

ORANJ BOWLSM
Annual Assessment Interview Questionnaire
Year 1 (2006 to 2007)

{OPEN}

As we begin the interview, please remember that there are no right or wrong answers.

{RDMAG}

COMPUTER RANDOMLY SELECTS PRESENTATION ORDER:

Go TO {SAGE1}	Successful first, Well second	01
Go TO {WAGE1}	Well first, Successful second	02

{SAGE1}

Please think about your aging experience. Using a scale from 0 to 10 where 0 means “Not Successful At All” and 10 means “Completely Successful,” please tell me which number best describes your aging experience?

NUMERICAL RESPONSE IN VALID RANGE OF 0 - 10		
DON'T KNOW		98
REFUSED		97

ALL GO TO {SHLTH}.

{WAGE1}

Please think about your aging experience. Using a scale from 0 to 10, where 0 means “Not well at all” and 10 means “Extremely well”, what number would you choose to describe how well you are aging?

NUMERICAL RESPONSE IN VALID RANGE OF 0 - 10		
DON'T KNOW		98
REFUSED		97

{SHLTH}

In which of the following ways would you rate your overall health at the present time:

Excellent,	06
Very good,	05
Good,	04
Fair,	03
Poor, or	02
Very poor?	01
DON'T KNOW	98
REFUSED	97

{HGT}

What is your height in feet and inches, without shoes?

FEET
VALID RANGE = 3 TO 7

INCHES
VALID RANGE = 0 TO 11

{WGT}

And how much do you weigh, in pounds, without shoes?

			POUNDS
--	--	--	--------

VALID RANGE = 050 TO 500

{CS00}

Now I will read a list of health conditions and diseases. As I do, please tell me whether a doctor or other health professional has ever told you that you had that condition.

NOTE: DON'T KNOW (DK) AND REFUSED (RF) WILL BE AVAILABLE FOR ALL QUESTIONS IN THIS BATTERY.

	ASK ALL			ASK IF {CS##A} = YES			
	{CS##A} (Have you ever been told by a doctor or other health professional that you had ...)			{CS##B} Are you taking any prescription medications for that?		{CS##C} And are you taking any non-prescription medicines or dietary supplements for that?	
PRESENTED IN RANDOM ORDER, 2 & 3 REMAIN PAIRED		YES	No	YES	No	YES	No
{CS01}	Arthritis?	01	00	01	00	01	00
{CS02}	Hypertension or high blood pressure?	01	00	01	00	01	00
{CS03}	Any kind of heart condition or heart disease, such as coronary artery disease, angina, or heart attack (sometimes called a coronary, MI, or myocardial infarction)?	01	00	01	00	01	00
{CS04}	Cancer?	01	00	01	00	01	00
{CS05}	Diabetes?	01	00	01	00	01	00
{CS06}	Osteopenia or osteoporosis?	01	00	01	00	01	00
{CS07}	A stroke?	01	00	01	00	01	00
{CS08}	Liver disease or hepatitis?	01	00	01	00	01	00
{CS09}	Lung or breathing problems, such as chronic bronchitis, asthma, or emphysema?	01	00	01	00	01	00
{CS10}	Parkinson's Disease?	01	00	01	00	01	00
{CS11}	Multiple Sclerosis?	01	00	01	00	01	00
{CS12}	Migraine headaches, not just headaches?	01	00	01	00	01	00
{CS13}	Depression, anxiety, or other emotional problems?	01	00	01	00	01	00
{CS14}	HIV or AIDS?	01	00	01	00	01	00

{EYE00}

The next few questions are about your vision and hearing.

{EYE01}

Do you wear glasses or contact lenses?

(INCLUDE PRESCRIPTION AND NON-PRESCRIPTION LENSES, SUCH AS READING GLASSES.)

GO TO {EYE02}	YES	01
	NO	00
GO TO {EYE03}	DON'T KNOW	98
	REFUSED	97

{EYE02}

When wearing your glasses or contacts, how would you rate your vision? Would you say it is:

(INCLUDE PRESCRIPTION AND NON-PRESCRIPTION LENSES, SUCH AS READING GLASSES.)

	Excellent,	04
	Good,	03
	Fair, or	02
	Poor?	01
	DON'T KNOW	98
	REFUSED	97

ALL GO TO {EAR01}

{EYE03}

How would you rate your vision? Would you say it is:

	Excellent,	04
	Good,	03
	Fair, or	02
	Poor?	01
	DON'T KNOW	98
	REFUSED	97

{EAR01}

Do you use any devices to help you hear?

GO TO {EAR02}	YES	01
	NO	00
GO TO {EAR03}	DON'T KNOW	98
	REFUSED	97

{EAR02}

When using your hearing device, how would you rate your hearing? Would you say it is:

Excellent,	04
Good,	03
Fair, or	02
Poor?	01
DON'T KNOW	98
REFUSED	97

ALL GO TO {MOU1}.

{EAR03}

How would you rate your hearing? Would you say it is:

Excellent,	04
Good,	03
Fair, or	02
Poor?	01
DON'T KNOW	98
REFUSED	97

{MOU01}

Do you wear dentures, a bridge, or any type of removable dental implant?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{MOU02}

Which one of the following three statements best describes your ability to chew:

First – I am able to comfortably chew both hard and soft foods,	01
Second – I am able to comfortably chew soft foods but have difficulty chewing hard foods, or	02
Third – I have difficulty chewing all foods?	03
DON'T KNOW	98
REFUSED	97

{FN00}

Now I will read a list of different activities. For each one, please tell me how difficult it is for you to do that activity.

NOTE: {FN01} THROUGH {FN09} ARE TO BE PRESENTED IN RANDOM ORDER.

{FN01}

How difficult is it for you to:

... walk for a quarter of a mile, which is about 3 city blocks:

Not at all difficult,	05
Only a little difficult,	04
Somewhat difficult,	03
Very difficult, or	02
You can't do it at all?	01
DON'T KNOW	98
REFUSED	97

{FN02}

How difficult is it for you to:

... walk up 10 steps without resting:

Not at all difficult,	05
Only a little difficult,	04
Somewhat difficult,	03
Very difficult, or	02
You can't do it at all?	01
DON'T KNOW	98
REFUSED	97

{FN03}

(How difficult is it for you to:)

... stand or be on your feet for about 2 hours:

Not at all difficult,	05
Only a little difficult,	04
Somewhat difficult,	03
Very difficult, or	02
You can't do it at all?	01
DON'T KNOW	98
REFUSED	97

{FN04}

(How difficult is it for you to:)
... sit for about 2 hours:

Not at all difficult,	05
Only a little difficult,	04
Somewhat difficult,	03
Very difficult, or	02
You can't do it at all?	01
DON'T KNOW	98
REFUSED	97

{FN05}

(How difficult is it for you to:)
... stoop, bend, or kneel
(including getting back up again afterwards)?

Not at all difficult,	05
Only a little difficult,	04
Somewhat difficult,	03
Very difficult, or	02
You can't do it at all?	01
DON'T KNOW	98
REFUSED	97

{FN06}

How difficult is it for you to:
... reach up over your head:
(such as reaching for an object on a shelf)

Not at all difficult,	05
Only a little difficult,	04
Somewhat difficult,	03
Very difficult, or	02
You can't do it at all?	01
DON'T KNOW	98
REFUSED	97

{FN07}

(How difficult is it for you to:)
... use your fingers to grasp or handle small objects:

Not at all difficult,	05
Only a little difficult,	04
Somewhat difficult,	03
Very difficult, or	02
You can't do it at all?	01
DON'T KNOW	98
REFUSED	97

{FN08}

(How difficult is it for you to:)

... lift or carry something as heavy as 10 pounds, such as a full bag of groceries:

Not at all difficult,	05
Only a little difficult,	04
Somewhat difficult,	03
Very difficult, or	02
You can't do it at all?	01
DON'T KNOW	98
REFUSED	97

{FN09}

(How difficult is it for you to:)

... push or pull large objects like a living room chair:

Not at all difficult,	05
Only a little difficult,	04
Somewhat difficult,	03
Very difficult, or	02
You can't do it at all?	01
DON'T KNOW	98
REFUSED	97

{MEM00}

Next, I have a few questions about your memory.

{MEM01}

In which of the following ways would you rate your memory at the present time:

Excellent,	06
Very good,	05
Good,	04
Fair,	03
Poor, or	02
Very poor?	01
DON'T KNOW	98
REFUSED	97

{MEM02}

In general, compared with the average person, how would you describe your memory:

Much worse,	01
Somewhat worse,	02
About the same,	03
Somewhat better, or	04
Much better?	05
DON'T KNOW	98
REFUSED	97

{MEM03}

How much concern do you have about your memory at this time:

Very serious concern,	01
A good deal of concern,	02
Some concern,	03
Only minor concern, or	04
No concern at all?	05
DON'T KNOW	98
REFUSED	97

{SLP00}

The next few questions are about sleep.

{SLP01}

How often do you have trouble falling asleep:

Most of the time,	01
Sometimes,	02
Rarely, or	03
Never?	04
DON'T KNOW	98
REFUSED	97

{SLP02}

How often do you have trouble with waking up during the night:

Most of the time,	01
Sometimes,	02
Rarely, or	03
Never?	04
DON'T KNOW	98
REFUSED	97

{SLP03}

How often do you have trouble with waking up too early and not being able to fall asleep again:

	Most of the time,	01
	Sometimes,	02
	Rarely, or	03
	Never?	04
_____	DON'T KNOW	98
	REFUSED	97

{SLP04}

How often do you feel really rested when you wake up in the morning:

	Most of the time,	01
	Sometimes,	02
	Rarely, or	03
	Never?	04
_____	DON'T KNOW	98
	REFUSED	97

{PAIN0}

The next few questions are about pain.

