

The Woodlawn Project

Age 62 Interview

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For any questions about this instrument, please contact the Woodlawn Project at woodlawn@umd.edu or Dr. Kerry Green, Principal Investigator, at greenkm@umd.edu.

It has been a long time since we've spoken with you and we want to know how you are doing. To start, I'm going to ask you some questions to assess your hearing and vision to help us with the interview.

1. Do you feel you have any hearing loss?

- Yes
- No
- Don't know
- Refused

2. Do you wear a hearing aid?

- Yes
- No
- Don't know
- Refused

If the answer to Q2 was "Yes": Please answer the next question based on your hearing when you are wearing your hearing aid.

3. Is your hearing excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

If "Yes" is selected for Q1 or "Fair," "Poor," "Don't know," or "Refused" is selected for Q3: Please let me know during the interview if you're having any trouble hearing me. You can ask me any time to speak louder or slower or to repeat anything I say.

4. Please answer this next question based on when you are wearing your glasses or contact lenses, if you have them. Is your eyesight excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

Education

5. What is the highest level of education you have completed?

- Didn't finish high school (*skip to Q7*)
- GED
- High school degree
- Trade, technical, or vocational training diploma
- Associate degree/2-year college degree
- Bachelor's degree
- Master's degree
- Law degree
- Doctoral degree (MD or PhD)
- Other, please describe: _____
- Don't know (*skip to Q7*)
- Refused (*skip to Q7*)

6. In what year did you finish that [degree/schooling]?

- Year: _____
- Don't know
- Refused

Employment, Work, and Retirement

Next, I'd like to ask about working.

7. *SHOW CARD #1.* What is your current employment status? *Select all that are mentioned.*

- Employed full time
- Employed part time
- Retired
- Out of work and looking for work
- Out of work but not currently looking for work
- Unable to work/disabled
- Other, specify: _____
- Don't know
- Refused

If "Retired" is selected for Q7:

8. When did you retire? You can tell me your age or the year, whichever is easiest for you.

- Age: _____
- Year: _____
- Don't know
- Refused

9. What job did you retire from? *If needed:* What kind of company did you work at? What kind of work did you do? _____

10. Why did you retire? *Select all that are mentioned.*

- Retirement age
- Health reasons
- Cut-backs
- Didn't like job
- Family reasons
- Other, specify: _____
- Don't know
- Refused

11. *SHOW CARD #2.* On a scale from 1 to 10, where 1 means "not happy at all" and 10 means "very happy," how do you feel about being retired?

- Number: _____
- Don't know
- Refused

If "Employed full time" or "Employed part time," is selected for Q7:

12. What is your current job? *If needed:* What kind of company do you work at? What kind of work do you do? _____

13. During the past ten years, has there been a period of three months or longer when you were unemployed but you wanted to be employed?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q13:

14. How many times did this happen?

- Number of times: _____
- Don't know
- Refused

If "Out of work and looking for work," "Out of work but not currently looking for work," or "Unable to work/disabled" is selected for Q7:

15. When is the last time you worked? *Enter 98 in both fields if participant cannot remember. Enter 97 in both fields if participant has never had a job.*

Month: _____

Year: _____ *(if 97 or 98 is entered for Year, skip to Q19)*

16. What was your most recent job? *If needed:* What kind of company did you work at? What kind of work did you do? _____

18. Why did you stop working? *Select all that are mentioned.*

- Fired
- Laid off/business failed
- Health reasons/disability
- Went back to school
- Imprisoned
- Quit because I didn't like it
- Job ended
- Got in a fight
- Because of drugs and/or alcohol
- Family reasons (e.g., moved, child care)
- Other, specify: _____
- Don't know
- Refused

If the participant is currently employed, based on Q7, Or Year 2020, Year 2021, Year 2022, or Age >59 is entered for Q8, Or 2020 or 2021 or 2022 is entered for Q15:

19. During the COVID-19 pandemic, were you considered an essential worker? *IF NEEDED:*
An essential worker is someone who was required to go to work even when stay-at-home orders were in place.

- Yes
- No
- Don't know
- Refused

20. Did you experience a loss of employment income because of the COVID-19 pandemic?

- Yes
- No
- Don't know
- Refused

Sleep

Next, I'd like to ask about your sleep. The following questions relate to your usual sleep habits during the past month.

21. During the past month, what time have you usually gone to bed?

- | | | |
|---|-------------------------------|---------------------------------------|
| <input type="radio"/> 4:00pm or earlier | <input type="radio"/> 8:15pm | <input type="radio"/> 12:30am |
| <input type="radio"/> 4:15pm | <input type="radio"/> 8:30pm | <input type="radio"/> 12:45am |
| <input type="radio"/> 4:30pm | <input type="radio"/> 8:45pm | <input type="radio"/> 1:00am |
| <input type="radio"/> 4:45pm | <input type="radio"/> 9:00pm | <input type="radio"/> 1:15am |
| <input type="radio"/> 5:00pm | <input type="radio"/> 9:15pm | <input type="radio"/> 1:30am |
| <input type="radio"/> 5:15pm | <input type="radio"/> 9:30pm | <input type="radio"/> 1:45am |
| <input type="radio"/> 5:30pm | <input type="radio"/> 9:45pm | <input type="radio"/> 2:00am |
| <input type="radio"/> 5:45pm | <input type="radio"/> 10:00pm | <input type="radio"/> 2:15am |
| <input type="radio"/> 6:00pm | <input type="radio"/> 10:15pm | <input type="radio"/> 2:30am |
| <input type="radio"/> 6:15pm | <input type="radio"/> 10:30pm | <input type="radio"/> 2:45am |
| <input type="radio"/> 6:30pm | <input type="radio"/> 10:45pm | <input type="radio"/> 3:00am |
| <input type="radio"/> 6:45pm | <input type="radio"/> 11:00pm | <input type="radio"/> 3:15am |
| <input type="radio"/> 7:00pm | <input type="radio"/> 11:15pm | <input type="radio"/> 3:30am |
| <input type="radio"/> 7:15pm | <input type="radio"/> 11:30pm | <input type="radio"/> 3:45am |
| <input type="radio"/> 7:30pm | <input type="radio"/> 11:45pm | <input type="radio"/> 4:00am or later |
| <input type="radio"/> 7:45pm | <input type="radio"/> 12:00am | <input type="radio"/> Don't know |
| <input type="radio"/> 8:00pm | <input type="radio"/> 12:15am | <input type="radio"/> Refused |

22. During the past month, how long (in minutes) has it taken you to fall asleep each night?

- Minutes: _____
- Don't know
- Refused

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

- | | | |
|---|-------------------------------|---------------------------------------|
| <input type="radio"/> 3:00am or earlier | <input type="radio"/> 7:15am | <input type="radio"/> 11:30am |
| <input type="radio"/> 3:15am | <input type="radio"/> 7:30am | <input type="radio"/> 11:45am |
| <input type="radio"/> 3:30am | <input type="radio"/> 7:45am | <input type="radio"/> 12:00pm |
| <input type="radio"/> 3:45am | <input type="radio"/> 8:00am | <input type="radio"/> 12:15pm |
| <input type="radio"/> 4:00am | <input type="radio"/> 8:15am | <input type="radio"/> 12:30pm |
| <input type="radio"/> 4:15am | <input type="radio"/> 8:30am | <input type="radio"/> 12:45pm |
| <input type="radio"/> 4:30am | <input type="radio"/> 8:45am | <input type="radio"/> 1:00pm |
| <input type="radio"/> 4:45am | <input type="radio"/> 9:00am | <input type="radio"/> 1:15pm |
| <input type="radio"/> 5:00am | <input type="radio"/> 9:15am | <input type="radio"/> 1:30pm |
| <input type="radio"/> 5:15am | <input type="radio"/> 9:30am | <input type="radio"/> 1:45pm |
| <input type="radio"/> 5:30am | <input type="radio"/> 9:45am | <input type="radio"/> 2:00pm |
| <input type="radio"/> 5:45am | <input type="radio"/> 10:00am | <input type="radio"/> 2:15pm |
| <input type="radio"/> 6:00am | <input type="radio"/> 10:15am | <input type="radio"/> 2:30pm |
| <input type="radio"/> 6:15am | <input type="radio"/> 10:30am | <input type="radio"/> 2:45pm |
| <input type="radio"/> 6:30am | <input type="radio"/> 10:45am | <input type="radio"/> 3:00pm or later |
| <input type="radio"/> 6:45am | <input type="radio"/> 11:00am | <input type="radio"/> Don't know |
| <input type="radio"/> 7:00am | <input type="radio"/> 11:15am | <input type="radio"/> Refused |

24. 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 spent in bed. *CAN BE A WHOLE OR HALF HOUR (E.G., 8 OR 8.5).*

- Hours: _____
- Don't know
- Refused

25. *SHOW CARD #3.* During the past month, how often have you had trouble sleeping because you...

