

Section 1 - BACKGROUND INFORMATION

Statement A

These first few questions are about your background.

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| <p>1a. How old are you as of today?</p> | <p align="center">_____ Age</p> <p align="right">NAGE</p> |
| <p>CHECK ITEM 1.0 Does AGE = D OR R?</p> | <p>1 <input type="checkbox"/> Yes N1CK10 2 <input type="checkbox"/> No - SKIP to 1c</p> |
| <p>1b. Interviewer: Enter best guess as to respondent's age.</p> | <p align="center">_____ Age</p> <p align="right">N1Q1B</p> |
| <p>c. What is your date of birth? Please give me the month, day and year.</p> <p>Example: 01-20-1983 12-01-1963</p> | <p>N1Q1CM N1Q1CD N1Q1CY</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p align="center">Month Day Year</p> |
| <p>d. Ask if not apparent. If D or R record from observation. What is your sex?</p> | <p>1 <input type="checkbox"/> Male NSEX 2 <input type="checkbox"/> Female</p> |
| <p>e. Are you of Hispanic or Latino origin?</p> | <p>1 <input type="checkbox"/> Yes N1Q1E 2 <input type="checkbox"/> No</p> |
| <p><i>(SHOW FLASHCARD 1)</i></p> <p>f. On Card 1 is a list of racial categories. Please select 1 or more categories to describe your race. Mark (X) all that apply. N1Q1F</p> | <p>1 <input type="checkbox"/> White N1Q1F1 2 <input type="checkbox"/> Black or African American N1Q1F2 3 <input type="checkbox"/> Asian N1Q1F3 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander N1Q1F4 5 <input type="checkbox"/> American Indian or Alaska Native N1Q1F5</p> |
| <p><i>(SHOW FLASHCARD 2)</i></p> <p>2a. Which country on the card best describes the heritage or ancestry (for example, Ireland or Italy) you identify with the most even though you may have been born in the United States? Please just tell me the number on the card. If you are not entirely certain, please give me your best guess.</p> <p><i>(Don't accept U.S. as response.)</i></p> | <p><input type="text"/> <input type="text"/> <input type="text"/> Code N1Q2A</p> |
| <p>b. Were you born in the United States?</p> | <p>1 <input type="checkbox"/> Yes - SKIP to 2e N1Q2B 2 <input type="checkbox"/> No</p> |
| <p><i>(SHOW FLASHCARD 2)</i></p> <p>c. In what country were you born?</p> | <p><input type="text"/> <input type="text"/> <input type="text"/> Code N1Q2C</p> |
| <p>d. How many years have you lived in the United States? (Code 1 if less than 1 year.)</p> | <p align="center">_____ Year(s) N1Q2D</p> |
| <p><i>(SHOW FLASHCARD 2)</i></p> <p>e. In what country was your mother born? Please just tell me the number on the card.</p> | <p><input type="text"/> <input type="text"/> <input type="text"/> Code N1Q2E</p> |
| <p><i>(SHOW FLASHCARD 2)</i></p> <p>f. In what country was your father born?</p> | <p><input type="text"/> <input type="text"/> <input type="text"/> Code N1Q2F</p> |
| <p><i>(SHOW FLASHCARD 2)</i></p> <p>3. In what country was your mother's mother born?</p> | <p><input type="text"/> <input type="text"/> <input type="text"/> Code N1Q3</p> |
| <p><i>(SHOW FLASHCARD 2)</i></p> <p>4. In what country was your mother's father born?</p> | <p><input type="text"/> <input type="text"/> <input type="text"/> Code N1Q4</p> |
| <p><i>(SHOW FLASHCARD 2)</i></p> <p>5. In what country was your father's mother born?</p> | <p><input type="text"/> <input type="text"/> <input type="text"/> Code N1Q5</p> |
| <p><i>(SHOW FLASHCARD 2)</i></p> <p>6. In what country was your father's father born?</p> | <p><input type="text"/> <input type="text"/> <input type="text"/> Code N1Q6</p> |
| <p>7a. Did you live with at least 1 of your biological or birth parents at any time while you were growing up, that is BEFORE you were 18 years old?</p> | <p>1 <input type="checkbox"/> Yes N1Q7A 2 <input type="checkbox"/> No - SKIP to 7c</p> |
| <p>b. Did your biological father ever live in your household while you were growing up, regardless of whether he and your mother were married or not?</p> | <p>1 <input type="checkbox"/> Yes - SKIP to 8a N1Q7B 2 <input type="checkbox"/> No - SKIP to 8d</p> |
| <p>c. When you were growing up, BEFORE the age of 18, were you raised by adoptive parents, by relatives, by foster parents or in an institution like an orphanage? Mark (X) all that apply. N1Q7C</p> | <p>1 <input type="checkbox"/> Adoptive parents N1Q7C1 2 <input type="checkbox"/> Relatives N1Q7C2 3 <input type="checkbox"/> Foster parents N1Q7C3 4 <input type="checkbox"/> Institution N1Q7C4 5 <input type="checkbox"/> Other N1Q7C5</p> |

