



Please return this questionnaire within ten days in the envelope provided to:

**Wisconsin Longitudinal Study  
Letters & Science Survey Center  
University of Wisconsin-Madison  
2418 Social Science Building  
1180 Observatory Drive  
Madison, Wisconsin 53706**

Please note starting time: \_\_\_\_\_

## I. HEALTH

We would like to begin the questionnaire with some general questions about your health.

| <b>1. How would you rate your health...</b>      |           |      |      |      |           |
|--|-----------|------|------|------|-----------|
| <i>Circle one number for each lettered item.</i> | Very Poor | Poor | Fair | Good | Excellent |
| a. at the present time?                          | 1         | 2    | 3    | 4    | 5         |
| b. compared with other people your age and sex?  | 1         | 2    | 3    | 4    | 5         |

| <b>2. Compared with 10 years ago, how would you rate the following aspects of your physical condition now?</b> |            |                |                |                 |             |
|--|------------|----------------|----------------|-----------------|-------------|
| <i>Circle one number for each lettered item.</i>   | Much Worse | Somewhat Worse | About the Same | Somewhat Better | Much Better |
| a. Health  | 1          | 2              | 3              | 4               | 5           |
| b. Appearance  | 1          | 2              | 3              | 4               | 5           |
| c. Eyesight  | 1          | 2              | 3              | 4               | 5           |
| d. Teeth   | 1          | 2              | 3              | 4               | 5           |
| e. Energy level  | 1          | 2              | 3              | 4               | 5           |
| f. Weight  | 1          | 2              | 3              | 4               | 5           |
| g. Hearing   | 1          | 2              | 3              | 4               | 5           |
| h. Hair condition  | 1          | 2              | 3              | 4               | 5           |
| i. Body shape  | 1          | 2              | 3              | 4               | 5           |
| j. Skin condition  | 1          | 2              | 3              | 4               | 5           |
| k. Sexual pleasure   | 1          | 2              | 3              | 4               | 5           |
| l. Strength of arms  | 1          | 2              | 3              | 4               | 5           |
| m. Strength of legs  | 1          | 2              | 3              | 4               | 5           |
| n. Digestive functions   | 1          | 2              | 3              | 4               | 5           |

| <b>3. How often do you participate in...</b>   |                              |                        |                                    |                          |
|--|------------------------------|------------------------|------------------------------------|--------------------------|
| <i>Circle number of the most appropriate response.</i>   | Three or more times per week | Once or twice per week | About one to three times per month | Less than once per month |
| a. light physical activity--such as walking, dancing, gardening, golfing, bowling, etc.?       | 1                            | 2                      | 3                                  | 4                        |
| b. vigorous physical exercise or sports--such as aerobics, running, swimming, bicycling, etc.? | 1                            | 2                      | 3                                  | 4                        |

4. During the last year, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *Enter number of days or circle none.*

None \_\_\_\_\_ Day(s)

5a. During the last year, how many times, if any, have you been hospitalized for at least one night? *Enter number of times or circle none.*

None (go to Q6) \_\_\_\_\_ Time(s) (go to Q5b)

5b. What was the reason for the **longest** of these hospital stays?

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

5c. How long was that stay? \_\_\_\_\_ Day(s)

6. How much do you weigh? \_\_\_\_\_ Pounds

7. How tall are you? \_\_\_\_\_ Feet \_\_\_\_\_ Inches

| <b>8. In the last 12 months, have you had...</b> |     |    |
|--|-----|----|
| <i>Circle the number of your answer.</i>         | Yes | No |
| a. a complete health exam or physical?           | 1   | 2  |
| b. a routine dental check-up?                    | 1   | 2  |
| c. a stress test?                                | 1   | 2  |
| d. a cholesterol test?                           | 1   | 2  |
| e. a blood pressure check?                       | 1   | 2  |
| f. a chest x-ray?                                | 1   | 2  |
| g. a prostate exam? (Men Only)                   | 1   | 2  |
| h. a Pap smear? (Women Only)                     | 1   | 2  |
| i. a mammogram? (Women Only)                     | 1   | 2  |

9a. Up until you were 16 years old, who (other than yourself) in your household smoked?

**Circle all that apply.**

0 No one    1 Mother    2 Father    3 Someone in my household other than my parents

9b. Have you ever smoked cigarettes regularly? *Circle number.*

1 Yes(Go to Q9c)

2 No

PLEASE GO TO QUESTION 10, ON PAGE 4 ----->

9c. Do you smoke regularly now? *Circle number.*

1 Yes (Go to 9g)    2 No (Go to 9d)

9d. For how many years did you smoke regularly?  
*Enter number of years.*

\_\_\_\_\_ Years

9e. About how many packs did you usually smoke per day then?  
*Circle number.*

0 Half a pack or less

1 One pack

2 Two packs

3 Three packs

4 Four packs or more

9f. How old were you when you stopped smoking regularly?

Age \_\_\_\_\_

PLEASE GO TO QUESTION 10, ON PAGE 4 ----->

9g. For how many years have you smoked regularly?

