How Are You Doing These Days?

This questionnaire covers a number of topics, including your past and present health. Since there are different sections, please read the instructions at the beginning of each section very carefully. All of your answers are completely confidential. Please do NOT write your name on this booklet.

Use a No. 2 pencil, and please erase cleanly any stray marks or answers you wish to change. Make a solid mark to fill each response completely.

CORRECT: ● INCORRECT:

PHYSICAL ACTIVITY

Considering **a typical seven-day period** during the past year, how many times on the average did you do the following kinds of exercise for **more than 15 minutes**?

a) STRENUOUS EXERCISE (HEART BEATS RAPIDLY)
(for example, running, jogging, stair-stepping, soccer, basketball, cross-country skiing, skating, vigorous swimming, long distance bicycling)

○ Zero times ○ One or Two times ○ Three or four times ○ Five or six times ○ Seven or more times

b) MODERATE EXERCISE (NOT EXHAUSTING)
(for example, fast walking, baseball, tennis, easy bicycling, volleyball, gardening, badminton, easy swimming, popular and folk dancing)

○ Zero times ○ One or Two times ○ Three or four times ○ Five or six times ○ Seven or more times

c) MILD EXERCISE (MINIMAL EFFORT)
(for example, easy walking, fishing, bowling, horseshoes, golf)

○ Zero times ○ One or Two times ○ Three or four times ○ Five or six times ○ Seven or more times

I have exercised like this for...

- ○ Less than a year
- ○ More than one year: For how many years? →

NUMBER OF YEARS		
○ Two	○ Seven	○ Twelve
○ Three	○ Eight	○ Thirteen
○ Four	○ Nine	○ Fourteen
○ Five	○ Ten	○ Fifteen
○ Six	○ Eleven	○ Sixteen or more

Compared to other periods in your adult life, how physically active were you last year?

- ○ Much more active
- ○ Somewhat more active
- ○ About the same
- ○ Somewhat less active
- ○ Much less active

PRESENT HEALTH STATUS

Compared to others of your same age and sex, would you say that in general your health is...

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

Compared to one year ago, how would you rate your health now?

- ○ Much better now
- ○ Somewhat better now
- ○ About the same
- ○ Somewhat worse now
- ○ Much worse now

How much bodily pain have you had during the past year?

- ○ None
- ○ Very mild
- ○ Mild
- ○ Moderate
- ○ Severe
- ○ Very severe

During the past year, how much did your health interfere with your normal work (including both work outside the home and housework)?

- ○ Not at all
- ○ Slightly
- ○ Moderately
- ○ Quite a bit
- ○ Extremely

During the past year, have you had any of the following problems with your work or other regular daily activities as a result of your <u>physical health</u>?

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

During the past year, have you had any of the following problems with your work or other regular daily activities as a result of <u>emotional problems</u> (such as feeling depressed or anxious)?

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

During the past year, how much of the time has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

DAILY HABITS

On average, how many hours of sleep do you get each night?

ON WORK DAYS: (OR WEEK DAYS)	○ Less than 4 hours ○ 4 to 6 hours ○ 6 to 7 hours ○ 7 to 8 hours ○ 8 to 9 hours ○ More than 9 hours	**NON-WORK DAYS:** (OR WEEKEND DAYS)	○ Less than 4 hours ○ 4 to 6 hours ○ 6 to 7 hours ○ 7 to 8 hours ○ 8 to 9 hours ○ More than 9 hours

On average, how many hours PER DAY do you watch television or videos?

ON WORK DAYS:	○ None ○ Less than 1 hour ○ 1 to 2 hours ○ 2 to 4 hours ○ More than 4 hours a day	**NON-WORK DAYS:**	○ None ○ Less than 1 hour ○ 1 to 2 hours ○ 2 to 4 hours ○ More than 4 hours a day

When not at work, about how many hours PER DAY do you spend reading newspapers, magazines, or books?

