2009

Add Health Wave IV

In-Home Interview Index File

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Question Variable Name

Section 1: Overview and Demographics

1. Respondent's date of birth – month **H4OD1M**
1. Respondent's date of birth – year **H4OD1Y**
2. Which of the following languages do you speak or write? SELECT ALL THAT APPLY.
   English **H4OD2A**
   Spanish **H4OD2B**
   Chinese **H4OD2C**
   an other European language **H4OD2D**
   an other Asian language **H4OD2E**
   an other language **H4OD2F**
3. What language do you use most with your family and close relatives? **H4OD3**
4. Were you born a US citizen? **H4OD4**
5. Have you become a US citizen? **H4OD5**
6. In what month [and year] did you become a citizen? **H4OD6M**
6. In what [month and] year did you become a citizen? **H4OD6Y**
7. Are you trying to become a US citizen? **H4OD7**

Section 2: Parental Support and Relationships

1. Is your biological mother still alive? **H4WP1**
2. In what month [and year] did your biological mother die? **H4WP2M**
2. In what [month and] year did your biological mother die? **H4WP2Y**
3. (Has/did) your biological mother ever (spent/spend) time in jail or prison? **H4WP3**
4. How many times (has/did) your biological mother (spent/spend) time in jail or prison? **H4WP4**
5. How old were you when your biological mother went to jail or prison (the first time)? **H4WP5**
6. How old were you when your biological mother was released from jail or prison (most recently)? **H4WP6**
7. Is your biological father still alive? **H4WP7**
8. In what month [and year] did you biological father die? **H4WP8M**
8. In what [month and] year did you biological father die? **H4WP8Y**
9. (Has/did) your biological father ever (spent/spend) time in jail or prison? **H4WP9**
10. How many times (has/did) your biological father (spent/spend) time in jail or prison? **H4WP10**
11. How old were you when your biological father went to jail or prison (the first time)? **H4WP11**
12. How old were you when your biological father was released from jail or prison (most recently)? **H4WP12**
13. What is this person's relationship to you? **H4WP13**
14. Is your (mother figure) still alive? **H4WP14**
15. In what month [and year] did your (mother figure) die? **H4WP15M**
15. In what [month and] year did your (mother figure) die? **H4WP15Y**
16. (Has/did) your (mother figure) ever (spent/spend) time in jail or prison? **H4WP16**
17. How many times (has/did) your (mother figure) (spent/spend) time in jail or prison? **H4WP17**
18. How old were you when your (mother figure) went to jail or prison (the first time)? **H4WP18**
19. How old were you when your (mother figure) was released from jail or prison (most recently)? **H4WP19**
20. How far do you and your (mother figure) live from one another? **H4WP20**
21. How often do you and your (mother figure) see each other? **H4WP21**
22. How often do you and your (mother figure) talk on the telephone, exchange letters, or exchange email? **H4WP22**
23. You are satisfied with the way your (mother figure) and you communicate with each other. **H4WP23**
24. How close do you feel to your (mother figure)? **H4WP24**
25. How many times has your (mother figure) paid your living expenses or given you $50 or more to pay living expenses during the past 12 months? **H4WP25**

26. How many times have you paid your (mother figure's) living expenses or given her more than $50 to pay living expenses during the past 12 months? **H4WP26**
27. What is this person's relationship to you? **H4WP27**
28. Is your (father figure) still alive? **H4WP28**
29. In what month [and year] did your (father figure) die? **H4WP29M**
29. In what [month and] year did your (father figure) die? **H4WP29Y**
30. (Has/did) your (father figure) ever (spent/spend) time in jail or prison? **H4WP30**
31. How many times (has/did) your (father figure) (spent/spend) time in jail or prison? **H4WP31**
32. How old were you when your (father figure) went to jail or prison (the first time)? **H4WP32**
33. How old were you when your (father figure) was released from jail or prison (most recently)? **H4WP33**
34. How far do you and your (father figure) live from one another? **H4WP34**
35. How often do you and your (father figure) see each other? **H4WP35**
36. How often do you and your (father figure) talk on the telephone, exchange letters, or exchange email? **H4WP36**
37. You are satisfied with the way your (father figure) and you communicate with each other. **H4WP37**
38. How close do you feel to your (father figure)? **H4WP38**
39. How many times has your (father figure) paid your living expenses or given you $50 or more to pay living expenses during the past 12 months? **H4WP39**
40. How many times have you paid your (father figure's) living expenses or given him more than $50 to pay living expenses during the past 12 months? **H4WP40**

Section 3: Relationships with Siblings

1. How many brothers and sisters do you have, both living and deceased? Include biologically related, adoptive, and step-brothers or sisters. **H4WS1**
2. How many have died? **H4WS2**
3. In what year did {initials} die? **H4WS3**
4. How many close friends do you have? (Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.) **H4WS4**
5. What race are your close friends? **H4WS5**

Section 4: General Health and Diet

1. In general, how is your health? **H4GH1**
2. In the past 30 days, how often did a health problem cause you to miss a day of school or work? **H4GH2**
3. What is the date when your last menstrual period began?
   month **H4GH3M**
   day **H4GH3D**
   year **H4GH3Y**
4. What is your best guess about how long ago your last menstrual period began?
   (enter the number of days, weeks, or months) **H4GH4A**
   (select days, weeks, or months as indicated by respondent) **H4GH4B**
5. How tall are you in feet and inches?
   feet **H4GH5F**
   inches **H4GH5I**
6. What is your current weight in pounds? **H4GH6**
7. How do you think of yourself in terms of weight? **H4GH7**
8. How many times in the past seven days did you eat food from a fast food restaurant, such as McDonald's, Burger King, Wendy's, Arby's, Pizza Hut, Taco Bell, or Kentucky Fried Chicken or a local fast food restaurant? **H4GH8**

9. In the past 7 days, how many regular (non-diet) sweetened drinks did you have? Include regular soda, juice drinks sweetened tea or coffee, energy drinks, flavored water, or other sweetened drinks. **H4GH9**
10. In the past 7 days, how many diet or low-calorie drinks did you have? Include diet sodas unsweetened tea or coffee or other drinks sweetened with artificial sweeteners. **H4GH10**
11. At what time did you last eat or drink anything other than water including sugar-containing candy or gum ?
    hour **H4GH11H**
    minute **H4GH11M**
    am/pm **H4GH11T**
12. Did you drink a caffeinated beverage (e.g., coffee, tea or soda) in the past 24 hours? **H4GH12**
13. At what time did you last drink a caffeinated beverage?
    hour **H4GH13H**
    minute **H4GH13M**
    am/pm **H4GH13T**

Section 5: Access to Health Services, Health Insurance

1. Which of the following best describes your current health insurance situation? **H4HS1**
2. Why do you not have health insurance? SELECT YES OR NO FOR EACH OPTION
    You are not offered health insurance through work or school. **H4HS2A**
    It is too expensive **H4HS2B**
    You do not need or want health insurance **H4HS2C**
    You were denied health insurance. **H4HS2D**
3 Over the past 12 months, how many months did you have health insurance? **H4HS3**
4. Has there been any time in the past 12 months when you thought you should get medical care, but you did not? **H4HS4**
5. In the past 12 months, did a health problem get worse because you did not get care when you thought you should? **H4HS5**
6. Where do you usually go when you are sick or need health care? **H4HS6**
7. How long ago did you last have a routine check-up? **H4HS7**
8. In the past 12 months have you had a dental examination by a dentist or dental hygienist? **H4HS8**
9. In the past 12 months have you received psychological or emotional counseling? **H4HS9**