\_\_\_\_\_ Years

9h. How many packs of cigarettes do you usually smoke in a day now? *Circle number.*

0 Half a pack or less

1 One pack

2 Two packs

3 Three packs

4 Four packs or more

**EVERYONE**

| 10. The following is a list of physical symptoms that people sometimes experience. | 10A. How often have you had this symptom in the past six months?<br><br><i>Circle one for each symptom.</i> |                       |                   |                     | 10B. How much discomfort has this symptom caused you in the past six months?<br><br><i>Circle one only for each symptom you experienced.</i> |          |      |       |
|--|---|-----------------------|-------------------|---------------------|--|----------|------|-------|
|  | Have not had  | Monthly or less often | About once a week | Daily or more often | None   | A Little | Some | A Lot |
| a. Lack of energy  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| b. Trouble sleeping  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| c. Fatigue/exhaustion  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| d. Headache  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| e. Visual problems   | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| f. Dizziness/faintness   | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| g. Numbness  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| h. Ringing in ears   | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| i. Nausea  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| j. Vomiting  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| k. Upset stomach   | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| l. Constipation  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| m. Diarrhea  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| n. Urination problems  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| o. Aching muscles  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| p. Stiff/swollen joints  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| q. Back pain/strain  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| r. Chest pain  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| s. Shortness of breath   | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| t. Excessive sweating  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| u. Respiratory problems  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| v. Skin problems   | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| w. Coughing/wheezing   | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| x. Bone pains  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| y. Palpitations  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| z. Painful sexual intercourse  | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| aa. Difficulties with sexual intercourse   | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |
| bb. Other; specify _____   | 0   | 1                     | 2                 | 3                   | 0  | 1        | 2    | 3     |

**These questions are about illnesses or medical conditions.**

| 11A. Has a <b>medical professional</b> ever said you have any of the illnesses or conditions listed below?<br><br><i>Circle one for each illness.</i> |     |    | 11B. How much does each of <b>your</b> illnesses or conditions <b>currently</b> interfere with what you like to do?<br><br><i>Circle one <b>only</b> for each of <b>your</b> illnesses or conditions.</i> |             |      |             |              |
|---|-----|----|---|-------------|------|-------------|--------------|
|   | Yes | No | Not at all  | Very little | Some | Quite a bit | A great deal |
| a. Anemia   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| b. Asthma   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| c. Arthritis/rheumatism   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| d. Bronchitis/emphysema   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| e. Cancer   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| f. Chronic liver trouble  | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| g. Diabetes   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| h. Serious back trouble   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| i. Heart trouble  | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| j. High blood pressure  | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| k. Circulation problems   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| l. Kidney/bladder problems  | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| m. Ulcer  | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| n. Allergies  | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| o. Multiple sclerosis   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| p. Colitis  | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| q. High cholesterol   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |
| r. Other; specify _____   | 1   | 2  | 1   | 2           | 3    | 4           | 5            |

12a. Do you have a physical or mental condition that limits the amount or kind of work you can do for pay? *Circle number of your answer.*

1 Yes                      2 No

12b. Please specify condition: \_\_\_\_\_

13a. Does your husband or wife have a physical or mental condition that limits the amount or kind of work he or she can do for pay? *Circle number of your answer.*

0 Not married (single, separated, divorced, or widowed)                      1 Yes                      2 No

13b. Please specify condition: \_\_\_\_\_

## WOMEN'S HEALTH

**The questions on pages 6 through 10 are being asked of women only. Men, please go to page 11.**

14. How old were you when you FIRST started menstruating? Age \_\_\_\_\_

| 15. When menstruating (having periods) regularly, to what extent did/do you experience discomfort... |            |          |          |       |
|--|------------|----------|----------|-------|
| Circle one number for each question.   | Not at all | A little | Somewhat | A lot |
| a. during the five or so days before your period?  | 0          | 1        | 2        | 3     |
| b. during the first few days of your menstrual period?   | 0          | 1        | 2        | 3     |

16a. Have you ever taken oral contraceptive pills?

*Circle your answer.*

1 Yes (Go to 16b)

2 No (Go to 17a)

16b. How many years in all have you taken them? \_\_\_\_\_ Years

16c. Are you currently taking them? *Circle answer.*      1 Yes    2 No

16d. If you are no longer taking them, how old were you when you LAST took them?  
Age \_\_\_\_\_ (Go to Q17a)

17a. Have you had a menstrual period in the last 12 months?

*Circle your answer.*

1 Yes (Go to 17b)

2 No (Go to 17c)

17b. Have you had a menstrual period in the last 3 months?

*Circle your answer.*

1 Yes (Go to 18a)

2 No (Go to 17c)

17c. What age were you when you had your last period?  
Age \_\_\_\_\_

17d. Why did your periods stop?  
***Circle all that apply.***

- 1 Surgery
- 2 Chemotherapy or Radiation
- 3 Pregnancy or Breastfeeding
- 4 Menopause
- 5 Other; specify \_\_\_\_\_

(Go to 18a)

18a. Have you ever had surgery to remove your uterus and/or ovaries?

