNOW .....	-8
REFUSED .....	-7

## Section G. Memory

### G1.1a

Now I'm going to read you a list of changes that you may have noticed over the last several years. Please tell me whether the following things have changed for you:

**Problems with judgment — for example, problems making decisions, making bad financial decisions, problems with thinking?**

Yes, change ..... 1  
No change..... 2  
DON'T KNOW ..... -8  
REFUSED ..... -7

### G1.1b

(Has the following changed for you over the last several years?)

**Less interest in hobbies/activities?**

Yes, change ..... 1  
No change..... 2  
DON'T KNOW ..... -8  
REFUSED ..... -7

### G1.1c

(Has the following changed for you over the last several years?)

**Repeating the same things over and over —for example, questions, stories, or statements?**

Yes, change ..... 1  
No change..... 2  
DON'T KNOW ..... -8  
REFUSED ..... -7

### G1.1d

(Has the following changed for you over the last several years?)

**Trouble learning how to use a tool, appliance, or gadget — for example, a phone, computer, microwave, or remote control?**

Yes, change ..... 1  
No change..... 2  
DON'T KNOW ..... -8  
REFUSED ..... -7

**G1.1e**

(Has the following changed for you over the last several years?)

**Forgetting the correct month or year?**

- Yes, change ..... 1
- No change..... 2
- DON'T KNOW ..... -8
- REFUSED ..... -7

**G1.1f**

(Has the following changed for you over the last several years?)

**Trouble handling complicated financial affairs — for example, balancing a checkbook, income taxes, paying bills?**

- Yes, change ..... 1
- No change..... 2
- DON'T KNOW ..... -8
- REFUSED ..... -7

**G1.1g**

(Has the following changed for you over the last several years?)

**Trouble remembering appointments?**

- Yes, change ..... 1
- No change..... 2
- DON'T KNOW ..... -8
- REFUSED ..... -7

**G1.1h**

(Has the following changed for you over the last several years?)

**Daily problems with thinking and/or memory?**

- Yes, change ..... 1
- No change..... 2
- DON'T KNOW ..... -8
- REFUSED ..... -7

**G1.2**

**Do you feel like your memory is becoming worse?**

- Yes..... 1
- No ..... 2 → GO TO H3.1
- DON'T KNOW ..... -8 → GO TO H3.1
- REFUSED ..... -7 → GO TO H3.1

**G1.3**

**Does it worry you that your memory is becoming worse?**

- Yes ..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED .....-7

**G1.4**

**Do you have more memory difficulties than others your age?**

- Yes ..... 1
- No .....2 → GO TO H3.1
- DON'T KNOW .....-8 → GO TO H3.1
- REFUSED .....-7 → GO TO H3.1

**G1.5**

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

- Yes ..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED .....-7

Section H. Psychosocial Functioning

**H3.1**

**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 nervous — would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?**

- ALL OF THE TIME ..... 1
- MOST OF THE TIME ..... 2
- SOME OF THE TIME ..... 3
- A LITTLE OF THE TIME ..... 4
- NONE OF THE TIME ..... 5
- DON'T KNOW .....-8
- REFUSED .....-7

**H3.2**

**About how often (during the past 30 days) did you feel hopeless?**

- ALL OF THE TIME..... 1
- MOST OF THE TIME ..... 2
- SOME OF THE TIME ..... 3
- A LITTLE OF THE TIME ..... 4
- NONE OF THE TIME ..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**H3.3**

**About how often (during the past 30 days) did you feel restless or fidgety?**

- ALL OF THE TIME..... 1
- MOST OF THE TIME ..... 2
- SOME OF THE TIME ..... 3
- A LITTLE OF THE TIME ..... 4
- NONE OF THE TIME ..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**H3.4**

**How often (during the past 30 days) did you feel so depressed that nothing could cheer you up?**

- ALL OF THE TIME..... 1
- MOST OF THE TIME ..... 2
- SOME OF THE TIME ..... 3
- A LITTLE OF THE TIME ..... 4
- NONE OF THE TIME ..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**H3.5**

**About how often (during the past 30 days) did you feel that everything was an effort?**

- ALL OF THE TIME..... 1
- MOST OF THE TIME ..... 2
- SOME OF THE TIME ..... 3
- A LITTLE OF THE TIME ..... 4
- NONE OF THE TIME ..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**H3.6**

**About how often (during the past 30 days) did you feel worthless?**

- ALL OF THE TIME..... 1
- MOST OF THE TIME ..... 2
- SOME OF THE TIME ..... 3
- A LITTLE OF THE TIME ..... 4
- NONE OF THE TIME ..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**H4.1**

**The next questions are about how you feel about different aspects of your life. For each one, tell me whether you feel that way never, rarely, sometimes, very often, or extremely often.**

**First, how often do you feel that you lack companionship? Would you say never, rarely, sometimes, often, or extremely often?**

- NEVER..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- OFTEN ..... 4
- EXTREMELY OFTEN ..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**H4.2**

**How often do you feel left out?**

- NEVER..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- OFTEN ..... 4
- EXTREMELY OFTEN ..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**H4.3**

**How often do you feel isolated from others?**

- NEVER..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- OFTEN ..... 4
- EXTREMELY OFTEN ..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**H5.1**

**Thinking about your life as a whole, would you say that you are very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?**

- VERY SATISFIED ..... 1
- SOMEWHAT SATISFIED ..... 2
- NEITHER SATISFIED NOR DISSATISFED..... 3
- SOMEWHAT DISSATISFIED..... 4
- VERY DISSATISFIED..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**H6.1**

**If you were to consider your life in general, on the whole, would you say that you are extremely unhappy, very unhappy, neither happy nor unhappy, somewhat happy, very happy, or extremely happy?**

- VERY SATISFIED ..... 1
- SOMEWHAT SATISFIED ..... 2
- NEITHER SATISFIED NOR DISSATISFED..... 3
- SOMEWHAT DISSATISFIED..... 4
- VERY DISSATISFIED..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