{PAIN1}

How often are you troubled with pain:

	Almost always,	01
	Often,	02
	Sometimes, or	03
GO TO {CE00}	Almost never?	04
	DON'T KNOW	98
	REFUSED	97

{PAIN2}

How bad is the pain most of the time:

(IF TAKING PAIN MEDICATION, RATE SEVERITY OF PAIN WHEN MEDICATED)

	Mild,	01
	Moderate, or	02
	Severe?	03
_____	DON'T KNOW	98
	REFUSED	97

{PAIN3}

How often does the pain make it difficult for you to do your usual activities such as household chores or work:

Almost always,	01
Often,	02
Sometimes, or	03
Almost never?	04
DON'T KNOW	98
REFUSED	97

{CE00}

Next, I will read some statements about feelings. Please tell me how often each has described **you** during the **past week**.

		(Would you say:)			
PRESENTED IN RANDOM ORDER	READ STATEMENT & THEN, IF NECESSARY, ADD: How often have you felt this way in the past week: rarely or none of the time, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time?	RARELY OR NONE OF THE TIME	SOME OR A LITTLE OF THE TIME	OCCASION- ALLY OR A MODERATE AMOUNT OF THE TIME	MOST OR ALL OF THE TIME
{CE01S}	I was bothered by things that usually don't bother me.	00	01	02	03
{CE05S}	I had trouble keeping my mind on what I was doing.	00	01	02	03
{CE06S}	I felt depressed.	00	01	02	03
{CE07S}	I felt that everything I did was an effort.	00	01	02	03
{CE8SE}	I felt hopeful about the future.	00	01	02	03
{CE10S}	I felt fearful.	00	01	02	03
{CE11S}	My sleep was restless.	00	01	02	03
{CE12S}	I was happy.	00	01	02	03
{CE14S}	I felt lonely.	00	01	02	03
{CE20S}	I could not get "going."	00	01	02	03

{LFE00}

The next questions are about significant events you or your close family members may have experienced in the past year. Please focus only the past twelve months when answering the following questions.

	(In the past twelve months,)	YES	NO	DON'T KNOW	REFUSED
{LFE01 }	Did you change your place of residence?	01	00	98	97
{LFE02}	Did an adult child leave home?	01	00	98	97
{ LFE03}	Did an adult child move back home with you?	01	00	98	97
{ LFE04}	Did you move in with an adult child?	01	00	98	97
{ LFE05}	Did you assume responsibility for a sick or elderly loved one?	01	00	98	97
{ LFE06}	Did you lose a job unexpectedly?	01	00	98	97
{ LFE07}	Were you diagnosed with a major illness or condition?	01	00	98	97
{LFE08}	Were you involved in an accident in which you were seriously injured?	01	00	98	97
{LFE09}	Were you the victim of a crime?	01	00	98	97
{LFE10}	Were you or a close family member arrested for violating the law?	01	00	98	97
{LFE11}	Did a close family member become seriously ill or injured?	01	00	98	97
{LFE12}	Did a close family member die?	01	00	98	97
{LFE13}	Did a close friend die?	01	00	98	97
{LFE14}	Did you gain a new close family member through marriage, birth, or adoption?	01	00	98	97

{MP00}

IF RESPONDENT IS MALE, GO TO {PRELS}, OTHERWISE GO TO {WMNSH}.

{WMNSH}

The next few questions are about women's health issues.

{MP1ST}

How old were you when you had your first menstrual period?

YOUNGER THAN 10	09
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19 OR OLDER	19
NEVER HAD ONE	00
DON'T KNOW	98
REFUSED	97

{PREG}

Have you ever been pregnant?

GO TO {BIRTH}	YES	01
GO TO {MPFN}	NO	00
	DON'T KNOW	98
GO TO {BIRTH}	REFUSED	97

{BIRTH}

To how many children have you given birth?

GO TO {MPFN}	NONE	00							
	ONE	01	SIX	06	ELEVEN	11	SIXTEEN	16	
	TWO	02	SEVEN	07	TWELVE	12	SEVENTEEN	17	
GO TO {NURSE}	THREE	03	EIGHT	08	THIRTEEN	13	EIGHTEEN	18	
	FOUR	04	NINE	09	FOURTEEN	14	NINETEEN	19	
	FIVE	05	TEN	10	FIFTEEN	15	TWENTY	20	
GO TO {MPFN}	DON'T KNOW	98							
	REFUSED	97							

{NURSE}

Did you nurse or breastfeed (any of your children/your child)?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{MPFN}

Which one of the following three statements best describes your menstrual period during the past year:

GO TO {MPFN1}	I have not had a menstrual period during the past year,	03
	I have had irregular or missed periods this year, or	02
GO TO {HRT}	I have had regular periods this year?	01
	DON'T KNOW	98
	REFUSED	97

{MPFN1}

How old were you when you had your last menstrual period?

			YEARS OLD
--	--	--	-----------

VALID RANGE =
 {MP1ST} TO CURRENT AGE

{HRT}

Are you currently on hormone replacement therapy?

YES	01
NO	00
DK, NOT SURE	98
REFUSED	97

{PRELS}

The next questions are about your household.

{MARRY}

How many times, if any, have you been married?

OF MARRIAGES

IF {MARRY} = 0, GO TO {REL01}; OTHERWISE GO TO {MYNOW}.

{MYNOW}

And now, at the present time, are you:

GO TO {MR00}	Married,	01
GO TO {MR01}	Separated,	02
	Divorced, or	03
	Widowed?	04
GO TO {REL01}	DON'T KNOW	98
	REFUSED	97

{MR00}

In what month and year did you get married (to your current spouse)?

JANUARY	01	JULY	07
FEBRUARY	02	AUGUST	08
MARCH	03	SEPTEMBER	09
APRIL	04	OCTOBER	10
MAY	05	NOVEMBER	11
JUNE	06	DECEMBER	12
DON'T KNOW	98	REFUSED	97

YEAR

ALL GO TO {MR04}.

{MR01}

In what month and year did you become (separated/divorced/widowed)?

JANUARY	01	JULY	07
FEBRUARY	02	AUGUST	08
MARCH	03	SEPTEMBER	09
APRIL	04	OCTOBER	10
MAY	05	NOVEMBER	11
JUNE	06	DECEMBER	12
DON'T KNOW	98	REFUSED	97

YEAR

{REL01}

Are you currently involved in a significant romantic relationship?

GO TO {MR03}	YES	01
	NO	00
GO TO {ADULT}	DON'T KNOW	98
	REFUSED	97

{MR03}

In what month and year did you become involved with your partner?

JANUARY	01	JULY	07
FEBRUARY	02	AUGUST	08
MARCH	03	SEPTEMBER	09
APRIL	04	OCTOBER	10
MAY	05	NOVEMBER	11
JUNE	06	DECEMBER	12
DON'T KNOW	98	REFUSED	97

--	--	--	--

YEAR

{MR04}

How close is your relationship with your (current) (spouse/partner)? Would you say:

Very close,	04
Somewhat close,	03
Not very close, or	02
Not at all close?	01
DON'T KNOW	98
REFUSED	97

{PHLTH}

And in which of the following ways would you rate your (spouse's/partner's) overall health at the present time:

Excellent,	06
Very good,	05
Good,	04
Fair,	03
Poor, or	02
Very poor?	01
DON'T KNOW	98
REFUSED	97

{ADULT}

Now let's talk about your household. Including yourself, how many adults age 18 or older currently live in your household? Please include adults who may be away temporarily due to hospitalization, military service, or school but who usually reside in your home.

ENTER NUMBER OF ADULTS

--	--

VALID RANGE = 01 TO 20

{CHILD}

How many people age 17 or younger currently live in your household?

ENTER NUMBER OF CHILDREN

--	--

VALID RANGE = 00 TO 20

{HHSUM} :&: FILL TO BE COMPUTED BY CATI SYSTEM :&:

So, altogether, (HHNUMBER) (person/people) currently live(s) in your household?

{PETS}

Do you have any pets?

GO TO {DOGS}	YES	01
	NO	00
GO TO {HHSM1}	DON'T KNOW	98
	REFUSED	97

{DOGS}

Do you have any dogs?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{CATS}

Do you have any cats?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{HHSM0}

The next questions focus on only the people living in your household.

{HHSM1}

IF {HHSUM} = 1, GO TO {KIDS0}; OTHERWISE ASK {RKIDS}.

{RKIDS}

Of the <HHSUM> members of your household, how many, if any, are your children? Please include biological, step, and adopted children.

ENTER NUMBER OF KIDS

--	--

VALID RANGE = 00 TO 39

{GKIDS}

Of these <HHSUM> household members, how many, if any, are your grandchildren?

ENTER NUMBER OF GRANDCHILDREN

--	--

VALID RANGE = 00 TO 39

IF {RKIDS} = 00, ASK {KIDS0}. IF {RKIDS} = 01, GO TO {KIDS1}. OTHERWISE GO TO {KIDS2}.

{KIDS0}

How many, if any, living children do you have? Please include all biological, step, or adopted children.

children:											
GO TO {BIOPS}	NONE	00									
GO TO {KIDRL}	ONE	01		SIX	06		ELEVEN	11		SIXTEEN	16
	TWO	02		SEVEN	07		TWELVE	12		SEVENTEEN	17
	THREE	03		EIGHT	08		THIRTEEN	13		EIGHTEEN	18
	FOUR	04		NINE	09		FOURTEEN	14		NINETEEN	19
	FIVE	05		TEN	10		FIFTEEN	15		TWENTY	20
	DON'T KNOW	98									
	REFUSED	97									

{KIDS1}

Do you have any other children who live elsewhere? Please include all biological, step, or adopted children.

GO TO {KID1A}	YES	01
	NO	00
GO TO {KIDRL}	DON'T KNOW	98
	REFUSED	97

{KID1A}

And how many children do you have who do not live with you?