Section 6: Illness, Medications, and Physical Disabilities

1. How much does your health now limit you in these activities: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, playing golf? **H4ID1**
2. How much does your health now limit you in : climbing several flights of stairs? **H4ID2**
3. Is your limitation in activities caused by a condition that has lasted more than a year, or by a condition that has developed recently? **H4ID3**
4. Do you use a brace, cane, wheelchair or other device because of a physical condition? **H4ID4**
5. Has a doctor, nurse or other health care provider ever told you that you have or had:
    cancer or lymphoma or leukemia **H4ID5A**
    high blood cholesterol or triglycerides or lipids **H4ID5B**
    high blood pressure or hypertension **H4ID5C**
    high blood sugar or diabetes **H4ID5D**
    heart disease **H4ID5E**
    asthma, chronic bronchitis or emphysema **H4ID5F**
    migraine headaches **H4ID5G**
    depression **H4ID5H**
    post-traumatic stress disorder or PTSD **H4ID5I**
    anxiety or panic disorder **H4ID5J**
    epilepsy or another seizure disorder **H4ID5K**

attention problems or ADD or ADHD **H4ID5L**
HIV/AIDS **H4ID5M**
Hepatitis C **H4ID5N**

6. How old were you when the doctor, nurse or other health practitioner first told you?
cancer or lymphoma or leukemia. Don't include skin cancer, except melanoma. **H4ID6A**
high blood cholesterol or triglycerides or lipids **H4ID6B**
high blood pressure or hypertension {if female add, when you were not pregnant} **H4ID6C**
high blood sugar or diabetes {if female add, when you were not pregnant} **H4ID6D**
heart disease **H4ID6E**
asthma, chronic bronchitis or emphysema **H4ID6F**
migraine headaches **H4ID6G**
depression **H4ID6H**
post-traumatic stress disorder or PTSD **H4ID6I**
anxiety or panic disorder **H4ID6J**
epilepsy or another seizure disorder **H4ID6K**
attention problems or ADD or ADHD **H4ID6L**
HIV/AIDS **H4ID6M**
Hepatitis C **H4ID6N**
7. In the past 12 months, have you suffered any serious injuries? For example, broken bones, cuts or lacerations, burns, torn muscles, tendons or ligaments, or other injuries that interfered with your ability to perform daily tasks. **H4ID7**
8. In the past 12 months, were you involved in a motor vehicle accident? **H4ID8**
9. Have you had any of the following conditions in the last four weeks? Mark all that apply.
Gum disease (gingivitis; periodontal disease) or tooth loss because of cavities **H4ID9A**
Active infection **H4ID9B**
Injury **H4ID9C**
Acute illness **H4ID9D**
Surgery **H4ID9E**
Active seasonal allergies (hay fever) **H4ID9F**
None **H4ID9G**
10. Have you had any of the following conditions in the last two weeks? Mark all that apply.
cold or Flu-like symptoms such as sore throat, runny nose, or cough **H4ID10A**
Fever **H4ID10B**
Night sweats **H4ID10C**
Nausea or vomiting or diarrhea **H4ID10D**
Blood in stool (feces) or in urine **H4ID10E**
Frequent urination **H4ID10F**
Skin rash or abscess **H4ID10G**
None of the above **H4ID10H**
11. Regarding your current medication use: In the past 24 hours, have you taken aspirin or aspirin- containing medications including cold and allergy medications or headache powders? Do not include acetaminophen for example, Tylenol or ibuprofen for example, Advil, Motrin or Nuprin. Some examples of aspirin-containing medications include: Anacin, Aspirin, B.C. Backache Relief Extra Strength, Bayr, Excedrin, Goodyâ€™s, Pain Relief, Pain Reliever Added Strength, VanquisH **H4ID11**
12. In the past 24 hours, have you taken other anti-inflammatory medications? Do not include acetaminophen for example, Tylenol or aspirin-containing medications. Some examples of those include: Advil, Aleve, Ibuprofen, Motrin, Naproxen, Nuprin **H4ID12**
13. Do you have total blindness in one or both eyes? **H4ID13**
14. Do you use eyeglasses, contact lenses, both, or neither for vision correction? **H4ID14**
15. With eyeglasses or contact lenses, how is your eyesight? **H4ID15**
16. Have you ever worn a hearing aid? **H4ID16**
17. Which statement best describes your hearing **without** a hearing aid or other assistive devices? **H4ID17**
18. Do you have a problem with stuttering or stammering? **H4ID18**
19. How would you describe your stuttering or stammering at this time? **H4ID19**

20. In the past 12 months have you been bothered by ringing, roaring, or buzzing in your ears or head (tinnitus) that lasts for 5 minutes or more? **H4ID20**
21. How long have you been bothered by this ringing, roaring, or buzzing in your ears or head? ... **H4ID21**
22. In the past 12 months, how often have you had this ringing, roaring, or buzzing in your ears or head **H4ID22**
23. In the past 12 months, have you had any problem with your voice? By any problem, we mean was there any time when your voice was hoarse, raspy, breathy, weak, or, generally, did not work, perform, or sound as you feel it normally would? **H4ID23**
24. In the past 12 months, how often has your voice been hoarse, raspy, or breathy? **H4ID24**
25. In the past 12 months, how often have you had difficulty being heard or trouble projecting your voice? **H4ID25**
26. How often does a problem with your voice affect your personal, social, or working (professional) life? **H4ID26**

Section 7: Sleep Patterns

1. On days that you go to work, school or similar activities, what time do you usually wake up?
   hour **H4SP1H**
   minute **H4SP1M**
   am/pm (on the am/pm screen display: 12 MIDNIGHT IS AM. 12 NOON IS PM.) **H4SP1T**
2. On those days, what time do you usually go to sleep the night or day before?
   hour **H4SP2H**
   minute **H4SP2M**
   am/pm (on the am/pm screen display: 12 MIDNIGHT IS AM. 12 NOON IS PM.) **H4SP2T**
3. On days that you don't have to get up at a certain time, what time do you usually wake up?
   hour **H4SP3H**
   minute **H4SP3M**
   am/pm (on the am/pm screen display: 12 MIDNIGHT IS AM. 12 NOON IS PM.) **H4SP3T**
4. On those days, what time do you usually go to sleep the night or day before?
   hour **H4SP4H**
   minute **H4SP4M**
   am/pm (on the am/pm screen display: 12 MIDNIGHT IS AM. 12 NOON IS PM.) **H4SP4T**

   Over the past four weeks:
5. How often did you have trouble falling asleep? **H4SP5**
6. How often did you have trouble staying asleep through the night? For example, you woke up several times at night or woke up earlier than you planned to? **H4SP6**
7. Based on what you have noticed or what others have told you, are there times when you snore or you stop breathing during your sleep? **H4SP7**

Section 8: Household Roster and Residence History

1. Where do you live now? That is, where do you stay most often? **H4HR1**
2. What kind of group quarters are you living in? **H4HR2**
3. Do you live alone or with others? **H4HR3**
4. How many people live with you? Don't count yourself. If someone usually lives with you but is away temporarily include him or her. **H4HR4**
5. Is {initials} male or female? **H4HR5**
6. How old is {initials}? **H4HR6**
7. About how old is {initials}? **H4HR7**
8. What is {initial's} relationship to you? **H4HR8**
9. Which description best fits {initials}'s relationship to you? **H4HR9**
10. Have you continuously lived in {CURRENT STATE} since {LAST INTERVIEW:1995/1996/2001/2001}? **H4HR10**

11. In what month [and year] did you move to {fill ST}? **H4HR11M**
11. In what [month and] year did you move to {fill ST}? **H4HR11Y**

Section 9: Education

1. What is your high school graduation status? **H4ED1**
2. What is the highest level of education that you have achieved to date? **H4ED2**
3. Please list all degrees or certificates you have received from a college, university, or vocational/technical school. Do not include certificates you received from programs that lasted less than one year. List your most recent degree or certificate first. **H4ED3**
4. In what year did you receive this degree/certificate? **H4ED4**
5. Have you received any other degrees or certificates from a college, university, or vocational/technical school? **H4ED5**
6. Are you currently attending a college, university, or vocational/technical school where you take courses for academic credit? If you are enrolled but on school break or vacation, count this as attending. **H4ED6**
7. In the past 12 months, have any relatives, including your parents or in-laws, helped you out by paying some of your educational expenses, such as tuition or books? **H4ED7**
8. Which of the following best describes your desired level of education? Please listen to all of the options before responding. **H4ED8**
9. What is the highest level of education you ever expect to complete? **H4ED9**