ON WORK DAYS:	○ None ○ Less than 1 hour ○ 1 to 2 hours ○ 2 to 4 hours ○ More than 4 hours a day	**NON-WORK DAYS:**	○ None ○ Less than 1 hour ○ 1 to 2 hours ○ 2 to 4 hours ○ More than 4 hours a day

When not at work, about how many hours PER DAY do you spend interacting face-to-face with people (including friends, family, and strangers)?

ON WORK DAYS:	○ None ○ Less than 1 hour ○ 1 to 2 hours ○ 2 to 4 hours ○ More than 4 hours a day	**NON-WORK DAYS:**	○ None ○ Less than 1 hour ○ 1 to 2 hours ○ 2 to 4 hours ○ More than 4 hours a day

When not at work, about how many hours PER DAY do you spend interacting with others on the telephone?

ON WORK DAYS:	○ None ○ Less than 1 hour ○ 1 to 2 hours ○ 2 to 4 hours ○ More than 4 hours a day	**NON-WORK DAYS:**	○ None ○ Less than 1 hour ○ 1 to 2 hours ○ 2 to 4 hours ○ More than 4 hours a day

On average, about how many cups (glasses) do you drink PER DAY of each beverage?

	CUPS/GLASSES									
	0	1	2	3	4	5	6	7	8	9+
Decaffeinated coffee	○	○	○	○	○	○	○	○	○	○
Regular coffee (or espresso drinks).	○	○	○	○	○	○	○	○	○	○
Tea (with caffeine)	○	○	○	○	○	○	○	○	○	○
Tea (herbal or without caffeine)	○	○	○	○	○	○	○	○	○	○
Caffeinated soft drinks (for example, Coke)	○	○	○	○	○	○	○	○	○	○
Caffeine-free soft drinks	○	○	○	○	○	○	○	○	○	○

COPING WITH HEALTH PROBLEMS

As an adult, have you ever had a serious health problem -- either an illness, an injury, or surgery? If so, how did you cope with it? (If you have never experienced a really serious adult health problem, pick the worst one that you had in the last 10 years.)

Is the health problem that you are thinking about...

- ○ **An injury**
- ○ **An illness**
- ○ **Surgery**
- ○ **Other (for example, an emotional problem)**

How severe was/is this health problem?

- ○ **Not at all severe**
- ○ **Somewhat severe**
- ○ **Extremely severe**

And approximately how long did this health problem last?

- ○ **Less than 2 weeks**
- ○ **2 weeks to 3 months**
- ○ **3 months to 1 year**
- ○ **More than 1 year**

Are you still experiencing this health problem?

○ **YES:**

If Yes, when did this health problem begin?

- ○ **Less than 2 weeks**
- ○ **2 weeks to 3 months**
- ○ **3 months to 1 year**
- ○ **More than 1 year**
- ○ **Is a chronic problem (don't expect it to end)**

○ **NO:**

If No, when did this health problem end?

- ○ **Less than 2 weeks**
- ○ **2 weeks to 3 months**
- ○ **3 months to 1 year**
- ○ **More than 1 year**

Indicate how often you engaged in each of the following types of activities when you had that health problem. Please be sure to respond to each item.

	NOT AT ALL		MODERATELY		VERY MUCH
Thought about the good times I've had	①	②	③	④	⑤
Stayed in bed	①	②	③	④	⑤
Found out more information about the illness	①	②	③	④	⑤
Wondered why it happened to me	①	②	③	④	⑤
Tried to be with other people	①	②	③	④	⑤
Lay down when I felt tired	①	②	③	④	⑤
Sought medical treatment as soon as possible	①	②	③	④	⑤
Became angry because it happened to me	①	②	③	④	⑤
Daydreamed about pleasant things	①	②	③	④	⑤
Got plenty of sleep	①	②	③	④	⑤
Concentrated on getting better	①	②	③	④	⑤