	Never	Rarely	Some-times	Often	Don't know	Refused
a. Cannot get to sleep within 30 minutes	<input type="radio"/>					
b. Wake up in the middle of the night or early morning	<input type="radio"/>					
c. Cannot breathe comfortably	<input type="radio"/>					
d. Cough or snore loudly	<input type="radio"/>					
e. Feel too hot	<input type="radio"/>					
f. Have bad dreams	<input type="radio"/>					
g. Have pain	<input type="radio"/>					

26. *SHOW CARD #3.* During the past month, how often have you had trouble staying awake while driving, eating, or engaging in social activity?

- Never
- Rarely
- Sometimes
- Often
- Don't know
- Refused

27. *SHOW CARD #4.* During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

- No problem
- A slight problem
- Somewhat of a problem
- A big problem
- Don't know
- Refused

Aging

Next, we want to ask about your experiences getting older.

Subjective Aging

28. Many people feel older or younger than they actually are. If you had to pick a specific age, what age do you feel?

- Age: _____
- Don't know
- Refused

29. *SHOW CARD #5.* On a scale from 1 to 10, with 1 meaning “not well at all” and 10 meaning “completely well,” how successfully do you think you are aging?

- Number: _____
- Don't know
- Refused

30. *SHOW CARD #6.* The next statements are about the way people feel about their age and about the things that happen as they get older. Please tell me how much you agree or disagree with each statement for you.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Refused
a. I have as much pep as I did last year.	○	○	○	○	○	○
b. I am as happy now as I was when I was younger.	○	○	○	○	○	○
c. As I get older, things are better than I thought they would be.	○	○	○	○	○	○
d. So far, I am satisfied with the way that I am aging.	○	○	○	○	○	○
e. The older I get, the more I have had to stop doing things that I liked.	○	○	○	○	○	○
f. Things keep getting worse as I get older.	○	○	○	○	○	○
g. The older I get, the more useless I feel.	○	○	○	○	○	○
h. Getting older has brought with it many things that I don't like.	○	○	○	○	○	○

Perceived Generativity

31. *SHOW CARD #6*. For the next set of questions, please indicate how much you agree or disagree with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Refused
a. I feel that other people need me.	<input type="radio"/>					
b. I like to teach things to people.	<input type="radio"/>					
c. Others would say that I have made unique contributions to society.	<input type="radio"/>					
d. I have important skills that I can pass along to others.	<input type="radio"/>					
e. In general, my actions have a positive effect on other people.	<input type="radio"/>					
f. People come to me for advice.	<input type="radio"/>					

Life Satisfaction

32. *SHOW CARD #7*. If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole?

- Extremely happy
- Very happy
- Pretty happy
- Unhappy sometimes
- Unhappy usually
- Don't know
- Refused

Leisure Activities

33. *SHOW CARD #8*. These questions are about the activities in your life now, outside of work. Please tell me how often you do each activity.

	Daily	Weekly	Monthly	Less than monthly	Never	N/A	Don't know	Refused
a. Socialize with friends	<input type="radio"/>							
b. Do activities with children, grandchildren, great grandchildren, or nieces and nephews	<input type="radio"/>							
c. Do any volunteer or charity work	<input type="radio"/>							
d. Attend an educational lecture or training course	<input type="radio"/>							
e. Attend religious services	<input type="radio"/>							
f. Pray to God in private	<input type="radio"/>							
g. Attend meetings of non-religious organizations, such as political or community groups	<input type="radio"/>							
h. Read books, magazines, newspapers, or articles	<input type="radio"/>							
i. Do word games such as crossword puzzles or Scrabble	<input type="radio"/>							
j. Play cards or games such as chess	<input type="radio"/>							
k. Do writing such as letters, stories, or journal entries	<input type="radio"/>							
l. Use a computer or smart phone for email, internet, social media or other tasks	<input type="radio"/>							
m. Work on a hobby or project	<input type="radio"/>							
n. Exercise (including walking) or play sports	<input type="radio"/>							

Health

Next, I'm going to ask some questions about your health.

34. How tall are you?

- | | | |
|---------------------------------------|-----------------------------|--------------------------------------|
| <input type="radio"/> 4'0" or shorter | <input type="radio"/> 5'0" | <input type="radio"/> 6'0" |
| <input type="radio"/> 4'1" | <input type="radio"/> 5'1" | <input type="radio"/> 6'1" |
| <input type="radio"/> 4'2" | <input type="radio"/> 5'2" | <input type="radio"/> 6'2" |
| <input type="radio"/> 4'3" | <input type="radio"/> 5'3" | <input type="radio"/> 6'3" |
| <input type="radio"/> 4'4" | <input type="radio"/> 5'4" | <input type="radio"/> 6'4" |
| <input type="radio"/> 4'5" | <input type="radio"/> 5'5" | <input type="radio"/> 6'5" |
| <input type="radio"/> 4'6" | <input type="radio"/> 5'6" | <input type="radio"/> 6'6" |
| <input type="radio"/> 4'7" | <input type="radio"/> 5'7" | <input type="radio"/> 6'7" |
| <input type="radio"/> 4'8" | <input type="radio"/> 5'8" | <input type="radio"/> 6'8" or taller |
| <input type="radio"/> 4'9" | <input type="radio"/> 5'9" | <input type="radio"/> Don't know |
| <input type="radio"/> 4'10" | <input type="radio"/> 5'10" | <input type="radio"/> Refused |
| <input type="radio"/> 4'11" | <input type="radio"/> 5'11" | |

35. How much do you weigh?

- Pounds: _____
- Don't know
- Refused

SF-12

36. *SHOW CARD #9*. In general, would you say your health is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

37. *SHOW CARD #9*. Now, think about your eating habits. In general, how healthy is your diet?
IF SHOW CARDS ARE NOT AVAILABLE: Would you say excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

The next two questions are about activities you might do during a typical day.

38. In a typical day, how hard is it for you to do moderate activities, such as moving a table, pushing a vacuum cleaner, or bowling?

- Not at all hard
- A little hard
- Very hard
- Don't know
- Refused

39. In a typical day, how hard is it for you to climb several flights of stairs?

- Not at all hard
- A little hard
- Very hard
- Don't know
- Refused

40. During the past month, did you accomplish less than you would like because of physical health problems?

- Yes
- No
- Don't know
- Refused

41. During the past month, were you limited in your work or other activities because of physical health problems?

- Yes
- No
- Don't know
- Refused

42. During the past month, did you accomplish less than you would like because of emotional problems (such as feeling depressed or anxious)?

- Yes
- No
- Don't know
- Refused

43. During the past month, did you work or do activities less carefully than usual because of emotional problems (such as feeling depressed or anxious)?

- Yes
- No
- Don't know
- Refused

44. *SHOW CARD #10.* On a scale from 1 to 5, where 1 means “not at all” and 5 means “very, very much”, how much did pain interfere with your daily activities (including work outside the home and housework) during the past month?

- Number: _____
- Don’t know
- Refused

45. *SHOW CARD #11.* How much of the time during the past month...

	All of the time	Most of the time	Some of the time	None of the time	Don’t know	Refused
a. Have you felt calm and peaceful?	○	○	○	○	○	○
b. Did you have a lot of energy?	○	○	○	○	○	○
c. Have you felt down-hearted and blue?	○	○	○	○	○	○
d. Has your <u>physical health</u> interfered with your social activities (like visiting friends, relatives, etc.)?	○	○	○	○	○	○
e. Have <u>emotional problems</u> interfered with your social activities?	○	○	○	○	○	○

Falls

46. During the past 12 months, how many times have you fallen?

- Falls: _____
- Don’t know
- Refused

If the response to Q46 is 1 or greater:

47. How many of these falls caused an injury that limited your regular activity or caused you to go to the doctor?

- Falls: _____
- Don’t know
- Refused

The next few questions are about specific health problems you might have had during the **past ten years**.

