

Panel Study of Income Dynamics' Supplement  
on Disability and Use of Time (DUST)

First Interview

2009 Survey Instrument

May 14, 2010

**INTERVIEW START**

IWERCONFIRM. Today is: [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday]

Selected Interview Day is: [IW1\_SELECTEDDAY]

Yesterday was: [Saturday / Sunday / Monday / Tuesday / Wednesday / Thursday / Friday]

1. Yes, continue

5. No, stop and reschedule

VOLSTMT. We find that the interview works best if you are in a quiet, comfortable spot where your answers cannot be overheard. If there is someone in the room with you now, can you find a more private area of your home? You'll need about 45 minutes to an hour. All set?

Before I begin, I want you to know that your participation in this interview is completely voluntary and confidential. If we come to any question that you don't want to answer, just let me know and we will skip it and go on to the next question. You can end the interview at any time. The answers that you give will be kept confidential to the full extent allowable under federal and state law. We are offering you and your spouse each \$50 in appreciation for your time and effort answering our questions. For quality control purposes we may be recording a portion of this interview.

1. Agrees to have interview recorded

5. Does not agree to have interview recorded

→ GO TO SECTION 1:  
GLOBAL WELL-BEING



VOLSTMT\_B. Just to remind you that this interview is completely voluntary and confidential and a portion of this interview may be recorded for quality purposes.

If R refuses, back-up one screen to VolStmt and ENTER [5] "Does not agree to have interview recorded"  
ENTER [1] to continue

1. Continue

**SECTION 1: GLOBAL WELL-BEING**

GWB1. These first few questions ask about how satisfied you are with different parts of your life. Please use a scale from 0 to 6, where 0 means not at all satisfied and 6 means very satisfied.

Taking all things together, how satisfied are you with your life these days?

0. Not at all satisfied

1. One

2. Two

3. Three

4. Four

5. Five

6. Very satisfied

GWB2. Now let's turn specifically to your health. From 0 to 6, how satisfied are you with your health?

0. Not at all satisfied

1. One

2. Two

3. Three

4. Four

5. Five

6. Very satisfied

GWB3. From 0 to 6, how satisfied are you with your ability to remember everyday things?

0. Not at all satisfied

1. One

2. Two

3. Three

4. Four

5. Five

6. Very satisfied

GWB4. From 0 to 6, how satisfied are you with your current financial situation?

0. Not at all satisfied

1. One

2. Two

3. Three

4. Four

5. Five

6. Very satisfied

GWB5A. Do you work for pay right now? This includes having a job, being self-employed, or owning your own business.

1. Yes

5. No

GO TO GWB5C



GWB5B. Are you looking for work?

1. Yes

5. No

GO TO GWB5C GO TO GWB6

GWB5C. From 0 to 6, how satisfied are you with your work situation?

|                         |        |        |          |         |         |                   |
|-------------------------|--------|--------|----------|---------|---------|-------------------|
| 0. Not at all satisfied | 1. One | 2. Two | 3. Three | 4. Four | 5. Five | 6. Very satisfied |
|-------------------------|--------|--------|----------|---------|---------|-------------------|

GWB6. From 0 to 6, how satisfied are you with your marriage?

|                         |        |        |          |         |         |                   |
|-------------------------|--------|--------|----------|---------|---------|-------------------|
| 0. Not at all satisfied | 1. One | 2. Two | 3. Three | 4. Four | 5. Five | 6. Very satisfied |
|-------------------------|--------|--------|----------|---------|---------|-------------------|

## SECTION 2: IMPAIRMENTS

IMP1A. Now I have some questions about health-related problems you may have had in the last 7 days. By last 7 days I mean from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.  
In the last seven days did you have any breathing problems?

|        |       |               |
|--------|-------|---------------|
| 1. Yes | 5. No | → GO TO IMP2A |
|--------|-------|---------------|



IMP1B. On how many of the last 7 days did your breathing problems limit your activities?  
None, 1-2 days, 3-4 days, 5 or more days?

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

IMP2A. In the last seven days did you have any heart or circulation problems?  
(By last 7 days I mean from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.)

|        |       |               |
|--------|-------|---------------|
| 1. Yes | 5. No | → GO TO IMP3A |
|--------|-------|---------------|



IMP2B. On how many of the last 7 days did your heart or circulation problems limit your activities?  
None, 1-2 days, 3-4 days, 5 or more days?

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

IMP3A. In the last seven days did you have any stomach problems?  
(By last 7 days I mean from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.)

|        |       |               |
|--------|-------|---------------|
| 1. Yes | 5. No | → GO TO IMP4A |
|--------|-------|---------------|



IMP3B. On how many of the last 7 days did your stomach problems limit your activities?  
None, 1-2 days, 3-4 days, 5 or more days?

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

IMP4A. In the last seven days did you have any back or neck problems?  
(By last 7 days I mean from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.)

|        |       |               |
|--------|-------|---------------|
| 1. Yes | 5. No | → GO TO IMP5A |
|--------|-------|---------------|



IMP4B. On how many of the last 7 days did your back or neck problems limit your activities?  
None, 1-2 days, 3-4 days, 5 or more days?

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

IMP5A. In the last seven days did you have limited strength or movement in your shoulders, arms, or hands?  
(By last 7 days I mean from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.)

1. Yes  5. No → GO TO IMP6A



IMP5B. On how many of the last 7 days did this problem with your shoulders, arms, or hands limit your daily activities?  
None, 1-2 days, 3-4 days, 5 or more days?

0. None  1. 1-2 days  3. 3-4 days  5. 5 or more days

IMP6A. In the last seven days did you have limited strength or movement in your hips, legs, knees, or feet?  
(By last 7 days I mean from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.)

1. Yes  5. No → GO TO IMP7A



IMP6B. On how many of the last 7 days did this problem with your hips, legs, knees, or feet limit your daily activities?  
None, 1-2 days, 3-4 days, 5 or more days?

0. None  1. 1-2 days  3. 3-4 days  5. 5 or more days

IMP7A. In the last seven days did you have low energy or were you easily exhausted?  
(By last 7 days I mean from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.)

1. Yes  5. No → GO TO IMP8A



IMP7B. On how many of the last 7 days did your low energy or exhaustion limit your daily activities?  
None, 1-2 days, 3-4 days, 5 or more days?

0. None  1. 1-2 days  3. 3-4 days  5. 5 or more days

IMP8A. In the last seven days did you have difficulty remembering everyday things?  
(By last 7 days I mean from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.)

1. Yes  5. No → GO TO SECTION 2B: ACS DISABILITY



IMP8B. On how many of the last 7 days did your difficulty remembering limit your daily activities?  
None, 1-2 days, 3-4 days, 5 or more days?

0. None  1. 1-2 days  3. 3-4 days  5. 5 or more days

# 5

## SECTION 2B: ACS DISABILITY QUESTIONS

MOB1. Now, I have a few questions about whether you have difficulty with certain daily activities.

Do you have serious difficulty hearing?

1. Yes  5. No  7. R is deaf

MOB2. Do you have difficulty seeing even when wearing glasses?

1. Yes  5. No  7. R is blind

MOB3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1. Yes  5. No

MOB4. Do you have serious difficulty walking or climbing stairs?

1. Yes  5. No

MOB5. Do you have difficulty dressing or bathing?

1. Yes  5. No

MOB6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1. Yes  5. No

## SECTION 3: ASSISTIVE DEVICES

ADE1. Sometimes people use aids to make daily activities easier, safer, or so that they can do them on their own. For these next questions, we would like to know if you used any of the following in the last seven days, that is, from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.

In the last seven days did you use a cane, walker, wheelchair, or scooter, yes or no?

1. Yes  5. No → GO TO ADE4



ADE2\_. Okay, can you tell me which of these you used?

[READ options](#)

[ENTER all that apply](#)

1. Cane  2. Walker  3. Wheelchair  4. Scooter

ADE3A. In the last seven days, did you use your [cane [or] / walker [or] / wheelchair [or] / scooter] to help you get around inside your home?

1. Yes  5. No

ADE3B. (In the last seven days,) did you use your [cane [or] / walker [or] / wheelchair [or] / scooter] to help you get around when you left your home?

1. Yes  5. No  7. If vol: Did not leave home in last 7 days

ADE3C. (In the last seven days,) did you use your [cane [or] / walker [or] / wheelchair [or] / scooter] to help you get up from a bed, chair, or couch?

1. Yes  5. No

ADE4. In the last seven days, did you use a motorized cart or electric scooter at the store?

1. Yes  5. No  7. If vol: Did not leave home in last 7 days

ADE5. (In the last seven days,) did you use a reacher or grabber to help grasp or pick up things?

If necessary: A reacher or grabber is a pole with prongs on the end that is used to help reach or grasp objects.

1. Yes  5. No

ADE6. (In the last seven days,) did you use grab bars in the bathroom?

If necessary: A grab bar is designed to help you steady yourself. It may be attached to the wall, built into the tub or shower, or part of a frame that goes over the toilet. Do not include towel racks or other things you may hold onto.

1. Yes  5. No

ADE7. In the last seven days, did you use a seat for the shower or tub?

If necessary: This includes a chair, bench, or stool that you put in the shower or tub or a seat that is built in.

1. Yes  5. No

ADE8. In the last seven days, did you wear a hearing aid?

1. Yes  5. No

ADE9. (In the last seven days,) did you wear glasses or contacts?