***Circle all that apply.***

1 No, I did NOT have surgery ----->

**GO TO QUESTION 21, ON THE NEXT PAGE**

2 Yes, One Ovary

3 Yes, Both Ovaries

4 Yes, Uterus

18b. How old were you when you had this surgery? Age \_\_\_\_\_

**ANSWER QUESTIONS 19 & 20 IF YOU HAVE EVER HAD SURGERY TO REMOVE YOUR UTERUS AND/OR THE MIDDLE OF THIS PAGE.**

| <b>19. How important were each of the following reasons for this surgery?</b> |                      |                    |                      |                |
|---|----------------------|--------------------|----------------------|----------------|
| <i>Circle one number for each reason.</i>                                     | Not at all important | Slightly important | Moderately important | Very important |
| a. Heavy hemorrhaging or bleeding   | 0                    | 1                  | 2                    | 3              |
| b. Fibroids/benign tumors   | 0                    | 1                  | 2                    | 3              |
| c. Endometriosis  | 0                    | 1                  | 2                    | 3              |
| d. Cancer/malignant tumors  | 0                    | 1                  | 2                    | 3              |
| e. To prevent future cancer   | 0                    | 1                  | 2                    | 3              |
| f. To avoid future pregnancy  | 0                    | 1                  | 2                    | 3              |
| g. Other; specify _____   | 0                    | 1                  | 2                    | 3              |

| <b>20. What opinion did the following people have about your surgery?</b> |                  |                  |         |                   |                   |
|---|------------------|------------------|---------|-------------------|-------------------|
| <i>Circle one for each person.</i>  | Strongly opposed | Somewhat opposed | Neutral | Somewhat in favor | Strongly in favor |
| a. Doctor   | 1                | 2                | 3       | 4                 | 5                 |
| b. Husband or partner   | 1                | 2                | 3       | 4                 | 5                 |
| c. You  | 1                | 2                | 3       | 4                 | 5                 |
| d. Other; specify _____   | 1                | 2                | 3       | 4                 | 5                 |

**ALL WOMEN:**

**21. If you are still menstruating, tell us about your periods in the last 12 months. If you have stopped menstruating, tell us about your periods during the 12 months before your last menstrual period.**

21a. Did your periods become... *Circle your answer.*

- 1 More frequent                      2 Less frequent                      3 Remain about the same

21b. During your period, did you bleed for... *Circle your answer.*

- 1 More days                              2 Fewer days                              3 Remain about the same

21c. During your period, did the flow become... *Circle your answer.*

- 1 Heavier                                  2 Lighter                                  3 Remain about the same

21d. What was the **shortest** amount of time between periods, that is from the **start** of one period to the **start** of your next period? \_\_\_\_\_ Days

21e. What was the **longest** amount of time between periods, that is from the **start** of one period to the **start** of your next period? \_\_\_\_\_ Days

| <b>22. In the last 6 months have you experienced any of the following symptoms and how much has each bothered you?</b> |              |                                    |                      |                   |
|--|--------------|------------------------------------|----------------------|-------------------|
| <i>Circle one number for each symptom.</i>   | Have not had | Have had but it hasn't bothered me | Bothered me a little | Bothered me a lot |
| a. Hot flushes/ flashes  | 0            | 1                                  | 2                    | 3                 |
| b. Depression  | 0            | 1                                  | 2                    | 3                 |
| c. Sleep disturbance   | 0            | 1                                  | 2                    | 3                 |
| d. Bone pains  | 0            | 1                                  | 2                    | 3                 |
| e. Night sweats  | 0            | 1                                  | 2                    | 3                 |
| f. Breast tenderness   | 0            | 1                                  | 2                    | 3                 |
| g. Heavy periods   | 0            | 1                                  | 2                    | 3                 |
| h. Painful periods   | 0            | 1                                  | 2                    | 3                 |
| i. Vaginal dryness   | 0            | 1                                  | 2                    | 3                 |
| j. Irregular bleeding  | 0            | 1                                  | 2                    | 3                 |

23. Have you ever taken hormones for menopausal or aging symptoms? *Circle your answer.*

1 Yes Go to Q24) No -----> **PLEASE GO TO QUESTION 30, ON THE NEXT PAGE**

The following questions are about the hormones you have taken for menopausal or aging symptoms.

| <b>24. What medications have you taken? Are you still taking them? When did you take them?</b> |  |              |  |              |
|--|--|--------------|--|--------------|
| Medications  | Ever taken?<br><i>Circle Yes or No</i> | Age started? | Currently taking?<br><i>Circle Yes or No</i> | Age stopped? |
| a. Estrogen  | Yes No                                 |              | Yes No                                       |              |
| b. Estrogen and Progesterone   | Yes No                                 |              | Yes No                                       |              |
| c. Not sure, but drug name(s) are:<br>specify; _____   | Yes No                                 |              | Yes No                                       |              |
| d. specify; _____  | Yes No                                 |              | Yes No                                       |              |

25. Before you started taking hormones, had you already stopped having menstrual periods? *Circle your answer.*

1 Yes                      2 No

26. How old were you when you had your last period, BEFORE you started taking hormones?

Age \_\_\_\_\_

| <b>27. How important to you were each of the following reasons for taking hormones?</b> |                      |                    |                      |                |
|---|----------------------|--------------------|----------------------|----------------|
| <i>Circle one number for each reason.</i>   | Not at all important | Slightly important | Moderately important | Very important |
| a. To relieve menopausal symptoms (hot flushes, night sweats)                           | 0                    | 1                  | 2                    | 3              |
| b. To prevent osteoporosis (brittle bones)  | 0                    | 1                  | 2                    | 3              |
| c. To prevent heart disease   | 0                    | 1                  | 2                    | 3              |
| d. Because I had an early menopause   | 0                    | 1                  | 2                    | 3              |
| e. Because I had my ovaries removed   | 0                    | 1                  | 2                    | 3              |
| f. To regulate monthly periods  | 0                    | 1                  | 2                    | 3              |
| g. Because I was having difficulties with sexual intercourse                            | 0                    | 1                  | 2                    | 3              |
| h. To keep me youthful  | 0                    | 1                  | 2                    | 3              |
| i. My doctor recommended it   | 0                    | 1                  | 2                    | 3              |
| j. Other reason; specify _____  | 0                    | 1                  | 2                    | 3              |

