

Study of Women's Health Across the Nation

SELF-ADMINISTERED QUESTIONNAIRE

PART A

SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE
- A2. SWAN STUDY VISIT #
- A3. FORM VERSION: $\frac{1}{M}$ $\frac{1}{M}$ / $\frac{1}{D}$ $\frac{0}{D}$ / $\frac{9}{Y}$ $\frac{5}{Y}$
- A4. DATE FORM COMPLETED: $\frac{\quad}{M}$ $\frac{\quad}{M}$ / $\frac{\quad}{D}$ $\frac{\quad}{D}$ / $\frac{\quad}{Y}$ $\frac{\quad}{Y}$
- A5. INTERVIEWER'S INITIALS:
- A6. RESPONDENT'S DOB: $\frac{\quad}{M}$ $\frac{\quad}{M}$ / $\frac{\quad}{D}$ $\frac{\quad}{D}$ / $\frac{\quad}{Y}$ $\frac{\quad}{Y}$
VERIFY WITH RESPONDENT
- A7. COMPLETED IN: 1. RESPONDENT'S HOME
 2. CLINIC / OFFICE
- A8. INTERVIEWER-ADMINISTERED?

 1. NO
 2. YES

We have some questions that we are asking you to complete on your own. If anything is unclear to you, please feel free to ask questions. Study Representatives are available and happy to help you. Please take as much time as you need with each question. It is very important to us that you complete the entire questionnaire.

Thank you for your participation in this important study.

(Circle one)

B.0. RECORD HERE THE TIME YOU BEGAN: ___ : ___ A.M. 1.
P.M. 2.

We are interested in learning more about women’s health during their 40’s and 50’s. This first set of questions ask about your health and use of health care.

B.1. Compared to 12 months ago, how would you rate your overall health? (CIRCLE ONE NUMBER)

- 1. Much better now
- 2. Somewhat better now
- 3. About the same now
- 4. Somewhat worse now
- 5. Much worse now

B.2. During the last 12 months, how many different times did you stay in the hospital overnight or longer?

___ # TIMES

B.3. During the past 12 months, about how many times did you see or talk to a medical doctor or assistant regarding your own health? (Do not count doctors seen while an overnight patient in a hospital.)

___ # TIMES

CIRCLE ONLY ONE ANSWER FOR EACH QUESTION

	Within the past year	Within the past 2 years	Within the past 3 years	More than 3 years ago	Never	Don't Know
B.4. About how long has it been since you had your blood pressure taken by a doctor, nurse, or other health professional?	1	2	3	4	5	-8
B.5. About how long has it been since you last had your blood cholesterol checked?	1	2	3	4	5	-8
B.6. A Pap smear is a routine medical test in which the doctor examines the cervix (internal female organ) and sends a cell sample to the lab. About how long has it been since you had a Pap smear test?	1	2	3	4	5	-8
B.7. A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant. About how long has it been since you had such a breast examination by a doctor or other health professional?	1	2	3	4	5	-8
B.8. A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a glass plate. When did you have your most recent mammogram?	1	2	3	4	5	-8

- B.9. Which of the following categories best describes how you usually pay for your medical care? (CIRCLE ALL THAT APPLY.)
1. Pre-paid private insurance (e.g., Health maintenance organization, HMO Blue, Kaiser Permanente or other Group health-type plan)
 2. Other private health insurance (e.g., Blue Cross, Aetna, Prudential)
 3. Medicare
 4. Medicaid (or MediCal)
 5. Military Or Veterans Administration-Sponsored
 6. No Insurance
 7. OTHER: Please specify: _____

B.10. Approximately how much did you weigh when you left high school? Please indicate in either pounds or kilograms.
 _____ pounds OR _____ kilograms

- B.10.1. Up until now, about how many times have you gained 10 or more pounds (besides during pregnancy) since you were 18 years old? (CIRCLE ONE NUMBER)
1. Never
 2. 1-5 times
 3. 6-10 times
 4. More than 10 times

- B.10.2. Up until now, about how many times have you lost 10 or more pounds (besides during pregnancy) since you were 18 years old? (CIRCLE ONE NUMBER)
1. Never
 2. 1-5 times
 3. 6-10 times
 4. More than 10 times

The next several questions are about your lifestyle and habits. Please give only one answer to each of the following questions.