1. Yes  5. No

ADE10. (In the last seven days,) did you use vision aids other than glasses or contacts?

If necessary: Vision aids include things like a magnifying glass, large-print books, and other tools to help people with vision impairments.

1. Yes  5. No

#### SECTION 4: MEDICATIONS

MED1. We are interested in whether you used any medicines in the last seven days, from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday, and if so what you used them for. When answering these questions, please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements you may have taken since we will ask about these later.

In the last 7 days did you use any medicine?

1. Yes  5. No → GO TO MED3



MED2A. Now I have a few questions about which conditions you used medicine for.

In the last 7 days, did you use medicine for breathing problems?

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2B. (In the last 7 days, did you use medicine) for blood pressure?

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2C. (In the last 7 days, did you use medicine) for cholesterol?

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2D. In the last 7 days, did you use medicine for other heart and circulation problems? If you take aspirin for your heart, include that here.

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2E. (In the last 7 days, did you use medicine) for diabetes?

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2F. (In the last 7 days, did you use medicine) for stomach problems?

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2G. In the last 7 days, did you use medicine for back or neck problems?

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2H. (In the last 7 days, did you use medicine) for your shoulders, arms, or hands?

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2I. (In the last 7 days, did you use medicine) for your hips, legs, knees, or feet?

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2J. In the last 7 days, did you use medicine for memory problems?

(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2K. (In the last 7 days, did you use medicine) for emotional problems like depression or anxiety?  
(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED2L. (In the last 7 days, did you use medicine) to help you sleep?  
(Please include medicines that were prescribed by a doctor and those that you got without a prescription. Do not include any herbs or vitamin supplements.)

1. Yes  5. No

MED3. In the last 7 days did you use any herbal or vitamin supplements?

1. Yes  5. No

### SECTION 5: BEHAVIOR CHANGES

BEH1. Sometimes people stay away from an activity on purpose, either some or all of the time, for health-related reasons. For example, if you have trouble breathing, you might sometimes avoid going places that are smoky, or if you have a back injury, you might completely avoid sitting for long periods.

The next few questions are about activities that you avoided in the last 7 days, either some or all of the time, for health-related reasons.

(By the last 7 days, I mean from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday.)

In the last seven days, did you ever avoid leaving your home for health-related reasons?

(By avoid, we mean staying away from an activity on purpose, either some or all of the time, for health-related reasons.)

1. Yes  5. No  7. If vol: No opportunity to do / Didn't do activity

BEH2. How about walking distances, like several blocks? In the last seven days, did you ever avoid that for health-related reasons?

(By avoid, we mean staying away from an activity on purpose, either some or all of the time, for health-related reasons.)

1. Yes  5. No  7. If vol: No opportunity to do / Didn't do activity

BEH3. How about walking shorter distances, like across a room?

In the last seven days, did you ever avoid that for health-related reasons?

(By avoid, we mean staying away from an activity on purpose, either some or all of the time, for health-related reasons.)

1. Yes  5. No  7. If vol: No opportunity to do / Didn't do activity

BEH4. In the last seven days, did you ever avoid going up or down stairs for health-related reasons?

(By avoid, we mean staying away from an activity on purpose, either some or all of the time, for health-related reasons.)

1. Yes  5. No  7. If vol: No opportunity to do / Didn't do activity

BEH5. How about bending down or kneeling?

(In the last seven days, did you ever avoid that for health-related reasons?)

(By avoid, we mean staying away from an activity on purpose, either some or all of the time, for health-related reasons.)

1. Yes  5. No  7. If vol: No opportunity to do / Didn't do activity

BEH6. In the last seven days, did you ever avoid lifting or carrying objects for health-related reasons?  
(By avoid, we mean staying away from an activity on purpose, either some or all of the time, for health-related reasons.)

1. Yes   5. No   7. If vol: No opportunity to do / Didn't do activity

BEH7. And now for the last one:

In the last seven days, did you ever avoid picking up or grasping things with your hands for health-related reasons?  
(By avoid, we mean staying away from an activity on purpose, either some or all of the time, for health-related reasons.)

1. Yes   5. No   7. If vol: No opportunity to do / Didn't do activity

## SECTION 6: COGNITION

COG1. Now I have a few questions about your memory.

How would you rate your memory these days?

Would you say it is excellent, very good, good, fair, or poor?

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

COG2. Compared with a year ago, would you say your memory is better now, about the same, or worse now than it was then?

1. Better   2. Same   3. Worse

COG3. On how many of the last 7 days did you use lists or other memory aids to help you remember things?

None, 1-2, 3-4, or 5 or more days?

0. None   1. 1-2 days   3. 3-4 days   5. 5 or more days

## SECTION 7: MARITAL QUALITY

MAR1. Next I have a few questions about your marriage.

How much does your spouse appreciate you?

Would you say not at all, a little, some, or a lot?

1. Not at all   2. A little   3. Some   4. A lot

MAR2. How often does your spouse argue with you?

Would you say not at all, a little, some, or a lot?

1. Not at all   2. A little   3. Some   4. A lot

MAR3. How much does your spouse understand the way you feel about things?

Would you say not at all, a little, some, or a lot?

1. Not at all   2. A little   3. Some   4. A lot

MAR4. How often does your spouse make you feel tense?

Would you say not at all, a little, some, or a lot?

1. Not at all   2. A little   3. Some   4. A lot

MAR5. How much can you open up to your spouse if you need to talk about your worries?

Would you say not at all, a little, some, or a lot?

1. Not at all   2. A little   3. Some   4. A lot

MAR6. How often does your spouse get on your nerves?

Would you say not at all, a little, some, or a lot?

1. Not at all   2. A little   3. Some   4. A lot

### SECTION 8. YESTERDAY DIARY

YST1A. Next, we'd like to find out how you spent your day yesterday, [YESTERDAY].

I'm going to ask you what you were doing starting at 4:00am. Then I'll ask a few more questions about the activity, like:

- ◆ how long it took;
- ◆ where you were;
- ◆ who was doing the activity with you, and;
- ◆ who else was there.

We'll repeat this series of questions until we reach the end of the day.

If you were traveling, we'll treat that as a separate activity. So, for instance, driving to the doctor would be separate from being at a doctor's appointment, and then driving home would also be a separate activity.

If you were doing more than one activity for the time I ask you about, that's fine. You can tell me more than one activity for a given time.

[ENTER \[1\] to continue](#)

1. Continue

YST1B. Sometimes people want to know how much detail we are looking for.

If you tell me you worked from 9 to 5, I may ask you to break that down for me, for example, into having meetings from 9 to 11, answering e-mails for an hour until 12, having lunch until 1, and so on.

Or, if you tell me you cleaned the house all morning, I may ask for more detail, for example, you straightened up from 9 to 9:30, folded laundry for half an hour, made the beds at 10:00, and so on.

On the other hand, you don't need to tell me about changing the tv channel or walking from room to room in your house. So, somewhere in between.

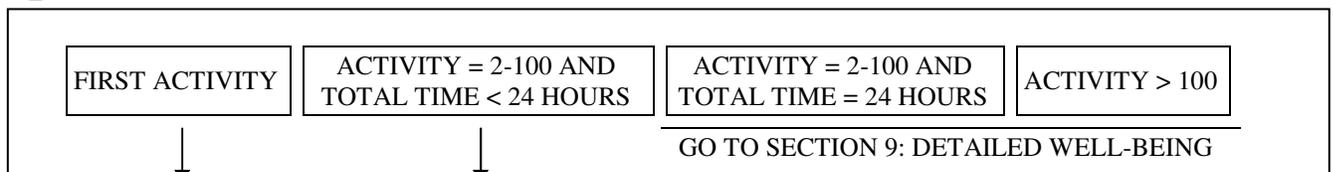
And if an activity is too personal, there's no need to mention it.

Ok? Let's begin.

[ENTER \[1\] to continue](#)

1. Continue

### ACT\_INFO CAI CHECKPOINT



ACT\_INFO. [*FIRST ACTIVITY*: Yesterday, [YESTERDAY], at 4:00 AM, what were you doing? / *ACTIVITY 2-100 & TOTAL TIME ≤ 20 HOURS*: Yesterday, [YESTERDAY], at [PREVIOUS ACTIVITY END TIME], what did you do next? / *ACTIVITY 2-100 & TOTAL TIME > 20 HOURS*: Today, [TODAY], at [PREVIOUS ACTIVITY END TIME], what did you do next? / *PREVIOUS ACTIVITY = DK/RF*: Ok that's fine. What is the next thing that you [can remember / can tell me about] doing?]

[If information provided, ENTER \[1\] and record on next screen](#)

1. Yes, information given   8. Can't remember / DK   9. Too personal / RF



RETURN TO ACT\_INFO CHECKPOINT; DK/RF  
NOT ALLOWED FOR 2 ACTIVITIES IN A ROW

DESCRIPTION. (Please describe the activity.)