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| CHECK ITEM 1.1 | Is 1 marked in 7c? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i> | N1CK11 |
| 8a. | Did your (biological/adoptive) parents get divorced or permanently stop living together BEFORE you were 18? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8d</i> | N1Q8A |
| b. | How old were you when they first stopped living together? | _____ Age | N1Q8B |
| c. | Which of your (biological/adoptive) parents did you live with most of the time after they stopped living together? | 1 <input type="checkbox"/> Mother 2 <input type="checkbox"/> Father 3 <input type="checkbox"/> Both equally 4 <input type="checkbox"/> Neither parent | N1Q8C |
| d. | Did you ever live with a stepparent BEFORE the age of 18, including any who may have subsequently adopted you? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8h</i> | N1Q8D |
| e. | How old were you when that stepparent started living with you? <i>(Code earliest age if more than one stepparent.)</i> | _____ Age | N1Q8E |
| f. | Did your stepparent die before you were 18? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8h</i> | N1Q8F |
| g. | How old were you when that happened? <i>(Code age at first death if more than one stepparent died.)</i> | _____ Age | N1Q8G |
| h. | Did either of your (biological/adoptive) parents die before you were 18? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i> | N1Q8H |
| i. | How old were you when that happened? <i>(Code age at first death if more than one biological/adoptive parent died.)</i> | _____ Age | N1Q8I |
| 9a. | What is your current marital status? <i>(SHOW FLASHCARD 3)</i> | 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Living with someone as if married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married - <i>SKIP to 11a</i> | NMARITAL |
| b. | How many times have you been married in your life (including your current marriage)? Do not count times when you were living with someone as if married. | _____ Number <input type="checkbox"/> None - <i>SKIP to 11a</i> | N1Q9B |
| CHECK ITEM 1.2 | Does number marked in 9a equal 1 and 9b equal 1? <i>(Is respondent currently married?)</i> | 1 <input type="checkbox"/> Yes - <i>SKIP to 10d</i> 2 <input type="checkbox"/> No | N1CK12 |
| 10a. | How old were you when you got married (for the first time)? | _____ Age | N1Q10A |
| CHECK ITEM 1.3 | Does number marked in 9b equal 1 and 9a equal 3 or 4 or 5? | 1 <input type="checkbox"/> Yes - <i>SKIP to 10c</i> 2 <input type="checkbox"/> No | N1CK13 |
| 10b. | How did this marriage end - were you widowed, separated or divorced from your first spouse? | 1 <input type="checkbox"/> Widowed 2 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Other | N1Q10B |
| c. | How old were you when (your (first/former) spouse died)/(you stopped living with your (first/former) spouse)? | _____ Age | N1Q10C |
| CHECK ITEM 1.4 | Does number marked in 9a equal 1? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i> | N1CK14 |
| 10d. | How old were you when you and your (CURRENT) spouse got married? | _____ Age | N1Q10D |
| 11a. | How many live-born children have you EVER had, including those who are not now living? Please also include any adopted, foster or stepchildren who EVER lived with you. <i>(Do not include stillbirths or miscarriages.)</i> | _____ Number 0 <input type="checkbox"/> None - <i>SKIP to 12a</i> | N1Q11A |