GO TO {KID1B}	ONE	01	SIX	06	ELEVEN	11	SIXTEEN	16
	TWO	02	SEVEN	07	TWELVE	12	SEVENTEEN	17
	THREE	03	EIGHT	08	THIRTEEN	13	EIGHTEEN	18
	FOUR	04	NINE	09	FOURTEEN	14	NINETEEN	19
	FIVE	05	TEN	10	FIFTEEN	15	TWENTY	20
GO TO {KIDRL}	DON'T KNOW	98						
	REFUSED	97						

{KID1B}

So altogether then, you have <{RKIDS} + {KID1A}> living children?

GO TO {KIDRL}	YES	01
	NO	00
DETERMINE SOURCE OF ERROR & CORRECT	DON'T KNOW	98
	REFUSED	97

{KIDS2}

Do you have any other children who live elsewhere? Please include all biological, step, or adopted children.

GO TO {KID2A}	YES	01
	NO	00
GO TO {KIDRL}	DON'T KNOW	98
	REFUSED	97

{KID2A}

And how many children do you have who do not live with you?

GO TO {KID2B}	ONE	01	SIX	06	ELEVEN	11	SIXTEEN	16
	TWO	02	SEVEN	07	TWELVE	12	SEVENTEEN	17
	THREE	03	EIGHT	08	THIRTEEN	13	EIGHTEEN	18
	FOUR	04	NINE	09	FOURTEEN	14	NINETEEN	19
	FIVE	05	TEN	10	FIFTEEN	15	TWENTY	20
GO TO {KIDRL}	DON'T KNOW	98						
	REFUSED	97						

{KID2B}

So altogether then, you have <{RKIDS} + {KID2A}> living children?

GO TO {KIDRL}	YES	01
	NO	00
DETERMINE SOURCE OF ERROR & CORRECT	DON'T KNOW	98
	REFUSED	97

{KIDRL}

Would you characterize your current relationship with (your child/either of your children/any of your children) as either difficult or strained?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{BIOPS}

Now we have a few questions regarding your biological parents.

{MOMLV}

Is your biological mother alive?

GO TO {MOMAG}	YES	01
GO TO {MOMAD}	NO	00
	REFUSED	97
GO TO {DADLV}	DON'T KNOW – NOT FURTHER SPECIFIED	98
	DON'T KNOW – ADOPTED	95

{MOMAG}

And how old is she?

			YEARS OLD
--	--	--	-----------

VALID RANGE > PRESENT AGE

AND <= 125

ALL GO TO {DADLV}.

{MOMAD}

And how old was she when she died?

			YEARS OLD
--	--	--	-----------

VALID RANGE > =10 AND <= 125

{DADLV}

Is your biological father alive?

GO TO {DADAG}	YES	01
GO TO {DADAD}	NO	00
	REFUSED	97
GO TO {SOCS1}	DON'T KNOW – NOT FURTHER SPECIFIED	98
	DON'T KNOW – ADOPTED	95

{DADAG}

And how old is he?

			YEARS OLD
--	--	--	-----------

VALID RANGE > PRESENT AGE

AND <= 125

ALL GO TO {SOCS0}.

{DADAD}

And how old was he when he died?

			YEARS OLD
--	--	--	-----------

VALID RANGE > =10 AND <= 125

{SOCS0}

The next questions are about relationships.

{SOCS1}

How often do you feel there is someone you can count on to listen to you when you need to talk?
Would you say:

None of the time,	01
A little of the time,	02
Some of the time,	03
Most of the time, or	04
All of the time?	05
DON'T KNOW	98
REFUSED	97

{SOCS2}

How often do you feel that someone is available to give you good advice about a problem?
Would you say:

None of the time,	01
A little of the time,	02
Some of the time,	03
Most of the time, or	04
All of the time?	05
DON'T KNOW	98
REFUSED	97

{SOCS3}

How often do you feel that someone shows you love and affection? Would you say:

None of the time,	01
A little of the time,	02
Some of the time,	03
Most of the time, or	04
All of the time?	05
DON'T KNOW	98
REFUSED	97

{SOCS4}

How often do you feel that there is someone you can count on to provide you with emotional support in talking over problems or helping you make a difficult decision? Would you say:

None of the time,	01
A little of the time,	02
Some of the time,	03
Most of the time, or	04
All of the time?	05
DON'T KNOW	98
REFUSED	97

{CGIVE}

Do you currently provide unpaid help with personal care or household duties to any adult relative or friend?

(PERSONAL CARE INCLUDES ACTIVITIES SUCH AS BATHING, DRESSING, OR EATING.)

(HOUSEHOLD DUTIES INCLUDES ACTIVITIES SUCH AS COOKING, CLEANING, GROCERY SHOPPING, AND MANAGING MONEY.)

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{LS00}

Next, please tell me whether you agree or disagree with the following three statements.

PRESENTED IN RANDOM ORDER	(Do you agree or disagree?)	And would that be completely, mostly, or just somewhat?					
		AGREE	DIS- AGREE		COM- PLETELY	MOSTLY	JUST SOME- WHAT
{LS01}	As I grow older, things seem better than I thought they would be.	01	05		06	04	02
{LS02}	As I look back on my life I am fairly well satisfied.	01	05		06	04	02
{LS03}	These are the best years of my life.	01	05		06	04	02

{LS04X}

Now, please think about your life as a whole. How satisfied are you with it?

Would you say you are:

Very satisfied,	01
Somewhat satisfied,	02
Not very satisfied, or	03
Not at all satisfied?	04
DON'T KNOW	98
REFUSED	97

{LS05X}

Using a scale from 0 to 10, where 0 means “the worst possible life” and 10 means “the best possible life”, how would you rate your life these days?

SCALE RATING
VALID RANGE = 00 TO 10, RF

{CA00X}

If you could be any age, what age would you be?

YEARS
VALID RANGE = 000 TO 199

{CA00}

I will read the beginning of four sentences. As I read each one, please complete it by telling me which age group you see yourself belonging to – twenties, thirties, forties, fifties, sixties, seventies, or eighties.

PRES- ENTED IN RANDOM ORDER		(Would that be ...20s, 30s, 40s, 50s, 60s, 70s, or 80s?)								
		20s	30s	40s	50s	60s	70s	80s	DON'T KNOW	REFUSED
{CA01}	I feel as though I am in my ...	20	30	40	50	60	70	80	98	97
{CA02}	I look as though I am in my ...	20	30	40	50	60	70	80	98	97
{CA03}	I do most things as if I am in my ...	20	30	40	50	60	70	80	98	97
{CA04}	My interests are mostly those of a person in his or her ...	20	30	40	50	60	70	80	98	97

{PGC}

Now I will read you some words. Please tell me how often you feel each one has described **you** in the past week.

PRESENTED IN RANDOM ORDER	(How often has the word {PGC##} described you in the past week:)	Never	Rarely	Some- times	Often	Nearly Always	DON'T KNOW	RE- FUSED
{PGC01}	Happy?	00	01	02	03	04	98	97
{PGC02}	Irritated?	00	01	02	03	04	98	97
{PGC03}	Warm-hearted?	00	01	02	03	04	98	97
{PGC04}	Sad?	00	01	02	03	04	98	97
{PGC05}	Interested?	00	01	02	03	04	98	97
{PGC06}	Annoyed?	00	01	02	03	04	98	97
{PGC07}	Content?	00	01	02	03	04	98	97
{PGC08}	Worried?	00	01	02	03	04	98	97
{PGC09}	Energetic?	00	01	02	03	04	98	97
{PGC10}	Depressed?	00	01	02	03	04	98	97

{EX00}

The next questions are about exercise and other physical activities.

{EX01}

Over the past 30 days, did you do any vigorous exercise activities for at least 10 minutes? Some examples of vigorous exercise activities include running, lap swimming, aerobic exercising, or fast bicycling. Over the past 30 days, did you do any vigorous activities for at least 10 minutes?

GO TO {EX01A}	YES	01
	NO	00
GO TO {EX02}	DON'T KNOW	98
	REFUSED	97

{EX01A}

On average, how much time would you estimate you spend doing these vigorous activities each week?

--	--	--

MINUTES

VALID RANGE = 10 TO 180

-OR-

ONE HOUR	060	7 AND ½ HOURS	450
1AND ¼ HOURS	075	8 HOURS	480
1 AND ½ HOURS	090	8 AND ½ HOURS	510
1 AND ¾ HOURS	105	9 HOURS	540
2 HOURS	120	9 AND ½ HOURS	570
2 AND ½ HOURS	150	10 HOURS	600
3 HOURS	180	10 AND ½ HOURS	630
3 AND ½ HOURS	210	11 HOURS	660
4 HOURS	240	11 AND ½ HOURS	690
4 AND ½ HOURS	270	12 HOURS	720
5 HOURS	300	12 AND ½ HOURS	750
5 AND ½ HOURS	330	13 HOURS	780
6 HOURS	360	13 AND ½ HOURS	810
6 AND ½ HOURS	390	14 HOURS	840
7 HOURS	420		

{EX02}

Over the past 30 days, did you do any moderate exercise activities for at least 10 minutes? Some examples of moderate exercise activities include brisk walking, bicycling for pleasure, golfing, or dancing. Over the past 30 days, did you do any moderate activities for at least 10 minutes?

GO TO {EX02A}	YES	01
	NO	00
GO TO {EX03}	DON'T KNOW	98
	REFUSED	97

{EX02A}

On average, how much time would you estimate you spend doing these moderate activities each week?

--	--	--

MINUTES

VALID RANGE = 10 TO 180

-OR-

ONE HOUR	060	7 AND ½ HOURS	450
1AND ¼ HOURS	075	8 HOURS	480
1 AND ½ HOURS	090	8 AND ½ HOURS	510
1 AND ¾ HOURS	105	9 HOURS	540
2 HOURS	120	9 AND ½ HOURS	570
2 AND ½ HOURS	150	10 HOURS	600
3 HOURS	180	10 AND ½ HOURS	630
3 AND ½ HOURS	210	11 HOURS	660
4 HOURS	240	11 AND ½ HOURS	690
4 AND ½ HOURS	270	12 HOURS	720
5 HOURS	300	12 AND ½ HOURS	750
5 AND ½ HOURS	330	13 HOURS	780
6 HOURS	360	13 AND ½ HOURS	810
6 AND ½ HOURS	390	14 HOURS	840
7 HOURS	420		

IF {EX01} = 00 AND {EX02} = 00, GO TO {EX03}; OTHERWISE GO TO {SE01}.