Section I. Finances & Labor Force

**I1.1**

**Next, I have a few questions about paid work. Think back to the year 2000, when you were about [SM AGE]. In 2000, did you hold one paid job, more than one paid job, or no paid jobs?**

- ONE PAID JOB ..... 1 → GO TO I1.a
- MORE THAN ONE PAID JOB..... 2 → GO TO I1.aa
- NO PAID JOBS..... 3 → GO TO I1.ab
- DON'T KNOW ..... -8 → GO TO I1.15
- REFUSED ..... -7 → GO TO I1.15

**I1.1aa**

**Please think about the job that you worked the most hours in 2000. That is, the job you spent the most time doing in that year.**

- CONTINUE..... 1 → GO TO I1.a

**I1.1ab**

**Did you ever hold a paid job prior to 2000?**

- Yes ..... 1 → GO TO I1.ac
- No.....2 → GO TO I1.15

**I1.1ac**

**Please think about the job that you worked most recently before 2000.**

CONTINUE.....1 → GO TO I1.a

**I1.1a**

**What kind of work were you doing at that time?**

- OPEN ENDED RESPONSE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.1b**

**What were your most important activities or duties?**

- OPEN ENDED RESPONSE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.2**

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

- OPEN ENDED RESPONSE: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.3**

**Were you employed by the government, by a private company or organization, or were you self-employed or working in a family business?**

- GOVERNMENT ..... 1
- PRIVATE COMPANY OR ORGANIZATION .. 2
- SELF-EMPLOYED..... 3
- WORKING IN A FAMILY BUSINESS..... 4
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.7**

**We would like to learn a little more about the job you had in the year 2000.**

**IF I1.1=3 THEN DISPLAY THIS TEXT We would like to learn a little more about the job you worked most recently before 2000.**

**How important was analyzing data or information to the performance of the job? Was it not important, slightly important, somewhat important, very important, or extremely important?**

- NOT IMPORTANT..... 1
- SLIGHTLY IMPORTANT ..... 2
- SOMEWHAT IMPORTANT..... 3
- VERY IMPORTANT ..... 4
- EXTREMELY IMPORTANT..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.8**

**How important was making decisions and solving problems?**

- NOT IMPORTANT..... 1
- SLIGHTLY IMPORTANT ..... 2
- SOMEWHAT IMPORTANT..... 3
- VERY IMPORTANT ..... 4
- EXTREMELY IMPORTANT..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.9**

**How important was thinking creatively?**

- NOT IMPORTANT..... 1
- SLIGHTLY IMPORTANT ..... 2
- SOMEWHAT IMPORTANT..... 3
- VERY IMPORTANT ..... 4
- EXTREMELY IMPORTANT..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.10**

**How important was organizing, planning, and prioritizing work?**

NOT IMPORTANT.....	1
SLIGHTLY IMPORTANT .....	2
SOMEWHAT IMPORTANT.....	3
VERY IMPORTANT .....	4
EXTREMELY IMPORTANT.....	5
DON'T KNOW .....	-8
REFUSED .....	-7

**I1.11**

**How important was communicating with supervisors, peers, or subordinates?**

NOT IMPORTANT.....	1
SLIGHTLY IMPORTANT .....	2
SOMEWHAT IMPORTANT.....	3
VERY IMPORTANT .....	4
EXTREMELY IMPORTANT.....	5
DON'T KNOW .....	-8
REFUSED .....	-7

**I1.12**

**How important was communicating with people outside the organization?**

NOT IMPORTANT.....	1
SLIGHTLY IMPORTANT .....	2
SOMEWHAT IMPORTANT.....	3
VERY IMPORTANT .....	4
EXTREMELY IMPORTANT.....	5
DON'T KNOW .....	-8
REFUSED .....	-7

**I1.13**

**How important was guiding, directing, and motivating subordinates?**

NOT IMPORTANT.....	1
SLIGHTLY IMPORTANT .....	2
SOMEWHAT IMPORTANT.....	3
VERY IMPORTANT .....	4
EXTREMELY IMPORTANT.....	5
DON'T KNOW .....	-8
REFUSED .....	-7

**I1.14**

**How important was providing consultation and advice to others?**

- NOT IMPORTANT..... 1
- SLIGHTLY IMPORTANT ..... 2
- SOMEWHAT IMPORTANT..... 3
- VERY IMPORTANT ..... 4
- EXTREMELY IMPORTANT..... 5
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.15**

**Now I'm going to ask you some questions about your employment situation today.**

**Are you currently working for pay?**

- Yes, working at a paid job now ..... 1
- No, not working at a paid job now ..... 2 → GO TO I2.7
- DON'T KNOW ..... -8 → GO TO I2.7
- REFUSED ..... -7 → GO TO I2.7

**I1.16**

**How many jobs do you currently hold?**

- NUMBER OF JOBS: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.17a**

**Right now, would you like to leave work altogether, but plan to keep working because you need money?**

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.17b**

**Right now, would you like to leave work altogether, but plan to keep working because you need health insurance?**

- Yes ..... 1
- No ..... 2
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.21a1**

**Are you doing the same kind of work now that you did in 2000?**

- Yes ..... 1 → GO TO I2.7
- No ..... 2
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.21a2**

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

**What kind of work are you doing now?**

- OPEN ENDED: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.21b**

**What are your most important activities or duties?**

- OPEN ENDED: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.21c**

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

- OPEN ENDED: \_\_\_\_\_
- DON'T KNOW ..... -8
- REFUSED ..... -7

**I1.21d**

**Are you employed by the government, by a private company or organization, or are/were you self-employed or working in a family business?**

- GOVERNMENT ..... 1
- PRIVATE COMPANY OR ORGANIZATION .. 2
- SELF-EMPLOYED ..... 3
- WORKING IN A FAMILY BUSINESS ..... 4
- DON'T KNOW ..... -8
- REFUSED ..... -7

**12.7**

**We would also like to know about your total household income in 2024. Be sure to include income from work, government benefits, pensions, and all other sources for you and all other adults in your household. During 2024, just roughly, what was your household income from all sources, before taxes?**