**RECORD** the activity verbatim

Use a separate line for each activity if more than one activity is named

When there are no more activities to record, **PRESS [Enter]** to continue

Activity List[1]: (String 200)

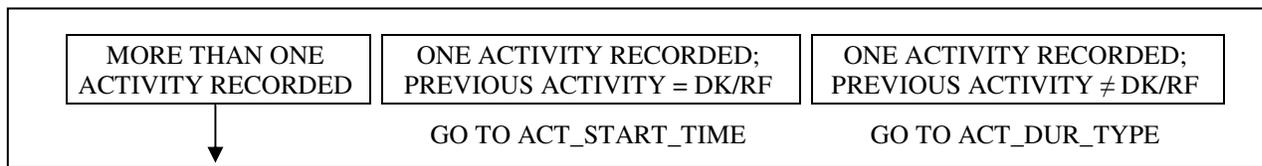
Activity List[2]: (String 200)

Activity List[3]: (String 200)

Activity List[4]: (String 200)

Activity List[5]: (String 200)

SAME\_TIME CAI CHECKPOINT



SAME\_TIME. Just to be clear, were you doing [both / all] of these activities at [4:00 am / [PREVIOUS ACTIVITY END TIME]]?

Activities Listed: Activity 1: [ACTIVITY LIST[1].DESCRIPTION]

Activity 2: [ACTIVITY LIST[2].DESCRIPTION]

Activity 3: [ACTIVITY LIST[3].DESCRIPTION]

Activity 4: [ACTIVITY LIST[4].DESCRIPTION]

Activity 5: [ACTIVITY LIST[5].DESCRIPTION]

1. Yes

5. No

→ Go back and make corrections to activities listed

SEL\_MAIN. If you had to choose, which of these would you say was the main activity?

**If necessary:** By main activity, we mean the one that you were focused on most.

**Select main activity and then read:** These next few questions are about this activity.

1. Activity 1: [ACTIVITY LIST[1].DESCRIPTION]

2. Activity 2: [ACTIVITY LIST[2].DESCRIPTION]

3. Activity 3: [ACTIVITY LIST[3].DESCRIPTION]

4. Activity 4: [ACTIVITY LIST[4].DESCRIPTION]

5. Activity 5: [ACTIVITY LIST[5].DESCRIPTION]

ACT\_START\_TIME. Activity: [DESCRIPTION]

What time did you start doing that?

Enter time in numbers and then "a" for am or "p" for pm; e.g. to enter 8:20am, type 8 2 0 a

DK or RF are not allowed

\_\_ : \_\_ AM/PM

ACT\_DUR\_TYPE. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]

[FIRST ACTIVITY: Until what time did you do that / ACTIVITY 2-100: How long did that take or how long did you do that]?

Select how time was reported; Exact (end) Time or Length of time (hours and/or minutes)

Enter the actual number on the next screen

1. Exact (end) time

2. Length of time (hours and/or minutes)

ACT\_DURET. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]  
 ([Until what time did you do that / How long did that take or how long did you do that]?)  
 Enter time in numbers and then "a" for am or "p" for pm; e.g. to enter 8:20am, type 8 2 0 a

\_\_ : \_\_ AM/PM

ACT\_DURHRS. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]  
 ([Until what time did you do that / How long did that take or how long did you do that]?)  
 Enter the hours reported  
 If only reporting minutes, enter a "0" for hours

0 - 23

ACT\_DURMINS. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]  
 ([Until what time did you do that / How long did that take or how long did you do that]?)  
 Enter the minutes reported  
 If only reporting hours, enter a "0" for minutes

0 - 120

CONFIRM\_ACT\_INFO. So you (were) [DESCRIPTION] from about [FIRST ACTIVITY: 4:00AM / ACTIVITY 2-100: [START TIME]] to [END TIME], is that correct?

1. Yes

5. No

→ Go back and make corrections to either main activity listed or the end time

ACT\_PRECODE. Main Activity:

[DESCRIPTION]

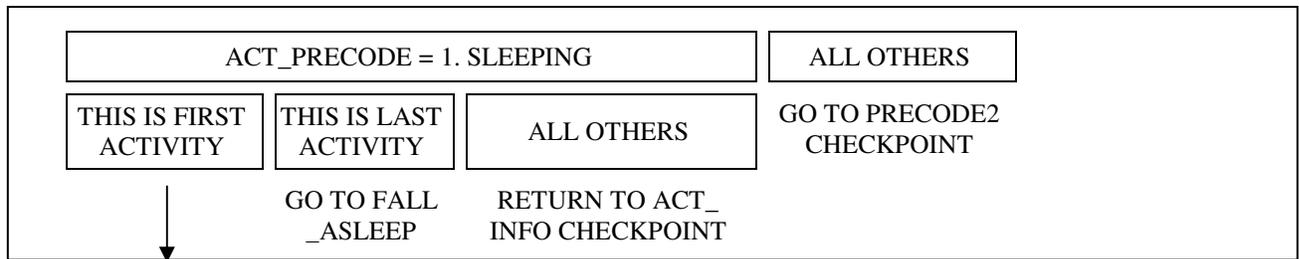
If necessary: This will just take me a moment to log

1. Sleeping, napping, trying to sleep, waking up
2. Washing, dressing / undressing, grooming (includes "getting ready")
3. Travel to / from place to pick up / drop off person
4. All other travel to / from place
5. Working for pay, work-related activities, volunteering
6. Talking on phone, socializing / talking in person, sending text messages by phone
8. Providing care to others, includes:
  - Washing or grooming someone else
  - Getting someone else ready
  - Feeding someone else
  - Taking care of someone else's health needs
  - Looking after someone
  - Playing with / reading to child
  - Arranging someone else's health care
  - Accompanying someone else to health care appointments

- |   |   |
|---|---|
| <p>7. Household chores / helping others, includes:</p> <ul style="list-style-type: none"> <li>Preparing food, drink, meals</li> <li>Kitchen and food cleanup</li> <li>Shopping and running an errand</li> <li>Putting away shopping, groceries</li> <li>Doing laundry</li> <li>Cleaning the house</li> <li>Outdoor chores, include care of cars</li> <li>Home repairs / improvements</li> <li>Paying bills / Financial / legal affairs</li> <li>Arranging for services</li> <li>Other chore or help</li> <li>Other care-related activities</li> </ul> | <p>9. All other activities, includes:</p> <ul style="list-style-type: none"> <li>Eating / drinking</li> <li>Pet care</li> <li>Relaxing / thinking</li> <li>Attending events</li> <li>Television / movies / music</li> <li>Sports / exercise / physical activity</li> <li>Leisure and hobbies</li> <li>Self-care / taking care of own health needs</li> <li>Using computer (for leisure)</li> <li>Waiting</li> </ul> |
|---|---|

|   |  |  |
|---|--|--|
| 1. Sleeping, napping or trying to sleep | 2. Washing, dressing / undressing, grooming (includes "getting ready") | 3. Travel to / from place to pick up / drop off person                         |
| 4. All other travel to / from place     | 5. Working for pay, work-related activities, volunteering              | 6. Talking on phone, socializing / talking in person, sending text messages by |
| 7. Household chores / helping others    | 8. Providing care to others  | 9. All other activities  |

PRECODE1 CAI CHECKPOINT



TIME\_BED. We'd like to know a little more about how you slept [DAY BEFORE YESTERDAY] night.

About what time did you go to sleep for the night on [DAY BEFORE YESTERDAY]?

Enter time in numbers and then "a" for am or "p" for pm; e.g. to enter 8:20am, type 8 2 0 a

|               |
|---------------|
| __ : __ AM/PM |
|---------------|

FALL\_ASLEEP. [LAST ACTIVITY: We'd like to know a little more about how you slept last night, that is [YESTERDAY] night.]

Did it take you more than half an hour to fall asleep?

|        |       |
|--------|-------|
| 1. Yes | 5. No |
|--------|-------|

WAKE\_DURING. Did you wake up during the night, that is between the time you fell asleep and [END TIME]?

|        |       |                    |
|--------|-------|--------------------|
| 1. Yes | 5. No | → GO TO RATE_SLEEP |
|--------|-------|--------------------|



BACK\_SLEEP. Did you have trouble falling back to sleep?

|        |       |
|--------|-------|
| 1. Yes | 5. No |
|--------|-------|

RATE\_SLEEP. How would you rate your sleep on [DAY BEFORE YESTERDAY / YESTERDAY] night?  
 Would you say it was excellent, very good, good, fair, or poor?

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

RETURN TO ACT\_INFO CHECKPOINT

PRECODE2 CAI CHECKPOINT

|                          |            |                             |
|--------------------------|------------|-----------------------------|
| ACT_PRECODE = 2. WASHING | ALL OTHERS | → GO TO PRECODE3 CHECKPOINT |
|--------------------------|------------|-----------------------------|

HOW\_FEEL. How did you feel while you (were) [DESCRIPTION]?  
 [(If you had more than one feeling, please tell me about the strongest one. Did you feel mostly unpleasant, mostly pleasant, or neither?)]

|                      |                    |            |
|----------------------|--------------------|------------|
| 1. Mostly unpleasant | 2. Mostly pleasant | 3. Neither |
|----------------------|--------------------|------------|

RETURN TO ACT\_INFO CHECKPOINT

PRECODE3 CAI CHECKPOINT

|  |            |                             |
|--|------------|-----------------------------|
| ACT_PRECODE = 3. TRAVEL PICK UP/DROP OFF | ALL OTHERS | → GO TO PRECODE4 CHECKPOINT |
|--|------------|-----------------------------|

WHO\_PICK\_DROP\_. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

Who did you (pick up / drop off)?