Section 10: Military

1. Have you ever been in the military? **H4MI1**
2. Was your military service in the US, outside the US, or both? **H4MI2**
3. Are you currently serving in the military? **H4MI3**
4. In which branches of the military have you served? SELECT ALL THAT APPLY.
   Army **H4MI4A**
   Air Force **H4MI4B**
   Marine Corps **H4MI4C**
   Navy **H4MI4D**
   Coast Guard **H4MI4E**
5. In which branch are you currently serving? **H4MI5**
6. In which components of the military have you served? SELECT ALL THAT APPLY.
   active duty **H4MI6A**
   reserves **H4MI6B**
   National Guard **H4MI6C**
7. In which component are you currently serving? **H4MI7**
8. In what month and year did your first military service begin?
   month **H4MI8M**
   year **H4MI8Y**

9 In what month and year did your most recent military service end?
   month **H4MI9M**
   year **H4MI9Y**

10. What is the highest military rank you have achieved? **H4MI10**
11. What is the total amount of time you (have) served on active duty?
   years **H4MI11Y**
   months **H4MI11M**
12. What is the total amount of time you (have) served in a combat zone?
   years **H4MI12Y**
   months **H4MI12M**
13. During your combat deployment, how many times did you engage the enemy in a firefight? **H4MI13**

14. During your combat deployment, did you ever kill or think you killed someone? **H4MI14**
15. During your combat deployment, were you wounded or injured? **H4MI15**
16. During your combat deployment, did you see anyone wounded, killed, or dead? SELECT ALL THAT APPLY.
    yes, coalition or ally **H4MI16A**
    yes, enemy **H4MI16B**
    yes, civilian **H4MI16C**
    no **H4MI16D**
17. We would like to obtain information from your military service record, including information on your military education, dates and geographic locations of service, and participation in military battles and engagements. This information will help us learn more about pathways into the military and the effects of military service on family formation and health. We will not request your medical records. In order to obtain your service record we will need your Social Security number. Would you provide your Social Security number so we can request your military service record? (Your Social Security number will be treated as confidential and used only for the purpose of obtaining your military service record.) **H4MI17**

Section 11: Labor Market

1. Have you ever worked full time at least 35 hours a week at a paying job while you were not primarily a student? Do not include summer work. **H4LM1**
2. Have you ever worked for 9 weeks or more at a paying job that was at least 10 hours a week? Do not include military service. **H4LM2**
3. Thinking back over the period from 2001 to the previous year how many total jobs have you had? Include only paying jobs that lasted 9 weeks or more and were at least 10 hours a week. **H4LM3**
4. Thinking back over the period from 2001 to the previous year, how many times have you been fired, let go or laid off from a job? **H4LM4**
5. How old were you when you first began working full time (at least 35 hours a week) at a paying job while you were not primarily a student? **H4LM5**
6. Are you still at your first full-time job at least 10 hours per week? **H4LM6**
7. Since you left your first full-time job, have you had another paying job that was at least 10 hours per week? Do not include military service. **H4LM7**
8. Next I'd like to record a description of your first full-time job. When you see the list of categories, please tell me which best describes what you did at your first full time job. **H4LM8**
9. How long did you work at your first full time job (in years and months)?
    years **H4LM9Y**
    months **H4LM9M**
10. Which of the following best describes your first full time job? **H4LM10**
11. Are you currently working for pay at least 10 hours a week? **H4LM11**
12. On how many jobs are you currently working for pay at least 10 hours a week? **H4LM12**
13. How many total hours a week do you usually spend at these jobs? **H4LM13**
14. Which one of the following categories **best** describes what you're doing now? **H4LM14**
15. In what month and year did you begin your (current/most recent) primary job?
    month **H4LM15M**
    year **H4LM15Y**
16. In what month and year did you last work at this job?
    month **H4LM16M**
    year **H4LM16Y**
17. What is the main reason you left your most recent job? **H4LM17**
18. Now I'd like to record a description of your (current/most recent) job. When you see the list of categories, please tell me which best describes what you (do/did) at your (current/most recent) job. **H4LM18**
19. How many hours a week (do/did) you usually work at this job? **H4LM19**
20. Which one of these categories best describes the hours you (work/worked) at this job? **H4LM20**
21. Does/Did) your employer make the following available to you:

health insurance? **H4LM21A**
retirement benefits (such as 401k, 403b, or a company pension plan)? **H4LM21B**
paid vacation or sick leave? **H4LM21C**
22. In your current primary job, do you spend **most** of your time **H4LM22**
23. Overall, how often (do/did) you have the freedom to make important decisions about what you (do/did) at work and how you (do/did) it? **H4LM23**
24. How much of the time (do/did) you do the same things repeatedly, that is over and over**?** **H4LM24**
25. Thinking about your official job duties, which of the following statements best describes your supervisory responsibilities at your (current/most recent) primary job? **H4LM25**
26. How satisfied (are/were) you with this job, as a whole? **H4LM26**
27. Which one of the following best describes your (current/most recent) primary job? **H4LM27**
28. Indicate how much you would agree or disagree with this statement: Family responsibilities have interfered with my ability to work **H4LM28**
29. (In the past 12 months/Since you started your current job/In the last year of your most recent job), how often on your primary job (have you had/have you had/did you have) to cut back your hours or turn down overtime because of your family responsibilities? **H4LM29**
30. (In the past 12 months/Since you started your current job/In the last year of your most recent job), how often on your primary job (have you spent/have you spent/did you spend} less time with your family than you wanted to because of work responsibilities? **H4LM30**

Section 12: Economics

1. Thinking about your income and the income of everyone who lives in your household and contributes to the household budget, what was the total household income before taxes and deductions in {2006/2007/2008}? Include all sources of income, including non-legal sources. **H4EC1**
2. Now think about your personal earnings. In {2006/2007/2008}, how much income did you receive from personal earnings before taxes—that is, wages or salaries, including tips, bonuses, and overtime pay, and income from self-employment? **H4EC2**
3. What is your best guess of your personal earnings before taxes? **H4EC3**
4. Is your house, apartment, or residence owned or being bought by {you and/or your spouse/partner} **H4EC4**
5. About how much do {you and/or your spouse/partner} owe on the mortgage for your house, apartment, or residence? **H4EC5**
6. Have {you (or your spouse/partner)} ever received any financial gifts or loans from your parents, in-laws, or relatives to help you buy, remodel, build or furnish a home or condominium? **H4EC6**
7. What is your best estimate of the total value of your assets and the assets of everyone who lives in your household and contributes to the household budget? Include all assets, such as bank accounts, retirement plans and stocks. Do not include equity in your home. **H4EC7**
8. Now, think about your debts besides any mortgage on your home. How much do you and others in your household owe altogether? Include all debts, including all types of loans, credit card debt, medical or legal bills, etc **H4EC8**
9. Suppose you and others in your household were to sell all of your major possessions (including your home), turn all of your investments and other assets into cash, and pay off all of your debts. Would you have something left over, break even, or be in debt? **H4EC9**
10. In the past 12 months, was there a time when you {your household}:was without phone service because you didn't have enough money? **H4EC10**
11. In the past 12 months, was there a time when you (your household):didn't pay the full amount of the rent or mortgage because you didn't have enough money? **H4EC11**
12. In the past 12 months, was there a time when you (your household) were evicted from your house or apartment for not paying the rent or mortgage? **H4EC12**
13. In the past 12 months, was there a time when you (your household) didn't pay the full amount of a gas, electricity, or oil bill because you didn't have enough money? **H4EC13**
14. In the past 12 months, was there a time when you (your household)had the service turned off by the gas or electric company, or the oil company wouldn't deliver, because payments

were not made? **H4EC14**
15. In the past 12 months, was there a time when you were (your household) was worried whether food would run out before you would get money to buy more? **H4EC15**
16. Before you were 18 years old, did anyone in your household ever receive public assistance, welfare payments, or food stamps? **H4EC16**
17. During how much of the time before you were 18 years old did anyone in your household receive this kind of help? **H4EC17**
18. Between {1995/2002} and {2006/2007/2008}, did you or others in your household receive any public assistance, welfare payments, or food stamps? **H4EC18**
19. Think of this ladder as representing where people stand in the United States. At the top of the ladder (step 10) are the people who have the most money and education, and the most respected jobs. At the bottom of the ladder (step 1) are the people who have the least money and education, and the least respected jobs or no job. Where would you place yourself on this ladder? Pick the number for the step that shows where you think you stand at this time in your life, relative to other people in the United States **H4EC19**