28. Have you ever stopped taking hormones? *Circle answer.*

1 Yes (Go to Q29)      2 No-----> **GO TO QUESTION 30, AT THE BOTTOM OF THIS PAGE**

| <b>29. How important to you were each of the following reasons for stopping hormones?</b> |                      |                    |                      |                |
|---|----------------------|--------------------|----------------------|----------------|
| <i>Circle one number for each reason.</i>   | Not at all important | Slightly important | Moderately important | Very important |
| a. I was feeling better   | 0                    | 1                  | 2                    | 3              |
| b. Hormones didn't help me feel any better  | 0                    | 1                  | 2                    | 3              |
| c. I didn't like having periods again   | 0                    | 1                  | 2                    | 3              |
| d. I didn't feel like taking it anymore   | 0                    | 1                  | 2                    | 3              |
| e. I had difficulty remembering to take it  | 0                    | 1                  | 2                    | 3              |
| f. I was concerned about possible side effects  | 0                    | 1                  | 2                    | 3              |
| g. I was concerned about possible long term effects                                       | 0                    | 1                  | 2                    | 3              |
| h. My doctor advised me to stop   | 0                    | 1                  | 2                    | 3              |
| i. I was having side effects; specify _____   | 0                    | 1                  | 2                    | 3              |
| j. Other reason; specify _____  | 0                    | 1                  | 2                    | 3              |

**ALL WOMEN**

30. If you have experienced menopausal symptoms, please indicate any other treatment(s) or method(s) you are using or have used to control them (such as herbal remedies, vitamin supplements, change of diet, more exercise, or other lifestyle change). \_\_\_\_\_

31. Did you ever speak with your mother about her menopause? *Circle your answer.*

1 Yes                      2 No

32. How old was your mother when she went through menopause?      Age\_\_\_\_\_

| 33. How important to you were/are each of the following sources of information about menopause? |                      |                    |                      |                |
|---|----------------------|--------------------|----------------------|----------------|
| <i>Circle one number for each source.</i>   | Not at all important | Slightly important | Moderately important | Very important |
| a. Doctor   | 0                    | 1                  | 2                    | 3              |
| b. Other health professional  | 0                    | 1                  | 2                    | 3              |
| c. Mother   | 0                    | 1                  | 2                    | 3              |
| d. Sisters  | 0                    | 1                  | 2                    | 3              |
| e. Other relatives  | 0                    | 1                  | 2                    | 3              |
| f. Friends  | 0                    | 1                  | 2                    | 3              |
| g. Reading materials (books, articles, pamphlets)   | 0                    | 1                  | 2                    | 3              |
| h. Other; specify _____   | 0                    | 1                  | 2                    | 3              |
| i. Other; specify _____   | 0                    | 1                  | 2                    | 3              |

| 34. Please respond to the following set of questions which relate to feelings you may have had (or continue to have) about menopause. <i>Circle one number for each row.</i> |                   |                            |                   |           |
|--|-------------------|----------------------------|-------------------|-----------|
| <b>Going through menopause has affected or is likely to affect my...</b>   | In a positive way | Both positive and negative | In a negative way | No effect |
| a. Family life   | 1                 | 2                          | 3                 | 4         |
| b. Work life   | 1                 | 2                          | 3                 | 4         |
| c. Feelings about myself as a woman  | 1                 | 2                          | 3                 | 4         |

35. Women have very different feelings about the time when their menstrual periods stop altogether. Which of the following statements best describes your feelings **now**? *Circle one number.*

- 1 Feelings of regret    2 Feelings of relief    3 Mixed feelings    4 No particular feelings at all

36. Have you gone or are you currently going through menopause? *Circle one number.*

- 1 Yes, I **have gone** through menopause    3 No -----> **GO TO NEXT PAGE**  
 2 Yes, I am **currently** going through menopause

37. During menopause, did you have enough information about the changes you were experiencing?

*Circle your answer.*

- 1 Yes 2 No

| 38a. To what extent do or did you experience the following menopausal symptoms?    |            |          |          |       |
|--|------------|----------|----------|-------|
| <i>Circle one number for each symptom.</i>   | Not at all | A little | Somewhat | A lot |
| a. hot flushes/flashes   | 0          | 1        | 2        | 3     |
| b. depression  | 0          | 1        | 2        | 3     |
| c. sleep disturbance   | 0          | 1        | 2        | 3     |
| d. bone pains  | 0          | 1        | 2        | 3     |
| e. night sweats  | 0          | 1        | 2        | 3     |
| 38b. To what extent are you <u>currently</u> experiencing any menopausal symptoms? | 0          | 1        | 2        | 3     |

## EVERYONE: II. VALUES AND ATTITUDES

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and decide the extent to which each statement describes you.

