

APPENDIX A

VETSA 1 QUESTIONNAIRES with variable names (Current data dictionary)

**Day of Testing Medical History Interview
Psychosocial Questionnaire: Completed at home
Day of Testing Testers Score Sheet**

VETSA Medical History Interview

A. Medications

1. Are you currently taking any medications (for example, pills, eye drops, medication skin creams), either prescription or over the counter? CIRCLE ONE NUMBER

ANYCURR

1 Yes

2 No (If 'No', skip to "Hospitalizations".)

Please tell me all prescription medications you currently take:

NAME	DRUG CODE	PRESDC #
1. _____	___ _ _	PRESDC 1
2. _____	___ _ _	
3. _____	___ _ _	
4. _____	___ _ _	
5. _____	___ _ _	
6. _____	___ _ _	
7. _____	___ _ _	
8. _____	___ _ _	
9. _____	___ _ _	
10. _____	___ _ _	

Please tell me all over the counter and herbal medications you currently take:

NAME	DRUG CODE	OTC DC #
11. _____	___ _ _	OTC DC 1
12. _____	___ _ _	
13. _____	___ _ _	
14. _____	___ _ _	
15. _____	___ _ _	
16. _____	___ _ _	
17. _____	___ _ _	
18. _____	___ _ _	
19. _____	___ _ _	
20. _____	___ _ _	

B. Hospitalizations [Do not fill in ICD-9 codes]

1. In the last 5 years, have you had any hospitalizations overnight or longer? [Interviewer: Do not fill in ICD-9 codes] CIRCLE ONE NUMBER

ANYHOSP

- 1 Yes
- 2 No (If 'No', skip to "**Other Serious Illnesses**".)

		HSPA_xYR	HSPA_xICD
	Reason for hospitalization/ Diagnosis	Year	ICD-9
A.	a. _____	<u>HSPA_aYR</u>	— <u>HSPA_aICD</u>
	b. _____	_____	_____ . _____
	c. _____	_____	_____ . _____
B.	a. _____	_____	_____ . _____
	b. _____	_____	_____ . _____
	c. _____	_____	_____ . _____
C.	a. _____	_____	_____ . _____
	b. _____	_____	_____ . _____
	c. _____	_____	_____ . _____
D.	a. _____	_____	_____ . _____
	b. _____	_____	_____ . _____
	c. _____	_____	_____ . _____
E.	a. _____	_____	_____ . _____
	b. _____	_____	_____ . _____
	c. _____	_____	_____ . _____

C. Other Serious Illnesses [Interviewer: Do not fill in ICD-9 codes; COMPLETE SECTION E FIRST]

1. (In addition to those we've just discussed), have you ever had any *other* serious illnesses?

ANYHILL

- 1 Yes
- 2 No (If 'No', skip to "**Clinic, Physician, ...**".)

Please list for me all other serious illnesses you have had in your life that we have not already discussed:

	ILLNESS	ILL_xYR	ILL_xICD
		YEAR	ICD-9
a.	_____	<u>ILL_aYR</u>	— <u>ILL_aICD</u>
b.	_____	_____	_____ . _____

- c. _____
- d. _____
- e. _____

D. Clinic, Physician, Psychiatrist, Alternative Health Provider Visits [Interviewer: Do not fill in ICD-9 codes]

1. During the past 12 months, how many clinic, doctor, osteopathic, chiropractic or other health provider visits have you made because you were sick? **Number of Visits:** NVISITS

For the 6 most recent visits, please tell me the reason or diagnosis and the type of health provider you visited:

REASON	VSTxTYPE PROVIDER TYPE	VSTxICD ICD-9
a. _____	<u>VSTaTYPE</u>	___ <u>VSTaICD</u>
b. _____	_____	_____ . _____
c. _____	_____	_____ . _____
d. _____	_____	_____ . _____
e. _____	_____	_____ . _____
f. _____	_____	_____ . _____

[Provider Type: **MD** = physician; **OS** = osteopathic; **CH** = chiropractor; **NP** = nurse practitioner or physician assistant; **PT** = psychologist; **OT** = other]

E. Specific Health Problems

1. Have you ever been told by a physician that you had any of the following conditions or illnesses? (GIVE SUBJECT LIST TO READ ALONG)

xxxxYN

xxxxYEAR/ xxxxCURR

Condition/ Illness	Yes	No	DK	Ref	Year 1 st Diagnosed	Still Present?
1. Asthma ASTHYN	1	2	8	9	ASTHYEAR	ASTHCURR
2. Chronic bronchitis BRONYN	1	2	8	9		1Y 2N
3. Emphysema EMPHYN	1	2	8	9		1Y 2N
4. Sleep apnea SAPNYN	1	2	8	9		1Y 2N
5. High blood pressure or hypertension HYPTYN	1	2	8	9		1Y 2N
6. Angina ANGIYN	1	2	8	9		1Y 2N
7. Heart attack HATTYN	1	2	8	9		1Y 2N
8. Heart failure HRTFYN	1	2	8	9		1Y 2N

Condition/ Illness	Yes	No	DK	Ref	Year 1 st Diagnosed	Still Present?
9. Peripheral vascular disease PRVYN	1	2	8	9		1Y 2N
10. Thrombophlebitis (blood clot) THRMYN	1	2	8	9		1Y 2N
11. Gastritis GASTYN	1	2	8	9		1Y 2N
12. Stomach or duodenal ulcer ULCRYN	1	2	8	9		1Y 2N
13. Irritable bowel syndrome IBSYN	1	2	8	9		1Y 2N
14. Gallstones or cholecystitis GALLYN	1	2	8	9		1Y 2N
15. Pancreatitis PANCYN	1	2	8	9		1Y 2N
16. Hepatitis A infection HEPAYN	1	2	8	9		1Y 2N
17. Hepatitis B infection HEPBYN	1	2	8	9		1Y 2N
18. Hepatitis C infection HEPCYN	1	2	8	9		1Y 2N
19. Jaundice JAUNYN	1	2	8	9		1Y 2N
20. Liver damage due to alcohol LYRDYN	1	2	8	9		1Y 2N
21. Cirrhosis CIRRYN	1	2	8	9		1Y 2N
22. Crohn's Disease CROHYN	1	2	8	9		1Y 2N
23. Ulcerative Colitis ULCOYN	1	2	8	9		1Y 2N
24. Diabetes DIABYN	1	2	8	9		1Y 2N
25. Overactive thyroid (hyperthyroidism) OTHYYN	1	2	8	9		1Y 2N
26. Underactive thyroid (hypothyroidism) UNDYYN	1	2	8	9		1Y 2N
27. Osteoarthritis ("wear and tear arthritis") OARTYN	1	2	8	9		1Y 2N
28. Gout GOUTYN	1	2	8	9		1Y 2N
29. Rheumatoid arthritis RARTYN	1	2	8	9		1Y 2N
30. Multiple chemical sensitivity syndrome MCSSYN	1	2	8	9		1Y 2N
31. Chronic fatigue syndrome CFSYN	1	2	8	9		1Y 2N
32. Fibromyalgia syndrome or fibrositis FIBRYN	1	2	8	9		1Y 2N
33. Glaucoma CLAUYN	1	2	8	9		1Y 2N
34. Psoriasis PSORYN	1	2	8	9		1Y 2N
35. Anemia requiring blood transfusion ANEMYN	1	2	8	9		1Y 2N
36. Kidney or bladder stones KISTYN	1	2	8	9		1Y 2N
37. Migraine headaches MIGRYN	1	2	8	9		1Y 2N
38. Seizure disorder SEIZYN	1	2	8	9		1Y 2N
39. Multiple sclerosis MSYN	1	2	8	9		1Y 2N
40. Stroke STROYN	1	2	8	9		1Y 2N
41. Infection with HIV HIVYN	1	2	8	9		1Y 2N
42. Immune deficiency syndrome (AIDS) AIDSYN	1	2	8	9		1Y 2N
43. PTSD PTSDYN	1	2	8	9		1Y 2N
44. Alcohol abuse/dependency AAADYN	1	2	8	9		1Y 2N
45. Depression DEPRYN	1	2	8	9		1Y 2N
46. Anxiety disorder ANXDYN	1	2	8	9		1Y 2N
47. Schizophrenia SCHZYN	1	2	8	9		1Y 2N
48. Drug Abuse/Dependency DADDYN	1	2	8	9		1Y 2N

2. Have you ever been told by a physician that you had cancer (including skin, lymphoma or leukemia)?

CANCYN

- 1 Yes
- 2 No (If 'No', skip to question 3)

a. Specify: _____ ICD-9 _____ . _____ **CANCICD**

b. Year diagnosed: _____ **CANCYEAR**

c. Still present? 1Yes 2No **CANCCURR**

3. Has your weight increased or decreased by more than 10 lbs in the last year?

WGTCHNG

- 1 Yes
- 2 No (If 'No', skip to "**Breathing Related**")

DIRCHNG

How much? **AMNTCHNG** lbs. **CIRCLE ONE:** Increased Decreased

F. Breathing Related

1. Do you usually have a cough? (Count a cough when you first go out-of-doors or with your first tobacco product, if you smoke. Exclude clearing your throat.)

- 1 Yes **COUGH**
- 2 No (If 'No', skip to Question 3)

2. In the following table, circle ONE number per line.

		YES	NO
a.	Do you usually cough at all on getting up or first thing in the morning? CGHMORN	1	2
b.	Do you usually cough at all during the rest of the day or at night? CGHDAY	1	2
c.	Do you usually cough at least 4 times a day? CGH4TIM	1	2
d.	Did you usually cough at least 4 times a day on most days for 3 consecutive months or more during the past year? CGH4T3M	1	2

e. How many years have you had this type of cough? **YEARS: CGHYEARS**

3. Do you usually bring up phlegm from your chest? (Count phlegm on first going out-of-doors or with your first tobacco product, if you smoke. Count swallowed phlegm. Exclude phlegm from your nose.)

- 1 Yes **PHLEGM**
- 2 No (If 'No', skip to "**Heart Related**")

4. In the following table, circle ONE number per line.

		YES	NO
a.	Do you usually bring up phlegm at all on getting up, or first thing in the morning? PLMMORN	1	2
b.	Do you usually bring up phlegm at all during the rest of the day or at night? PMLDAY	1	2
c.	Do you usually bring up phlegm like this at least twice a day, 4 or more days per week? PLM4DAY	1	2
d.	Did you bring up phlegm at least twice a day on most days for 3 consecutive months or more during the past year? PLM3MON	1	2

e. How many years have you had this trouble with phlegm? **YEARS: PLMYEARS**

G. Heart Related

ANGINA

1. Have you ever had any pain or discomfort in your chest?

- 1 Yes
- 2 No (If 'No', skip to "**Heart Surgery**")

2. When do you feel this pain or discomfort? (CIRCLE ONE NUMBER PER LINE)

		YES	NO
a.	When you are emotionally upset or excited? CPUPSET	1	2
b.	When you walk fast or walk uphill? CPWLKFST	1	2
c.	When you walk at a normal speed on level ground? CPWLKNRM	1	2
d.	Under other conditions? Specify: <u>CPOTHER</u> _____	1	2

If 'NO' on b & c, skip to #5

3. What do you do when you feel pain/discomfort while you are walking? CIRCLE ONE NUMBER **CPRESPON**

- 1 Stop walking or walk more slowly
- 2 Take medicine and continue walking at the same speed
- 3 Continue walking at the same speed without taking medication

4. If you stop walking, regardless of whether you take medicine or not, how is the pain or discomfort then? CIRCLE ONE NUMBER **CPSTOP**

- 1 The pain usually passes within ten minutes
- 2 The pain usually continues for more than ten minutes

5. Where are the pains or discomforts located? (CIRCLE ONE NUMBER PER LINE)

		YES	NO
a.	In the middle of the chest? CPLOCMID	1	2
b.	In the left side of the chest? CPLOCLFT	1	2
c.	In the left arm? CPLOCLAR	1	2
d.	In some other place? Specify: CPLOCOTH	1	2

H. Heart Surgery

1. Have you ever had a heart catheterization or heart angiography?

- 1 Yes **CATHANGI**
 2 No (If 'No', skip to Question 2)

1a. If yes, at what age? CAAGE

2. Have you ever had heart surgery?

- 1 Yes **HRTSURGY**
 2 No (If 'No', skip to "Joint Pain and Stiffness")

3. Did you have ... (CIRCLE ONE NUMBER PER LINE; if 'Yes', give age of surgery.):

		YES	NO	AGE
a.	Balloon angioplasty? BALLANGI	1	2	AGEBANGI
b.	Coronary bypass surgery? CORBYPSS	1	2	AGECRBYP
c.	Stent placement? STENT	1	2	AGESTENT
d.	Heart valve repair? VALVERPR	1	2	AGEVLRPR
e.	Heart valve replacement? VALVERPL	1	2	AGEVLRPL
f.	Other (describe): HRSROTH	1	2	AGEOTH

I. Joint Pain and Stiffness: General Instructions: The following questions concern limitations you experienced during the last month **due to arthritis and/or stiffness in your hips and/or knees.**

1. Have you had *any* pain or stiffness in your hips and/or knees during the last month?

- 1 Yes **JNTPAIN**
 2 No (If 'No', skip to "Hearing")

Pain

2. How much PAIN have you had during the last month? (CIRCLE ONE NUMBER PER LINE)
(GIVE SUBJECT JOINT PAIN AND STIFFNESS SCALE)

		None	Mild	Moderate	Severe	Extreme
1.	Walking on a flat surface. PAINWALK	1	2	3	4	5
2.	Going up and down stairs. PAINSTRS	1	2	3	4	5
3.	At night while in bed. PAINBED	1	2	3	4	5
4.	Sitting or lying. PAIN SIT	1	2	3	4	5
5.	Standing upright. PAINSTND	1	2	3	4	5

Joint Stiffness

3. How much STIFFNESS have you had during the last month? [Stiffness (not pain) is a sensation of restriction or slowness in the ease with which you move your joints.] (CIRCLE ONE NUMBER PER LINE)

		None	Mild	Moderate	Severe	Extreme
1.	How severe is your stiffness after first wakening in the morning? STFFMORN	1	2	3	4	5
2.	How severe is your stiffness after sitting, lying, or resting later in the day? STFFDAY	1	2	3	4	5

Difficulty With Activities

4. What degree of difficulty have you had during the last month with: (CIRCLE ONE NUMBER PER LINE)

		None	Mild	Moderate	Severe	Extreme
a.	Descending stairs. DIFFDSTR	1	2	3	4	5
b.	Ascending stairs. DIFFASTR	1	2	3	4	5
c.	Rising from sitting. DIFFRISE	1	2	3	4	5
d.	Standing. DIFFSTND	1	2	3	4	5
e.	Bending to the floor. DIFFBEND	1	2	3	4	5
f.	Walking on a flat surface. DIFFWALK	1	2	3	4	5
g.	Getting in and out of a car. DIFFCAR	1	2	3	4	5
h.	Going shopping. DIFFSHOP	1	2	3	4	5
i.	Putting on socks/stockings. DIFFSON	1	2	3	4	5
j.	Rising from bed. DIFFBRIS	1	2	3	4	5
k.	Taking off socks/stockings. DIFFSOFF	1	2	3	4	5
l.	Lying in bed. DIFFBLIE	1	2	3	4	5
m.	Getting in/out of bath. DIFFBATH	1	2	3	4	5
n.	Sitting. DIFFSIT	1	2	3	4	5
o.	Getting on/off toilet. DIFFTOIL	1	2	3	4	5
p.	Heavy domestic duties. DIFFHDOM	1	2	3	4	5
q.	Light domestic duties. DIFFLDOM	1	2	3	4	5

J. Hearing

1. Do you have a hearing problem (even a very small one)?

- 1 Yes **HEARING**
- 2 No (If 'No', skip to "**Tinnitus**")

2. In the following table, circle ONE number per line.

	YES	NO	Sometimes
a. Does a hearing problem cause you to feel embarrassed when you meet new people? HPEMBNEW	1	2	3
b. Does a hearing problem cause you to feel frustrated when talking to members of your family? HPFRUST	1	2	3
c. Do you have difficulty when someone speaks in a whisper? HPWHISP	1	2	3
d. Do you feel handicapped by a hearing problem? HPHNDCAP	1	2	3
e. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors? HPVISIT	1	2	3
f. Does a hearing problem cause you to attend religious services less often than you would like? HPRELSER	1	2	3
g. Does a hearing problem cause you to have arguments with family members? HPARGUE	1	2	3
h. Does a hearing problem cause you to have difficulty when listening to television or radio? HPTVRAD	1	2	3
i. Do you feel that any difficulty with your hearing limits or hampers your personal or social life? HPSOCIAL	1	2	3
k. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? HPRSTRNT	1	2	3

3. Do you have or have you ever had a hearing aid?

- 1 Yes **HRNGAID**
- 2 No (If 'No', skip to "**Tinnitus**")

If 'Yes', how often do you wear it? (CIRCLE ONE NUMBER)

- 1 Unable to wear it **HAIDOFT**
- 2 1-4 hours per day
- 3 4-8 hours per day
- 4 More than 8 hours per day

4. Are you wearing a hearing aid in either one or both ears now?

- 1 Yes **H Aid NOW**
- 2 No (If 'No', skip to "**Tinnitus**")

K. Tinnitus

1. Some people notice buzzing or ringing in one or both ears (also called ‘tinnitus’). In some people, this buzzing or ringing is present only once in a while, while in other people it is present much more often, or even all the time. Have you experienced buzzing or ringing (‘tinnitus’) in one or both ears?

- 1 Yes **TINNITUS**
 2 No (If ‘No’, skip to “**Sleep**”]

2. In the following table, circle ONE number per line.

	YES	NO
a. Because of your tinnitus, is it difficult for you to concentrate? TNDFCONC	1	2
b. Does the loudness of your tinnitus make it difficult for you to hear people? TNPEOPLE	1	2
c. Does your tinnitus make you feel confused? TNCONFUS	1	2
d. Because of your tinnitus do you have trouble falling asleep at night? TNSLEEP	1	2
e. Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the movies)? TNSOCIAL	1	2
f. Does your tinnitus make it difficult for you to enjoy life? TNLIFE	1	2
g. Does your tinnitus interfere with your job or household responsibilities? TNJOBHOM	1	2
h. Because of your tinnitus do you find that you are often irritable? TNIRRIT	1	2
i. Because of your tinnitus is it difficult for you to read? TNREAD	1	2
j. Do you find it difficult to focus your attention away from your tinnitus and on other things? TNATTEND	1	2
k. Because of your tinnitus do you often feel tired? TNTIRED	1	2
l. Does your tinnitus get worse when you are under stress? TNSTRESS	1	2

L. Sleep

1. During the past month, when have you usually gone to bed at night?

USUAL BED TIME: **BEDTIME**

2. During the past month, how long has it usually taken for you to fall asleep each night?

NUMBER OF MINUTES: **TIMEFALL**

3. During the past month, when have you usually gotten up in the morning?

USUAL GETTING UP TIME: **WAKETIME**

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed.)