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| <p>11b. How old were you when your (FIRST) child was born or when your (FIRST) step, adopted, or foster child began to live with you?</p> <p><i>(Report earliest age if experienced more than one of these events.)</i></p> | <p align="center">_____ Age N1Q11B</p> |
| <p>c. How old were you when your (LAST) child was born or when your (LAST) adopted, foster or stepchild came to live with you?</p> <p><i>(Report latest age if experienced more than one of these events.)</i></p> | <p align="center">_____ Age N1Q11C</p> |
| <p><i>(SHOW FLASHCARD 4)</i></p> <p>12a. Which of these statements describe your present situation?</p> <p><i>Mark (X) all that apply.</i> N1Q12A N1Q12A(1-14)</p> | <p>1 <input type="checkbox"/> Working full time, that is, 35 hours or more per week 2 <input type="checkbox"/> Working part time, that is, less than 35 hours per week 3 <input type="checkbox"/> Have a job or business, but not at work because of temporary illness or injury 4 <input type="checkbox"/> Have a job or business, but on paid vacation 5 <input type="checkbox"/> Have a job or business, but absent from work without pay 6 <input type="checkbox"/> Unemployed or laid off and looking for work 7 <input type="checkbox"/> Unemployed or laid off and not looking for work 8 <input type="checkbox"/> Unemployed and permanently disabled 9 <input type="checkbox"/> Retired 10 <input type="checkbox"/> In school, full time 11 <input type="checkbox"/> In school, part time 12 <input type="checkbox"/> Currently on summer break/holiday from school 13 <input type="checkbox"/> Full-time homemaker 14 <input type="checkbox"/> Something else</p> |
| <p>CHECK ITEM 1.4A Is 6, 7, or 8 marked in 12a?</p> | <p>1 <input type="checkbox"/> Yes N1CK14A 2 <input type="checkbox"/> No - <i>SKIP to 13</i></p> |
| <p>12b. For how long have you been unemployed?</p> | <p align="center">_____ Weeks(s) OR _____ Months(s) N1Q12BUNIT, N1Q12BCONT OR _____ Years(s)</p> |
| <p>CHECK ITEM 1.4B Is 10, 11, or 12 marked in 12a?</p> | <p>1 <input type="checkbox"/> Yes - <i>SKIP to 14a</i> N1CK14B 2 <input type="checkbox"/> No</p> |
| <p>13. Are you currently or were you in the past year a full- or part-time student? <i>(If necessary, ask: Was that full-time or part-time?)</i></p> | <p>1 <input type="checkbox"/> Yes, full-time student N1Q13 2 <input type="checkbox"/> Yes, part-time student 3 <input type="checkbox"/> No</p> |
| <p><i>(SHOW FLASHCARD 5)</i></p> <p>14a. What is the highest grade or year of school that you completed?</p> <p><i>(MARK ONE AND ONLY ONE)</i></p> | <p>1 <input type="checkbox"/> No formal schooling – <i>SKIP to 15a</i> NEDUC 2 <input type="checkbox"/> Completed grade K, 1 or 2 3 <input type="checkbox"/> Completed grade 3 or 4 4 <input type="checkbox"/> Completed grade 5 or 6 5 <input type="checkbox"/> Completed grade 7 6 <input type="checkbox"/> Completed grade 8 7 <input type="checkbox"/> Completed grade 9, 10 or 11 8 <input type="checkbox"/> Completed high school 9 <input type="checkbox"/> Graduate equivalency degree (GED) 10 <input type="checkbox"/> Some college (no degree) 11 <input type="checkbox"/> Completed associate or other technical 2 year degree 12 <input type="checkbox"/> Completed college (Bachelor’s degree) 13 <input type="checkbox"/> Some graduate or professional studies (completed Bachelor’s degree but not graduate degree) 14 <input type="checkbox"/> Completed Master’s degree or equivalent or higher graduate degree</p> |
| <p>b. How old were you at that time?</p> | <p align="center">_____ Age N1Q14B</p> |
| <p>15a. Have you ever served on ACTIVE DUTY in the U.S. Armed Forces, Military Reserves, or National Guard?</p> <p><i>(Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.)</i></p> | <p>1 <input type="checkbox"/> Yes, now on active duty N1Q15A 2 <input type="checkbox"/> Yes, on active duty in past, but not now 3 <input type="checkbox"/> No, training for Reserves or National Guard only – <i>SKIP to Check Item 1.5</i> 4 <input type="checkbox"/> No, never served in the military – <i>SKIP to Check Item 1.5</i></p> |

