



(Affix Label Here)

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Date Form Filled Out:

d d M M M y y y y  
(e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

**Socio-Demographic Information**

***For Internal Use Only – Please Mark the Appropriate Box Below:***

- 1 .....This Form was Administered via a DFR/Proxy
- 2 .....This Form was Administered In-Person by Study Personnel
- 3 .....This Form was Administered via Telephone by Study Personnel
- 4 .....This Form was Mailed and Self-Administered by Participant
- 5 .....This Form was Administered by Other: \_\_\_\_\_

***Interviewer: Please ask participant for verification of their date of birth and complete Questions 1& 2.***

**\*P1. Date of Birth**

Day: \_\_\_\_ Month: \_\_\_\_ Year: \_\_\_\_  
(Example: 10 JUN 2005)

**\*P2. Which item was used to provide proof of age?**

- 1 .....Birth certificate
- 2 .....Church record
- 3 .....Family bible
- 4 .....Military record
- 5 .....Census record
- 6 .....Passport
- 7 .....Driver’s license
- 8 .....No official source
- 9 .....Other (Please Specify) \_\_\_\_\_

**\*P2a. Date of birth verified?**

- 1 .....Yes
- 0 .....No, reason \_\_\_\_\_

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\*P3a. Were you born in the United States?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

**Go to Q4a**

P3b. In what city/town, county and state were you born?

City/Town: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

**Go to Q5**

P4a. In what country were you born? \_\_\_\_\_

P4b. When did you come to the United States?

Year: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **OR** Age: \_\_\_ \_\_\_ \_\_\_

5. Where did you live the majority of your childhood, prior to reaching the age of 16 years?

City/Town: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

\*P6a. What is your current housing situation?

- <sup>1</sup> .....House, including Townhouse or Farm **Go to Q6b**
- <sup>2</sup> .....Apartment/Co-op/Condominium **Go to Q6b**
- <sup>3</sup> .....Assisted Living/Other Special Housing for Older Adults **Go to Q7**
- <sup>4</sup> .....Nursing Home **Go to Q7**
- <sup>5</sup> .....Other (Please Specify) \_\_\_\_\_ **Go to Q7, if group dwelling**

P6b. How many people are living in your home apart from yourself? \_\_\_\_\_ people **If 0, Go to Q7**

\*P6c. Do you live together with? (X all that apply)

- <sup>1</sup> .....Spouse/Partner
- <sup>1</sup> .....Sisters/Brothers
- <sup>1</sup> .....Child (children)
- <sup>1</sup> .....Grandchild (grandchildren)
- <sup>1</sup> .....Other Relatives
- <sup>1</sup> .....Close friends/friends
- <sup>1</sup> .....Other (Please Specify) \_\_\_\_\_

\*P7. What is your gender?

- 1 .....Male
- 2 .....Female

\*P8. Are you Spanish/Hispanic/Latino? (Please Use Response Form in Appendix B)

- 1 .....Yes, Mexican, Mexican American/Chicano
- 2 .....Yes, Puerto Rican
- 3 .....Yes, Cuban
- 4 .....Yes, Other Spanish/Hispanic Latino
- 0 .....No, not Spanish/Hispanic/Latino

\*P9. What is your race? (X all that apply) (Please Use Response Form in Appendix B)

- 1 .....White
- 1 .....Black or African American
- 1 .....American Indian or Alaska Native
- 1 .....Asian
- 1 .....Native Hawaiian or other Pacific Islander
- 1 .....Other (Please Specify) \_\_\_\_\_

\*P10. What is the highest degree or level of school that you have completed? (Please Use Response Form in Appendix B)

- 0 .....Never went to school
- 1 .....No schooling completed
- 2 .....Nursery school to 4<sup>th</sup> grade
- 3 .....5<sup>th</sup> grade or 6<sup>th</sup> grade
- 4 .....7<sup>th</sup> grade or 8<sup>th</sup> grade
- 5 .....9<sup>th</sup> grade
- 6 .....10<sup>th</sup> grade
- 7 .....11<sup>th</sup> grade
- 8 .....12<sup>th</sup> grade – No high school diploma or GED
- 9 .....High school graduate – Diploma or GED
- 10 .....Vocational Training *How Many Years?* \_\_\_\_\_  
(technical, agricultural trade or craft)
- 11 .....Some college credit but less than one year
- 12 .....1 or more years of college – no degree
- 13 .....Associate degree (AA, AS)
- 14 .....Bachelor's degree (BA, AB, BS)
- 15 .....Master's degree (MA, MS, Meng, Med, MSW, MBA)
- 16 .....Professional degree (MD, DDS, DVM, LLB, JD)
- 17 .....Doctorate degree (PhD, EdD)
- D .....Do Not Know
- R .....Refused

