

NLS:72/2025 Follow-up Questionnaire – Web Instrument

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General Programming Notes

Font colors as follows:

Screen names are in **red font**

Input variable names are in **blue font**

Programmer notes are in **green font**

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

The main navigation buttons will be:

← Previous

Save & Exit


Next →

Welcome to NLS-72!

You should have received a Personal Identification Number (PIN) to gain access to this survey. Please enter them below, and then click the "Continue" button. If you do not have your PIN, please contact nls72@norc.org or call 1-877-271-9503.

PIN:

Continue

NLS-72 is sponsored by the National Institute on Aging, a division of the National Institutes of Health, and is being conducted by  at the University of Chicago.

Misplaced password or other problems?

For technical support email nls72@norc.org. Support is also available at 1-877-271-9503. If you reach voice mail, please leave a detailed message including the best number to reach you.

Survey Information

SURVINFO.

Survey Information

Background

- We are interviewing individuals who were high school students from the graduating class of 1972 across the United States to better understand how their education and life experiences as early adults have shaped outcomes later in life.
- This survey will include questions that help us understand how health, education, life experiences, and other factors impact us as we get older. We will also ask you about your interest in participating in a future home health visit.

Participation Information

- Your response is voluntary.
- The average time to complete this survey is about 30 minutes and you can skip any questions you do not want to answer. If you do not complete the survey, we may still use your responses you have already provided.
- There are no risks in participating in this survey beyond those experienced in everyday life.

Assurance of Confidentiality

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

If you have questions about this survey, please refer to our [Frequently Asked Questions](#) or please click the banner below to email us. If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board Administrator, toll-free, at 1-866-309-0542.

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

Save & Exit

Next →

IT INFO: NO “PREVIOUS” BUTTON ON THIS PAGE; JUST “SAVE & EXIT” AND “NEXT”

Navigation Instructions

NAVINST.

Navigation Instructions

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

Suspending the Survey

- If you need to exit the survey prior to completion, please click on the **Save & Exit** button at the bottom of any screen. All responses that you have provided to that point are securely stored, and you can resume the survey at your convenience.
- In order to resume your survey, you will need your PIN and Password, which will be displayed on the screen after you click **Save & Exit**.
- If you exit the survey another way, for example by closing the browser window without clicking the **Save & Exit** button, you will need to wait ten minutes before you can re-enter the survey. Again, all responses that you provided to that point are saved.

CONTACT.

RETEMAIL

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

Email Address: _____ **[50 CHAR. VALID EMAIL ADDRESS OR BLANK]**

Screener

V1.
NAMVER

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

Our records show that your name is:

IT INFO: NAME VARIABLES PRELOADED FROM SAMPLE FILE

[FIRST_NAME] [MIDDLE_NAME] [LAST_NAME]

Is this correct?

YES.....1	GO TO V2
NO.....2	GO TO V1_1
DK/REF	GO TO V1_2

V1_1.

Could you tell us what your name is now?

IT INFO: DISPLAY PRELOADS OF [FIRST_NAME], [MIDDLE_NAME], [LAST_NAME] AND ALLOW SM TO EDIT FIELDS.

RFNAM FIRST NAME: [FIRST_NAME]
RMNAM MIDDLE NAME: [MIDDLE_NAME]
RLNAM LAST NAME: [LAST_NAME]

<u>IT INFO</u>	
IF [RFNAM] + [RLNAM] ≠ [FIRST_NAME] + [LAST_NAME]	GO TO V1_2
ALL OTHERS	GO TO V2

V1_2.
NAMVR2

Did you ever go by the name...

[FIRST_NAME] [MIDDLE_NAME] [LAST_NAME]

IT INFO: ONLY IF STARTING NAME ([FIRST_NAME] [MIDDLE_NAME] [LAST_NAME]) IS DIFFERENT FROM ALTERNATE NAME ([SF6_ALTNAME] [SF6_ALTMNAME] [SF6_ALTNAME]), AND IF THERE IS ACTUALLY AN ALTERNATE NAME AVAILABLE, THEN DISPLAY THE FOLLOWING "READ IF NEEDED" TEXT

Or the name [SF6_ALTFNAME] [SF6_ALTMNAME] [SF6_ALTFNAME]

YES.....1 GO TO V2
NO.....2 GO TO CLOSE
DK/REF GO TO V2

V2.
RSEX

What is your gender?

MALE..... 1
FEMALE..... 2
OTHER..... 3

V3.

IT INFO: DO NOT DISPLAY PRELOADED BIRTH DATE

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

RMOB MONTH: [BIRTH_MONTH] [SELECT FROM LIST]
RDYOB DAY: [BIRTH_DAY] [RANGE: 1-31]
RYOB YEAR: [BIRTH_YEAR] [RANGE: 1940-2026]

IT INFO: PROVIDE REFUSED OPTION FOR EACH MONTH, DAY, AND YEAR.

IT INFO: IF DOB IS OFF BY MORE THAN TWO YEARS SAVE AND GO TO SPVFAIL.

V4.

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

IT INFO: SCHOOL NAME, CITY, AND STATE PRELOADED FROM SAMPLE FILE, CAN BE BLANK. AND ALLOW SM TO EDIT FIELDS.

NEW_SCHLNM HIGH SCHOOL: [SCHOOL_NAME]
NEW_SCHLCTY HS CITY: [SCHOOL_CITY]
NEW_SCHLST HS STATE: [SCHOOL_STATE] [SELECT FROM LIST]

HSVER1

I did not attend high school in 1972.....1 -> GO TO CLOSE

IT INFO: IF R CHANGES VALUE FOR NAME, CITY AND STATE -> GO TO CLOSE (CHANGE FROM EMPTY IS FINE)

SPVFAIL

This survey is for people who were originally selected for The National Longitudinal Study of the High School Class of 1972. It appears that we've reached you in error. We apologize, but thank

you for taking the time.

IT INFO: NEXT PAGE BUTTON SHOULD COMPLETE SCREENER

IT INFO: THE WEB INSTRUMENT WILL START AFTER VERIFYING THAT THE CORRECT SAMPLE MEMBER HAS AGREED TO THE INTERVIEW.

Informed Consent

IC1.

The National Longitudinal Study of the High School Class of 1972, also called NLS-72, is funded by the National Institute on Aging and is being conducted by NORC at the University of Chicago. The purpose of NLS-72 is to explore how health, education, life experiences, and other factors impact us as we get older. The study has invited approximately 15,000 women and men from across the country to participate, all of whom were in high school and were invited to participate in the first wave of the study in 1972. We will also ask you if you are interested in participating in some follow-up NLS-72 study activities.

This survey will take approximately 30 minutes in which we will ask you questions about yourself, the people in your life, physical and mental health, health care, daily activities, health behaviors, employment and finances, and other life experiences.

Some questions we ask may feel like sensitive topics. Even though you may feel hesitant discussing sensitive issues, people often feel emotional or psychological relief that can outweigh their initial discomfort. Your participation in this study is voluntary. You may choose to skip any questions you don't wish to answer or end the survey at any time.

The information you provide will benefit society by increasing our knowledge about how education and life circumstances influence health and well-being as people grow older. As an original sample member of the NLS-72, your participation means we can compare your life experiences over time against other members of the NLS-72 cohort. As a result, your participation may produce indirect benefits of community membership, participation, and support, as well as pride and satisfaction in helping others who will benefit from the knowledge gained from this research. Participation in this research study involves no direct cost to you. You will receive compensation for your time and for participating in this study even if you skip questions or cannot finish the survey.

Any information you provide will be kept confidential. We will not identify you in any report, publication, or presentation of this study or its results. To protect your confidentiality, your responses to the questionnaire will be associated with a unique numeric identification number. Identifying information (like your name) will not be associated with your data. At the end of data collection, aggregated study results will be made available to the scientific community. Data will only be analyzed for information on groups of people, not for individuals.

To help protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

Do you consent to participating in the study?

CONSENT1

YES	1	→ GO TO C1.
No, not at this time	2	→ GO TO IC4.

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.

IC4.

We understand that you do not want to participate in the study at this time. If you change your mind, please contact the NLS-72 team at nls72@norc.org or call 1-877-271-9503 and a member of the study team can answer any questions you may have.

IT INFO: ONCE "NEXT PAGE" IS SELECTED, THE SURVEY SHOULD CLOSE OUT

Section C. Family and Household

C1.

MARISTAT

What is your current marital status?