OPEN ENDED: \_\_\_\_\_ → **GO TO I3.1**  
DON'T KNOW ..... -8  
REFUSED ..... -7

**12.8**

**If you would rather give your total household income in ranges, was it less than \$75,000 or \$75,000 or more? Be sure to include income from work, government benefits, pensions, and all other sources for you and all other adults in your household.**

Less than \$75,000 ..... 1 → **GO TO I2.9**  
\$75,000 or more ..... 2 → **GO TO I2.10**  
DON'T KNOW ..... -8 → **GO TO I3.1**  
REFUSED ..... -7 → **GO TO I3.1**

**12.9**

**(During 2024 just roughly, what was your household income from all sources, before taxes? Be sure to include income from work, government benefits, pensions, and all other sources for you and all other adults in your household.) Was it...**

Less than \$20,000 ..... 1 → **GO TO I3.1**  
\$20,000, but less than \$40,000 ..... 2 → **GO TO I3.1**  
\$40,000, but less than \$55,000 ..... 3 → **GO TO I3.1**  
\$55,000, but less than \$75,000 ..... 4 → **GO TO I3.1**  
DON'T KNOW ..... -8 → **GO TO I3.1**  
REFUSED ..... -7 → **GO TO I3.1**

**12.10**

**(During 2024 just roughly, what was your household income from all sources, before taxes? Be sure to include income from work, government benefits, pensions, and all other sources for you and all other adults in your household.) Was it...**

\$75,000, but less than \$100,000 ..... 1  
\$100,000, but less than \$155,000 ..... 2  
\$155,000 or more ..... 3  
DON'T KNOW ..... -8  
REFUSED ..... -7

**I3.1**

**Is the home that you live in now a house, apartment or mobile home that is...?**

...owned by you or someone in this household with a mortgage or loan, including home equity loans .....	1
...owned by you or someone in this household free and clear, without a mortgage or loan .....	2
...rented .....	3
...occupied without payment of rent .....	4
Something else .....	5
DON'T KNOW .....	-8
REFUSED .....	-7

Section J. Insecurity

**J1.1**

**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 are extremely, very, somewhat, slightly or not at all confident that you could come up with the money?**

NOT AT ALL CONFIDENT .....	1
SLIGHTLY CONFIDENT .....	2
SOMEWHAT CONFIDENT .....	3
VERY CONFIDENT .....	4
EXTREMELY CONFIDENT .....	5
DON'T KNOW .....	-8
REFUSED .....	-7

Section K. Criminal Justice Exposure

**K1**

**The following questions ask about your experiences with the criminal justice system. Some of these questions may feel sensitive. The responses you provide will help us understand how criminal justice exposure impacts us as we get older.**

**Have you ever been arrested by the police or taken into custody for an illegal or delinquent offense? This does not include arrests for minor traffic violations.**

Yes .....	1
No .....	2 → GO TO L1.1
DON'T KNOW .....	-8 → GO TO L1.1
REFUSED .....	-7 → GO TO L1.1

**K2**

**Have you ever been convicted of or pled guilty to any charges other than a minor traffic violation?**

- Yes..... 1
- No.....2
- DON'T KNOW .....-8
- REFUSED.....-7

**K3**

**Have you ever spent time in a jail, prison, juvenile detention center, or other correctional facility?**

- Yes..... 1
- No.....2 → GO TO L1.1
- DON'T KNOW .....-8 → GO TO L1.1
- REFUSED.....-7 → GO TO L1.1

**K3.1**

**What year were you most recently released from a correctional facility?**

- YEAR: \_\_\_\_\_
- DON'T KNOW .....-8
- REFUSED.....-7

**K3.2**

**In your entire life, how much time in total have you been detained in a jail, prison, juvenile detention center, or other correctional facility?**

- YEARS: \_\_\_\_\_
- MONTHS: \_\_\_\_\_
- DAYS: \_\_\_\_\_
- DON'T KNOW .....-8
- REFUSED.....-7

## Section L. Exposure to Discrimination

### L1.1

The following questions ask about experiences you have had with discrimination in your life. Some of these questions may feel sensitive. The responses you provide will help us understand how experiences of discrimination impact us as we get older.

How often do you try to prepare for possible insults from other people before leaving home? Would you say this is very often, fairly often, not too often, hardly ever, or never?

VERY OFTEN .....	1
FAIRLY OFTEN .....	2
NOT TOO OFTEN .....	3
HARDLY EVER .....	4
NEVER .....	5
DON'T KNOW .....	-8
REFUSED .....	-7

### L1.2

(This question is about how often this happens to you in your day-to-day life.)

How often do you feel that you have to be very careful about your appearance to get good service or avoid being harassed?

VERY OFTEN .....	1
FAIRLY OFTEN .....	2
NOT TOO OFTEN .....	3
HARDLY EVER .....	4
NEVER .....	5
DON'T KNOW .....	-8
REFUSED .....	-7

### L1.3

(This question is about how often this happens to you in your day-to-day life.)

How often do you try to avoid certain social situations and places?

VERY OFTEN .....	1
FAIRLY OFTEN .....	2
NOT TOO OFTEN .....	3
HARDLY EVER .....	4
NEVER .....	5
DON'T KNOW .....	-8
REFUSED .....	-7

**L2.1.1**

**This question is about how often this happens to you in your day-to-day life.**

**How often are you treated with less courtesy or respect than other people?**

**Would you say almost every day, at least once a week, a few times a month, a few times a year, less than once a year, or never?**

- ALMOST EVERY DAY ..... 1
- AT LEAST ONCE A WEEK ..... 2
- A FEW TIMES A MONTH..... 3
- A FEW TIMES A YEAR ..... 4
- LESS THAN ONCE A YEAR ..... 5
- NEVER..... 6
- DON'T KNOW.....-8
- REFUSED ..... -7