HOURS OF SLEEP PER NIGHT: **HRSSLEEP**

5. During the past month, how often have you had trouble sleeping because you... (CIRCLE ONE NUMBER PER LINE) (GIVE SUBJECT SLEEP SCALE)

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes TBLFALL	1	2	3	4
b. Wake up in the middle of the night or early morning WAKEUP	1	2	3	4
c. Have to get up to use the bathroom BATHROOM	1	2	3	4
d. Cannot breathe comfortably BREATHE	1	2	3	4
e. Cough or snore loudly SNORE	1	2	3	4
f. Feel too cold COLD	1	2	3	4
g. Feel too hot HOT	1	2	3	4
h. Had bad dreams BADDREAM	1	2	3	4
i. Have pain PAIN	1	2	3	4
j. Other reason(s), please describe:				
How often during the past month have you had trouble sleeping because of this? OTHER	1	2	3	4

6. During the past month, how would you rate your sleep quality overall? (CIRCLE ONE NUMBER)

QUALITY

- 1 Very good
- 2 Fairly good
- 3 Fairly bad
- 4 Very bad

7. During the past month, how often have you... (CIRCLE ONE NUMBER PER LINE)

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Taken medicine (prescribed or “over the counter”) to help you sleep? MEDS	1	2	3	4
b. Had trouble staying awake while driving, eating meals, or engaging in social activities? SLEEPY	1	2	3	4

8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? (CIRCLE ONE NUMBER)

ENTHUSE

- 1 No problem at all
- 2 Only a very slight problem
- 3 Somewhat of a problem
- 4 A very big problem

9. Do you have a bed partner or roommate? (CIRCLE ONE NUMBER)

- 1 No bed partner or roommate (Skip to "**Tobacco Use**")
- 2 Partner / Roommate in other room
- 3 Partner in same room, but not same bed **PARTNER**
- 4 Partner in same bed

10. What do you think your bed partner or roommate would say about your sleeping during the last month? I want you to use these ratings to tell me how often they would say that... (CIRCLE ONE NUMBER PER LINE)

		Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	Not sure
a. You snored loudly	PRTSNORE	1	2	3	4	8
b. You took long pauses between breaths while asleep	PRTPAUSE	1	2	3	4	8
c. Your legs were twitching or jerking while you were sleep	PRTTWITCH	1	2	3	4	8
d. You had episodes of disorientation or confusion during sleep	PRTCONFUS	1	2	3	4	8
e. You had other restlessness while you sleep, please describe:	PROTOTHER	1	2	3	4	8

M. Tobacco Use

1. Have you smoked at least 100 cigarettes in your life?

- 1 Yes **SMOKE100**
- 2 No (If 'No', skip to Question 5)

2. Do you smoke cigarettes now?

- 1 Yes **SNOKENOW**
- 2 No (If 'No', skip to Question 3)

- a. How many cigarettes do you usually smoke per day?
NUMBER OF CIGARETTES: NUMSNOKE
- b. How old were you when you started smoking cigarettes regularly?
 (at least once per day for at least one month)
AGE: AGESMOKE
- c. What type of cigarettes do you usually smoke? (CIRCLE ONE NUMBER)
- | | | |
|---|---------------------------------|-----------------|
| 1 | Low tar/low nicotine cigarettes | TYPESMOK |
| 2 | Regular cigarettes | |
- d. Do you usually smoke filter tip cigarettes? (CIRCLE ONE NUMBER)
- | | | |
|---|-----|-----------------|
| 1 | Yes | EVRSMOKE |
| 2 | No | |
- (Skip to Question 4)**

3. If you do NOT smoke cigarettes now, did you ever smoke cigarettes regularly?
 (at least once per day for at least one month)

- | | | |
|---|-----|--------------------------------------|
| 1 | Yes | |
| 2 | No | (If 'No', skip to Question 5) |

a. How old were you when you started smoking cigarettes regularly?
AGE: AGESTART

b. How many cigarettes did you usually smoke per day the last time you smoked regularly?

NUMBERS OF CIGARETTES: NUMLSMOKE

c. How old were you the last time you stopped smoking cigarettes?

AGE: AGESTOP

4. Whether or not you smoke cigarettes now, about how many times have you stopped or cut down on smoking for 2 weeks or more or gone without smoking for *any* reason, for 2 weeks or more?

NUMBER OF TIMES: TIMESQT (if '0' skip to Question 5)

a. Did you stop smoking cigarettes because: (CIRCLE ONE NUMBER PER LINE)

		YES	NO
a.	A doctor told you to? RSDOCTOR	1	2
b.	You were feeling ill? RSILL	1	2
c.	You thought it was unhealthy? RSHEALTHY	1	2
d.	You were urged to by others?	1	2
e.	Smoking was too expensive?	1	2
f.	Other - SPECIFY: _____	1	2

The following are questions about some problems you might have had when you stopped smoking or cut down on your smoking, or when you were unable to smoke.

b. When you stopped, cut down, or went without smoking, did any of the following symptoms occur within the first 48 hours? (CIRCLE ONE NUMBER PER LINE)

		YES	NO	Don't Know	
a.	Were you irritable, angry or frustrated?	IRRANGRY	1	2	9
b.	Were you nervous?	NERVOUS	1	2	9
c.	Were you restless?	RESTLESS	1	2	9
d.	Did you have trouble concentrating?	CONCENTR	1	2	9
e.	Did your heart slow down?	HRTSLOW	1	2	9
f.	Did your appetite increase or did you gain weight?	WGTGAIN	1	2	9
g.	Did you feel down or depressed?	DEPRESS	1	2	9
h.	Did you have trouble sleeping?	TRBSLEEP	1	2	9

If less than 4 symptoms endorsed, skip to 'd'. If NO symptoms endorsed, skip to 5.

c. Did at least 4 of the symptoms you just mentioned occur *together* within 48 hours after you stopped, cut down, or went without smoking?

MULTSYMP

- 1 Yes
- 2 No

d. Did you ever start smoking again or use a nicotine substitute to prevent any of the above symptoms or to make any of the above symptoms go away?

RESTART

- 1 Yes
- 2 No

5. Have you smoked at least 10 cigars in your life?

SMK10CGR

- 1 Yes
- 2 No (If 'No', skip to Question 8)

6. Do you smoke cigars now?

SMKCIGAR

- 1 Yes
- 2 No (If 'No', skip to Question 7)

a. How many cigars do you usually smoke per week?

NUMBER: **NUMCIGAR**

b. How old were you when you started smoking cigars regularly? AGE: **AGECIGAR**
(at least once per week for at least one month) (Skip to Question 8)

7. If you do NOT smoke cigars now, did you ever smoke cigars regularly?
(at least once per week for at least one month)

- 1 Yes **EVRCIGAR**
- 2 No (If 'No', skip to Question 8)

a. How old were you when you started smoking cigars regularly? AGE: CGRSTART

b. How many cigars did you usually smoke per day the last time you smoked regularly?
NUMBER: NUMLCGR

c. How old were you the last time you stopped smoking cigars? AGE: CGRSTOP

8. Have you smoked at least 10 pipefuls of tobacco in your life?

SMK10PIP

1 Yes

2 No (If 'No', skip to Question 11)

9. Do you smoke a pipe now?

SMKPIPE

1 Yes

2 No (If 'No', skip to Question 10)

a. How many pipefuls of tobacco do you usually smoke per week? NUMBER: NUMPIPE

b. How old were you when you started smoking a pipe regularly? AGE: AGEPIPE
(at least once per week for at least one month)

(Skip to Question 11)

10. If you do NOT smoke a pipe now, did you ever smoke a pipe regularly?

(at least once per week for at least one month)

1 Yes **EVRPIPE**

2 No (If 'No', skip to Question 11)

a. How old were you when you started smoking a pipe regularly? AGE: PIPSTART

b. How many pipefuls did you usually smoke per week the last time you smoked regularly? NUMBER: NUMLPIP

c. How old were you the last time you stopped smoking a pipe? AGE: PIPSTOP

11. Do you chew tobacco or use snuff now?

1 Yes **CHEWTOB**

2 No (If 'No', skip to "Alcohol Use")

a. How many wads of tobacco or snuff do you usually use per day? NUMBER: _____

b. How old were you when you started chewing tobacco or using snuff regularly?
(at least once per day for at least one month)

AGE: AGECHEW

N. Alcohol Use

Have you had more than 20 alcoholic drinks in you entire life?

DRINK20

- 1 Yes
- 2 No **(If 'No', interview is finished)**

1. During the past 2 weeks, on how many days did you drink any beer?

NUMBER OF DAYS: NDYSBEER (0-14) **(If '0', skip to Question 2)**

1.a. On the day(s) when you drank beer, about how many beers did you drink a day?

NUMBER OF DRINKS: NDRNBEER

2. During the past 2 weeks, on how many days did you drink any wine?

NUMBER OF DAYS: NDYSWINE (0-14) **(If '0', skip to Question 3)**

2.a. On the day(s) when you drank wine, about how many glasses of wine did you drink a day?

NUMBER OF DRINKS: NDRNWINE

3. During the past 2 weeks, on how many days did you drink any hard liquor (gin, scotch, etc)?

NUMBER OF DAYS: NDYSHARD (0-14) **(If '0', interview is finished)**

3.a. On the day(s) when you drank hard liquor, about how many 'shots' of hard liquor did you drink a day?

NUMBER OF DRINKS: NDRNHARD

Date: _____
Tester: _____

Subject: _____

Amendment A. Head Injury

1. Have you ever had a severe head injury that was associated with loss of consciousness or confusion? CIRCLE ONE NUMBER

HADSHINJ

- 1 Yes
2 No (If 'No', skip to #3)

2. Did that head injury (any of those head injuries) result in your staying overnight in the hospital?

STAYOVER

- 1 Yes
2 No

3. Have you ever been told by a doctor that you had a concussion? (If 'Yes'...) How many times? _____ (no = 0)

NUMCONC

4. Altogether, how many different head injuries or concussions (all total) have you had?

NUMHINJ

5. (If only 1...) How old were you when it happened? **AGEHINJ**
(If more than 1...) How old were you when you had the first one? **AGEFHINJ**
(If more than 1...) How old were you when you had the last one? **AGELHINJ**

VETSA Medical Questionnaire

A. Abdominal Pain

1. Have you had abdominal pain and/or discomfort, constipation or diarrhea on an average of 4 days a month for the last 3 months? **ABDOPAIN**

1 Yes 2 No [If No, skip to “Urination” – on next page]

2. In the following table, place an ‘X’ in ONE box on EACH LINE.

	YES	NO
a. In the last 3 months, did you often have <u>discomfort or pain</u> in your abdomen? (“Often” means that symptoms were present at least 1 day in each of 3 weeks in the past 3 months.) APOFTEN	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Does your <u>discomfort or pain</u> get better or stop after you have a bowel movement? APAFTBWL	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. When the <u>discomfort or pain</u> starts, do you have a change in your usual number of bowel movements (either more or fewer)? APBWLCHN	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. When the <u>discomfort or pain</u> starts, do you have either softer or harder stools than usual? APSTOOL	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Have you had any of the following symptoms at least one-fourth (1/4) of the time (occasions or days) in the last 3 months? (Check all that apply)		
1. Fewer than three bowel movements a week (0-2 a week) APLT3BWL	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. More than three bowel movements a day (4 or more a day) APGT3BWL	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Hard or lumpy stools APLOOSTL	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Loose, mushy or watery stools APHRDSTL	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Straining during a bowel movement APSTRAIN	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. Having to rush to the toilet to have a bowel movement APRUSH	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7. Feeling of incomplete emptying after a bowel movement APINCOM	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8. Passing mucus (slime) during a bowel movement APMUCUS	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9. Abdominal fullness, bloating or swelling APBLOAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10. A sensation that the stool cannot be passed (i.e., blocked) when having a bowel movement APBLOCK	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11. A need to press on or around your bottom to try to remove stool in order to complete the bowel movement APPRESS	1 <input type="checkbox"/>	2 <input type="checkbox"/>

B. Urination

1. Over the past month, how often have you... (Place an “X” in ONE box on EACH LINE.)

		Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost Always
a.	Had a sensation of not emptying your bladder completely after you finished urinating? NOTEEMPTY	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b.	Had to urinate again less than 2 hours after you finished urinating? FREQURIN	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c.	Found you stopped and started again several times when you urinated? STOPSTAR	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d.	Found it difficult to postpone urination? DIFFPOST	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e.	Had a weak urinary stream? WEAKURIN	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f.	Had to push or strain to begin urination? SPRNURIN	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. Over the last month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning? (Place an “X” in ONE box)

GOTUPURN

- 0 None
- 1 1 time
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5 or more times

3. Over the past month, how much physical discomfort did urinary problems cause you? (Place an “X” in ONE box)

DISCURIN

- 0 None
- 1 Only a little
- 2 Some
- 3 A lot

4. Over the past month, how much did you worry about your health because of any urinary problems? (Place an “X” in ONE box)

WORRURIN

- 0 None
- 1 Only a little
- 2 Some
- 3 A lot

5. Overall, how bothersome has any trouble with urination been during the last month? (Place an “X” in ONE box)

BOTHURIN

- 0 Not at all bothersome
- 1 Bothers me a little
- 2 Bothers me some
- 3 Bothers me a lot

6. Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do? (Place an “X” in ONE box)

TIMEURIN

- 0 None of the time
- 1 A little of the time
- 2 Some of the time
- 3 Most of the time
- 4 All of the time

C. Erectile Dysfunction

1. Over the past four weeks, how often were you able to get an erection during sexual activity? (Place an “X” in ONE box)

OFTERECT

- 0 No sexual activity
- 1 Almost never / never
- 2 A few times (much less than half the time)
- 3 Sometimes (about half the time)
- 4 Most times (much more than half the time)
- 5 Almost always / always

2. Over the past four weeks, when you had erections with sexual stimulation, how often were your erections hard enough for penetration? (Place an “X” in ONE box)

PENERECT

- 0 No sexual activity
- 1 Almost never / never
- 2 A few times (much less than half the time)
- 3 Sometimes (about half the time)
- 4 Most times (much more than half the time)
- 5 Almost always / always

3. Over the past four weeks, when you attempted sexual intercourse, how often were you able to penetrate (enter) your partner? (Place an “X” in ONE box)

PENETRAT

- 0 Did not attempt intercourse
- 1 Almost never / never
- 2 A few times (much less than half the time)
- 3 Sometimes (about half the time)
- 4 Most times (much more than half the time)
- 5 Almost always / always

4. Over the past four weeks, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner? (Place an "X" in ONE box)

MNTNRCT

- 0 Did not attempt intercourse
- 1 Almost never / never
- 2 A few times (much less than half the time)
- 3 Sometimes (about half the time)
- 4 Most times (much more than half the time)
- 5 Almost always / always

5. Over the past four weeks, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse? (Place an "X" in ONE box)

DIFFMNTN

- 0 Did not attempt intercourse
- 1 Extremely difficult
- 2 Very difficult
- 3 Difficult
- 4 Slightly difficult
- 5 Not difficult

6. Over the past four weeks, how many times have you attempted sexual intercourse? (Place an "X" in ONE box)

ATTSEX

- 0 No attempts
- 1 One to two attempts
- 2 Three to four attempts
- 3 Five to six attempts
- 4 Seven to ten attempts
- 5 Eleven + attempts

7. Over the past four weeks, when you attempted sexual intercourse, how often was it satisfactory for you? (Place an "X" in ONE box)

SATISSEX

- 0 Did not attempt intercourse
- 1 Almost never / never
- 2 A few times (much less than half the time)
- 3 Sometimes (about half the time)
- 4 Most times (much more than half the time)
- 5 Almost always / always

8. Over the past four weeks, how much have you enjoyed sexual intercourse? (Place an "X" in ONE box)

ENJOYSEX

- 0 No intercourse
- 1 No enjoyment
- 2 Not very enjoyable
- 3 Fairly enjoyable
- 4 Highly enjoyable
- 5 Very highly enjoyable

9. Over the past four weeks, when you had sexual stimulation OR intercourse, how often did you ejaculate? (Place an "X" in ONE box)

OFTEJAC

- 0 No sexual stimulation / intercourse
- 1 Almost never / never
- 2 A few times (much less than half the time)
- 3 Sometimes (about half the time)
- 4 Most times (much more than half the time)
- 5 Almost always / always

10. Over the past four weeks, when you had sexual stimulation OR intercourse, how often did you have the feeling of orgasm or climax? (Place an "X" in ONE box)

OFTORGAS

- 0 No sexual stimulation / intercourse
- 1 Almost never / never
- 2 A few times (much less than half the time)
- 3 Sometimes (about half the time)
- 4 Most times (much more than half the time)
- 5 Almost always / always

11. Over the past four weeks, how often have you felt sexual desire? (Place an "X" in ONE box)

OFTDESIR

- 1 Almost never / never
- 2 A few times (much less than half the time)
- 3 Sometimes (about half the time)
- 4 Most times (much more than half the time)
- 5 Almost always / always

12. Over the past four weeks, how would you rate your level of sexual desire? (Place an "X" in ONE box)

LVLDESIR

- 1 Very low / none at all
- 2 Low
- 3 Moderate
- 4 High
- 5 Very high

13. Over the past four weeks, how satisfied have you been with your overall sex life? (Place an "X" in ONE box)

SATSEXLI

- 1 Very dissatisfied
- 2 Moderately dissatisfied
- 3 About equally satisfied and dissatisfied
- 4 Moderately satisfied
- 5 Very satisfied

Date: ____ / ____ / ____

Subject: _____

Tester: ____

14. Over the past four weeks, how satisfied have you been with your sexual relationship with your partner? (Place an "X" in ONE box)

SATSEXRE

- 1 Very dissatisfied
- 2 Moderately dissatisfied
- 3 About equally satisfied and dissatisfied
- 4 Moderately satisfied
- 5 Very satisfied

15. Over the past four weeks, how do you rate your confidence that you could get and keep an erection? (Place an "X" in ONE box)

CONFERCT

- 1 Very low
- 2 Low
- 3 Moderate
- 4 High
- 5 Very high

AFQT-The Armed Forces Qualification Test Variable Names and Labels

1. Variable names represent the question number on the test (e.g. AFQT1 - AFQT100).
2. Missing data are coded with Zs
3. Subscales are calculated based on the number correct and incorrect in the relevant categories:
 - a. Vocabulary subscale is calculated based on questions 1, 2, 3, 4, 17, 18, 19, 20, 33, 34, 35, 36, 49, 50, 51, 52, 65, 66, 67, 68, 81, 82, 83, 84, 97
 - b. Arithmetic subscale is calculated based on questions 5, 6, 7, 8, 21, 22, 23, 24, 37, 38, 39, 40, 53, 54, 55, 56, 69, 70, 71, 72, 85, 86, 87, 88, 98
 - c. Tools subscale is calculated based on questions 9, 10, 11, 12, 25, 26, 27, 28, 41, 42, 43, 44, 57, 58, 59, 60, 73, 74, 75, 76, 89, 90, 91, 92, 99
 - d. Boxes subscale is calculated based on questions 13, 14, 15, 16, 29, 30, 31, 32, 45, 46, 47, 48, 61, 62, 63, 64, 77, 78, 79, 80, 93, 94, 95, 96, 100

Subject ID _____
Tester _____

AFQT

TOT _____ : _____
Date _____ / _____ / _____

VETSA

Vietnam Era Twin Study of Aging

Thank you for participating in the Vietnam Era Twin Study of Aging. This questionnaire is a part of the project that is used to study the various ways people adjust to growing older. Some of the questions ask about your current feelings and attitudes, your health, your relationships now and when you were growing up, and how you cope with changes. Other questions ask you to remember and report on previous experiences and your feelings about those experiences.

Please answer all of the questions that apply to you. Some questions may seem similar to others, but each one is a little different. If you are unsure about how to answer a question, please give the best answer you can. If you find that something is really unclear, you can fold the corner of the pages those items are on, and we can go over them when you are in San Diego or Boston. If you find it too difficult or distressing to answer any question, you may skip that question and continue with the next.

You might recognize some questions from previous research projects that you've participated in, but please bear with us. It's important that you answer all of them. It usually takes people about 1 ½ hours to complete the questionnaire. It is divided into sections, and you don't need to answer all of the questions in one sitting.

Please bring the completed questionnaire with you when you come to Boston or San Diego for the rest of the study.

Thanks again for being part of the VETSA!

General Instructions:

Please read the instructions for each section before responding to the questions in that section. Please check both sides of each page for questions.