COPING WITH HEALTH PROBLEMS *(continued)*

	NOT AT ALL		MODERATELY		VERY MUCH
Got frustrated	1	2	3	4	5
Enjoyed the attention of friends and family	1	2	3	4	5
Tried to use as little energy as possible	1	2	3	4	5
Learned more about how my body works	1	2	3	4	5
Felt anxious about the things I couldn't do	1	2	3	4	5
Made plans for the future	1	2	3	4	5
Made sure I was warmly dressed or covered	1	2	3	4	5
Did what my doctor told me	1	2	3	4	5
Fantasized about all the things I could do if I was better	1	2	3	4	5
Listened to music	1	2	3	4	5
Made my surroundings as quiet as possible	1	2	3	4	5
Tried my best to follow my doctor's advice	1	2	3	4	5
Wished that the problem had never happened	1	2	3	4	5
Invited people to visit me	1	2	3	4	5
Tried to be as quiet and still as I could	1	2	3	4	5
Tried to be prompt about taking medications	1	2	3	4	5
Felt anxious about being weak and vulnerable	1	2	3	4	5
Surrounded myself with nice things (like flowers)	1	2	3	4	5
Made sure I was comfortable	1	2	3	4	5
Learned more about the most effective treatments	1	2	3	4	5
Worried that my health might get worse	1	2	3	4	5

Where were you born?

- ○ Pacific Northwest
- ○ California
- ○ Southwest
- ○ Midwest
- ○ Great Plains
- ○ Northeast
- ○ Southeast
- ○ A foreign country

In general, do you consider yourself:

- ○ Left-handed
- ○ Right-handed
- ○ No preference

TOBACCO USE

1. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes is equal to five packs)

- ○ **No:** If NO, please skip to Question 4.
- ○ **Yes:** If YES, please answer Questions 2 and 3.

2. About how old were you when you first started smoking cigarettes fairly regularly?

AGE

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

3. Do you smoke cigarettes now?

- ○ **No:** If NO, about how long has it been since you last smoked cigarettes regularly?
  - ○ Less than a month
  - ○ One month to less than three months
  - ○ Three months to less than six months
  - ○ Six months to less than one year
  - ○ One year to less than five years
  - ○ Five years to less than ten years
  - ○ Ten years to less than twenty years
  - ○ More than twenty years
- ○ **Yes:** On an average day I smoke about...
  - ○ One or two cigarettes
  - ○ Less than half a pack
  - ○ Between a half and a full pack
  - ○ One to two packs
  - ○ More than two packs

During the past twelve months, have you quit smoking for one day or longer?

- ○ No
- ○ Yes

Please continue to Question 4 at the top of the next column.

4. Do you currently smoke cigars?

- ○ No
- ○ **Yes:** If YES, on how many of the past 30 days did you smoke one or more cigars?
  - ○ 1 or 2 days
  - ○ 3-5 days
  - ○ 6-9 days
  - ○ 10-20 days
  - ○ Over 20 days

5. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?

- ○ No
- ○ **Yes:** If YES, on how many of the past 30 days did you use chewing tobacco or snuff?
  - ○ 1 or 2 days
  - ○ 3-5 days
  - ○ 6-9 days
  - ○ 10-20 days
  - ○ Over 20 days

6. Do you currently smoke a pipe?

- ○ No
- ○ **Yes:** If YES, on how many of the past 30 days did you smoke a pipe?
  - ○ 1 or 2 days
  - ○ 3-5 days
  - ○ 6-9 days
  - ○ 10-20 days
  - ○ Over 20 days

7. Does anyone else in your household (not including you) smoke inside the home?

- ○ No
- ○ Yes

ALCOHOL USE

These next questions concern your use of beer, wine, wine coolers, cocktails, or liquor such as vodka, gin, or rum. This includes all kinds of alcoholic beverages that people drink at meals, on special occasions, or when just relaxing.

1. Have you had any beer, wine, wine coolers, cocktails, or liquor during the past 30 days?

- ○ **No:** **If NO, please skip to Question 4 below.**
- ○ **Yes:** **If YES, on how many of the past 30 days did you drink any alcoholic beverages?**
  - ○ **1 to 2 days**
  - ○ **3 to 4 days**
  - ○ **5 to 7 days**
  - ○ **8 to 15 days**
  - ○ **16 to 30 days**
  - ○ **Every day**

2. A drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor. On the days when you drank, about how many drinks did you drink on average?