48. During the past ten years, have you had any of the following types of chronic pain?

	Yes	No	Don't know	Refused
a. Arthritis or rheumatism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Back or neck problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Frequent or severe headaches, such as migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Any other chronic pain conditions, specify condition: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If "No" is selected for all four items in Q48, skip to Q54.

49. How long have you been experiencing this chronic pain? _____

50. During the past ten years, have you regularly taken prescription or over-the-counter medication for your pain? *If yes:* Which kinds? Prescription, over-the-counter, or both?

- Prescription only
- Over the counter only
- Both prescription and over the counter
- No medication
- Don't know
- Refused

51. During the past ten years, have you used medical marijuana for pain?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q51:

52. How often did you or do you use medical marijuana for pain?

- Daily
- Weekly
- Monthly
- Less than monthly
- Don't know
- Refused

53. Do you currently use medical marijuana for pain?

- Yes
- No
- Don't know
- Refused

54. Have any of these other health events happened to you during the past ten years?

	Yes	No	Don't know	Refused
a. A stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Hip fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other broken bones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Have you had or been told you have any of the following conditions during the past ten years?

IF YES: Do you currently have that condition?

	Yes, currently has it	Yes, in past 10 years but not currently	Not during past 10 years	Don't know	Refused
a. Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. High blood pressure or hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Chronic lung condition, like tuberculosis, COPD, or emphysema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Diabetes or high blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Autoimmune disease, such as lupus or multiple sclerosis					
h. Sickle cell anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Post-traumatic stress disorder or PTSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. An anxiety disorder, such as generalized anxiety disorder, panic disorder, social phobia, or specific phobias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. A depressive disorder, such as major depression or bipolar disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. A substance use disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Kidney problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Liver problems, such as cirrhosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Cancer, specify type: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Sexually transmitted infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Other health problem? Specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next, I'm going to ask a few questions about your memory.

56. *SHOW CARD #12*. First, how would you rate your memory at the present time? *IF SHOW CARDS ARE NOT AVAILABLE*: Would you say excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

Cognitive Change Index

57. *SHOW CARD #13*. How concerned are you about your memory?

- Not at all concerned
- Slightly concerned
- Moderately concerned
- Extremely concerned
- Don't know
- Refused

58. *SHOW CARD #14*. How would people who know you rate your memory compared to five years ago?

- No change
- Minimal change
- Some change
- Moderate change
- Much worse
- Don't know
- Refused

59. Has any member of your family (mother, father, full-blooded sister or brother) been diagnosed with Alzheimer's disease or senile dementia?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected from Q59:

60. Who? *Select all who are mentioned.*

- Mother
- Father
- A brother
- A sister
- Other, specify: _____
- Don't know
- Refused

Medical Care

The next questions are about medical care.

61. Do you have a regular medical doctor who you usually visit when you need routine medical care?

- Yes (*skip to Q64*)
- No
- Don't know
- Refused

62. Do you have a regular place where you usually go when you need routine medical care—like a particular clinic or hospital?

- Yes
- No (*skip to Q64*)
- Don't know (*skip to Q64*)
- Refused (*skip to Q64*)

63. Is it an emergency room?

- Yes
- No
- Don't know
- Refused

64. During the past 12 months, did you have the following types of medical visits?

	Yes	No	Don't know	Refused
a. A routine physical check-up or gynecological exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A routine <u>dental</u> check-up or exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A routine <u>vision</u> check-up or exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A routine <u>hearing</u> check-up or exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. Do you currently have health insurance?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q65:

66. *SHOW CARD #15.* What kind of health insurance do you have? *Select all that apply.*

- Medicaid
- Medicare
- Private insurance (e.g., through your employer)
- Other type of insurance, specify: _____
- Don't know
- Refused

If "No" is selected for Q65:

67. How long have you been uninsured?

- Days: _____
- Weeks: _____
- Months: _____
- Years: _____
- Don't know
- Refused

COVID Experiences

The next section will ask about your experiences during the COVID-19 pandemic.

68. Have you ever tested positive for COVID-19?

- Yes
- No
- Don't know
- Refused

69. Has anyone in your household ever tested positive for COVID-19?

- Yes
- No
- Don't know
- Refused

70. The COVID-19 pandemic caused challenges for some people, whether they got COVID or not. Did you experience the following challenges?

	Yes	No	Don't know	Refused
a. Lost health insurance coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had trouble getting the health care you needed, including mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Had trouble getting the medicine you needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lost a close friend or family member to COVID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. Have you received a COVID-19 vaccine?

- Yes
- No
- Don't know
- Refused

If "No" is selected for Q71:

72. Why did you not get a COVID-19 vaccine? _____

Cognitive Functioning

Modified TICS

Part of this study is concerned with people's memory and ability to think about things. Some of the next questions are supposed to be hard so don't worry if you don't know the answer. Are you ready?

73. Next, I'm going to read a total of ten words, one at a time, and ask you to recall as many as you can. Again, don't worry if you don't remember every word. Most people only recall just a few. Please pay careful attention to the list because the words will not be repeated. Ready? The words are: hotel, river, tree, skin, gold, market, paper, child, king, book. Please tell me any of the words you remember. *Select each correct response. Plurals are considered correct.*

- Hotel
- River
- Tree
- Skin
- Gold
- Market
- Paper
- Child
- King
- Book
- No correct words remembered
- Refused

74. For the next question, please try to count backward as quickly as you can from the number I will give you. I will tell you when to stop. Please start with: 20. *Stop when the participant has counted ten digits ("You may stop now, thank you"). If the participant does not answer correctly on the first try, ask them to try again.*

- Answered correctly on the first try
- Answered correctly on the second try
- Did not answer correctly on either try, specify responses: _____
- Refused

75. Now let's try some subtraction of numbers. One hundred minus seven equals what? And seven from that? And 7 from that? And 7 from that? And 7 from that? *Check off each correct answer provided.*

- 93
- 86
- 79
- 72
- 65
- Attempted but none correct
- Did not attempt
- Refused

76. Please tell me today's date.

- Day correct
- Month correct
- Year correct
- No correct information provided
- Refused

77. What day of the week is it?

- Answered correctly
- Did not answer correctly, specify response: _____
- Refused

78. Next, I'm going to ask you for the names of some people and things. What do people usually use to cut paper? *Acceptable responses: Scissors, shears.*

- Answered correctly
- Did not answer correctly, specify response: _____
- Refused

79. What do you call the prickly green plant that lives in the desert? *Acceptable response: Cactus or name of a kind of cactus.*

- Answered correctly
- Did not answer correctly, specify response: _____
- Refused

80. Who is the President of the United States right now? *Acceptable response: Biden (first name not required).*

- Answered correctly
- Did not answer correctly, specify response: _____
- Refused

81. Who is the Vice President? *Acceptable response: "Kamala" or "Harris" (both names not required).*

- Answered correctly
- Did not answer correctly, specify response: _____
- Refused

82. A few minutes ago, I read you a list of words and you told me the ones you could remember. Please tell me any of the words you remember now. *Select each correct response. Plurals are considered correct.*

- Hotel
- River
- Tree
- Skin
- Gold
- Market
- Paper
- Child
- King
- Book
- No correct words remembered
- Refused

Stress and Coping

Stressful Life Events

Next, I'm going to list a number of difficult or stressful things that sometimes happen to people. For each event, tell me whether this has happened to you personally.

83. Have you ever suffered a serious car accident or suffered an injury or illness that was life threatening?

- Yes, happened to me
- No, has not happened to me
- Don't know
- Refused

If "Yes" is selected for Q83:

84. Has this happened to you during the past ten years?

- Yes
- No
- Don't know
- Refused

85. Have you ever been evicted from or forced out of your home?

- Yes, happened to me
- No, has not happened to me
- Don't know
- Refused

If "Yes" selected for Q85:

86. Has this happened to you during the past ten years?

- Yes
- No
- Don't know
- Refused

87. Have you ever been physically or sexually assaulted by a spouse, boyfriend, or girlfriend?

- Yes, happened to me
- No, has not happened to me
- Don't know
- Refused

If "Yes" selected for Q87:

88. Has this happened to you during the past ten years?

- Yes
- No
- Don't know
- Refused

89. Has anyone ever tried to take something directly from you by using force or threat of force, such as a stick up or mugging?