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| <p>15b. (SHOW FLASHCARD 6)</p> <p>When did you serve on ACTIVE DUTY in the U.S. Armed Forces?</p> <p>(Check all that apply even if for part of the period.)</p> <p align="center">N1Q15B N1Q15B(1-14)</p> | <p>1 <input type="checkbox"/> September 2011- Present</p> <p>2 <input type="checkbox"/> September 2009 – August 2011</p> <p>3 <input type="checkbox"/> September 2004 – August 2009</p> <p>4 <input type="checkbox"/> September 2001 – August 2004</p> <p>5 <input type="checkbox"/> August 1990 to August 2001 (including Persian Gulf War)</p> <p>6 <input type="checkbox"/> September 1980 to July 1990</p> <p>7 <input type="checkbox"/> May 1975 to August 1980</p> <p>8 <input type="checkbox"/> Vietnam era (August 1964-April 1975)</p> <p>9 <input type="checkbox"/> March 1961 to July 1964</p> <p>10 <input type="checkbox"/> February 1955 to February 1961</p> <p>11 <input type="checkbox"/> Korean War (July 1950-January 1955)</p> <p>12 <input type="checkbox"/> January 1947 to June 1950</p> <p>13 <input type="checkbox"/> World War II (December 1941-December 1946)</p> <p>14 <input type="checkbox"/> November 1941 or earlier</p> |
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| <p>c. In total, how long were you in ACTIVE DUTY military service?</p> | <p>_____ Months</p> <p align="center">OR N1Q15CUNIT, N1Q15CCONT</p> <p>_____ Years</p> |
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| CHECK ITEM 1.5 | <p>Is “1”, “2”, “3”, “4”, “5” checked in 12a?</p> | <p>1 <input type="checkbox"/> Yes – SKIP to 16d N1CK15</p> <p>2 <input type="checkbox"/> No</p> |
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| <p>16a. In the last 12 months, did you work at any time at a JOB OR BUSINESS, either full-time or part-time, even for only a few days? Include unpaid work in a family business or farm.</p> | <p>1 <input type="checkbox"/> Yes – SKIP to 16d N1Q16A</p> <p>2 <input type="checkbox"/> No</p> |
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| <p>b. Have you ever worked for pay, or have you ever been an unpaid worker in a family business or farm?</p> | <p>1 <input type="checkbox"/> Yes N1Q16B</p> <p>2 <input type="checkbox"/> No – SKIP to 18a</p> |
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| <p>c. How old were you when you last worked for pay or when you were an unpaid worker in a family business or farm, either full- time or part-time?</p> | <p>_____ Age N1Q16C</p> |
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| <p>d. How old were you when you started your FIRST full-time job, that is, when you worked at least 30 hours per week for pay, or without pay in a family business or farm?</p> | <p>_____ Age N1Q16D</p> <p align="center">OR</p> <p>0 <input type="checkbox"/> Never worked 30 hours/week</p> |
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| <p>17a. (SHOW FLASHCARD 7)</p> <p>In what kind of business or industry (is your present job/was your most recent job)?</p> | <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Kind of business/industry N1Q17A</p> |
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| <p>b. (SHOW FLASHCARD 8)</p> <p>What kind of work (do/did) you do on this job?</p> | <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Kind of work N1Q17B</p> |
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| <p>(SHOW FLASHCARD 9)</p> <p>c. Which of the following best describes where you (work/worked)?</p> | <p>1 <input type="checkbox"/> A private for-profit company, business, or individual</p> <p>2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization</p> <p>3 <input type="checkbox"/> Federal government (exclude Armed Forces)</p> <p>4 <input type="checkbox"/> State government</p> <p>5 <input type="checkbox"/> Local government N1Q17C</p> <p>6 <input type="checkbox"/> Armed Forces</p> <p>7 <input type="checkbox"/> Unpaid in family business or farm</p> <p>8 <input type="checkbox"/> Self-employed in own business, professional practice, or farm</p> |
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| <p>(SHOW FLASHCARD 10)</p> <p>18a. During the last 12 months, what was your TOTAL PERSONAL income? Please report income from all jobs BEFORE taxes and other deductions and net income after business expenses. Include any tips, bonuses, overtime pay and commissions, as well as any income from pensions, dividends, interest, Social Security, alimony, child support, financial aid, support from persons living elsewhere, worker’s compensation or any public assistance or welfare payments and any other money income received by you from ANY OTHER source shown on this card.</p> <p>(Round amount to nearest dollar.)</p> | <p>\$ _____ N1Q18A</p> |
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| CHECK ITEM 1.6 | Is 18a D OR R? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 1.7</i> | N1CK16 |
| <p align="center"><i>(SHOW FLASHCARD 11)</i></p> <p>18b. Please tell me which category on this card best represents your TOTAL PERSONAL income in the last 12 months.</p> | | 0 <input type="checkbox"/> \$0 (no personal income) 1 <input type="checkbox"/> \$1 to \$4,999 2 <input type="checkbox"/> \$5,000 to \$7,999 3 <input type="checkbox"/> \$8,000 to \$9,999 4 <input type="checkbox"/> \$10,000 to \$12,999 5 <input type="checkbox"/> \$13,000 to \$14,999 6 <input type="checkbox"/> \$15,000 to \$19,999 7 <input type="checkbox"/> \$20,000 to \$24,999 8 <input type="checkbox"/> \$25,000 to \$29,999 9 <input type="checkbox"/> \$30,000 to \$34,999 10 <input type="checkbox"/> \$35,000 to \$39,999 11 <input type="checkbox"/> \$40,000 to \$49,999 12 <input type="checkbox"/> \$50,000 to \$59,999 13 <input type="checkbox"/> \$60,000 to \$69,999 14 <input type="checkbox"/> \$70,000 to \$79,999 15 <input type="checkbox"/> \$80,000 to \$89,999 16 <input type="checkbox"/> \$90,000 to \$99,999 17 <input type="checkbox"/> \$100,000 or more | N1Q18B |
| CHECK ITEM 1.7 | <p align="center"><i>(Refer to Screener.)</i></p> The number of persons related to respondent in this household is? | 1 <input type="checkbox"/> None - <i>SKIP to Check Item 1.9</i> 2 <input type="checkbox"/> One or more | N1CK17 |
| <p align="center"><i>(SHOW FLASHCARD 12)</i></p> <p>19a. During the last 12 months, what was YOUR TOTAL COMBINED FAMILY income received from jobs, businesses, and ALL OTHER SOURCES WE JUST TALKED ABOUT? Include ONLY related family members living in this household including yourself and report income before taxes and other deductions or net income after business expenses for self-employed family members. Include any tips, bonuses, overtime pay or commissions.</p> <p align="center"><i>(Round amount to nearest dollar.)</i></p> | | \$ _____ | N1Q19A |
| CHECK ITEM 1.8 | Is 19a D OR R? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 1.9</i> | N1CK18 |
| <p align="center"><i>(SHOW FLASHCARD 13)</i></p> <p>19b. Please tell me which category on this card best represents YOUR TOTAL COMBINED FAMILY income in the last 12 months.</p> | | 1 <input type="checkbox"/> Less than \$5,000 2 <input type="checkbox"/> \$5,000 to \$7,999 3 <input type="checkbox"/> \$8,000 to \$9,999 4 <input type="checkbox"/> \$10,000 to \$12,999 5 <input type="checkbox"/> \$13,000 to \$14,999 6 <input type="checkbox"/> \$15,000 to \$19,999 7 <input type="checkbox"/> \$20,000 to \$24,999 8 <input type="checkbox"/> \$25,000 to \$29,999 9 <input type="checkbox"/> \$30,000 to \$34,999 10 <input type="checkbox"/> \$35,000 to \$39,999 11 <input type="checkbox"/> \$40,000 to \$49,999 12 <input type="checkbox"/> \$50,000 to \$59,999 13 <input type="checkbox"/> \$60,000 to \$69,999 14 <input type="checkbox"/> \$70,000 to \$79,999 15 <input type="checkbox"/> \$80,000 to \$89,999 16 <input type="checkbox"/> \$90,000 to \$99,999 17 <input type="checkbox"/> \$100,000 to \$109,999 18 <input type="checkbox"/> \$110,000 to \$119,999 19 <input type="checkbox"/> \$120,000 to \$149,999 20 <input type="checkbox"/> \$150,000 to \$199,999 21 <input type="checkbox"/> \$200,000 or more | N1Q19B |