- B.11. Have you ever smoked a total of at least 20 packs of cigarettes over your lifetime or at least 1 cigarette per day for at least 1 year?
1. NO (GO TO THE SENTENCE BEFORE QUESTION B.12 ON THE NEXT PAGE)
 2. YES
 - 8. DON'T KNOW (GO TO THE SENTENCE BEFORE QUESTION B.12 ON THE NEXT PAGE)

B.11.1. At what age did you start smoking cigarettes? ___ __ YEARS

B.11.2. On the average, since you started smoking, how many cigarettes did you smoke per day?

___ __ __ CIGARETTES PER DAY

-8 DON'T KNOW

B.11.3. Do you smoke cigarettes now?

- 1. NO
- 2. YES (GO TO QUESTION B.11.5)
- 8. DON'T KNOW (GO TO THE SENTENCE BEFORE QUESTION B.12)

B.11.4. At what age did you stop?

__ __ YEARS

GO TO THE SENTENCE BEFORE QUESTION B.12.

B.11.5. How many cigarettes, on average, do you smoke per day now?

__ __ __ CIGARETTES PER DAY

- 8. DON'T KNOW (GO TO THE SENTENCE BEFORE QUESTION B.12)

B.11.6. About how long have you smoked this amount? __ __ YEARS

The next 7 questions are about your exposure to smoke. If you are a smoker, please do not include yourself when answering questions B.12-B.14.

B.12. How many members of your household smoke tobacco in the house (at least 1 cigarette, cigar or pipe bowl per day)?

__ # PERSONS

B.12.1. **During the past 7 days**, on how many days were you exposed to tobacco smoke inside your home?

__ # DAYS => IF 0 DAYS, GO TO QUESTION B.13.

B.12.2. **Over the past 7 days**, when you were exposed to tobacco smoke in your home, how many hours were you exposed during a typical day?

__ # HOURS

B.13. **During the past 7 days**, on how many days were you exposed to tobacco smoke while at work?

__ # DAYS => IF 0 DAYS, GO TO QUESTION B.14.

B.13.1. **Over the past 7 days**, when you were exposed to tobacco smoke while at work, how many hours were you exposed during a typical day?

__ # HOURS

B.13.2. **During the past 7 days**, when you were exposed to tobacco smoke while at work, how many people on average were smoking in the room you were in?

___ # PEOPLE

B.14. **During the past 7 days**, how many total hours were you exposed to tobacco smoke while at places other than home or work (including meetings, restaurants, bars, parties, etc.)?

___ # HOURS

The next series of questions (B.15. to B.19.) focus on common events in some of our lives.

B.15. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

(CIRCLE ONE NUMBER ON EACH LINE)

	NO	YES
a. Cut down the amount of time you spent on work or other activities?	1	2
b. Accomplished less than you would like?	1	2
c. Were limited in the kind of work or other activities?	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort)?	1	2

B.16. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

(CIRCLE ONE NUMBER ON EACH LINE)

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

B.17. During the **past 4 weeks**, to what extent has your **physical health or emotional problems** interfered with your normal social activities with family, friends, neighbors, or groups? (CIRCLE ONE NUMBER)

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

B.18. How much bodily pain have you had during the **past 4 weeks**? (CIRCLE ONE NUMBER)

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

B.19. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (CIRCLE ONE NUMBER)

1	2	3	4	5
Not at all	A little bit	Moderately	Quite a bit	Extremely

B.20. **These questions are about how you feel and how things have been with you during the past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.

(CIRCLE ONE NUMBER ON EACH LINE)

How much of the time during the **past 4 weeks**...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel "full of pep"?	1	2	3	4	5	6
b. Did you have a lot of energy?	1	2	3	4	5	6
c. Did you feel worn out?	1	2	3	4	5	6
d. Did you feel tired?	1	2	3	4	5	6

B.21. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? (Circle one number)

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

The next series of questions ask about your regular physical activities outside of your job: that is, other than the activities you do for pay.