**Now I would like to ask about your MAIN occupation.**

11a. What is/was your main occupation for most of your life? Include unpaid work that you may have done on a farm, in a business or as a homemaker. ***Interviewer Note: If [he/she] never worked, check the box below and skip to Q12a. If the participant is currently working, write down the participant's main occupation, despite [his/her] current role. Since we are interested in the participant's main occupation, [his/her] current role (if still working), may not be [his/her] main occupation, especially if the participant is working part-time or on a 'side job'. Please note: The participant should be encouraged to provide his/her primary occupation that s/he worked in most of his/her life. If the respondent insists that he/she had more than one MAIN occupation, list all and include them on separate lines or clearly separate them with “ ;”.***

(Examples of occupations include the following: janitor, farm laborer, bus driver, postal clerk, registered nurse, teacher, auto mechanic, lawyer, doctor, accountant, housewife, unpaid work on a farm, etc.) \_\_\_\_\_

- <sup>N</sup> Never worked **Go to Q12a**
- <sup>R</sup> Refused **Go to Q12a**

11b. How many subordinates do you have/did you have when you stopped working from your primary/main occupation? ***Interviewer Note: If the participant is still working at [his/her] main occupation, you may enter the current number of subordinates. If the participant is currently unemployed or working in a job outside of [his/her] main occupation (i.e. part-time, 'side job', etc.) or has retired, enter the number of subordinates the participant had when [he/she] stopped working from [his/her] main occupation.***

\_\_\_\_\_

**\*P12a.** What is your current marital status?

- <sup>1</sup> .....Married, indicate age of spouse: \_\_\_\_\_years
- <sup>2</sup> .....Separated, indicate year: \_\_\_\_\_
- <sup>3</sup> .....Divorced, indicate year: \_\_\_\_\_
- <sup>4</sup> .....Widowed, indicate year: \_\_\_\_\_
- <sup>0</sup> .....Never married **Go to Q15a**

12b. In what year or what age were you when your marriage began? If you have been married more than once, please record the year or age you were when your ***first*** marriage began.

Year: \_\_\_\_\_ **OR** Age: \_\_\_\_\_

12c. How many times have you been married? \_\_\_\_\_ Times

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**P13.** What is the highest degree or level of school that your spouse/partner has completed? If you were married more than once or lived with different partners, answer this question for the spouse/partner to whom you were married or lived with the longest. (*Please Use Response Form in Appendix B*).

*Note: Partner refers to a partner with whom you have been in a cohabiting relationship.*

- 0 .....Never went to school
  - 1 .....No schooling completed
  - 2 .....Nursery school to 4<sup>th</sup> grade
  - 3 .....5<sup>th</sup> grade or 6<sup>th</sup> grade
  - 4 .....7<sup>th</sup> grade or 8<sup>th</sup> grade
  - 5 .....9<sup>th</sup> grade
  - 6 .....10<sup>th</sup> grade
  - 7 .....11<sup>th</sup> grade
  - 8 .....12<sup>th</sup> grade – No high school diploma or GED
  - 9 .....High school graduate – Diploma or GED
  - 10 .....Vocational Training                    How Many Years? \_\_\_\_\_  
   (technical, agricultural trade or craft)
  - 11 .....Some college credit but less than one year
  - 12 .....1 or more years of college – no degree
  - 13 .....Associate degree (AA, AS)
  - 14 .....Bachelor's degree (BA, AB, BS)
  - 15 .....Master's degree (MA, MS, Meng, Med, MSW, MBA)
  - 16 .....Professional degree (MD, DDS, DVM, LLB, JD)
  - 17 .....Doctorate degree (PhD, EdD)
  - D .....Do Not Know
  - R .....Refused
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Now I would like to ask about your spouse's/partner's MAIN occupation.

14a. What is/was the main occupation of your spouse/partner for most of his/her life? Include unpaid work that he/she may have done on a farm, in a business or as a homemaker. If you have been married more than once or lived with different partners, answer this question for the spouse to whom you were married or lived with the longest. **Interviewer Note:** *If [he/she] never worked, check the box below and skip to 15a. If your spouse/partner is currently working, write down the spouse's/partner's main occupation, despite [his/her] current role. Since we are interested in the spouse's/partner's main occupation, [his/her] current role (if still working), may not be [his/her] main occupation, especially if the spouse/partner is working part-time or on a 'side job'. Please note: The participant should be encouraged to provide the spouse's/partner's primary occupation that s/he worked in most of his/her life. If the respondent insists that the spouse/partner had more than one MAIN occupation, list all and include them on separate lines or clearly separate them with ';'.*