Currently married	1
Living in a marriage-like relationship	2
Separated	3
Divorced	4
Widowed	5
Never married	6 → GO TO D1.1.
DK/RF	-3

IT INFO: IF DK/RF THEN DISPLAY PROBE TEXT BELOW IN RED AT THE TOP OF SCREEN, THEN CONTINUE TO **D1.1**

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

C2.1

MARISTAT2

IT INFO: PROVIDE INPUT FOR A NUMBER. IF MARISTAT in (2, -3), THE ALLOWABLE RANGE SHOULD BE 0-99, OTHERWISE 1-99.

How many times have you been married?

ENTER NUMBER [0/1]-99: _____ **[OPEN FIELD 0/1-99]**
DK/RF -3

Section D. Health

D1.1

HLTHSELF

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
DK/RF	-3

The next questions ask 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:

Item	Item wording	No difficulty	A little difficulty	Some difficulty	Quite a bit of difficulty	A great deal of difficulty
D2.1 HLTHDAIL	...managing your money such as keeping track of your expenses or paying bills?	1	2	3	4	5
D2.2 HLTHWALK	... walking for a quarter of a mile, that is about 2 or 3 blocks?	1	2	3	4	5
D2.3 HLTHSTEP	...walking up 10 steps without resting?	1	2	3	4	5
D2.4 HLTHSTOOP	...stooping, crouching, or kneeling?	1	2	3	4	5
D2.5 HLTHLIFT	...lifting or carrying something as heavy as 10 pounds, like a sack of potatoes or rice?	1	2	3	4	5
D2.6 HLTHCHORE	...doing chores around the house, like vacuuming, sweeping, dusting, or straightening up?	1	2	3	4	5
D2.7 HLTHMEAL	...preparing your own meals?	1	2	3	4	5
D2.8 HLTHROOM	...walking from one room to another on the same level?	1	2	3	4	5
D2.9 HLTHSTAND	... standing up from an armless straight chair?	1	2	3	4	5
D2.10 HLTHBED	...getting in or out of bed?	1	2	3	4	5
D2.11 HLTHEAT	...eating, like holding a fork, cutting food, or drinking from a glass?	1	2	3	4	5

D2.12 HLTHDRESS	...dressing yourself, including tying shoes, working zippers, and doing buttons?	1	2	3	4	5
D2.13 HLTHERRAND	... doing errands on your own such as visiting the doctor or shopping?	1	2	3	4	5
D2.14 HLTHBATH	...taking a bath or shower?	1	2	3	4	5
D2.15 HLHTOIL	...using the toilet?	1	2	3	4	5
D2.16 HLTHMED	...correctly taking medication?	1	2	3	4	5
D2.17 HLTHSTAIR	...climbing a flight of stairs?	1	2	3	4	5
D2.18 HLTHTRANS	...traveling outside of the neighborhood by driving or using public transportation?	1	2	3	4	5

D3.1
HLTHPAN1

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

- | | | |
|-----------|----|--------------|
| Never | 1 | → GO TO D4.1 |
| Some days | 2 | |
| Most days | 3 | |
| Every day | 4 | |
| DK/RF | -3 | → GO TO D4.1 |

D3.2
HLTHPAN2

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

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

D4.1

HLTHHYPT1

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

- YES 1
- NO 2 → GO TO D4.2
- DK/RF -3 → GO TO D4.2

D4.1A

HYPERHLTH

IT INFO: CREATE NUMERIC FIELD FOR NUMBER WITH RANGE 1-75

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

- AGE: _____ [1-75]
- DK/RF -3 → D4.1b

D4.1B

HYPERHLTH2

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

- Write your answer in your own words in the box below.: [300 CHAR]
- DK/RF -3

D4.2

HEARTHLTH

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
- NO 2
- DK/RF -3

D4.3

HLTHPROC

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
- DK/RF -3 → GO TO D4.5

D4.3b

HLTHPROC1

IT INFO: CREATE NUMERIC FIELD FOR NUMBER WITH RANGE 1-75

At about what age did you first have this procedure?

AGE: _____ [1-75]
DK/RF -3

D4.5

CANCLTH

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

YES	1	
NO	2	→ GO TO D4.6
DK/RF	-3	→ GO TO D4.6

D4.5.a

CANCLTH2

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT.

What type or types of cancer?

TYPE(S): _____ [300 CHAR]
DK/RF -3

D4.5.b

CANCLTH3

IT INFO: CREATE NUMERIC FIELD FOR NUMBER WITH RANGE 1-75

At about what age were you told you had cancer?

If you have had cancer more than once, indicate your age the first time you were told you had cancer

AGE: _____ [1-75]
DK/RF -3

D4.5.c

CANCHLTH4

IT INFO:

- CREATE NUMERIC FIELD FOR NUMBER WITH RANGE 1-75
- QUESTION IS SELECT ONE RESPONSE
- CONTINUE TO NEXT QUESTION IF 1 IS SELECTED

IT INFO: PROGRAM HARD ERROR SUCH THAT CANCHLTH4 >= CANCHLTH3

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

Age _____ [1-75] → GO TO 4.6
I STILL HAVE CANCER [CANCHLTH4S] 1
DK/RF -3 → GO TO 4.6

D4.5.d

CANCHLTH5

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT.

How is your cancer being managed or treated?

Write your answer in your own words in the box below.: [300 CHAR]
DK/RF -3

D4.6

DIABHLTH

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

YES 1
NO 2 → GO TO D4.7
DK/RF -3 → GO TO D4.7

D4.6.a

DIABHLTH2

IT INFO: CREATE NUMERIC FIELD FOR NUMBER WITH RANGE 1-75

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

AGE: _____ [1-75]
DK/RF -3

D4.6.b

DIABHLTH3

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT.

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

Write your answer in your own words in the box below: [300 CHAR]
DK/RF -3

NLS-72 WEB SPECIFICATIONS

D4.7

EMPHYHLTH

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

YES	1
NO	2
DK/RF	-3

D4.8

STROKEHLTH

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
DK/RF	-3	→ GO TO D4.9

D4.8.a

STROKEHLTH2

IT INFO: CREATE NUMERIC FIELD FOR NUMBER WITH RANGE 1-75

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: _____	[1-75]
DK/RF	-3

D4.9

HLTHGUM1

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

YES	1
NO	2
DK/RF	-3

D4.10

OSTEOHLTH

Have you ever been diagnosed with or treated for osteoporosis?

YES	1
NO	2
DK/RF	-3

NLS-72 WEB SPECIFICATIONS

D4.11

HLTHFALL

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

NONE	1	→ GO TO 4.12
ONE	2	
TWO OR MORE	3	
DK/RF	-3	→ GO TO 4.12

D4.11.B

HLTHFALL2

IT INFO:

- IF [HLTHFALL]=2, THEN FILL 'IN THAT FALL',
- IF [HLTHFALL]=3 FILL "IN ANY OF THESE FALLS".

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

YES	1	
NO	2	
DK/RF	-3	

D4.12

MENTHLTH

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
DK/RF	-3	→ GO TO D4.13

D4.12.a

MENTHLTH2

IT INFO:

- CHECK ALL THAT APPLY.
- CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT FOR 'OTHER' AND MAKE IT OPTIONAL
- FORMAT AS CHECKBOX RESPONSE OPTIONS WHERE CHECKED=1, UNCHECKED=0 FOR EACH VARIABLE

What type or types of mental conditions were you told you had? Please select all that apply.