**L2.1.4**

**(This question is about how often this happens to you in your day-to-day life.)**

**How often do you receive poorer service than other people at restaurants or stores?**

- ALMOST EVERY DAY ..... 1
- AT LEAST ONCE A WEEK ..... 2
- A FEW TIMES A MONTH..... 3
- A FEW TIMES A YEAR ..... 4
- LESS THAN ONCE A YEAR ..... 5
- NEVER..... 6
- DON'T KNOW.....-8
- REFUSED ..... -7

**L2.1.5**

**(This question is about how often this happens to you in your day-to-day life.)**

**How often do people act as if they think you are not smart?**

- ALMOST EVERY DAY ..... 1
- AT LEAST ONCE A WEEK ..... 2
- A FEW TIMES A MONTH..... 3
- A FEW TIMES A YEAR ..... 4
- LESS THAN ONCE A YEAR ..... 5
- NEVER..... 6
- DON'T KNOW.....-8
- REFUSED ..... -7

**L2.1.6**

**(This question is about how often this happens to you in your day-to-day life.)**

**How often do people act as if they are afraid of you?**

- ALMOST EVERY DAY ..... 1
- AT LEAST ONCE A WEEK ..... 2
- A FEW TIMES A MONTH..... 3
- A FEW TIMES A YEAR ..... 4
- LESS THAN ONCE A YEAR ..... 5
- NEVER..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**L2.1.10**

**(This question is about how often this happens to you in your day-to-day life.)**

**How often are you threatened or harassed?**

- ALMOST EVERY DAY ..... 1
- AT LEAST ONCE A WEEK ..... 2
- A FEW TIMES A MONTH..... 3
- A FEW TIMES A YEAR ..... 4
- LESS THAN ONCE A YEAR ..... 5
- NEVER..... 6
- DON'T KNOW..... -8
- REFUSED ..... -7

**L2.1.a**

**DISPLAY ONLY IF ANY [L2.1.1 – L2.1.10] = 1, 2, 3 or 4. RESPONSE OPTIONS ARE SELECT ALL THAT APPLY.**

**What do you think were the reasons WHY these experiences happened to you?**

- Your Ancestry or National Origins
- Your Gender
- Your Race
- Your Age
- Your Religion
- Your Height
- Your Weight
- Some other aspect of your physical appearance
- Your Sexual Orientation
- Your education or income level
- A Physical disability
- Your shade of skin color
- Your Tribe
- Other (Specify): \_\_\_\_\_
- DON'T KNOW
- REFUSED

**L2.2**

**For each of the following events, please indicate whether the event occurred at any point in your life. At any time during your life, have you ever been unfairly fired from a job?**

- Yes..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED.....-7

**L2.3**

**For unfair reasons, have you ever not been hired for a job?**

- Yes..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED.....-7

**L2.4**

**Have you ever been unfairly denied a promotion?**

- Yes..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED.....-7

**L2.5**

**Have you ever been unfairly stopped, searched, questioned, physically threatened, or abused by the police?**

- Yes..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED.....-7

**L2.7**

**Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?**

- Yes..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED.....-7

**L2.9**

**Have you ever been unfairly denied a bank loan?**

- Yes..... 1
- No .....2
- DON'T KNOW .....-8
- REFUSED.....-7

**L2.11**

**Have you ever been denied medical care or received inferior medical care?**

- Yes..... 1
- No.....2 → GO TO N1.1
- DON'T KNOW .....-8 → GO TO N1.1
- REFUSED.....-7 → GO TO N1.1

**L2.11.b**

**When was the last time this happened (being denied or receiving inferior medical care)?**

- Within the last week..... 1
- Within the last month..... 2
- Within the last year ..... 3
- More than a year ago..... 4
- DON'T KNOW .....-8
- REFUSED.....-7

**L2.11.c**

**How many times has this happened during your lifetime (being denied or receiving inferior medical care)?**

- NUMBER OF TIMES: \_\_\_\_\_
- DON'T KNOW .....-8
- REFUSED.....-7

**L3**

**DISPLAY ONLY IF ANY [L2.2 – L2.11] = 1. RESPONSE OPTIONS ARE SELECT ALL THAT APPLY.**

**What do you think were the reasons WHY these experiences happened to you?**

- Your Ancestry or National Origins
- Your Gender
- Your Race
- Your Age
- Your Religion
- Your Height
- Your Weight
- Some other aspect of your physical appearance
- Your Sexual Orientation
- Your Education or Income Level
- A Physical disability
- Your shade of skin color
- Your Tribe
- Other (Specify): \_\_\_\_\_
- DON'T KNOW
- REFUSED

## Section N. Retrospective Childhood

### N1.1

The following questions ask about your childhood. Some of these questions may feel sensitive. The responses you provide will help us understand how our experiences as children impact us as we get older.

Now I have a question about your health during the period when you were growing up, through age 18.

Would you say that your health as a child was poor, fair, good, very good, or excellent?

EXCELLENT .....	1
VERY GOOD .....	2
GOOD .....	3
FAIR .....	4
POOR .....	5
DON'T KNOW .....	-8
REFUSED .....	-7

### N2.1.a

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of these experiences prior to your 18<sup>th</sup> birthday. These questions address sensitive topics. Please know that you can refuse to answer any question.

Prior to your 18<sup>th</sup> birthday, did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

Yes .....	1
No .....	2
DON'T KNOW .....	-8
REFUSED .....	-7

### N2.1.b

Did you lose a parent through divorce, abandonment, death, or other reason (prior to your 18th birthday)?

Yes .....	1
No .....	2
DON'T KNOW .....	-8
REFUSED .....	-7

### N2.1.c

Did you live with anyone who was depressed, mentally ill, or attempted suicide (prior to your 18th birthday)?