- Yes, happened to me
- No, has not happened to me
- Don't know
- Refused

If "Yes" selected for Q89:

90. Has this happened to you during the past ten years?

- Yes
- No
- Don't know
- Refused

For the last few items in this section, I am also going to ask whether or not you have witnessed the event happen to someone else.

91. Have you ever been physically injured on purpose, not including injuries from a gun?

- Yes
- No
- Don't know
- Refused

If "Yes" selected for Q91:

92. Has this happened to you during the past ten years?

- Yes
- No
- Don't know
- Refused

93. Have you ever witnessed someone be physically injured on purpose, not with a gun?

- Yes
- No
- Don't know
- Refused

If "Yes" selected for Q92:

94. Have you witnessed this during the past ten years?

- Yes
- No
- Don't know
- Refused

95. Have you ever been shot at or shot with a gun?

- Yes
- No
- Don't know
- Refused

If "Yes" selected for Q95:

96. Has this happened to you during the past ten years?

- Yes
- No
- Don't know
- Refused

97. Have you ever witnessed someone be shot at or shot with a gun?

- Yes
- No
- Don't know
- Refused

If "Yes" selected for Q97:

98. Have you witnessed this during the past ten years?

- Yes
- No
- Don't know
- Refused

99. Have you ever had the police use force against you?

- Yes
- No
- Don't know
- Refused

If "Yes" selected for Q99:

100. Has this happened to you during the past ten years?

- Yes
- No
- Don't know
- Refused

101. Have you ever witnessed someone have the police use force against them?

- Yes
- No
- Don't know
- Refused

If "Yes" selected for Q101:

102. Have you witnessed this during the past ten years?

- Yes
- No
- Don't know
- Refused

John Henryism Active Coping Scale

103. *SHOW CARD #16.* Next, I'm going to read you a series of statements. For each one, please tell me how true or false you think the statement is for you.

	Com- pletely true	Some- what true	Some- what false	Comp- letely false	Don't know	Refused
a. I've always felt that I could make of my life what I wanted to make of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Once I make up my mind to do something, I stay with it until the job is done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I like doing things that other people thought could not be done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. When things don't go the way I want them to, that makes me work even harder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sometimes I feel if anything is going to be done right, I have to do it myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It's not always easy, but I manage to find a way to do the things I really need to get done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am rarely disappointed with the results of my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I feel that I am the kind of individual who stands up for what I believe in, regardless of the consequences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. In the past, even when things got really tough, I never lost sight of my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. It's important for me to be able to do things in the way I want to do them rather than the way other people want me to do them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I don't let my personal feelings get in the way of doing a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Hard work helped me to get ahead in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Psychological Health

Depression (CES-10)

104. *SHOW CARD #17*. The next questions are about your feelings. I will read a list of the ways you might have felt or behaved recently. Please tell me how many days during the past week you felt each way.

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days	Don't know	Refused
a. I was bothered by things that usually don't bother me.	<input type="radio"/>									
b. I had trouble keeping my mind on what I was doing.	<input type="radio"/>									
c. I felt depressed.	<input type="radio"/>									
d. I felt that everything I did was an effort.	<input type="radio"/>									
e. I felt hopeful about the future.	<input type="radio"/>									
f. I felt fearful.	<input type="radio"/>									
g. My sleep was restless.	<input type="radio"/>									
h. I was happy.	<input type="radio"/>									
i. I felt lonely.	<input type="radio"/>									
j. I could not get "going."	<input type="radio"/>									

105. Have you ever been diagnosed with depression?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q105:

106. When were you first diagnosed? You can tell me the year or how old you were, whichever is easiest for you.

- Age: _____
- Year: _____
- Don't know
- Refused

107. Have you ever sought treatment for depression?

- Yes
- No
- Don't know
- Refused

If “Yes” is selected for Q107:

108. When was the last time? You can tell me the year or how old you were, whichever is easiest for you.

- Age: _____
- Year: _____
- Don’t know
- Refused

109. During the past ten years, have you thought about committing suicide?

- Yes
- No
- Don’t know
- Refused

If “Yes” is selected for Q109:

110. During the past ten years, have you made a suicide attempt?

- Yes
- No
- Don’t know
- Refused

111. *SHOW CARD #18*. On a scale from 1 to 6, where 1 means “not at all” and 6 means “very, very much,” please rate how you currently feel in your daily life.

	1 (not at all)	2	3	4	5	6 (very, very much)	Don’t know	Refused
a. I feel nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
b. I feel under pressure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
c. I feel tense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
d. My hands sometimes shake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
e. New situations make me tense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
f. I feel tight inside.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
g. I startle easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

112. Have you ever been diagnosed with anxiety?

- Yes
- No
- Don’t know
- Refused

If “Yes” is selected for Q112:

113. When were you first diagnosed? You can tell me the year or how old you were, whichever is easiest for you.

- Age: _____
- Year: _____
- Don’t know
- Refused

114. Have you ever sought treatment for anxiety?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q114:

115. When was the last time? You can tell me the year or how old you were, whichever is easiest for you.

- Age: _____
- Year: _____
- Don't know
- Refused

Racial Experiences, Identification, and Discrimination

Next, I'm going to ask questions about experiences of discrimination you might have had.

116. Because of your race, gender, or other personal characteristics, do the following things happen to you in your day-to-day life?

	Yes	No	Don't know	Refused
a. You are treated with less courtesy than other people are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You are treated with less respect than other people are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You receive poorer service than other people at restaurants or stores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People act as if they think you are not smart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. People act as if they are afraid of you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. People act as if they think you are dishonest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. People act as if they're better than you are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You are called names or insulted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You are threatened or harassed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If "Yes" is selected for at least one item in Q116:

117. Do you think your race or ethnicity is ever the main reason for these experiences?

- Yes
- No
- Don't know
- Refused

118. Do you think your gender is ever the main reason for these experiences?

- Yes
- No
- Don't know
- Refused

If “No” is selected for Q117 and Q118:

119. What do you think is the main reason for these experiences? *Select all that are mentioned.*

- Your age
- Your religion
- Your physical appearance (height, weight, etc.)
- Your sexual orientation
- Your education or income level
- A physical disability
- Other reason, specify: _____
- Don't know
- Refused

Next, I'd like to ask a few questions about your race and ethnicity.

120. *SHOW CARD #19.* First, what races or ethnicities do you identify as? *Select all that are mentioned.*

- Black or African American
- White
- Hispanic or Latino/a
- Two or more races (biracial or multiracial)
- Additional race or ethnicity, please describe: _____
- Don't know
- Refused

121. During the past ten years, because of your race or ethnicity, have you ever:

	Yes	No	Don't know	Refused
a. Had a problem getting housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had a problem walking in a neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been denied services (like a taxi, at a restaurant, or medical services)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Been unfairly hassled by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Been a victim of racial violence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Been treated unfairly at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

122. *SHOW CARD #20.* During the past 12 months, when you went to get health care, how were you treated relative to people of other races?

- Better than people of other races
- Worse than people of other races
- The same as people of other races
- Only got health care with people of the same race
- No health care received during the past 12 months
- Don't know
- Refused

Next, I'm going to ask two additional questions about how you identify.

123. First, what is your gender?

- Female
- Male
- Other identity, specify: _____
- Don't know
- Refused

124. Do you identify as transgender?

- Yes
- No
- Don't know
- Refused

Community Engagement and Political Involvement

125. Are you registered to vote?

- Yes
- No
- Don't know
- Refused

126. Have you ever voted in a presidential election?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q126:

127. Did you vote in the most recent presidential election between Biden and Trump?

- Yes
- No
- Don't know
- Refused

128. During the past ten years, have you:

	Yes	No	Don't know	Refused
a. Worked on a political campaign?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Participated in protests or political marches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Participated in social movements like Black Lives Matter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Signed petitions or written to elected officials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Registered people to vote or worked in a voting place as a judge or party representative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Religious Involvement

The next questions are about your religious beliefs and participation.

129. *SHOW CARD #21.* For the next three questions, please use a scale from 1 to 10, where 1 means “not at all” and 10 means “very, very much.” First, how religious are you?

- Number: _____
- Don't know
- Refused

130. *SHOW CARD #21.* And using the same scale from 1 to 10, how spiritual are you?