Depression	[MENTHLTH2_01]
Anxiety	[MENTHLTH2_02]
Bipolar	[MENTHLTH2_03]
ADHD/ADD	[MENTHLTH2_04]
PTSD	[MENTHLTH2_05]
Schizophrenia	[MENTHLTH2_06]
Other	([MENTHLTH2_07]: [300 CHAR] MENTHLTH2_OTHMENTL
DK/RF	-3

NLS-72 WEB SPECIFICATIONS

D4.12.b

MENTHLTH3 (DEPRESS_MENTHLTH3, ANXIETY_MENTHLTH3, BIPOLAR_MENTHLTH3,
ADHD_MENTHLTH3, PTSD_MENTHLTH3, SCHIZO_MENTHLTH3,
OTHMENTL_MENTHLTH3)

IT INFO:

- IF [MENTHLTH2]=1, 2, 3, 4, 5, 6, OR OTHER THEN CREATE NUMERIC FIELD FOR NUMBER WITH RANGE 1-75 FOR EACH.
- REPEAT QUESTION FOR EACH MENTAL HEALTH CONDITION FROM MENTHLTH2, INCLUDING OTHER

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

AGE: _____ [1-75]
DK/RF -3

D4.12.c

MENTHLTH4 (DEPRESS_MENTHLTH4, ANXIETY_MENTHLTH4, BIPOLAR_MENTHLTH4,
ADHD_MENTHLTH4, PTSD_MENTHLTH4, SCHIZO_MENTHLTH4,
OTHMENTL_MENTHLTH4)

IT INFO:

- CREATE NUMERIC FIELD FOR NUMBER WITH RANGE 1-75.
- REPEAT QUESTION FOR EACH MENTAL HEALTH CONDITION FROM MENTHLTH2, INCLUDING OTHER

IT INFO: PROGRAM HARD ERROR SUCH THAT MENTHLTH4 >= MENTHLTH3 FOR EACH MENTAL HEALTH CONDITION

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

AGE: _____ [1-75] → GO TO D4.3
I STILL HAVE IT 1
DK/RF -3

NLS-72 WEB SPECIFICATIONS

D4.12.d

MENTHLTH5 (DEPRESS_MENTHLTH5, ANXIETY_MENTHLTH5, BIPOLAR_MENTHLTH5,
ADHD_MENTHLTH5, PTSD_MENTHLTH5, SCHIZO_MENTHLTH5,
OTHMENTL_MENTHLTH5)

IT INFO:

- FOR EACH DISORDER INDICATED IN D4.12A. CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT. MAKE CONDITION[S] PLURAL IF MORE THAN ONE INDICATED, AND CHANGE 'IS' TO 'ARE'.
- REPEAT QUESTION FOR EACH MENTAL HEALTH CONDITION FROM D4.12A., INCLUDING OTHER

How is your mental health condition being managed or treated?

Write your answer in your own words in the box below: [300 CHAR]
DK/RF -3

D4.13

THYRHLTH

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

YES 1
NO 2
DK/RF -3

D4.14

HLTHKDNY

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

YES 1
NO 2
DK/RF -3

D4.15

LIVHLTH

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

YES 1
NO 2
DK/RF -3

D4.16

APNEAHLTH

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

YES 1
NO 2 → GO TO D5.1
DK/RF -3 → GO TO D5.1

NLS-72 WEB SPECIFICATIONS

D4.16.a
APNEAHLTH2

IT INFO: CREATE NUMERIC FIELD FOR NUMBER WITH RANGE 1-75.

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

AGE: _____ [1-75]
DK/RF -3

D4.16.b
HLTHAPNEA3

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT.

How is your sleep apnea being managed or treated?

Write your answer in your own words in the box below: [300 CHAR]
DK/RF -3

D5.1
ACCESS3

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
DK/RF -3

D5.2
ACCESS4

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

YES 1
NO 2
DK/RF -3

D7.1
HEADINJ1

Have you ever had a head injury that resulted in a loss of consciousness?

YES 1
NO 2
DK/RF -3

NLS-72 WEB SPECIFICATIONS

D8.1

PAINMED

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

YES	1	
NO	2	→ GO TO D9.1
DK/RF	-3	→ GO TO D9.1

D8.2

PAINMEDTIME

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

SOME DAYS	1	
MOST DAYS	2	
EVERY DAY	3	
DK/RF	-3	

D9.1

SUBSMKEV

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 D10.1
DK/RF	-3	→ GO TO D10.1

D9.2

SUBSMKCU

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

EVERY DAY	1	
SOME DAYS	2	
NOT AT ALL	3	
DK/RF	-3	

NLS-72 WEB SPECIFICATIONS

D10.1

SUBCAGE

Have you had a drink in the past year?

YES	1	
NO	2	→ GO TO E1
DK/RF	-3	GO TO E1

D10.1a

SUBCAGE1

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

YES	1	
NO	2	
DK/RF	-3	

D10.2

SUBCAGE2

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

YES	1	
NO	2	
DK/RF	-3	

D10.3

SUBCAGE3

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

YES	1	
NO	2	
DK/RF	-3	

Section E. Sleep

E1

SLEEPQUAL1

During the past month, how would you rate your sleep quality overall?

Very good	1	
Fairly good	2	
Fairly bad	3	
Very bad	4	
DK/RF	-3	

Section F. Physical Activity

F1

PHYSACT1

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	1
Once a week	2
One to three times a month	3
Hardly ever or never	4
DK/RF	-3

F2

PHYSACT2

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, or 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
DK/RF	-3

F3

PHYSACT3

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
DK/RF	-3

NLS-72 WEB SPECIFICATIONS

Section G. Memory

G1.1a to G1.1h

MEMAD81 to MEMAD88

The following is a list of changes that you may have noticed over the last several years. Please indicate whether the following things have changed for you:

Item	Item wording	Yes, a change	No change	DK/RF
G1.1a MEMAD81	Problems with judgment — for example, problems making decisions, making bad financial decisions, problems with thinking	1	2	-3
G1.1b MEMAD82	Less interest in hobbies/activities	1	2	-3
G1.1c MEMAD83	Repeating the same things over and over —for example, questions, stories, or statements	1	2	-3
G1.1d MEMAD84	Trouble learning how to use a tool, appliance, or gadget — for example, a phone, computer, microwave, or remote control	1	2	-3
G1.1e MEMAD85	Forgetting the correct month or year	1	2	-3
G1.1f MEMAD86	Trouble handling complicated financial affairs — for example, balancing a checkbook, income taxes, paying bills	1	2	-3
G1.1g MEMAD87	Trouble remembering appointments	1	2	-3
G1.1h MEMAD88	<u>Daily</u> problems with thinking and/or memory	1	2	-3

G1.2

MEMJES1

Do you feel like your memory is becoming worse?

YES	1	
NO	2	→ GO TO H3.1
DK/RF	-3	→ GO TO H3.1

G1.3

MEMJES2

Does it worry you that your memory is becoming worse?

YES	1
NO	2
DK/RF	-3

NLS-72 WEB SPECIFICATIONS

G1.4

MEMJES3

Do you have more memory difficulties than others your age?

YES	1	
NO	2	→ GO TO H3.1
DK/RF	-3	→ GO TO H3.1

G1.5

MEMJES4

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

YES	1	
NO	2	
DK/RF	-3	

Section H. Psychosocial Functioning

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...?

Item	Item wording	All of the time	Most of the time	Some of the time	A little of the time	None of the time	DK/RF
H3.1 MENTNERV	Nervous	1	2	3	4	5	-3
H3.2 MENTHOPL	Hopeless	1	2	3	4	5	-3
H3.3 MENTRESTD	Restless or fidgety	1	2	3	4	5	-3
H3.4 MENTDEPR	So depressed that nothing could cheer you up	1	2	3	4	5	-3
H3.5 MENTEFF	That everything was an effort	1	2	3	4	5	-3
H3.6 MENTWOLS	Worthless	1	2	3	4	5	-3

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

Item	Item wording	Never	Rarely	Sometimes	Often	Extremely often	DK/RF
H4.1 MENTLON1	That you lack companionship	1	2	3	4	5	-3
H4.2 MENTLON2	Left out	1	2	3	4	5	-3
H4.3 MENTLON3	Isolated from others	1	2	3	4	5	-3

NLS-72 WEB SPECIFICATIONS

H5.1

MENTLIFE

Thinking about your life as a whole, would you say that you are...?

VERY SATISFIED	1
SOMEWHAT SATISFIED	2
NEITHER SATISFIED NOR DISSATISFIED	3
SOMEWHAT DISSATISFIED	4
VERY DISSATISFIED	5
DK/RF	-3

H6.1

MENTHAPP

If you were to consider your life in general, on the whole, would you say that you are...?

EXTREMELY UNHAPPY	1
VERY UNHAPPY	2
NEITHER HAPPY NOR UNHAPPY	3
SOMEWHAT HAPPY	4
VERY HAPPY	5
EXTREMELY HAPPY	6
DK/RF	-3

Section I. Finances & Labor Force

I1.1

WORK

IT INFO:

- LOAD SM AGE FROM SAMPLE FILE INFORMATION TO CALCULATE AGE IN YEAR 2000

This section asks about employment.

Think back to the year 2000, when you were about [AGE_2000]. 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
DK/RF	-3	→ GO TO I1.15

I1.1aa

MANYJOBS

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.

I1.1ab

NOJOB1

Did you ever hold a paid job prior to 2000?

YES	1	→ GO TO I1.1ac
NO	2	→ GO TO I1.15

I1.1ac

PREJOBS

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

I1.1a

WORKTYPE

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHARACTER LIMIT.

