



*Wisconsin  
Longitudinal  
Study*

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

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

Please note time started: \_\_\_\_\_

## 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...</b>					
	<i>Circle one number for each lettered item.</i>				
	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. how would you rate your health?	1	2	3	4	5
b. how would you rate your appearance?	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.*)

\_\_\_ Day(s)                      None

5. 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.*)

\_\_\_ Time(s)                      None

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

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

8. Have you ever smoked cigarettes regularly? (*Circle number*)

1 Yes  
(Go to Q8a)

2 No  
GO TO QUESTION 9A, PAGE 4 ----->

8a. Do you smoke regularly now? (*Circle number*)

1 Yes  
(Go to Q8d)

2 No ----->

8b. For how many years did you smoke regularly?  
(*Enter number of years.*)

\_\_\_\_\_ Years

8c. 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

GO TO QUESTION 9A, PAGE 4

8d. For how many years have you smoked regularly? (*Enter number of years.*)

\_\_\_\_\_ Years

8e. 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

The following is a list of physical symptoms that people sometimes experience.

9A. Which symptoms have you had in the past six months?  <i>(Circle the letter of each symptom you have had.)</i>	9B. How often have you had this symptom?  <i>(Circle one for each of your symptoms.)</i>			9C. How much discomfort has this symptom caused you in the past six months?  <i>(Circle one for each of your symptoms.)</i>			
	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Lack of energy	1	2	3	0	1	2	3
b. Trouble sleeping	1	2	3	0	1	2	3
c. Fatigue/exhaustion	1	2	3	0	1	2	3
d. Headache	1	2	3	0	1	2	3
e. Visual problems	1	2	3	0	1	2	3
f. Dizziness/faintness	1	2	3	0	1	2	3
g. Numbness	1	2	3	0	1	2	3
h. Ringing in ears	1	2	3	0	1	2	3
i. Nausea	1	2	3	0	1	2	3
j. Vomiting	1	2	3	0	1	2	3
k. Upset stomach	1	2	3	0	1	2	3
l. Constipation	1	2	3	0	1	2	3
m. Diarrhea	1	2	3	0	1	2	3
n. Urination problems	1	2	3	0	1	2	3
o. Aching muscles	1	2	3	0	1	2	3
p. Stiff/swollen joints	1	2	3	0	1	2	3
q. Back pain/strain	1	2	3	0	1	2	3
r. Chest pain	1	2	3	0	1	2	3
s. Shortness of breath	1	2	3	0	1	2	3
t. Excessive sweating	1	2	3	0	1	2	3
u. Respiratory problems	1	2	3	0	1	2	3
v. Skin problems	1	2	3	0	1	2	3

This question is about illnesses or medical conditions.

10A. Circle the letter of each illness or condition that a **medical professional** says you have.

*(Circle each one that applies.)*

10B. How much does each of **your** illnesses or conditions **currently** interfere with what you like to do?

*(Circle one for each of your illnesses or conditions.)*

	Not at all	Very little	Some	Quite a bit	A great deal
a. Anemia	1	2	3	4	5
b. Asthma	1	2	3	4	5
c. Arthritis/rheumatism	1	2	3	4	5
d. Bronchitis/emphysema	1	2	3	4	5
e. Cancer	1	2	3	4	5
f. Chronic liver trouble	1	2	3	4	5
g. Diabetes	1	2	3	4	5
h. Serious back trouble	1	2	3	4	5
i. Heart trouble	1	2	3	4	5
j. High blood pressure	1	2	3	4	5
k. Circulation problems	1	2	3	4	5
l. Kidney/bladder problems	1	2	3	4	5
m. Ulcer	1	2	3	4	5
n. Allergies	1	2	3	4	5
o. Multiple sclerosis	1	2	3	4	5
p. Colitis	1	2	3	4	5
q. Other; specify _____	1	2	3	4	5

11. 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

12. 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

**MEN - GO TO QUESTION 17, PAGE 7**  
**The following questions 13-16 are being asked of WOMEN ONLY:**

13a. Have you had a menstrual period in the last 12 months? *(Circle your answer.)*

1 Yes  
(Go to Q13c)

2 No ----->

13b. What age were you when you had your last period?  
Age \_\_\_\_\_ (Go to Q13c)

13c. Have you gone (or are you currently going) through menopause? *(Circle your answer.)*

1 Yes                      2 No

13d. Have you ever had surgery to remove your uterus and/or ovaries? *(Circle all that apply.)*

2 No, I did NOT have surgery  
(Go to Q14a)

3 Yes, One Ovary

4 Yes, Both Ovaries

5 Yes, Uterus

|----- (Go to Q13e) -----|

13e. How old were you when you had surgery? Age \_\_\_\_\_  
(Go to Q14a)

14a. Have you ever taken hormones or birth control pills for menopausal or aging symptoms? *(Circle your answer.)*

1 Yes ----->

14bu. What medications do or did you take? *(Circle all that apply)* When did you take them?