{EX03}

Over the past 30 days, did you take a walk for at least 10 minutes? Please include taking a walk around town or in a park for pleasure, walking several blocks to a store, taking a dog for a walk, and other things like that (but do not include brisk walking you have already included in the prior category). Over the past 30 days, did you walk for at least 10 minutes?

GO TO {EX03A}	YES	01
	NO	00
GO TO {SE01}	DON'T KNOW	98
	REFUSED	97

{EX03A}

On average, how much time would you estimate that you walk each week?

--	--	--

MINUTES

VALID RANGE = 10 TO 180

-OR-

ONE HOUR	060	7 AND ½ HOURS	450
1AND ¼ HOURS	075	8 HOURS	480
1 AND ½ HOURS	090	8 AND ½ HOURS	510
1 AND ¾ HOURS	105	9 HOURS	540
2 HOURS	120	9 AND ½ HOURS	570
2 AND ½ HOURS	150	10 HOURS	600
3 HOURS	180	10 AND ½ HOURS	630
3 AND ½ HOURS	210	11 HOURS	660
4 HOURS	240	11 AND ½ HOURS	690
4 AND ½ HOURS	270	12 HOURS	720
5 HOURS	300	12 AND ½ HOURS	750
5 AND ½ HOURS	330	13 HOURS	780
6 HOURS	360	13 AND ½ HOURS	810
6 AND ½ HOURS	390	14 HOURS	840
7 HOURS	420		

{SE01}

Over the past 30 days, did you do any physical activities designed specifically to strengthen your muscles, such as lifting weights, or doing push-ups or sit-ups? Please include all such activities, even if you had included them in your prior answers.

GO TO {SE02}	YES	01
	NO	00
GO TO {MA01}	DON'T KNOW	98
	REFUSED	97

{SE02}

On average, how much time would you estimate that you spend doing these strengthening exercises each week?

--	--	--

MINUTES

VALID RANGE = 10 TO 180

-OR-

ONE HOUR	060	7 AND ½ HOURS	450
1AND ¼ HOURS	075	8 HOURS	480
1 AND ½ HOURS	090	8 AND ½ HOURS	510
1 AND ¾ HOURS	105	9 HOURS	540
2 HOURS	120	9 AND ½ HOURS	570
2 AND ½ HOURS	150	10 HOURS	600
3 HOURS	180	10 AND ½ HOURS	630
3 AND ½ HOURS	210	11 HOURS	660
4 HOURS	240	11 AND ½ HOURS	690
4 AND ½ HOURS	270	12 HOURS	720
5 HOURS	300	12 AND ½ HOURS	750
5 AND ½ HOURS	330	13 HOURS	780
6 HOURS	360	13 AND ½ HOURS	810
6 AND ½ HOURS	390	14 HOURS	840
7 HOURS	420		

{MA01}

Over the past 30 days, did you practice yoga, Tai Chi, or QuiChong?

GO TO {MA02}	YES	01
	NO	00
GO TO {AL01}	DON'T KNOW	98
	REFUSED	97

{MA02}

On average, how much time would you estimate you practice this during each week?

--	--	--

MINUTES

VALID RANGE = 10 TO 180

-OR-

ONE HOUR	060	7 AND ½ HOURS	450
1AND ¼ HOURS	075	8 HOURS	480
1 AND ½ HOURS	090	8 AND ½ HOURS	510
1 AND ¾ HOURS	105	9 HOURS	540
2 HOURS	120	9 AND ½ HOURS	570
2 AND ½ HOURS	150	10 HOURS	600
3 HOURS	180	10 AND ½ HOURS	630
3 AND ½ HOURS	210	11 HOURS	660
4 HOURS	240	11 AND ½ HOURS	690
4 AND ½ HOURS	270	12 HOURS	720
5 HOURS	300	12 AND ½ HOURS	750
5 AND ½ HOURS	330	13 HOURS	780
6 HOURS	360	13 AND ½ HOURS	810
6 AND ½ HOURS	390	14 HOURS	840
7 HOURS	420		

{AL01}

During a typical week, on how many days do you have at least one drink of alcohol? By one drink of alcohol, we mean a can or bottle of beer, a glass of wine, a shot of liquor, or a mixed drink containing alcohol. During a typical week, on how many days do you have at least one drink of alcohol?

DAYS PER WEEK
VALID RANGE = 00 TO 07

IF {AL01} = 00, GO TO {AL02}; OTHERWISE GO TO {AL03}.

{AL02}

Have you had at least one drink of alcohol in the past 30 days?

GO TO {AL03}	YES	01
	NO	00
GO TO {TB01}	DON'T KNOW	98
	REFUSED	97

{AL03}

During the past 30 days, on how many days did you have 5 or more drinks of alcohol within a couple hours?

DAYS PER WEEK
VALID RANGE = 00 TO 30
ANSWER MUST BE $\leq 5 \times \{AL01\}$

{TB01}

Have you ever used any tobacco products – including cigarettes, cigars, pipe tobacco, chewing tobacco, or snuff – regularly? By regularly, we mean almost every day for a period of two weeks or longer. Have you ever used any tobacco products regularly?

GO TO {TB02}	YES	01
	NO	00
GO TO {PCARE }	DON'T KNOW	98
	REFUSED	97

{TB02}

Did you ever smoke cigarettes regularly – that is almost every day for a period of two weeks or longer?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{TB03}

Cigars? (Did you ever smoke cigars regularly - that is almost every day for a period of two weeks or longer)

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{TB04}

A pipe? (Did you ever smoke a pipe regularly - that is almost every day for a period of two weeks or longer)

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{TB05}

Did you ever use chewing tobacco or snuff regularly? (that is almost every day for a period of two weeks or longer)

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

IF {TB02} = 01, ASK {TB02A}, OTHERWISE GO TO INSTRUCTION ABOVE {TB03A}.

{TB02A}

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

GO TO {TB02B}	EVERY DAY	02
	SOME DAYS	01
GO TO {TB02C}	NOT AT ALL	00
	DON'T KNOW	98
	REFUSED	97

{TB02B}

On average, on the days you do smoke, how many cigarettes do you smoke per day?
(IF ANSWERED IN PACKS PER DAY, ASK: And how many cigarettes do you estimate that to be?)

			CIGARETTES
--	--	--	------------

VALID RANGE = 001 TO 120

ALL GO TO {TB02D}.

{TB02C}

On average, on the days you did smoke, how many cigarettes did you smoke per day?
(IF ANSWERED IN PACKS PER DAY, ASK: And how many cigarettes do you estimate that to be?)

CIGARETTES
VALID RANGE = 001 TO 120

{TB02D}

How old were you when you first smoked cigarettes regularly? (that is, almost every day for a period of two weeks or longer)

YEARS OLD
VALID RANGE = 003 TO 125

**IF {TB02A} = 02 or 01, GO TO INSTRUCTION ABOVE {TB03A};
OTHERWISE ASK {TB02E}.**

{TB02E}

How old were you when you last smoked cigarettes regularly? (that is, almost every day for a period of two weeks or longer)

YEARS OLD
VALID RANGE = 003 TO 125

IF {TB03} = 01, ASK {TB03A}, OTHERWISE GO TO INSTRUCTION ABOVE {TB04A}.

{TB03A}

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

GO TO {TB03B}	EVERY DAY	02
	SOME DAYS	01
GO TO {TB03C}	NOT AT ALL	00
	DON'T KNOW	98
	REFUSED	97

{TB03B}

On average, on the days you do smoke cigars, how many cigars do you now smoke per day?

CIGARS
VALID RANGE = 01 TO 25

ALL GO TO {TB03D}.

{TB03C}

On average, on the days you did smoke cigars, how many cigars did you smoke per day?

CIGARS
 VALID RANGE = 01 TO 25

{TB03D}

How old were you when you first smoked cigars regularly? (that is, almost every day for a period of two weeks or longer)

YEARS OLD
 VALID RANGE = 003 TO 125

**IF {TB03A} = 02 or 01, GO TO INSTRUCTION ABOVE {TB04A};
 OTHERWISE ASK {TB03E}.**

{TB03E}

How old were you when you last smoked cigars regularly? (that is, almost every day for a period of two weeks or longer)

YEARS OLD
 VALID RANGE = 003 TO 125

IF {TB04} = 01, ASK {TB04A}, OTHERWISE GO TO INSTRUCTION ABOVE {TB05A}.

{TB04A}

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

GO TO {TB04B}	EVERY DAY	02
	SOME DAYS	01
GO TO {TB04C}	NOT AT ALL	00
	DON'T KNOW	98
	REFUSED	97

{TB04B}

On average, on the days you do smoke a pipe, how many fills of pipe tobacco do you smoke per day?

PIPE FILLS
 VALID RANGE = 01 TO 25

ALL GO TO {TB04D}.

{TB04C}

On average, on the days you did smoke a pipe, how many fills of pipe tobacco did you smoke per day?

		PIPE FILLS
--	--	------------

VALID RANGE = 01 TO 25

{TB04D}

How old were you when you first began smoking a pipe regularly? (that is, almost every day for a period of two weeks or longer)

			YEARS OLD
--	--	--	-----------

VALID RANGE = 003 TO 125

**IF {TB04A} = 02 or 01, GO TO INSTRUCTION ABOVE {TB05A};
 OTHERWISE ASK {TB04E}.**

{TB04E}

How old were you when you last smoked a pipe regularly? (that is, almost every day for a period of two weeks or longer)

			YEARS OLD
--	--	--	-----------

VALID RANGE = 003 TO 125

IF {TB05} = 01, ASK {TB05A}, OTHERWISE RECORD TIME AND GO TO {PCARE}.