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| CHECK ITEM 1.9 | <i>(Refer to Screener.)</i> | 1 <input type="checkbox"/> None - <i>SKIP to 21a</i> | N1CK19 |
| The total number of persons unrelated to the respondent living in this household is? | | 2 <input type="checkbox"/> One or more | |
| <i>(SHOW FLASHCARD 14)</i> | | | |
| 20a. | <p>During the last 12 months, what was YOUR TOTAL COMBINED HOUSEHOLD income received from jobs, business and ALL OTHER SOURCES mentioned earlier? Include income from all RELATED and UNRELATED household members including yourself before taxes and other deductions or report net income after business expenses for self-employed household members.</p> <p><i>(Round amount to nearest dollar.)</i></p> | \$ _____ | N1Q20A |
| CHECK ITEM 1.10A | Is 20a D OR R? | 1 <input type="checkbox"/> Yes | N1CK110A |
| <i>(SHOW FLASHCARD 15)</i> | | | |
| 20b. | <p>Please tell me which category on this card best represents YOUR TOTAL COMBINED HOUSEHOLD income in the last 12 months.</p> | 1 <input type="checkbox"/> Less than \$5,000 2 <input type="checkbox"/> \$5,000 to \$7,999 3 <input type="checkbox"/> \$8,000 to \$9,999 4 <input type="checkbox"/> \$10,000 to \$12,999 5 <input type="checkbox"/> \$13,000 to \$14,999 6 <input type="checkbox"/> \$15,000 to \$19,999 7 <input type="checkbox"/> \$20,000 to \$24,999 8 <input type="checkbox"/> \$25,000 to \$29,999 9 <input type="checkbox"/> \$30,000 to \$34,999 10 <input type="checkbox"/> \$35,000 to \$39,999 11 <input type="checkbox"/> \$40,000 to \$49,999 12 <input type="checkbox"/> \$50,000 to \$59,999 13 <input type="checkbox"/> \$60,000 to \$69,999 14 <input type="checkbox"/> \$70,000 to \$79,999 15 <input type="checkbox"/> \$80,000 to \$89,999 16 <input type="checkbox"/> \$90,000 to \$99,999 17 <input type="checkbox"/> \$100,000 to \$109,999 18 <input type="checkbox"/> \$110,000 to \$119,999 19 <input type="checkbox"/> \$120,000 to \$149,999 20 <input type="checkbox"/> \$150,000 to \$199,999 21 <input type="checkbox"/> \$200,000 or more | N1Q20B |
| 21a. | <p>Before you were 18 years old, was there ever a time when your family received money from government assistance programs like welfare, food stamps, general assistance, Aid to Families with Dependent Children, or Temporary Assistance for Needy Families?</p> | 1 <input type="checkbox"/> Yes | N1Q21A |
| 2 <input type="checkbox"/> No - <i>SKIP to 22a</i> | | | |
| b. | <p>About how many years altogether between the time you were born and the time you turned 18 did your family receive money from a government assistance program?</p> | _____ Years | N1Q21B |
| 22a. | <p>Please tell me if YOU received any income during the last 12 months from any of the following sources:</p> <p>Did you PERSONALLY receive Social Security?</p> | 1 <input type="checkbox"/> Yes | N1Q22A |
| 2 <input type="checkbox"/> No | | | |
| b. | <p>Did you PERSONALLY receive Supplemental Security Income (SSI)?</p> | 1 <input type="checkbox"/> Yes | N1Q22B |
| 2 <input type="checkbox"/> No | | | |
| c. | <p>Did YOU receive Traditional Aid to Families with Dependent Children (TAFDC) or Employment Services Program (ESP) or Emergency Assistance Program (EAP)? Include all cash assistance from any state or local public assistance or welfare office. Do not include food stamps, SSI or energy assistance programs.</p> | 1 <input type="checkbox"/> Yes | N1Q22C |
| 2 <input type="checkbox"/> No | | | |
| d. | <p>Did YOU receive WIC Benefits from the Women, Infants and Children Nutritional Program?</p> | 1 <input type="checkbox"/> Yes | N1Q22D |
| 2 <input type="checkbox"/> No | | | |
| 23a. | <p>Did YOU receive food stamps during the last 12 months?</p> | 1 <input type="checkbox"/> Yes | N1Q23A |
| 2 <input type="checkbox"/> No - <i>SKIP to 24a</i> | | | |
| b. | <p>About how much did YOU receive in food stamps during the last 12 months?</p> | \$ _____ | N1Q23B |