Section 13: Religion and Spirituality

1. What is your present religion? **H4RE1**
2. Is that a Christian religion? **H4RE2**
3. Are you fundamentalist, evangelical, mainline, liberal, Pentecostal, or none of these? **H4RE3**
4. Are you traditional, moderate, liberal, or none of these? **H4RE4**
5. Are you Orthodox, Conservative, Reform, or none of these? **H4RE5**
6. What is your denomination? **H4RE6**
7. How often have you attended church, synagogue, temple, mosque, or religious services in the past 12 months? **H4RE7**
8. Many churches, synagogues, and other places of worship have special activities outside of regular worship services–such as classes, retreats, small groups, or choir. In the past 12 months, how often have you taken part in such activities? **H4RE8**
9. How important (if at all) is your religious faith to you? **H4RE9**
10. How often do you pray privately, that is, when you're alone, in places other than a church, synagogue, temple, mosque, or religious assembly? **H4RE10**
11. How often do you turn to your religious or spiritual beliefs for help when you have personal problems, or problems at school or work? **H4RE11**

Section 14: Social Psychology and Mental Health

1. Interviewer: did any of the following happen: interruption during memory task? **H4MH1**
2. How often do you feel isolated from others? **H4MH2**
3. In the **last 30 days**, how often have you felt that you were unable to control the important things in your life? **H4MH3**
4. In the **last 30 days**, how often have you felt confident in your ability to handle your personal problems? **H4MH4**
5. In the **last 30 days**, how often have you felt that things were going your way? **H4MH5**
6. In the **last 30 days**, how often have you felt that difficulties were piling up so high that you could not overcome them? **H4MH6**
7. Compared to other people your age, how intelligent are you? **H4MH7**
8. How attractive are you? **H4MH8**
9. Including any children you may already have, how many children, in total, do you intend to have? (Respondent should include children he or she intends to adopt or foster.) **H4MH9**
10. Interviewer: did any of the following happen: interruption during memory task? **H4MH10**
11. Interviewer: did respondent accurately repeat the set backwards?

11A.2-4 (4-2) Did respondent accurately repeat the set backwards? **H4MH11A**

11B. 5-7 (7-5) Did respondent accurately repeat the set backwards? **H4MH11B**
12A. 6-2-9 (9-2-6) Did respondent accurately repeat the set backwards? **H4MH12A**
12B. 4-1-5 (5-1-4) Did respondent accurately repeat the set backwards? **H4MH12B**
13A. 3-2-7-9 (9-7-2-3) Did respondent accurately repeat the set backwards? **H4MH13A**
13B. 4-9-6-8 (8-6-9-4) Did respondent accurately repeat the set backwards? **H4MH13B**
14A. 1-5-2-8-6 (6-8-2-5-1) Did respondent accurately repeat the set backwards? **H4MH14A**
14B. 6-1-8-4-3 (3-4-8-1-6) Did respondent accurately repeat the set backwards? **H4MH14B**
15A. 5-3-9-4-1-8 (8-1-4-9-3-5) Did respondent accurately repeat the set backwards? **H4MH15A**
15B. 7-2-4-8-5-6 (6-5-8-4-2-7) Did respondent accurately repeat the set backwards? **H4MH15B**
16A. 8-1-2-9-3-6-5 (5-6-3-9-2-1-8) Did respondent accurately repeat the set backwards? **H4MH16A**
16B. 4-7-3-9-1-2-8 (8-2-1-9-3-7-4) Did respondent accurately repeat the set backwards? **H4MH16B**
17A. 9-4-3-7-6-2-5-8 (8-5-2-6-7-3-4-9) Did respondent accurately repeat the set backwards? **H4MH17A**
17B. 7-2-8-1-9-6-5-3 (3-5-6-9-1-8-2-7) Did respondent accurately repeat the set backwards? **H4MH17B**
18. (During the past seven days:) You were bothered by things that usually don't bother you. **H4MH18**
19. (During the past seven days:) You could not shake off the blues, even with help from your family and your friends. **H4MH19**
20. (During the past seven days:) You felt you were just as good as other people. **H4MH20**
21. (During the past seven days:) You had trouble keeping your mind on what you were doing. ... **H4MH21**
22. (During the past seven days:) You felt depressed. **H4MH22**
23. (During the past seven days:) You felt that you were too tired to do things. **H4MH23**
24. (During the past seven days:) You felt happy. **H4MH24**
25. (During the past seven days:) You enjoyed life. **H4MH25**
26. (During the past seven days:) You felt sad. **H4MH26**
27. You felt that people disliked you, during the past seven days. **H4MH27**
28. In your day-to-day life, how often do you feel you have been treated with less respect or courtesy than other people? **H4MH28**
29. What do you think was the **main** reason for these experiences? Choose only one reason. **H4MH29**

Section 15: Suicide, Sexual Experiences, and Sexually Transmitted Diseases

1. During the past 12 months, have you ever seriously thought about committing suicide? **H4SE1**
2. During the past 12 months, how many times have you actually attempted suicide? **H4SE2**
3. Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? **H4SE3**
4. During the past 12 months, have any of your family or friends tried to kill themselves? **H4SE4**
5. Have any of them died as a result? **H4SE5**
6. Have you ever had vaginal intercourse? (Vaginal intercourse is when a man inserts his penis into a woman's vagina.) **H4SE6**
7. How old were you the first time you ever had vaginal intercourse? **H4SE7**
8. With how many partners have you ever had vaginal intercourse, even if only once? **H4SE8**
9. Have you ever had oral sex? That is, has a partner ever put his/her mouth on your sex organs or you put your mouth on his/her sex organs? **H4SE9**
10. How old were you the very first time you had oral sex? **H4SE10**
11. Have you ever had anal intercourse? (By anal intercourse, we mean when a man inserts his penis into his partner's anus or butt hole.) **H4SE11**
12. How old were you the very first time you had anal intercourse? **H4SE12**
13. Considering all types of sexual activity, with how many male partners have you ever had sex? **H4SE13**
14. What is your best estimate, is it: **H4SE14**
15. Considering all types of sexual activity, with how many male partners did you have sex before you were 18 years old, even if only one time? **H4SE15**
16. What is your best estimate, is it: **H4SE16**
17. Considering all types of sexual activity, with how many male partners have you had sex in the past 12 months, even if only one time? **H4SE17**
18. What is your best estimate, is it: **H4SE18**