What kind of work were you doing at that time? [IF NOJOB=1 THEN This is referring to the job you worked the most hours most recently before 2000. ALL ELSE -This is referring to the job you worked the most hours in the year 2000.]

Write your answer in your own words in the box below.: [300 CHAR]
DK/RF -3

NLS-72 WEB SPECIFICATIONS

I1.1b

WORKDUTY

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHARACTER LIMIT.

What were your most important activities or duties? [IF NOJOB=1 THEN This is referring to the job you worked the most hours most recently before 2000. ALL ELSE -This is referring to the job you worked the most hours in the year 2000.]

Write your answer in your own words in the box below.: **[300 CHAR]**
DK/RF -3

I1.2

WORKINDUS

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHARACTER LIMIT.

What kind of business or industry was this? [IF NOJOB=1 THEN This is referring to the job you worked the most hours most recently before 2000. ALL ELSE -This is referring to the job you worked the most hours in the year 2000.] Describe the activity at the location where employed. For example: hospital, newspaper publishing, mail order house, auto engineering manufacturing, bank.

Write your answer in your own words in the box below.: **[300 CHAR]**
DK/RF -3

I1.3

WORKEMPL

Were you employed by the government, by a private company or organization, or were you self-employed or working in a family business? [IF NOJOB=1 THEN This is referring to the job you worked the most hours most recently before 2000. ALL ELSE -This is referring to the job you worked the most hours in the year 2000.]

GOVERNMENT 1
PRIVATE COMPANY OR ORGANIZATION 2
SELF-EMPLOYED 3
WORKING IN A FAMILY BUSINESS 4
DK/RF -3

NLS-72 WEB SPECIFICATIONS

I1.7 -I1.14

We would like to learn a little more about the job you had in the year 2000. How important were the following?

Item	Item wording	Not important	Slightly Important	Somewhat Important	Very Important	Extremely Important	DK/RF
I1.7 WORKDUTY1	...analyzing data or information ?	1	2	3	4	5	-3
I1.8 WORKDUTY2	...making decisions and solving problems?	1	2	3	4	5	-3
I1.9 WORKDUTY3	...thinking creatively?	1	2	3	4	5	-3
I1.10 WORKDUTY4	...organizing, planning, and prioritizing work?	1	2	3	4	5	-3
I1.11 WORKDUTY5	...communicating with supervisors, peers, or subordinates?	1	2	3	4	5	-3
I1.12 WORKDUTY6	...communicating with people outside the organization?	1	2	3	4	5	-3
I1.13 WORKDUTY7	...guiding, directing, and motivating subordinates?	1	2	3	4	5	-3
I1.14 WORKDUTY8	...providing consultation and advice to others?	1	2	3	4	5	-3

I1.15

WORKCURR

Now we are 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 I2.1
- DK/RF -3 → GO TO I2.1

NLS-72 WEB SPECIFICATIONS

I1.16

WORKNUM

IT INFO: CREATE OPEN TEXT FIELD. NUMBERS ONLY, RANGE 1 TO 10.

How many jobs do you currently hold?

NUMBER OF JOBS: [NUMBOX, RANGE 1-10]
DK/RF -3

I1.17a

WORKLMON

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

YES 1
NO 2
DK/RF -3

I1.17b

WORKLINSUR

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

YES 1
NO 2
DK/RF -3

I1.18a1

WORKTYPE1a

Are you doing the same kind of work now that you did [IF NOJOB=1 most recently before 2000 ALL ELSE =in 2000?]

YES 1 → GO TO I2.1
NO 2
DK/RF -3

I1.18a2

WORKTYPE1b

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHARACTER LIMIT.

**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?**

Write your answer in your own words in the box below: [300 CHAR]
DK/RF -3

NLS-72 WEB SPECIFICATIONS

I1.18b

WORKTYPE2

IT INFO: CREATE OPEN TEXT FIELD. 300 CHARACTER LIMIT.

What are your most important activities or duties? We are asking about your current(main) job. Your main job is the one at which you worked the most hours per week.

Write your answer in your own words in the box below: [300 CHAR]
DK/RF -3

I1.18c

WORKTYPE3

IT INFO: CREATE OPEN TEXT FIELD. 300 CHARACTER LIMIT.

What kind of business or industry is this? Include the main activity, product, or service provided at the location where employed. For example: hospital, newspaper publishing, mail order house, auto engineering manufacturing, bank.

Write your answer in your own words in the box below: [300 CHAR]
DK/RF -3

I1.18d

WORKTYPE4

Are you employed by the government, by a private company or organization, or are 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
DK/RF	-3

I2.1 INCOME_TOTAL

IT INFO: CREATE OPEN TEXT FIELD. NUMBERS ONLY, RANGE 0 TO 9,999,999.

We would 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: [NUMBOX, RANGE 0-9,999,999] → GO TO I3.1
DK/RF -3 → GO TO I2.2

NLS-72 WEB SPECIFICATIONS

I2.2

INCOME_TOTAL2

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 I2.3
\$75,000 or more	2 → GO TO I2.4
DK/RF	-3 → GO TO I3.1

I2.3

INCOME_TOTAL3

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
DK/RF	-3 → GO TO I3.1

I2.4

INCOME_TOTAL4

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
DK/RF	-3

NLS-72 WEB SPECIFICATIONS

I3.1

HOMETYPE

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	2
...rented	3	
...occupied without payment of rent	4	
Something else	5	
DK/RF	-3	

Section J. Insecurity

J1.1

UNEXCONFID

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

NOT AT ALL CONFIDENT	1	
SLIGHTLY CONFIDENT	2	
SOMEWHAT CONFIDENT	3	
VERY CONFIDENT	4	
EXTREMELY CONFIDENT	5	
DK/RF	-3	

Section K. Criminal Justice Exposure

K1 CRIMARRST

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

YES	1	
NO	2	→ GO TO L1.1
DK/RF	-3	→ GO TO L1.1

K2

CRIMCONVIC

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

YES	1	
NO	2	
DK/RF	-3	

NLS-72 WEB SPECIFICATIONS

K3

CRIMTIME

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

YES	1	→ GO TO K3.1
NO	2	→ GO TO L1.1
DK/RF	-3	→ GO TO L1.1

K3.1

CRIMTIME1

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

CRIMTIME1_YR YEAR [NUMBOX, RANGE 1950-2026]

K3.2

CRIMTIME2

IT INFO: CREATE OPEN TEXT FIELDS FOR YEARS, MONTHS, AND DAYS. ZERO IS A VALID ENTRY.

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

CRIMTIME2_YR YEARS [NUMBOX, RANGE 0-75]
CRIMTIME2_MO MONTHS [NUMBOX, RANGE 0-12]
CRIMTIME2_DY DAYS [NUMBOX, RANGE 0-31]
DK/RF -3

Section L. Exposure to Discrimination

Now we are going to ask you about experiences you may have had with discrimination in your day-to-day life.

How often do you...

Item	Item wording	Very Often	Fairly Often	Not too often	Hardly Ever	Never	DK/RF
L1.1 DISVIG1	...try to prepare for possible insults from others before leaving home?	1	2	3	4	5	-3
L1.2 DISVIG2	...feel that you have to be very careful about your appearance to get good service or avoid being harassed?	1	2	3	4	5	-3
L1.3 DISVIG3	...try to avoid certain social situations and places?	1	2	3	4	5	-3

Now we are going to ask you about experiences you may have had with discrimination in your day-to-day life.

How often...