THIS PAGE NOT USED

SECTION A: YOUR HEALTH

SF36 A1- A11 (computer scored)

Directions: The first questions ask for your views about your health. This information keeps track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

A1. In general, how would you rate your health? (CIRCLE ONE NUMBER)

A1

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

A2. Compared to one year ago, how would you rate your health in general now? (CIRCLE ONE NUMBER)

A2

- 1 Much better now than one year ago
- 2 Somewhat better now than one year ago
- 3 About the same as one year ago
- 4 Somewhat worse than one year ago
- 5 Much worse than one year ago

A3. Does your health now limit you in the following activities? (CIRCLE ONE NUMBER PER LINE)

Activities	A3_#	Yes, limited a lot	Yes, limited a little	No, not limited at all
1. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	A3_1	1	2	3
2. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	A3_2	1	2	3
3. Lifting or carrying groceries	A3_3	1	2	3
4. Climbing several flights of stairs	A3_4	1	2	3
5. Climbing one flight of stairs	A3_5	1	2	3
6. Bending, kneeling, or stooping	A3_6	1	2	3
7. Walking more than a mile	A3_7	1	2	3
8. Walking several blocks	A3_8	1	2	3
9. Walking one block	A3_9	1	2	3
10. Bathing or dressing yourself	A3_10	1	2	3

A4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (CIRCLE ONE NUMBER PER LINE)

A4_#	YES	NO
1. Cut down on the amount of time you spent on work or other activities	1	2
2. Accomplished less than you would like	1	2
3. Were limited in the kind of work or other activities you could undertake	1	2
4. Had difficulty performing work or other activities (for example, it took extra effort)	1	2

A5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (CIRCLE ONE NUMBER PER LINE)

A5_#	YES	NO
a. Cut down on the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Didn't do work or other activities as carefully as usual	1	2

A6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups. (CIRCLE ONE NUMBER)

A6

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

A7. How much bodily pain have you had during the past 4 weeks? (CIRCLE ONE NUMBER)

A7

- 1 None
- 2 Very Mild
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Very Severe

A8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (CIRCLE ONE NUMBER)

A8

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

- A9. The next questions are about how you felt and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks – (CIRCLE ONE NUMBER PER LINE)

A9_#

How much of the time during the past 4 weeks ...	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
1. did you feel full of pep?	1	2	3	4	5	6
2. have you been a very nervous person?	1	2	3	4	5	6
3. have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
4. have you felt calm and peaceful?	1	2	3	4	5	6
5. did you have a lot of energy?	1	2	3	4	5	6
6. have you felt downhearted and blue?	1	2	3	4	5	6
7. did you feel worn out?	1	2	3	4	5	6
8. have you been a happy person?	1	2	3	4	5	6
9. did you feel tired?	1	2	3	4	5	6

- A10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (CIRCLE ONE NUMBER)

A10

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

- A11. How TRUE or FALSE is each of the following statements for you? (CIRCLE ONE NUMBER PER LINE)

A11_#

	Definitely true	Mostly true	Mostly false	Definitely false	Don't know
1. I seem to get sick a little easier than other people.	1	2	3	4	5
2. I am as healthy as anybody I know.	1	2	3	4	5
3. I expect my health to get worse.	1	2	3	4	5
4. My health is excellent.	1	2	3	4	5
5. I worry about losing my memory.	1	2	3	4	5
6. I am aging well.	1	2	3	4	5

NOTE: Items 5 & 6 are not part of the SF36

A12. Looking ahead ten years into the future, what do you expect your health will be like at that time (Using a scale from 0 to 10 where “0” means “worst possible health” and “10” means “best possible health”) (CIRCLE ONE NUMBER) **A12**

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

A13. Do you have one particular doctor you usually see for health care? (CHECK ONE BOX) **A13**

- 1 Yes
- 2 No

A14. Please indicate how many times you saw each of the following doctors in the past 12 months about your physical health. Include only visits regarding your own physical health, not visits when you took someone else to be examined. (WRITE NUMBER OF VISITS. IF NONE, PLEASE ENTER '0')

A14_#

TYPE OF DOCTOR/CONSULTATION	NUMBER OF TIMES
1. A doctor, hospital or clinic for a routine physical check-up	_____
2. A dentist or optician for a routine check-up or exam	_____
3. A doctor, emergency room, or clinic for urgent care treatment (for example, because of new symptoms, an accident or something else unexpected)	_____
4. A doctor, hospital clinic, orthodontist, or ophthalmologist for scheduled treatment or surgery	_____

NOTE: A12 – 14 ARE NOT PART OF SF36

SECTION B: PARENTS' HEALTH

Directions: This section is about your biological parent's health. If you were raised by step-parents or adoptive parents, please answer these questions about your biological parents as best you can.

B1. Looking back to when you were 16, how would you rate your biological mother's health at that time? (CIRCLE ONE NUMBER)

B1

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Deceased (at that time).....**SKIP TO BOX B**
- 8 Don't Know

B2. Is your biological mother still alive? (CIRCLE ONE NUMBER AND FOLLOW INSTRUCTION)

B2

- 1 Yes.....**GO TO BOX A**
- 2 No.....**SKIP TO BOX B**
- 8 Don't Know**SKIP TO QUESTION B3**

BOX A (If your biological mother is alive) **B2***

B2a. How old is she? (YOUR BEST ESTIMATE IS FINE)

_____ MOTHER'S CURRENT AGE IN YEARS **B2a**

B2b. How would you rate your biological mother's current physical health? (CIRCLE ONE NUMBER)

B2b

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

BOX B (If your biological mother is deceased) **B2***

B2c. In what year did she die? (YOUR BEST ESTIMATE IS FINE)

_____ YEAR IN WHICH MOTHER DIED **B2c**

B2d. How old was she when she died? (YOUR BEST ESTIMATE IS FINE) **B2d**

_____ MOTHER'S AGE IN YEARS AT TIME OF DEATH

B3. Again, looking back to when you were 16, how would you rate your biological father's health at that time? (CIRCLE ONE NUMBER)

B3

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Deceased (at that time).....**SKIP TO BOX D**
- 8 Don't Know

B4. Is your biological father still alive? (CIRCLE ONE NUMBER AND FOLLOW INSTRUCTION)

B4

- 1 Yes.....**GO TO BOX C**
- 2 No.....**SKIP TO BOX D**
- 8 Don't Know.....**SKIP TO SECTION C**

BOX C (If your biological father is alive) **B4***

B4a. How old is he? (YOUR BEST ESTIMATE IS FINE)

B4a

_____ FATHER'S CURRENT AGE IN YEARS

B4b. How would you rate your biological father's current physical health? (CIRCLE ONE NUMBER)

B4b

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

BOX D (If your biological father is deceased)

B4c. In what year did he die? (YOUR BEST ESTIMATE IS FINE)

B4c

_____ YEAR IN WHICH FATHER DIED

B4d. How old was he when he died (YOUR BEST ESTIMATE IS FINE)

B4d

_____ FATHER'S AGE IN YEARS AT TIME OF DEATH

SECTION C: CHILDHOOD FAMILY BACKGROUND

C1. What is the month, day, and year of your birth? (FILL IN DATE IN PROVIDED SPACES)
C1 **Note: in data set variable appears as age, not DOB**
_____ / _____ / 19_____
MONTH DAY YEAR

C2. Did your parents ever get divorced before you turned 18?
C2

- 1 Yes
- 2 No

C3. With whom did you live until the age of 18 (if other than both biological parents)?

SPECIFY: _____

0 = both biological parents,
1 = other (i.e. one parent, non-relative)

C4. What was your father's main occupation when you were growing up? (Up until age 18)
See DES

SPECIFY: _____

C5. (If applicable) What was your step-father's main occupation when you were growing up? (Up until age 18)

See DES

SPECIFY: _____

C6. What was your mother's main occupation when you were growing up? (Up until age 18)

See DES

SPECIFY: _____

C7. (If applicable) What was your step-mother's main occupation when you were growing up? (Up until age 18)

See DES

SPECIFY: _____

C8. What is the highest level of education your father completed? (CIRCLE ONE NUMBER)

C8

- 1 No formal schooling
- 2 Elementary/Junior High School
- 3 Some High School (No diploma)
- 4 High School or GED Equivalent
- 5 Vocational/Technical school after high school
- 6 Associates degree or two years of equivalent training
- 7 Bachelor's Degree or four years of equivalent training
- 8 Graduate/Professional School

C9. (If applicable) What is the highest level of education your step-father completed? (CIRCLE ONE NUMBER)

C9

- 1 No formal schooling
- 2 Elementary/Junior High School
- 3 Some High School (No diploma)
- 4 High School or GED Equivalent
- 5 Vocational/Technical school after high school
- 6 Associates degree or two years of equivalent training
- 7 Bachelor's Degree or four years of equivalent training
- 8 Graduate/Professional School

C10. What is the highest level of education your mother completed? (CIRCLE ONE NUMBER)

C10

- 1 No formal schooling
- 2 Elementary/Junior High School
- 3 Some High School (No diploma)
- 4 High School or GED Equivalent
- 5 Vocational/Technical school after high school
- 6 Associates degree or two years of equivalent training
- 7 Bachelor's Degree or four years of equivalent training
- 8 Graduate/Professional School

C11. (If applicable) What is the highest level of education your step-mother completed? (CIRCLE ONE NUMBER)

C11

- 1 No formal schooling
- 2 Elementary/Junior High School
- 3 Some High School (No diploma)
- 4 High School or GED Equivalent
- 5 Vocational/Technical school after high school
- 6 Associates degree or two years of equivalent training
- 7 Bachelor's Degree or four years of equivalent training
- 8 Graduate/Professional School

C12. How many older, younger and same age brothers did you have while you were growing up, including both natural and step- or half-brothers?
(WRITE NUMBER. IF NONE, ENTER '0' IN SPACES BELOW)

C12_*

NUMBER

- _____ OLDER BROTHERS **C12a**
- _____ YOUNGER BROTHERS **C12b**
- _____ BROTHERS SAME AGE (e.g., twins or triplets) **C12c**

C13. How many older, younger and same age sisters did you have while you were growing up, including both natural and step- or half-sisters?
(WRITE NUMBER. IF NONE, ENTER '0' IN SPACES BELOW)

C13*

NUMBER

_____ OLDER SISTERS **C13a**

_____ YOUNGER SISTERS **C13b**

_____ SISTERS SAME AGE (e.g., twins or triplets) **C13c**

FES = Family Environment Scale

C14. Please think about what your family was like when you were a child. On the following pages are some statements about families. You may feel that some of the statements were more true of some family members than others, but try to decide what your family was like on the whole. Please answer about how your family seemed to **you**—do not try to figure out how other family members thought about your family. **Please circle the answer you feel most appropriate.** (CIRCLE ONE NUMBER PER LINE)

STATEMENT C14_#	Strongly DISAGREE	Somewhat DISAGREE	In Between	Somewhat AGREE	Strongly AGREE
1. Family members really helped and supported one another when I was growing up.	1	2	3	4	5
2. It was hard to “blow off steam” at home without upsetting somebody.	1	2	3	4	5
3. We fought a lot in our family.	1	2	3	4	5
4. We felt it was important to be the best at whatever you do.	1	2	3	4	5
5. We often talked about political and social problems in the family I grew up in.	1	2	3	4	5
6. Friends often came over for dinner or to visit.	1	2	3	4	5
7. We were generally very neat and orderly in the family I grew up in.	1	2	3	4	5
8. There were very few rules to follow in our family.	1	2	3	4	5
9. There was a feeling of togetherness in our family.	1	2	3	4	5
10. We told each other about our personal problems.	1	2	3	4	5
11. Family members rarely became angry.	1	2	3	4	5
12. Getting ahead in life was very important in our family when I was growing up.	1	2	3	4	5
13. We rarely went to lectures, plays, or concerts.	1	2	3	4	5

STATEMENT	C14_#	Strongly DISAGREE	Somewhat DISAGREE	In Between	Somewhat AGREE	Strongly AGREE
14. In our family, nobody was active in sports, Little League, bowling, etc.		1	2	3	4	5
15. Being on time was very important in our family.		1	2	3	4	5
16. There were set ways of doing things at home.		1	2	3	4	5
17. There was very little group spirit in our family.		1	2	3	4	5
18. Someone usually got upset if you complained in our family.		1	2	3	4	5
19. Family members hardly ever lost their tempers.		1	2	3	4	5
20. In the family I grew up in, we always strived to do things just a little better the next time.		1	2	3	4	5
21. Our family was not very interested in cultural activities.		1	2	3	4	5
22. We often went to the movies, sports events, camping, etc.		1	2	3	4	5
23. Family members made sure their rooms were neat.		1	2	3	4	5
24. There was strong emphasis on following the rules in our family when I was growing up.		1	2	3	4	5
25. We really got along well with each other.		1	2	3	4	5
26. Money and paying bills were openly talked about in our family.		1	2	3	4	5
27. Family members often criticized each other.		1	2	3	4	5
28. Family members rarely worried about job promotions, school grades, etc.		1	2	3	4	5
29. We rarely had intellectual discussions.		1	2	3	4	5
30. Family members were not very active in recreational activities outside of work or school.		1	2	3	4	5
31. Each person's duties were clearly defined in our family.		1	2	3	4	5
32. Rules were pretty strict in our household when I was growing up.		1	2	3	4	5
33. There was plenty of time and attention for everyone in our family.		1	2	3	4	5
34. There were a lot of spontaneous discussions in our family when I was growing up.		1	2	3	4	5

STATEMENT C14_#	Strongly DISAGREE	Somewhat DISAGREE	In Between	Somewhat AGREE	Strongly AGREE
35. Family members often tried to one-up or out-do each other.	1	2	3	4	5
36. In our family we didn't try very hard to succeed.	1	2	3	4	5
37. Family members really liked music, art, and literature.	1	2	3	4	5
38. Family members went out a lot when I was growing up.	1	2	3	4	5
39. Dishes were usually done immediately after eating.	1	2	3	4	5
40. You couldn't get away with much in our family.	1	2	3	4	5

SECTION D: SELF-ASSESSMENT

Directions: The following set of questions deals with how you feel about yourself and your life now. Please remember there are no right or wrong answers.

D1. Please indicate your present agreement or disagreement with each statement.
(CIRCLE ONE NUMBER PER LINE)

Well-Being: Ryff

D1_#	Strongly DISAGREE	Moderately DISAGREE	Slightly DISAGREE	Slightly AGREE	Moderately AGREE	Strongly AGREE
1. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
2. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
3. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
4. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
5. The demands of everyday life often get me down.	1	2	3	4	5	6
6. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6
7. I am quite good at managing the responsibilities of my daily life.	1	2	3	4	5	6
8. I like most aspects of my personality.	1	2	3	4	5	6
9. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
10. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
11. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6
12. People would describe me as a giving person, willing to share my time.	1	2	3	4	5	6
13. For me, life has been a continuous process of learning, changing and growth.	1	2	3	4	5	6
14. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
15. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
16. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
17. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6
18. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6

D2. Please read each statement and indicate the degree to which it applies to you.
(CIRCLE ONE NUMBER PER LINE)

Resilience: Block

STATEMENT	D2_#	Does Not Apply At All	Applies Slightly, If At All	Applies Somewhat	Applies very strongly
1. I am generous with my friends.	D2_1	1	2	3	4
2. I quickly get over and recover from being startled.		1	2	3	4
3. I enjoy dealing with new and unusual situations.		1	2	3	4
4. I usually succeed in making a favorable impression on people.		1	2	3	4
5. I enjoy trying new foods I have never tasted before.		1	2	3	4
6. I am regarded as a very energetic person.		1	2	3	4
7. I like to take different paths to familiar places.		1	2	3	4
8. I am more curious than most people.		1	2	3	4
9. Most of the people I meet are likeable.		1	2	3	4
10. I usually think carefully about something before acting.		1	2	3	4
11. I like to do new and different things.		1	2	3	4
12. My daily life is full of things that keep me interested.		1	2	3	4
13. I would be willing to describe myself as a pretty "strong" personality.		1	2	3	4
14. I get over my anger at someone reasonably quickly.		1	2	3	4

D3. Next we would like you to take a few moments and think about the most stressful situation that you have experienced in the **past month**. By stressful we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. Then rate the extent to which you did each of the following as a way of coping with this. (CIRCLE ONE NUMBER PER LINE)

Ways of Coping

When the most stressful experience in the past month appened, I...	D3_#	Did not do this at all	Did this a little bit	Did this somewhat	Did this a lot
1. just concentrated on what I had to do next – the next step.		1	2	3	4
2. did something which I didn't think would work, but at least I was doing something.		1	2	3	4
3. tried to get the person responsible to change his or her mind.		1	2	3	4
4. talked to someone to find out more about this situation.		1	2	3	4
5. criticized or lectured myself.		1	2	3	4

When the most stressful experience in the past month happened, I... D3_#	Did not do this at all	Did this a little bit	Did this somewhat	Did this a lot
6. tried not to burn my bridges, but leave things open somewhat.	1	2	3	4
7. hoped a miracle would happen.	1	2	3	4
8. went along with fate; sometimes I just have bad luck.	1	2	3	4
9. went on as if nothing had happened.	1	2	3	4
10. tried to keep my feelings to myself.	1	2	3	4
11. looked for the silver lining, so to speak; tried to look on the bright side of things.	1	2	3	4
12. slept more than usual.	1	2	3	4
13. expressed anger to the person(s) who caused the problem.	1	2	3	4
14. accepted sympathy and understanding from someone.	1	2	3	4
15. was inspired to do something creative.	1	2	3	4
16. tried to forget the whole thing.	1	2	3	4
17. got professional help.	1	2	3	4
18. changed or grew as a person in a good way.	1	2	3	4
19. apologized or did something to make up.	1	2	3	4
20. made a plan of action and followed it.	1	2	3	4
21. let my feelings out somehow.	1	2	3	4
22. realized I brought the problem on myself.	1	2	3	4
23. came out of the experience better than when I went in.	1	2	3	4
24. talked to someone who could do something concrete about the problem.	1	2	3	4
25. tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.	1	2	3	4
26. took a big chance or did something very risky.	1	2	3	4
27. tried not to act too hastily or follow my first hunch.	1	2	3	4
28. found new faith.	1	2	3	4
29. rediscovered what is important in life.	1	2	3	4
30. changed something so things would turn out all right.	1	2	3	4
31. avoided being with people in general.	1	2	3	4
32. didn't let it get to me, refused to think about it too much.	1	2	3	4
33. asked a relative or friend I respected for advice.	1	2	3	4
34. kept others from knowing how bad things were.	1	2	3	4
35. made light of the situation; refused to get too serious about it.	1	2	3	4
36. talked to someone about how I was feeling.	1	2	3	4
37. stood my ground and fought for what I wanted.	1	2	3	4
38. took it out on other people.	1	2	3	4

When the most stressful experience in the past month happened, I... D3_#	Did not do this at all	Did this a little bit	Did this somewhat	Did this a lot
39. drew on my past experiences; I was in a similar position before.	1	2	3	4
40. knew what had to be done, so I doubled my efforts to make things work.	1	2	3	4
41. refused to believe that it had happened.	1	2	3	4
42. made a promise to myself that things would be different next time.	1	2	3	4
43. came up with a couple of different solutions to the problem.	1	2	3	4
44. tried to keep my feelings from interfering with other things too much.	1	2	3	4
45. changed something about myself.	1	2	3	4
46. wished that the situation would go away or somehow be over with.	1	2	3	4
47. had fantasies or wishes about how things might turn out.	1	2	3	4
48. prayed.	1	2	3	4
49. went over in my mind what I would say or do.	1	2	3	4
50. thought about how a person I would admire would handle the situation and used that as a model.	1	2	3	4

D4. Next is a list of statements dealing with your general feelings about yourself.

(CIRCLE ONE NUMBER PER LINE)

Self-Esteem: Rosenberg

STATEMENT D4_#	Strongly DISAGREE	DISAGREE	AGREE	Strongly AGREE
1. I feel that I'm a person of worth, at least on an equal basis with others.	1	2	3	4
2. I feel that I have a number of good qualities.	1	2	3	4
3. All in all, I am inclined to feel that I am a failure.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of.	1	2	3	4
6. I take a positive attitude toward myself.	1	2	3	4
7. On the whole, I am satisfied with myself.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4
9. I certainly feel useless at times.	1	2	3	4
10. At times I think I am no good at all.	1	2	3	4

D5. This section presents statements a person might use to describe his or her attitudes, opinions, or interests. Each statement is followed by two choices. *Most can be answered TRUE (T) or FALSE (F). Read each statement and decide whether the statement is true or false about you.* A few statements ask you to choose between two answers to a statement by checking answer (A) or answer (B). It is important you answer every statement, even if you are not completely sure of your answer. An occasional item may refer to experiences which you may have had only when using alcohol or drugs. Unless you have had that experience at other times, mark it as if you had not had that experience.