Yes .....	1
No .....	2
DON'T KNOW .....	-8
REFUSED .....	-7

**N2.1.d**

**Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs (prior to your 18th birthday)?**

Yes..... 1  
No.....2  
DON'T KNOW .....-8  
REFUSED.....-7

**N2.1.e**

**Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other (prior to your 18th birthday)?**

Yes..... 1  
No.....2  
DON'T KNOW .....-8  
REFUSED.....-7

**N2.1.f**

**Did you live with anyone who went to jail or prison (prior to your 18th birthday)?**

Yes..... 1  
No.....2  
DON'T KNOW .....-8  
REFUSED.....-7

**N2.1.g**

**Did a parent or adult in your home ever swear at you, insult you, or put you down (prior to your 18th birthday)?**

Yes..... 1  
No.....2  
DON'T KNOW .....-8  
REFUSED.....-7

**N2.1.h**

**Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way (prior to your 18th birthday)?**

Yes..... 1  
No.....2  
DON'T KNOW .....-8  
REFUSED.....-7

**N2.1.i**

**Did you feel that no one in your family loved you or thought you were special (prior to your 18th birthday)?**

- Yes..... 1
- No.....2
- DON'T KNOW .....-8
- REFUSED.....-7

**N2.1.j**

**Did you experience unwanted sexual contact, such as fondling, oral, anal, vaginal intercourse or penetration (prior to your 18th birthday)?**

- Yes..... 1
- No.....2
- DON'T KNOW .....-8
- REFUSED.....-7

**N3.1**

**DISPLAY IF ANY [N2.1a – N2.1.j] = 1**

**(These experiences are referencing the relationships you described in your home as a child in the previous questions.)**

**How much do you believe that these experiences you have prior to your 18th birthday have affected your health? Would you say not much at all, a little, some, quite a bit, or a great deal?**

- NOT MUCH AT ALL ..... 1
- A LITTLE..... 2
- SOME ..... 3
- QUITE A BIT ..... 4
- A GREAT DEAL..... 5
- DON'T KNOW .....-8
- REFUSED.....-7

## Section B. Education

### **B1.**

**Thank you for sharing your childhood experiences. We would now like to learn more about your education background.**

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

Less than high school .....	1	→ GO TO O2.1
High school.....	2	→ GO TO B2
Vocational certificate or license .....	3	→ GO TO B2.1A
Some College .....	4	→ GO TO B3
College .....	5	→ GO TO B4
Graduate or professional school.....	6	→ GO TO B5
DON'T KNOW .....	-8	→ GO TO B1_P
REFUSED.....	-7	→ GO TO B1_P

### **B1\_P.**

**It is very important that we get an answer to this question. Researchers use this information to understand the relationship between educational attainment and other life outcomes. Please answer to the best of your ability.**

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

Less than high school .....	1	→ GO TO O2.1
High school.....	2	→ GO TO B2
Vocational certificate or license .....	3	→ GO TO B2.1A
Some College .....	4	→ GO TO B3
College .....	5	→ GO TO B4
Graduate or professional school.....	6	→ GO TO B5
DON'T KNOW .....	-8	→ GO TO O2.1
REFUSED.....	-7	→ GO TO O2.1

### **B2.**

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

GED .....	1
High school diploma.....	2
DON'T KNOW .....	-8
REFUSED.....	-7

**B2.1**

**IF B2=1, THEN FILL GED. IF B2=2, THEN FILL HIGH SCHOOL DIPLOMA, IF B2=-8 OR -7, THEN FILL GED OR HIGH SCHOOL DIPLOMA.**

**In what year did you earn that [FILL GED/DIPLOMA]?**

YEAR: \_\_\_\_\_ → GO TO O2.1  
DON'T KNOW .....-8 → GO TO O2.1  
REFUSED.....-7 → GO TO O2.1

**B2.1A.**

**What license or certificate did you earn most recently?**

OPEN ENDED: \_\_\_\_\_  
DON'T KNOW .....-8 → GO TO O2.1  
REFUSED .....-7 → GO TO O2.1

**B2A1.**

**In what year did you earn that license or certificate?**

YEAR: \_\_\_\_\_ → GO TO O2.1  
DON'T KNOW .....-8 → GO TO O2.1  
REFUSED.....-7 → GO TO O2.1

**B3.**

**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  
DON'T KNOW .....-8  
REFUSED.....-7

**B3.1**

**In what year did you leave college?**

YEAR: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B3.2**

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

NAME: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B3.3**

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

CITY: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B3.4**

STATE: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**GO TO 02.1**

**B4.**

**Was your highest degree an associate's degree, bachelor's degree or something else?**

Associate's degree ..... 1 → **GO TO B4.2**  
Bachelor's degree..... 2 → **GO TO B4.2**  
Something else ..... 3 → **GO TO B4.1**  
DON'T KNOW .....-8 → **GO TO B4.2**  
REFUSED.....-7 → **GO TO B4.2**

**B4.1.**

**What degree did you earn?**

DEGREE: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B4.2**

**In what year did you earn that degree?**

YEAR: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B4.3**

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

NAME: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B4.4**

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

CITY: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B4.5**

STATE: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B4.6**

**FILL IN RESPONSE FROM B4.1**

**What was your major field of study for your [FILL RESPONSE FROM B4.1] degree?**

FIELD: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**GO TO O2.1**

**B5**

**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 B5.2**  
Professional degree (MD/JD)..... 2 → **GO TO B5.2**  
Doctoral degree ..... 3 → **GO TO B5.2**  
Something else ..... 4  
DON'T KNOW .....-8 → **GO TO B5.3**  
REFUSED.....-7 → **GO TO B5.3**

**B5.1**

**What degree did you earn?**

DEGREE: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B5.2**

**IF B5=1, THEN FILL MASTER'S DEGREE. IF B5=2, THEN FILL PROFESSIONAL DEGREE. IF B5=3, THEN FILL DOCTORAL DEGREE. IF B5=4, THEN FILL HIGHEST DEGREE**