| <i>39. Circle the ONE number that best describes your agreement or disagreement with each statement.</i> |                   |                     |                   |                      |                        |                      |
|--|-------------------|---------------------|-------------------|----------------------|------------------------|----------------------|
| I see myself as someone who...   | Agree<br>Strongly | Agree<br>Moderately | Agree<br>Slightly | Disagree<br>Slightly | Disagree<br>Moderately | Disagree<br>Strongly |
| a. is talkative.   | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| b. tends to find fault with others.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| c. does a thorough job.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| d. is reserved.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| e. prefers the conventional, traditional.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| f. is full of energy.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| g. prefers work that is routine and simple.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| h. is a reliable worker.   | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| i. can be tense.   | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| j. tends to be quiet.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| k. values artistic, aesthetic experiences.   | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| l. tends to be disorganized.   | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| m. is emotionally stable, not easily upset.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| n. has an active imagination.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| o. is sometimes rude to others.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| p. is generally trusting.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| q. is lazy at times.   | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| r. worries a lot.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| s. wants things to be simple and clear-cut.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| t. is sometimes shy, inhibited.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| u. does things efficiently.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| v. generates a lot of enthusiasm.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| w. can be cold and aloof.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| x. remains calm in tense situations.   | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| y. is considerate to almost everyone.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| z. gets nervous easily.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| aa. is sophisticated in art, music, or literature.   | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| bb. likes to cooperate with others.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |
| cc. is easily distracted.  | 1                 | 2                   | 3                 | 4                    | 5                      | 6                    |

40. Next is a list of the ways you might have felt or behaved during the past week.

| <b>On how many days in the past week did you...</b>                                    | <i>Circle the number of <b>days</b> in the past week you experienced each feeling.</i> |   |   |   |   |   |   |   |  |
|--|--|---|---|---|---|---|---|---|--|
| a. feel you could not shake off the blues even with help from your family and friends? | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| b. feel bothered by things that usually don't bother you?                              | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| c. think your life had been a failure?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| d. feel happy?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| e. feel that people were unfriendly?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| f. feel lonely?  | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| g. enjoy life?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| h. have crying spells?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| i. feel that people disliked you?  | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| j. feel sad?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| k. feel depressed?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| l. have trouble keeping your mind on what you were doing?                              | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| m. not feel like eating, your appetite was poor?                                       | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| n. feel you were just as good as other people?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| o. feel everything you did was an effort?  | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| p. feel hopeful about the future?  | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| q. feel fearful?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| r. sleep restlessly?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| s. talk less than usual?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| t. feel you could not "get going"?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| u. feel you might collapse?  | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| v. have difficulty swallowing?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| w. fear you might die?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| x. think you might be going crazy?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| y. fear embarrassing yourself?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| z. feel as though your surroundings were unreal?                                       | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| aa. feel that other people thought you were a fool?                                    | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| bb. have hot/cold flashes?   | 0  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

41. Please read the statements below and decide the extent to which each statement describes you.

| <i>Circle the ONE number that best describes your agreement or disagreement with each statement.</i>      | Agree Strongly | Agree Moderately | Agree Slightly | Disagree Slightly | Disagree Moderately | Disagree Strongly |
|---|----------------|------------------|----------------|-------------------|---------------------|-------------------|
| a. My decisions are not usually influenced by what everyone else is doing.                                | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| b. I am good at juggling my time so that I can fit everything in that needs to get done.                  | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| c. I am not interested in activities that will expand my horizons.  | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| d. I don't have many people who want to listen when I need to talk.                                       | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| e. I enjoy making plans for the future and working to make them a reality.                                | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| f. I feel like many of the people I know have gotten more out of life than I have.                        | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| g. I have confidence in my opinions even if they are contrary to the general consensus.                   | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| h. I tend to worry about what other people think of me.   | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| i. I often feel overwhelmed by my responsibilities.   | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| j. I have the sense that I have developed a lot as a person over time.                                    | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| k. I enjoy personal and mutual conversations with family members and friends.                             | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| l. My daily activities often seem trivial and unimportant to me.  | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| m. In general, I feel confident and positive about myself.  | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| n. I am quite good at managing the many responsibilities of my daily life.                                | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| o. I often change my mind about decisions if my friends or family disagree.                               | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| p. I do not fit very well with the people and community around me.  | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| q. When I think about it, I haven't really improved much as a person over the years.                      | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| r. I often feel lonely because I have few close friends with whom to share my concerns.                   | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| s. I am an active person in carrying out the plans I set for myself.                                      | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| t. When I compare myself to friends and acquaintances, it makes me feel good about who I am.              | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| u. I think it is important to have new experiences that challenge how I think about myself and the world. | 1              | 2                | 3              | 4                 | 5                   | 6                 |

**CONTINUED ON NEXT PAGE.....**

41. Please read the statements below and decide the extent to which each statement describes you.

| <i>Circle the ONE number that best describes your agreement or disagreement with each statement.</i>       | Agree Strongly | Agree Moderately | Agree Slightly | Disagree Slightly | Disagree Moderately | Disagree Strongly |
|--|----------------|------------------|----------------|-------------------|---------------------|-------------------|
| v. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.  | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| w. I have difficulty arranging my life in a way that is satisfying to me.                                  | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| x. I don't want to try new ways of doing things -- my life is fine the way it is.                          | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| y. It seems to me that most other people have more friends than I do.                                      | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| z. I tend to focus on the present, because the future nearly always brings me problems.                    | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| aa. My attitude about myself is probably not as positive as most people feel about themselves.             | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| bb. People would describe me as a giving person, willing to share my time with others.                     | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| cc. Being happy with myself is more important to me than having others approve of me.                      | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| dd. I have been able to create a lifestyle for myself that is much to my liking.                           | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| ee. I do not enjoy being in new situations that require me to change my old familiar ways of doing things. | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| ff. Most people see me as loving and affectionate.   | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| gg. I don't have a good sense of what it is I'm trying to accomplish in life.                              | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| hh. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.   | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| ii. I sometimes feel as if I've done all there is to do in life.   | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| jj. It's difficult for me to voice my opinions on controversial matters.                                   | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| kk. I generally do a good job of taking care of my personal finances and affairs.                          | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| ll. There is truth to the saying you can't teach an old dog new tricks.                                    | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| mm. I know I can trust my friends, and they know they can trust me.  | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| nn. I used to set goals for myself, but that now seems like a waste of time.                               | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| oo. The past had its ups and downs, but in general, I wouldn't want to change it.                          | 1              | 2                | 3              | 4                 | 5                   | 6                 |
| pp. In many ways, I feel disappointed about my achievements in life.                                       | 1              | 2                | 3              | 4                 | 5                   | 6                 |