{TB05A}

Do you now use chewing tobacco or snuff every day, some days, or not at all?

GO TO {TB05B}	EVERY DAY	02
	SOME DAYS	01
GO TO {TB05C}	NOT AT ALL	00
	DON'T KNOW	98
	REFUSED	97

{TB05B}

On average, how many pinches, twists, or plugs do you chew per day?

		CHEWS
--	--	-------

VALID RANGE = 01 TO 25

ALL GO TO {TB05D}.

{TB05C}

On average, on the days you used chewing tobacco or snuff, how many pinches, twists, or plugs did you chew per day?

CHEWS
VALID RANGE = 01 TO 25

{TB05D}

How old were you when you first began using chewing tobacco or snuff regularly? (that is almost every day for a period of two weeks or longer)

YEARS OLD
VALID RANGE = 003 TO 125

IF {TB02A} = 02 or 01, GO TO {PCARE}; OTHERWISE ASK {TB05E}.

{TB05E}

How old were you when you last used chewing tobacco or snuff regularly? (that is, almost every day for a period of two weeks or longer)

YEARS OLD
VALID RANGE = 003 TO 125

{PCARE}

The next few questions are about preventive care.

{DRMGR}

Do you have one doctor who manages your medical care?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{COLON}

In the past five years, have you had a colonoscopy?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{HCU00}

IF RESPONDENT IS MALE, GO TO {MHCU0}; OTHERWISE, GO TO {FHCU0}.

{MHCU0}

Now I would like you to focus on the past 12 months only.

	(In the past 12 months)	YES	NO	DON'T KNOW	REFUSED
{MHCU1}	Did you receive a dental check-up?	01	00	98	97
{MHCU2}	Have you had your blood pressure taken by a doctor, nurse, or other health professional?	01	00	98	97
{MHCU3}	Have you had your cholesterol levels checked?	01	00	98	97
{MHCU4}	Have you had a physical exam or regular check-up?	01	00	98	97
{MHCU5}	Have you had a flu shot?	01	00	98	97
{MHCU6}	Have you had a prostate exam?	01	00	98	97
{MHCU7}	Have you had a blood test to screen your PSA level? (Prostate Specific Antigen)	01	00	98	97
{MHCU8}	Have you had a bone density test or Dexascan?	01	00	98	97

ALL Go TO {ERVST}.

{FHCU0}

Now I would like you to focus on the past 12 months only.

	(In the past twelve months)	YES	NO	DON'T KNOW	REFUSED
{FHCU1}	Did you receive a dental check-up?	01	00	98	97
{FHCU2}	Have you had your blood pressure taken by a doctor, nurse, or other health professional?	01	00	98	97
{FHCU3}	Have you had your cholesterol levels checked?	01	00	98	97
{FHCU4}	Have you had a physical exam or regular check-up?	01	00	98	97
{FHCU5}	Have you had a flu shot?	01	00	98	97
{FHCU6}	Have you had a Pap smear?	01	00	98	97
{FHCU7}	Have you had a breast exam performed by a doctor, nurse, or other health professional?	01	00	98	97
{FHCU8}	Have you had a mammogram?	01	00	98	97
{FHCU9}	Have you had a bone density test or Dexascan?	01	00	98	97

{ERVST}

How many visits, if any, have you made to a hospital emergency room during the past twelve months? Please include only those visits for which you were the patient.

VISITS
 VALID RANGE = 000 TO 366

{HOSP}

For how many nights, if any, have you been admitted to the hospital during the past twelve months?

NIGHTS
 VALID RANGE = 000 TO 366

{DRVST}

Have you visited any doctor's office during the past twelve months? Please include only those visits for which you were the patient.

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{CAM0}

In the past twelve months, did you see a practitioner for chiropractic care?

YES	01
NO	02
DON'T KNOW	98
REFUSED	97

{CAM1}

In the past twelve months, did you see a doctor for osteopathic manipulation?

YES	01
NO	02
DON'T KNOW	98
REFUSED	97

{CAM2}

(In the past twelve months, did you see) a practitioner for massage therapy to treat a specific problem or illness?

YES	01
NO	02
DON'T KNOW	98
REFUSED	97

{CAM3}

(In the past twelve months, did you see) any practitioner for massage therapy to reduce stress or promote general wellness and health?

YES	01
NO	02
DON'T KNOW	98
REFUSED	97

{CAM3A}

How often have you seen a massage therapy practitioner for stress reducing or general wellness massage during the past 12 months? Would you say:

Once or twice,	01
3 or 4 times,	02
Several times,	03
About once a month,	04
About twice a month, or	05
More often than that?	06
DON'T KNOW	98
REFUSED	97

{CAM4}

(In the past twelve months, did you see) a practitioner for any type of energy therapy, such as Reiki, therapeutic touch, or electromagnetic field therapy?

YES	01
NO	02
DON'T KNOW	98
REFUSED	97

{CAM5}

(In the past twelve months, did you see) a practitioner for acupuncture?

YES	01
NO	02
DON'T KNOW	98
REFUSED	97

{CAM6}

(In the past twelve months, did you see) a practitioner for chelation therapy?

YES	01
NO	02
DON'T KNOW	98
REFUSED	97

{CAM7}

(In the past twelve months, did you see) a practitioner for homeopathy, naturopathy, or ayurveda?

YES	01
NO	02
DON'T KNOW	98
REFUSED	97

{CAM8}

(In the past twelve months, did you see) a provider or practitioner for Curanderismo, Santeria, Native American healing, or other folk medicine?

YES	01
NO	02
DON'T KNOW	98
REFUSED	97

{CAM9}

In the past twelve months, did you participate in a mind-body intervention, such as meditation, hypnosis, biofeedback, or mental healing?

YES	01
NO	02
DON'T KNOW	98

REFUSED	97
---------	----

{RL00}

The next questions are about religion and spirituality.

{RL01}

To what extent do you consider yourself a spiritual person:

Not at all,	04
Slightly,	03
Moderately, or	02
Very?	01
DON'T KNOW	98
REFUSED	97

{RL02}

How often do you attend religious services:

Never,	07
Once or twice a year,	06
A few times a year,	05
About once a month,	04
Two or three times a month,	03
Once a week, or	02
More than once a week?	01
DON'T KNOW	98
REFUSED	97

{RL03}

How often do you read the Bible or other religious literature? Would you say:

Never,	05
Rarely,	04
Only once in a while,	03
A few times a week, or	02
Daily?	01
DON'T KNOW	98
REFUSED	97

{RL04}

How often do you watch or listen to religious programs on TV or radio? Would you say:

Never,	05
Rarely,	04
Only once in a while,	03
A few times a week, or	02
Daily?	01
DON'T KNOW	98
REFUSED	97

{RL05}

How often do you pray privately in places other than at a church, mosque, or synagogue:

Never,	05
Rarely,	04
Only once in a while,	03
A few times a week, or	02
Daily?	01
DON'T KNOW	98
REFUSED	97

{RL06}

To what extent do you consider yourself a religious person:

Not at all,	04
Slightly,	03
Moderately, or	02
Very?	01
DON'T KNOW	98
REFUSED	97

{RELID}

What is your religious preference? Are you:

Protestant,	01
Catholic,	02
Jewish,	03
Muslim,	04
Hindu,	05
Something else (SPECIFY: _____),	06
No religion, or	07
Do you not have a religious preference?	08
DON'T KNOW	98
REFUSED	97

{DN00}

The next questions are about what you typically eat and drink.

{DN01}

In a typical day, do you drink at least one glass of water?

GO TO {DN01A}	YES	01
	NO	02
GO TO {DN02}	DON'T KNOW	98
	REFUSED	97

{DN01A}

We'd like to get an estimate of how many ounces of water you drink in a typical day. Are you able to estimate that on your own or would it be better if we figured it out together?

GO TO {DN01B}	CAN DO ON OWN	01
	FIGURE OUT TOGETHER	02
GO TO {DN1C}	DON'T KNOW	98
	REFUSED	97

{DN01B}

Approximately how many ounces of water do you drink in a typical day?

			OUNCES OF WATER
--	--	--	--------------------

VALID RANGE = 000 TO 999

ALL GO TO {DN02}.

{DN1C}

In a typical day, do you drink water from any of the following kinds of containers:

	ASK ALL			IF {DN1C#} = 01, ASK: {DN1D#}
	{DN1C#} (In a typical day, do you drink water from ...)			
		YES	No	How many of these do you drink in a typical day?
{DN1C1}	A standard sized cup or glass?	01	00	01 - 100
{DN1C2}	A standard sized individual bottle of water?	01	00	01 - 100
{DN1C3}	A large container you fill yourself, such as a sport bottle or jug?	01	00	01 - 100

{DN02}

In a typical day, do you drink at least one cup of coffee, either regular or decaffeinated?

GO TO {DN02A}	YES	01
	NO	02
GO TO {DN03}	DON'T KNOW	98
	REFUSED	97

{DN02A}

We'd like to get an estimate of how many ounces of coffee (either regular or decaffeinated) you drink in a typical day. Are you able to estimate that on your own or would it be better if we figured it out together?

GO TO {DN02B}	CAN DO ON OWN	01
	FIGURE OUT TOGETHER	02
GO TO {DN2C}	DON'T KNOW	98
	REFUSED	97

{DN02B}

Approximately how many ounces of coffee (either regular or decaffeinated) do you drink in a typical day?

			OUNCES OF COFFEE
--	--	--	---------------------

VALID RANGE = 000 TO 999

ALL GO TO {DN02D}.