We want to know about your activities at home, not including activities you may do for pay at your home or other people's homes. Please circle only one answer to each question.

During the past year (in the last 12 months), how much time did you spend on average...

C.1. Caring for a child or children 5 years of age or less, a disabled child or an elderly person? Only count time actually spent doing physical activities like feeding, dressing, moving, playing or bathing. (If child turned 6 less than 6 months ago, consider him/her age 5 for the whole year.)
(CIRCLE ONE ANSWER)

1. None or less than one hour per week
2. At least 1 hour but less than 20 hours per week
3. 20 hours or more per week

C.2. **During the past year** (in the last 12 months), how much time did you spend preparing meals or cleaning up from meals? (CIRCLE ONE ANSWER)

1. 1 hour or less per day
2. Between 1 and 2 hours per day
3. More than 2 hours per day

C.3. **During the past year** (in the last 12 months), how often did you do routine chores requiring light physical effort, such as dusting, laundry, changing linens, grocery shopping or other shopping? (CIRCLE ONE ANSWER)

1. Once per week or less
2. More than once per week but less than daily
3. Daily or more

C.4. **During the past year** (in the last 12 months), how often did you do chores requiring moderate physical effort, such as vacuuming, washing floors, or gardening /yard work such as mowing the lawn or raking leaves? (CIRCLE ONE ANSWER)

1. Once a month or less
2. 2-3 times per month
3. 4 or more times per month

C.5. **During the past year** (in the last 12 months), how often did you do chores at home requiring vigorous physical effort, such as chopping wood, tilling soil, shoveling snow, shampooing carpets, washing walls or windows, plumbing, tiling or outdoor painting?
(CIRCLE ONE ANSWER)

1. Once a month or less
2. 2-3 times per month
3. 4 or more times per month

Now we want to ask about the general level of physical activity involved in your daily routine.

C.6. In comparison with other women of your own age, do you think your recreational physical activity is...

1. Much less
2. Somewhat less
3. The same
4. Somewhat more
5. Much more

During the past year, when you were not working or doing chores around the house...

C.7. Did you watch television...(CIRCLE ONE ANSWER)

1. Never or less than 1 hour a week
2. At least 1 hour/week but less than 1 hour a day
3. 1-2 hours a day
4. 2-4 hours a day
5. More than 4 hours a day

C.8. Did you walk or bike to and from work, school or errands... (CIRCLE ONE ANSWER)

1. Never or less than 5 minutes per day
2. 5-15 minutes per day
3. 16-30 minutes per day
4. 31-45 minutes per day
5. more than 45 minutes per day

C.9. Did you sweat from exertion...(CIRCLE ONE ANSWER)

1. Never or less than once a month
2. Once a month
3. 2-3 times a month
4. Once a week
5. More than once a week

C.10. Did you play sports or exercise... (CIRCLE ONE ANSWER)

1. Never (GO TO QUESTION D.1 ON PAGE 11)
2. Less than once a month
3. Once a month
4. 2-3 times a month
5. Once a week
6. More than once a week

The following questions are about your participation in sports and exercise during the past year.

C.11. Which sport or exercise did you do **most frequently during the past year**? (SPECIFY ONLY ONE)

C.12. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

1. No
2. Yes, a small increase
3. Yes, a moderate increase
4. Yes, a large increase

C.13. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER)

1. Less than 1 month
2. 1-3 months
3. 4-6 months
4. 7-9 months
5. More than 9 months

C.14. During these months, on average, how many hours a week did you do this activity? (CIRCLE ONE ANSWER)

1. Less than 1 hour
2. At least 1 but less than 2 hours
3. At least 2 but less than 3 hours
4. At least 3 but less than 4 hours
5. More than 4 hours

C.15. Did you do any other exercise or play any other sport in this past year?