| 42. Please read the statements below and decide the extent to which each statement describes you.    |                |       |                            |          |                   |
|--|----------------|-------|----------------------------|----------|-------------------|
| <i>Circle the ONE number that best describes your agreement or disagreement with each statement.</i> | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| a. Even when things seem hopeless, I keep on fighting to reach my goals.                             | 1              | 2     | 3                          | 4        | 5                 |
| b. If I don't get something I want, I take it with patience.   | 1              | 2     | 3                          | 4        | 5                 |
| c. It is very difficult for me to accept a setback or defeat.  | 1              | 2     | 3                          | 4        | 5                 |
| d. I stick to my goals and projects even in the face of great difficulties.                          | 1              | 2     | 3                          | 4        | 5                 |
| e. The harder a goal is to achieve, the more appeal it has to me.                                    | 1              | 2     | 3                          | 4        | 5                 |
| f. I can be very stubborn in pursuing my goals.  | 1              | 2     | 3                          | 4        | 5                 |
| g. I find it easy to see something positive even in a serious mishap.                                | 1              | 2     | 3                          | 4        | 5                 |
| h. To avoid disappointments, I don't set my goals too high.  | 1              | 2     | 3                          | 4        | 5                 |
| i. When everything seems to be going wrong, I can usually find a bright side to a situation.         | 1              | 2     | 3                          | 4        | 5                 |
| j. In general, I am not upset very long about an opportunity passed up.                              | 1              | 2     | 3                          | 4        | 5                 |

| 43. Next is a list of ways you might have felt or behaved during the past week. |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|--|
| <b>On how many days in the past week did you...</b>                             | <i>Circle the number of days in the past week you experienced each feeling.</i> |   |   |   |   |   |   |   |  |
| a. feel calm?   | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| b. feel furious?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| c. feel tense?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| d. feel like banging on the table?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| e. feel at ease?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| f. feel angry?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| g. worry over possible misfortune?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| h. feel like yelling at somebody?   | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| i. feel nervous?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| j. feel like breaking things?   | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| k. feel jittery?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| l. feel mad?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| m. feel relaxed?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| n. feel irritated?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| o. feel worried?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| p. feel like hitting someone?   | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| q. feel steady?   | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| r. feel burned up?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| s. feel frightened?   | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
| t. feel like swearing?  | 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |

### III. WORK AND FAMILY

44. Are you currently employed, including self-employment?

*Circle one number.*

1 Yes (Go to Q45)    2 No ----->    **IF NOT CURRENTLY EMPLOYED,  
GO TO QUESTION 46, ON PAGE 17**

| 45. The following statements have to do with the way family life and work life can influence each other. |  |                |       |                            |          |                   |
|--|--|----------------|-------|----------------------------|----------|-------------------|
| <i>For each statement, please circle the response that best describes your situation.</i>                |  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| a.   | Family matters reduce the time I can devote to my job.                                   | 1              | 2     | 3                          | 4        | 5                 |
| b.   | I can do good work on the job because I am so happy at home.                             | 1              | 2     | 3                          | 4        | 5                 |
| c.   | Family worries or problems distract me from my work.                                     | 1              | 2     | 3                          | 4        | 5                 |
| d.   | Family activities stop me from getting the amount of sleep I need to do my job well.     | 1              | 2     | 3                          | 4        | 5                 |
| e.   | Family obligations reduce the time I need to relax or be by myself.                      | 1              | 2     | 3                          | 4        | 5                 |
| f.   | Family responsibilities make me work harder on the job.                                  | 1              | 2     | 3                          | 4        | 5                 |
| g.   | My job reduces the amount of time I can spend with the family.                           | 1              | 2     | 3                          | 4        | 5                 |
| h.   | Problems at work make me irritable at home.  | 1              | 2     | 3                          | 4        | 5                 |
| i.   | My job involves a lot of travel away from home.  | 1              | 2     | 3                          | 4        | 5                 |
| j.   | I can devote a lot of time to my job because of the support I get on the homefront.      | 1              | 2     | 3                          | 4        | 5                 |
| k.   | My job takes so much energy I don't feel up to doing things that need attention at home. | 1              | 2     | 3                          | 4        | 5                 |
| l.   | If I didn't have to work to make a living, I would want to work anyway.                  | 1              | 2     | 3                          | 4        | 5                 |