- Number: _____
- Don't know
- Refused

131. *SHOW CARD #21.* Using the same scale from 1 to 10 again, how important are religious and/or spiritual beliefs in your daily life?

- Number: _____
- Don't know
- Refused

132. *SHOW CARD #22.* When was the last time you attended a church service or other religious service?

- During the past week
- During the past month
- During the past year
- More than one year ago
- Never attended religious services (*if selected, skip to Q136*)
- Don't know
- Refused

133. Are you a member of a church or other place of worship?

- Yes
- No (*if selected, skip to Q136*)
- Don't know (*if selected, skip to Q136*)
- Refused (*if selected, skip to Q136*)

134. *SHOW CARD #23.* How often do you see, write, or talk on the phone with members of your place of worship?

- Never
- A few times a year
- A few times a month
- At least once a week
- Nearly every day
- Don't know
- Refused

135. *SHOW CARD #23*. Besides regular service, how often do you take part in other activities at your place of worship?

- Never
- A few times a year
- A few times a month
- At least once a week
- Nearly every day
- Don't know
- Refused

Social Relationships

Next, I'm going to ask about your social relationships.

Friendships

136. *SHOW CARD #24*. How often do you get together with friends or speak or text with them on the phone?

- Every day
- Several times a week
- About once a week
- Two to three times a month
- About once a month
- Several times a year
- Never or almost never
- Don't know
- Refused

137. During a typical week, with how many people outside your household do you do something—like walk, talk, go out to eat, bowl, or go to a movie?

- People: _____
- Don't know
- Refused

Social Support

The next questions are about social support.

138. *SHOW CARD #25*. How often are the following statements true for you? Would you say never, sometimes, usually, or always?

	Never	Sometimes	Usually	Always	Don't know	Refused
a. I have someone who will listen to me when I need to talk.	<input type="radio"/>					
b. I have someone who makes me feel appreciated.	<input type="radio"/>					
c. I have someone to turn to for suggestions about how to deal with a problem.	<input type="radio"/>					
d. I have someone to give me information if I need it.	<input type="radio"/>					
e. I get useful advice about important things in life.	<input type="radio"/>					
f. I have someone to take me to the doctor or other appointment if I need it.	<input type="radio"/>					
g. I have someone to run errands for me if I need it.	<input type="radio"/>					

139. Next, I'm going to read a list of people who you might turn to when you are in need of support. If you needed support, could you turn to...

	Yes	No	Don't know	Refused
a. Your spouse or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your child or grandchild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Another family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A neighbor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A church leader or church member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. God	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other person, specify whom: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social Isolation

140. *SHOW CARD #26*. How much of the time do you feel...

	Often	Some of the time	Hardly ever	Never	Don't know	Refused
a. You lack companionship?	<input type="radio"/>					
b. Left out?	<input type="radio"/>					
c. Isolated from others?	<input type="radio"/>					

Crime and Criminal Justice Involvement

141. *SHOW CARD #27.* The next questions are about crimes or other behaviors that you might have committed during the past ten years, so since you were about 50 years old. We'd like to know if you did any of the following things during the past year, not during the past year but during the past ten years, or not at all during the past ten years. During the past ten years...

	During the past year	During the past 10 years	Not during past 10 years (or never)	Don't know	Refused
a. Have you stolen something that didn't belong to you or shoplift?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you broken into someone's home, a store, or other business?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you snatched a purse or picked a pocket?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you stolen a motor vehicle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have you used a stolen credit card or charge something to someone else without their permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you carried a gun illegally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have you purposefully injured someone physically or beaten up someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you shot, shot at, or threatened someone with a gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have you used threats or beaten someone up to get them to give you money or other valuables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have you used a computer or other technology to steal money or information from someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Have you stolen someone's identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Have you pushed, shoved, slapped, kicked, or beaten up your spouse, boyfriend, or girlfriend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Have you given or received drugs in exchange for sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Have you had sex for money or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Have you sold illicit drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Have you driven under the influence of alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Have you been visibly drunk or under the influence of drugs in public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Have you gambled to get money to pay debts or otherwise solve financial difficulties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Criminal Justice System Involvement

142. Have you ever been arrested?

- Yes
- No (*skip to Q148*)
- Don't know
- Refused

143. How old were you the first time this happened?

- Age: _____
- Don't know
- Refused

144. How old were you the last time this happened?

- Age: _____
- Don't know
- Refused

If the answer to Q144 is 50 or older:

145. During the past ten years, how many times were you arrested?

- Times: _____
- Don't know
- Refused

146. *SHOW CARD #28*. Thinking about the most recent time you were arrested, how much do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Refused
a. The police had a good reason to arrest me.	<input type="radio"/>					
b. I was told why I was arrested.	<input type="radio"/>					
c. I was treated with respect.	<input type="radio"/>					

147. *SHOW CARD #29*. How satisfied or dissatisfied were you with the way you were treated by the officers?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied
- Don't know
- Refused

148. Have you ever been convicted or found guilty of a crime?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q148:

149. What crimes were you found guilty of? _____

150. Have you ever been incarcerated or spent time in jail or prison?

- Yes
- No (*skip to Q155*)
- Don't know
- Refused

151. How many times in your lifetime have you been incarcerated or spent time in jail or prison?

- Times: _____
- Don't know
- Refused

152. At what ages were you in jail or prison? _____

If the response to Q151 is 1:

153. How much time did you serve?

- Days: _____
- Weeks: _____
- Months: _____
- Years: _____
- Don't know
- Refused

If the response to Q151 is 2 or greater:

154. Thinking of the longest time you served, how much time did you serve?

- Days: _____
- Weeks: _____
- Months: _____
- Years: _____
- Don't know
- Refused

If "Yes" is selected for Q142, Q148, or Q150:

155. Because of your criminal or arrest record, have you ever:

	Yes	No	Don't know	Refused
a. Had a problem getting housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had a problem getting a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been denied public assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Had trouble voting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Been treated unfairly at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes toward the Police

156. *SHOW CARD #30*. Next, please tell me how much you disagree or agree with the following statements about the police.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Refused
a. The police do a good job enforcing the law.	<input type="radio"/>					
b. The police are never around when you need them.	<input type="radio"/>					
c. The people in my neighborhood call the police when they need help.	<input type="radio"/>					
d. If you treat the police with respect, they will treat you with respect.	<input type="radio"/>					
e. The police treat people of color and white people equally.	<input type="radio"/>					

Substance Use

Alcohol Use

The next questions are about your use of alcohol. For these questions, when I use the word “drink,” I mean either a glass of wine, a can or bottle of beer, or a shot or jigger of liquor either alone or in a mixed drink.

157. In your life, have you ever drunk any alcoholic beverages such as beer, wine, or liquor?

- Yes
- No (*skip to Q175*)
- Don't know
- Refused

158. *SHOW CARD #31*. During the past 12 months, how often did you usually have at least one drink—nearly every day, three to four days a week, one to two days a week, one to three days a month, or less than once a month?

- Nearly every day
- Three to four days a week
- One to two days a week
- One to three days a month
- Less than once a month
- Did not drink during the past 12 months
- Don't know
- Refused

If “Did not drink during the past 12 months” is selected for Q158:

159. *SHOW CARD #32*. What are your reasons for not drinking? *Select all that apply.*

- I don't like the taste
- It's against my religion
- I don't like the way it makes me feel
- It's not good for my health
- I've had bad experiences with alcohol in my past
- I'm in recovery
- I have a family history of alcohol problems
- I'm just not interested in it
- Other reason, specify: _____
- Don't know
- Refused

160. How old were you the last time you had a drink?

- Age: _____ (*if 51 or younger is entered, skips to Q175*)
- Don't know
- Refused

If “Did not drink during the past 12 months” is not selected for Q158:

161. On the days you drank during the past 12 months, about how many drinks did you usually have per day?

- Drinks: _____
- Don't know
- Refused

162. During the past ten years, has there ever been a year when you drank more than you did during the past 12 months?

- Yes
- No
- Don't know
- Refused

If “Less than once a month” or “Did not drink during the past 12 months” is selected for Q158 and “No” is selected for Q162, skip to Q175 at this point.

If “Yes” if selected for Q162:

163. *SHOW CARD #33.* Think about the year during the past ten years when you drank most. During those years, how often did you usually have at least one drink—nearly every day, three to four days a week, one to two days a week, one to three days a month, or less than once a month?