- ① **One**
- ② **Two**
- ③ **Three**
- ④ **Four**
- ⑤ **Five**
- ⑥ **Six or more**

3. Considering all types of alcoholic beverages (beer, wine, wine coolers, cocktails, and liquor) as drinks, how many times <u>during the past month</u> did you have five or more drinks on a single occasion?

- ⓪ **Zero times**
- ① **One time**
- ② **Two times**
- ③ **Three times**
- ④ **Four times**
- ⑤ **Five times**
- ⑥+ **Six or more times**

4. Have there been times in your life when you <u>regularly</u> drank more than you do now?

- ○ **No**
- ○ **Yes**

5. Have you ever been worried about how much you drink or how often you drink?

- ○ **No**
- ○ **Yes**

6. Compared with your previous use of alcohol in your adult life, are you...

- ○ **Drinking more alcohol than you used to.**
- ○ **Drinking less alcohol than you used to.**
- ○ **Drinking about the same amount of alcohol.**

FUNNY THINGS THAT HAPPEN

Here are some minor mistakes that everyone makes from time to time, but some of which happen more often than others. We want to know how often these things have happened to you in the last six months.

How often did you...	NEVER	VERY RARELY	OCCASION-ALLY	QUITE OFTEN	VERY OFTEN
Read something and find you haven't been thinking about it and must read it again?	1	2	3	4	5
Find you forget why you went from one part of the house to the other?	1	2	3	4	5
Fail to notice signposts on the road?	1	2	3	4	5
Find you confuse right and left when giving directions?	1	2	3	4	5
Bump into people?	1	2	3	4	5
Find you forgot whether you've turned off a light or locked the door?	1	2	3	4	5
Fail to listen to people's names when you are meeting them?	1	2	3	4	5
Say something and realize afterwards that it might be taken as insulting?	1	2	3	4	5
Fail to hear people speaking to you when you are doing something else?	1	2	3	4	5
Lose your temper and regret it?	1	2	3	4	5
Leave important letters unanswered for days?	1	2	3	4	5
Find you forget which way to turn on a road you know well but rarely use?	1	2	3	4	5
Fail to locate what you want in a supermarket (although it's there)?	1	2	3	4	5
Find yourself suddenly wondering whether you've used a word correctly?	1	2	3	4	5
Have trouble making up your mind?	1	2	3	4	5
Find you forget appointments?	1	2	3	4	5
Forget where you put something like a newspaper or a book?	1	2	3	4	5
Find that you accidentally throw away the thing you want and keep what you meant to throw away -- such as throwing away the matchbox and putting the used match in your pocket?	1	2	3	4	5

FUNNY THINGS THAT HAPPEN *(continued)*

	NEVER	VERY RARELY	OCCASION-ALLY	QUITE OFTEN	VERY OFTEN
Daydream when you ought to be listening to something?	①	②	③	④	⑤
Forget people's names?	①	②	③	④	⑤
Start doing one thing at home and get distracted into doing something else (unintentionally)?	①	②	③	④	⑤
Find you can't quite remember something although it's on the tip of your tongue?	①	②	③	④	⑤
Forget what you came to the store to buy?	①	②	③	④	⑤
Drop things?	①	②	③	④	⑤
Find you can't think of anything to say?	①	②	③	④	⑤

CHANGING YOUR HABITS

Do you have any habits that you'd like to change? Please use the following response options to respond to EACH kind of behavior.