1. NO (GO TO QUESTION D.1.)
2. YES

C.16. What was the second most frequent sport or exercise you did during the past year? (SPECIFY ONLY ONE)

C.17. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

1. No
2. Yes, a small increase
3. Yes, a moderate increase
4. Yes, a large increase

C.18. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER)

1. Less than 1 month
2. 1-3 months
3. 4-6 months
4. 7-9 months
5. More than 9 months

C.19. During these months, on average, how many hours a week did you do this activity? (CIRCLE ONE ANSWER)

1. Less than 1 hour
2. At least 1 but less than 2 hours
3. At least 2 but less than 3 hours
4. At least 3 but less than 4 hours
5. More than 4 hours

The following questions are about specific health problems you may have had or treatments you may have used.

D.1. Below is a list of common problems which affect us from time to time in our daily lives. Thinking back over the past two weeks, please circle the number corresponding to how often you experienced any of the following.

	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Stiffness or soreness in joints, neck or shoulder	1	2	3	4	5
b. Cold sweats	1	2	3	4	5
c. Night sweats	1	2	3	4	5
d. Vaginal dryness	1	2	3	4	5
e. Feeling blue or depressed	1	2	3	4	5
f. Leaking urine	1	2	3	4	5
g. Dizzy spells	1	2	3	4	5
h. Irritability or grouchiness	1	2	3	4	5
i. Feeling tense or nervous	1	2	3	4	5
j. Forgetfulness	1	2	3	4	5
k. Frequent mood changes	1	2	3	4	5
l. Heart pounding or racing	1	2	3	4	5
m. Feeling fearful for no reason	1	2	3	4	5
n. Headaches	1	2	3	4	5
o. Hot flashes or flushes	1	2	3	4	5

If you reported that you experienced hot flashes or flushes in D.1.o., please complete question D.1.1. Otherwise, proceed to question D.2 on the next page.

D.1.1. When you had a hot flash, did you feel...

	NO	YES
a) physically uncomfortable	1	2
b) emotionally upset	1	2
c) embarrassed, especially with other people	1	2

D.2. **These questions (a - d) are about your sleep habits.** Please circle one answer for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 2 weeks.

	No, not in past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
a. Did you have trouble falling asleep?	1	2	3	4	5
b. Did you wake up several times a night?	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again?	1	2	3	4	5

d. Overall, was your typical night's sleep during the past 2 weeks:

Very sound or restful	Sound or restful	Average quality	Restless	Very restless
1	2	3	4	5

A common complaint among women is having to urinate a lot or the involuntary loss of urine.

D.3. How often do you usually get up from bed at night to urinate? (CIRCLE ONLY ONE ANSWER)

1. Never
2. Rarely (less than once a week)
3. Once per week
4. A few times per week
5. Once a night, every night
6. More than once per night

D.4. **In the past year**, have you ever leaked even a very small amount of urine involuntarily?

1. NO (GO TO THE SENTENCE BEFORE QUESTION D.5. ON THE NEXT PAGE)
2. YES

↓

IF YES:

a. How long ago did you first notice leakage of urine?

1. Within the past year
2. 1-2 years ago
3. 3-4 years ago
4. 5-9 years ago
5. 10 or more years ago

b. **In the last month**, on about how many days have you lost any urine, even a small amount, beyond your control?

1. Never
2. Less than one day per week
3. Several days per week
4. Almost daily/daily

c. Under what circumstances does it occur? (CIRCLE ALL THAT APPLY)

1. Coughing
2. Laughing
3. Sneezing
4. Jogging
5. Picking up an object from the floor
6. When you have an urge to void and can't reach a toilet fast enough
7. Other Specify: _____

d. How much urine do you lose when you leak?

1. A drop or two
2. Enough to change undergarments or wear a liner or pad
3. Enough to wet outer clothing
4. Enough to wet the floor

e. On a scale from 0 to 10, where 0 = Not at all bothered and 10 = Extremely bothered, how much does the leakage of urine bother you? (CIRCLE ONE NUMBER):

0 1 2 3 4 5 6 7 8 9 10

Not at all
bothered

Somewhat
bothered

Extremely
bothered

f. Have you taken any measures to control or remedy the leakage?