19. Considering all types of sexual activity, with how many female partners have you ever had sex? **H4SE19**
20. What is your best estimate, is it: **H4SE20**
21. Considering all types of sexual activity, with how many female partners did you have sex before you were 18 years old, even if only one time? **H4SE21**
22. What is your best estimate, is it: **H4SE22**
23. Considering all types of sexual activity, with how many female partners have you had sex in the past 12 months? **H4SE23**
24. What is your best estimate, is it: **H4SE24**
25. Considering all types of sexual activity, with how many partners, male or female, have you had sex on one and only one occasion? **H4SE25**
26. In the past 12 months, did you or your partner(s) use any of these methods for birth control or disease prevention? Select all that apply
    condoms (rubbers) **H4SE26A**
    female condom **H4SE26B**
    birth control pills **H4SE26C**
    shot (Depo-Provera) **H4SE26D**
    emergency contraception or “morning after” pill **H4SE26E**
    Norplant **H4SE26F**
    diaphragm, cap or shield **H4SE26G**
    IUD (intrauterine device), coil, loop **H4SE26H**
    natural family planning (safe periods by temperature, cervical mucus test) **H4SE26I**
    withdrawal (pulling out) **H4SE26J**
    rhythm or safe period by calendar **H4SE26K**
    vaginal sponge **H4SE26L**
    spermicide foam, jelly, creme, suppositories **H4SE26M**
    ring (NuvaRing) **H4SE26N**
    Patch (Ortho Evra) **H4SE26O**
    contraceptive film **H4SE26P**
    emergency IUD insertion **H4SE26Q**
    vasectomy **H4SE26R**
    tubal ligation/sterilization **H4SE26S**
    some other method **H4SE26T**
    Anti-retroviral or HIV/AIDS drugs **H4SE26U**
    no method used **H4SE26V**
27. In the past 12 months, did you have sex with more than one partner at around the same time? **H4SE27**
28. In the past 12 months, how many times have you paid someone to have sex with you or has someone paid you to have sex with them? **H4SE28**
29. Are you romantically attracted to females? **H4SE29**
30. Are you romantically attracted to males? **H4SE30**
31. Please choose the description that best fits how you think about yourself **H4SE31**
32. Have you ever been forced, in a non-physical way, to have any type of sexual activity against your will? For example, through verbal pressure, threats of harm, or by being given alcohol or drugs? Do not include any experiences with a parent or adult caregiver. **H4SE32**
33. How old were you the first or only time this happened? **H4SE33**
34. Have you ever been physically forced to have any type of sexual activity against your will? Do not include any experiences with a parent or adult caregiver. **H4SE34**
35. How old were you the first or only time this happened? **H4SE35**
36. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following sexually transmitted diseases? Select all of the diseases you have had.
    chlamydia **H4SE36A**
    gonorrhea **H4SE36B**
    trichomoniasis **H4SE36C**
    syphilis **H4SE36D**
    genital herpes **H4SE36E**

genital warts..... **H4SE36F**
hepatitis B (HBV) **H4SE36G**
Human papilloma virus (HPV) **H4SE36H**
pelvic inflammatory disease (PID) **H4SE36I**
cervicitis or mucopurulent cervicitis (MPC) **H4SE36J**
urethritis **H4SE36K**
vaginitis..... **H4SE36L**
HIV infection or AIDS..... **H4SE36M**
any other sexually transmitted disease **H4SE36N**
have had no sexually transmitted diseases..... **H4SE36O**

37 In the past 12 months, have you been told by a doctor, nurse, or other health professional that you had any of the following sexually transmitted diseases? Select all of the diseases you have had.
chlamydia..... **H4SE37A**
gonorrhea **H4SE37B**
trichomoniasis..... **H4SE37C**
syphilis **H4SE37D**
genital herpes **H4SE37E**
genital warts..... **H4SE37F**
hepatitis B (HBV) **H4SE37G**
Human papilloma virus (HPV) **H4SE37H**
pelvic inflammatory disease (PID) **H4SE37I**
cervicitis or mucopurulent cervicitis (MPC) **H4SE37J**
urethritis **H4SE37K**
vaginitis..... **H4SE37L**
HIV infection or AIDS..... **H4SE37M**
any other sexually transmitted disease **H4SE37N**
have had no sexually transmitted disease **H4SE37O**

Section 16: Relationships

1. How many persons have you **ever** married? Be sure to include your current spouse if you are married now. **H4TR1**
2. *[If H4TR1=0]:* How many romantic or sexual partners have you **ever** lived with for one month or more? By "lived with" we mean that neither of you kept a separate residence while you were living together. *[If H4TR1>0]:* Not counting the {fill H4TR1} (partner/partners) you married, how many other romantic or sexual partners have you **ever** lived with for one month or more? By "lived with" we . mean that neither of you kept a separate residence while you were living together **H4TR2**
3. *[If H4TR1+ H4TR2=0]:* With how many persons have you **ever** had a romantic relationship or sexual encounter that resulted in a pregnancy?
   [If H4TR1>0 and H4TR2>0]: {Not counting the {fill H4TR1} (partner/partners) you married or the {fill H4TR2} (partner/partners} you lived with, with how many other persons have you **ever** had a romantic relationship or sexual encounter that resulted in a pregnancy?
   [If H4TR1>0 and H4TR2=0]: Not counting the {fill H4TR1} (partner/partners) you married how many other persons have you **ever** had a romantic relationship or sexual encounter that resulted in a pregnancy?
   [If H4TR1=0 and H4TR2>0]: Not counting the {fill H4TR2} (partner/partners) you lived with, with how many other persons have you **ever** had a romantic relationship or sexual encounter that resulted in a pregnancy? **H4TR3**
4. You have said that you have had:
   {fill H4TR1} (partner/partners) you married
   {fill H4TR2} (partner/partners) with whom you lived
   {fill H4TR3} (partner/partners) with whom you had a pregnancy.
   [If H4TR1+H4TR2+H4TR3=0]: With how many persons are you currently having a romantic or

sexual relationship?
[If H4TR1 + H4TR2 + H4TR3>0]: Not counting (those partners/that partner), with how many **other** persons are you **currently** having a romantic or sexual relationship **H4TR4**

5. You have said that you have had:
{fill H4TR1} (partner/partners) you married
{fill H4TR2} (partner/partners) with whom you lived
{fill H4TR3} (partner/partners) with whom you had a pregnancy
{fill H4TR4} current romantic or sexual (partner/partners).
[If H4TR1+H4TR2+H4TR3+H4TR4=0]: With how many people have you had a romantic or sexual relationship that lasted **6 months or more** since 2001?
[If H4TR1 + H4TR2 + H4TR3 + H4TR4>0]: Not counting (those partners/that partner), with how many **other** people have you had a romantic or sexual relationship that lasted **6 months or more** since 2001? **H4TR5**
6. You have said that you have had:
{fill H4TR1} (partner/partners) you married
{fill H4TR2} (partner/partners) with whom you lived
{fill H4TR3} (partner/partners) with whom you had a pregnancy
{fill H4TR4} current romantic or sexual (partner/partners)
{fill H4TR5} romantic or sexual (relationship/relationships) that lasted 6 months or more since 2001.
[If H4TR1 + H4TR2 + H4TR3 + H4TR4 + H4TR5 = 0]: With how many people have you had a romantic or sexual relationship that lasted **less than 6 months** since 2001?
[If H4TR1 + H4TR2 + H4TR3 + H4TR4 + H4TR5 >0]: Not counting (those partners/that partner), with how many **other** people have you had a romantic or sexual relationship that lasted **less than 6 months** since 2001? **H4TR6**
7. Are you pregnant now? **H4TR7**
8. Do you think that you are probably pregnant, or not? **H4TR8**
9. Thinking about **all** the relationships and sexual encounters you have ever had, (how many times have you **ever** been pregnant/how many times have you **ever** made a partner pregnant)? Include all pregnancies, whether they resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy. *[If H4TR7=Yes]:* Be sure to include your current pregnancy in your count. **H4TR9**
10. How many live births resulted from (this pregnancy/these pregnancies)? **H4TR10**
11. How many of these children are still living? **H4TR11**
12. During **any** of the romantic relationships you have ever had, (have you/has your partner) ever had trouble getting pregnant or trouble avoiding a miscarriage? **H4TR12**
13. Type of relationship with partner **H4TR13**
14. *[If Married Partner]:* Are you currently married to {initials}?
[If Cohabiting Partner]: Are you currently cohabiting with {initials}?
[If Pregnancy Partner]: Are you currently in a romantic or sexual relationship with {initials}? **H4TR14**
15. How many times have you been married to {initials}? **H4TR15**
16. Did you and {initials} ever live together for a month or more in the same residence as romantic or sexual partners when you were not married? **H4TR16**
17. *[If Cohabiting Partner]:* How many times did you live with {initials}? By “times” we mean periods of living together separated by times when you were not living together.
[If Married Partner and H4TR18=1]: How many times did you live with {initials} when you were not married? By “times” we mean periods of living together separated by times when you were not living together. **H4TR17**
18. How many times did you (get pregnant by {initials}/make {initials} pregnant)? **H4TR18**
19. Is {initials} male or female? **H4TR19**
20. About how old is {initials} now? (If {initials} is deceased, how old would {fill first name} be if still living?) **H4TR20**
21. Is {initials} younger, older, or the same age as you? **H4TR21**
22. About how many years (older/younger) than you is {initials} now? **H4TR22**
23. Is {initials} of Hispanic or Latino background? **H4TR23**