**In what year did you earn [FILL MD, JD, DOCTORAL DEGREE]?**

YEAR: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B5.3**

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

NAME: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B5.4**

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

CITY: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B5.5**

STATE: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B5.6**

**What was the major field of study for this degree?**

FIELD: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B6.1**

**Now I want you to think back to your bachelor's degree.**

**In what year did you earn that degree?**

YEAR: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED.....-7

**B6.2**

**What was the name of the college or university where you earned your bachelor’s degree?**

NAME: \_\_\_\_\_

DON’T KNOW .....-8

REFUSED.....-7

**B6.3**

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

CITY: \_\_\_\_\_

DON’T KNOW .....-8

REFUSED.....-7

**B6.4**

STATE: \_\_\_\_\_

DON’T KNOW .....-8

REFUSED.....-7

**B6.5**

**What was your major field of study for your bachelor’s degree?**

FIELD: \_\_\_\_\_

DON’T KNOW .....-8

REFUSED.....-7

Section O. Demographics

**O2.1**

**Are you of Hispanic, Latino, or Spanish origin?**

Yes..... 1

No.....2 → GO TO O2.3

DON’T KNOW .....-8 → GO TO O2.3

REFUSED.....-7 → GO TO O2.3

**02.2**

**Which of the following best represents how you think of yourself?**

- Mexican ..... 1
- Mexican American..... 2
- Chicano ..... 3
- Puerto Rican..... 4
- Cuban..... 5
- Cuban-American..... 6
- Other Spanish, Hispanic, or Latino group..... 7
- DON'T KNOW..... -8
- REFUSED ..... -7

**02.3**

**I am going to read you a list of five race categories. You may choose one or more races. For this survey, Hispanic origin is not a race. Are you White; Black or African American; American Indian or Alaska Native; Asian; OR Native Hawaiian or Other Pacific Islander?**

**SELECT ALL RESPONSE OPTIONS**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- OTHER
- DON'T KNOW
- REFUSED

**03.2**

**If you were walking down the street, what race do you think strangers would automatically assume you are based on what you look like?**

**SELECT ALL RESPONSE OPTIONS**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Hispanic
- OTHER
- DON'T KNOW
- REFUSED

**O4.1**

**Which of these most closely matches your own skin color, even if none of the options is exactly right? If this question makes you uncomfortable, you may skip it.**

ENTER NUMBER ASSOCIATED WITH SKIN COLOR: \_\_\_\_\_  
DON'T KNOW.....-8  
REFUSED .....-7

**O5.1**

**Many people feel older or younger than they actually are. What age do you feel?**

YEARS OLD: \_\_\_\_\_  
DON'T KNOW.....-8  
REFUSED .....-7

**O7.1**

**In what country were you born?**

Country: \_\_\_\_\_  
DON'T KNOW.....-8 → GO TO P1  
REFUSED.....-7 → GO TO P1

**O7.2**

**DISPLAY IF O7.1=UNITED STATES; ELSE GO TO P1**

**In what state or U.S. territory were you born?**

State: \_\_\_\_\_  
DON'T KNOW.....-8  
REFUSED .....-7

Section P. Last Question

**P1**

**Thank you for sharing so much with us. While the questions you have answered will help us understand a lot about your experiences, they are incomplete. Before we ask for a few permissions, we'd like to hear from you, in your own voice, in response to a final question.**

**Everybody experiences challenges in life. What's a challenge you confronted and overcame? How did you overcome it?**

OPEN ENDED: \_\_\_\_\_  
DON'T KNOW .....-8  
REFUSED .....-7

## Pharmacy Consent

### PHARM1.

Another important way for us to learn about people’s health is by looking at their medication and laboratory history. Instead of asking you a lot of questions about your medications and lab work, we would like to access your pharmacy and clinical laboratory records. This will help us understand how your medications and results from your lab work are connected to your health, thinking, and memory. We will only use your pharmacy and laboratory records for research purposes. They would not be used for any other purposes or by any businesses, like drug or insurance companies. Upon review of the consent form, if you choose to participate, I will collect your signature electronically. As a note, you can cancel your permission at any time. Here is a brochure with helpful details about the pharmacy and laboratory records consent, as well as contact information.

Would you like to review the consent on your own or would you like me to read it to you?

SM DOES NOT INDICATE NEED FOR CONSENT TO BE READ ALOUD.....1  
SM NEEDS CONSENT READ ALOUD.....2

### PHARM2.

Would you be interested in providing us access to your pharmacy and laboratory records at this time?

SM AGREES TO ALLOW ACCESS.....1  
SM DOES NOT AGREE TO ALLOW ACCESS.....2 → GO TO PHARM5

### PHARM3.

Great. I am now going to ask you to confirm your consent by signing your name on the screen, like before.

### PHARM4.

*I confirm I read the NLS-72 Pharmacy and Laboratory Records Consent and I agree to provide access to my pharmacy and laboratory records. I also understand that I can cancel my permission at any time, and if I do, any pharmacy and laboratory records that were already shared may continue to be used for the research study.*

Electronic signature: \_\_\_\_\_

### PHARM5.

COMMENT BOX: \_\_\_\_\_

## Whole Blood Consent

### HHV1.

We would like to invite you to participate in a component of our study which involves a person from ExamOne, a company that NLS-72 has contracted with, visiting your home and conducting a home health visit. This is a consent form that would allow us to share your contact information with ExamOne to schedule this part of the study. Upon review of the consent form, if you choose to participate, I will collect your signature electronically. You can change your mind at any time before participating in this part of the study or choose to skip any parts of the health visit.

Would you like to review the consent on your own or would you like me to read it to you?

SM DOES NOT INDICATE NEED FOR CONSENT TO BE READ ALOUD.....1  
SM NEEDS CONSENT READ ALOUD .....2

### HHV2.

Would you be interested in participating in a future home health visit at this time?

SM AGREES TO PARTICIPATE IN THE HOME HEALTH VISIT.....1  
SM DOES NOT AGREE TO PARTICIPATE IN THE HOME HEALTH VISIT..2 → GO TO HHV5

### HHV3.

Great. Here is some helpful information on the next steps for the home health visit, along with contact information. I am now going to ask you to confirm your consent by signing your name on the screen, like before.