1. NO (GO TO QUESTION D.5.)
2. YES

IF YES: Which measures? (CIRCLE ALL THAT APPLY)

1. Discussed leakage with doctor, nurse or other health care professional
2. Medication Specify: _____
3. Kegel or pelvic floor exercises
4. Wear protection => How many wet pads/liners do you usually change in a day? ___ # PADS/LINERS
5. Urinate more often or on a schedule
6. Restrict activity
7. Surgery
8. Other Specify: _____

The next few questions ask about health conditions and surgeries that you may have had.

D.5. Since you were age 20 years, has a doctor ever told you that you had a broken bone?

1. NO (GO TO QUESTION D.6. ON THE NEXT PAGE)
2. YES (GO TO QUESTION D.5.1.)
- 8. DON'T KNOW (GO TO QUESTION D.6. ON THE NEXT PAGE)

D.5.1. Did you break any of the following bones?

Please circle 1 (NO) or 2 (YES) for each bone.
IF YES TO ANY, ANSWER D.5.2.

D.5.2. How old were you when the bone(s) first broke?
If you don't know the exact age the bones were broken, please guess as close as you can.)

	NO	YES	AGE (ONLY IF AFTER AGE 20 YEARS)
a. Hip	1	2 →	___ ___ YEARS
b. Spine or back (vertebra)	1	2 →	___ ___ YEARS
c. Upper arm (above the elbow)	1	2 →	___ ___ YEARS
d. Lower arm or wrist (not finger)	1	2 →	___ ___ YEARS
e. Lower leg or ankle	1	2 →	___ ___ YEARS
f. Foot (not toe)	1	2 →	___ ___ YEARS
g. Other (specify): _____	1	2 →	___ ___ YEARS

D.6. Have you ever consulted a doctor for back pain?

1. NO (GO TO QUESTION D.7.)
2. YES (ANSWER QUESTIONS D.6.1. THRU D.6.4.)
- 8. DON'T KNOW (GO TO QUESTION D.7.)

D.6.1. About how old were you? _____ years

D.6.2. Did you have surgery on your back for this problem?

1. NO
2. YES => At what age? _____ years
- 8. DON'T KNOW

D.6.3. What was the nature of the problem?

1. Disk
2. Injury
3. Pain
4. Other Specify: _____
- 8. Don't Know

D.6.4. Are you currently being treated for this problem?

1. NO
2. YES

D.7. Have you ever had any of the following surgeries or procedures?

		NO	YES	DON'T KNOW	
a.	Tubes tied	1	2	-8	
b.	D and C (scraping of the uterus for any reason including abortion)	1	2	-8	IF YES, How many times have you had a D and C? _____ TIMES
c.	Treatment of an infected fallopian tube	1	2	-8	
d.	Uterine procedures	1	2	-8	
e.	Thyroid gland removed	1	2	-8	

D.8. Dietary and behavioral therapies are often used to treat conditions or to remain in good health. Please tell us about any of these therapies you may have used.

In the past 12 months, have you used any of the following for any reason?

CIRCLE ONLY ONE NUMBER FOR EACH
(FOR EACH "YES" RESPONSE IN D.8 ANSWER
D.8.1.)

	NO	YES	NO	YES
a. Special diets or nutritional remedies, such as macrobiotic or vegetarian diets, or vitamin supplements or therapy?	1	2	1	2
b. Herbs or herbal remedies, such as homeopathy or Chinese herbs or teas?	1	2	1	2
c. Psychological methods, such as meditation, mental imagery, relaxation techniques?	1	2	1	2
d. Physical methods, such as massage, acupressure, acupuncture?	1	2	1	2
e. Folk medicine or traditional Chinese medicine?	1	2	1	2

D.8.1. IF YES: Have you used it to regulate your menstrual period, for premenstrual or menstrual symptoms, or for menopause-related symptoms?

The next few questions are about religion or spirituality.