ENTER up to twelve (12) selections

|   |   |   |
|---|---|---|
| 41. No one  | 42. By myself / myself  |   |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |   |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |   |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |   |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                                    |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → WHO_PICK_DROP_SPEC. Please specify. (String 50) |

WHO\_PASSIVE\_. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

Who else went with you?

ENTER up to twelve (12) selections

|  |   |  |
|--|---|--|
| 41. No one                                       | 42. By myself / myself  |  |
| 43. All household members                        | 1-24. Household members 1 through 24                            |  |
| 25. Son / Son-in-Law / Stepson, not in household | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |  |

|   |   |  |
|---|---|--|
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household |  |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client   |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. <b>Other-specify</b> → WHO_PASSIVE_SPEC. Please specify. (String 50) |

WHERE. **Activity:** [DESCRIPTION]; **Start Time:** [4:00AM / [START TIME]]; **End Time:** [END TIME]

Where did you (pick up / drop off) your [WHO\_PICK\_DROP]?

|  |                               |                               |                        |
|--|-------------------------------|-------------------------------|------------------------|
| 1. Home  | 2. Outdoors at home / yard    | 3. Workplace                  | 4. Someone else's home |
| 5. Restaurant/ bar   | 6. Place of worship           | 7. Grocery store              | 8. Other store / mall  |
| 9. School  | 10. Outdoors / away from home | 11. Medical office / hospital | 12. Library            |
| 13. Bank   | 14. Gym                       | 15. Post office               | 16. Sporting event     |
| 97. <b>Other-specify</b> → WHERE_SPEC. Please specify. (String 50) |                               |                               |                        |

HOW\_TRAVEL. **Activity:** [DESCRIPTION]; **Start Time:** [4:00AM / [START TIME]]; **End Time:** [END TIME]

How did you get there?

|                                       |  |                         |                 |
|---------------------------------------|--|-------------------------|-----------------|
| 1. Drove by car, truck, or motorcycle | 2. Walking / bicycle   | 3. Bus / subway / train | 4. Boat / ferry |
| 5. Taxi / limousine                   | 6. <b>Other-specify</b> → HOW_TRAVEL_SPEC. Please specify. (String 50) |                         |                 |

DRIVE\_PASS. **Activity:** [DESCRIPTION]; **Start Time:** [4:00AM / [START TIME]]; **End Time:** [END TIME]

**ASK or CONFIRM:**

Were you the driver or the passenger?

|           |              |
|-----------|--------------|
| 1. Driver | 2. Passenger |
|-----------|--------------|

HOW\_FEEL. How did you feel while you (were) [DESCRIPTION]?

[(If you had more than one feeling, please tell me about the strongest one. Did you feel mostly unpleasant, mostly pleasant, or neither?)]

|                      |                    |            |
|----------------------|--------------------|------------|
| 1. Mostly unpleasant | 2. Mostly pleasant | 3. Neither |
|----------------------|--------------------|------------|

RETURN TO ACT\_INFO CHECKPOINT

PRECODE4 CAI CHECKPOINT

|                               |            |                             |
|-------------------------------|------------|-----------------------------|
| ACT_PRECODE = 4. OTHER TRAVEL | ALL OTHERS | → GO TO PRECODE5 CHECKPOINT |
|-------------------------------|------------|-----------------------------|

↓

WHO\_ACTIVE\_. **Activity:** [DESCRIPTION]; **Start Time:** [4:00AM / [START TIME]]; **End Time:** [END TIME]

**ASK or CONFIRM:**

Who went with you?

**ENTER up to twelve (12) selections**

|                           |                                      |
|---------------------------|--------------------------------------|
| 41. No one                | 42. By myself / myself               |
| 43. All household members | 1-24. Household members 1 through 24 |

|   |   |  |
|---|---|--|
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |  |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |  |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client   |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. <a href="#">Other-specify</a> → WHO_ACTIVE_SPEC. Please specify. (String 50) |

HOW\_TRAVEL. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

[ASK or CONFIRM:](#)

How did you get there?

|                                       |                                    |  |                 |
|---------------------------------------|------------------------------------|--|-----------------|
| 1. Drove by car, truck, or motorcycle | 2. Walking / bicycle               | 3. Bus / subway / train                      | 4. Boat / ferry |
| 5. Taxi / limousine                   | 6. <a href="#">Other-specify</a> → | HOW_TRAVEL_SPEC. Please specify. (String 50) |                 |

DRIVE\_PASS. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

[ASK or CONFIRM:](#)

Were you the driver or the passenger?

|           |              |
|-----------|--------------|
| 1. Driver | 2. Passenger |
|-----------|--------------|

HOW\_FEEL. How did you feel while you (were) [DESCRIPTION]?

[(If you had more than one feeling, please tell me about the strongest one. Did you feel mostly unpleasant, mostly pleasant, or neither?)]

|                      |                    |            |
|----------------------|--------------------|------------|
| 1. Mostly unpleasant | 2. Mostly pleasant | 3. Neither |
|----------------------|--------------------|------------|

RETURN TO ACT\_INFO CHECKPOINT

PRECODE5 CAI CHECKPOINT

|                          |            |                             |
|--------------------------|------------|-----------------------------|
| ACT_PRECODE = 5. WORKING | ALL OTHERS | → GO TO PRECODE6 CHECKPOINT |
|--------------------------|------------|-----------------------------|

↓

WHERE. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

[ASK or CONFIRM:](#)

Where were you while you were doing that?

|                                     |   |                               |                        |
|-------------------------------------|---|-------------------------------|------------------------|
| 1. Home                             | 2. Outdoors at home / yard              | 3. Workplace                  | 4. Someone else's home |
| 5. Restaurant/ bar                  | 6. Place of worship                     | 7. Grocery store              | 8. Other store / mall  |
| 9. School                           | 10. Outdoors / away from home           | 11. Medical office / hospital | 12. Library            |
| 13. Bank                            | 14. Gym                                 | 15. Post office               | 16. Sporting event     |
| 97. <a href="#">Other-specify</a> → | WHERE_SPEC. Please specify. (String 50) |                               |                        |

## PRECODE5B CAI CHECKPOINT

|  |            |                  |
|--|------------|------------------|
| WHERE = HOME , OUTDOORS, WORK, SOMEONE ELSE'S HOME | ALL OTHERS | → GO TO HOW_FEEL |
|--|------------|------------------|

WHO\_PASSIVE\_. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

Who else was [at home / outdoors at home/yard / at work / there] with you?

ENTER up to twelve (12) selections

|   |   |   |
|---|---|---|
| 41. No one  | 42. By myself / myself  |   |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |   |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |   |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |   |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                                  |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → WHO_PASSIVE_SPEC. Please specify. (String 50) |

HOW\_FEEL. How did you feel while you (were) [DESCRIPTION]?

[(If you had more than one feeling, please tell me about the strongest one. Did you feel mostly unpleasant, mostly pleasant, or neither?)]

|                      |                    |            |
|----------------------|--------------------|------------|
| 1. Mostly unpleasant | 2. Mostly pleasant | 3. Neither |
|----------------------|--------------------|------------|

RETURN TO ACT\_INFO CHECKPOINT

## PRECODE6 CAI CHECKPOINT

|                          |            |                               |
|--------------------------|------------|-------------------------------|
| ACT_PRECODE = 6. TALKING | ALL OTHERS | → GO TO PRECODE7_8 CHECKPOINT |
|--------------------------|------------|-------------------------------|

WHERE. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

Where were you while you were doing that?

|                     |   |                               |                        |
|---------------------|---|-------------------------------|------------------------|
| 1. Home             | 2. Outdoors at home / yard              | 3. Workplace                  | 4. Someone else's home |
| 5. Restaurant/ bar  | 6. Place of worship                     | 7. Grocery store              | 8. Other store / mall  |
| 9. School           | 10. Outdoors / away from home           | 11. Medical office / hospital | 12. Library            |
| 13. Bank            | 14. Gym                                 | 15. Post office               | 16. Sporting event     |
| 97. Other-specify → | WHERE_SPEC. Please specify. (String 50) |                               |                        |

WHO\_ACTIVE\_. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

(Who were you talking to?)

ENTER up to twelve (12) selections

|   |   |  |
|---|---|--|
| 41. No one  | 42. By myself / myself  |  |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |  |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |  |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |  |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                                 |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → WHO_ACTIVE_SPEC. Please specify. (String 50) |

PHONE\_INPERSON. ASK or CONFIRM:

(Was this on the phone or in person?)

|          |              |
|----------|--------------|
| 1. Phone | 2. In person |
|----------|--------------|

PRECODE6B CAI CHECKPOINT

|  |            |                  |
|--|------------|------------------|
| WHERE = HOME , OUTDOORS, WORK, SOMEONE ELSE'S HOME | ALL OTHERS | → GO TO HOW_FEEL |
|--|------------|------------------|

WHO\_PASSIVE\_. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

Who else was [at home / outdoors at home/yard / at work / there] with you?

ENTER up to twelve (12) selections

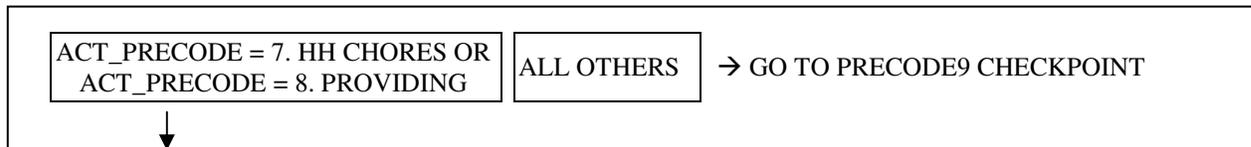
|   |   |   |
|---|---|---|
| 41. No one  | 42. By myself / myself  |   |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |   |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |   |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |   |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                                  |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → WHO_PASSIVE_SPEC. Please specify. (String 50) |

HOW\_FEEL. How did you feel while you (were) [DESCRIPTION]?

