Do you now live in a _____ rural area, _____ small town, _____ small city, _____ suburb of a large city, _____ heart of a large city?

How many people live in your household most of the time? _____
Who are they in relation to you? (Partner, child, parent, housemate, etc.)

Are there any others who live in your household part of the time (for example, children away at college)? If so, how many and who are they in relation to you?

Have you married or begun a marriage-like relationship since 1981? If so, please give date _____.

Have you divorced or ended a marriage-like relationship since 1981? If so, please give date _____.

Are you involved with the care of parents (yours or partner's)? _____ heavily, _____ some, _____ minimally, _____ parents don't require assistance.

Ages of living parents: _____

Any deaths of members of the family since 1981? If so, please give date and identify the person in relation to you.

Any marriages of children or births of grandchildren since 1981?

How many hours a week do you spend in paid work _____ and in volunteer work _____? Please give job title or nature of present work, paid and/or volunteer.

If you have received an advanced degree or professional certification since 1981, please describe and give dates.

How would you rate your general state of health? (poor) 1 2 3 4 5 (excellent)

Is this time of your life ___ first rate, ___ good, ___ fair, ___ not so good?

Any other big news--good or bad--since 1981? (Moves, accomplishments, changes of job or life style, illnesses--your own or family members.)

___ I would like to participate in the follow-up study. Please send me the materials and I will try to return them in about a month. I understand that I need not answer any questions that cause me discomfort or anxiety, that information I give will be held in strictest privacy, and that nothing that would identify me will be published without my consent.

(Signed) _____
Telephone _____

___ I do not wish to participate in the follow-up study.

Name _____

Longer version — for participants who didn't take part in the previous assessment or who participated only minimally

Code Number _____

Living Situation

Do you live in a ___ rural area, ___ small town, ___ small city, ___ suburb of a large city, ___ heart of a large city?

How long have you lived there? _____

How many people live in your household most of the time? _____
Who are they in relation to you? (Partner, child, parent, housemate, etc.)

Are there other who live in your household part of the time? (Children away at college etc.) If so, who are they in relation to you?

Couple Relationships

Number of marriages: _____. Current marital status: _____. Occupation of partner (present or most recent): _____. Partner's approximate annual earnings: _____.

Overall, how satisfied are/were you with your present or most recent couple relationship? (Circle 1 to mean very dissatisfied up to 5 to mean very satisfied.) 1 2 3 4 5

What would make (or would have made) it better?

Your Children

Years of birth of your children? _____ Are any married? _____
Any grandchildren? _____
Are you worried about a child? ___ no, ___ yes. If yes, why?

If your children have left home, are you spending your time differently now? How?

Your Parents

If your parents are living, how old are they? _____.
If deceased, what was the year of their deaths? _____.
Are you involved with the care of parents (your own or partner's)? ___ parents do not require assistance, ___ minimally, ___ some, ___ heavily.

Your Work

How many hours a week do you spend in paid work ___ and in volunteer work ___? Please give job title or nature of present work paid and/or volunteer.

At present, are you ___ beginning a new career, ___ continuing to build a career, ___ maintaining a career, ___ reducing your career involvement, ___ retired, ___ not a careerist. (Check all that apply.)

How satisfied are you with your work? not very 1 2 3 4 5 very
What would make it better?

How many years have you been in the labor force, without major interruption, for at least 40% time?
0 5 10 15 20 25 30

How important is work to your sense of identity now?
not very important 1 2 3 4 5 very important

Education

If you have received an advanced degree or professional certification, please describe and give dates.

Health

How would you rate your general state of health? not so good 1 2 3 4 5 excellent

How would you rate your level of energy? low 1 2 3 4 5 high

In what ways do health problems interfere with your life?

Are you subject to depression? ___ very rarely, ___ some mild depression, ___ chronic depression, ___ one acute depression, ___ more than one episode of acute depression.

Are you inclined to be tense and anxious? no 1 2 3 4 5 very much so

Your Appearance

When you were in college, how attractive were you compared to your classmates?

much less 1 2 3 4 5 much more

Now, how attractive are you compared to other women of your age? much less 1 2 3 4 5 much more

How important is physical appearance for your self-esteem? 1 2 3 4 5

Political Attitudes

Do you see yourself as politically--quite conservative 1 2 3 4 5 6 quite liberal?

Religion

How important is religion and spirituality in your life? ___ no religious conviction, ___ mainly nominal, ___ somewhat, ___ very important.

A Backward Look and Back to Now

How different has life been from what you expected when you were in college?

not very different 1 2 3 4 5 very different

If different, how or why?

Is this time in your life ___ not so good, ___ fair, ___ good, ___ first-rate?