- Nearly every day
- Three to four days a week
- One to two days a week
- One to three days a month
- Less than once a month
- Don't know
- Refused

164. And on the days you drank during those years, about how many drinks did you usually have per day?

- Drinks: _____
- Don't know
- Refused

Alcohol Use Disorders Identification Test (AUDIT)

For the next few questions, I'm going to ask about your current alcohol use.

165. *SHOW CARD #34.* How often do you have a drink containing alcohol?

- Never (*if selected, skip to Q173*)
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week
- Don't know
- Refused

166. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7, 8, or 9
- 10 or more
- Don't know
- Refused

167. *SHOW CARD #35*. How often do you have six or more drinks on one occasion?

- Never (*if selected and "1 or 2" is selected for Q166, skip to Q173*)
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Don't know
- Refused

168. *SHOW CARD #35*. How often during the last year have you found that you were not able to stop drinking once you started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Don't know
- Refused

169. *SHOW CARD #35*. How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Don't know
- Refused

170. *SHOW CARD #35*. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Don't know
- Refused

171. *SHOW CARD #35*. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Don't know
- Refused

172. *SHOW CARD #35*. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Don't know
- Refused

173. *SHOW CARD #36*. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the last year
- Yes, during the last year
- Don't know
- Refused

174. *SHOW CARD #36*. Has a relative, friend, doctor, or another health care worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the last year
- Yes, during the last year
- Don't know
- Refused

Drug Use

The next questions are about the nonmedical use of prescription drugs, like pain killers or sleeping pills. Nonmedical use is any use on your own that is either:

- Without a doctor's prescription, or
- In greater amounts than prescribed, or
- More often than prescribed, or
- For any reason other than a doctor said you should take this, such as for kicks, to get high, or curiosity about the pill's effect

175. Have you used a prescription drug nonmedically during the past ten years?

- Yes
- No (*if selected, skip to Q185*)
- Don't know
- Refused

Next, I'm going to ask about a few different types of prescription drugs that you might have used nonmedically. The first is sedatives and tranquilizers. These are medicines that people sometimes use to help them get to sleep or to stay calm and relaxed. Sedatives and tranquilizers are sometimes called "downers" or "nerve pills." Examples include barbiturates, sleeping pills, Xanax, Ativan, Librium, Valium, Ambien and Lunesta.

176. *SHOW CARD #37*. Altogether, about how many times during the past ten years did you use a sedative or tranquilizer nonmedically?

- Never (*skip to Q179*)
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

177. *SHOW CARD #37*. During the past 12 months, how many times did you use a sedative or tranquilizer nonmedically?

- Never
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

If “Never” is selected for Q177:

178. How old were you the last time you used a sedative or tranquilizer nonmedically?

- Age: _____
- Don't know
- Refused

The next questions are about a type of medications called stimulants. These are medicines that people sometimes use to lose weight, to stay awake, or to raise their spirits. Stimulants are sometimes called “uppers” or “speed.” Examples include Adderall, Ritalin, and Concerta.

179. *SHOW CARD #37.* Altogether, about how many times during the past ten years did you use a stimulant nonmedically?

- Never (*skip to Q182*)
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

180. *SHOW CARD #37.* During the past 12 months, how many times did you use a stimulant nonmedically?

- Never
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

If “Never” is selected for Q180:

181. How old were you the last time you used a stimulant nonmedically?

- Age: _____
- Don't know
- Refused

The next questions are about a type of medications called opioids or analgesics. These are medicines that people usually take as “pain killers,” such as Vicodin, Fentanyl, OxyContin, Morphine, Darvon, Demerol, Percodan, and Tylenol with codeine.

182. *SHOW CARD #37*. Altogether, about how many times during the past ten years did you use an opioid nonmedically?

- Never (*skip to Q185*)
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

183. *SHOW CARD #37*. During the past 12 months, how many times did you use an opioid nonmedically?

- Never
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

If “Never” is selected for Q183:

184. How old were you the last time you used an opioid nonmedically?

- Age: _____
- Don't know
- Refused

185. *SHOW CARD #37*. Next, I want to ask about marijuana use, either medical or nonmedical. Altogether, about how many times during the past ten years did you use marijuana?

- Never (*skip to Q190*)
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

186. Was any of your marijuana use during the past ten years recommended by a doctor or other health care professional?

- Yes
- No
- Don't know
- Refused

187. *SHOW CARD #37*. During the past 12 months, how many times did you use marijuana?

- Never (*if selected, skip to Q189*)
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

188. *SHOW CARD #38*. How would you describe your marijuana use during the past 12 months?

- Only for medical purposes (to treat or decrease symptoms of a health condition)
- Only for nonmedical purposes (to get pleasure or satisfaction)
- Both for medical and nonmedical purposes
- Don't know
- Refused

If "Never" is selected for Q201:

189. How old were you the last time you used marijuana?

- Age: _____
- Don't know
- Refused

190. *SHOW CARD #39*. Altogether, how many times during the past ten years did you use cocaine or crack, in any form?

- Never (*skip to Q193*)
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

191. *SHOW CARD #39*. During the past 12 months, how many times did you use cocaine or crack?

- Never
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

If "Never" is selected for Q191:

192. How old were you the last time you used cocaine or crack?

- Age: _____
- Don't know
- Refused

193. *SHOW CARD #39*. Altogether, how many times during the past ten years did you use heroin?

- Never (*skip to Q196*)
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

194. *SHOW CARD #39*. During the past 12 months, how many times did you use heroin?

- Never
- 1 or 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 49 times
- 50 to 99 times
- 100 to 199 times
- 200 or more times
- Don't know
- Refused

If "Never" is selected for Q194:

195. How old were you the last time you used heroin?

- Age: _____
- Don't know
- Refused

Drug Abuse Screening Test (DAST-10)

Next, I'm going to ask a few more questions about drug use during the past year.

196. Have you used drugs other than those required for medical reasons?

- Yes
- No
- Don't know
- Refused

197. Do you use more than one drug at a time?

- Yes
- No
- Don't know
- Refused

198. Are you unable to stop using drugs when you want to?

- Yes
- No
- Don't know
- Refused

199. Have you ever had blackouts or flashbacks as a result of drug use?

- Yes
- No
- Don't know
- Refused

200. Do you ever feel bad or guilty about your drug use?

- Yes
- No
- Don't know
- Refused

201. Does your family ever complain about your involvement with drugs?

- Yes
- No
- Don't know
- Refused

202. Have you neglected your family because of your use of drugs?

- Yes
- No
- Don't know
- Refused

203. Have you engaged in illegal activities in order to obtain drugs?

- Yes
- No
- Don't know
- Refused

204. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

- Yes
- No
- Don't know
- Refused

205. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?

- Yes
- No
- Don't know
- Refused

Treatment

206. Do you identify as being in recovery from alcohol and/or drug problems?

- Yes
- No
- Don't know
- Refused

207. During the past ten years, have you sought any type of treatment for alcohol or substance use?

- Yes
- No (*if selected, skip to Q216*)
- Don't know
- Refused

Next, I'm going to ask about types of treatment you might have received.

208. During the past ten years, have you gotten treatment for alcohol or drug use from a medical doctor or a mental health specialist such as a psychiatrist, psychologist, psychotherapist, or mental health counselor?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q208:

209. How old were you the last time you got this treatment?

- Age: _____
- Don't know
- Refused

210. During the past ten years, have you gotten treatment from any other professional for substance use? Other professionals include spiritual advisors, herbalists, acupuncturists, and any other health professionals.

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q210:

211. How old were you the last time you got this treatment?

- Age: _____
- Don't know
- Refused

212. During the past ten years, have you been hospitalized overnight for problems with alcohol or drugs?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q212:

213. How old were you the last time you were hospitalized for problems with alcohol or drugs?

- Age: _____
- Don't know
- Refused

214. During the past ten years, have you gone to an outpatient drug or alcohol rehabilitation program?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q214:

215. How old were you the last time you went to an outpatient drug or alcohol rehabilitation program?

- Age: _____
- Don't know
- Refused

216. During the past ten years, have you regularly attended AA, NA, or other similar 12-step group meetings?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q216:

217. How old were you the last time you attended AA or NA?

- Age: _____
- Don't know
- Refused

Tobacco and Nicotine

218. Have you ever smoked more than 100 tobacco cigarettes, so about five packs, in your lifetime?

- Yes
- No (*skip to Q224*)
- Don't know
- Refused

219. At what age did you start smoking cigarettes?

- Age: _____
- Don't know
- Refused

220. Do you currently smoke cigarettes?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q220:

221. *SHOW CARD #40.* About how often do you usually smoke cigarettes now?