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| <p>24a. At ANY time during the last 12 months were YOU covered by...</p> <p>Medicare?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 24c</i></p> <p align="right">N1Q24A</p> |
| <p>b. Were you covered by Part A, hospital ONLY; Part B, medical ONLY; or by BOTH Part A and Part B?</p> | <p>1 <input type="checkbox"/> Part A, Hospital ONLY 2 <input type="checkbox"/> Part B, Medical ONLY 3 <input type="checkbox"/> BOTH Part A and Part B</p> <p align="right">N1Q24B</p> |
| <p>c. A Medi-Gap insurance policy, a health insurance plan used to cover medical expenses not covered by Medicare?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24C</p> |
| <p>d. Medicaid or (local name)?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24D</p> |
| <p>e. TRICARE, CHAMPUS, CHAMPVA, the VA, or other military health care?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24E</p> |
| <p>f. A private health insurance plan obtained through a current or former employer or union?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24F</p> |
| <p>g. A private health insurance plan purchased DIRECTLY by you or a relative?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24G</p> |
| <p>h. A private health insurance plan through state or local government or community program?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24H</p> |
| <p>i. Any OTHER government or state-sponsored health insurance plan or program?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24I</p> |
| <p>j. Long-term care insurance?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24J</p> |
| <p>k. A single service plan for dental or vision?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24K</p> |
| <p>l. A single service plan for prescriptions ONLY?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24L</p> |
| <p>m. Any OTHER health insurance plan?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q24M</p> |
| <p>25. In general, would you say your health is excellent, very good, good, fair or poor?</p> | <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p> <p align="right">N1Q25</p> |
| <p><i>(SHOW FLASHCARD 17)</i></p> | |
| <p>30a. The following questions are about activities you might do during a typical day. Please tell me if your health now limits you in these activities and if so, how much: Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.</p> | <p>1 <input type="checkbox"/> Yes, limited a lot 2 <input type="checkbox"/> Yes, limited a little 3 <input type="checkbox"/> No, not limited at all</p> <p align="right">N1Q30A</p> |
| <p>b. Climbing several flights of stairs.</p> | <p>1 <input type="checkbox"/> Yes, limited a lot 2 <input type="checkbox"/> Yes, limited a little 3 <input type="checkbox"/> No, not limited at all</p> <p align="right">N1Q30B</p> |
| <p><i>(SHOW FLASHCARD 18)</i></p> | |
| <p>31a. The next few questions are about how you feel and how things have been with you during the past 4 weeks. During the past 4 weeks, tell me how much of the time you have had any of the following problems with your work or other regular daily activities as the result of your physical health: How much of the time have you accomplished less than you would like?</p> | <p>1 <input type="checkbox"/> None of the time 2 <input type="checkbox"/> A little of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Most of the time 5 <input type="checkbox"/> All of the time</p> <p align="right">N1Q31A</p> |