24. What is {initials}'s race? **H4TR24**
25. Relationship time- segment type (marriage, cohabitation, pregnancy, current dating, most recent) **H4TR25**
26. Relationship time- segment number **H4TR26**
27. *[If H4TR13=Marriage]:* In what month [and year] did you marry {initials}?
    [If H4TR13=Cohabitation and H4TR17=1]: In what month [and year] did you start to live with {initials}?
    [If H4TR13=Cohabitation and H4TR17>1]: In what month [and year] did you start with live with {initials} the first time?
    [If H4TR13=Pregnancy, Current Dating, Most Recent]: In what month [and year] did your relationship with {initials} start? **H4TR27M**
27. *[If relationship type=married]:* In what [month and] year did you marry {initials}?
    [If relationship type=cohabiting and H4TR17=1]: In what [month and] year did you start to live with {initials}?
    [If relationship type=cohabiting and H4TR17>1]: In what [month and] year did you start with live with {initials} the first time?
    [If relationship type=pregnancy partner, current dating partner, most recent partner]: In what [month and] did you relationship with {initials} start? **H4TR27Y**
28. *[If relationship type=married]:* In what month [and year] did your marriage to {initials} end?
    [If relationship type=cohabiting and H4TR17=1]: In what month [and year] did you stop living with {initials}?
    [If relationship type=cohabiting and H4TR17>1]: In what month [and year] did you stop living with {initials} the last time?
    [If relationship type=pregnancy partner, current dating partner, most recent partner]: In what month [and year] did you relationship with {initials} end? **H4TR28M**
28. *[If relationship type=married]:* In what [month and] year did your marriage to {initials} end?
    [If relationship type=cohabiting and H4TR17=1]: In what [month and] year did you stop living with {initials}?
    [If relationship type=cohabiting and H4TR17>1]: In what [month and] year did you stop living with {initials} the last time?
    [If relationship type=pregnancy partner, current dating partner, most recent partner]: In what [month and] did you relationship with {initials} end? **H4TR28Y**
29. How did your {insert number if married to partner more than once} marriage to {initials} end? **H4TR29**
30. Duration (in months) of relationship segment ..... **TSDURATN**

Section 17: Relationship in Detail

1. How old were you when you first became romantically or sexually involved with {initials}? **H4RD1**
2. What is the total amount of time that you (have been/were) involved in a romantic or sexual relationship with {initials}?
   days **H4RD2D**
   months **H4RD2M**
   years **H4RD2Y**
3. [If H4TR13=Pregnancy or Currently Dating or Most Recent]: Which of the following best describes your relationship with { initials } at the (present time/time you broke up)? **H4RD3**
4. [If H4TR13=Cohabiting]: (Do/did) either you or { initials } have a residence other than the one you share? **H4RD4**
5. In an average week, how often (did/do) you and { initials } spend the entire night

together? **H4TR5**
6. [If H4TR13=Marriage]: What is the current status of your marriage to { initials }? **H4RD6**
7A. We (enjoy/enjoyed) doing even ordinary, day-to-day things together. **H4RD7A**
7B. I (am/was) satisfied with the way we handle our problems and disagreements. **H4RD7B**
7C. I (am/was) satisfied with the way we handle family finances. **H4RD7C**
7D. My partner (listens/listened) to me when I need someone to talk to. **H4RD7D**
7E. My partner (expresses/expressed) love and affection to me. **H4RD7E**
7F. I (am/was) satisfied with our sex life. **H4RD7F**
7G. I (trust/trusted) my partner to be faithful to me. **H4RD7G**
8. How much do you love { initials }? **H4RD8**
9. In general, how happy are you in your relationship with { initials }? **H4RD9**
10. How committed are you to your relationship with { initials }? **H4RD10**
11. What is the chance that you and {initials} will marry each other? **H4RD11**
12. Select the picture, by entering the number under the picture, which best illustrates how close you feel to { initials }? **H4RD12**
13. How likely is it that your relationship with { initials } will be permanent? **H4RD13**
14. On average, how often (did/do) you have sexual relations with { initials }? By “sexual relations” we mean vaginal intercourse, oral sex, anal sex, or other types of sexual activity. Frequency **H4RD14**
14T. week/month/year **H4RD14T**
15. On average, how often (do/did) you or { initials } use a contraceptive method of birth control or disease prevention? **H4RD15**
16. As far as you know, during the time you and { initials } (have had/had) a sexual relationship, (has/did) { initials } ever (had/have) any other sexual partners? **H4RD16**
17. During the time you and { initials } (have had/had) a sexual relationship (have/did) you ever (had/have) any other sexual partners? **H4RD17**
18. How often {has/did} { initials } {threatened/threaten} you with violence, {pushed/push} or {shoved/shove} you, or {thrown/throw} something at you that could hurt? **H4RD18**
19. How often has {has/did} { initials } {slapped/slap}, hit or {kicked/kick} you? **H4RD19**
20. How often {have/did} you {had/have} an injury, such as a sprain, bruise, or cut because of a fight with { initials }? **H4RD20**
21. How often {has/did? { initials } {insisted/insist} on or {made/make} you have sexual relations with {him/her} when you didn’t want to? **H4RD21**
22. How often {have/did} you threatened { initials } with violence, pushed or shoved {him/her}, or thrown something at {him/her} that could hurt? **H4RD22**
23. How often {have/did} you {slapped/slap}, hit, or {kicked/kick} { initials }? **H4RD23**
24. How often {has/did} { initials } {had/have} an injury, such as a sprain, bruise, or cut because of a fight with you? **H4RD24**
25. How often {have/did} you {insisted/insist} on or {made/make} { initials } have sexual relations with you when {he/she} didn’t want to? **H4RD25**

Section 18: Pregnancy Table

1. How did this pregnancy end? **H4PG1**
2. What is the expected due date (month)? **H4PG2M**
What is the expected due date (year)? **H4PG2Y**
3. In what month and year did this pregnancy end (month)? **H4PG3M**
In what month and year did this pregnancy end (year)? **H4PG3Y**
4. What was the season of the year when the pregnancy ended? Was it: **H4PG4**
5. With this pregnancy, how many babies were born alive? Please include babies who died

shortly after birth and babies who were placed for adoption. **H4PG5**
6. Were the babies fraternal or identical? **H4PG6**
7. In the month before you (got pregnant/got {initials} pregnant) were you or {initials} using any kind of birth control, including condoms? **H4PG7**
8. Thinking back to the time just before this pregnancy with {initials}, did you want to have a child then? **H4PG8**
9. Were you and {initials} married to each other at the time of (pregnancy/birth)? **H4PG9**
10. Were you and {initials} living together at that time? **H4PG10**
11. Which of the following statements best describes your relationship with {initials} at the time of (pregnancy/birth)? **H4PG11**
12. During this pregnancy with {initials} did (you/{insert first name}) ever visit a doctor, nurse-midwife or other health care provider for prenatal care, that is, for one or more pregnancy check-ups? **H4PG12**
13. How many weeks pregnant were you at the time of your first prenatal care visit? **H4PG13**
14. During this pregnancy with {initials} how many cigarettes did you smoke? **H4PG14**
15. During this pregnancy with {initials}, how often did you drink alcoholic beverages? **H4PG15**