- Daily
- A few times a week
- Once a week
- Less than once a week
- Don't know
- Refused

222. On days you smoke, about how many cigarettes do you usually smoke in a day now?

If they say a pack, probe and say, "Is that about 20?"

- Cigarettes: _____
- Don't know
- Refused

If "No" is selected for Q220:

223. At what age did you last smoke regularly?

- Age: _____
- Never smoked regularly
- Don't know
- Refused

224. Have you ever in your lifetime smoked a traditional cigar, little cigar, or cigarillo fairly regularly?

- Yes
- No (*skip to Q230*)
- Don't know
- Refused

225. At what age did you start smoking cigars or cigarillos fairly regularly?

- Age: _____
- Never smoked regularly
- Don't know
- Refused

226. Do you currently smoke cigars or cigarillos?

- Yes
- No
- Don't know
- Refused

If “Yes” is selected for Q226:

227. *SHOW CARD #40.* About how often do you usually smoke cigars or cigarillos now?

- Daily
- A few times a week
- Once a week
- Less than once a week
- Don’t know
- Refused

228. On days you smoke, about how many cigars or cigarillos do you usually smoke in a day now?

- Cigars or cigarillos: _____
- Don’t know
- Refused

If “No” is selected for Q226:

229. At what age did you last smoke cigars or cigarillos fairly regularly?

- Age: _____
- Don’t know
- Refused

If “Yes” is selected for Q218 or 224:

230. Have you ever in your life used any of the following types of treatments to help you cut down or quit smoking or using a tobacco product?

	Yes	No	Don’t know	Refused
a. Nicotine replacement therapy, such as nicotine patch, gum, inhaler, nasal spray, lozenge, or pill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A prescription medicine, such as Chantix, varenicline, Wellbutrin, Zyban, or bupropion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Electronic cigarettes or vaping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A class or program for people trying to quit smoking, such as counseling, a telephone help line or quit line, videos, a quit tobacco clinic or support group, or an internet or web-based program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If “No,” “Don’t know,” or “Refused” is selected for Q220 and Q226, skip to Q236 at this point.

If “Yes” is selected for Q220 or Q226:

231. Do you sometimes wake up at night in order to have a cigarette or other tobacco product?

- Yes
- No
- Don’t know
- Refused

232. During the past 30 days, have you had a strong craving to use tobacco products of any kind?

- Yes
- No
- Don't know
- Refused

233. During the past 30 days, did you ever feel like you really needed to use a tobacco product?

- Yes
- No
- Don't know
- Refused

234. During the past 30 days, was there a time when you wanted to use a tobacco product so much that you found it difficult to think of anything else?

- Yes
- No
- Don't know
- Refused

235. Do you feel restless and irritable after not using a tobacco product for a while?

- Yes
- No
- Don't know
- Refused

Neighborhood

Next, I'd like to ask you some questions about your living situation and the neighborhood you live in.

236. *SHOW CARD #41*. What is your current living situation?

- House
- Apartment or condo
- Residential living or retirement home
- Incarcerated (prison or jail)
- Homeless
- Other, specify: _____
- Don't know
- Refused

237. How long have you been in your current living situation?

- Days: _____
- Weeks: _____
- Months: _____
- Years: _____
- All my life
- Don't know
- Refused

If the response to Q237 is less than ten years:

238. How many times have you moved during the past ten years?

- Times: _____
- Don't know
- Refused

If "Homeless" is selected for Q236 or the response to Q237 is less than ten years:

239. How many times during the past ten years have you been homeless, that is, that you did not have a regular place to stay?

- Times: _____
- Don't know
- Refused

If "1" is entered for Q239 and "Homeless" is not selected for Q236:

240. How long were you homeless?

- Days: _____
- Weeks: _____
- Months: _____
- Years: _____
- Don't know
- Refused

If "2" or higher is entered for Q239 and "Homeless" is not selected for Q236:

241. Thinking of the longest time you were homeless, how long was that time?

- Days: _____
- Weeks: _____
- Months: _____
- Years: _____
- Don't know
- Refused

242. *SHOW CARD #42*. How do you rate your neighborhood on the following items?

	Poor	Fair	Good	Excellent	Don't know	Refused
a. Safety	<input type="radio"/>					
b. Parks and recreation	<input type="radio"/>					
c. Public transportation	<input type="radio"/>					
d. Health services	<input type="radio"/>					
e. Schools	<input type="radio"/>					
f. Access to fresh foods, like fruits and vegetables	<input type="radio"/>					

243. *SHOW CARD #43.* How much of a problem each of the following is in your neighborhood?

	Not a problem	Somewhat of a problem	A big problem	Don't know	Refused
a. Burglaries and thefts	<input type="radio"/>				
b. Unemployment	<input type="radio"/>				
c. Police stopping residents for no good reason	<input type="radio"/>				
d. Abandoned buildings	<input type="radio"/>				
e. Guns, drugs, or gangs	<input type="radio"/>				
f. Unsafe streets during the day	<input type="radio"/>				
g. Police not being available when needed	<input type="radio"/>				

244. Do you own a gun legally?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q244:

245. Why do you own a gun? *Select all that are mentioned.*

- Work
- Protection
- Recreation, target shooting, hunting
- Constitutional right/Second Amendment
- Collect gun/it's a hobby
- Other, specify: _____
- Don't know
- Refused

246. *SHOW CARD #44.* How often do you carry a gun?

- Never
- Rarely
- Some of the time
- Most of the time
- All the time
- Don't know
- Refused

Marriage and Relationships

We next want to inquire about your relationships and marital status.

247. *SHOW CARD #45.* First, which of the following do you consider yourself to be?

- Bisexual
- Gay, lesbian, or same gender loving
- Heterosexual or straight
- Additional category, specify: _____
- Unsure/don't know
- Refused

248. What is your current marital status? *If needed:* Are you currently married, separated, divorced, widowed, living with a partner, or have you never been married?

- Married
- Separated
- Divorced
- Widowed
- Living with a partner
- Never been married, not living with a partner (*skip to Q261*)
- Don't know (*skip to Q261*)
- Refused (*skip to Q261*)

249. How many times have you been married? *Enter 98 for Don't know or 99 for Refused* _____

If "Divorced" is selected for Q248:

250. When did your [*most recent*] marriage end? You can tell me the year or your age at that time, whichever is easiest for you.

- Age: _____
- Year: _____
- Don't know
- Refused

If "Separated" is selected for Q248:

251. When did you separate? You can tell me the year or your age at that time, whichever is easiest for you.

- Age: _____
- Year: _____
- Don't know
- Refused

If "Widowed" is selected for Q248:

252. When did your spouse pass away? You can tell me the year or your age at that time, whichever is easiest for you.

- Age: _____
- Year: _____
- Don't know
- Refused

If “Living with a partner” is selected for Q248:

253. How long have you been living with your partner?

- Days: _____
- Weeks: _____
- Months: _____
- Years: _____
- Don't know
- Refused

If “Married” is selected for Q248:

254. How long have you been married? You can tell me the year you got married if that's easier.

- Year of marriage: _____
- Marriage length in days: _____
- Marriage length in weeks: _____
- Marriage length in months: _____
- Marriage length in years: _____
- Don't know
- Refused

If “Married” or “Living with a partner” is selected for Q248:

255. *SHOW CARD #46.* For the next several questions, we're going to use a scale from 1 to 10, where 1 means “not at all satisfied” and 10 means “very, very satisfied.” On a scale from 1 to 10, how satisfied are you with your relationship right now, overall?

- Number: _____
- Don't know
- Refused

256. *SHOW CARD #46.* Using the same scale from 1 to 10, how satisfied are you with the amount of time you and your partner spend in shared recreational activities?

- Number: _____
- Don't know
- Refused

257. *SHOW CARD #46.* Using the same scale from 1 to 10, how satisfied are you with the day-to-day support and encouragement provided to you by your partner?

- Number: _____
- Don't know
- Refused

258. *SHOW CARD #46.* Using the same scale from 1 to 10, how satisfied are you with the number of disagreements between you and your partner?