Section 1 – BACKGROUND INFORMATION (Continued)

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| <p>31b. How much of the time have you been limited in the kind of work or other activities you could do?</p> | <p>1 <input type="checkbox"/> None of the time 2 <input type="checkbox"/> A little of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Most of the time 5 <input type="checkbox"/> All of the time</p> <p align="right">N1Q31B</p> |
| <p align="center"><i>(SHOW FLASHCARD 18)</i></p> | |
| <p>32a. During the past 4 weeks, tell me how much of the time you have had any of the following problems with your work or other regular daily activities as the result of any emotional problems, such as feeling depressed or anxious:</p> <p>How much of the time have you accomplished less than you would like?</p> | <p>1 <input type="checkbox"/> None of the time 2 <input type="checkbox"/> A little of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Most of the time 5 <input type="checkbox"/> All of the time</p> <p align="right">N1Q32A</p> |
| <p>b. How much of the time have you not done work or other activities as carefully as usual?</p> | <p>1 <input type="checkbox"/> None of the time 2 <input type="checkbox"/> A little of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Most of the time 5 <input type="checkbox"/> All of the time</p> <p align="right">N1Q32B</p> |
| <p align="center"><i>(SHOW FLASHCARD 18)</i></p> | |
| <p>33a. For each of the following questions, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...</p> <p>Have you felt calm and peaceful?</p> | <p>1 <input type="checkbox"/> None of the time 2 <input type="checkbox"/> A little of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Most of the time 5 <input type="checkbox"/> All of the time</p> <p align="right">N1Q33A</p> |
| <p>b. Did you have a lot of energy?</p> | <p>1 <input type="checkbox"/> None of the time 2 <input type="checkbox"/> A little of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Most of the time 5 <input type="checkbox"/> All of the time</p> <p align="right">N1Q33B</p> |
| <p>c. Have you felt downhearted and depressed?</p> | <p>1 <input type="checkbox"/> None of the time 2 <input type="checkbox"/> A little of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Most of the time 5 <input type="checkbox"/> All of the time</p> <p align="right">N1Q33C</p> |
| <p align="center"><i>(SHOW FLASHCARD 18)</i></p> | |
| <p>34. 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, and so forth?</p> | <p>1 <input type="checkbox"/> None of the time 2 <input type="checkbox"/> A little of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Most of the time 5 <input type="checkbox"/> All of the time</p> <p align="right">N1Q34</p> |
| <p align="center"><i>(SHOW FLASHCARD 19)</i></p> | |
| <p>35. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework?</p> | <p>1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> A little bit 3 <input type="checkbox"/> Moderately 4 <input type="checkbox"/> Quite a bit 5 <input type="checkbox"/> Extremely</p> <p align="right">N1Q35</p> |
| <p>36a. Please tell me if you have had any of the following experiences in the last 12 months.</p> <p>During the last 12 months. . .</p> <p>Did you move or have anyone new come to live with you?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q36A</p> |
| <p>b. Were you fired or laid off from a job?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N1Q36B</p> |

Section 1 – BACKGROUND INFORMATION (Continued)