Item	Item wording	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never	DK/RF
L2.1.1 DISEXP1	...are you treated with less courtesy or respect than other people?	1	2	3	4	5	6	-3
L2.1.4 DISEXP4	...do you receive poorer service than other people at restaurants or stores?	1	2	3	4	5	6	-3
L2.1.5 DISEXP5	...do people act as if they think you are not smart?	1	2	3	4	5	6	-3
L2.1.6 DISEXP6	...do people act as if they are afraid of you?	1	2	3	4	5	6	-3
L2.1.10 DISEXP10	...are you threatened or harassed?	1	2	3	4	5	6	-3

NLS-72 WEB SPECIFICATIONS

L2.1.a
DISEXP_1

IT INFO:

- DISPLAY ONLY IF ANY [DISCREXPOS1 – DISCEXPOS10] = 1, 2, 3 or 4 CREATE OPEN FIELD TEXT WITH 300 CHARACTER LIMIT.
- RESPONSE OPTIONS ARE SELECT ALL THAT APPLY.
- FORMAT AS CHECKBOX RESPONSE OPTIONS WHERE CHECKED=1, UNCHECKED=0 FOR EACH VARIABLE

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

- Your ancestry or national origins DISEXP_1_a
- Your gender DISEXP_1_b
- Your race DISEXP_1_c
- Your age DISEXP_1_d
- Your religion DISEXP_1_e
- Your height DISEXP_1_f
- Your weight DISEXP_1_g
- Some other aspect of your physical appearance DISEXP_1_h
- Your sexual orientation DISEXP_1_i
- Your education or income level DISEXP_1_j
- A physical disability DISEXP_1_k
- Your shade of skin color DISEXP_1_l
- Your tribe DISEXP_1_m
- Other DISCREXDISEXP_1V_14: .. [300 CHAR] 15
- DK/RF..... -3

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,

Item	Item wording	Yes	No	DK/RF
L2.2 DISFIRE1	... have you ever been unfairly fired from a job?	1	2	-3
L2.3 DISHIRE1	... have you ever <u>not</u> been hired for a job?	1	2	-3
L2.4 DISPRO1	... have you ever been unfairly denied a promotion?	1	2	-3
L2.5 DISPOL1	... Have you ever been unfairly stopped, searched, questioned, physically threatened, or abused by the police?	1	2	-3

NLS-72 WEB SPECIFICATIONS

L2.6 DISHOME1	... 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?	1	2	-3
L2.7 DISBANK1	... have you ever been unfairly denied a bank loan?	1	2	-3
L2.9 DISMED1	... have you ever been denied medical care or received inferior medical care?	1	2	-3

If 12.9=1 then go to L2.9.a, else go to L3

L2.9.a

DISMED1a

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
- DK/RF -3

L2.9.b

DISMED1b

IT INFO: CREATE NUMBER BOX. RANGE 1 TO 100.

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

Number of times: _____ [NUMBOX, RANGE 1-100]
DK/RF -3

NLS-72 WEB SPECIFICATIONS

L3

DISREASON

IT INFO: Ask only if respondent answered YES to ANY of the following questions: L2.2 (DISFIRE1), L2.3 (DISHIRE1), L2.4 (DISPRO1), L2.5 (DISPOL1), L2.6 (DISHOME1), L2.7(DISBANK1), L2.9 (DISMED1).

What do you think were the main reasons WHY these experiences happened to you? Please select all that apply.

IT INFO:

- CREATE OPEN FIELD TEXT WITH 300 CHARACTER LIMIT.
- RESPONSE OPTIONS ARE SELECT ALL THAT APPLY.
- FORMAT AS CHECKBOX RESPONSE OPTIONS WHERE CHECKED=1, UNCHECKED=0 FOR EACH VARIABLE

Your ancestry or national origins [DISMED1A_01](#)

Your gender [DISMED1b_02](#)

Your race [DISMED1c_03](#)

Your age [DISMED1d_04](#)

Your religion [DISMED1e_05](#)

Your height [DISMED1f_06](#)

Your weight [DISMED1g_07](#)

Some other aspect of your physical appearance [DISMED1h_08](#)

Your sexual orientation [DISMED1i_09](#)

Your education or income level [DISMED1j_10](#)

A physical disability [DISMED1k_11](#)

Your shade of skin color [DISMED1l_12](#)

Your tribe [DISMED1m_13](#)

Other [DISMED1V_14:\[300 CHAR\]...DISMED1AV](#)

DK/RF

-3

Section N. Retrospective Childhood

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.

N1.1

HLTHKID1

Now we 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?

POOR	5
FAIR	4
GOOD	3
VERY GOOD	2
EXCELLENT	1
DK/RF	-3

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 the experiences listed below prior to your 18th birthday. These questions address sensitive topics. Please know that you can refuse to answer any question.

Prior to your 18th birthday...

Item	Item wording	Yes	No	DK/RF
N2.1.a HLTHKID2a	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?	1	2	-3
N2.1.b HLTHKID2b	Did you lose a parent through divorce, abandonment, death, or other reason?	1	2	-3
N2.1.c HLTHKID2c	Did you live with anyone who was depressed, mentally ill, or attempted suicide?	1	2	-3
N2.1.d HLTHKID2d	Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	1	2	-3
N2.1.e HLTHKID2e	Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	1	2	-3

NLS-72 WEB SPECIFICATIONS

N2.1.f HLTHKID2f	Did you live with anyone who went to jail or prison?	1	2	-3
N2.1.g HLTHKID2g	Did a parent or adult in your home ever swear at you, insult you, or put you down?	1	2	-3
N2.1.h HLTHKID2h	Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	1	2	-3
N2.1.i HLTHKID2i	Did you feel that no one in your family loved you or thought you were special?	1	2	-3
N2.1.j HLTHKID2j	Did you experience unwanted sexual contact, such as fondling, oral, anal, vaginal intercourse or penetration?	1	2	-3

N3.1

HLTHKID3

IT INFO: DISPLAY IF ANY [HLTHKID2a - HLTHKID2j] = 1

How much do you believe that these experiences you had prior to your 18th birthday have affected your health?

- Not much at all 1
- A little 2
- Some 3
- Quite a bit 4
- A great deal 5
- DK/RF -3

Section B. Education

B1.

EDHIDEG

We would now like to learn more about your educational 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 B2A
Some College	4 → GO TO B3
College	5 → GO TO B4
Graduate or professional school	6 → GO TO B5
DK/RF	-3 → GO TO O2.1

B2.

EDHSGED

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

GED	1
High school diploma	2
DK/RF	-3

B2.1

EDHSGEDYR

IT INFO:

- IF [EDHSGED]=1, THEN FILL GED,
- IF [EDHSGED]=2, THEN FILL HIGH SCHOOL DIPLOMA,
- IF [EDHSGED]=F8 OR F7, THEN FILL GED OR HIGH SCHOOL DIPLOMA.
- INCLUDE AN OPEN TEXT FIELD REQUIRING ENTRY BETWEEN 1950-2026

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

YEAR: _____ [1950-2026] → GO TO O2.1
DK/RF -3 → GO TO O2.1

B2A.

EDCERT

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

What license or certificate did you earn most recently?

Name: _____ [300 CHAR]
DK/RF -3 → GO TO B2A1

NLS-72 WEB SPECIFICATIONS

B2A1.

EDHCERTYR

IT INFO: INCLUDE AN OPEN TEXT FIELD REQUIRING ENTRY BETWEEN 1950-2026

In what year did you earn that license or certificate?

YEAR: _____ [1950-2026] → GO TO O2.1
DK/RF -3 → GO TO O2.1

B3.

EDSOCOLL

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

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

B3.1

EDSCYEAR

IT INFO: INCLUDE AN OPEN TEXT FIELD REQUIRING ENTRY BETWEEN 1950-2026

In what year did you leave college?

YEAR: _____ [1950-2026]
DK/RF -3

B3.2

EDSCNAME

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

NAME [300 CHAR]
DK/RF -3

B3.3

EDSCCITY

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

CITY: _____ [300 CHAR]
DK/RF -3

NLS-72 WEB SPECIFICATIONS

B3.4

EDSCST

IT INFO: INCLUDE STATE DROP-DOWN MENU

STATE: _____ [SELECT STATE]
DK/RF -3

IT INFO: GO TO O2.1

B4.

EDCOLLEG

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
DK/RF	-3 → GO TO B4.2

B4.1.

EDCODEGR

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

What degree did you earn?

DEGREE: _____ [300 CHAR]
DK/RF -3

B4.2

EDCOYEAR

IT INFO: INCLUDE AN OPEN TEXT FIELD REQUIRING ENTRY BETWEEN 1950-2026

In what year did you earn that degree?

YEAR: _____ [1950-2026]
DK/RF -3

B4.3

EDCONAME

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

NAME _____ [300 CHAR]
DK/RF -3

NLS-72 WEB SPECIFICATIONS

B4.4

EDCOCITY

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

CITY: _____ [300 CHAR]
DK/RF -3

B4.5

EDCOST

IT INFO: STATE DROP-DOWN MENU

STATE: _____ [SELECT FROM LIST]
DK/RF -3

IT INFO: GO TO O2.1

B4.6

EDFIELD1OS

IT INFO:

- IF [EDCOLLEG]=1, THEN FILL ASSOCIATE'S,
- IF [EDCOLLEG]=2, THEN FILL BACHELOR'S,
- IF [EDHSGED]=F8 OR F7, THEN FILL BACHELOR'S OR ASSOCIATE'S DEGREE.
- CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

What was your major field of study for your [FILL BACHELOR'S/ASSOCIATE'S] degree?