**EVERYONE**

| <b>46. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.</b> |                                   |   |                                       |                             |                                       |   |                                   |
|--|-----------------------------------|---|---------------------------------------|-----------------------------|---------------------------------------|---|-----------------------------------|
| <i>Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.</i>               | Much more important than high pay | Moderately more important than high pay | Slightly more important than high pay | Same importance as high pay | Slightly less important than high pay | Moderately less important than high pay | Much less important than high pay |
| a. Having the opportunity to get on-the-job training   | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |
| b. Having a large number of paid vacation days   | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |
| c. Being able to do different things rather than the same things over and over   | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |
| d. Having a low risk of losing your job  | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |
| e. Being able to decide what time to come to work and when to leave  | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |
| f. Being able to work without frequent checking by a supervisor  | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |
| g. Being able to avoid getting dirty on the job  | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |
| h. Having a job that other people regard highly  | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |
| i. Having a job that provides health insurance   | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |
| j. Having a job that provides a pension plan   | 1                                 | 2                                       | 3                                     | 4                           | 5                                     | 6                                       | 7                                 |

Next, we are interested in the help and support that you receive from or give to people **(other than a spouse or young children)**. We are interested here in help that is not paid for.

| 47. During the past month have you <b>GIVEN</b> the following kinds of help? |  |                                |                                  |         |                     |                 |
|--|--|--------------------------------|----------------------------------|---------|---------------------|-----------------|
| Kind of help <b>GIVEN:</b>   | Check the box for <i>EVERYONE</i> that you <i>GAVE</i> each kind of help <i>TO</i> .<br>(other than spouse or young child) |                                |                                  |         |                     |                 |
|  | No one   | Friends, neighbors, co-workers | Sons or daughters (19 and older) | Parents | Brothers or sisters | Other relatives |
| a. Help with transportation, errands, or shopping.                           |  |                                |                                  |         |                     |                 |
| b. Housework, yard work, repairs or other work around the house.             |  |                                |                                  |         |                     |                 |
| c. Advice, encouragement, moral or emotional support.                        |  |                                |                                  |         |                     |                 |
| d. Help with baby sitting or child care.                                     |  |                                |                                  |         |                     |                 |

| 48. During the past month have you <b>RECEIVED</b> the following kinds of help? |  |                                |                                  |         |                     |                 |
|---|--|--------------------------------|----------------------------------|---------|---------------------|-----------------|
| Kind of help <b>RECEIVED:</b>   | Check the box for <i>EVERYONE</i> that you <i>RECEIVED</i> each kind of help <i>FROM</i> .<br>(other than spouse or young child) |                                |                                  |         |                     |                 |
|   | No one   | Friends, neighbors, co-workers | Sons or daughters (19 and older) | Parents | Brothers or sisters | Other relatives |
| a. Help with transportation, errands, or shopping.                              |  |                                |                                  |         |                     |                 |
| b. Housework, yard work, repairs or other work around the house.                |  |                                |                                  |         |                     |                 |
| c. Advice, encouragement, moral or emotional support.                           |  |                                |                                  |         |                     |                 |
| d. Help with baby sitting or child care.  |  |                                |                                  |         |                     |                 |

**49. Now think about persons (other than a spouse or young child) who you feel you COULD ask for help, IF YOU NEEDED IT.**

| Kind of help you could ask for:  | Check the box for EVERYONE that you COULD ASK FOR each kind of help FROM. |                                |                                  |         |                     |                 |
|--|---|--------------------------------|----------------------------------|---------|---------------------|-----------------|
|  | No one  | Friends, neighbors, co-workers | Sons or daughters (19 and older) | Parents | Brothers or sisters | Other relatives |
| a. Suppose you had to borrow \$250 for a few weeks because of an emergency. Who could you ask for help?                  |   |                                |                                  |         |                     |                 |
| b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice? |   |                                |                                  |         |                     |                 |
| c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?             |   |                                |                                  |         |                     |                 |

50. Is there a person in your family (including a spouse) with whom you can really share your very private feelings and concerns? *Circle the number of your answer.*

1 Yes      2 No

51. Is there a friend outside your family with whom you can really share your very private feelings and concerns? *Circle the number of your answer.*

1 Yes      2 No

**Now please think about your childhood, before you were 16 years old.**

52. When you were growing up, did your parents or the persons who raised you have serious marital problems? *Circle the number of your answer.*

0 Raised by only one adult      1 Yes      2 No

53. Did you have a close and confiding relationship with an adult when you were growing up? *Circle the number of your answer.*

1 Yes      2 No

54. When you were growing up could you count on your friends when things went wrong? *Circle the number of your answer.*

1 Yes      2 No

55. The next questions are about you, your brother or sister who **graduated from high school in 1957**, your mother and your father (or the persons who raised you). We are interested in how your parents treated each of you during the first 16 years of your lives.