### HHV4.

*I confirm I read the NLS-72 Home Health Visit Consent and I agree to participate. I also understand that I can change my mind at any time or skip any parts of the health visit that I do not want to participate in.*

Electronic signature: \_\_\_\_\_

### HHV5.

COMMENT BOX: \_\_\_\_\_

## Future Studies Consent

### FS1

**You may be eligible for additional NLS-72 study activities conducted by our partners. Any additional study activity will also include additional incentives. If you are interested in participating, we will share your contact information and they will provide you with additional information on how to participate.**

**Are you interested in participating in additional NLS-72 studies at this time?**

SM AGREES TO FUTURE CONSENT.....1  
SM **DOES NOT** AGREE TO FUTURE CONSENT.....2

### FS1b

COMMENT BOX: \_\_\_\_\_

### FS1\_SKIPBOX

USE PRELOADED ZIP CODE DATA TO CALCULATE [MRI\_AREA]  
CALCULATE [MRI\_UNI] BASED ON [MRI\_AREA]  
IF [MRI\_AREA] = 11, THEN [MRI\_UNI] "COLUMBIA UNIVERSITY"  
IF [MRI\_AREA] = 12, THEN [MRI\_UNI] "RUSH UNIVERSITY"  
IF [MRI\_AREA] = 14, THEN [MRI\_UNI] "PENNINGTON BIOMEDICAL RESEARCH CENTER"  
IF [MRI\_AREA] = 15, THEN [MRI\_UNI] "UNIVERSITY OF CALIFORNIA, LOS ANGELES"  
IF [FS1] = 1 AND [MRI\_AREA] = 11, 12, 14, or 15 THEN CONTINUE TO FS2. OTHERWISE, GO TO FC1\_1.

### FS2

**Since you live in an area close to [MRI\_UNI] – one of our partner universities – you may be eligible to participate in an MRI scan as part of NLS-72 and be provided \$[MRI\_AMOUNT] to thank you for your time. Here is a brochure with helpful details about the MRI scan, along with contact information.**

**Can the research team at [MRI\_UNI] reach out to you to tell you more about this? You are welcome to get in touch with them directly as well.**

SM AGREES TO BE CONTACTED.....1  
SM **DOES NOT** AGREE TO BE CONTACTED.....2 → GO TO FS6

### FS3

**Great! Is there a good time of the day to reach you and how would you prefer to be contacted?**

TIME: \_\_\_\_\_  
DAY: \_\_\_\_\_

#### Select preferred contact mode.

PHONE..... 1  
EMAIL ..... 2  
TEXT MESSAGE ..... 3  
NO PREFERENCE PROVIDED/ANY METHOD ..... 4

**FS4**

**Thank you. I will provide this information to [MRI\_UNI] and they will reach out to you within the next 48 business hours. It will be important to respond to find out if you are eligible to participate in an MRI scan and be provided \$[MRI\_AMOUNT] as a thank you. You can also call them using the phone number on your brochure.**

**FS6**

COMMENT BOX: \_\_\_\_\_

Future Contact Information

**FC1\_1.**

STREET ADDRESS 1  
STREET ADDRESS 2  
APARTMENT/SUITE NUMBER  
CITY  
STATE  
COUNTRY  
ZIP/POSTAL CODE  
EMAIL ADDRESS  
ALTERNATE EMAIL ADDRESS

PHONE 1 (INCLUDING AREA OR COUNTRY CODE)  
PHONE 1 TYPE: HOME/WORK/CELL

PHONE 2 (INCLUDING AREA OR COUNTRY CODE)  
PHONE 2 TYPE: HOME/WORK/CELL

**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?**

CONTINUE..... 1 → GO TO FC2\_1

REF ..... -7

**IF "REF" AND IF [PHONE 1 TYPE] OR [PHONE 2 TYPE] = CELL, THEN GO TO FC5. OTHERWISE, GO TO CLOSEOUT\_SKIPBOX**

**FC2\_1.**

**What is this person's first and last name?**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

**FC3.**

**IF [FC2\_1 FIRST NAME] AND [FC2\_1 LAST NAME] BOTH NOT MISSING, THEN DISPLAY VALUES AS [FC2\_1 FIRST NAME + FC2\_1 LAST NAME]. IF ONLY ONE OF THE VARIABLES [FC2\_1 FIRST NAME] OR [FC2\_1 LAST NAME] HAS A VALUE BUT THE OTHER DOES NOT DISPLAY THE VALUE THAT IS AVAILABLE. IF NEITHER [FC2\_1 FIRST NAME] NOR [FC2\_1 LAST NAME] HAS A VALUE, DISPLAY "this person."**

**How is [FC2\_1 FIRST NAME + FC2\_1 LAST NAME] related to you? RELATIONSHIP (SELECT FROM LIST):**

AUNT .....	1
AUNT, GREAT.....	2
BOARDER .....	3
BOYFRIEND .....	4
BROTHER.....	5
BROTHER-IN-LAW .....	6
COUSIN, FEMALE .....	7
COUSIN, MALE .....	8
DAUGHTER .....	9
DAUGHTER-IN-LAW.....	10
FATHER.....	11
FATHER, FOSTER.....	12
FATHER-IN-LAW .....	13
GIRLFRIEND.....	14
GRANDDAUGHTER .....	15
GRANDDAUGHTER, GREAT .....	16
GRANDDAUGHTER-IN-LAW .....	17
GRANDFATHER.....	18
GRANDFATHER-IN-LAW .....	19
GRANDMOTHER .....	20
GRANDMOTHER-IN-LAW .....	21
GRANDSON .....	22
GRANDSON, GREAT .....	23
GRANDSON-IN-LAW.....	24
GUARDIAN .....	25
HUSBAND.....	26
MOTHER .....	27
MOTHER, FOSTER.....	28
MOTHER-IN-LAW.....	29
NEPHEW.....	30
NIECE .....	31
OTHER BLOOD RELATIVE .....	32
OTHER IN-LAW RELATIVE .....	33
OTHER NON-RELATIVE.....	34
PARTNER – FEMALE .....	35
PARTNER – MALE.....	36
PARTNER'S DAUGHTER .....	37
PARTNER'S OTHER BLOOD/IN-LAW RELATIVE .....	38
PARTNER'S SON.....	39
SIBLING OR IN-LAW'S SPOUSE.....	40
SISTER.....	41