D5_#

MPQ (form NZ)

STATEMENTS DESCRIBING ATTITUDES, OPINIONS OR INTERESTS (CIRCLE T / F, OR A / B ON EACH LINE)

1.	When I work with others I like to take charge.	T	F
2.	I keep close track of where my money goes.	T	F
3.	I often find myself worrying about something.	T	F
4.	I usually like to spend my free time with friends rather than alone.	T	F
5.	Sometimes I feel and experience things as I did when I was a child.	T	F
6.	If people criticize me, I usually point out their own weaknesses.	T	F
7.	I often keep working on a problem even if I am very tired.	T	F
8.	Some people go out of their way to keep me from getting ahead.	T	F
9.	I often stop one thing before completing it and start another.	T	F
10.	I can be greatly moved by eloquent or poetic language.	T	F
11.	My feelings are hurt rather easily.	T	F
12.	I don't like having to tell people what to do.	T	F
13.	I could be happy living by myself in a cabin in the woods or mountains.	T	F
14.	I am always disgusted with the law when a criminal goes free because of a clever lawyer.	T	F
15.	When someone hurts me, I try to get even.	T	F
16.	While watching a movie, a TV show, or a play, I may become so involved that I forget about myself and my surroundings and experience the story as if it were real and as if I were taking part in it.	T	F
17.	I enjoy being in the spotlight.	T	F
18.	When faced with a decision, I usually take time to consider and weigh all possibilities.	T	F
19.	Many people try to push me around.	T	F
20.	As young people grow up, they ought to try to carry out some of their rebellious ideas instead of just settling down.	T	F
21.	<u>When I am unhappy</u> about something, a. I tend to seek the company of a friend, OR b. I prefer to be alone.	A or B	
22.	If I stare at a picture and then look away from it, I can sometimes "see" an image of the picture, almost as if I were still looking at it.	T	F
23.	It might be fun and exciting to be in an earthquake.	T	F
24.	It is easy for me to become enthusiastic about things I am doing.	T	F
25.	I perform for an audience whenever I can.	T	F

STATEMENTS DESCRIBING ATTITUDES, OPINIONS OR INTERESTS (CIRCLE T / F, OR A / B ON EACH LINE)			
26.	I play hard and I work hard.	D5_26	T F
27.	I enjoy violent movies.		T F
28.	Often I get irritated at little annoyances.		T F
29.	Sometimes I feel as if my mind could envelop the whole world.		T F
30.	I often act without thinking.		T F
31.	Of these two things I would <u>dislike more</u> : a. Trying to beat a railroad train at a crossing, OR b. Spraining my ankle so that I couldn't walk on it.		A or B
32.	I would be very embarrassed to tell people that I had spent my holiday at a nudist camp.		T F
33.	I prefer not to "open up" too much, not even to friends.		T F
34.	I often feel happy and satisfied for no particular reason.		T F
35.	In most social situations, I like to have someone else take the lead.		T F
36.	I suffer from nervousness.		T F
37.	I like to watch cloud shapes change in the sky.		T F
38.	When I have to stand in line, I never try to get ahead of others.		T F
39.	I am very religious (more than most people are).		T F
40.	I enjoy working long hours.		T F
41.	I live a very interesting life.		T F
42.	People often try to take advantage of me.		T F
43.	If I wish, I can imagine (or daydream) some things so vividly that they hold my attention as a good movie or story does.		T F
44.	I am a warm person rather than a cool and distant one.		T F
45.	Higher standards of conduct are what this country needs most.		T F
46.	I often prefer to "play things by ear" rather than to plan ahead.		T F
47.	I see nothing wrong with stepping on people's toes a little if it is to my advantage.		T F
48.	I think I really know what some people mean when they talk about mystical experiences.		T F
49.	I don't enjoy problems unless they can be solved quickly and efficiently.		T F
50.	Every day I do some things that are fun.		T F
51.	I am (or could be) a very good sales person.		T F
52.	I am usually happier when I am alone.		T F
53.	I sometimes "step outside" my usual self and experience an entirely different state of being.		T F
54.	I might enjoy riding in an open elevator to the top of a tall building under construction.		T F
55.	I don't like to start a project until I know exactly how to do it.		T F
56.	I would not enjoy being a politician.		T F
57.	When I get angry, I am often ready to hit someone.		T F

STATEMENTS DESCRIBING ATTITUDES, OPINIONS OR INTERESTS (CIRCLE T / F, OR A / B ON EACH LINE)		
58.	Textures – such as wool, sand, wood – sometimes remind me of colors or music. D5_58	T F
59.	I like working with people more than working with things.	T F
60.	Of these two things I would <u>dislike more</u> : a. Walking a mile when it's 25 degrees below zero, OR b. Being near when a volcano erupts.	A or B
61.	I am almost always treated fairly.	T F
62.	Sometimes I experience things as if they were doubly real.	T F
63.	I am very level-headed and always like to keep my feet on the ground.	T F
64.	My mood often goes up and down.	T F
65.	I would not enjoy fighting a forest fire.	T F
66.	I admit that I sometimes enjoy hurting someone physically.	T F
67.	I often go on working on a problem long after others would have given up.	T F
68.	I have few close friends.	T F
69.	When I listen to music, I can get so caught up in it that I don't notice anything else.	T F
70.	More censorship of books and movies is against free speech and should be stopped.	T F
71.	I have had a lot of bad luck.	T F
72.	I am more likely to be fast and careless than to be slow and plodding.	T F
73.	I am very good at influencing people.	T F
74.	I sometimes feel "just miserable" for no good reason.	T F
75.	I consider it very important to have a good name in my community.	T F
76.	I work just hard enough to get by without overdoing it.	T F
77.	If I wish, I can imagine that my body is so heavy that I could not move it if I wanted to.	T F
78.	I can't help but enjoy it when someone I dislike makes a fool of themselves.	T F
79.	I almost never do anything reckless.	T F
80.	I have personal enemies who would like to harm me.	T F
81.	I am not interested in being a leader.	T F
82.	Of these two things I would <u>dislike more</u> : a. Having a pilot say that the plane has engine trouble and he may have to make an emergency landing, OR b. Working in the fields digging potatoes.	A or B
83.	I can often somehow sense the presence of another person before I actually see or hear her or him.	T F
84.	I very much dislike it when someone breaks the rules of good conduct.	T F
85.	I like to try difficult things.	T F
86.	It is very important to me that some people care about me.	T F
87.	When I need to buy something, I usually go get it without thinking what else I may soon need from the same store.	T F

STATEMENTS DESCRIBING ATTITUDES, OPINIONS OR INTERESTS (CIRCLE T / F, OR A / B ON EACH LINE)		
88.	I would rather turn the other cheek than get even when someone treats me badly. D5_88	T F
89.	It would be fun to explore an old abandoned house at night.	T F
90.	People think I am forceful.	T F
91.	The crackle and flames of a wood fire stimulate my imagination.	T F
92.	Sometimes I feel strong emotions (like anxiety or anger) without really knowing why.	T F
93.	People who think mostly of their own happiness are very selfish.	T F
94.	I would be more successful if people did not make things hard for me.	T F
95.	I usually find ways to liven up my day.	T F
96.	I like hard work.	T F
97.	It is sometimes possible for me to be completely immersed in nature or in art and to feel as if my whole state of consciousness has somehow been temporarily altered.	T F
98.	I tend to value and follow a rational, "sensible" way of doing things.	T F
99.	Of these two things I would <u>dislike more</u> : a. Being on a sailboat during a great storm at sea, OR b. Having to stay at home every night for two weeks with a sick relative.	A or B
100.	Often I go a whole morning without wanting to speak to anyone.	T F
101.	I am easily startled by things that happen unexpectedly.	T F
102.	If I try, I can usually "wrap people around my finger".	T F
103.	I am ready to fight when someone tries to take advantage of me.	T F
104.	The church has outgrown its usefulness and should be completely changed or done away with.	T F
105.	Different colors have distinctive and special meanings for me.	T F
106.	People often say bad things about me.	T F
107.	I would enjoy trying to cross the ocean in a small but sea worthy sailboat.	T F
108.	I often act on the spur of the moment.	T F
109.	For me, one of the best things is the warm feeling of being in a group of good friends.	T F
110.	In my work, I have learned not to demand perfection of myself.	T F
111.	My parent's ideas of right and wrong have always proved best.	T F
112.	I am able to wander off into my own thoughts while doing a routine task and actually forget that I am doing the task and then find a few minutes later that I have completed it.	T F
113.	Sometimes I seem to enjoy hurting someone by saying something cruel.	T F
114.	Of these two things I would <u>dislike more</u> : a. Riding a long stretch of rapids in a canoe, OR b. Waiting for someone who's late.	A or B
115.	I feel that life has handed me a raw deal.	T F
116.	Even when I have done something very well, I usually demand that I do better next time.	T F
117.	Things that might seem meaningless to others often make sense to me.	T F

STATEMENTS DESCRIBING ATTITUDES, OPINIONS OR INTERESTS		(CIRCLE T / F, OR A / B ON EACH LINE)	
118.	People should obey moral laws more strictly than they do. D5_118	T	F
119.	I prefer to work alone.	T	F
120.	I enjoy a good brawl (fight).	T	F
121.	When I am with someone, I make most of the decisions.	T	F
122.	I sometimes get myself tense and upset when I think about what happened during the day.	T	F
123.	I am often not as cautious as I should be.	T	F
124.	I am disgusted by swearing and dirty language.	T	F
125.	I know that people have spread false rumors about me on purpose.	T	F
126.	Some people say that I put my work ahead of too many other things.	T	F
127.	I would <u>rather live</u> : a. In a friendly suburb, OR b. Alone in the woods.	A or B	
128.	While acting in a play, I think I could really feel the emotions of the character and "become" her or him for the time being, forgetting both myself and the audience.	T	F
129.	Of these two things I would <u>dislike more</u> : a. Being at the circus when two lions suddenly get loose down in the ring, OR b. Bringing my whole family to the circus, and then not being able to get in because a ticket agent sold me tickets for the wrong night.	A or B	
130.	Most days I have moments of real fun or joy.	T	F
131.	I get a kick out of really scaring someone.	T	F
132.	Of these two ideas I <u>agree more</u> with: a. If a boy 6 or 7 years old lies or steals, he should be punished severely, OR b. Lying and stealing aren't very serious in boys age 6 or 7.	A or B	
133.	I plan and organize my work in detail.	T	F
134.	My thoughts often don't occur as words but as visual images.	T	F
135.	Most people stay friendly only as long as it is to their advantage.	T	F
136.	Of these two things I would <u>dislike more</u> : a. Having to drive alone for a day and a half without stopping for sleep because I stayed on my holiday too long, OR b. Jumping from a second-story window into a fireman's net.	A or B	
137.	I often feel sort of lucky for no special reason.	T	F
138.	When I have a problem, I like to handle it alone.	T	F
139.	I am not a person who wants to get ahead very badly.	T	F
140.	No decent person could ever think of hurting a close friend or relative.	T	F
141.	I often take delight in small things (like the five-pointed star shape that appears when you cut apples across the core or the colors in soap bubbles).	T	F
142.	Sometimes I hit people who have done something to deserve it.	T	F
143.	I often start projects with little idea of what the end result will be.	T	F
144.	I would not like to try bungee jumping.	T	F
145.	People rarely try to take advantage of me.	T	F
146.	I often stir up a dull party.	T	F

STATEMENTS DESCRIBING ATTITUDES, OPINIONS OR INTERESTS (CIRCLE T / F, OR A / B ON EACH LINE)		
147. When listening to organ music or other powerful music, I sometimes feel as if I am being lifted into the air. D5_147	T	F
148. It is easy for me to feel affection for a person.	T	F
149. Every day interesting and exciting things happen to me.	T	F
150. Of these two ideas, I <u>agree more</u> with: a. Parents should ignore it when small children swear or use other bad language, OR b. Parents should punish small children when they swear or use other bad language.	A or B	
151. Minor setbacks sometimes irritate me too much.	T	F
152. I push myself to my limits.	T	F
153. People say that I am well-organized (that I do things in a systematic manner).	T	F
154. Sometimes I can change noise into music by the way I listen to it.	T	F
155. Of these two things I would <u>dislike more</u> : a. Finding out my car was stolen when I don't have it insured, OR b. Riding a runaway horse.	A or B	
156. I would not hurt others to get what I want.	T	F
157. In groups, I usually allow others to take over the conversation.	T	F
158. Whenever I decide anything, I try to remember the basic rules of right and wrong.	T	F
159. I generally keep my distance from others.	T	F
160. In my spare time, I usually find something interesting to do.	T	F
161. Of these two things I would <u>dislike more</u> : a. Being chosen as the "target" for a knife-throwing act, OR b. Being sick to my stomach for 24 hours.	A or B	
162. Several people would like to take away what success I have.	T	F
163. Some of my vivid memories are called up by scents and smells.	T	F
164. It is a pretty unfeeling (callous) person who does not feel love and thanks towards their parents.	T	F
165. I often lose sleep over my worries.	T	F
166. I like (or would like) diving off a high board.	T	F
167. My "friends" have often betrayed me.	T	F
168. I see no point in spending time on a task that is probably too hard.	T	F
169. Of these two things I would <u>dislike more</u> : a. Tying up a truck full of newspapers for a paper sale, OR b. Seeing a tornado cloud moving toward me when I'm driving in the country.	A or B	
170. Of these two things I would <u>dislike more</u> : a. Being in a flood, OR b. Carrying a ton of coal from the garden into the cellar.	A or B	
171. People consider me a rather freewheeling and spontaneous person.	T	F
172. I would enjoy learning to handle poisonous snakes.	T	F
173. There are days when I'm "on edge" all of the time.	T	F
174. I am a cautious person.	T	F

STATEMENTS DESCRIBING ATTITUDES, OPINIONS OR INTERESTS (CIRCLE T / F, OR A / B ON EACH LINE)			
175.	I like to watch a good, vicious fight.	D5_175	T F
176.	Some music reminds me of pictures or changing color patterns.		T F
177.	Of these two ideas, I agree more with: a. Children should never be permitted to hit their mothers, OR b. A mother should not be harsh with a small child who hits her.		A or B
178.	I often know what somebody is going to say before he or she says it.		T F
179.	I would enjoy being a powerful business person or politician.		T F
180.	I sometimes tease people without much mercy.		T F
181.	I have often been lied to.		T F
182.	I often have "physical memories"; for example, after I have been swimming I may still feel as if I'm in the water.		T F
183.	Trying for excellence means more to me than almost anything else.		T F
184.	Whenever I go out to have fun, I like to have a pretty good idea of what I'm going to do.		T F
185.	For me, life is a great adventure.		T F
186.	I don't enjoy trying to convince people of something.		T F
187.	The sound of a voice can be so fascinating to me that I can just go on listening to it.		T F
188.	Strict discipline in the home would prevent much of the crime in our society.		T F
189.	I often prefer not to have people around me.		T F
190.	I am a pretty "strong" personality.		T F
191.	I like the kind of work that requires my close attention.		T F
192.	At times, I somehow feel the presence of someone who is not physically there.		T F
193.	Before I get into a new situation, I like to find out what to expect from it.		T F
194.	Without close relationships with others, my life would not be nearly as enjoyable.		T F
195.	I could not feel happy about anybody's bad luck.		T F
196.	When it is time to make decisions, others usually turn to me.		T F
197.	Of these two things, I would <u>dislike more</u> : a. Realizing the ice is unsafe when I'm standing in the middle of a frozen lake, OR b. Finding that someone has slashed all four of my car tires.		A or B
198.	Sometimes thoughts and images come to me without the slightest effort on my part.		T F
199.	I am too sensitive for my own good.		T F
200.	When people are friendly, they usually want something from me.		T F
201.	High moral standards are the most important thing parents can teach their children.		T F
202.	I find that different odors have different colors.		T F
203.	Of these two things I would <u>dislike more</u> : a. Being seasick everyday for a week on an ocean trip, OR b. Having to stand on the ledge of the 25 th floor of a hotel because there's a fire in my room.		A or B
204.	I could pull up my roots, leave my home, my parents, and my friends without regretting it.		T F

STATEMENTS DESCRIBING ATTITUDES, OPINIONS OR INTERESTS (CIRCLE T / F, OR A / B ON EACH LINE)		
205.	I sometimes change from happy to sad, or sad to happy without good reason. D5_205	T F
206.	I set very high standards for myself in my work.	T F
207.	I always seem to have something pleasant to look forward to.	T F
208.	I can be deeply moved by a sunset.	T F
209.	Some people go against me for no good reason.	T F
210.	I admire most things about my parents.	T F
211.	Of these two things I would <u>dislike more</u> : a. Burning my arm badly by leaning against a hot water pipe, OR b. Swimming where sharks have been seen.	A or B

SECTION E: WORK

Directions: Work can be an important factor in a person's life. We would now like to ask you some questions about your work.

E1. What has been your primary employment pattern during the past year? (CIRCLE ONE NUMBER)

E1

- 1 Full-Time Regular (35 hrs/wk or more)
- 2 Part-Time Regular (less than 35 hrs/wk)
- 3 Irregular part time (day jobs)
- 4 Student/trainee
- 5 Volunteer
- 6 Retired
- 7 Disability
- 8 Unemployment, looking for work
- 9 Controlled environment (e.g., hospital, prison)
- 10 Primary caregiver for your children

E2. At how many different trades or professions have you worked during the past five years?
(RECORD NUMBER ON LINE)

E2

_____ NUMBER OF TRADES/PROFESSIONS

E3. What is your current occupation? If you are retired and not presently working, please list the major job you held for the last five years before retirement. (WRITE ANSWER IN THE SPACE BELOW)

N/A

E4. If you are retired, in what year did you retire from full-time work?
(WRITE YEAR IN THE SPACE BELOW OR CIRCLE #)

E4

_____ YEAR RETIRED

- 9 Does Not Apply/Not retired

E5. What is the highest level of education you received? (CIRCLE ONE NUMBER)

E5

- 1 No formal schooling
- 2 Elementary/Junior High School
- 3 Some High School (No diploma)
- 4 High School or GED Equivalent
- 5 Vocational/Technical school after high school
- 6 Associates degree or two years of equivalent training
- 7 Bachelor's Degree or four years of equivalent training
- 8 Graduate/Professional School

- E17. Have you had any other serious ongoing stress at work--things like consistently extreme work demands, major changes, or uncertainties that most people would consider highly stressful?
(CIRCLE ONE NUMBER)
- 1 Yes
2 No
9 Not applicable
- E18. To what extent are (were) you exposed to the risk of accidents or injuries on your job?
(CIRCLE ONE NUMBER)
- 1 A lot
2 Some
3 A little
4 Not at all
9 Not applicable
- E19. In general, would you say you (and your family living with you) have more money than you need, just enough for your needs, or not enough to meet your needs? (CIRCLE ONE NUMBER)
- 1 More money than you need
2 Just enough money
3 Not enough money
- E20. How difficult is it for you (and your family) to pay your monthly bills? (CIRCLE ONE NUMBER)
- 1 Very difficult
2 Somewhat difficult
3 Not very difficult
4 Not at all difficult
- E21. Are you currently included in a pension plan or retirement plan offered by your current or former employer or union? (CIRCLE ONE NUMBER)
- 1 Yes
2 No
8 Don't know
- E22. Aside from any employer plan, do you have your own individual IRA or Keogh account?
(CIRCLE ONE NUMBER)
- 1 Yes
2 No
8 Don't know

E17

E18

E19

E20

E21

E22

E23. How satisfied are you with your current retirement plan? Respond to each statement by indicating how satisfied or unsatisfied you are using a scale from 1 to 7 where 1 means "very unsatisfied", 4 means "neither" and 7 means "very satisfied".
(CIRCLE NUMBER ON SCALE OR CIRCLE NOT APPLICABLE)

E23

Very Unsatisfied			Neither			Very Satisfied	Not applicable
1	2	3	4	5	6	7	99

SECTION F: SOCIAL NETWORKS

Questions from Moos Social Support Scale

F1. Approximately how many of your neighbors do you know well enough to visit with?
(CIRCLE ONE NUMBER)

F1

- 1 Five or more
- 2 Three to four
- 3 One to two
- 4 None

F2. About how often do you visit with someone who doesn't live near you?
(CIRCLE ONE NUMBER)

F2

- 1 Once a day or more
- 2 Two to six times a week
- 3 Once a week
- 4 Once a month
- 5 Less often than once a month
- 6 Not at all

F3. About how many friends do you have? (YOUR BEST ESTIMATE IS FINE)

F3

999 = missing

_____ APPROXIMATE NUMBER OF FRIENDS

F4. Are most of your friends: (CIRCLE ONE NUMBER)

F4

- 1 About your own age
- 2 Quite a bit older
- 3 Quite a bit younger
- 4 A mix of all ages

F5. How many people do you know who you can trust and confide in? (YOUR BEST ESTIMATE IS FINE)

F5

999 = missing

_____ APPROXIMATE NUMBER OF CONFIDANTS

F6. How often do any friends, relatives, or coworkers turn to you for advice or help with a personal or practical problem they have? (CIRCLE ONE NUMBER)

F6

- 1 Never
- 2 Less than once a month
- 3 Once or twice a month
- 4 Three or four times a month
- 5 A couple of times a week
- 6 More than a couple of times a week

SECTION G: HISTORY OF MARRIAGE AND INTIMATE RELATIONSHIPS

Directions: This section asks you questions regarding your marriages or intimate relationships.