① **I do not need to change this practice; I do this about the right amount now.**

② **I think it would be desirable to change this, but I know that I will <u>not</u> do so.**

③ **I'd like to change, but I know that it would be difficult to do so.**

④ **I intend to change sometime in the future.**

⑤ **I intend to change soon.**

⑥ **I am in the process of changing right now.**

Eating less food each day (decreasing total calories) . . . . . ① ② ③ ④ ⑤ ⑥

Cutting down on the stress in life . . . . . ① ② ③ ④ ⑤ ⑥

Cutting down on alcohol consumption . . . . . ① ② ③ ④ ⑤ ⑥

Eating more fiber (cereals, whole grain breads) . . . . . ① ② ③ ④ ⑤ ⑥

Cutting down (or quitting) smoking . . . . . ① ② ③ ④ ⑤ ⑥

Cutting down on sweets (candy, desserts) . . . . . ① ② ③ ④ ⑤ ⑥

Cutting down on red meat . . . . . ① ② ③ ④ ⑤ ⑥

Doing more physical exercise . . . . . ① ② ③ ④ ⑤ ⑥

Cutting down on dietary fat . . . . . ① ② ③ ④ ⑤ ⑥

Getting more sleep . . . . . ① ② ③ ④ ⑤ ⑥

Eating more fruit . . . . . ① ② ③ ④ ⑤ ⑥

Drinking less caffeine . . . . . ① ② ③ ④ ⑤ ⑥

Cutting down on salt . . . . . ① ② ③ ④ ⑤ ⑥

Eating more vegetables . . . . . ① ② ③ ④ ⑤ ⑥

MORE ABOUT YOUR HEALTH

During the past year, how many times did you visit any of the following health professionals?

a. Physician, Nurse practioner, or Physician's assistant

⓪ Zero times	③ Three times	⑥ Six times
① One time	④ Four times	⑦ Seven times
② Two times	⑤ Five times	⑧+ Eight or more times

b. Psychiatrist, Psychologist, or other mental health counselor

⓪ Zero times	③ Three times	⑥ Six times
① One time	④ Four times	⑦ Seven times
② Two times	⑤ Five times	⑧+ Eight or more times

c. An alternative medicine provider, such as a Chiropractor, an Acupuncturist, a Naturopath, etc.

⓪ Zero times	③ Three times	⑥ Six times
① One time	④ Four times	⑦ Seven times
② Two times	⑤ Five times	⑧+ Eight or more times

Have you had any of the following AS A CHILD?

	NO	YES, MILD	YES, MODERATE	YES, SEVERE
a. Asthma?	◯	◯	◯	◯
b. Allergies/Hay fever?	◯	◯	◯	◯
c. Arthritis?	◯	◯	◯	◯

Have you had any of the following AS AN ADULT?

	NO	YES, MILD	YES, MODERATE	YES, SEVERE
a. Asthma?	◯	◯	◯	◯
b. Allergies/Hay fever?	◯	◯	◯	◯
c. Arthritis?	◯	◯	◯	◯

Do you have, and have you been treated for, any of the following conditions?

	NO	YES, NO TREATMENT	YES, TREATED BEFORE	YES, TREATED NOW
a. Heart disease	◯	◯	◯	◯
b. Stroke	◯	◯	◯	◯
c. High blood pressure	◯	◯	◯	◯
d. High cholesterol	◯	◯	◯	◯
e. Diabetes	◯	◯	◯	◯
f. Cancer	◯	◯	◯	◯

When you have difficulty sleeping, is it usually:

- ◯ I find it hard to fall asleep
- ◯ I wake up in the morning before I'm rested
- ◯ I wake up in the middle of the night
- ◯ I sleep too long
- ◯ I never have any difficulty sleeping

About how long has it been since you last had your blood pressure tested by a doctor, nurse, other health professional?

- ○ Within the past six months
- ○ Within the past year
- ○ Within the past two years
- ○ Within the past five years
- ○ More than five years
- ○ Not sure
- ○ Never

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- ○ No
- ○ Yes: If YES, have you been told on more than one occasion that your blood pressure was high?
  - ○ More than once
  - ○ Only once
  - ○ Not sure

Was there a time during the last 12 months when you needed to see a doctor, but could not do so because of the cost?

- ○ No
- ○ Yes

Do you have any kind of health care plan?

- ○ No
- ○ Yes

About how tall are you without shoes?