{DN2C}

In a typical day, do you drink coffee from any of the following kinds of containers:

ASK ALL				
{DN2C#} (In a typical day, do you coffee from ...)				IF {DN2C#} = 01, ASK: {DN2D#}
		YES	NO	How many of these do you drink in a typical day?
{DN2C1}	A standard sized mug or cup?	01	00	01 - 100
{DN2C2}	An over-sized mug or cup?	01	00	01 - 100
{DN2C3}	A large container you fill yourself, such as a travel mug or thermos?	01	00	01 - 100

{DN02D}

When you drink coffee, about how often do you drink decaffeinated coffee? Would you say:

Never,	01
Rarely,	02
Some of the time,	03
About half the time,	04
Most of the time, or	05
Almost always?	06
DON'T KNOW	98
REFUSED	97

{DN03}

In a typical day, do you drink at least one cup of brewed tea, including regular, decaffeinated, green, and white teas? Do not include chamomile or other herbal teas.

GO TO {DN03A}	YES	01
	NO	02
GO TO {DN04}	DON'T KNOW	98
	REFUSED	97

{DN03A}

We'd like to get an estimate of how many ounces of brewed tea you drink in a typical day. Are you able to estimate that on your own or would it be better if we figured it out together?

GO TO {DN03B}	CAN DO ON OWN	01
	FIGURE OUT TOGETHER	02
GO TO {DN3C}	DON'T KNOW	98
	REFUSED	97

{DN03B}

Approximately how many ounces of brewed tea do you drink in a typical day?

			OUNCES OF TEA
--	--	--	---------------

VALID RANGE = 000 TO 999

ALL GO TO {DN03D}.

{DN3C}

In a typical day, do you drink brewed tea from any of the following kinds of containers:

	ASK ALL			
	{DN3C#} (In a typical day, do you drink brewed tea from ...)			IF {DN3C#} = 01, ASK: {DN3D#}
		YES	NO	How many of these do you drink in a typical day?
{DN3C1}	A standard sized mug or cup?	01	00	01 - 100
{DN3C2}	An over-sized mug or cup?	01	00	01 - 100
{DN3C3}	A large container you fill yourself, such as a travel mug or thermos?	01	00	01 - 100

{DN03D}

When you drink brewed tea, about how often do you drink decaffeinated tea? Would you say:

Never,	01
Rarely,	02
Some of the time,	03
About half the time,	04
Most of the time, or	05
Almost always?	06
DON'T KNOW	98
REFUSED	97

{DN03E}

And about how often do you drink green or white tea? Would you say:

Never,	01
Rarely,	02
Some of the time,	03
About half the time,	04
Most of the time, or	05
Almost always?	06
DON'T KNOW	98
REFUSED	97

{DN04}

Now please think about a typical week. How many, if any, glasses of wine do you drink in a typical week?

GO TO {DN04A}	VALID RANGE OF 01 – 100 GLASSES OF WINE	01 - 100
	NONE	00
GO TO {DN05}	DON'T KNOW	98
	REFUSED	97

{DN04A}

And about how often do you drink red wine? Would you say:

Never,	01
Rarely,	02
Some of the time,	03
About half the time,	04
Most of the time, or	05
Almost always?	06
DON'T KNOW	98
REFUSED	97

{DN05}

Next, I will read a list of foods. As I read each one, please tell me how often you eat it in a typical week.

		(Would you say almost every day, 3 or 4 days a week, 1 or 2 days a week, or less often than that?)					
	(In a typical week, how often do you have:)	ALMOST EVERY DAY	3 OR 4 DAYS A WEEK	1 OR 2 DAYS A WEEK	LESS OFTEN THAN THAT	DK	REF
{DN05A}	Beef, pork, or lamb?	04	03	02	01	98	97
{DN05B}	Margarine or shortening, not including butter?	04	03	02	01	98	97
{DN05C}	Dark chocolate or cocoa?	04	03	02	01	98	97
{DN05D}	Ice cream or frozen yogurt?	04	03	02	01	98	97
{DN05E}	Candy, honey, or syrup?	04	03	02	01	98	97
{DN05F}	Whole eggs, that is, eggs including the yolks?	04	03	02	01	98	97
{DN05G}	Milk, cheese, yogurt, or other dairy products?	04	03	02	01	98	97
{DN05H}	Tomato juice or tomato-based blends such as V-8?	04	03	02	01	98	97
{DN05I}	Red spaghetti sauce or other forms of stewed or cooked tomatoes?	04	03	02	01	98	97
{DN05J}	Any kind of nuts or seeds (such as peanuts, almonds, sunflower seeds, sesame seeds, etc) NOT including peanut butter, or other nut or seed spreads or butters?	04	03	02	01	98	97
{DN05K}	Citrus fruits such as oranges, grapefruit, kiwi, or lemons? Do not include juices.	04	03	02	01	98	97
{DN05L}	Dark or whole grain breads, rolls, pasta, or cereals, such as bran, rye, or oatmeal?	04	03	02	01	98	97
{DN05M}	White rice, pasta, white bread or foods made from white or bleached flour?	04	03	02	01	98	97
{DN05N}	Broccoli, cauliflower, or brussel sprouts?	04	03	02	01	98	97
{DN05O}	Spinach, kale, bok choy, cabbage, mustard greens, or collard greens?	04	03	02	01	98	97
{DN05P}	Hot dogs, bacon, lunch or deli meats, cold cuts, Spam, smoked fish, or jerky?	04	03	02	01	98	97
{DN05Q}	Fish, not including shellfish?	04	03	02	01	98	97
{DN05R}	Packaged baked goods, such as cookies or cakes?	04	03	02	01	98	97
{DN05S}	Lentils or beans such as chick peas, red beans, or black-eyed peas?	04	03	02	01	98	97
{DN05T}	Potato chips or corn chips? (NOT PRETZELS OR CRACKERS)	04	03	02	01	98	97

{LITE}

When a reduced fat or “lite” version of a food is available, how often do you tend to choose that product:

Never,	01
Rarely,	02
Some of the time,	03
About half the time,	04
Most of the time, or	05
Almost always?	06
DON'T KNOW	98
REFUSED	97

{LSALT}

When a reduced sodium or low salt version of a food is available, how often do you tend to choose that product:

Never,	01
Rarely,	02
Some of the time,	03
About half the time,	04
Most of the time, or	05
Almost always?	06
DON'T KNOW	98
REFUSED	97

{SWEET}

When a sugar free or artificially sweetened version of a food is available, how often do you tend to choose that product:

Never,	01
Rarely,	02
Some of the time,	03
About half the time,	04
Most of the time, or	05
Almost always?	06
DON'T KNOW	98
REFUSED	97

{SU00}

That's it for the foods.

{SU01}

Do you take aspirin on a daily basis?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{SU02}

Are you currently taking a general purpose multivitamin on a daily basis?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

IF RESPONDENT IS MALE, GO TO {SU03}, OTHERWISE GO TO {SU04}.

{SU03}

Do you take any herb or supplement daily to help maintain prostate health?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{SU04}

Do you take any herb, supplement, hormone, or medicine daily to help maintain or enhance sexual function?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{SU05}

Are you currently taking any **other** vitamins, herbs, minerals, or dietary supplements on a daily basis?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{HI000}

Now, let's talk about health insurance.

{HI00}

Are you currently covered by any health insurance to help pay hospital and doctor bills?

GO TO {HI01}	YES	01
	NO	00
GO TO {HI04}	DON'T KNOW	98
	REFUSED	97

{HI01}

Are you currently covered by the New Jersey Medicaid program?

(NEW JERSEY MEDICAID IS A STATE PROGRAM FOR LOW INCOME PERSONS OR FOR PERSONS RECEIVING PUBLIC ASSISTANCE.)

GO TO {HI01A}	YES	01
	NO	00
GO TO {HI02}	DON'T KNOW	98
	REFUSED	97

{HI01A}

In addition to New Jersey Medicaid, do you have any other health insurance to help pay hospital and doctor bills?

GO TO {HI03}	NO	00
GO TO {HI02}	YES	01
	DON'T KNOW	98
	REFUSED	97

{HI02}

Are you currently covered by Medicare?

(MEDICARE IS A HEALTH INSURANCE PROGRAM FOR PERSONS AGE 65 AND OVER AND FOR DISABLED PERSONS.)

GO TO {HIO2A}	YES	01
	NO	00
GO TO {HI03}	DON'T KNOW	98
	REFUSED	97

{HI02A}

Do you also have supplemental health insurance to help pay hospital and doctor bills, sometimes called Medi-Gap coverage?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{HI03}

Does your health insurance plan require that you select a primary care physician, that is, a doctor whom you must see when you are sick or need advice about your health or medical care?

GO TO {HI03A}	YES	01
	NO	00
GO TO {HI04}	DON'T KNOW	98
	REFUSED	97

{HI03A}

Does your health insurance require that you get a referral from your primary care doctor to see a specialist?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{HI04}

Does your health insurance plan provide you with a network or list of participating doctors from which you may choose your doctor or doctors?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{HI05}

Do you have a personal wellness account or flexible spending account which you can use to help pay for health care expenses?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{HI06}

Do you currently have any insurance coverage for prescriptions?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{HI07}

Do you currently have long-term care or nursing home insurance?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{WF02}

How difficult is it for you to live on your total household income right now? Would you say it is:

Not at all difficult,	04
A little difficult,	03
Somewhat difficult, or	02
Very difficult?	01
DON'T KNOW	98
REFUSED	97

{HOWNR}

Do you own your home, pay rent, or do you have some other living arrangement?

GO TO {OWNR1}	OWNS HOME	02
	PAYS RENT	03
GO TO {NS00}	HAS ANOTHER LIVING ARRANGEMENT	04
	HAS A REVERSE AMORTIZATION MORTGAGE OR "RAM"	05
	DON'T KNOW	98
	REFUSED	97

{OWNR1}

Are you paying on a mortgage?

YES	01
NO	00
HAS A REVERSE AMORTIZATION MORTGAGE OR "RAM"	05
DON'T KNOW	98
REFUSED	97

{OWNR2}

Do you pay home owner association or condo fees?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{NS00}

Next, please tell me whether you agree or disagree with these two statements about your neighborhood.