- Number: _____
- Don't know
- Refused

259. *SHOW CARD #46.* Using the same scale from 1 to 10, how satisfied are you with how decisions are made in your relationship?

- Number: _____
- Don't know
- Refused

Last question in this section!

260. *SHOW CARD #47.* In general, would you say your partner's health is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused

Family Relationships

We next want to ask about who lives in your household and your family relationships.

261. How many other people live in your current household, not including yourself? *Enter 98 for Don't know or 99 for Refused* _____ (if 0, 98, or 99, skip to Q265)

262. Who are they? How are they related to you and what is their age? *Looking for partner, spouse, parents, grandparents, children, grandchildren, great grandchildren, other relatives, or roommates (non-relatives). For age, enter 998 for Don't know or 999 for Refused. If more than ten people, use notes page to record information for Persons 11+.*

	Relationship	Age
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		
Person 6		
Person 7		
Person 8		
Person 9		
Person 10		

263. Who is financially responsible for your household, or who is the head of your household? You can name more than one person if the responsibility is equally shared. *Select all who are mentioned. Note: The relationships entered in Q262 will appear for the response options below.*

- Myself
- Person 1
- Person 2
- Person 3
- Person 4
- Person 5
- Person 6
- Person 7
- Person 8
- Person 9
- Person 10
- Don't know
- Refused

264. How many bedrooms are there in your residence?

- Bedrooms: _____
- Don't know
- Refused

265. Due to the COVID-19 pandemic, did you have to move, or did anyone move into your household?

- Yes
- No
- Don't know
- Refused

The next few questions are about your family relationships.

266. Is your mother still living?

- Yes
- No
- Don't know
- Refused

If "No" is selected for Q266:

267. In what year did your mother die?

- Year: _____
- Don't know
- Refused

If "Yes" is selected for Q266:

268. *SHOW CARD #48.* How often do you see your mother or talk with her?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never
- Don't know
- Refused

269. Is your father living?

- Yes
- No
- Don't know
- Refused

If "No" is selected for Q269:

270. In what year did your father die?

- Year: _____
- Don't know
- Refused

If "Yes" is selected for Q269:

271. *SHOW CARD #48.* How often do you see your father or talk with him?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never
- Don't know
- Refused

272. How many living brothers and sisters do you have, including full, step, and half siblings?

- Siblings: _____
- Don't know
- Refused

If the response to Q272 is 1 or greater:

273. *SHOW CARD #48.* How often do you see or talk to any of your brothers or sisters?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never
- Don't know
- Refused

274. How many of your siblings, if any, have died?

- Siblings: _____
- Don't know
- Refused

The next questions are about children and parenting.

275. How many living children do you have?

- Children: _____
- Don't know
- Refused

276. How many of your children, if any, have died?

- Children: _____
- Don't know
- Refused

If 0 was entered for Q275, skip to Q291 at this point.

If the response to Q275 is 1:

277. How old is your child? You can also give me the year they were born, if that is easier.

- Age: _____
- Year of birth: _____
- Don't know
- Refused

If the response to Q275 is 2 or greater:

278. How old is your oldest child? You can also give me the year they were born, if that is easier.

- Age: _____
- Year of birth: _____
- Don't know
- Refused

279. How old is your youngest child? You can also give me the year they were born, if that is easier.

- Age: _____
- Year of birth: _____
- Don't know
- Refused

280. *SHOW CARD #48*. How often do you see your [child/children] or talk with them?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never
- Don't know
- Refused

281. How many of your children have gotten married?

- Number of children who are married: _____
- Don't know
- Refused

282. How many of your children have graduated from college?

- Number of children who have graduated from college: _____
- Don't know
- Refused

283. How many of your children have ever been arrested by the police?

- Number of children who have been arrested: _____
- Don't know
- Refused

284. How many of your children have ever spent time in jail or prison?

- Number of children who spent time in jail or prison: _____
- Don't know
- Refused

285. *SHOW CARD #49*. On a scale from 1 to 10, where 1 means "not well at all" and 10 means "very, very well," how good of a job do you feel you did raising your [child/children]?

- Number: _____
- Don't know
- Refused

286. *SHOW CARD #49*. Using the same scale from 1 to 10, how are you doing as a parent to your [child/children] now?

- Number: _____
- Don't know
- Refused

287. How many grandchildren or great grandchildren do you have?

- Grandchildren: _____ (if 0, skip to Q291)
- Don't know
- Refused

288. *SHOW CARD #50.* How often do you see your grandchildren [*or great grandchildren*], or talk with them on the telephone?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never
- Don't know
- Refused

289. Do you ever take care of your grandchildren [*or great grandchildren*]?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q289:

290. *SHOW CARD #51.* Consider how you feel about taking care of your grandchildren [*and great grandchildren*]. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Refused
a. I enjoy taking care of them.	○	○	○	○	○	○
b. I feel I can handle the challenges of taking care of them.	○	○	○	○	○	○
c. I feel that because of caring for them, I don't have enough time for myself.	○	○	○	○	○	○
d. I feel taking care of them is a financial burden.	○	○	○	○	○	○
e. Taking care of them adds purpose to my life.	○	○	○	○	○	○

Financial Stability

Thank you for your patience. We're getting close to the end!

291. *SHOW CARD #52*. What was your total household income, from all sources, before taxes in [previous calendar year]? *IF SHOW CARD ISN'T AVAILABLE*: Just tell me to stop when I get to the category that's right for you.

- Under \$15,000
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more
- Don't know
- Refused

292. In [previous year], did you receive any of the following sources of income or support?

	Yes	No	Don't know	Refused
a. Social Security Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pension or retirement income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. SSI or disability benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Veteran's benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Unemployment compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Assistance getting food, like WIC, SNAP, or food stamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Welfare or public assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

293. Do you currently:

	Yes	No	Don't know	Refused
a. Have a checking account?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have an individual retirement account or IRA?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have a car, truck, or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have a credit card?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Own your own home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Own property other than your own home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have savings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Own a home computer or laptop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have a smart phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

294. *SHOW CARD #53.* What kind of debts do you currently have? *Select all that are mentioned.*

- None
- Credit card balances you carry over from month to month
- Student loans (from your education or the education of your children or grandchildren)
- Mortgage
- Medical debt
- Vehicle loans
- Personal loans
- Money owed to friends and family
- Fines and traffic infringements
- Other, specify: _____
- Don't know
- Refused

295. *SHOW CARD #54.* On a scale from 1 to 10, where 1 means “no stress at all” and 10 means “extreme stress,” how much do your finances cause you stress?

- Number: _____
- Don't know
- Refused

296. Have you done any of the following during the past 12 months?

	Yes	No	Don't know	Refused
a. Pawned a personal item to raise cash?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sold something you owned because you needed the money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Put off medical or dental treatment because of the cost?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gone without food because there wasn't enough money for food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Changed your living situation because you couldn't pay your rent or mortgage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

297. In general, would you say your family has more money than you need, just enough for your needs, or not enough to meet your needs?

- More than needed
- Just enough
- Not enough
- Don't know
- Refused

298. During the past five years, has the financial situation of your household been getting worse, remained about the same, or has it been getting better?

- Worse
- About the same
- Better
- Don't know
- Refused

299. How possible would it be for your household to come up with \$3000 in the next month to deal with an emergency? Would you say not at all possible, maybe possible, or very possible?

- Not at all possible
- Maybe possible
- Very possible
- Don't know
- Refused

Health Literacy

Lastly, we're going to ask you about accessing health information.

300. Have you ever looked for information about health or medical topics from any source?

- Yes
- No
- Don't know
- Refused

If "Yes" is selected for Q300:

301. *SHOW CARD #55.* Based on the results of your most recent search for information about health or medical topics, how much do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Refused
a. It took a lot of effort to get the information you needed.	<input type="radio"/>					
b. You felt frustrated during your search for the information.	<input type="radio"/>					
c. The information you found was hard to understand.	<input type="radio"/>					

That's the end of the interview! The last thing we need to do is confirm your contact information and talk about the payment. COMPLETE PAPER COPY OF THE LOCATOR UPDATE.

We're all done! Thank you so much for completing the interview. We truly appreciate your participation. Do you have any questions before we finish? CLICK → BELOW TO SUBMIT INTERVIEW RESPONSE AND COMPLETE INTERVIEW COMMENTS PAGE. __