FEET	INCHES		
○ 4	○ 0	○ 4	○ 8
○ 5	○ 1	○ 5	○ 9
○ 6	○ 2	○ 6	○ 10
○ 7	○ 3	○ 7	○ 11

About how much do you currently weigh without shoes? Record to the nearest pound. (If you are pregnant, record your normal weight.)

POUNDS		
	○ 10	○ 1
○ 100	○ 20	○ 2
	○ 30	○ 3
○ 200	○ 40	○ 4
	○ 50	○ 5
○ 300	○ 60	○ 6
	○ 70	○ 7
○ 400	○ 80	○ 8
	○ 90	○ 9

or

WOMEN'S HEALTH HISTORY

Only women complete this section.
Men please go to the next page.

When did you last have a mammogram (an X-ray screening test for breast cancer)?

- ○ Never
- ○ Less than one year ago
- ○ Less than two years ago
- ○ Less than five years ago
- ○ More than five years ago

Do you plan to have a mammogram in the future?

- ○ No
- ○ Yes, in the next 12 months
- ○ Yes, in the next 24 months
- ○ Yes, when my doctor recommends it

When did you last have a Pap smear (a screening test where material is taken from the cervix to test for abnormalities)?

- ○ Never
- ○ Less than a year ago
- ○ Less than two years ago
- ○ Less than five years ago
- ○ More than five years ago

Do you plan to have a Pap smear in the future?

- ○ No
- ○ Yes, in the next 12 months
- ○ Yes, in the next 24 months

Has your mother had breast cancer?

- ○ No
- ○ Yes
- ○ Don't know

Have either of your parents had other reproductive cancers (besides breast cancer)?

- ○ No
- ○ Yes
- ○ Don't know

Do you know how to examine your own breast for lumps?

- ○ No: If NO, please go to the next page.
- ○ Yes: If YES, about how many times per year do you examine your own breasts for lumps?
  - ○ Never
  - ○ Less than once a year
  - ○ Two or three times a year
  - ○ Four to twelve times a year
  - ○ More than once a month

LIFE EVENTS

Life is sometimes difficult. Things happen for which we are unprepared and which are difficult to handle. Below is a brief list of such events, some of which may have happened to you. If one or more of them has happened to you **in the past 10 years**, please indicate the **effect that the event had on you**, using the scale provided.

	HAS NOT HAPPENED	LITTLE OR NO EFFECT	SOME EFFECT	LARGE EFFECT	VERY LARGE EFFECT
You suffered a serious illness, injury, or assault.	○	○	○	○	○
A serious injury, illness, or assault happened to a close relative or loved one.	○	○	○	○	○
Your parent, child, or spouse died.	○	○	○	○	○
A close family friend or another relative (aunt, cousin, grandparent) died.	○	○	○	○	○
You had a separation or divorce, or broke off a long-time intimate relationship.	○	○	○	○	○
You had a serious problem with a close friend, neighbor, or relative.	○	○	○	○	○
You lost your job.	○	○	○	○	○
You had a major financial crisis.	○	○	○	○	○
You had problems with the police or had a court appearance.	○	○	○	○	○
Something you valued was lost or stolen.	○	○	○	○	○

How satisfied are you with your overall physical appearance?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Not too satisfied**
- ○ **Not at all satisfied**

Overall, how concerned are you about the changes in your body and your appearance caused by aging?

- ○ **Very concerned**
- ○ **Somewhat concerned**
- ○ **Not too concerned**
- ○ **Not at all concerned**

If cost were not an issue, would you have some form of cosmetic surgery?

- ○ **Yes**
- ○ **No**
- ○ **Don't know**

SOME OF YOUR PREFERENCES

How much do you agree with each of the following statements?