G1a. Have you ever been married? (CIRCLE ONE)

G1a

- 1 Never.....**SKIP TO G2**
- 2 Once
- 3 More than once

G1b. If you have ever been married, please complete the following information about your marriage(s).

	Year married	Number of Children	Are you still in this marriage? (circle one)	If over, how did this marriage end? (circle one)	Year Marriage Ended (if ended)
→ First/ only marriage	_____ YYYY	_____ #	1 Yes 2 No	1 Divorce 2 Legal separation 3 Annulled 4 Death of spouse 5 Other _____	_____ YYYY
→ Second marriage	_____ YYYY	_____ #	1 Yes 2 No	1 Divorce 2 Legal separation 3 Annulled 4 Death of spouse 5 Other _____	_____ YYYY
→ Third Marriage	_____ YYYY	_____ #	1 Yes 2 No	1 Divorce 2 Legal separation 3 Annulled 4 Death of spouse 5 Other _____	_____ YYYY
→ Fourth marriage	_____ YYYY	_____ #	1 Yes 2 No	1 Divorce 2 Legal separation 3 Annulled 4 Death of spouse 5 Other _____	_____ YYYY
→ Fifth Marriage	_____ YYYY	_____ #	1 Yes 2 No	1 Divorce 2 Legal separation 3 Annulled 4 Death of spouse 5 Other _____	_____ YYYY

G2. What is your current marital status? (CIRCLE ONE)

G2

- 1 Married
- 2 Single
- 3 Widowed, but not remarried
- 4 Separated
- 5 Divorced, but not remarried

G3. Are you currently living with a spouse or partner in a committed relationship? (CIRCLE ONE)

G3

- 1 Yes
- 2 No

- G4. The following statements are about how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it using a scale from 1 to 7 where 1 means “strongly disagree”, 4 means “mixed or neutral” and 7 means “strongly agree”.
(CIRCLE ONE NUMBER PER LINE) **Experiences in close Relationships: Brennan & Shaver**

STATEMENT	G4q#	Strongly DISAGREE		Mixed/ Neutral		Strongly AGREE		
1. I prefer not to show a partner how I feel deep down.		1	2	3	4	5	6	7
2. I worry about being abandoned.		1	2	3	4	5	6	7
3. I am very comfortable being close to romantic partners.		1	2	3	4	5	6	7
4. I worry a lot about my relationships.		1	2	3	4	5	6	7
5. Just when my partner starts to get close to me, I find myself pulling away.		1	2	3	4	5	6	7
6. I worry that romantic partners won't care about me as much as I care about them.		1	2	3	4	5	6	7
7. I get uncomfortable when a romantic partner wants to be very close.		1	2	3	4	5	6	7
8. I worry a fair amount about losing my partner.		1	2	3	4	5	6	7
9. I don't feel comfortable opening up to romantic partners.		1	2	3	4	5	6	7
10. I often wish that my partner's feelings for me were as strong as my feelings for him or her.		1	2	3	4	5	6	7
11. I want to get close to my partner, but I keep pulling back.		1	2	3	4	5	6	7
12. I often want to merge completely with romantic partners, and this sometimes scares them away.		1	2	3	4	5	6	7
13. I am nervous when partners get too close to me.		1	2	3	4	5	6	7
14. I worry about being alone.		1	2	3	4	5	6	7
15. I feel comfortable sharing my private thoughts and feelings with my partner.		1	2	3	4	5	6	7
16. My desire to be very close sometimes scares people away.		1	2	3	4	5	6	7
17. I try to avoid getting too close to my partner.		1	2	3	4	5	6	7
18. I need a lot of reassurance that I am loved by my partner.		1	2	3	4	5	6	7
19. I find it relatively easy to get close to my partner.		1	2	3	4	5	6	7
20. Sometimes I feel that I force my partners to show more feeling, more commitment.		1	2	3	4	5	6	7
21. I find it difficult to allow myself to depend on romantic partners.		1	2	3	4	5	6	7
22. I do not often worry about being abandoned.		1	2	3	4	5	6	7

STATEMENT	G4q#	Strongly DISAGREE		Mixed/ Neutral			Strongly AGREE	
23. I prefer not to be too close to romantic partners.	G4q23	1	2	3	4	5	6	7
24. If I can't get my partner to show interest in me, I get upset or angry.		1	2	3	4	5	6	7
25. I tell my partner just about everything.		1	2	3	4	5	6	7
26. I find that my partner(s) don't want to get as close as I would like.		1	2	3	4	5	6	7
27. I usually discuss my problems and concerns with my partner.		1	2	3	4	5	6	7
28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.		1	2	3	4	5	6	7
29. I feel comfortable depending on romantic partners.		1	2	3	4	5	6	7
30. I get frustrated when my partner is not around as much as I would like.		1	2	3	4	5	6	7
31. I don't mind asking romantic partners for comfort, advice, or help.		1	2	3	4	5	6	7
32. I get frustrated if romantic partners are not available when I need them.		1	2	3	4	5	6	7
33. It helps to turn to my romantic partner in times of need.		1	2	3	4	5	6	7
34. When romantic partners disapprove of me, I feel really bad about myself.		1	2	3	4	5	6	7
35. I turn to my partner for many things, including comfort and reassurance.		1	2	3	4	5	6	7
36. I resent it when my partner spends time away from me.		1	2	3	4	5	6	7

G5. If you had your life to live over, do you think you would: (CIRCLE ONE NUMBER)

G5

- 1 Marry the same person
- 2 Marry a different person
- 3 Not marry at all
- 4 Get married (if never married)

G6. a. How many people currently consider your home their permanent residence (INCLUDING YOURSELF)?

G6a

_____ (WRITE NUMBER. INCLUDE PEOPLE WHO ARE TEMPORARILY IN HOSPITAL, SCHOOL, ETC.)

- b. Who are the people who currently consider your home their permanent residence? (CHECK ALL BOXES THAT APPLY AND WRITE IN THE NUMBER OF PEOPLE IN THE SPACE PROVIDED, IF APPLICABLE.)

G6b#

- 1 I live alone
- 2 Spouse
- 3 Children _____
- 4 Grandchildren _____
- 5 Parents _____ **(G6b6twin)**
- 6 Brothers _____ Does this include your twin brother? Y / N (CIRCLE ONE)
- 7 Sisters _____
- 8 Other relatives _____
- 9 Boyfriend/Girlfriend
- 10 Others _____

G7. Are you currently married or involved in a close relationship?

G7

- 1 Yes.....**CONTINUE**
- 2 No.....**SKIP TO SECTION H (p.40)**

G8. Using a scale from 0 to 10 where 0 means “the worst possible marriage or close relationship” and 10 means “the best possible marriage or close relationship,” how would you rate your marriage or close relationship these days? (CIRCLE ONE NUMBER)

G8

Worst Best
 0 1 2 3 4 5 6 7 8 9 10

G9. Looking back ten years ago, how would you rate your marital or close relationship situation at that time, using the same 0 to 10 scale? (CIRCLE ONE NUMBER)

G9

Worst Best
 0 1 2 3 4 5 6 7 8 9 10

G10. Please indicate how much you feel the following ways about your relationship with your spouse or partner. (CIRCLE ONE NUMBER BOX PER LINE)

G10q#	Not at All	A Little	Some	A Lot
1. How much does your spouse or partner really care about you?	1	2	3	4
2. How much does he or she appreciate you?	1	2	3	4
3. How much can you rely on him or her for help if you have a serious problem?	1	2	3	4
4. How much can you open up to him or her if you need to talk about your worries?	1	2	3	4
5. How much can you relax and be yourself around him or her?	1	2	3	4

G11. How often do you and your spouse or partner have a really good talk about something important to you? (CIRCLE ONE NUMBER)

G11

- 1 At least once a day
- 2 A few times a week
- 3 Once a week
- 4 A few times a month
- 5 Less often than that

G12. Couples often disagree about a lot of issues in life. How much do you and your spouse or partner agree on the following issues? (CIRCLE ONE NUMBER PER LINE)

ISSUE	G12q#	LEVEL OF AGREEMENT			
		Not at all	A Little	Some	A lot
1. Money matters, such as how much money to spend, save or invest.		1	2	3	4
2. Household tasks, such as what needs to be done and who does it.		1	2	3	4
3. Leisure time activities, such as what to do and with whom.		1	2	3	4

G13. Please indicate how often the following situations occur with your spouse or partner. (CIRCLE ONE NUMBER PER LINE)

G13q#

	Never	Rarely	Sometimes	Always
1. How often does your spouse or partner make too many demands on you?	1	2	3	4
2. How often does he or she make you feel tense?	1	2	3	4
3. How often does he or she argue with you?	1	2	3	4
4. How often does he or she criticize you?	1	2	3	4
5. How often does he or she let you down when you are counting on him or her?	1	2	3	4
6. How often does he or she get on your nerves?	1	2	3	4

G14. During the past year, how often have you thought your relationship might be in trouble? (CIRCLE ONE NUMBER)

G14

- 1 Never
- 2 Once
- 3 A few times
- 4 Most of the time
- 5 All of the time

G15. How would you describe your spouse's or partner's overall **physical** health at the present time? (CIRCLE ONE NUMBER)

G15

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

G16. How would you describe your spouse's or partner's overall **mental or emotional** health at the present time? (CIRCLE ONE NUMBER)

G16

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

G17. Is your spouse or partner currently working for pay, whether full-time or part-time? (CIRCLE ONE NUMBER)

G17

- 1 Yes
- 2 No

G18. What is your spouse or partner's occupation? (COMPLETE LINE BELOW)

G18

_____ OCCUPATION

G19. What is the highest level of education your spouse or partner completed? (CIRCLE ONE NUMBER)

G19

- 1 No formal schooling
- 2 Elementary/Junior High School
- 3 Some High School (No diploma)
- 4 High School or GED Equivalent
- 5 Vocational/Technical school after high school
- 6 Associates degree or two years of equivalent training
- 7 Bachelor's Degree or four years of equivalent training
- 8 Graduate/Professional School

G20. What was your spouse's or partner's total income during the last calendar year? Include money from jobs, Social Security, unemployment payments, retirement income, public assistance and so forth. (CIRCLE ONE OF THE NUMBERS FROM 1-13)

G20

- 1 Less than \$10,000
- 2 \$10,000-\$19,999
- 3 \$20,000-\$29,999
- 4 \$30,000-\$39,999
- 5 \$40,000-\$49,999
- 6 \$50,000-\$59,999
- 7 \$60,000-\$69,999
- 8 \$70,000-\$79,999
- 9 \$80,000-\$89,999
- 10 \$90,000-\$99,999
- 11 \$100,000-\$109,999
- 12 \$110,000-\$119,999
- 13 \$120,000 or more

G21. About how many hours does your spouse or partner work for pay in an average week at his or her main job? (COMPLETE NUMBER OF HOURS ON LINE)

G21

_____ NUMBER OF HOURS PER WEEK

G22. In a typical week, about how many hours does **your spouse or partner** generally spend doing household chores? (if none, enter "0") (WRITE NUMBER OF HOURS ON LINE)

G22

_____ NUMBER OF HOURS PER WEEK

G23. In a typical week, about how many hours do **you** generally spend doing household chores? (if none, enter "0") (WRITE NUMBER OF HOURS ON LINE)

G23

_____ NUMBER OF HOURS PER WEEK

G24. Looking ahead ten years into the future, what do you expect your marriage or close relationship will be like at that time (using the same 0 to 10 scale, where 0 means "worst possible relationship" and 10 means "best possible marriage or close relationship")? (CIRCLE ONE NUMBER)

G24

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

G25. Circle the number on the scale line below which best describes the degree of happiness, everything considered, of your present intimate relationship. The middle point, "happy," represents the degree of happiness which most people get from their closest relationship. The scale gradually ranges from those few who are very unhappy, to those few who experience extreme joy or happiness. (CIRCLE ONE NUMBER)

G25

Very Unhappy				Happy							Perfectly Happy
	0	1	2	3	4	5	6	7			

SECTION H: CHILDREN

Directions: This section asks about your relationship with your children, (biological, step or adopted).

H1. Do you have any children, whether biological, step, or adopted?

H1

- 1 Yes
- 2 No.....**SKIP TO SECTION I (p. 42)**

H2. Please complete the following information about your child(ren).
(COMPLETE REQUESTED INFORMATION IN EACH COLUMN FOR ALL CHILDREN)

	Child's Initials	Year of Birth		Gender (circle one) H2C#Sex	Child's marital status (circle one) H2C#Mar	If no longer living, year of death H2C#Dea
Child #1	<u>N/A</u>	<u>H2C1Year</u> year	1 Biological 2 Adopted 3 Step 4 Other <u>H2C1Type</u>	1 male 2 female H2C1Sex	1 Never married 2 Married 3 Divorced 4 Other <u>H2C1Mar</u>	<u>H2C1Dea</u> year
Child #2	_____	_____ year	1 Biological 2 Adopted 3 Step 4 Other _____	1 male 2 female	1 Never married 2 Married 3 Divorced 4 Other _____	_____ year
Child #3	_____	_____ year	1 Biological 2 Adopted 3 Step 4 Other _____	1 male 2 female	1 Never married 2 Married 3 Divorced 4 Other _____	_____ year
Child #4	_____	_____ year	1 Biological 2 Adopted 3 Step 4 Other _____	1 male 2 female	1 Never married 2 Married 3 Divorced 4 Other _____	_____ year
Child #5	_____	_____ year	1 Biological 2 Adopted 3 Step 4 Other _____	1 male 2 female	1 Never married 2 Married 3 Divorced 4 Other _____	_____ year
Child #6	_____	_____ year	1 Biological 2 Adopted 3 Step 4 Other _____	1 male 2 female	1 Never married 2 Married 3 Divorced 4 Other _____	_____ year
Child #7	_____	_____ year	1 Biological 2 Adopted 3 Step 4 Other _____	1 male 2 female	1 Never married 2 Married 3 Divorced 4 Other _____	_____ year
Child #8	_____	_____ year	1 Biological 2 Adopted 3 Step 4 Other _____	1 male 2 female	1 Never married 2 Married 3 Divorced 4 Other _____	_____ year
Child #9	_____	_____ year	1 Biological 2 Adopted 3 Step 4 Other _____	1 male 2 female	1 Never married 2 Married 3 Divorced 4 Other _____	_____ year
Child #10	_____	_____ year	1 Biological 2 Adopted 3 Step 4 Other _____	1 male 2 female	1 Never married 2 Married 3 Divorced 4 Other _____	_____ year

H3. How many children are still living at home? (WRITE NUMBER ON LINE BELOW)

H3

_____ NUMBER OF CHILDREN LIVING AT HOME

H4. Using a scale from 0 to 10 where 0 means “the worst possible relationship” and 10 means “the best possible relationship,” how would you rate your overall relationship with your children these days? If you have no children, check not applicable. (CIRCLE ONE NUMBER OR CHECK BOX)

H4

Worst 0 1 2 3 4 5 6 7 8 9 10 Best

H5. Looking back ten years ago, how would you rate your overall relationship with your children at that time, using the same 0 to 10 scale? If you had no children ten years ago, check “Not applicable”. (CIRCLE ONE NUMBER)

H5

Worst 0 1 2 3 4 5 6 7 8 9 10 Best

H6. Looking ahead ten years into the future, what do you expect your overall relationship with your children will be like at that time (using the same 0 to 10 scale, where 0 means “worst possible relationship” and 10 means “best possible relationship”)? (CIRCLE ONE NUMBER)

H6

Worst 0 1 2 3 4 5 6 7 8 9 10 Best

H7. Please indicate the degree to which each of the following statements is true of you in general. (CIRCLE ONE NUMBER PER LINE)

STATEMENT	H7q#	Not at all true	A little bit true	Moderately true	Extremely true
1. I feel good about the opportunities I have been able to provide for my children.		1	2	3	4
2. It seems to me that family life with my children has been more negative than most people’s.		1	2	3	4
3. Problems with my children have caused me shame and embarrassment at times.		1	2	3	4
4. As a family, we have not had the resources to do many fun things together with the children.		1	2	3	4
5. I believe I have been able to do as much for my children as most other people.		1	2	3	4
6. I feel a lot of pride about what I have been able to do for my children.		1	2	3	4

H8. How many grandchildren do you have? (WRITE THE NUMBER ON LINE BELOW)

H8

_____ NUMBER OF GRANDCHILDREN

SECTION I: LIFE OVERALL

- I1. Using a scale from 0 to 10 where 0 means “the worst possible life overall” and 10 means “the best possible life overall,” how would you rate your life overall these days? (CIRCLE ONE NUMBER)

I1

Worst 1 2 3 4 5 6 7 8 9 Best
0 1 2 3 4 5 6 7 8 9 10

- I2. Looking back ten years ago, how would you rate your life overall at that time using the same 0 to 10 scale? (CIRCLE ONE NUMBER)

I2

Worst 1 2 3 4 5 6 7 8 9 Best
0 1 2 3 4 5 6 7 8 9 10

- I3. Looking ahead ten years into the future, what do you expect your life overall will be like at that time? (CIRCLE ONE NUMBER)

I3

Worst 1 2 3 4 5 6 7 8 9 Best
0 1 2 3 4 5 6 7 8 9 10

Center for Epidemiologic Studies – Depression Scale (Radloff)

- I4. Read each statement and determine how often you felt or behaved this way during the past week. (CIRCLE ONE NUMBER PER LINE)

During the past week: I4q#	Rarely or none of the time (Less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	1	2	3	4
2. I did not feel like eating; my appetite was poor.	1	2	3	4
3. I felt that I could not shake off the blues even with help from my family or friends.	1	2	3	4
4. I felt that I was just as good as other people.	1	2	3	4
5. I had trouble keeping my mind on what I was doing.	1	2	3	4
6. I felt depressed.	1	2	3	4
7. I felt that everything I did was an effort.	1	2	3	4
8. I felt hopeful about the future.	1	2	3	4
9. I thought my life had been a failure.	1	2	3	4
10. I felt fearful.	1	2	3	4
11. My sleep was restless.	1	2	3	4
12. I was happy.	1	2	3	4
13. I talked less than usual.	1	2	3	4

During the past week:	I4q#	Rarely or none of the time (Less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
14.	I felt lonely.	1	2	3	4
15.	People were unfriendly.	1	2	3	4
16.	I enjoyed life.	1	2	3	4
17.	I had crying spells.	1	2	3	4
18.	I felt sad.	1	2	3	4
19.	I felt that people disliked me.	1	2	3	4
20.	I could not get "going".	1	2	3	4

I5. The following is a list of life changing events. If any of these events has happened to you in the past two years put a checkmark in each oval in the appropriate column: 0-6 months ago, 7-12 months ago, 13-18 months ago, and 19-24 months ago. If you have experienced the event more than once in the past two years mark all appropriate columns. If you haven't experienced the event in the past two years, or have never experienced the event, mark the N/A column.

Life Events Scale (Holmes & Rahe)

Within the time periods listed, have you experienced...