| <i>Please circle one number for each relationship (that is, four answers for each statement).</i> | ABOUT ME          |          |      |       |                   |          |      |       | ABOUT MY BROTHER OR SISTER |          |      |       |                   |          |      |       |
|---|-------------------|----------|------|-------|-------------------|----------|------|-------|----------------------------|----------|------|-------|-------------------|----------|------|-------|
|   | 55A. My Father... |          |      |       | 55B. My Mother... |          |      |       | 55C. My Father...          |          |      |       | 55D. My Mother... |          |      |       |
|   | Not at all        | A little | Some | A lot | Not at all        | A little | Some | A lot | Not at all                 | A little | Some | A lot | Not at all        | A little | Some | A lot |
| a. wanted (me/him/her) to go to college.  | 0                 | 1        | 2    | 3     | 0                 | 1        | 2    | 3     | 0                          | 1        | 2    | 3     | 0                 | 1        | 2    | 3     |
| b. got to know (my/his/her) friends.  | 0                 | 1        | 2    | 3     | 0                 | 1        | 2    | 3     | 0                          | 1        | 2    | 3     | 0                 | 1        | 2    | 3     |
| c. enjoyed talking to (me/him/her)  | 0                 | 1        | 2    | 3     | 0                 | 1        | 2    | 3     | 0                          | 1        | 2    | 3     | 0                 | 1        | 2    | 3     |
| d. helped when (I/he/she) needed.   | 0                 | 1        | 2    | 3     | 0                 | 1        | 2    | 3     | 0                          | 1        | 2    | 3     | 0                 | 1        | 2    | 3     |
| e. hugged (me/him/her).   | 0                 | 1        | 2    | 3     | 0                 | 1        | 2    | 3     | 0                          | 1        | 2    | 3     | 0                 | 1        | 2    | 3     |
| f. let (me/him/her) make own decisions.   | 0                 | 1        | 2    | 3     | 0                 | 1        | 2    | 3     | 0                          | 1        | 2    | 3     | 0                 | 1        | 2    | 3     |
| g. tried to control everything (I/he/she) did.  | 0                 | 1        | 2    | 3     | 0                 | 1        | 2    | 3     | 0                          | 1        | 2    | 3     | 0                 | 1        | 2    | 3     |
| h. insulted or swore at (me/him/her).   | 0                 | 1        | 2    | 3     | 0                 | 1        | 2    | 3     | 0                          | 1        | 2    | 3     | 0                 | 1        | 2    | 3     |
| i. slapped, shoved or threw things at (me/him/her).   | 0                 | 1        | 2    | 3     | 0                 | 1        | 2    | 3     | 0                          | 1        | 2    | 3     | 0                 | 1        | 2    | 3     |

56. The following questions are about how you, your brother or sister who **graduated from high school in 1957**, and your parents (or the persons who raised you) treated each other during the first 16 years of your lives.

| <i>Please circle one number for each relationship (that is, three answers for each statement).</i> | 56A. How I treated my brother/sister |          |      |       | 56B. How my brother/sister treated me |          |      |       | 56C. How my parents treated each other |          |      |       |
|--|--------------------------------------|----------|------|-------|---------------------------------------|----------|------|-------|--|----------|------|-------|
|  | Not at all                           | A little | Some | A lot | Not at all                            | A little | Some | A lot | Not at all                             | A little | Some | A lot |
| a. enjoyed talking to  | 0                                    | 1        | 2    | 3     | 0                                     | 1        | 2    | 3     | 0                                      | 1        | 2    | 3     |
| b. helped when needed  | 0                                    | 1        | 2    | 3     | 0                                     | 1        | 2    | 3     | 0                                      | 1        | 2    | 3     |
| c. insulted or swore at  | 0                                    | 1        | 2    | 3     | 0                                     | 1        | 2    | 3     | 0                                      | 1        | 2    | 3     |
| d. hugged  | 0                                    | 1        | 2    | 3     | 0                                     | 1        | 2    | 3     | 0                                      | 1        | 2    | 3     |
| e. slapped, shoved or threw things at  | 0                                    | 1        | 2    | 3     | 0                                     | 1        | 2    | 3     | 0                                      | 1        | 2    | 3     |

| 57. Here is a list of clubs and organizations to which many people belong.  |              |             |      |             |              |
|---|--------------|-------------|------|-------------|--------------|
| <i>Please indicate your level of involvement with each activity in the past 12 months. Please circle one number for each.</i> | Not involved | Very little | Some | Quite a bit | A great deal |
| a. A church, temple or other place of worship   | 0            | 1           | 2    | 3           | 4            |
| b. Church connected groups, but not the church itself   | 0            | 1           | 2    | 3           | 4            |
| c. Labor unions   | 0            | 1           | 2    | 3           | 4            |
| d. Veterans' organizations  | 0            | 1           | 2    | 3           | 4            |
| e. Fraternal organizations or lodges  | 0            | 1           | 2    | 3           | 4            |
| f. Business or civic groups   | 0            | 1           | 2    | 3           | 4            |
| g. Parent-teachers' associations  | 0            | 1           | 2    | 3           | 4            |
| h. Community centers  | 0            | 1           | 2    | 3           | 4            |
| i. Organizations of people of the same nationality  | 0            | 1           | 2    | 3           | 4            |
| j. Sport teams  | 0            | 1           | 2    | 3           | 4            |
| k. Country club   | 0            | 1           | 2    | 3           | 4            |
| l. Youth groups (Scout leader, etc.)  | 0            | 1           | 2    | 3           | 4            |
| m. Professional groups  | 0            | 1           | 2    | 3           | 4            |
| n. Political clubs or organizations   | 0            | 1           | 2    | 3           | 4            |
| o. Neighborhood improvement organizations   | 0            | 1           | 2    | 3           | 4            |
| p. Charity or welfare organizations   | 0            | 1           | 2    | 3           | 4            |
| q. Hobby groups   | 0            | 1           | 2    | 3           | 4            |
| r. Other; specify _____   | 0            | 1           | 2    | 3           | 4            |
| s. Other; specify _____   | 0            | 1           | 2    | 3           | 4            |

58. How many times, if at all, during the past four weeks have you gotten together with friends?  
For example, going out together or visiting in each other's homes.

\_\_\_\_\_ (Number of times)

59. How many times, if at all, during the past four weeks have you gotten together socially with relatives?

\_\_\_\_\_ (Number of times)