	(Do you or disagree?)	AGREE	DIS- AGREE		And would that be completely, mostly, or just somewhat?		
					COM- PLETELY	MOSTLY	JUST SOME- WHAT
{NS01}	I feel safe being out alone in my neighborhood during the daytime.	01	05		06	04	02
{NS02}	I feel safe being out alone in my neighborhood at night.	01	05		06	04	02

{WF00}

The next questions focus on work and financial matters.

{WF0R1}

First, have you ever officially retired from a job, career, or industry?

GO TO {WF0R2}	YES	01
	NO	00
GO TO {WF01A}	DON'T KNOW	98
	REFUSED	97

{WF0R2}

In what month and year did you retire?

MONTH			
JANUARY	01	JULY	07
FEBRUARY	02	AUGUST	08
MARCH	03	SEPTEMBER	09
APRIL	04	OCTOBER	10
MAY	05	NOVEMBER	11
JUNE	06	DECEMBER	12
DON'T KNOW		98	
REFUSED		97	

YEAR

--	--	--	--

{WF0R3}

What was your job title? That is, what kind of work did you do before retiring? In what business or industry was this? What did the organization from which you retired make or do?

--

{WF0R4}

And now, at the present time, are you currently:

GO TO {HHIN1}	Fully retired,	00
GO TO {WF01B}	Working full time,	01
	Working part time,	02
GO TO {HHIN1}	A Homemaker (and not working or looking for work),	03
	In school (and not working or looking for work),	04
	Disabled (and not working or looking for work),	05
	Unemployed and looking for work,	06
	Unemployed but not looking for work, or would you say	07
	Something else? (SPECIFY: _____)	95
	DON'T KNOW	98
	REFUSED	97

{WF01A}

And now, at the present time, are you currently:

GO TO {WF01B}	Working full time,	01
	Working part time,	02
GO TO {HHIN1}	A Homemaker (and not working or looking for work),	03
GO TO {WF02}	In school (and not working or looking for work),	04
	Disabled (and not working or looking for work),	05
	Unemployed and looking for work,	06
	Unemployed but not looking for work, or would you say	07
	Something else? (SPECIFY: _____)	95
GO TO {HHIN1}	DON'T KNOW	98
	REFUSED	97

{WF02}

Have you ever been employed full-time?

GO TO {WF02A}	YES	01
	NO	00
GO TO {HHIN1}	DON'T KNOW	98
	REFUSED	97

{WF02A}

In what year did you last work full-time?

--	--	--	--

ALL GO TO {HHIN1}.

{WF01B}

Do you have more than one paid job?

GO TO {WF01C}	YES	01
	NO	00
GO TO {WF01D}	DON'T KNOW	98
	REFUSED	97

{WF01C}

For the remaining questions, please think about only the one job that you consider your "primary" job, that is, the one in which you work most of the time.

{WF01D}

Are you self-employed or do you work for someone else?

GO TO {WF01E}	SELF-EMPLOYED	01
	WORK FOR SOMEONE ELSE	02
GO TO {WF01F}	WORK IN A FAMILY BUSINESS OR FARM	03
	DON'T KNOW	98
	REFUSED	97

{WF01E}

In what month and year did you begin working for yourself?

MONTH			
JANUARY	01	JULY	07
FEBRUARY	02	AUGUST	08
MARCH	03	SEPTEMBER	09
APRIL	04	OCTOBER	10
MAY	05	NOVEMBER	11
JUNE	06	DECEMBER	12
DON'T KNOW	98		
REFUSED	97		

YEAR			
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--	--	--	--

ALL GO TO {WF01G}.

{WF01F}

In what month and year did you begin working for your present employer?

MONTH			
JANUARY	01	JULY	07
FEBRUARY	02	AUGUST	08
MARCH	03	SEPTEMBER	09
APRIL	04	OCTOBER	10
MAY	05	NOVEMBER	11
JUNE	06	DECEMBER	12
DON'T KNOW	98		
REFUSED	97		

YEAR

--	--	--	--

{WF01G}

Are you:

Salaried,	01
Paid by the hour, or	02
Paid in some other way?	03
DON'T KNOW	98
REFUSED	97

{WF01H}

What is your job title? What kind of work do you do? What are your job duties? And what kind of business or industry is it – that is, what does your organization make or do?

{HHIN1}

Which of the following three categories best describes the total annual income from all sources, before taxes for **all** persons living in your household, including yourself? Would that be:

GO TO {HHIN2}	Less than \$30,000,	01
GO TO {HHIN3}	Between \$30,000 and \$80,000, or	02
GO TO {HHIN4}	More than \$80,000?	03
	DON'T KNOW	98
GO TO {IT00}	REFUSED	97

{HHIN2}

And would that be:

More or	01
Less than \$15,000?	02
DON'T KNOW	98
REFUSED	97

ALL GO TO {IT00}.

{HHIN3}

And would that be:

More or	01
Less than \$50,000?	02
DON'T KNOW	98
REFUSED	97

ALL GO TO {IT00}.

{HHIN4}

And would that be:

More or	01
Less than \$150,000?	02
DON'T KNOW	98
REFUSED	97

{IT00}

The next few questions are about the Internet and computers.

{IT01}

Do you use the Internet?

GO TO {IT02}	YES	01
	NO	00
GO TO {IT06}	DON'T KNOW	98
	REFUSED	97

{IT02}

How often do you send or check e-mail? Would you say:

Daily,	04
A few times a week,	03
About once a week, or	02
Less often than that?	01
DON'T KNOW	98
REFUSED	97

{IT03}

How often do you search the Internet for information, to use educational websites, or to conduct research? Would you say:

Often,	04
Sometimes,	03
Rarely, or	02
Never?	01
DON'T KNOW	98
REFUSED	97

{IT04}

How often do you make on-line purchases? Would you say:

Often,	04
Sometimes,	03
Rarely, or	02
Never?	01
DON'T KNOW	98
REFUSED	97

{IT05}

How often do you pay bills, bank, or complete any other financial transactions on-line? Would you say:

Often,	04
Sometimes,	03
Rarely, or	02
Never?	01
DON'T KNOW	98
REFUSED	97

{IT06}

How many, if any, computers are in your home?

(INCLUDE ALL TYPES OF COMPUTERS:
DESKTOP, LAPTOP, HANDHELD, ETC.
IF THEY ARE FUNCTIONAL.)

COMPUTERS
VALID RANGE = 00 TO 25

IF {IT06} = 00, GO TO {GA00}; OTHERWISE, ASK {IT07}.

{IT07}

Do you have Internet access in your home?

GO TO {IT08}	YES	01
	NO	00
GO TO {GA00}	DON'T KNOW	98
	REFUSED	97

{IT08}

Is your home Internet access via a telephone dial-up modem or is it through some other way?

DIAL-UP MODEM	01
SOME OTHER WAY (e.g., DSL, cable, wireless)	02
DON'T KNOW	98
REFUSED	97

{VOL00}

The next section focuses on leisure activities.

{VOL01}

During the past twelve months, did you do any volunteer work? By volunteer work, we mean unpaid time spent working for any educational, community, religious, or other non-profit organization.

GO TO {VOL02}	YES	01
	NO	00
GO TO {GA00}	DON'T KNOW	98
	REFUSED	97

{VOL02}

How often do you do any volunteer work? Would you say:

GO TO {GA00}	Once or twice a year,	06
	A few times a year,	05
GO TO {VOL03}	Once a month or so,	04
	Two or three times a month,	03
	Once a week, or	02
	More than once a week?	01
GO TO {GA00}	DON'T KNOW	98
	REFUSED	97

{VOL03}

In a typical month, how many hours would you estimate you spend doing volunteer work?

--	--	--

VALID RANGE = 000 TO 168 HOURS

{GA00}

Now please think about games you may play by yourself or with other people, either in person or via the Internet or some other technology.

{GA01}

In the past 30 days, have you played chess?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{GA02}

In the past 30 days, have you played checkers?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{GA03}

(In the past 30 days, have you played)
 Backgammon?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{GA04}

(In the past 30 days, have you played)
 Any card games?

GO TO {GA04A}

GO TO {GA05}

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{GA04A}

Which card game have you played most often during the past 30 days?

BACCARAT	01
BLACKJACK or "21"	02
BRIDGE (all varieties: e.g., auction, contract, duplicate)	03
CANASTA	04
CASINO	05
CRATES	06
CRAZY EIGHTS	07
CRIBBAGE	08
GIN or RUMMY (all varieties)	09
HEARTS	10
KINGS IN THE CORNER	11
PINOCHLE (all varieties: e.g., cut-throat, simple count)	12
POKER (all varieties: e.g., hold 'em, draw, stud)	13
SOLITAIRE	14
MULTIPLE GAMES PLAYED EQUALLY	90
OTHER (SPECIFY: _____)	95
DON'T KNOW	98
REFUSED	97

{GA05}

In the past 30 days, have you engaged in any word, number, or logic puzzles or games?

GO TO {GA05A}	YES	01
	NO	00
GO TO {GA06}	DON'T KNOW	98
	REFUSED	97

{GA05A}

Which type of word, number, or logic puzzle or game have you done most often during the past 30 days?

ANAGRAM	01
CROSSWORD PUZZLE	02
CRYPTOQUOTE	03
LOGIC PROBLEM or PUZZLE	04
SCRABBLE (or similar)	05
SUDOKU	06
WORD JUMBLE	07
WORD SEARCH or FIND	08
MULTIPLE PUZZLES DONE EQUALLY	90
OTHER (SPECIFY: _____)	95
DON'T KNOW	98
REFUSED	97

{GA06}

In the past 30 days, have you played any video games such as PlayStation, Xbox, or Nintendo?