I5q#m6/ I5q#m12/ I5q#m18/ I5q#m24/ I5q#na

Health-Related Life Changes	Number of Months Ago				N/A
	0-6	7-12	13-18	19-24	
1. An illness or injury which kept you in bed a week or more, or sent you to the hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. An illness or injury which was less serious than above.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Major dental work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. A major change in eating habits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. A major change in sleeping habits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. A major change in your usual type and/or amount of recreation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work-Related Life Changes	Number of Months Ago				N/A
	0-6	7-12	13-18	19-24	
7. A change to a new type of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. A change in your work hours or conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. More responsibilities at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Fewer responsibilities at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. A promotion at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. A demotion at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. A transfer at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Trouble at work with your boss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Trouble at work with your co-workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Trouble at work with people under your supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Other work troubles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work-Related Life Changes	Number of Months Ago				I5q#na N/A
	I5q#m6/ 0-6	I5q#m12/ 7-12	I5q#m18/ 13-18	I5q#m24/ 19-24	
18. A major business readjustment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. A retirement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Laid off from work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Fired from work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. A correspondence course to help you in your work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Home and Family Related Life Changes	Number of Months Ago				N/A
	0-6	7-12	13-18	19-24	
23. A major change in your living conditions (home improvements or a decline in your home or neighborhood).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. A move within the same town or city.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. A move to a different town or city.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. A change in family "get-togethers".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. A major change in the health or behavior of a family member (illness, accidents, drug or disciplinary problems, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Marriage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. A pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. A miscarriage or abortion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. The birth of a child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. The adoption of a child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. A relative moving in with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. A parent or in-law moving in with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. A spouse beginning or ending work outside the home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. A child leaving home to attend college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. A child leaving home due to marriage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. A child leaving home for other reasons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. A change in arguments with your spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. In-law problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Divorce of your parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Remarriage of your parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Separation from your spouse due to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Separation from your spouse due to marital problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. A divorce.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. The birth of a grandchild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. The death of a spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. The death of a child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. The death of a brother or sister.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. The death of a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal and Social Life Changes	Number of Months Ago				I5q#na N/A
	I5q#m6/ 0-6	I5q#m12/ 7-12	I5q#m18/ 13-18	I5q#m24/ 19-24	
51. A change in personal habits (your dress, friends, lifestyle, etc.).	YES	YES	YES	YES	N/A
52. Beginning or ending school or college.	YES	YES	YES	YES	N/A
53. A change in school or college.	YES	YES	YES	YES	N/A
54. A change in political beliefs.	YES	YES	YES	YES	N/A
55. A change in religious beliefs.	YES	YES	YES	YES	N/A
56. A change in social activities (clubs, movies, visiting, etc.).	YES	YES	YES	YES	N/A
57. A vacation.	YES	YES	YES	YES	N/A
58. A new, close personal relationship.	YES	YES	YES	YES	N/A
59. An engagement to marry.	YES	YES	YES	YES	N/A
60. Girlfriend or boyfriend problems.	YES	YES	YES	YES	N/A
61. Sexual difficulties.	YES	YES	YES	YES	N/A
62. A "falling out" of a close personal relationship.	YES	YES	YES	YES	N/A
63. An accident.	YES	YES	YES	YES	N/A
64. A minor violation of the law (traffic ticket, etc.).	YES	YES	YES	YES	N/A
65. Being held in jail (DUI, felony, etc.).	YES	YES	YES	YES	N/A
66. The death of a close friend.	YES	YES	YES	YES	N/A
67. A major decision regarding your immediate future.	YES	YES	YES	YES	N/A
68. A major personal achievement.	YES	YES	YES	YES	N/A

Financial Life Changes	Number of Months Ago				N/A
	0-6	7-12	13-18	19-24	
69. A major increase in income.	YES	YES	YES	YES	N/A
70. A major decrease in income.	YES	YES	YES	YES	N/A
71. Credit and/or investment difficulties.	YES	YES	YES	YES	N/A
72. A loss or damage of personal property.	YES	YES	YES	YES	N/A
73. A moderate purchase (such as an automobile).	YES	YES	YES	YES	N/A
74. A major purchase (such as a home).	YES	YES	YES	YES	N/A
75. A foreclosure of a mortgage or loan.	YES	YES	YES	YES	N/A

I6. List the three most significant events occurring in your life in the past five years.
(WRITE A BRIEF DESCRIPTION OF THESE EVENTS ON THE LINES BELOW. PLEASE **DO NOT**
WRITE IN THE BRACKETED [] SPACES.)

A. _____ []
_____ []

B. _____ []
_____ []

C. _____ []
_____ []

SECTION J: RELIGION/SPIRITUALITY

Directions: The next set of questions asks about various aspects of religion and spirituality. There are no right or wrong answers—just your own opinions. Many people use different definitions of words such as spirituality, prayer, God, etc so just use your own definitions when answering the following questions.

J1. Which of the following best describes your current religious orientation? (CIRCLE ONE NUMBER)

J1

- 1 Active member or active non-member of a church, synagogue, mosque, temple or other organized religious group
- 2 Non-active member of a church, synagogue, mosque, temple or other organized religious group
- 3 Participant in a nontraditional religious or spiritual group
- 4 No interest or involvement in religion
- 5 Agnostic
- 6 Atheist
- 8 None of the above

J2. How often do you go to religious services? (CIRCLE ONE NUMBER)

J2

- 1 More than once a week
- 2 Every week
- 3 Once or twice a month
- 4 Once or twice a year
- 5 Never

J3. How often do you spend time in private religious activities, such as prayer, meditation or Bible study? (CIRCLE ONE NUMBER)

J3

- 1 More than once a day
- 2 Daily
- 3 Two or more times a week
- 4 Once a week
- 5 A few times a month
- 6 Rarely or never

J4. What is your current religious preference? (CIRCLE ONE NUMBER AND FILL IN TYPE IF REQUESTED)

J4

- 1 Protestant denomination (PLEASE SPECIFY): _____
- 2 Catholic
- 3 Jewish
- 4 Other religious group (PLEASE SPECIFY): _____
- 5 None

J5. If you were ill, how much would the people in your congregation help you out? (CIRCLE ONE NUMBER)

J5

- 1 A great deal
- 2 Some
- 3 A little
- 4 None
- 5 Does not apply

The following three statements are about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

J6

J6. In my life, I experience the presence of the Divine (i.e., God). (CIRCLE ONE NUMBER)

- 1 Definitely true of me
- 2 Tends to be true
- 3 Unsure
- 4 Tends not to be true
- 5 Definitely not true

J7. My religious beliefs are what really lie behind my whole approach to life. (CIRCLE ONE NUMBER)

J7

- 1 Definitely true of me
- 2 Tends to be true
- 3 Unsure
- 4 Tends not to be true
- 5 Definitely not true

J8. I try hard to carry my religion over into all other dealings in life. (CIRCLE ONE NUMBER)

J8

- 1 Definitely true of me
- 2 Tends to be true
- 3 Unsure
- 4 Tends not to be true
- 5 Definitely not true

SECTION K: ACTIVITIES

K1. Most people's lives are organized to some extent by the types of activities they engage in. We would like to have an idea of how you spend your time and what kinds of activities interest you. For each of the activities listed on this page, please indicate how frequently you participated in them during the past 30 days. (CIRCLE ONE NUMBER PER LINE) **Modified from Schaie to fit middle age**

How frequently did you do each activity in the past 30 days? K1q#	Never	Once a month	Once a week	Several times per week	Daily
1. Go to a bar or pub for enjoyment	1	2	3	4	5
2. Sports participant	1	2	3	4	5
3. Physical fitness	1	2	3	4	5
4. Walking and hiking	1	2	3	4	5
5. Outdoor Hobbies (e.g. gardening, fishing, hunting)	1	2	3	4	5
6. Picnics	1	2	3	4	5
7. Spectator sports (going to ball games, etc.)	1	2	3	4	5
8. Educational Activities	1	2	3	4	5
9. Reading	1	2	3	4	5
10. Cultural Activities (go to a play, concert, or museum)	1	2	3	4	5
11. Self-improvement (Please specify: _____)	1	2	3	4	5
12. Travel (excluding work or major trips)	1	2	3	4	5
13. Social Life and parties	1	2	3	4	5
14. Card playing and other games involving other people	1	2	3	4	5
15. Visiting People	1	2	3	4	5
16. Being visited	1	2	3	4	5
17. Talking on the phone (excluding work)	1	2	3	4	5
18. Eating Out	1	2	3	4	5
19. Dancing	1	2	3	4	5
20. Attending church or synagogue	1	2	3	4	5
21. Going out to the movies	1	2	3	4	5
22. Volunteer Activities	1	2	3	4	5
23. Handicrafts	1	2	3	4	5
24. Playing a musical instrument	1	2	3	4	5
25. Solitary games or hobbies	1	2	3	4	5

How frequently did you do each activity in the past 30 days? K1q#	Never	Once a month	Once a week	Several times per week	Daily
26. Playing with pets	1	2	3	4	5
27. Praying/meditating	1	2	3	4	5
28. Day-dreaming, reminiscing (Philosophical contemplation)	1	2	3	4	5
29. Writing/correspondence (excluding job or school)	1	2	3	4	5
30. Watching T.V. (including VCR)	1	2	3	4	5
31. Cooking	1	2	3	4	5
32. Doing household chores	1	2	3	4	5
33. Caring for children or grandchildren (chauffeuring, bathing, dressing, etc.)	1	2	3	4	5
34. Caring for elderly relatives or friends in your home	1	2	3	4	5
35. Caring for elderly relatives or friends who live outside your home (taking them shopping, chauffeuring, etc)	1	2	3	4	5

K2. How many major trips lasting at least one week and requiring more than one day of travel by car (even if other means of transportation were used) have you taken in the last 5 years?
(WRITE NUMBER)

K2

_____ NUMBER OF TRIPS

K3. How many books have you read in the last month? (WRITE NUMBER ON BLANK LINE)

_____ TOTAL NUMBER OF BOOKS

K3books

_____ # FICTION

K3fiction

_____ # NON-FICTION

K3non

K4. How many magazines did you read in the last month? (WRITE NUMBER ON BLANK LINE)

K4

_____ NUMBER OF MAGAZINES

K5. Do you read newspapers regularly? (CIRCLE ONE NUMBER)

K5

1 Yes

2 No..... **SKIP TO K6**

K5a. Which ones? (CIRCLE ALL THAT APPLY)

K5q

- 1 Your local newspaper (town/city)
- 2 Other state newspapers
- 3 Major national papers (such as NY Times, USA Today)

K6. Have you ever taken the following kinds of courses? (CIRCLE ONE NUMBER PER LINE)

		Yes, in the last 10 years	Yes, more than 10 years ago	Never
1. Vocational	K6vocat	1	2	3
2. Adult Education	K6adult	1	2	3
3. University Extension	K6univ	1	2	3
4. On-the-job Training	K6OTJ	1	2	3
5. Correspondence Course	K6corr	1	2	3

K7. On average, about how many hours in the last 30 days did you spend providing unpaid assistance (such as help around the house, transportation, childcare) to each of the following people? (LIST APPROXIMATE NUMBER OF HOURS IN THE LAST 30 DAYS. IF NONE, ENTER '0')

		Number of hours in the last 30 days
1. To your parents or the people who raised you	K7parent	_____
2. To your in-laws	K7inlaw	_____
3. To your grandchildren or grown children	K7grand	_____
4. To any other family members or close friends	K7family	_____
5. To anyone else (such as neighbors or people at church, other organization)	K7other	_____

K8. Please list any sports, fitness or recreational activities in which you participated last week. We are interested only in times that you were physically active.

(COMPLETE FOLLOWING CHART. PLEASE **DO NOT** WRITE IN THE BRACKETED [] SPACES.)

	K8q#desc	K8q#freq	K8q#time
	Sport, Fitness or Recreation	Times/week	Average minutes per episode
1.	_____ []	_____ []	_____ []
2.	_____ []	_____ []	_____ []
3.	_____ []	_____ []	_____ []
4.	_____ []	_____ []	_____ []
5.	_____ []	_____ []	_____ []
6.	_____ []	_____ []	_____ []

SECTION L: OTHER DEMOGRAPHIC INFORMATION

L1. Which of the following groups best describes your ethnicity? (CIRCLE ONE NUMBER)

L1

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino
- 3 Decline to answer

L2. Please select the racial category with which you most closely identify. (CIRCLE ONE NUMBER)

L2

- 1 American Indian or Alaskan Native
- 2 Asian
- 3 Native Hawaiian or Other Pacific Islander
- 4 Black or African-American
- 5 White
- 6 More than one race, Specify: _____
- 7 Decline to answer

L3. What was your total combined family income (that is, both yourself and your partner, if any) during the last calendar year? Include money from jobs, Social Security, unemployment payments, retirement income, public assistance and so forth. (CIRCLE ONE OF THE NUMBERS FROM 1-13)

L3

- 1 Less than \$10,000
- 2 \$10,000-\$19,999
- 3 \$20,000-\$29,999
- 4 \$30,000-\$39,999
- 5 \$40,000-\$49,999
- 6 \$50,000-\$59,999
- 7 \$60,000-\$69,999
- 8 \$70,000-\$79,999
- 9 \$80,000-\$89,999
- 10 \$90,000-\$99,999
- 11 \$100,000-\$109,999
- 12 \$110,000-\$119,000
- 13 \$120,000 or more

**THANK YOU FOR COMPLETING THE QUESTIONNAIRE.
PLEASE REMEMBER TO BRING IT WITH YOU.**

DES-Data Entry Sheet
Variable Names and Labels

1. Variable names are written on the DES next to where the information would be entered.

2. Missing data are coded with 9s (as many 9s that will fit the length of the variable, which is indicated by the number of spaces for entering data on the DES)

FACT

- ___ FACTNGL – FACT, subject needs glasses (0 = no, 1 = yes, 2 = Lasik)
- ___ FACTWGL – FACT, subject wearing glasses (0 = no, 1 = yes, 2 = Lasik)
- ___ . ___ FACTA – FACT log score for line A (0.845 – 2.000)
- ___ . ___ FACTB – FACT log score for line B (1.000 – 2.204)
- ___ . ___ FACTC – FACT log score for line C (1.079 – 2.255)
- ___ . ___ FACTD – FACT log score for line D (0.903 – 2.079)
- ___ . ___ FACTE – FACT log score for line E (0.602 – 1.813)

CVLT

- ___ CVLTTIM – Time CVLT part 1 administered (0800 – 1800)
- ___ CVLTDLY – Delay, minutes, end part 1 to start of delayed recall (15 – 40)

Mental Rotation

- ___ MRTIM – Time Mental Rotation administered (0800 – 1800)
- ___ . ___ MR1FIN – Time to finish Mental Rotation (Part 1) in seconds (0 – 180)
- ___ MR1COR – Number correct for Mental Rotation (Part 1) (0 – 80)
- ___ MR1ERR – Number of errors for Mental Rotation (Part 1) (0 – 80)
- ___ MR1BLK – Number left blank for Mental Rotation (Part 1) (0 – 80)
- ___ . ___ MR2FIN – Time to finish Mental Rotation (Part 2) in seconds (0 – 180)
- ___ MR2COR – Number correct for Mental Rotation (Part 2) (0 – 80)
- ___ MR2ERR – Number of errors for Mental Rotation (Part 2) (0 – 80)
- ___ MR2BLK – Number left blank for Mental Rotation (Part 2) (0 – 80)

WASI – Matrix Reasoning

- ___ MTXTIM – Time Matrix Reasoning administered (0800 – 1800)
- ___ MTXAGE – Matrix Reasoning raw score (age cutoff point) (0 – 32)
- ___ MTXRAW – Matrix Reas actual raw score (not at the cutoff point) (0 – 35)

ACUITY

- ___ ACNTIM – Time near acuity administered (0800 – 1800)
- ___ ACNNGL – near acuity, subject needs glasses (0 = no, 1 = yes, 2 = Lasik)
- ___ ACNWGL - near acuity, subject wearing glasses (0 = no, 1 = yes, 2 = Lasik)
- ___ ACUITYN – Near visual acuity – all start with ‘20’ (16 – 400)
- ___ ACFTIM – Time far acuity administered (0800 – 1800)
- ___ ACFNGL - far acuity, subject needs glasses (0 = no, 1 = yes, 2 = Lasik)
- ___ ACFWGL - far acuity, subject wearing glasses (0 = no, 1 = yes, 2 = Lasik)
- ___ ACUITYF – Far visual acuity – all start with ‘20’ (16 – 160)

WMS-III – Letter-Number Sequence

- ___ LNTIM – Time Letter Number Seq. administered (0800 – 1800)
- ___ LNMAX – Letter Number Seq. max digit score (0 – 8)
- ___ LN1AP – Letter Number Seq. Item 1 Trial A Pass (0=fail, 1=pass)
- ___ LN1BP – Letter Number Seq. Item 1 Trial B Pass (0=fail, 1=pass)
- ___ LN1CP – Letter Number Seq. Item 1 Trial C Pass (0=fail, 1=pass)
- ___ LN1AT – Letter Number Seq. Item 1 Trial A Total Digits (0 – 2)
- ___ LN1BT – Letter Number Seq. Item 1 Trial B Total Digits (0 – 2)
- ___ LN1CT – Letter Number Seq. Item 1 Trial C Total Digits (0 – 2)

- ___ LN2AP – Letter Number Seq. Item 2 Trial A Pass (0=fail, 1=pass)
- ___ LN2BP – Letter Number Seq. Item 2 Trial B Pass (0=fail, 1=pass)
- ___ LN2CP – Letter Number Seq. Item 2 Trial C Pass (0=fail, 1=pass)

- ___ LN2AT – Letter Number Seq. Item 2 Trial A Total Digits (0 – 3)
- ___ LN2BT – Letter Number Seq. Item 2 Trial B Total Digits (0 – 3)
- ___ LN2CT – Letter Number Seq. Item 2 Trial C Total Digits (0 – 3)

- ___ LN3AP – Letter Number Seq. Item 3 Trial A Pass (0=fail, 1=pass)
- ___ LN3BP – Letter Number Seq. Item 3 Trial B Pass (0=fail, 1=pass)
- ___ LN3CP – Letter Number Seq. Item 3 Trial C Pass (0=fail, 1=pass)

- ___ LN3AT – Letter Number Seq. Item 3 Trial A Total Digits (0 – 4)
- ___ LN3BT – Letter Number Seq. Item 3 Trial B Total Digits (0 – 4)
- ___ LN3CT – Letter Number Seq. Item 3 Trial C Total Digits (0 – 4)

- ___ LN4AP – Letter Number Seq. Item 4 Trial A Pass (0=fail, 1=pass)
- ___ LN4BP – Letter Number Seq. Item 4 Trial B Pass (0=fail, 1=pass)
- ___ LN4CP – Letter Number Seq. Item 4 Trial C Pass (0=fail, 1=pass)

- ___ LN4AT – Letter Number Seq. Item 4 Trial A Total Digits (0 – 5)
- ___ LN4BT – Letter Number Seq. Item 4 Trial B Total Digits (0 – 5)
- ___ LN4CT – Letter Number Seq. Item 4 Trial C Total Digits (0 – 5)

- ___ LN5AP – Letter Number Seq. Item 5 Trial A Pass (0=fail, 1=pass)
- ___ LN5BP – Letter Number Seq. Item 5 Trial B Pass (0=fail, 1=pass)
- ___ LN5CP – Letter Number Seq. Item 5 Trial C Pass (0=fail, 1=pass)

- ___ LN5AT – Letter Number Seq. Item 5 Trial A Total Digits (0 – 6)
- ___ LN5BT – Letter Number Seq. Item 5 Trial B Total Digits (0 – 6)
- ___ LN5CT – Letter Number Seq. Item 5 Trial C Total Digits (0 – 6)

- ___ LN6AP – Letter Number Seq. Item 6 Trial A Pass (0=fail, 1=pass)
- ___ LN6BP – Letter Number Seq. Item 6 Trial B Pass (0=fail, 1=pass)
- ___ LN6CP – Letter Number Seq. Item 6 Trial C Pass (0=fail, 1=pass)

- ___ LN6AT – Letter Number Seq. Item 6 Trial A Total Digits (0 – 7)
- ___ LN6BT – Letter Number Seq. Item 6 Trial B Total Digits (0 – 7)
- ___ LN6CT – Letter Number Seq. Item 6 Trial C Total Digits (0 – 7)