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| 36c. Were you unemployed and looking for a job for more than a month? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36C |
| d. Have you had trouble with your boss or a coworker? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36D |
| e. Did you change jobs, job responsibilities or work hours? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36E |
| f. Did you get separated or divorced or break off a steady relationship? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36F |
| g. Have you had serious problems with a neighbor, friend or relative? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36G |
| h. Have you declared bankruptcy? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36H |
| i. Did you have serious trouble with the police or the law? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36I |
| j. Was something stolen from you, including things that you carry like a wallet, or something inside or outside your home? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36J |
| k. Has anyone intentionally damaged or destroyed property owned by you or someone else in your house? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36K |
| l. Did any of your family members or close friends die? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36L |
| m. Were any of your family members or close friends physically assaulted, attacked or mugged? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36M |
| n. Did any of your family members or close friends have serious trouble with the police or the law? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36N |
| o. Have you at any time been homeless? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36O |
| p. Have you had so much debt that you had no idea how you were going to repay it? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | N1Q36P |
| 37a. Do you currently attend religious services at a church, synagogue, mosque or other place of worship? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 37d</i> | N1Q37A |
| b. How often do you attend these services? <i>(SHOW FLASHCARD 20)</i> | 1 <input type="checkbox"/> Once a year 2 <input type="checkbox"/> A few times a year 3 <input type="checkbox"/> 1 to 3 times a month 4 <input type="checkbox"/> Once a week 5 <input type="checkbox"/> Twice a week or more | N1Q37B |
| c. How many members of your religious group do you talk to socially at least once every 2 weeks, not counting brief visits during services? | ____ Number | N1Q37C |
| d. In general, how important are religious or spiritual beliefs in your daily life – very important, somewhat important, not very important, or not important at all? | 1 <input type="checkbox"/> Very important 2 <input type="checkbox"/> Somewhat important 3 <input type="checkbox"/> Not very important 4 <input type="checkbox"/> Not important at all | N1Q37D |
| 38. <i>(SHOW FLASHCARD 21)</i> Which category on the card best describes your religion? Please tell me the number on the card. | <input type="text"/> <input type="text"/> Code | N1Q38 |

Section 1 – BACKGROUND INFORMATION (Continued)

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| <p>41a. And now, please tell me your height and weight in pounds as these are important factors for this survey.</p> | <p>Height <input type="text"/> Feet NFEET <input type="text"/><input type="text"/> Inches NINCHES</p> |
| <p>b.</p> | <p>Weight <input type="text"/><input type="text"/><input type="text"/> Pounds NPOUNDS</p> |
| <p>42a. When you were growing up, that is, BEFORE you were 13 years old, were you overweight?</p> | <p>1 <input type="checkbox"/> Yes N1Q42A 2 <input type="checkbox"/> No</p> |
| <p>b. In your ENTIRE LIFE, what is the most you EVER weighed in pounds (not counting times when you were pregnant)?</p> | <p>Weight <input type="text"/><input type="text"/><input type="text"/> Pounds N1Q42B</p> |
| <p>c. How old were you when you FIRST reached that weight?</p> | <p>_____ Age N1Q42C</p> |
| <p><i>(SHOW FLASHCARD 23)</i></p> | |
| <p>45a. The next questions are about physical activities that you may do in your leisure time or as part of your work or during the course of your daily activities.</p> <p>How often in the last 12 months did you USUALLY do VIGOROUS activities that caused you to sweat HEAVILY or caused LARGE increases in your breathing or heart rate?</p> | <p>1 <input type="checkbox"/> Every day N1Q45A 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 to 2 times in the last year 11 <input type="checkbox"/> Never in the last year – SKIP to 46a</p> |
| <p>b. About how long did you USUALLY do these VIGOROUS activities each time?</p> | <p>_____ Minutes N1Q45BUNIT, N1Q45BCONT OR _____ Hours</p> |
| <p><i>(SHOW FLASHCARD 23)</i></p> | |
| <p>46a. About how often in the last 12 months did you USUALLY do LIGHT or MODERATE activities that caused only LIGHT sweating or a SLIGHT TO MODERATE increase in your breathing or heart rate?</p> | <p>1 <input type="checkbox"/> Every day N1Q46A 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 to 2 times in the last year 11 <input type="checkbox"/> Never in the last year – SKIP to Section 2a</p> |
| <p>b. About how long did you USUALLY do these LIGHT or MODERATE activities each time?</p> | <p>_____ Minutes N1Q46BUNIT, OR N1Q46BCONT } <i>Go to Section 2A</i> _____ Hours</p> |