	AGREE STRONGLY	MODERATELY AGREE	NEITHER AGREE NOR DISAGREE	MODERATELY DISAGREE	DISAGREE STRONGLY
I really enjoy a task that involves coming up with new solutions to problems.	1	2	3	4	5
I only think as hard as I have to.	1	2	3	4	5
I like tasks that require little thought once I've learned them.	1	2	3	4	5
I tend to set goals that can be accomplished only by expending considerable mental effort.	1	2	3	4	5
I find little satisfaction in deliberating hard and for long hours.	1	2	3	4	5
I think best when those around me are very intelligent.	1	2	3	4	5
I don't like to have the responsibility of handling a situation that requires a lot of thinking.	1	2	3	4	5
I prefer my life to be filled with puzzles that I must solve.	1	2	3	4	5
Thinking is not my idea of fun.	1	2	3	4	5
I prefer complex to simple problems.	1	2	3	4	5

Given your plans and intentions of the moment, how likely is it that you will be living in or around the Eugene-Springfield area five years from now?

- ○ Almost certainly yes
- ○ Probably yes
- ○ Probably no
- ○ Almost certainly no

Are you...

- ○ Married
- ○ Divorced
- ○ Widowed
- ○ Separated
- ○ Never been married
- ○ A member of an unmarried couple (living together)

How many people currently live in your household (including children)?

- ○ I live alone
- ○ I live with one other person
- ○ I live with two others
- ○ I live with three others
- ○ I live with four others
- ○ I live with five or more others

SOME OF YOUR BELIEFS

How much do you agree with each of the following statements?

	AGREE STRONGLY	MODERATELY AGREE	UNCERTAIN	MODERATELY DISAGREE	DISAGREE STRONGLY
The soul continues to exist although the body may die	1	2	3	4	5
Some individuals are able to levitate (lift) objects using mental forces	1	2	3	4	5
Black cats can bring bad luck	1	2	3	4	5
One's mind or soul can leave one's body and travel (astral projection)	1	2	3	4	5
Bigfoot exists	1	2	3	4	5
Astrology is a way to accurately predict the future	1	2	3	4	5
Psychokinesis, the movement of objects through psychic powers, does exist	1	2	3	4	5
Witches who have supernatural powers do exist	1	2	3	4	5
If you break a mirror, you will have bad luck	1	2	3	4	5
During altered states, such as sleep or trances, the spirit can leave the body	1	2	3	4	5
The Loch Ness Monster of Scotland exists	1	2	3	4	5
The horoscope accurately tells a person's future	1	2	3	4	5
A person's thoughts can influence the movement of a physical object	1	2	3	4	5
Through the use of formulas and incantations, it is possible to cast spells on persons	1	2	3	4	5
The number "13" is unlucky	1	2	3	4	5
Reincarnation does occur	1	2	3	4	5
Some people can accurately predict the future	1	2	3	4	5
Mind reading is possible	1	2	3	4	5
It is possible to communicate with the dead	1	2	3	4	5

What is your religious affiliation?

- ○ Catholic
- ○ Jewish
- ○ Mormon
- ○ Protestant
- ○ Spiritual, but not affiliated with a conventional religion
- ○ Other
- ○ None

SOME OF YOUR HABITS

Here are some experiences that people have in their everyday lives. Please indicate HOW FREQUENTLY YOU HAVE HAD EACH EXPERIENCE IN THE PAST MONTH.

	NEVER	ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
Unpleasant thoughts come into my mind against my will and I cannot get rid of them.	1	2	3	4	5
I think contact with others' bodily secretions (perspiration, saliva, blood, urine, etc.) may contaminate my clothes or somehow harm me.	1	2	3	4	5
I ask people to repeat things to me several times, even though I understood them the first time.	1	2	3	4	5
After doing something carefully, I still have the impression that I have not finished it.	1	2	3	4	5
I get upset if objects are not arranged properly.	1	2	3	4	5
I have to review mentally past events, conversations, and actions to make sure that I didn't do something wrong.	1	2	3	4	5
I wash and clean too much.	1	2	3	4	5
I check things more often than necessary.	1	2	3	4	5
After I have done things, I have doubts about whether I really did them.	1	2	3	4	5
I feel obliged to follow a particular order in dressing, undressing, and washing myself.	1	2	3	4	5
I collect things I don't need.	1	2	3	4	5
I feel compelled to count while I am doing things.	1	2	3	4	5
I avoid using public toilets because I am afraid of disease or contamination.	1	2	3	4	5
I repeatedly check doors, windows, and drawers.	1	2	3	4	5
Even when I do something very carefully, I feel that it is not quite right.	1	2	3	4	5
I need things to be arranged in a particular order.	1	2	3	4	5
I have thoughts that I might want to harm myself or others.	1	2	3	4	5
I avoid throwing things away because I am afraid I might need them later.	1	2	3	4	5
I need to pray to cancel bad thoughts or feelings.	1	2	3	4	5