2 No  
(Go to Q15a)

<b>Medication(s)</b>	<b>Age Started</b>	<b>Age Stopped</b>	<b>Reason Stopped</b>
a. Estrogen	_____	_____	_____
b. Estrogen and Progesterone	_____	_____	_____
c. Not sure, but drug name(s) are:	_____	_____	_____
d. _____	_____	_____	_____

15a. 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
15b. To what extent are you <u>currently</u> experiencing any menopausal symptoms?	0	1	2	3

16aa. Please indicate any other treatment(s) or method(s) you are using or have used to control your menopausal symptoms (such as herbal remedies, change of diet, exercise, lifestyle change). \_\_\_\_\_

16bb. During menopause, did you have enough information about the changes you were experiencing? *(Circle your answer.)*  
 1 Yes                                      2 No

16cc. Who and what were your sources of information (such as magazines, sister, friend, physician)? \_\_\_\_\_

## 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.

17. I see myself as someone who...						
<i>Circle the number that best describes your agreement or disagreement with each statement.</i>	Agree			Disagree		
	Strongly	Moderately	Slightly	Slightly	Moderately	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

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

**On how many days during the past week did you...**

*Circle the number of **days** in the past week you experienced each feeling.*

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 irritable, or likely to fight or argue?	0	1	2	3	4	5	6	7
v.	feel like telling someone off?	0	1	2	3	4	5	6	7
w.	feel angry or hostile for several hours at a time?	0	1	2	3	4	5	6	7

19. Please read the statements below and decide the extent to which each statement describes you.	<i>Circle the number that best describes your agreement or disagreement with each statement.</i>					
	Agree			Disagree		
	Strongly	Moderately	Slightly	Slightly	Moderately	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
<b>CONTINUED ON NEXT PAGE.....</b>						

19. Please read the statements below and decide the extent to which each statement describes you.		<i>Circle the number that best describes your agreement or disagreement with each statement.</i>					
		Agree			Disagree		
		Strongly	Moderately	Slightly	Slightly	Moderately	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

20. Please circle the response category that best describes your agreement or disagreement with each statement.						
	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

### III. WORK AND FAMILY

21. Are you currently employed (including self-employment)? *(Circle one.)*

1 Yes  
(Go to Q22)

2 No-----> **IF NOT CURRENTLY EMPLOYED,  
GO TO QUESTION 23, PAGE 13**

22. 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**

23. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.	<i>Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.</i>						
	More Important			Same	Less Important		
	Much	Moderately	Slightly		Slightly	Moderately	Much
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

24. 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. **During the past month have you GIVEN the following kinds of help?**

Kind of help GIVEN:	Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse or young child)					
	No one needed help	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.						

25. **During the past month have you RECEIVED the following kinds of help?**

Kind of help RECEIVED:	Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse or young child)						
	Help not needed	No one available to help	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.							

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

1 Yes

2 No

27. 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

<b>28. Now think about persons (other than a spouse or young child) who you feel you COULD ask for help, IF YOU NEEDED IT.</b>						
<b>Kind of help you could ask for:</b>	<i>Check the box for EVERYONE that you COULD ASK FOR each kind of HELP FROM.</i>					
	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?						

29. Here is a list of clubs and organizations to which many people belong. *(Please circle your level of involvement with each activity.)*

Activities and memberships:	Not involved	Very little	Some	Quite a bit	A great deal
a1. Church-connected groups, but not the church itself	0	1	2	3	4
a2. The church itself	0	1	2	3	4
b. Labor unions	0	1	2	3	4
c. Veterans' organizations	0	1	2	3	4
d. Fraternal organizations or lodges	0	1	2	3	4
e. Business or civic groups	0	1	2	3	4
f. Parent-teachers' associations	0	1	2	3	4
g. Community centers	0	1	2	3	4
h. Organizations of people of the same nationality	0	1	2	3	4
i. Sport teams	0	1	2	3	4
j. Country club	0	1	2	3	4
k. Youth groups (Scout leader etc.)	0	1	2	3	4
l. Professional groups	0	1	2	3	4
m. Political clubs or organizations	0	1	2	3	4
n. Neighborhood improvement organizations	0	1	2	3	4
o. Charity or welfare organizations	0	1	2	3	4
p. Hobby groups	0	1	2	3	4
q. Other; specify _____	0	1	2	3	4
r. Other; specify _____	0	1	2	3	4

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

\_\_\_\_\_ (# Times)

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

\_\_\_\_\_ (# Times)