[(If you had more than one feeling, please tell me about the strongest one. Did you feel mostly unpleasant, mostly pleasant, or neither?)]

|                      |                    |            |
|----------------------|--------------------|------------|
| 1. Mostly unpleasant | 2. Mostly pleasant | 3. Neither |
|----------------------|--------------------|------------|

RETURN TO ACT\_INFO CHECKPOINT



WHERE. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

Where were you while you were doing that?

|   |                               |                               |                        |
|---|-------------------------------|-------------------------------|------------------------|
| 1. Home   | 2. Outdoors at home / yard    | 3. Workplace                  | 4. Someone else's home |
| 5. Restaurant/ bar  | 6. Place of worship           | 7. Grocery store              | 8. Other store / mall  |
| 9. School   | 10. Outdoors / away from home | 11. Medical office / hospital | 12. Library            |
| 13. Bank  | 14. Gym                       | 15. Post office               | 16. Sporting event     |
| 97. Other-specify → WHERE_SPEC. Please specify. (String 50) |                               |                               |                        |

WHO\_FOR. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

Who did you do that for?

ENTER up to twelve (12) selections

|   |   |   |
|---|---|---|
| 41. No one  | 42. By myself / myself  |   |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |   |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |   |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |   |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                              |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → WHO_FOR_SPEC. Please specify. (String 50) |

WHO\_ACTIVE\_. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

Who did that with you?

ENTER up to twelve (12) selections

|   |   |  |
|---|---|--|
| 41. No one  | 42. By myself / myself  |  |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |  |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |  |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |  |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                                 |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → WHO_ACTIVE_SPEC. Please specify. (String 50) |

## PRECODE7\_8B CAI CHECKPOINT

|  |            |                  |
|--|------------|------------------|
| WHERE = HOME , OUTDOORS, WORK, SOMEONE ELSE'S HOME | ALL OTHERS | → GO TO HOW_FEEL |
|--|------------|------------------|

↓

WHO\_PASSIVE\_. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

[Who else / Besides yourself, who else / Besides your [WHO\_ACTIVE], who else] was [at home / outdoors at home/yard / at work / there] with you?

ENTER up to twelve (12) selections

|   |   |   |
|---|---|---|
| 41. No one  | 42. By myself / myself  |   |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |   |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |   |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |   |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                                  |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → WHO_PASSIVE_SPEC. Please specify. (String 50) |

HOW\_FEEL. How did you feel while you (were) [DESCRIPTION]?

[(If you had more than one feeling, please tell me about the strongest one. Did you feel mostly unpleasant, mostly pleasant, or neither?)]

|                      |                    |            |
|----------------------|--------------------|------------|
| 1. Mostly unpleasant | 2. Mostly pleasant | 3. Neither |
|----------------------|--------------------|------------|

RETURN TO ACT\_INFO CHECKPOINT

## PRECODE9 CAI CHECKPOINT

|                                   |            |                                 |
|-----------------------------------|------------|---------------------------------|
| ACT_PRECODE = 9. OTHER ACTIVITIES | ALL OTHERS | → RETURN TO ACT_INFO CHECKPOINT |
|-----------------------------------|------------|---------------------------------|

↓

WHERE. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

Where were you while you were doing that?

|                     |   |                               |                        |
|---------------------|---|-------------------------------|------------------------|
| 1. Home             | 2. Outdoors at home / yard              | 3. Workplace                  | 4. Someone else's home |
| 5. Restaurant/ bar  | 6. Place of worship                     | 7. Grocery store              | 8. Other store / mall  |
| 9. School           | 10. Outdoors / away from home           | 11. Medical office / hospital | 12. Library            |
| 13. Bank            | 14. Gym                                 | 15. Post office               | 16. Sporting event     |
| 97. Other-specify → | WHERE_SPEC. Please specify. (String 50) |                               |                        |

WHO\_ACTIVE\_. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

Who did that with you?

ENTER up to twelve (12) selections

|   |   |  |
|---|---|--|
| 41. No one  | 42. By myself / myself  |  |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |  |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |  |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |  |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                                 |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → WHO_ACTIVE_SPEC. Please specify. (String 50) |

PRECODE9B CAI CHECKPOINT

|  |            |                  |
|--|------------|------------------|
| WHERE = HOME , OUTDOORS, WORK, SOMEONE ELSE'S HOME | ALL OTHERS | → GO TO HOW_FEEL |
|--|------------|------------------|

↓

WHO\_PASSIVE\_. Activity: [DESCRIPTION]; Start Time: [4:00AM / [START TIME]]; End Time: [END TIME]

ASK or CONFIRM:

[Who else / Besides yourself, who else / Besides your [WHO\_ACTIVE], who else] was [at home / outdoors at home/yard / at work / there] with you?

ENTER up to twelve (12) selections

|   |   |   |
|---|---|---|
| 41. No one  | 42. By myself / myself  |   |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |   |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |   |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |   |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                                  |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → WHO_PASSIVE_SPEC. Please specify. (String 50) |

HOW\_FEEL. How did you feel while you (were) [DESCRIPTION]?

[(If you had more than one feeling, please tell me about the strongest one. Did you feel mostly unpleasant, mostly pleasant, or neither?)]

|                      |                    |            |
|----------------------|--------------------|------------|
| 1. Mostly unpleasant | 2. Mostly pleasant | 3. Neither |
|----------------------|--------------------|------------|

RETURN TO ACT\_INFO CHECKPOINT

**SECTION 9. DETAILED WELL-BEING**

DWB1. The computer has randomly selected [1 / 2 / 3] [activity / activities] for me to ask you about.

For the following questions, please use a scale from 0 to 6, where 0 means you did not have this feeling at all and 6 means the feeling was very strong.

ENTER [1] to continue

1. Continue

CALM. [3 ACTIVITIES SELECTED: Now let's turn to the next time period. Again, we'll use a scale from 0 to 6 where 0 means you did not have this feeling at all and 6 means the feeling was very strong. / And now for the last time period. Just a reminder, we'll use a scale from 0 to 6 where 0 means you did not have this feeling at all and 6 means the feeling was very strong. / [2 ACTIVITIES SELECTED: / And now for the last time period. Again, we'll use a scale from 0 to 6 where 0 means you did not have this feeling at all and 6 means the feeling was very strong.]

You told me that from [START TIME] to [END TIME] you (were) [DESCRIPTION] [picking up / dropping off] [WHO\_PICK\_DROP] [WHO\_FOR] [and] [WHO\_ACTIVE] [WHERE].

From 0 to 6, how calm did you feel during this time, where 0 means not at all calm and 6 means very calm?

0. Not at all calm   1. One   2. Two   3. Three   4. Four   5. Five   6. Very calm

HAPPY. [You told me that from [START TIME] to [END TIME] you (were) [DESCRIPTION] [picking up / dropping off] [WHO\_PICK\_DROP] [WHO\_FOR] [and] [WHO\_ACTIVE] [WHERE].

From 0 to 6, how **happy** did you feel during this time, where 0 means not at all happy and 6 means very happy?

0. Not at all happy   1. One   2. Two   3. Three   4. Four   5. Five   6. Very happy

FRUSTRATED. [You told me that from [START TIME] to [END TIME] you (were) [DESCRIPTION] [picking up / dropping off] [WHO\_PICK\_DROP] [WHO\_FOR] [and] [WHO\_ACTIVE] [WHERE].

From 0 to 6, how **frustrated** did you feel during this time, where 0 means not at all frustrated and 6 means very frustrated?

0. Not at all frustrated   1. One   2. Two   3. Three   4. Four   5. Five   6. Very frustrated

WORRIED. [You told me that from [START TIME] to [END TIME] you (were) [DESCRIPTION] [picking up / dropping off] [WHO\_PICK\_DROP] [WHO\_FOR] [and] [WHO\_ACTIVE] [WHERE].

From 0 to 6, how **worried** did you feel during this time, where 0 means not at all worried and 6 means very worried?

0. Not at all worried   1. One   2. Two   3. Three   4. Four   5. Five   6. Very worried

SAD. [You told me that from [START TIME] to [END TIME] you (were) [DESCRIPTION] [picking up / dropping off] [WHO\_PICK\_DROP] [WHO\_FOR] [and] [WHO\_ACTIVE] [WHERE].

From 0 to 6, how **sad** did you feel during this time, where 0 means not at all sad and 6 means very sad?

0. Not at all sad   1. One   2. Two   3. Three   4. Four   5. Five   6. Very sad

TIRED. [You told me that from [START TIME] to [END TIME] you (were) [DESCRIPTION] [picking up / dropping off] [WHO\_PICK\_DROP] [WHO\_FOR] [and] [WHO\_ACTIVE] [WHERE].