Section 19: Live Births

1. Is {fill baby's name} birth date correct? **H4LB1**
2. What is {fill baby's name} birth date?
   month **H4LB2M**
   year **H4LB2Y**
3. Was {fill baby's name} a boy or a girl? **H4LB3**
4. Did {fill baby's name} eventually go home with you? **H4LB4**
5. Why not? **H4LB5**
6. How much did {fill he/she/baby's name} weigh at birth (pounds)? **H4LB6P**
   How much did {fill he/she/baby's name} weigh at birth (ounces)? **H4LB6O**
7. Did {fill baby's name} weigh <u>less</u> than (5.5 pounds [i.e., less than 5 pounds, 8 ounces] /2500 grams) at birth? **H4LB7**
8. Was {fill baby's name} born before or after (his/her/the) due date? **H4LB8**
9. How many weeks or days (before/after) the due date was {baby's first name} born (weeks)? **H4LB9W**
   How many weeks or days (before/after) the due date was {baby's first name} born (days)? **H4LB9D**
10. Is {fill baby's name} still living? **H4LB10**
11. In what month and year did {fill baby's name} die (month)? **H4LB11M**
    In what month and year did {fill baby's name} die (year)? **H4LB11Y**

Section 20: Children and Parenting

1. How old is {fill child's name} now? **H4KK1**
2. Does {fill child's name} live with you? **H4KK2**
3. Have you and {fill child's name} ever lived in the same household? **H4KK3**
4. In what month [and year] did you last live in the same household as {fill child's name}? **H4KK4M**
   In what [month and] year did you last live in the same household as {fill child's name}? **H4KK4Y**
5. Does {fill initials of other biological parent} live with you? **H4KK5**
6. With whom does {fill child's name}'s live now? You may give more than one answer.
   Other biological parent **H4KK6A**
   Brothers and sisters, including stepbrothers and stepsisters **H4KK6B**
   Maternal grandparents **H4KK6C**

Other maternal relatives **H4KK6D**
Paternal grandparents **H4KK6E**
Other paternal relatives **H4KK6F**
Friends **H4KK6G**
Adoptive parents **H4KK6H**
Foster parents **H4KK6I**
Child lives in an institution **H4KK6J**

7. How far do you live from {fill child's name}? **H4KK7**
8. During the past 12 months, about how often have you seen {fill child's name}? **H4KK8**
9. How far does {fill initials of other biological parent} live from you? **H4KK9**
10. Do you have a legal agreement with {fill initials of other biological parent} regarding custody of {fill child's name}? **H4KK10**
11. During the past 12 months, about how often has {fill initials of other biological parent} seen {fill child's name}? **H4KK11**
12. In general, how good is {fill child's name}'s health? **H4KK12**
13. Has a doctor ever told you that {fill child's name} has any of these conditions? You may give more than one answer.

Hearing problems or deafness **H4KK13A**
Delayed speech or other problems with speaking or understanding **H4KK13B**
A problem with sight even when wearing glasses **H4KK13C**
A developmental delay or slowness in learning **H4KK13D**
Allergies or hay fever, not including allergic reactions to medications **H4KK13E**
Asthma **H4KK13F**
Any other chronic respiratory, lung, or breathing condition **H4KK13G**
A chronic heart condition **H4KK13H**
Sickle cell anemia **H4KK13I**
Epilepsy or convulsions or seizures without fever **H4KK13J**
Chronic orthopedic, bone, or joint problems **H4KK13K**
Cerebral palsy **H4KK13L**
Cystic fibrosis **H4KK13M**
Cancer **H4KK13N**
Hemophilia **H4KK13O**
HIV or AIDS **H4KK13P**
Obesity **H4KK13Q**
Diabetes **H4KK13R**
ADHD **H4KK13S**
Any other condition for which {fill child's name} has been seen by a specialist or at a special clinic, or for which child gets special therapies **H4KK13T**
None of the above **H4KK13U**

14. What language do you speak to your child/children when you are together at home? **H4KK14**
15. How much do you agree or disagree with the following statements?

15A. I am happy in my role as parent. **H4KK15A**
15B. I feel close to my child(ren). **H4KK15B**
15C. The major source of stress in my life is my child(ren). **H4KK15C**
15D. I feel overwhelmed by the responsibility of being a parent. **H4KK15D**

Section 21: Criminal Offending and Victimization

1. In the past 12 months, how often did you: deliberately damage property that didn't belong to you? **H4DS1**
2. In the past 12 months, how often did you: steal something worth more than $50? **H4DS2**
3. In the past 12 months, how often did you: go into a house or building to steal something? **H4DS3**
4. (In the past 12 months, how often did you): use or threaten to use a weapon to get something from someone? **H4DS4**
5. (In the past 12 months, how often did you): sell marijuana or other drugs? **H4DS5**

6. (In the past 12 months, how often did you): steal something worth less than $50? **H4DS6**
7. (In the past 12 months, how often did you): take part in a physical fight where a group of your friends was against another group? **H4DS7**
8. (In the past 12 months, how often did you): buy, sell, or hold stolen property? **H4DS8**
9. (In the past 12 months, how often did you): use someone else's credit card, bank card, or automatic teller card without their permission or knowledge? **H4DS9**
10. (In the past 12 months, how often did you): deliberately write a bad check? **H4DS10**
11. (In the past 12 months, how often did you): get into a serious physical fight? **H4DS11**
12. (In the past 12 months, how often did you): hurt someone badly enough in a physical fight that he or she needed care from a doctor or nurse? **H4DS12**
13. Which of the following things happened in the past 12 months: someone stole something from you worth more than $50? **H4DS13**
14. Which of the following things happened in the past 12 months: you saw someone shoot or stab another person? **H4DS14**
15. Which of the following things happened in the past 12 months: someone pulled a knife or gun on you? **H4DS15**
16. Which of the following things happened in the past 12 months: someone shot or stabbed you? **H4DS16**
17. Which of the following things happened in the past 12 months: someone slapped, hit, choked, or kicked you? **H4DS17**
18. Which of the following things happened in the past 12 months: you were beaten up? **H4DS18**
19. Which of the following things happened in the past 12 months: you pulled a knife or gun on someone? **H4DS19**
20. Which of the following things happened in the past 12 months: you shot or stabbed someone? **H4DS20**

Section 22: Involvement with Criminal Justice System

1. Have you ever been arrested? **H4CJ1**
2. How many times have you been arrested? **H4CJ2**
3. How old were you? **H4CJ3**
4. How old were you the first time you were arrested? **H4CJ4**
5. How many times were you arrested before your 18th birthday? **H4CJ5**
6. How many times have you been arrested since your 18th birthday? **H4CJ6**
7. What were you charged with (the first time)? You may give more than one answer. SELECT ALL THAT APPLY.
   driving under the influence (DUI; DWI) **H4CJ7A**
   other alcohol-related offenses (underage purchase or consumption; open container; public intoxication; disorderly conduct; other liquor law violations) **H4CJ7B**
   marijuana offenses (possession, sale, use, growing, or manufacturing of marijuana/hashish) . **H4CJ7C**
   other drug offenses (unlawful possession, sale, use, or manufacturing of other narcotic drugs) **H4CJ7D**
   robbery (taking or attempting to take something using a weapon or physical force) **H4CJ7E**
   theft (taking something without using force, such as larceny, burglary, or shoplifting) **H4CJ7F**
   forcible rape (does not include statutory rape) **H4CJ7G**
   aggravated assault/intentional manslaughter/murder (unlawful attack upon another for the purpose of causing severe injury or death, simple assaults are excluded) **H4CJ7H**
   simple assault (assaults and attempted assaults where no weapon is used and the victim is not seriously injured) **H4CJ7I**
   fraud, forgery, or embezzlement **H4CJ7J**
   other offenses **H4CJ7K**
8. How old were you the last time you were arrested? **H4CJ8**
9. That last time, what were you charged with? You may give more than one answer. SELECT ALL THAT APPLY.
   driving under the influence (DUI; DWI) **H4CJ9A**

other alcohol-related offenses (underage purchase or consumption; open container; public intoxication; disorderly conduct; other liquor law violations) **H4CJ9B**
marijuana offenses (possession, sale, use, growing, or manufacturing of marijuana/ hashish) **H4CJ9C**
other drug offenses (unlawful possession, sale, use, or manufacturing of other narcotic drugs)..... **H4CJ9D**
robbery (taking or attempting to take something using a weapon or physical force) **H4CJ9E**
theft (taking something without using force, such as larceny, burglary, or shoplifting) **H4CJ9F**
forcible rape (does not include statutory rape) **H4CJ9G**
aggravated assault/intentional manslaughter/murder (unlawful attack upon another for the purpose of causing severe injury or death, simple assaults are excluded)..... **H4CJ9H**
simple assault (assaults and attempted assaults where no weapon is used and the victim is not seriously injured) **H4CJ9I**
fraud, forgery, or embezzlement..... **H4CJ9J**
other offenses..... **H4CJ9K**