- ___ LN7AP – Letter Number Seq. Item 7 Trial A Pass (0=fail, 1=pass)
- ___ LN7BP – Letter Number Seq. Item 7 Trial B Pass (0=fail, 1=pass)
- ___ LN7CP – Letter Number Seq. Item 7 Trial C Pass (0=fail, 1=pass)

- ___ LN7AT – Letter Number Seq. Item 7 Trial A Total Digits (0 – 8)
- ___ LN7BT – Letter Number Seq. Item 7 Trial B Total Digits (0 – 8)
- ___ LN7CT – Letter Number Seq. Item 7 Trial C Total Digits (0 – 8)

MEQ

- ___ MEQTIM – Time MEQ administered (0800 – 1800)
- ___ MEQ1 – Answer given for #1 (1 – 5)
- ___ MEQ2 – Answer given for #2 (1 – 5)
- ___ MEQ3 – Answer given for #3 (1 – 4)
- ___ MEQ4 – Answer given for #4 (1 – 4)
- ___ MEQ5 – Answer given for #5 (1 – 4)
- ___ MEQ6 – Answer given for #6 (1 – 4)
- ___ MEQ7 – Answer given for #7 (1 – 4)
- ___ MEQ8 – Answer given for #8 (1 – 4)
- ___ MEQ9 – Answer given for #9 (1 – 4)
- ___ MEQ10 – Answer given for #10 (1 – 5)
- ___ MEQ11 – Answer given for #11 (0, 2, 4, 6)
- ___ MEQ12 – Answer given for #12 (0, 2, 3, 5)
- ___ MEQ13 – Answer given for #13 (1 – 4)
- ___ MEQ14 – Answer given for #14 (1 – 4)
- ___ MEQ15 – Answer given for #15 (1 – 4)
- ___ MEQ16 – Answer given for #16 (1 – 4)
- ___ MEQ17 – Answer given for #17 (1 – 5)
- ___ MEQ18 – Answer given for #18 (1 – 5)
- ___ MEQ19 – Answer given for #19 (0, 2, 4, 6)

AX-CPT

- ___ CPTTIM – Time AX-CPT administered (0800 – 1800)
- ___ CPTVERS – AX-CPT version given (right = 0, left = 1)

WALK TEST

- ___ WKTIM – Time walk test administered (0800 – 1800)
- ___ WK10FT – Able to walk 10 ft (0 = yes, 1 = no)
- ___ WKAD – Assistive device? (0 = no, 1 = yes)
- ___ . WKT10FT – Time, in seconds, it takes subject to walk 10' (0 – 10)
- ___ . WKS10FT – Number of steps in 10' walk (1 – 10)
- ___ . WKTTRN – Time, in seconds, it takes subject to turn around (0 – 5)
- ___ . WKSTRN – Number of steps in turn around (1 – 4)
- ___ . WKT10M – Time, in seconds, it takes subject to walk 10 meters (0 – 30)

READING SPAN - DESCENDING

- ___ RSDTIM – Time Reading Span *descending* was administered (0800 – 1800)
- ___ RSDVERS – Read Span descending version given (list 1 = 1, list 2 = 2)
- ___ RSD41 – Read Span # correct words for 4 sentences trial 1 (0 – 4)
- ___ RSD42 – Read Span # correct words for 4 sentences trial 2 (0 – 4)
- ___ RSD43 – Read Span # correct words for 4 sentences trial 3 (0 – 4)
- ___ RSD44 – Read Span # correct words for 4 sentences trial 4 (0 – 4)
- ___ RSD45 – Read Span # correct words for 4 sentences trial 5 (0 – 4)
- ___ RSD4T – # of correct trials – # of 4s entered (0 – 5)

- ___ RSD31 – Read Span # correct words for 3 sentences trial 1 (0 – 3)
- ___ RSD32 – Read Span # correct words for 3 sentences trial 2 (0 – 3)
- ___ RSD33 – Read Span # correct words for 3 sentences trial 3 (0 – 3)

___ RSD34 – Read Span # correct words for 3 sentences trial 4 (0 – 3)
___ RSD35 – Read Span # correct words for 3 sentences trial 5 (0 – 3)
___ RSD3T – # of correct trials – # of 3s entered (0 – 5)

___ RSD21 – Read Span # correct words for 2 sentences trial 1 (0 – 2)
___ RSD22 – Read Span # correct words for 2 sentences trial 2 (0 – 2)
___ RSD23 – Read Span # correct words for 2 sentences trial 3 (0 – 2)
___ RSD24 – Read Span # correct words for 2 sentences trial 4 (0 – 2)
___ RSD25 – Read Span # correct words for 2 sentences trial 5 (0 – 2)
___ RSD2P – # of correct trials – # of 2s entered (0 – 5)

___ RSDLST – # of trials subject gave last word of last sentence 1st (0 – 15)

OLDFIELD HANDEDNESS

___ WRITE – Hand subject writes with (1 = right, -1 = left, 0 = either) [NEGATIVE]
___ HANDSW – Was the subject’s handedness ever switched (0 = no, 1 = yes)
___ OLDTOT – Oldfield handedness score (-100 – (+)100) [NEGATIVE]

WMS-III Spatial Span—Forward

___ SSPTIM – Time Spatial Span administered (0800 – 1800)
___ SSPFMAX – Spatial Span for. max # of blocks score (0 – 9)
___ SSPF1AP – Spatial Span for. Item 1 Trial A Pass (0 = fail, 1 = pass)
___ SSPF2AP – Spatial Span for. Item 2 Trial A Pass (0 = fail, 1 = pass)
___ SSPF3AP – Spatial Span for. Item 3 Trial A Pass (0 = fail, 1 = pass)
___ SSPF4AP – Spatial Span for. Item 4 Trial A Pass (0 = fail, 1 = pass)
___ SSPF5AP – Spatial Span for. Item 5 Trial A Pass (0 = fail, 1 = pass)
___ SSPF6AP – Spatial Span for. Item 6 Trial A Pass (0 = fail, 1 = pass)
___ SSPF7AP – Spatial Span for. Item 7 Trial A Pass (0 = fail, 1 = pass)
___ SSPF8AP – Spatial Span for. Item 8 Trial A Pass (0 = fail, 1 = pass)

___ SSPF1AT – Spatial Span for. Item 1 Trial A Total Digits (0 – 2)
___ SSPF2AT – Spatial Span for. Item 2 Trial A Total Digits (0 – 3)
___ SSPF3AT – Spatial Span for. Item 3 Trial A Total Digits (0 – 4)
___ SSPF4AT – Spatial Span for. Item 4 Trial A Total Digits (0 – 5)
___ SSPF5AT – Spatial Span for. Item 5 Trial A Total Digits (0 – 6)
___ SSPF6AT – Spatial Span for. Item 6 Trial A Total Digits (0 – 7)
___ SSPF7AT – Spatial Span for. Item 7 Trial A Total Digits (0 – 8)
___ SSPF8AT – Spatial Span for. Item 8 Trial A Total Digits (0 – 9)

___ SSPF1BP – Spatial Span for. Item 1 Trial B Pass (0 = fail, 1 = pass)
___ SSPF2BP – Spatial Span for. Item 2 Trial B Pass (0 = fail, 1 = pass)
___ SSPF3BP – Spatial Span for. Item 3 Trial B Pass (0 = fail, 1 = pass)
___ SSPF4BP – Spatial Span for. Item 4 Trial B Pass (0 = fail, 1 = pass)
___ SSPF5BP – Spatial Span for. Item 5 Trial B Pass (0 = fail, 1 = pass)
___ SSPF6BP – Spatial Span for. Item 6 Trial B Pass (0 = fail, 1 = pass)
___ SSPF7BP – Spatial Span for. Item 7 Trial B Pass (0 = fail, 1 = pass)
___ SSPF8BP – Spatial Span for. Item 8 Trial B Pass (0 = fail, 1 = pass)

___ SSPF1BT – Spatial Span for. Item 1 Trial B Total Digits (0 – 2)
___ SSPF2BT – Spatial Span for. Item 2 Trial B Total Digits (0 – 3)

- ___ SSPF3BT – Spatial Span for. Item 3 Trial B Total Digits (0 – 4)
- ___ SSPF4BT – Spatial Span for. Item 4 Trial B Total Digits (0 – 5)
- ___ SSPF5BT – Spatial Span for. Item 5 Trial B Total Digits (0 – 6)
- ___ SSPF6BT – Spatial Span for. Item 6 Trial B Total Digits (0 – 7)
- ___ SSPF7BT – Spatial Span for. Item 7 Trial B Total Digits (0 – 8)
- ___ SSPF8BT – Spatial Span for. Item 8 Trial B Total Digits (0 – 9)

Spatial Span—Backward

- ___ SSPBMAX – Spatial Span back. max # of blocks score (0 – 9)
- ___ SSPB1AP – Spatial Span back. Item 1 Trial A Pass (0 = fail, 1 = pass)
- ___ SSPB2AP – Spatial Span back. Item 2 Trial A Pass (0 = fail, 1 = pass)
- ___ SSPB3AP – Spatial Span back. Item 3 Trial A Pass (0 = fail, 1 = pass)
- ___ SSPB4AP – Spatial Span back. Item 4 Trial A Pass (0 = fail, 1 = pass)
- ___ SSPB5AP – Spatial Span back. Item 5 Trial A Pass (0 = fail, 1 = pass)
- ___ SSPB6AP – Spatial Span back. Item 6 Trial A Pass (0 = fail, 1 = pass)
- ___ SSPB7AP – Spatial Span back. Item 7 Trial A Pass (0 = fail, 1 = pass)
- ___ SSPB8AP – Spatial Span back. Item 8 Trial A Pass (0 = fail, 1 = pass)

- ___ SSPB1AT – Spatial Span back. Item 1 Trial A Total Digits (0 – 2)
- ___ SSPB2AT – Spatial Span back. Item 2 Trial A Total Digits (0 – 3)
- ___ SSPB3AT – Spatial Span back. Item 3 Trial A Total Digits (0 – 4)
- ___ SSPB4AT – Spatial Span back. Item 4 Trial A Total Digits (0 – 5)
- ___ SSPB5AT – Spatial Span back. Item 5 Trial A Total Digits (0 – 6)
- ___ SSPB6AT – Spatial Span back. Item 6 Trial A Total Digits (0 – 7)
- ___ SSPB7AT – Spatial Span back. Item 7 Trial A Total Digits (0 – 8)
- ___ SSPB8AT – Spatial Span back. Item 8 Trial A Total Digits (0 – 9)

- ___ SSPB1BP – Spatial Span back. Item 1 Trial B Pass (0 = fail, 1 = pass)
- ___ SSPB2BP – Spatial Span back. Item 2 Trial B Pass (0 = fail, 1 = pass)
- ___ SSPB3BP – Spatial Span back. Item 3 Trial B Pass (0 = fail, 1 = pass)
- ___ SSPB4BP – Spatial Span back. Item 4 Trial B Pass (0 = fail, 1 = pass)
- ___ SSPB5BP – Spatial Span back. Item 5 Trial B Pass (0 = fail, 1 = pass)
- ___ SSPB6BP – Spatial Span back. Item 6 Trial B Pass (0 = fail, 1 = pass)
- ___ SSPB7BP – Spatial Span back. Item 7 Trial B Pass (0 = fail, 1 = pass)
- ___ SSPB8BP – Spatial Span back. Item 8 Trial B Pass (0 = fail, 1 = pass)

- ___ SSPB1BT – Spatial Span back. Item 1 Trial B Total Digits (0 – 2)
- ___ SSPB2BT – Spatial Span back. Item 2 Trial B Total Digits (0 – 3)
- ___ SSPB3BT – Spatial Span back. Item 3 Trial B Total Digits (0 – 4)
- ___ SSPB4BT – Spatial Span back. Item 4 Trial B Total Digits (0 – 5)
- ___ SSPB5BT – Spatial Span back. Item 5 Trial B Total Digits (0 – 6)
- ___ SSPB6BT – Spatial Span back. Item 6 Trial B Total Digits (0 – 7)
- ___ SSPB7BT – Spatial Span back. Item 7 Trial B Total Digits (0 – 8)
- ___ SSPB8BT – Spatial Span back. Item 8 Trial B Total Digits (0 – 9)

WMS-III *Visual Reproduction*

___ ___ ___ ___ VR1TIM – Visual Reproduction I time administered (0800 – 1800)
___ ___ VR1A – Visual Rep. Design A score (0 – 10)
___ ___ VR1B – Visual Rep. Design B score (0 – 10)
___ ___ VR1C – Visual Rep. Design C score (0 – 18)
___ ___ VR1D – Visual Rep. Design D score (0 – 34)
___ ___ VR1E – Visual Rep. Design E score (0 – 32)

___ ___ VRDELAY – Visual Rep. length of delay in minutes (20 – 40)

___ ___ ___ ___ VR2TIM – Visual Reproduction II time administered (0800 – 1800)
___ ___ VR2RA – Visual Rep. Recall Design A score (0 – 10)
___ ___ VR2RB – Visual Rep. Recall Design B score (0 – 10)
___ ___ VR2RC – Visual Rep. Recall Design C score (0 – 18)
___ ___ VR2RD – Visual Rep. Recall Design D score (0 – 34)
___ ___ VR2RE – Visual Rep. Recall Design E score (0 – 32)

___ ___ VRCA – Visual Rep. Design A Copy score (0 – 10)
___ ___ VRCB – Visual Rep. Design B Copy score (0 – 10)
___ ___ VRCC – Visual Rep. Design C Copy score (0 – 18)
___ ___ VRCD – Visual Rep. Design D Copy score (0 – 34)
___ ___ VRCE – Visual Rep. Design E Copy score (0 – 32)

VERBAL FLUENCY *Letters*

___ ___ ___ ___ VFTIM – Time verbal fluency administered (0800 – 1800)
___ ___ LFFQ1 – Letter Fluency F correct 1st quarter (5 – 15)
___ ___ LFFQ2 – Letter Fluency F correct 2nd quarter (0 – 10)
___ ___ LFFQ3 – Letter Fluency F correct 3rd quarter (0 – 7)
___ ___ LFFQ4 – Letter Fluency F correct 4th quarter (0 – 5)
___ ___ LFFERR – Letter Fluency F errors (0 – 5)
___ ___ LFFPSV – Letter Fluency F perseverations/repetitions (0 – 5)
___ ___ LFAQ1 – Letter Fluency A correct 1st quarter (5 – 15)
___ ___ LFAQ2 – Letter Fluency A correct 2nd quarter (0 – 10)
___ ___ LFAQ3 – Letter Fluency A correct 3rd quarter (0 – 7)
___ ___ LFAQ4 – Letter Fluency A correct 4th quarter (0 – 5)
___ ___ LFAERR - Letter Fluency A errors (0 – 5)
___ ___ LFAPSV – Letter Fluency A perseverations/repetitions (0 – 5)
___ ___ LFSQ1 – Letter Fluency S correct 1st quarter (5 – 15)
___ ___ LFSQ2 – Letter Fluency S correct 2nd quarter (0 – 10)
___ ___ LFSQ3 – Letter Fluency S correct 3rd quarter (0 – 7)
___ ___ LFSQ4 – Letter Fluency S correct 4th quarter (0 – 5)
___ ___ LFSERR – Letter Fluency S errors (0 – 5)
___ ___ LFSPSV – Letter Fluency S perseverations/repetitions (0 – 5)
___ ___ LFTOT – Letter Fluency total responses (corr + incorrect; F + A + S) (15 – 95)

Categories

___ ___ CFANQ1 – Category Fluency Animals correct 1st quarter (5 – 15)
___ ___ CFANQ2 – Category Fluency Animals correct 2nd quarter (0 – 10)

___ ___ CFANQ3 – Category Fluency Animals correct 3rd quarter (0 – 7)
 ___ ___ CFANQ4 – Category Fluency Animals correct 4th quarter (0 – 5)
 ___ ___ CFANERR – Category Fluency Animals errors (0 – 5)
 ___ ___ CFANPSV - Category Fluency Animals perseverations/repetitions (0 – 5)
 ___ ___ CFBNQ1 – Category Fluency Boys’ Names 1st quarter (5 – 15)
 ___ ___ CFBNQ2 – Category Fluency Boys’ Names 2nd quarter (0 – 10)
 ___ ___ CFBNQ3 – Category Fluency Boys’ Names 3rd quarter (0 – 7)
 ___ ___ CFBNQ4 – Category Fluency Boys’ Names 4th quarter (0 – 5)
 ___ ___ CFBNERR – Category Fluency Boys’ Names errors (0 – 5)
 ___ ___ CFBNPSV – Cat Fluency Boys’ Names perseverations/repetitions (0 – 5)
 ___ ___ CFTOT – Cat Fluency tot resp (cor + incor; Animals + B Names) (5 – 65)

Category Switching

___ ___ CSFFQ1 – Cat switching: correct resp (fruit + furniture) 1st quarter (3 – 15)
 ___ ___ CSFFQ2 – Cat switching: correct resp (fruit + furniture) 2nd quarter (0 – 10)
 ___ ___ CSFFQ3 – Cat switching: correct resp (fruit + furniture) 3rd quarter (0 – 7)
 ___ ___ CSFFQ4 – Cat switching: correct resp (fruit + furniture) 4th quarter (0 – 5)
 ___ ___ CSFRCOR – Category switching: correct fruit responses (2 – 25)
 ___ ___ CSFUCOR – Category switching: correct furniture responses (2 – 25)
 ___ ___ CSTERR – Category switching: total set-loss errors (0 – 5)
 ___ ___ CSTPSV – Category switching: total perseverations/repetitions (0 – 5)
 ___ ___ CSTOT – Category switching: tot responses (correct + incorrect; f+f) (5 – 35)
 ___ ___ CSSACC – Category switching: switching accuracy (# corr switches) (3 – 34)

WASI Vocabulary

___ ___ VOCTIM – Time Vocabulary administered (0800 – 1800)
 ___ ___ VOCRAW – Vocabulary raw score (0 – 80)

ANKLE-ARM INDEX

___ ___ AATIM – Time ankle-arm index administered (0800 – 1800)
 ___ AACUFF – Which BP cuff was used for arm? (0 = regular, 1 = large)
 ___ AAFITAR – Did BP cuff fit arm snugly? (0 = yes, 1 = no)
 ___ AAFITAN – Did BP cuff fit ankle snugly? (0 = yes, 1 = no)
 ___ AARAR – Right arm systolic measurement (100 – 180)
 ___ AARAN – Right ankle systolic measurement (100 – 180)
 ___ AALAN – Left ankle systolic measurement (100 – 180)
 ___ AALAR – Left arm systolic measurement (100 – 180)

___ ___ BPSTIM – Time supine blood pressure administered (0800 – 1800)
 ___ BPSSYS1 – Supine Systolic blood pressure 1st measurement (100 – 180)
 ___ BPSDIA1 – Supine Diastolic blood pressure 1st measurement (60 – 120)
 ___ SPULSE1 – Supine Pulse 1st measurement (50 – 150)

___ ___ BPSSYS2 – Supine Systolic blood pressure 2nd measurement (100 – 180)
 ___ BPSDIA2 – Supine Diastolic blood pressure 2nd measurement (60 – 120)
 ___ SPULSE2 – Supine Pulse 2nd measurement (50 – 150)

TRAILS

___ ___ TRLTIM – Time Trails administered (0800 – 1800)
 ___ . ___ TRL1T – Trails 1 time in seconds (0 – 150)

___ TRL1OE – Trails 1 # of omission errors; missed a 3 (0 – 5)
 ___ TRL1CE – Trails 1 # of commission errors; marked a non 3 (0 – 5)
 ___ TRL2T – Trails 2 time in seconds (0 – 150)
 ___ TRL2SEQ – Trails 2 # sequence errors (0 – 5)
 ___ TRL2SET – Trails 2 # set-loss errors (0 – 5)
 ___ TRL2DIS – Trails 2 time-discontinue error; not finished in 150 sec (0=no, 1=yes)
 ___ TRL3T – Trails 3 time in seconds (0 – 150)
 ___ TRL3SEQ – Trails 3 # sequence errors (0 – 5)
 ___ TRL3SET – Trails 3 # set-loss errors (0 – 5)
 ___ TRL3DIS – Trails 3 time-discontinue error; not finished in 150 sec (0=no, 1=yes)
 ___ TRL4T – Trails 4 time in seconds (0 – 240)
 ___ TRL4SEQ – Trails 4 # sequence errors (0 – 5)
 ___ TRL4SET – Trails 4 # set-loss errors (0 – 5)
 ___ TRL4DIS – Trails 4 time-discontinue error; not finished in 150 sec (0=no, 1=yes)
 ___ TRL5T – Trails 5 time in seconds (0 – 150)
 ___ TRL5SEQ – Trails 5 # sequence errors (0 – 5)
 ___ TRL5DIS – Trails 5 time-discontinue error; not finished in 150 sec (0=no, 1=yes)