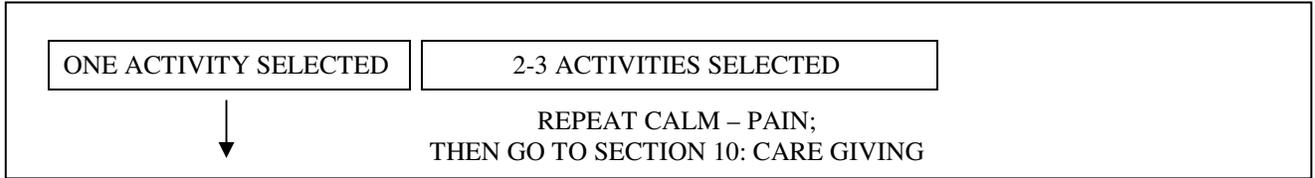
From 0 to 6, how **tired** did you feel during this time, where 0 means not at all tired and 6 means very tired?

0. Not at all tired   1. One   2. Two   3. Three   4. Four   5. Five   6. Very tired

PAIN. [You told me that from [START TIME] to [END TIME] you (were) [DESCRIPTION] [picking up / dropping off] [WHO\_PICK\_DROP] [WHO\_FOR] [and] [WHO\_ACTIVE] [WHERE].

From 0 to 6, how much **pain** did you feel during this time, where 0 means no pain at all and 6 means the pain was very strong?

0. No pain at all   1. One   2. Two   3. Three   4. Four   5. Five   6. was very strong



**SECTION 10. CARE GIVING WITHIN HOUSEHOLD**

CAR1A. Thinking about your entire day yesterday, [YESTERDAY], were you responsible for another adult living in your house who needs hands-on help or who cannot be left alone?

|        |       |   |
|--------|-------|---|
| 1. Yes | 5. No | → GO TO SECTION 11: HOW TYPICAL WAS YESTERDAY |
|--------|-------|---|



CAR1B. Who was that?

|   |   |  |
|---|---|--|
| 41. No one  | 42. By myself / myself  |  |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |  |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |  |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |  |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                           |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → CAR1BSPEC. Please specify. (String 50) |

CAR1C. About what time did your [CAR1B] wake up for the day yesterday?

Enter time in HH:MM format and then "a" for am or "p" for pm

|               |
|---------------|
| __ : __ AM/PM |
|---------------|

CAR1D. About what time did your [CAR1B] go to sleep for the night yesterday?

Enter time in HH:MM format and then "a" for am or "p" for pm

|               |
|---------------|
| __ : __ AM/PM |
|---------------|

CAR1E. Were you with your [CAR1B] the WHOLE day yesterday from [CAR1C] until [CAR1D]?

By with, we don't mean you have to be in the same room, but close enough to keep an eye on or help if needed.

|        |       |
|--------|-------|
| 1. Yes | 5. No |
|--------|-------|

GO TO CAR1F  
↓

CAR1H1STSTART. What times yesterday were you with your [CAR1B]? Again, by "with" we don't mean you have to be in the same room, but close enough to keep an eye on or help if needed. If there was more than one period, please start with the first one.

Start Time: \_\_ : \_\_ (am/pm)

RECORD the start time here and go to the next screen to record the end time

Enter time in HH:MM format and then "a" for am or "p" for pm

|               |
|---------------|
| __ : __ AM/PM |
|---------------|

CAR1H1STEND. (What times yesterday were you with your [CAR1B]? Again, by "with" we don't mean you have to be in the same room, but close enough to keep an eye on or help if needed. If there was more than one period, please start with the first one.)

Start Time: [CAR1H1STSTART]

End Time: \_\_ : \_\_ (am/pm)

[RECORD the end time here](#)

Enter time in HH:MM format and then "a" for am or "p" for pm

CAR1H2. Was there another time yesterday you were with your [CAR1B]?

1. Yes  5. No → GO TO CAR1F



CAR1H2NDSTART. (What times yesterday were you with [your]? Again, by "with" we don't mean you have to be in the same room, but close enough to keep an eye on or help if needed. If there was more than one period, please start with the first one.)

Start Time: \_\_ : \_\_ (am/pm)

[RECORD the start time here and go to the next screen to record the end time](#)

Enter time in HH:MM format and then "a" for am or "p" for pm

CAR1H2NDEND. (What times yesterday were you with your [CAR1B]? Again, by "with" we don't mean you have to be in the same room, but close enough to keep an eye on or help if needed. If there was more than one period, please start with the first one.)

Start Time: [CAR1H2NDSTART]

End Time: \_\_ : \_\_ (am/pm)

[RECORD the end time here](#)

Enter time in HH:MM format and then "a" for am or "p" for pm

CAR1H3. Was there another time yesterday you were with your [CAR1B]?

1. Yes  5. No → GO TO CAR1F



CAR1H3RDDSTART. (What times yesterday were you with your [CAR1B]? Again, by "with" we don't mean you have to be in the same room, but close enough to keep an eye on or help if needed. If there was more than one period, please start with the first one.)

Start Time: \_\_ : \_\_ (am/pm)

[RECORD the start time here and go to the next screen to record the end time](#)

Enter time in HH:MM format and then "a" for am or "p" for pm

CAR1H3RDEND. (What times yesterday were you with your [CAR1B]? Again, by "with" we don't mean you have to be in the same room, but close enough to keep an eye on or help if needed. If there was more than one period, please start with the first one.)

Start Time: [CAR1H3RDDSTART]

End Time: \_\_ : \_\_ (am/pm)

[RECORD the end time here](#)

Enter time in HH:MM format and then "a" for am or "p" for pm

CAR1F. Thinking about the time you were with your [CAR1B], how much of that time were you keeping an eye on (him/her)?  
Was it none, some, most or all of that time?

|         |         |         |        |
|---------|---------|---------|--------|
| 1. None | 2. Some | 3. Most | 4. All |
|---------|---------|---------|--------|

CAR1G. Thinking about the time you were with your [CAR1B], how much of that time were you providing hands-on help to (him/her)?

Was it none, some, most or all of that time?

|         |         |         |        |
|---------|---------|---------|--------|
| 1. None | 2. Some | 3. Most | 4. All |
|---------|---------|---------|--------|

### SECTION 11: HOW TYPICAL WAS YESTERDAY?

TYP1. Now please tell me how strongly you agree or disagree with the following statements:

I follow the same general routine most weekdays, Monday through Friday.

Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

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

TYP2. Let's try another one:

I follow the same general routine most weekends.

Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

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

TYP3. How about this one:

Yesterday ([YESTERDAY]) was a typical [weekend day / weekday].

Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

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

### SECTION 12: HOUSEHOLD CARE AND DIVISION OF LABOR

HHC1A. These next few questions are about taking care of things around the house during the last 7 days (from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday).

On how many of the last 7 days did you do laundry?

None, 1-2 days, 3-4 days, 5 or more days?

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

GOTO HHC2A



HHC1B\_. Whose laundry did you do?

ENTER up to twelve (12) selections

|   |   |                                  |
|---|---|----------------------------------|
| 41. No one  | 42. By myself / myself  |                                  |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |                                  |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |                                  |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |                                  |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify →              |

HHC1BSPEC. Please specify. (String 50)

HHC1C. Did you do the laundry because of your [wife / husband]'s health?

|        |       |
|--------|-------|
| 1. Yes | 5. No |
|--------|-------|

HHC2A. On how many of the last 7 days did you spend time cleaning the house?  
(None, 1-2 days, 3-4 days, 5 or more days?)

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

GOTO HHC3A



HHC2C. Did you spend time cleaning the house because of your [wife / husband]'s health?

|        |       |
|--------|-------|
| 1. Yes | 5. No |
|--------|-------|

HHC3A. On how many of the last 7 days did you prepare dinner?  
None, 1-2 days, 3-4 days, 5 or more days?

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

GOTO HHC4A



HHC3B\_. Who did you make dinner for?

ENTER up to twelve (12) selections

|   |   |  |
|---|---|--|
| 41. No one  | 42. By myself / myself  |  |
| 43. All household members                                 | 1-24. Household members 1 through 24                            |  |
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |  |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |  |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client                           |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. Other-specify → HHC3BSPEC. Please specify. (String 50) |

HHC3C. Did you prepare dinner because of your [wife / husband]'s health?

|        |       |
|--------|-------|
| 1. Yes | 5. No |
|--------|-------|

HHC4A. On how many of the last 7 days did you grocery shop or run household errands?  
None, 1-2 days, 3-4 days, 5 or more days?

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

GOTO HHC5A



HHC4B\_. Who did you grocery shop or run errands for?

ENTER up to twelve (12) selections

|                           |                                      |
|---------------------------|--------------------------------------|
| 41. No one                | 42. By myself / myself               |
| 43. All household members | 1-24. Household members 1 through 24 |

|   |   |  |
|---|---|--|
| 25. Son / Son-in-Law / Stepson, not in household          | 26. Daughter / Daughter-in-Law / Stepdaughter, not in household |  |
| 27. Father / Father-in-Law / Stepfather, not in household | 28. Mother / Mother-in-Law / Stepmother, not in household       |  |
| 29. Other family member, not in household                 | 30. Friend  | 31. Co-worker, colleague, client   |
| 32. Neighbor, acquaintance                                | 33. Pet   | 97. <a href="#">Other-specify</a> → HHC4BSPEC. Please specify. (String 50) |

HHC4C. Did you grocery shop or run errands because of your [wife / husband]'s health?

|        |       |
|--------|-------|
| 1. Yes | 5. No |
|--------|-------|

HHC5A. On how many of the last 7 days did you handle minor repairs and home improvements?  
(None, 1-2 days, 3-4 days, 5 or more days?)