**Note:** Partner refers to a partner with whom you have been in a cohabiting relationship.

(Examples of occupations include the following: janitor, farm laborer, bus driver, postal clerk, registered nurse, teacher, auto mechanic, lawyer, doctor, accountant, housewife, unpaid work on a farm, etc.) \_\_\_\_\_

- <sup>N</sup> Never worked                      **Go to Q15a**
- <sup>R</sup> Refused                                **Go to Q15a**

14b. How many subordinates does/did your spouse/partner have when [he/she] stopped working? **Interviewer Note:** *If the spouse/partner is still working at [his/her] main occupation, you may enter the current number of subordinates. If the spouse/partner is currently unemployed or working in a job outside of [his/her] main occupation (i.e. part-time, 'side job', etc.), enter the number of subordinates the spouse/partner had when [he/she] stopped working from [his/her] main occupation*

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**Interviewer Script:** *The next series of questions deals with your income and your family's economic situation. Income and economic resources are important in analyzing the health information we collect, as they can affect health in many ways that are often important and surprising. Like all other information you have provided, these answers will be kept strictly confidential.*

15a. What is your best estimate of the **highest annual combined household income** you and anyone in your family attained when you and/or your spouse/partner were working? Include income from all sources such as wages, salaries, self-employment, government sources, help from relatives, rent from property, interest, dividends, and any other sources.

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If the participant was/is living with someone with whom they did not or don't share their income, the participant should NOT report the other person's income, i.e., not the combined income with his/her living partner. If the incomes of the spouse/partner were/are pooled, then the combined income should be reported. Please note that, for those who have had a change in marital status, the *highest annual income when working* may not necessarily be the income they earned when together. If the participant earned more while living and working on his/her own than s/he did when living with a spouse/partner, the highest income should be reported.

*Note: Partner refers to a partner with whom you have been in a cohabiting relationship.*

*(Please Use Response Form in Appendix B)*

- 0 .....Less than \$5,000
- 1 .....\$5,000 to \$9,999
- 2 .....\$10,000 to \$14,999
- 3 .....\$15,000 to \$19,999
- 4 .....\$20,000 to \$34,999
- 5 .....\$35,000 to \$49,999
- 6 .....\$50,000 to \$74,999
- 7 .....\$75,000 to \$99,999
- 8 .....\$100,000+
- D .....Don't Know
- R .....Refused

15b. When was this level of annual combined household income earned?

**From** Year: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **to** Year: \_\_\_ \_\_\_ \_\_\_ \_\_\_

**OR**

**From** Age: \_\_\_ \_\_\_ \_\_\_ **to** Age: \_\_\_ \_\_\_ \_\_\_

15c. How many people were living in your household, including yourself, who depended on this income during the period you specified above (please provide the maximum number)? \_\_\_ \_\_\_ \_\_\_

15d. During most of your life, how hard was it for you (and your family) to pay for the very basics like food, clothing and housing? (*Please Use Response Form in Appendix B*)

- 5 .....Very Easy
- 4 .....Easy
- 3 .....OK
- 2 .....Hard
- 1 .....Very Hard
- D .....Don't Know
- R .....Refused

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\*P16a. Do you currently own or do you rent your principal place of residence, or the place where you usually live?

- 1 .....Own
- 2 .....Rent **Go to Q17**
- 3 .....Other: \_\_\_\_\_ **Go to Q17**
- D .....Don't Know **Go to Q17**
- R .....Refused **Go to Q17**

16b. If you sold your principal place of residence today, how much money would you expect to make after you have paid for any remaining mortgage? (*Please Use Response Form in Appendix B*)

- 1 .....Less than \$100,000
- 2 .....\$100,000 - \$249,999
- 3 .....\$250,000 - \$499,999
- 4 .....Equal to or more than \$500,000
- D .....Don't Know
- R .....Refused

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**Interviewer Script:** *The next question is about the value of any financial assets that you may have. By assets, we are referring to things like bank accounts, retirement accounts, investments such as stocks and bonds, and other financial assets. Financial assets are also important in analyzing the health information we collect. Like all other information you have provided, this answer will be kept strictly confidential.*

17. What is the value of all financial assets that you own? By assets, we are referring to things like bank accounts, retirement accounts, investments such as stocks and bonds, and other financial assets. (*Please Use Response Form in Appendix B*)

- 1 .....Less than \$100,000
- 2 .....\$100,000 - \$249,999
- 3 .....\$250,000 - \$499,999
- 4 .....Equal to or more than \$500,000
- D .....Don't Know
- R .....Refused