BLOOD PRESSURE – Afternoon

___ BPATIM – Time afternoon blood pressure administered (0800 – 1800)
 ___ BPASYS1 – Afternoon Systolic blood pressure 1st measurement (100 – 180)
 ___ BPADIA1 – Afternoon Diastolic blood pressure 1st measurement (60 – 120)
 ___ APULSE1 – Afternoon Pulse 1st measurement (50 – 150)

 ___ BPASYS2 – Afternoon Systolic blood pressure 2nd measurement (100 – 180)
 ___ BPADIA2 – Afternoon Diastolic blood pressure 2nd measurement (60 – 120)
 ___ APULSE2 – Afternoon Pulse 2nd measurement (50 – 150)

HEDDEN-PARK

___ HPTIM – Time Hedden-Park administered (0800 – 1800)
 ___ HPVERS – Version of Hedden-Park given (IR = 1, IL = 2, MR = 3, ML = 4)

RISE FROM CHAIR

___ RFCTIM – Time rise-from-chair administered (0800 – 1800)
 ___ RFCST – # rise-from-chair stands subject completes in 30 seconds (5 – 40)
 ___ RFCBR – Behavior rating for rise-from-chair (1 – 7)

WMS-III Digit Span—Forward

___ DSTIM – Time Digit Span administered (0800 - 1800)
 ___ DSFMAX – Digit Span forward maximum digit score (0 – 11)
 ___ DSF1AP – Digit Span for. Item 1 Trial A Pass (0 = fail, 1 = pass)
 ___ DSF2AP – Digit Span for. Item 2 Trial A Pass (0 = fail, 1 = pass)
 ___ DSF3AP – Digit Span for. Item 3 Trial A Pass (0 = fail, 1 = pass)
 ___ DSF4AP – Digit Span for. Item 4 Trial A Pass (0 = fail, 1 = pass)
 ___ DSF5AP – Digit Span for. Item 5 Trial A Pass (0 = fail, 1 = pass)
 ___ DSF6AP – Digit Span for. Item 6 Trial A Pass (0 = fail, 1 = pass)
 ___ DSF7AP – Digit Span for. Item 7 Trial A Pass (0 = fail, 1 = pass)
 ___ DSF8AP – Digit Span for. Item 8 Trial A Pass (0 = fail, 1 = pass)
 ___ DSF9AP – Digit Span for. Item 9 Trial A Pass (0 = fail, 1 = pass)

- ___ DSF10AP – Digit Span for. Item 10 Trial A Pass (0 = fail, 1 = pass)
- ___ DSF1AT – Digit Span for. Item 1 Trial A Total Digits (0 – 2)
- ___ DSF2AT – Digit Span for. Item 2 Trial A Total Digits (0 – 3)
- ___ DSF3AT – Digit Span for. Item 3 Trial A Total Digits (0 – 4)
- ___ DSF4AT – Digit Span for. Item 4 Trial A Total Digits (0 – 5)
- ___ DSF5AT – Digit Span for. Item 5 Trial A Total Digits (0 – 6)
- ___ DSF6AT – Digit Span for. Item 6 Trial A Total Digits (0 – 7)
- ___ DSF7AT – Digit Span for. Item 7 Trial A Total Digits (0 – 8)
- ___ DSF8AT – Digit Span for. Item 8 Trial A Total Digits (0 – 9)
- ___ DSF9AT – Digit Span for. Item 9 Trial A Total Digits (0 – 10)
- ___ DSF10AT – Digit Span for. Item 10 Trial A Total Digits (0 – 11)

- ___ DSF1BP – Digit Span for. Item 1 Trial B Pass (0 = fail, 1 = pass)
- ___ DSF2BP – Digit Span for. Item 2 Trial B Pass (0 = fail, 1 = pass)
- ___ DSF3BP – Digit Span for. Item 3 Trial B Pass (0 = fail, 1 = pass)
- ___ DSF4BP – Digit Span for. Item 4 Trial B Pass (0 = fail, 1 = pass)
- ___ DSF5BP – Digit Span for. Item 5 Trial B Pass (0 = fail, 1 = pass)
- ___ DSF6BP – Digit Span for. Item 6 Trial B Pass (0 = fail, 1 = pass)
- ___ DSF7BP – Digit Span for. Item 7 Trial B Pass (0 = fail, 1 = pass)
- ___ DSF8BP – Digit Span for. Item 8 Trial B Pass (0 = fail, 1 = pass)
- ___ DSF9BP – Digit Span for. Item 9 Trial B Pass (0 = fail, 1 = pass)
- ___ DSF10BP – Digit Span for. Item 10 Trial B Pass (0 = fail, 1 = pass)

- ___ DSF1BT – Digit Span for. Item 1 Trial B Total Digits (0 – 2)
- ___ DSF2BT – Digit Span for. Item 2 Trial B Total Digits (0 – 3)
- ___ DSF3BT – Digit Span for. Item 3 Trial B Total Digits (0 – 4)
- ___ DSF4BT – Digit Span for. Item 4 Trial B Total Digits (0 – 5)
- ___ DSF5BT – Digit Span for. Item 5 Trial B Total Digits (0 – 6)
- ___ DSF6BT – Digit Span for. Item 6 Trial B Total Digits (0 – 7)
- ___ DSF7BT – Digit Span for. Item 7 Trial B Total Digits (0 – 8)
- ___ DSF8BT – Digit Span for. Item 8 Trial B Total Digits (0 – 9)
- ___ DSF9BT – Digit Span for. Item 9 Trial B Total Digits (0 – 10)
- ___ DSF10BT – Digit Span for. Item 10 Trial B Total Digits (0 – 11)

- ___ *Digit Span—Backward*
- ___ DSBMAX – Digit Span backward maximum digit score (0 – 10)
- ___ DSB1AP – Digit Span back. Item 1 Trial A Pass (0 = fail, 1 = pass)
- ___ DSB2AP – Digit Span back. Item 2 Trial A Pass (0 = fail, 1 = pass)
- ___ DSB3AP – Digit Span back. Item 3 Trial A Pass (0 = fail, 1 = pass)
- ___ DSB4AP – Digit Span back. Item 4 Trial A Pass (0 = fail, 1 = pass)
- ___ DSB5AP – Digit Span back. Item 5 Trial A Pass (0 = fail, 1 = pass)
- ___ DSB6AP – Digit Span back. Item 6 Trial A Pass (0 = fail, 1 = pass)
- ___ DSB7AP – Digit Span back. Item 7 Trial A Pass (0 = fail, 1 = pass)
- ___ DSB8AP – Digit Span back. Item 8 Trial A Pass (0 = fail, 1 = pass)
- ___ DSB9AP – Digit Span back. Item 9 Trial A Pass (0 = fail, 1 = pass)

- ___ DSB1AT – Digit Span back. Item 1 Trial A Total Digits (0 – 2)
- ___ DSB2AT – Digit Span back. Item 2 Trial A Total Digits (0 – 3)
- ___ DSB3AT – Digit Span back. Item 3 Trial A Total Digits (0 – 4)

___ DSB4AT – Digit Span back. Item 4 Trial A Total Digits (0 – 5)
___ DSB5AT – Digit Span back. Item 5 Trial A Total Digits (0 – 6)
___ DSB6AT – Digit Span back. Item 6 Trial A Total Digits (0 – 7)
___ DSB7AT – Digit Span back. Item 7 Trial A Total Digits (0 – 8)
___ DSB8AT – Digit Span back. Item 8 Trial A Total Digits (0 – 9)
___ DSB9AT – Digit Span back. Item 9 Trial A Total Digits (0 – 10)

___ DSB1BP – Digit Span back. Item 1 Trial B Pass (0 = fail, 1 = pass)
___ DSB2BP – Digit Span back. Item 2 Trial B Pass (0 = fail, 1 = pass)
___ DSB3BP – Digit Span back. Item 3 Trial B Pass (0 = fail, 1 = pass)
___ DSB4BP – Digit Span back. Item 4 Trial B Pass (0 = fail, 1 = pass)
___ DSB5BP – Digit Span back. Item 5 Trial B Pass (0 = fail, 1 = pass)
___ DSB6BP – Digit Span back. Item 6 Trial B Pass (0 = fail, 1 = pass)
___ DSB7BP – Digit Span back. Item 7 Trial B Pass (0 = fail, 1 = pass)
___ DSB8BP – Digit Span back. Item 8 Trial B Pass (0 = fail, 1 = pass)
___ DSB9BP – Digit Span back. Item 9 Trial B Pass (0 = fail, 1 = pass)

___ DSB1BT – Digit Span back. Item 1 Trial B Total Digits (0 – 2)
___ DSB2BT – Digit Span back. Item 2 Trial B Total Digits (0 – 3)
___ DSB3BT – Digit Span back. Item 3 Trial B Total Digits (0 – 4)
___ DSB4BT – Digit Span back. Item 4 Trial B Total Digits (0 – 5)
___ DSB5BT – Digit Span back. Item 5 Trial B Total Digits (0 – 6)
___ DSB6BT – Digit Span back. Item 6 Trial B Total Digits (0 – 7)
___ DSB7BT – Digit Span back. Item 7 Trial B Total Digits (0 – 8)
___ DSB8BT – Digit Span back. Item 8 Trial B Total Digits (0 – 9)
___ DSB9BT – Digit Span back. Item 9 Trial B Total Digits (0 – 10)

LOGICAL MEMORY

___ LM1TIM – Logical Memory 1 time administered (0800 – 1800)
___ LM1A – Logical Memory 1 Story A story unit score (0 – 25)
___ LM1ATH – Logical Memory 1 Story A thematic unit score (0 – 7)
___ LM1B – Logical Memory 1 Story B story unit score (0 – 24)
___ LM1BTH – Logical Memory 1 Story B thematic unit score (0 – 8)

___ LM2TIM – Logical Memory 2 time administered (0800 – 1800)
___ LMDELAY – Logical Memory length of delay in minutes (20 – 40)
___ LM2A – Logical Memory 2 Story A story unit score (0 – 25)
___ LM2ATH – Logical Memory 2 Story A thematic unit score (0 – 7)
___ LM2APR – Logical Memory 2 Story A Prompted? (0 = no, 1 = yes)
___ LM2B – Logical Memory 2 Story B story unit score (0 – 24)
___ LM2BTH – Logical Memory 2 Story B thematic unit score (0 – 8)
___ LM2BPR – Logical Memory 2 Story B Prompted? (0 = no, 1 = yes)

SIMPLE & CHOICE REACTION TIME

___ RTTIM – Time Reaction Time administered (0800 – 1800)

HIDDEN FIGURES

___ HFIGTIM – Time Hidden Figures administered (0800 – 1800)
___ HFIGC1 – Number of figures traced correctly in part I (0 – 27)
___ HFIGI1 – Number of figures traced incorrectly in part I (0 – 27)

_____. _____. HFIGTM1 – Time to complete part 1 in seconds (0 – 120)
 _____. HFIGC2 – Number of figures traced correctly in part II (0 – 7)
 _____. HFIGI2 – Number of figures traced incorrectly in part II (0 – 7)
 _____. _____. HFIGTM2 – Time to complete part 2 in seconds (0 – 60)
 _____. HFIGC3 – Number of figures traced correctly in part III (0 – 7)
 _____. HFIGI3 – Number of figures traced incorrectly in part III (0 – 7)
 _____. _____. HFIGTM3 – Time to complete part 3 in seconds (0 – 180)
 _____. HFIGC4 – Number of figures traced correctly in part IV (0 – 10)
 _____. HFIGI4 – Number of figures traced incorrectly in part IV (0 – 10)
 _____. _____. HFIGTM4 – Time to complete part 4 in seconds (0 – 240)
 _____. HFIGC5 – Number of figures traced correctly in part V (0 – 10)
 _____. HFIGI5 – Number of figures traced incorrectly in part V (0 – 10)
 _____. _____. HFIGTM5 – Time to complete part 5 in seconds (0 – 240)

DYNAMOMETER

_____. _____. DYNTIM – Time grip strength administered (0800 – 1800)
 _____. DYNR1 – Grip strength right for trial 1 in kg (0 – 90)
 _____. DYNR2 – Grip strength right for trial 2 in kg (0 – 90)
 _____. DYNR3 – Grip strength right for trial 3 in kg (0 – 90)
 _____. DYNL1 – Grip strength left for trial 1 in kg (0 – 90)
 _____. DYNL2 – Grip strength left for trial 2 in kg (0 – 90)
 _____. DYNL3 – Grip strength left for trial 3 in kg (0 – 90)

STROOP

_____. STRTIM – Time Stroop administered (0800 – 1800)
 _____. STRWC – Stroop word score – excluding self-corrects (60 – 130)
 _____. STRWE – Stroop word errors (0 – 5)
 _____. STRWSC – Stroop word self-corrects (0 – 5)
 _____. STRWT – Stroop word *T* score
 _____. STRCC – Stroop color score– excluding self-corrects (30 – 110)
 _____. STRCE – Stroop color errors (0 – 5)
 _____. STRCSC – Stroop color self-corrects (0 – 5)
 _____. STRCT – Stroop color *T* score
 _____. STRCWC – Stroop color-word score– excluding self-corrects (15 – 80)
 _____. STRCWE – Stroop color-word errors (0 – 5)
 _____. STRCWSC – Stroop color-word self-corrects (0 – 5)
 _____. STRCWT – Stroop color-word *T* score
 _____. STRIT – Stroop interference *T* score

READING SPAN - ASCENDING

_____. RSATIM – Time Reading Span *ascending* was administered (0800 – 1800)
 _____. RSAVERS – Reading Span *ascending* version given (list 1 = 1, list 2 = 2)
 _____. RSA21 – Read Span # correct words for 2 sentences trial 1 (0 – 2)
 _____. RSA22 – Read Span # correct words for 2 sentences trial 2 (0 – 2)
 _____. RSA23 – Read Span # correct words for 2 sentences trial 3 (0 – 2)

- ___ RSA24 – Read Span # correct words for 2 sentences trial 4 (0 – 2)
- ___ RSA25 – Read Span # correct words for 2 sentences trial 5 (0 – 2)
- ___ RSA2T – # of correct trials = # of 2s entered (0 – 5)

- ___ RSA31 – Read Span # correct words for 3 sentences trial 1 (0 – 3)
- ___ RSA32 – Read Span # correct words for 3 sentences trial 2 (0 – 3)
- ___ RSA33 – Read Span # correct words for 3 sentences trial 3 (0 – 3)
- ___ RSA34 – Read Span # correct words for 3 sentences trial 4 (0 – 3)
- ___ RSA35 – Read Span # correct words for 3 sentences trial 5 (0 – 3)
- ___ RSA3T – # of correct trials = # of 3s entered (0 – 5)

- ___ RSA41 – Read Span # correct words for 4 sentences trial 1 (0 – 4)
- ___ RSA42 – Read Span # correct words for 4 sentences trial 2 (0 – 4)
- ___ RSA43 – Read Span # correct words for 4 sentences trial 3 (0 – 4)
- ___ RSA44 – Read Span # correct words for 4 sentences trial 4 (0 – 4)
- ___ RSA45 – Read Span # correct words for 4 sentences trial 5 (0 – 4)
- ___ RSA4T – # of correct trials = # of 4s entered (0 – 5)

- ___ ___ RSALST – # of *trials* subject gave last word of last sentence 1st (0 – 15)

PULMONARY FUNCTION

___ ___ ___ PFTTIM – Time 1st FVC administered (0800 – 1800)

AUDIOMETER

- ___ ___ ___ AUTIM – Time audiometer administered (0800 – 1800)
- ___ AUHDIF – Subject reported hearing difficulty (0 = no, 1 = yes)
- ___ AUNHA – Does subject ever wear a hearing aid (0 = no, 1 = yes)
- ___ AUWHA – Is subject wearing hearing aid (0 = no, 1 = yes)
- ___ AUHAE – Which ear is hearing aid in (0 = neither, 1 = left, 2 = right, 3 = both)
- ___ AUOBS – Any observed hearing diff. by tester (0 = no, 1 = yes)
- ___ AUPREF – Subject reported ear with better hearing (0=neither, 1=left, 2=right)
- ___ AUST – Ear tested first (0 = right, 1 = left)
- ___ ___ ___ AU1000R – Threshold (dB) at 1000 Hz for right ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU500R – Threshold (dB) at 500 Hz for right ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU250R – Threshold (dB) at 250 Hz for right ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU2000R – Threshold (dB) at 2000 Hz for right ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU4000R – Threshold (dB) at 4000 Hz for right ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU8000R – Threshold (dB) at 8000 Hz for right ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU1000L – Threshold (dB) at 1000 Hz for left ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU500L – Threshold (dB) at 500 Hz for left ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU250L – Threshold (dB) at 250 Hz for left ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU2000L – Threshold (dB) at 2000 Hz for left ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU4000L – Threshold (dB) at 4000 Hz for left ear (-10 – (+)110) [NEGATIVE]
- ___ ___ ___ AU8000L – Threshold (dB) at 8000 Hz for left ear (-10 – (+)110) [NEGATIVE]

DATA ACCURACY RATINGS

Neuropsychological Tests

- ___ ZCVLTI – CVLT immediate recall (0-2)
- ___ ZCVLTD – CVLT delayed recall (0-2)
- ___ ZMENROT – Mental rotation (0-2)
- ___ ZMATRIX – Matrix reasoning (0-2)
- ___ ZLNS – Letter-number sequencing (0-2)
- ___ ZAXCPT – AX-CPT (0-2)
- ___ ZWALK – Walk test (0-2)
- ___ ZRDSPNA – Reading span ascending (0-2)
- ___ ZRDSPND – Reading span descending (0-2)
- ___ ZSPSPNF – Spatial span forward (0-2)
- ___ ZSPSPNB – Spatial span backward (0-2)
- ___ ZVRI – Visual reproduction immediate recall (0-2)
- ___ ZVRD – Visual reproduction delayed recall (0-2)
- ___ ZFLUL – Fluency letters (0-2)
- ___ ZFLUC – Fluency categories (0-2)
- ___ ZFLUCS – Fluency category switching (0-2)
- ___ ZVOCAB – Vocabulary (0-2)
- ___ ZLMI – Logical memory immediate recall (0-2)
- ___ ZLMD – Logical memory delayed recall (0-2)
- ___ ZTRAIL – Trail making (0-2)
- ___ ZHP – Hedden-Park (0-2)
- ___ ZDGSPNF – Digit span forward (0-2)
- ___ ZDGSPNB – Digit span backward (0-2)
- ___ ZRT – Simple-choice reaction time (0-2)
- ___ ZHF – Hidden figures (0-2)
- ___ ZSTROOP – Stroop test (0-2)

Health and Medical Assessments

- ___ ZBDRAW – Blood draw (0-2)
- ___ ZHWG – Height/weight/girth (0-2)
- ___ ZBPAM – Blood pressure morning (0-2)
- ___ ZBPPM – Blood pressure afternoon (0-2)
- ___ ZCONT – Contrast sensitivity (0-2)
- ___ ZVISN – Near acuity (0-2)
- ___ ZVISF – Far acuity (0-2)
- ___ ZAAI – Ankle-Arm Index (0-2)
- ___ ZCHAIR – Rise from chair (0-2)
- ___ ZGRIP – Grip strength (0-2)
- ___ ZFVC – Pulmonary function test FVC (0-2)
- ___ ZMVV – Pulmonary function test MVV (0-2)
- ___ ZAUDIO – Audiometer (0-2)

Interviews and Questionnaires

- ___ ZMEDHX – Medical history interview (0-2)
- ___ ZAMPM – Morningness-eveningness questionnaire (0-2)
- ___ ZHAND – Handedness questionnaire (0-2)
- ___ ZAFQT – AFQT (0-2)