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

GOTO HHC6A



HHC5C. Did you handle minor repairs and home improvements because of your [wife / husband]'s health?

|        |       |
|--------|-------|
| 1. Yes | 5. No |
|--------|-------|

HHC6A. On how many of the last 7 days did you pay bills or handle banking?  
(None, 1-2 days, 3-4 days, 5 or more days?)

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

GOTO SECTION 13



HHC6C. Did you pay bills or handle banking because of your [wife / husband]'s health?

|        |       |
|--------|-------|
| 1. Yes | 5. No |
|--------|-------|

### SECTION 13: PARTICIPATION

PAR1. Now I have a few final questions about how you spent your time during the last 7 days (from last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] to yesterday). Again, we'll use the answers, None, 1-2 days, 3-4 days, and 5 or more days.

On how many of the last 7 days did you work for pay? If you are self-employed or you own a business, include days you worked here.

(None, 1-2 days, 3-4 days, 5 or more days?)

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

PAR2. On how many of the last 7 days did you volunteer outside the home?

(None, 1-2 days, 3-4 days, 5 or more days?)

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

PAR3. On how many of the last 7 days did you look after a child not living in your home? [If this is your job, please do not include children you are paid to look after.]

(None, 1-2 days, 3-4 days, 5 or more days?)

|         |             |             |                   |
|---------|-------------|-------------|-------------------|
| 0. None | 1. 1-2 days | 3. 3-4 days | 5. 5 or more days |
|---------|-------------|-------------|-------------------|

PAR4. On how many of the last 7 days did you provide help with daily activities to an adult not living in your home? [If this is your job, please do not include adults you are paid to help.]  
(None, 1-2 days, 3-4 days, 5 or more days?)

0. None   1. 1-2 days   3. 3-4 days   5. 5 or more days

PAR5. On how many of the last 7 days did you use a computer to do things like go on line or send email? [If you work, please do NOT include using the computer at work.]  
(None, 1-2 days, 3-4 days, 5 or more days?)

0. None   1. 1-2 days   3. 3-4 days   5. 5 or more days

PAR6. On how many of the last 7 days did you talk on the phone with friends or family NOT living with you?  
(None, 1-2 days, 3-4 days, 5 or more days?)

0. None   1. 1-2 days   3. 3-4 days   5. 5 or more days

PAR7. On how many of the last 7 days did you socialize in person with friends or family NOT living with you?  
(None, 1-2 days, 3-4 days, 5 or more days?)

0. None   1. 1-2 days   3. 3-4 days   5. 5 or more days

PAR8. On how many of the last 7 days did you spend time doing physical activities such as playing a sport, working out at the gym, walking for pleasure, or other kind of exercise?  
(None, 1-2 days, 3-4 days, 5 or more days?)

0. None   1. 1-2 days   3. 3-4 days   5. 5 or more days

PAR9. On how many of the last 7 days did you go out for enjoyment such as going to the movies, out to dinner, or other leisure activity?  
(None, 1-2 days, 3-4 days, 5 or more days?)

0. None   1. 1-2 days   3. 3-4 days   5. 5 or more days

#### SECTION 14: CLOSING

CLO1. Now that you have had a chance to think about how you spend your time, I'd like to ask you one final question.  
For this question, please use a scale from 0 - 6, where 0 means not at all satisfied and 6 means very satisfied.  
Taking all things together, how satisfied are you with your life these days?

0. Not at all satisfied   1. One   2. Two   3. Three   4. Four   5. Five   6. Very satisfied

#### SECTION 15: ADDRESS UPDATE AND RESPONDENT PAYMENT

##### R MailingAddress

RPAY1. Now, I would like to verify that I have your correct name and address. You will receive \$50.00 from The University of Michigan in appreciation of your help after you have completed both interviews. In order for the Univeristy to send you a check or other correspondence, I must make sure that I have your correct name and mailing address.

[ENTER "1" to continue](#)

1. Continue

RMAILADDR NAME and ADDRESS: ADDRTYPE = 2 (RMailAddr)

TITLE. [Verify / Update / Change Respondent's mailing address and phone number](#)

What is your name and complete mailing address?

Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

If no title, PRESS [Enter] to continue

String (6)

NAMF. [First Name](#)

String (20)

NAMM. [Middle Name](#)

If none, PRESS [Enter] to continue

String (20)

NAML. [Last Name](#)

String (20)

SUFFIX. [Suffix -- e.g. "Sr", "Jr"](#)

If none, PRESS [Enter] to continue

String (3)

INCO. [In Care Of](#)

If none, PRESS [Enter] to continue

String (40)

ADDR1. [Address 1](#)

Enter P.O. Box in Addr2

String (40)

APTSTE. [Apt/Suite](#)

If none, PRESS [Enter] to continue

String (10)

ADDR2. [Address 2](#)

Enter P.O. Box here

If none, PRESS [Enter] to continue

String (40)

CITY. [City](#)

String (40)

STATE. [State](#)

If foreign country, type FOR; enter Foreign Country at the country screen that follows

String (4); State LookUp list

ZIP. Zip Code

String (10)

COUNTRY. Country if different from USA

Start typing the name of the Foreign Country to bring up look-up list

String (30); Country LookUp list

RPAY2B. What is your area code and phone number?

Area Code and Telephone Number

If foreign phone, ENTER all 0's and put foreign number in next field

String (20)

RPAY2C. Extension?

Enter foreign phone number in this field

If none, PRESS [Enter] to continue

String (20)

RPAY2D. In whose name is this phone listed or whose phone is this?

If phone number is not listed, ENTER "unlisted"

String (40)

RPAY2E. Is this a home phone, work phone, or cell phone?

1. Home

2. Work

3. Cell

4. Pager

5. Fax

6. VoIP

7. Other-specify → ASK RPAY2ESPEC

RPAY2ESPEC. Specify (String 50)

RPAY2F. Is there a [second / third] phone?

1. Yes

5. No

→ GO TO RPAY3A

REPEAT RPAY2B -  
RPAY2F; MAX=3

R Street Address

RPAY3A. Is your street address where you actually live different from your mailing address?

STREET ADDRESS is the address where Respondent ACTUALLY LIVES, which is sometimes different from Respondent's mailing address

1. Yes

5. No

→ GO TO RPAY4A



RPAY3B NAME and ADDRESS BLOCK

INCO. What is that address?

In Care Of

If none, PRESS [Enter] to continue

String (40)

ADDR1. Address 1

Enter P.O. Box in Addr2

String (40)

# 31

APTSTE. **Apt/Suite**

If none, PRESS [Enter] to continue

String (10)

ADDR2. **Address 2**

Enter P.O. Box here

If none, PRESS [Enter] to continue

String (40)

CITY. **City**

String (40)

STATE. **State**

If foreign country, type FOR; enter Foreign Country at the country screen that follows

String (4); State LookUp list

ZIP. **Zip Code**

String (10)

COUNTRY. **Country if different from USA**

Start typing the name of the Foreign Country to bring up look-up list

String (30); Country LookUp list

## Other Payee Address

RPAY4A. You may accept the \$50.00 or have it sent to someone else of your choosing. Which would you prefer?

1. Respondent accepts payment

3. Other person receives payment

4. Payment declined (IF VOL)

GO TO RPAY9 CHECKPOINT



GO TO RPAY9 HARD CHECK

## RPAY4B NAME and ADDRESS BLOCK: ADDRTYPE = 3 (OtherPayee)

TITLE. Who would you like to receive the check? To what address should we send the check?

Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

If no Title, PRESS [Enter] to continue

String (6)

NAMF. **First Name**

String (20)

NAMM. **Middle Name**

If none, PRESS [Enter] to continue

String (20)

NAML. **Last Name**

String (20)

SUFFIX. Suffix -- e.g. "Sr", "Jr"  
If none, PRESS [Enter] to continue

String (3)

INCO. In Care Of  
If none, PRESS [Enter] to continue

String (40)

ADDR1. Address 1  
Enter P.O. Box in Addr2

String (40)

APTSTE. Apt/Suite  
If none, PRESS [Enter] to continue

String (10)

ADDR2. Address 2  
Enter P.O. Box here  
If none, PRESS [Enter] to continue

String (40)

CITY. City

String (40)

STATE. State  
If foreign country, type FOR; enter Foreign Country at the country screen that follows

String (4); State LookUp list

ZIP. Zip Code

String (10)

COUNTRY. Country if different from USA  
Start typing the name of the Foreign Country to bring up look-up list

String (30); Country LookUp list

RPAY4B2. Is there a phone number for [OTHER PAYEE]?

1. Yes 5. No → GO TO RPAY9 CHECKPOINT



RPAY4C. Area Code and Telephone Number  
If foreign phone, ENTER all "0's" and put foreign number in next field

String (10)

RPAY4D. Extension?

Enter foreign phone number in this field  
If none, PRESS [Enter] to continue

String (20)

RPAY4E. In whose name is this phone listed?