E.1. How important is your religious faith or spirituality to you? (CIRCLE ONE NUMBER)

1. Not at all important
2. Not very important
3. Somewhat important
4. Very important

E.2. How much is religion /spirituality a source of strength and comfort to you? (CIRCLE ONE NUMBER)

1. None
2. A little
3. A great deal

E.3. What is your current religious preference? (CIRCLE ONE NUMBER)

1. Lutheran
2. Methodist
3. Baptist
4. Episcopal
5. Presbyterian
6. Other Protestant: Specify _____
7. Roman Catholic
8. Jewish
9. Orthodox Christian (e.g., Greek or Russian Orthodox)
10. Islam
11. Buddhism
12. Confucianism
13. Shintoism
14. Hinduism
15. Spiritual, not religious
16. Other, including agnostic and atheist Specify _____
17. None

E.4. How often do you pray or meditate? (CIRCLE ONE NUMBER)

1. Never
2. Less than once a year
3. Yearly or a few times a year
4. Monthly or a few times a month
5. At least once a week - 1 to 3 times a week
6. Nearly every day - 4 or more times a week

E.5. How often do you attend religious services? (CIRCLE ONE NUMBER)

1. Never
2. Less than once a year
3. Yearly or a few times a year
4. Monthly or a few times a month
5. At least once a week - 1 to 3 times a week
6. Nearly every day - 4 or more times a week

E.6. When I need suggestions on how to deal with problems, I know someone in my spiritual or religious community that I can turn to. (CIRCLE ONE NUMBER)

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

The following section will ask you about personal feelings. These questions are important, as our feelings may directly affect our health or influence how we respond to health issues.

E.7. In your day-to-day life have you had the following experiences; Often, Sometimes, Rarely, or Never:
(CIRCLE ONE ANSWER FOR EACH QUESTION)

	OFTEN	SOMETIMES	RARELY	NEVER
a. You are treated with less courtesy than other people	1	2	3	4
b. You are treated with less respect than other people	1	2	3	4
c. You receive poorer service than other people at restaurants or stores	1	2	3	4
d. People act as if they think you are not smart	1	2	3	4
e. People act as if they are afraid of you	1	2	3	4
f. People act as if they think you are dishonest	1	2	3	4
g. People act as if they're better than you are	1	2	3	4
h. You or your family members are called names or insulted	1	2	3	4
i. You are threatened or harassed	1	2	3	4
j. People ignore you or act as if you are not there	1	2	3	4

If one or more of the responses to Questions E.7 a-j is "often" or "sometimes", please answer Question E.8. IF NOT, PROCEED TO QUESTION E.9.

E.8. What do think the main reason is for these experiences? (CIRCLE ONE ANSWER)

- | | | |
|--------------|-----------------|--------------------------|
| 1. Race | 4. Age | 7. Physical appearance |
| 2. Ethnicity | 5. Income level | 8. Sexual orientation |
| 3. Gender | 6. Language | 9. Other (specify:_____) |

E.9. Thinking of your experience(s) with receiving health care in the past 12 months, have you been treated badly?

1. NO 2. YES 3. DIDN'T RECEIVE ANY HEALTH CARE -8. DON'T KNOW

E.10. What is your total family income (before taxes) from all sources within your household in the last year? (Mark the one that is your best guess. This information is important for describing the women in the study as a group and is, like all other questions, kept confidential).

1. LESS THAN \$10,000
2. \$10,000 TO \$19,999
3. \$20,000 TO \$34,999
4. \$35,000 TO \$49,999
5. \$50,000 TO \$74,999
6. \$75,000 TO \$99,999
7. \$100,000 TO \$149,999
8. \$150,000 OR MORE
- 7. REFUSED
- 8. DON'T KNOW

This final section is about different areas that are a part of people's lives.

E.11. These next questions ask about events that we sometimes experience in our lives. **During the last 12 months**, have you experienced any of the following: If you have not, circle 1 (NO). If you have and it was not at all upsetting, circle 2, If you have and it was somewhat upsetting circle 3, If you have and it was very upsetting circle 4. Please circle one answer for each question.