GO TO {GA06A}	YES	01
	NO	00
GO TO {GA07}	DON'T KNOW	98
	REFUSED	97

{GA06A}

And during the past 30 days, which one of the following types of video game did you play most often? Would that be:

Action,	01
Adventure,	02
Role playing,	03
Simulation,	04
Sports,	05
Strategy, or	06
Something else? (SPECIFY: _____)	95
MULTIPLE TYPES OF GAMES PLAYED EQUALLY	90
DON'T KNOW	98
REFUSED	97

{GA07}

Now please think about the past twelve months. During the past year, did you participate in any type of fantasy sports league?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{DEM00}

Now we have some questions for descriptive purposes only.

{EDU}

What is the highest grade or level of school you have completed?

LESS THAN HIGH SCHOOL	01
HIGH SCHOOL GRADUATE OR GED	02
SOME COLLEGE	03
2-YEAR COLLEGE DEGREE (Associate's degree)	04
4-YEAR COLLEGE DEGREE (e.g., B.A. or B.S.)	05
SOME MASTERS WORK	06
MASTERS DEGREE (M.A., M.S., M.B.A, etc.)	07
SOME DOCTORATE WORK (ABD or "All But Dissertation" or M. Phil.)	08
DOCTORAL DEGREE (D.O., M.D., Ph.D., J.D., etc.)	09
NO FORMAL EDUCATION	10
DON'T KNOW	98
REFUSED	97

{LATN}

Are you Hispanic or Latino?

GO TO {LATN1}	YES	01
	NO	00
GO TO {RACE}	DON'T KNOW	98
	REFUSED	97

{LATN1}

With which **one** country or territory do you most closely identify or are **most** of your ancestors from?

ARGENTINA	01	ECUADOR	11	PANAMA	21
BELIZE	02	EL SALVADOR	12	PARAGUAY	22
BOLIVIA	03	GRENADA	13	PERU	23
BRAZIL	04	GUADELOUPE	14	PUERTO RICO	24
CHILE	05	GUATEMALA	15	SPAIN	25
COLOMBIA	06	GUYANA	16	SURINAME	26
COSTA RICA	07	HAITI	17	TRINIDAD & TOBAGO	27
CUBA	08	HONDURAS	18	URUGUAY	28
DOMINICA	09	MEXICO	19	VENEZUELA	29
DOMINICAN REPUBLIC	10	NICARAGUA	20	OTHER: SPECIFY	95
DON'T KNOW			98	REFUSED	97

ALL GO TO {NTVTY}.

{RACE}

And which one of the following categories best describes your race? Would you say:

	African American or Black,	01
	Caucasian or White,	02
	Asian or Pacific Islander,	03
	American Indian or Alaskan Native, or	04
	Something else? (SPECIFY: _____)	05
	DON'T KNOW	98
	REFUSED	97

{NTVTY}

In which state, U.S. territory, or country were you born?

GO TO {CAC00}	New Jersey	NJ						
GO TO {LIVNJ}	Alabama	AL		Kentucky	KY		Ohio	OH
	Alaska	AS		Louisiana	LA		Oklahoma	OK
	Arizona	AZ		Maine	ME		Oregon	OR
	Arkansas	AR		Maryland	MD		Pennsylvania	PA
	California	CA		Massachusetts	MA		Rhode Island	RI
	Colorado	CO		Michigan	MI		South Carolina	SC
	Connecticut	CT		Minnesota	MN		South Dakota	SD
	Delaware	DE		Mississippi	MS		Tennessee	TN
	Dist. of Columbia	DC		Missouri	MO		Texas	TX
	Florida	FL		Montana	MT		Utah	UT
	Georgia	GA		Nebraska	NE		Vermont	VT
	Hawaii	HI		Nevada	NV		Virginia	VA
	Idaho	ID		New Hampshire	NH		Washington	WA
	Illinois	IL		New Mexico	NM		West Virginia	WV
	Indiana	IN		New York	NY		Wisconsin	WI
	Iowa	IA		North Dakota	ND		Wyoming	WY
	Kansas	KS		North Carolina	NC			
	Guam	GM		Canal Zone	CZ		Puerto Rico	PR
	U.S. Virgin Islands	VI		Other U.S. territory (SPECIFY: _____)				OT
	GO TO {LIVUS}	Foreign country (SPECIFY: _____)						

{LIVUS}

In what year did you move to the United States?

(IF R HAS MOVED TO THE UNITED STATES MORE THAN ONCE,
 ASK FOR YEAR OF FIRST MOVE TO THE US)

--	--	--	--

{LIVNJ}

And in what year did you move to New Jersey?

(IF R HAS MOVED TO NEW JERSEY MORE THAN ONCE,
 ASK FOR YEAR OF MOST RECENT MOVE TO NJ)

--	--	--	--

{R_DOB}

What is your date of birth?

MONTH	MONTH	DAY	DAY	YEAR	YEAR	YEAR	YEAR

{MIL01}

Have you ever served in any branch of the U.S. military or armed services?

GO TO {MIL02}	YES	01
	NO	00
GO TO {MILFC}	DON'T KNOW	98
	REFUSED	97

{MILFC}

IF {NTVTY} = FC, ASK {MIL02}; OTHERWISE GO TO {INCAR}.

{MIL02}

Did you ever serve in the military or armed services of any other country?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

ALL GO TO {INCAR}.

{MIL03}

In what year did you first serve in the military?

--	--	--	--

YEAR

{MIL04}

In what year did you last serve?

--	--	--	--

YEAR

{MIL05}

IF {MIL04} = CURRENT YEAR, ASK {MIL06}; OTHERWISE GO TO {INCAR}.

{MIL06}

Are you currently serving in any branch of the U.S. military or armed services?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{INCAR}

Have you ever spent more than one night's time in any jail, prison, or penitentiary?

YES	01
NO	00
DON'T KNOW	98
REFUSED	97

{CAC00}

Before we conclude our interview today, we just need to collect some contact information.

{CAC01}

First, we will be sending you a Welcome To ORANJ BOWLSM membership kit which includes a small thank you gift. To be sure that your membership kit reaches you, and to help us in contacting you for the annual follow-up interviews, please tell me your full name and mailing address. Please spell all of the information to be sure that it is recorded accurately.

First name:

Middle Name or Initial:

Last name:

Address 1:

Address 2:

City:

State:

Zip Code:

{CAC02}

Is your mailing address also your physical or street address? That is, do you live at that address?

GO TO {CAC04}	YES	01
GO TO {CAC03}	NO	00
	DON'T KNOW	98
GO TO {CAC04}	REFUSED	97

{CAC03}

What is your physical or street address? Please spell all of the information so I can be sure to record everything accurately.

Address 1:

Address 2:

City:

State:

Zip Code:

{CAC04}

Do you have any other phone lines, in addition to (XXX-XXX-XXXX), that you answer in your home? Please do not include cell or mobile phones.

GO TO {CAC05}	YES	01
	NO	00
GO TO {CAC06}	DON'T KNOW	98
	REFUSED	97

{CAC05}

What is the telephone number of this other phone line?

2nd telephone number (including area code):

{CAC06}

Is there any other number at which you may be reached or a message may be left for you?

GO TO {CAC07}	YES	00
	NO	00
GO TO {CAC09}	DON'T KNOW	98
	REFUSED	97

{CAC07}

What is that other number, beginning with the area code, please?

Other telephone number (including area code): - -

{CAC08}

Is this other number your:

Cell or mobile phone,	01
Work phone, or	02
Some other phone? (SPECIFY: _____)	03
DON'T KNOW	98
REFUSED	97

{CAC09}

Do you have an e-mail address?

GO TO {EMAIL}	YES	01
	NO	00
GO TO {PXY1}	DON'T KNOW	98
	REFUSED	97

{EMAIL}

And what is your e-mail address?

E-mail: @

We will continue this research effort by contacting all participants in a year to see how things may have changed in their lives. In case we are unable to reach you, please think of a relative or close friend with whom you stay in touch, but who does not live with you, whom we could contact to help us reach you at that time. We would not tell them anything about you or your interview, we would simply ask them for your current contact information. Who would be the best person for us to contact at that time? Please spell his/her full name for me.

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Mother or Father	01		Mother-in-Law or Father-in-Law	11
Sister or Brother	02		Sister-in-Law or Brother-in-Law	12
Daughter or Son	03		Cousin	07
Granddaughter or Grandson	04		Neighbor	08
Aunt or Uncle	05		Friend	09
Niece or Nephew	06		Doctor	10
Other (SPECIFY: _____)				20
DON'T KNOW				98
REFUSED				97

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IF {RDMAG} = 01, GO TO {WAGE2}; ELSE GO TO {SAGE2}.

{SAGE2}

We would like to conclude our interview by again asking you to think about your aging experience. Using a scale from 0 to 10 where 0 means “Not Successful At All” and 10 means “Completely Successful,” please tell me which number best describes your aging experience?

NUMERICAL RESPONSE IN VALID RANGE OF 0 - 10		
DON'T KNOW		98
REFUSED		97

All go to {CNST2}.

{WAGE2}

We would like to conclude our interview by again asking you to think about your aging experience. Using a scale from 0 to 10, where 0 means “Not well at all” and 10 means “Extremely well”, what number would you choose to describe how well you are aging?

NUMERICAL RESPONSE IN VALID RANGE OF 0 - 10		
DON'T KNOW		98
REFUSED		97

{CNST2}

Researchers at the New Jersey Institute for Successful Aging conduct several other studies in addition to ORANJ BOWLSM each year. These studies cover a wide variety of topics, some of which may be of interest to you. If we were to contact you about any study, you would never be under any obligation to participate. May we have your permission to contact you about other studies?

Yes, may contact about other studies	01
No, may contact only for ORANJ BOWL SM assessment	00

{GDBYE}

Thank you for becoming an ORANJ BOWL member by completing this interview.

You should expect to receive your Welcome Kit in approximately two to three weeks.

Do you have any questions for me at this time? If you have any (further) questions, you may contact us at 1-877-NJ-AGING, that is, 1-877-652-4464.

Thank you again for your time and participation. We look forward to talking with you again in (SAME MONTH) next year. Good bye.