FIELD OF STUDY [300 CHAR]
DK/RF -3

IT INFO: GO TO O2.1

B5

EDGRAD

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 → GO TO B5.1
DK/RF -3 → GO TO B5.2

NLS-72 WEB SPECIFICATIONS

B5.1

EDGDDEGR

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

What degree did you earn?

DEGREE: _____ [300 CHAR]
DK/RF -3

B5.2

EDGDYEAR

IT INFO:

- IF [EDGRAD]=1, THEN FILL MASTER'S DEGREE,
- IF [EDGRAD]=2, THEN FILL PROFESSIONAL DEGREE,
- IF [EDGRAD]=3, THEN FILL DOCTORAL DEGREE
- IF [EDGRAD]=4, THEN FILL HIGHEST DEGREE,
- INCLUDE AN OPEN TEXT FIELD REQUIRING ENTRY BETWEEN 1950-2026

In what year did you earn your graduate or professional degree?

YEAR: _____ [1950-2026]
DK/RF -3

B5.3

EDGDNAME

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

NAME: _____ [300 CHAR]
DK/RF -3

B5.4

EDGDCITY

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

CITY: _____ [300 CHAR]
DK/RF -3

B5.5

EDGDST

IT INFO: STATE DROP-DOWN MENU

STATE: _____ [SELECT FROM LIST]
DK/RF -3

NLS-72 WEB SPECIFICATIONS

B5.6

EDGDFLD1

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

What was the major field of study for this degree?

FIELD: _____ [300 CHAR]
DK/RF _____ -3

B6.1

EDBDYR

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

IT INFO: INCLUDE AN OPEN TEXT FIELD REQUIRING ENTRY BETWEEN 1950-2026

In what year did you earn that degree?

YEAR: _____ [1950-2026]
DK/RF _____ -3

B6.2

EEDBDNAME

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

Name: _____ [300 CHAR]
DK/RF _____ -3

B6.3

EEDBDCITY

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

CITY: _____ [300 CHAR]
DK/RF _____ -3

B6.4.

EEDBDST

IT INFO: STATE DROP-DOWN MENU

STATE: _____ [SELECT STATE]
DK/RF _____ -3

NLS-72 WEB SPECIFICATIONS

B6.5

EDBDFLD

IT INFO: CREATE OPEN TEXT FIELD WITH 300 CHAR LIMIT

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

Field of study: _____ **[300 CHAR]**
DK/RF _____ -3

Section O. Demographics

O2.1

HISPANIC

We are near the end of the survey and only have a final section left to collect demographic information.

Are you of Hispanic, Latino, or Spanish origin?

YES	1	
NO	2	→ GO TO O2.3
DK/RF	-3	→ GO TO O2.3

O2.2

ETHN_HISP

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
DK/RF	-3

NLS-72 WEB SPECIFICATIONS

O2.3

RACE

Are you White; Black or African American; American Indian or Alaska Native; Asian; OR Native Hawaiian or Other Pacific Islander? You may choose one or more races. For this survey question, Hispanic origin is not a race.

IT INFO:

- SELECT ALL RESPONSE OPTIONS
- FORMAT AS CHECKBOX RESPONSE OPTIONS WHERE CHECKED=1, UNCHECKED=0 FOR EACH VARIABLE

White	1	RACE_01
Black or African American	2	RACE_02
American Indian or Alaska Native	3	RACE_03
Asian	4	RACE_04
Native Hawaiian or Other Pacific Islander	5	RACE_05
Other	6	RACE_06
DK/RF	-3	RACE_07

O3.2

RACE_STREET

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

IT INFO:

- SELECT ALL RESPONSE OPTIONS
- FORMAT AS CHECKBOX RESPONSE OPTIONS WHERE CHECKED=1, UNCHECKED=0 FOR EACH VARIABLE

White	1	RACE_STREET_01
Black or African American	2	RACE_STREET_02
American Indian or Alaska Native	3	RACE_STREET_03
Asian	4	RACE_STREET_04
Native Hawaiian or Other Pacific Islander	5	RACE_STREET_05
Hispanic	6	RACE_STREET_06
Other	6	RACE_STREET_07
DK/RF	-3	RACE_STREET_08

NLS-72 WEB SPECIFICATIONS

O4.1

SKIN_TONE

IT INFO: CREATE NUMBOX WITH RANGE 1 TO 10.



Which of these images 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: [NUMBOX, RANGE 1-10]

DK/RF

-3

O5.1

AGE

IT INFO: CREATE NUMBER BOX. RANGE 1 TO 100.

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

Years old (OPEN ENDED): [NUMBOX, RANGE 1-100]

DK/RF

-3

O7.1

BIRTH_COUNTRY

IT INFO: CREATE DROPDOWN LIST OF COUNTRIES.

In what country were you born?

Country: [COUNTRY DROPDOWN LIST]

DK/RF

-3 → GO TO P1

O7.2

BIRTH_STATE

IT INFO: DISPLAY IF [BIRTH_COUNTRY] = UNITED STATES; ELSE GO TO P1. CREATE DROPDOWN LIST OF STATES AND UNITED STATES TERRITORIES.

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

State: [STATE DROPDOWN LIST]

DK/RF

-3

Section P. Last Question

P1
LAST_Q

IT INFO: CREATE OPEN TEXT WITH 300 CHARACTER LIMIT.

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 is a challenge you confronted and overcame? How did you overcome it?

Write your answer in your own words in the box below: **[300 CHAR]**
DK/RF -3

Pharmacy Consent

PHARM1.
PHARM_CONSENT

IT INFO: RECORD TIMESTAMP PHARMCONSENT_STARTTIME

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 laboratory work, we would like to access your pharmacy and clinical laboratory records.

- Providing consent to access your pharmacy and laboratory records will help us understand how your medications and laboratory results are connected to your health, thinking, and memory.
- Your consent will allow pharmacy benefit managers (companies that handle prescription drug benefits for health insurance companies) and clinical laboratories to share your pharmacy records and lab results with the NLS-72 research study team.
- 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.

Would you be interested in providing us access to your pharmacy and laboratory records?
Click here to read a printable copy of the full consent form. For further questions contact NORC toll-free at 877-271-9503 or email us at nls72@norc.org.

IT INFO: "CLICK HERE" SHOULD BE A HYPERLINK THAT OPENS IN A NEW WINDOW, THE CONTENTS OF WHICH ARE SHOWN IN SCREEN PHARM_FORM BELOW.

Yes, I agree to allow access to my pharmacy and laboratory records1 → GO TO PHARM2

No, I do not agree to allow access to my pharmacy and laboratory records at this time2 → GO TO HHV1

NLS-72 WEB SPECIFICATIONS

IT INFO: DISPLAY HARD CHECK IF R TRIES TO ADVANCE SCREEN WITHOUT PROVIDING A RESPONSE:
Please provide your answer below to move forward in the survey. It is very important that we get an answer to this question.

IT INFO: RECORD TIMESTAMP [PHARMCONSENT_STOPTIME](#)

PHARM2.

PHARMSIGNATURE

Please confirm your consent to allow access to your pharmacy and laboratory records by signing your name.

Draw your signature with the mouse pointer or with your finger on a touch-enabled device.

IT INFO

DISPLAY ELECTRONIC SIGNATURE BOX THAT CAPTURES [PHARMSIGNATURE](#). INCLUDE A “Clear” BOX THAT CLEARS THE SIGNATURE IF CLICKED.

IF THE R ATTEMPTS TO ADVANCE THE SCREEN WITHOUT PROVIDING A SIGNATURE, THEN DISPLAY SOFT CHECK: “Please sign your name to confirm your consent decision.”

WHEN THE R ADVANCES THE SCREEN, POPULATE THE VARIABLE [PHARMSIGNATURE_VALID](#) BASED ON THIS LOGIC:

- IF A SIGNATURE WAS PROVIDED, THEN SET [PHARMSIGNATURE_VALID](#) TO 1 (“Yes”)
- IF A SIGNATURE WAS NOT PROVIDED, THEN SET [PHARMSIGNATURE_VALID](#) TO 2 (“No”)

WHEN THE R ADVANCES THE SCREEN, RECORD TIMESTAMP [PHARMSIGNATURE_STOPTIME](#) AND GO TO HHV1.

PHARM_FORM.

IT INFO: THIS SCREEN WILL BE DISPLAYED AS A SEPARATE WINDOW IF THE RESPONDENT CLICKS “CLICK HERE” TO VIEW THE FULL CONSENT AT SCREEN PHARM1.