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting
a. Started school, a training program, or new job.	1	2	3	4
b. Had trouble with a boss or conditions at work got worse.	1	2	3	4
c. Quit, fired or laid off from a job.	1	2	3	4
d. Took on a greatly increased work load at job.	1	2	3	4
e. Husband/partner became unemployed.	1	2	3	4
f. Major money problems.	1	2	3	4
g. Relations with husband/partner changed for the worse but without separation or divorce.	1	2	3	4
h. Were separated or divorced or long-term relationship ended.	1	2	3	4
i. Had a serious problem with child or family member (other than husband/partner) or with a close friend.	1	2	3	4

During the last 12 months, have you experienced any of the following: If you have not, circle 1 (NO). If you have and it was not at all upsetting, circle 2. If you have and it was somewhat upsetting circle 3, If you have and it was very upsetting circle 4. Please circle one answer for each question.

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting
j. A child moved out of the house or left the area.	1	2	3	4
k. Slapped, kicked, or otherwise hurt by husband/partner or someone else important to you.	1	2	3	4
l. Took on responsibility for the care of another child, grandchild, parent, other family member or friend.	1	2	3	4
m. Family member had legal problems or a problem with police.	1	2	3	4
n. Moved to a new house or apartment.	1	2	3	4
o. Married, started a new relationship, or got back together with a former partner.	1	2	3	4
p. A close relative (husband/partner, child or parent) died.				
p.1. Husband/Partner	1	2	3	4
p.2. Child	1	2	3	4
p.3. Parent	1	2	3	4
p.4. Other _____(specify)	1	2	3	4

During the last 12 months, have you experienced any of the following: If you have not, circle 1 (NO). If you have and it was not at all upsetting, circle 2. If you have and it was somewhat upsetting circle 3, If you have and it was very upsetting circle 4. Please circle one answer for each question.

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting
q. A close friend or family member <u>other than</u> husband/partner, child or parent died.				
q.1. Close Friend	1	2	3	4
q.2. Other relative	1	2	3	4
q.3. Other_____ (specify)	1	2	3	4
r. Major accident, assault, disaster, robbery or other violent event happened to yourself or to a family member.				
r.1. Self	1	2	3	4
r.2. Husband/Partner	1	2	3	4
r.3. Child	1	2	3	4
r.4. Other family member	1	2	3	4
r.5. Other_____ (specify)	1	2	3	4
s. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend.				
s.1. Husband/Partner	1	2	3	4
s.2. Child	1	2	3	4
s.3. Parent	1	2	3	4
s.4. Close Friend	1	2	3	4
s.5. Other relative	1	2	3	4
s.6. Other_____ (specify)	1	2	3	4
t. Other major event. (Describe)_____	1	2	3	4

Below are statements people have made from time to time in their daily lives. Thinking about how you feel **today** please circle True or False for each statement.

	<u>FALSE</u>	<u>TRUE</u>
E.12. I have often had to take orders from someone who did not know as much as I did	1	2
E.13. I think a great many people make a lot of their bad luck in order to gain the sympathy and help of others	1	2
E.14. It takes a lot of argument to convince most people of the truth	1	2
E.15. Most people are honest mainly through fear of being caught	1	2
E.16. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it	1	2
E.17. No one cares much what happens to you	1	2
E.18. It is safer to trust nobody	1	2
E.19. Most people make friends because friends are likely to be useful to them	1	2
E.20. Most people inwardly do not like putting themselves out to help other people	1	2
E.21. I have often met people who were supposed to be experts who were no better than I	1	2
E.22. People often demand more respect for their own rights than they are willing to allow for others	1	2
E.23. A large number of people are guilty of bad sexual behavior	1	2
E.24. I think most people would lie to get ahead	1	2

F.1. RECORD HERE THE TIME YOU FINISHED: ___ : ___ (Circle one)
 A.M. 1.
 P.M. 2.

Thank you for your time. This ends this questionnaire. Please give it to the study personnel.