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SISTER-IN-LAW .....	42
SON .....	43
SON-IN-LAW.....	44
UNCLE.....	45
UNCLE, GREAT.....	46
WIFE.....	47
EX-SPOUSE.....	48
NEIGHBOR.....	49
CLOSE NON-RELATIVE FRIEND .....	50
DON'T KNOW.....	-8
REFUSED.....	-7

**FC4.**

**IF [FC2\_1 FIRST NAME] AND [FC2\_1 LAST NAME] BOTH NOT MISSING, THEN DISPLAY VALUES AS [FC2\_1 FIRST NAME + FC2\_1 LAST NAME]. IF ONLY ONE OF THE VARIABLES [FC2\_1 FIRST NAME] OR [FC2\_1 LAST NAME] HAS A VALUE BUT THE OTHER DOES NOT DISPLAY THE VALUE THAT IS AVAILABLE. IF NEITHER [FC2\_1 FIRST NAME] NOR [FC2\_1 LAST NAME] HAS A VALUE, DISPLAY "this person."**

**What is [FC2\_1 FIRST NAME + FC2\_1 LAST NAME]'s email address?**

EMAIL ADDRESS: \_\_\_\_\_

**What is [FC2\_1 FIRST NAME + FC2\_1 LAST NAME]'s phone number?**

PHONE NUMBER: \_\_\_\_\_

**Do you know the mailing address for [FC2\_1 FIRST NAME + FC2\_1 LAST NAME]?**

- STREET ADDRESS 1
- STREET ADDRESS 2
- APARTMENT/SUITE NUMBER
- CITY
- STATE
- COUNTRY
- ZIP/POSTAL CODE

**FC5.**

**IF [PHONE 1 TYPE] OR [PHONE 2 TYPE] = CELL, SHOW TEXT BELOW. OTHERWISE, GO TO CLOSEOUT\_SKIPBOX**

**Would you like us to send a text message to your cell phone to notify you if another NLS-72 study begins? (Please note that standard text messaging rates apply.)**

- Yes..... 1 → GO TO CLOSEOUT\_SKIPBOX
- No.....2 → GO TO CLOSEOUT\_SKIPBOX
- DON'T KNOW .....-8 → GO TO CLOSEOUT\_SKIPBOX
- REFUSED.....-7 → GO TO CLOSEOUT\_SKIPBOX

**CLOSEOUT\_SKIPBOX**

Those are all the questions I have for you. Thank you so much for participating in NLS-72.

### Respondent Fee Receipt

I am now going to distribute your payment and ask you to sign your name to confirm that you are receiving this payment. For participating in the interview today, you will receive \$[TOTAL\_PAYMENT].

*I confirm I received \$[TOTAL\_PAYMENT] for my participation in NLS-72.*

Electronic signature: \_\_\_\_\_

- FULLY PAID ..... 1
- PARTIALLY PAID ..... 2
- NOT PAID ..... 3

Payment Notes: \_\_\_\_\_

### Field Interviewer Observations

**F11**

How would you best describe the person's health in general?

- Poor ..... 1
- Fair ..... 2
- Good ..... 3
- Very good/excellent ..... 4

**F12**

Was a third person present during any portion of the interview - not just walking through the area where the interview was being conducted, but listening to or taking part in the interview process?

- Yes ..... 1
- No ..... 2 → GO TO F15

**F13**

Who was present? *Select all that apply.*

- Partner (Wife, Husband, Partner, Spouse) ..... 1
- Relative (Adult) ..... 2
- Non-relative (Adult) ..... 3
- Son or daughter ..... 4
- Other child relative ..... 5
- Other child non-relative ..... 6
- Unable to determine relationship ..... 7

**F14**

**How much influence or input did other people seem to have on R's Answers?**

- Corrected answers, actively answered for respondent ..... 1
- Listened, but did not actually interfere ..... 2
- Paid little attention ..... 3
- No influence ..... 4

**F15**

**How many interruptions occurred during the interview?**

- No interruptions ..... 1
- A few interruptions ..... 2
- Many interruptions ..... 3

**F15a**

**How was R's understanding of the questions?**

- Excellent ..... 1
- Good ..... 2
- Fair ..... 3
- Poor ..... 4

**F15b**

**Did the R remember participating in past rounds of the study?**

- Yes ..... 1
- No ..... 2 → GO TO F16
- Don't know ..... 3 → GO TO F16

**F15c**

**Describe any mentions or references the R made about past rounds of the study.**

Open text: \_\_\_\_\_

**F16**

**How was R's cooperation during the interview?**

- Excellent ..... 1
- Good ..... 2
- Fair ..... 3
- Poor ..... 4

**F17**

**How tiring did the interview seem to be to R?**

- Very tiring ..... 1
- A little tiring ..... 2
- Not tiring ..... 3

**F18**

**In order to complete the environmental questions, you must have visited the respondent’s home. Have you visited the respondent’s home?**

- Yes ..... 1
- No ..... 2 → GO TO F13

**F19**

**The building structure or entrance is unsafe, or contains cracks or holes, broken siding or glass, or peeling paint.**

- True ..... 1
- False ..... 2

**F110**

**The yard is unkempt with overgrown shrubs or grass, or contains clutter, trash or other debris.**

- True ..... 1
- False ..... 2
- N/A, because there is no yard ..... 3

**F111**

**How safe did you feel when you were in the respondent’s neighborhood? Did you feel:**

- Very safe ..... 1
- Moderately safe ..... 2
- Moderately unsafe ..... 3
- Very unsafe ..... 4

**F112**

**How clean was the interior of the dwelling unit?**

- Very clean ..... 1
- Clean ..... 2
- So-so ..... 3
- Not very clean ..... 4
- Dirty ..... 5

**F113**

**THUMBNAIL SKETCH: Give details of the interview that will be helpful in understanding the interview situation. DO NOT record identifying information and do not make judgmental statements. Clarify, where you can, discrepancies in the respondent's responses.**

Open text: \_\_\_\_\_

**CLOSE**

**“Thank you”**