SOME OTHER QUESTIONS

Are you now:

- ◯ Working for pay, full-time
- ◯ Working for pay, part-time
- ◯ Currently unemployed or changing jobs
- ◯ Retired
- ◯ A homemaker
- ◯ A student

If you are working for pay, how would you describe your job? (If you are retired, what did you do before you retired?)

Artistic
- ◯ Artist (painter, musician, interior designer)
- ◯ Writer (author, journalist, editor)

Adventure
- ◯ Military (soldier, sailor, pilot)
- ◯ Public safety (police, fire fighter, security guard)
- ◯ Sports (athlete, coach, fitness trainer)

Heath and Helping
- ◯ Education (K through 12)
- ◯ Education (college or university)
- ◯ Medical assistance (nurse, hygienist, lab tech.)
- ◯ Medicine (doctor, dentist, chiropractor)
- ◯ Mental health (social worker, counselor, psychologist)
- ◯ Religious (clergy, missionary)

Organizing and processing
- ◯ Clerical (secretary, word processor, data entry)
- ◯ Record keeping (accountant, medical records)

Physical/Hands-On
- ◯ Manual laborer (construction, machine operator)
- ◯ Personal Services (waitress, hairdresser)
- ◯ Skilled tradesperson (mechanic, plumber)
- ◯ Transportation (truck driver, shipping)

Business and law
- ◯ Customer service
- ◯ Entrepreneur/Small business owner
- ◯ Financial (stockbroker, loan officer, insurance agent)
- ◯ Management
- ◯ Sales
- ◯ Legal (lawyer, paralegal)

Scientific and analytic
- ◯ Computer technology (programmer, analyst)
- ◯ Engineering (drafts person, surveyor, engineer)
- ◯ Scientist (geologist, sociologist, biologist)

Imagine that in three to five years we were able to pay you a substantial amount of money to compensate you for your time. Under those conditions, do you think that you would be willing to:

1. **Come to ORI (1715 Franklin Blvd. in Eugene) and...**
   a. **Take part in some computer-administered tests?**
      ◯ Almost certainly yes ◯ Probably no
      ◯ Probably yes ◯ Almost certainly no

   b. **Take part in some individually administered tasks, such as those that permit you to use your imagination (perhaps like the Rorschach inkblots)?**
      ◯ Almost certainly yes ◯ Probably no
      ◯ Probably yes ◯ Almost certainly no

   c. **Take part in some group tasks or discussions with other research participants?**
      ◯ Almost certainly yes ◯ Probably no
      ◯ Probably yes ◯ Almost certainly no

   d. **Have a health check-up (for example, blood pressure, heart rate, urine sample), administered by a trained nurse?**
      ◯ Almost certainly yes ◯ Probably no
      ◯ Probably yes ◯ Almost certainly no

2. **Go to a physician's office for a health check-up (including a blood sample) at our expense, with a report to be sent to you?**
   ◯ Almost certainly yes ◯ Probably no
   ◯ Probably yes ◯ Almost certainly no

3. **In the privacy of your own home, would you be willing to gather and send to a laboratory, under anonymous conditions, a certain kind of saliva sample, which might provide information about your genetic make-up?**
   ◯ Almost certainly yes ◯ Probably no
   ◯ Probably yes ◯ Almost certainly no

Thank you for completing this questionnaire! Please return it in the postage-paid envelope provided to receive your check.

PLEASE DO NOT WRITE IN THIS AREA

[SERIAL]