Pharmacy and Laboratory Record Access – Consent to Participate & HIPAA Authorization Consent Form

PROJECT TITLE: The National Longitudinal Study of the High School Class of 1972 (NLS-72)

PRINCIPAL INVESTIGATOR: Chandra Muller, PhD, Professor, The University of Texas at Austin

SPONSOR: National Institute on Aging

Purpose

As an important part of the National Longitudinal Study of the High School Class of 1972 (NLS-72), 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. They would not be used for any other purposes or by any businesses, like drug or insurance companies. Your consent allows pharmacy benefit managers (companies that handle prescription drug benefits for health insurance companies) and clinical laboratories to share your pharmacy records and lab results with the research study team. We will only use your pharmacy and laboratory records for research purposes.

NLS-72 WEB SPECIFICATIONS

Confidentiality

Your pharmacy and laboratory records will be kept private, just like the information you gave in your survey. No names or other information that could identify you will be used during this research. We may share data with other researchers, but we will remove your personal information so your information will be kept confidential. Your contact information will not be released in the data given to researchers. Once your health information has been shared, privacy laws may no longer protect the information after any identifying information has been removed. Your anonymous pharmacy and laboratory records will be used for the length of the study and shared for research purposes as long as the research continues.

In addition to protect your privacy, we have obtained a Certificate of Confidentiality from the U.S. Department of Health and Human Services. This means that researchers cannot be forced to give any information about you to courts or law enforcement.

Giving your permission is voluntary. You may cancel your permission at any time. You also understand that if you cancel your permission, any pharmacy and laboratory records that were already shared may continue to be used for the research study.

Benefits and Risks

You may not benefit directly from participating in this part of the study, but others may benefit. There are no known risks associated with giving us access to your pharmacy and laboratory records.

Contact

For any questions about the pharmacy records access, or anything else related to NLS-72, please contact **NORC toll-free at 877-271-9503 or email us at nls72@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.

Please refer to protocol 21-07-389
IRB Date Approved: 08/27/2021

Home Health Visit Consent

HHV0.

[HHV_Video](#)

IT INFO: **RECORD_TIMESTAMP HHVCONSENT_VIDEOSTART**

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

Instructions for watching the video:

- **The video is best viewed horizontally if watched on a mobile phone.**
- **Click on the image to start watching the video.**
- **After the video has finished playing, click on the “Next” button to move on.”**

IT NOTE: EMBED VIDEO (will provide link in December)

HHV1.

IT INFO: RECORD TIMESTAMP HHVCONSENT_STARTTIME

We next invite you to participate in a free home health visit. By participating in this important part of the study, you will help us understand how biology interacts with education and other life experiences to impact health and well-being later in life.

During the visit, which takes less than an hour, a health professional from our partners at ExamOne will come to your home to take routine measurements, like blood pressure, height, and weight. The health professional will also ask you to donate a blood and saliva sample, which will be sent to a laboratory at the University of Minnesota. You can choose to skip any part of the home health visit you wish and still participate.

If you participate in the home health, visit you will:

- Receive \$100 as a token of our appreciation for agreeing to participate in the home health visit.
- Be able to choose a date and time that works best for you in the privacy of your own home.
- Receive confidential results from your visit, which may include results of your physical measurements and, if you provide a blood sample, your cholesterol levels and complete blood count.
- Become a long-term contributor to important research that will help people live long, healthy, and active lives.

Would you be willing to participate in a home health visit? Click here to read a printable copy of the full consent form. For further questions contact NORC toll-free at 877-271-9503 or email us at nls72@norc.org.

IT INFO: "CLICK HERE" SHOULD BE A HYPERLINK THAT OPENS IN A NEW WINDOW, THE CONTENTS OF WHICH ARE SHOWN IN SCREEN HHV_FORM BELOW.

Yes, I agree to participate in a home health visit1 → GO TO FS1c
 No, I do not agree to participate in a home health
 visit at this time2 → GO TO FS1c

IT INFO: DISPLAY HARD CHECK IF R TRIES TO ADVANCE SCREEN WITHOUT PROVIDING A RESPONSE: Please provide your answer below to move forward in the survey. It is very important that we get an answer to this question.

IT INFO: RECORD TIMESTAMP HHVCONSENT_STOPTIME

HHV_FORM.

IT INFO: THIS SCREEN WILL BE DISPLAYED AS A SEPARATE WINDOW IF THE RESPONDENT CLICKS "CLICK HERE" TO VIEW THE FULL CONSENT AT SCREEN HHV2.

Home Health Visit Consent Form

PROJECT TITLE: The National Longitudinal Study of the High School Class of 1972 (NLS-72)

PRINCIPAL INVESTIGATOR: Chandra Muller, Ph.D. Professor, The University of Texas at Austin

SPONSOR: National Institute on Aging

NLS-72 WEB SPECIFICATIONS

Purpose

As an important part of the National Longitudinal Study of the High School Class of 1972 (NLS-72), we are asking you to participate in a free health visit in the privacy of your home. The home health visit will allow scientists to understand how people's life experiences shape their health and how they think and remember things. If you participate in the health visit you will:

- Receive \$100 as a token of our appreciation for agreeing to participate in the home health 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 and cholesterol levels.
- Become a long-term contributor to important research that will help people live long, healthy, and active lives

If you agree to the home health visit, NORC will securely share your contact information with a company called ExamOne to schedule a visit. ExamOne is a trusted company with a team of trained health professionals. Even if you agree to the health visit now, you can change your mind later or do only the parts of the visit that you are comfortable with.

Procedures

The health professional will ask to take your physical measurements, like blood pressure and height, and ask you to donate some blood – about 4 tablespoons – and saliva. 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 various health conditions, thinking, and memory. We will also run routine tests, like a complete blood count and cholesterol levels, genome sequencing, and genetic analysis, which involves determining the arrangement and sequence of all genes in your DNA. You will also be asked to donate a saliva sample by spitting into a tube which we will examine to analyze the bacteria found in people's mouths and complete genetic analyses like those we do with blood. Donating blood and saliva at the home health visit is voluntary. The visit will take less than 60 minutes.

Benefits and Risks

You will be given the results of your physical measurements, and, if you provide a blood sample, you will receive a personal report by mail a few weeks after your health visit that includes cholesterol and complete blood count results. However, because this is done for research purposes only, you will not be given the results of any genetic or biochemical (e.g., proteins, metabolites etc.) analyses. It is up to you to decide if you will share the results with your doctor or anyone else. The risk to you of providing blood is small and may include minimal bruising, pain, fainting, temporary bleeding, or infection.

Confidentiality

Your blood and saliva samples, along with your 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. To protect your privacy, your sample and data will be identified with a unique numeric code. Additionally, results from analyses using your blood and saliva (without any personally identifiable data) 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 (NIAGADS).

In addition to protect your privacy, we have obtained a Certificate of Confidentiality from the U.S. Department of Health and Human Services. This means that researchers cannot be forced to give any information about you to courts or law enforcement. In addition, a federal law, called the Genetic Information Nondiscrimination Act (GINA), makes it illegal to discriminate against you based on your genetic information.

NLS-72 WEB SPECIFICATIONS

The laboratory at the University of Minnesota will store your blood and saliva for future analyses. Data collected in this study may be made available for others to use, including for future research studies on similar or different topics. Our goal is to enable additional research about how life experiences are related to people's health and how they think and remember things. We will not ask for your consent before using or sharing your samples and data. We will remove identifiers from your data and/or samples, which means that nobody who works with them for future research will know who you are. Therefore, you will not receive any results or financial benefit from future research done on your specimens or data.

Giving a blood and saliva sample is voluntary. If at any time you change your mind and would like to have your blood and saliva sample removed from storage, please let us know. In that case, your sample would be immediately destroyed and not used for future analyses. However, any analyses that may have already been completed on your sample cannot be destroyed.

Contact:

For any questions about the home health visit, or anything else related to NLS-72, please contact **NORC toll-free at 877-271-9503 or email us at nls72@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.

Please refer to protocol 21-07-389

IRB Date Approved: 08/27/2021

MRI Consent

FS1c

CONFIRM_ZIP

IT INFO: RECORD TIMESTAMP [FUTURE_MRI_STARTTIME]

You may be eligible for additional NLS-72 study activities conducted by our partners. Any additional study activity will also include additional incentives. To see what activities you may be eligible for, please provide your zip code.