If phone number is not listed, ENTER "unlisted"

String (40)

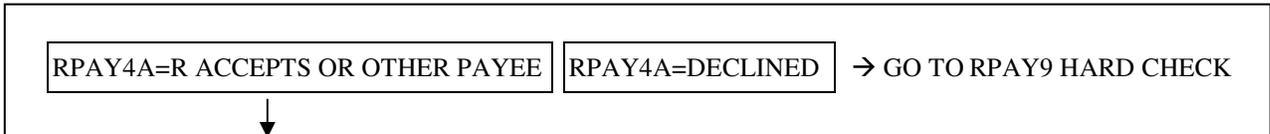
RPAY4F. Is this a home phone, work phone, or cell phone?

|         |         |         |          |        |         |                                  |
|---------|---------|---------|----------|--------|---------|----------------------------------|
| 1. Home | 2. Work | 3. Cell | 4. Pager | 5. Fax | 6. VoIP | 7. Other-specify →ASK RPAY4FSPEC |
|---------|---------|---------|----------|--------|---------|----------------------------------|

RPAY4FSPEC. Please specify (String 50)

Payment

RPAY9 CAI CHECKPOINT



RPAY9A.  Interviewer Checkpoint

Can the incentive(s) be paid by check or did R request a money order? (Multiple selections 1 & 7 or 2 & 7 only)

Check and Money Orders ONLY:

For Non-Standard Interview Payment, Cell Phone Payment, or Temporary Mailing Address

SELECT "7 - Special Handling"

ENTER all that apply

|   |   |   |
|---|---|---|
| 1. Yes, pay by check in standard amount | 2. Yes, pay by money order in standard amount | 7. Special handling (Non-Std IW Pymt; Cell Pymt; Temp Addr) |
|---|---|---|

IF SELECTED ALONE, GO TO RPAY9 HARD CHECK

GO TO RPAY9D

RPAY9D. Please indicate the type(s) of special handling needed.

ENTER all that apply

|  |                              |                                 |                  |
|--|------------------------------|---------------------------------|------------------|
| RPAY9A NE 1, 2: 1. Non-standard IW payment amount] | 2. Temporary mailing address | 3. Cell phone use payment, \$10 | 7. Other-specify |
|--|------------------------------|---------------------------------|------------------|

ASK RPAY9DAMT

ASK RPAY9D NAME and ADDR BLOCK

IF SELECTED ALONE, GO TO RPAY9 HARD CHECK

ASK RPAY9DSPEC

RPAY9DAMT. How much is the Respondent payment for this interview

ENTER an amount from \$50.00 to \$100.00

DO NOT INCLUDE amount for cell phone payment here-a separate check must be issued for cell phone payment. Go back to RPAY9d and select option "3-Cell phone payment"

50.00-100.00

RPAY9DSPEC. Please specify other special handling needed

But, go back to temporary address to record address where payment should be sent

String (500)

RPAY9D NAME and ADDRESS BLOCK: ADDRTYPE = 8 (TempMailAddr)

TITLE. What is that name and address?

Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

If no title, PRESS [Enter] to continue

NAMF. First Name

NAMM. Middle Name

If none, PRESS [Enter] to continue

NAML. Last Name

SUFFIX. Suffix -- e.g. "Sr", "Jr"

If none, PRESS [Enter] to continue

INCO. In Care Of

If none, PRESS [Enter] to continue

ADDR1. Address 1

Enter P.O. Box in Addr2

APTSTE. Apt/Suite

If none, PRESS [Enter] to continue

ADDR2. Address 2

Enter P.O. Box here

If none, PRESS [Enter] to continue

CITY. City

STATE. State

If foreign country, type FOR; enter Foreign Country at the country screen that follows

# 35

ZIP. Zip Code

String (10)

COUNTRY. Country if different from USA

Start typing the name of the Foreign Country to bring up look-up list

String (30); Country LookUp list

RPAY9 HARD CHECK (SUPPRESS=continue, CLOSE/GOTO=RPAY9D & RPAY9A & RPAY4A)

IF PAYMENT NOT SELECTED AT RPAY4A, RPAY9A OR RPAY9D:

You must select an interview payment type at RPay9a or RPay9d

Thank You

RPAY8. Thank you, these are all the questions I have for you.

Remind Respondent of date and time of second interview

Second Interview Date: [IW2\_SELECTEDDAY]

If spouse to be interviewed: ask spouse to come to phone or confirm number where you will be calling

Thank you for your participation in this interview.

ENTER [1] to continue

1. Continue

Finder 1

RPAY10A.  Interviewer Checkpoint

Did you or any interviewer offer a Finder's Fee to get this interview?

1. Yes   5. No   → GO TO RPAY12

RPAY10B NAME and ADDRESS BLOCK: ADDRTYPE = 6 (Finder1)

TITLE. Enter name and mailing address for Finder #1

Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

If no title, PRESS [Enter] to continue

String (6)

NAMF. First Name

String (20)

NAMM. Middle Name

If none, PRESS [Enter] to continue

String (20)

NAML. Last Name

String (20)

SUFFIX. Suffix -- e.g. "Sr", "Jr"

If none, PRESS [Enter] to continue

String (3)

INCO. In Care Of

If none, PRESS [Enter] to continue

String (40)

ADDR1. Address 1

Enter P.O. Box in Addr2

String (40)

APTSTE. Apt/Suite

If none, PRESS [Enter] to continue

String (10)

ADDR2. Address 2

Enter P.O. Box here

If none, PRESS [Enter] to continue

String (40)

CITY. City

String (40)

STATE. State

If foreign country, type FOR; enter Foreign Country at the country screen that follows

String (4); State LookUp list

ZIP. Zip Code

String (10)

COUNTRY. Country if different from USA

Start typing the name of the Foreign Country to bring up look-up list

String (30); Country LookUp list

RPAY10B2. Is there a phone number for Finder 1?

1. Yes 5. No → GO TO RPAY10G



RPAY10C. Area Code and Telephone Number

If foreign phone, ENTER all 0's and put foreign number in next field

String (10)

RPAY10D. Extension

Enter foreign phone number in this field

If none, PRESS [Enter] to continue

String (20)

RPAY10E. In whose name is this phone listed?  
If phone number is not listed, enter "unlisted"

String (40)

RPAY10F. Is this a home phone, work phone, or cell phone?

1. Home 2. Work 3. Cell 4. Pager 5. Fax 6. VoIP 7. Other-specify →ASK RPAY10FSPEC

RPAY10FSPEC. Specify (String 50)

RPAY10G. What is (his/her) relationship to Respondent?

String (50)

RPAY10H. How much did you offer this finder?

5. Five dollars (\$5) 10. Ten dollars (\$10) 15. Fifteen dollars (\$15) 20. Twenty dollars (\$20) with Team Leader approval

RPAY10I. Can the Finder be paid by check or did (he/she) request a money order?

1. Check 2. Money Order 4. Declined Payment

Finder 2

RPAY11A.  Interviewer Checkpoint  
Was there a second Finder's Fee offered for this interview?

1. Yes 5. No → GO TO RPAY12  
↓

RPAY11B NAME and ADDRESS BLOCK: ADDRTYPE = 7 (Finder2)

TITLE. Enter name and mailing address for Finder #2  
Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"  
If no title, PRESS [Enter] to continue

String (6)

NAMF. First Name

String (20)

NAMM. Middle Name

If none, PRESS [Enter] to continue

String (20)

NAML. Last Name

String (20)

SUFFIX. Suffix -- e.g. "Sr", "Jr"

If none, PRESS [Enter] to continue

String (3)

INCO. In Care Of

If none, PRESS [Enter] to continue

String (40)

ADDR1. Address 1

Enter P.O. Box in Addr2

String (40)

APTSTE. Apt/Suite

If none, PRESS [Enter] to continue

String (10)

ADDR2. Address 2

Enter P.O. Box here

If none, PRESS [Enter] to continue

String (40)

CITY. City

String (40)

STATE. State

If foreign country, type FOR; enter Foreign Country at the country screen that follows

String (4); State LookUp list

ZIP. Zip Code

String (10)

COUNTRY. Country if different from USA

Start typing the name of the Foreign Country to bring up look-up list

String (30); Country LookUp list

RPAY11B2. Is there a phone number for Finder 2?

1. Yes 5. No → GO TO RPAY11G



RPAY11C. Area Code and Telephone Number

If foreign phone, ENTER all "0's" and put foreign number in next field

String (10)

RPAY11D. Extension

Enter foreign phone number in this field

If none, PRESS [Enter] to continue

String (20)

RPAY11E. In whose name is this phone listed?

If phone number is not listed, ENTER "unlisted"

String (40)

RPAY11F. Is this a home phone, work phone, or cell phone?

1. Home

2. Work

3. Cell

4. Pager

5. Fax

6. VoIP

7. Other-specify →ASK RPAY11FSPEC

RPAY11FSPEC. Specify (String 50)

RPAY11G. What is (his/her) relationship to Respondent?

String (50)

RPAY11H. How much did you offer Finder 2?

5. Five dollars (\$5)

10. Ten dollars (\$10)

15. Fifteen dollars (\$15)

20. Twenty dollars (\$20) with  
Team Leader approval

RPAY11I. Can the finder be paid by check or did (he/she) request a money order?

1. Check

2. Money Order

4. Declined Payment

RPAY12. Were there any Respondent or Finder payment problems reported by this Respondent?

1. Yes

5. No

→ GO TO IWCOMPLETE



RPAY12SPEC. Please provide details of payment issue

String (500)

IWCOMPLETE. You have reached the end of the Interview

ENTER [1] to complete

1. Complete