ZIP CODE: _____ [BUILD 5-DIGIT NUMERIC]

DK/RF..... -3 → GO TO FC1_1

FS1_SKIPBOX

USE CONFIRM_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] "LOUISIANA STATE UNIVERSITY"**

NLS-72 WEB SPECIFICATIONS

- IF [MRI_AREA] = 15, THEN [MRI_UNI] "UNIVERSITY OF CALIFORNIA, LOS ANGELES"

IF [FUTURE_CONSENT] = 1 AND [MRI_AREA] = 11, 12, 14, or 15 THEN CONTINUE TO FS2. OTHERWISE, GO TO FS5.

FS2

FUTURE_MRI

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.

Can the research team at [MRI_UNI] reach out to you to tell you more about this?

- Yes, I agree to be contacted by the MRI research team 1
- No, I do not agree to be contacted by the MRI research team at this time 2 → GO TO FC1_1

FS3

Great!

Is there a good time of the day to reach you, i.e. mornings, afternoons, or evenings?

MRI_TIME [ENTER BOX] [500 CHAR]

Is there a good day(s) of the week to reach you, i.e. Monday-Sunday?

MRI_DAY [ENTER BOX] [500 CHAR]

Would you prefer to be contacted by phone, email, or text message? Please select only one preferred contact method.

MRI_TYPE [DROPDOWN BOX WITH HEADING TEXT "Select preferred contact mode."]

- PHONE 1
- EMAIL 2
- TEXT MESSAGE 3
- ANY METHOD 4

FS4

MRI_CONTACTNOW

Thank you. We 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.

FS5

MRI_INEL

Thank you. Right now, there are not any additional NLS-72 study activities in your area. If that changes, the NLS-72 research study team will get in touch with you.

IT INFO: RECORD TIMESTAMP [FUTURE_MRI_ENDTIME]

Future Contact Information

FC1_1.

IT INFO: PRELOAD THE PRIMARY/GOOD INFORMATION CURRENTLY STORED IN THE CMS FOR THE SM AND ALLOW THE FIELDS TO BE UPDATED. INCLUDE HARD CHECK IF THE SELECTED COUNTRY IS THE UNITED STATES THAT REQUIRES ADDR1, CITY, STATE, ZIP ARE ALL FILLED OUT TOGETHER. ALL CAN BE BLANK OR ALL NEED TO BE FILLED IN. IF THE SELECTED COUNTRY IS NOT THE UNITED STATES, THEN STATE AND ZIP ARE NOT REQUIRED, ONLY ADDR1 AND CITY.

IT INFO: EMAIL ADDRESSES MUST HAVE AN "@" SIGN TO BE VALID.

Please add or update your contact information below.

We will mail your token of appreciation check for participating in NLS-72 to the address that you provide.

F6STADD1	STREET ADDRESS 1	[ADDR1]
F6STADD2	STREET ADDRESS 2	[ADDR2]
F6NUM	APARTMENT/SUITE NUMBER	[UNIT]
F6CITY	CITY	[CITY]
F6STATE	STATE	[STATE]
F6CTY	COUNTRY	[DEFAULT IS U.S.]
F6ZIP	ZIP/POSTAL CODE	[ZIP]
F6EMAIL1	EMAIL ADDRESS	[EMAIL_ADDRESS]
F6EMAIL2	ALTERNATE EMAIL ADDRESS	
F6TEL1	PHONE 1 (INCLUDING AREA OR COUNTRY CODE	[PHONE_NBR]
F6TELTYP1	PHONE 1 TYPE:	HOME/WORK/CELL
F6TEL2	PHONE 2 (INCLUDING AREA OR COUNTRY CODE)	
F6TELTYP2	PHONE 2 TYPE:	HOME/WORK/CELL

IT INFO

DISPLAY SOFT CHECK IF AN ADDRESS IS NOT PROVIDED: "Please provide an address where we can mail your token of appreciation check for participating in NLS-72."

DISPLAY SOFT CHECK IF PHONE NUMBER IS NOT PROVIDED: "Please provide a phone number where we can reach you in the future if needed."

FC2.

F6REFCP

NLS-72 WEB SPECIFICATIONS

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?

Yes	1
No	F7

IT INFO

IF "CONTINUE" THEN GO TO FC2_1

IF "REF" THEN:

- IF [F6TELY1] or [F6TELY2] = CELL, THEN GO TO FC5
- OTHERWISE GO TO CLOSEOUT_SKIPBOX

FC2_1.

What is this person's first and last name?

IT INFO: CREATE OPEN FIELD TEXT FOR FIRST AND LAST NAME RESPONSE OPTIONS. 100 CHARACTER LIMIT.

F6CFNAME FIRST NAME: _____ [100 CHAR]
F6CLNAME LAST NAME: _____ [100 CHAR]

FC3.

F6CREL

IT INFO: IF [F6CFNAME] AND [F6CLNAME] BOTH NOT MISSING, THEN DISPLAY VALUES AS [F6CFNAME + F6CLNAME]. IF ONLY ONE OF THE VARIABLES [F6CFNAME] OR [F6CLNAME] HAS A VALUE BUT THE OTHER DOES NOT, DISPLAY THE VALUE THAT IS AVAILABLE. IF NEITHER [F6CFNAME] NOR [F6CLNAME] HAS A VALUE, DISPLAY "this person."
BUILD RESPONSE OPTION DROPDOWN LIST.

How is [F6CFNAME + F6CLNAME] related to you?

RELATIONSHIP (SELECT FROM LIST):

AUNT	1
AUNT, GREAT	2
BOARDER	3

NLS-72 WEB SPECIFICATIONS

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
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
DK/RF	-3

NLS-72 WEB SPECIFICATIONS

FC4.

IT INFO: IF [F6CFNAME] AND [F6CLNAME] BOTH NOT MISSING, THEN DISPLAY VALUES AS [F6CFNAME + F6CLNAME]. IF ONLY ONE OF THE VARIABLES [F6CFNAME] OR [F6CLNAME] HAS A VALUE BUT THE OTHER DOES NOT, DISPLAY THE VALUE THAT IS AVAILABLE. IF NEITHER [F6CFNAME] NOR [F6CLNAME] HAS A VALUE, DISPLAY "this person." BUILD FIELDS TO RECORD EMAIL ADDRESS AND PHONE NUMBER UNDER EACH INDIVIDUAL QUESTION.

What is [F6CFNAME + F6CLNAME]'s email address?

F6CEMAIL EMAIL ADDRESS

What is [F6CFNAME + F6CLNAME]'s phone number?

F6CTEL PHONE NUMBER

FC5.

F6TELP

IT INFO: IF [F6TEPTY1] OR [F6TEPTY2] = 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

NO GO TO CLOSEOUT_SKIPBOX

DK/RF _____-3 GO TO CLOSEOUT_SKIPBOX

CLOSEOUT_SKIPBOX.

IT INFO: RECORD TIMESTAMP CLOSEOUT_STARTTIME

IT INFO: DISPLAY THE BELOW TEXT FOR ALL CASES

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

IT INFO: DISPLAY THE BELOW TEXT ONLY IF FUTURE_MRI = 1 AND HHV_CONSENT=2

A representative from [MRI_UNI] will be reaching out in the coming days with more information about your potential eligibility to participate in an MRI scan for NLS-72.

NLS-72 WEB SPECIFICATIONS

IT INFO: DISPLAY THE BELOW TEXT ONLY IF HHV_CONSENT = 1 and FUTURE_MRI=2 or MISSING

A representative from ExamOne will be in touch to schedule your NLS-72 home health visit. You may also contact ExamOne directly to schedule by phone at 866-657-7236 (Monday through Friday, 8 a.m.-5:30 p.m. CST) or by email at nls72-health-visit@examone.com.

IT INFO: DISPLAY THE BELOW TEXT ONLY IF FUTURE_MRI = 1 AND HHV_CONSENT = 1

“First, a representative from [MRI_UNI] will be reaching out in the coming days with more information about your potential eligibility to participate in an MRI scan for NLS-72.

Then, a representative from ExamOne will be in touch to schedule your NLS-72 home health visit. You may also contact ExamOne directly to schedule by phone at 866-657-7236 (Monday through Friday, 8 a.m.-5:30 p.m. CST) or by email at nls72-health-visit@examone.com.”

IT INFO: DISPLAY THE BELOW TEXT FOR ALL CASES

If you have questions about NLS-72 or need assistance, please contact NORC by:

- Calling toll free at 1-877-271-9503, or
- Sending an email to nls72@norc.org,

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

IT INFO: DISPLAY A "SUBMIT" BUTTON ONLY ON THIS SCREEN.