10. Have you ever been convicted of or pled guilty to any charges other than a minor traffic violation? **H4CJ10**
11. How old were you when you were convicted or pled guilty? **H4CJ11**
12. How old were you the first time you were convicted or pled guilty to something? **H4CJ12**
13. What charges were you convicted of or did you plead guilty to (the first time)? You may give more than one answer. SELECT ALL THAT APPLY.
    driving under the influence (DUI; DWI)..... **H4CJ13A**
    other alcohol-related offenses (underage purchase or consumption; open container; public intoxication; disorderly conduct; other liquor law violations) **H4CJ13B**
    marijuana offenses (possession, sale, use, growing, or manufacturing of marijuana/hashish) **H4CJ13C**
    other drug offenses (unlawful possession, sale, use, or manufacturing of other narcotic drugs)..... **H4CJ13D**
    robbery (taking or attempting to take something using a weapon or physical force) **H4CJ13E**
    theft (taking something without using force, such as larceny, burglary, or shoplifting) **H4CJ13F**
    forcible rape (does not include statutory rape) **H4CJ13G**
    aggravated assault/intentional manslaughter/murder (unlawful attack upon another for the purpose of causing severe injury or death, simple assaults are excluded)..... **H4CJ13H**
    simple assault (assaults and attempted assaults where no weapon is used and the victim is not seriously injured) **H4CJ13I**
    fraud, forgery, or embezzlement..... **H4CJ13J**
    other offenses..... **H4CJ13K**
14. How old were you the last time you were convicted of or pled guilty to something? **H4CJ14**
15. What charges were you convicted of or did you plead guilty to the last time? You may give more than one answer. SELECT ALL THAT APPLY.
    driving under the influence (DUI; DWI)..... **H4CJ15A**
    other alcohol-related offenses (underage purchase or consumption; open container; public intoxication; disorderly conduct; other liquor law violations) **H4CJ15B**
    marijuana offenses (possession, sale, use, growing, or manufacturing of marijuana/hashish) **H4CJ15C**
    other drug offenses (unlawful possession, sale, use, or manufacturing of other narcotic drugs)..... **H4CJ15D**
    robbery (taking or attempting to take something using a weapon or physical force) **H4CJ15E**
    theft (taking something without using force, such as larceny, burglary, or shoplifting) **H4CJ15F**
    forcible rape (does not include statutory rape) **H4CJ15G**
    aggravated assault/intentional manslaughter/murder (unlawful attack upon another for the purpose of causing severe injury or death, simple assaults are excluded)..... **H4CJ15H**
    simple assault (assaults and attempted assaults where no weapon is used and the victim is not seriously injured) **H4CJ15I**
    fraud, forgery, or embezzlement..... **H4CJ15J**
    other offenses..... **H4CJ15K**
16. Have you ever been on probation for an offense? **H4CJ16**
17. Have you ever spent time in a jail, prison, juvenile detention center or other correctional

facility? **H4CJ17**
18. How many times have you been in a jail, prison, juvenile detention center or other correctional facility? **H4CJ18**
19. How old were you when you went to jail, prison, juvenile detention center or other correctional facility? **H4CJ19**
20. How old were you the first time you went to jail, prison, juvenile detention or other correctional facility? **H4CJ20**
21. {if C_prison = 0 ask version: } How old were you the last time you went to jail, prison, juvenile detention or other correctional facility?
{if C_prison = 1 ask version: } How old were you when you went to jail, prison, juvenile detention or other correctional facility this time? **H4CJ21**
22. How much time were you sentenced to serve?
years **H4CJ22Y**
months **H4CJ22M**
23. How much time were you sentenced to serve this last time?
years **H4CJ23Y**
months **H4CJ23M**
24. Before your 18th birthday, about how much total time did you spend in jail or detention?
years **H4CJ24Y**
months **H4CJ24M**
25. Since your 18th birthday, about how much total time have you spent in jail or prison?
years **H4CJ25Y**
months **H4CJ25M**

Section 23: Tobacco, Alcohol, and Drugs

1. Have you ever smoked an entire cigarette? **H4TO1**
2. How old were you the first time you smoked an entire cigarette? (years) **H4TO2**
3. Have you ever smoked cigarettes regularly—that is, at least one cigarette every day for 30 days? **H4TO3**
4. How old were you when you first smoked cigarettes regularly—that is, at least one cigarette every day for 30 days? (years) **H4TO4**
5. During the past 30 days, on how many days did you smoke cigarettes? **H4TO5**
6. During the past 30 days, on the days you smoked, how many cigarettes did you smoke each day? **H4TO6**
7. Was there ever a period in your life when you smoked cigarettes more than you do now? **H4TO7**
8. Currently, how soon after you wake up do you have your first cigarette? **H4TO8**
9. Do you find it difficult not to smoke cigarettes in places where it is forbidden, for example, in church, at the library, or in theaters? **H4TO9**
10. Which cigarette would you hate most to give up? **H4TO10**
11. How many cigarettes a day do you smoke? **H4TO11**
12. Do you smoke cigarettes more frequently during the first hours after waking than during the rest of the day? **H4TO12**
13. Do you smoke cigarettes even if you are so ill that you are in bed most of the day? **H4TO13**
14. How old were you **the first time** you had any of these cigarette smoking experiences? (years) **H4TO14**
15. When you smoked the most, how soon after you woke up did you have your first cigarette? .. **H4TO15**
16. When you smoked the most, did you find it difficult not to smoke cigarettes in places where it is forbidden, for example, in church, at the library, or in theaters? **H4TO16**
17. When you smoked the most, which cigarette did you hate most to give up? **H4TO17**
18. When you smoked the most, how many cigarettes a day did you smoke? **H4TO18**
19. When you smoked the most, did you smoke cigarettes more frequently during the first hours after waking than during the rest of the day? **H4TO19**
20. When you smoked the most, did you smoke cigarettes even if you were so ill that you were in bed most of the day? **H4TO20**

21. How old were you **the first time** you had any of these cigarette smoking experiences? (years)..... **H4TO21**
22. Do you still have any of these smoking experiences?..... **H4TO22**
23. Have you smoked a cigar or pipe at least 20 times in your entire life?..... **H4TO23**
24. During the past 30 days, how many days did you smoke cigars or a pipe? **H4TO24**
25. Have you used chewing tobacco (such as Red Man, Garrett, or Beechnut) or snuff (such as Skoal, Skoal Bandits, or Copenhagen) at least 20 times in your entire life? **H4TO25**
26. During the past 30 days, on how many days have you used chewing tobacco (such as Red Man, Garrett, or Beechnut) or snuff (such as Skoal, Skoal Bandits, or Copenhagen)?..... **H4TO26**
27. Have you ever tried to quit or cut down on smoking or using tobacco?..... **H4TO27**
28. Has there ever been a period of time when you wanted to quit or cut down on smoking or using tobacco?..... **H4TO28**
29. When you decided to quit or cut down on smoking or using tobacco, were you able to do so for at least one month?..... **H4TO29**
30. How many times have you tried but been unable to quit smoking or using tobacco for at least one month? **H4TO30**
31. Did you smoke cigarettes, cigars, a pipe or use chewing tobacco within the past 24 hours? ... **H4TO31**
32. At what time did you last smoke cigarettes, cigars, a pipe or use chewing tobacco?
    hour..... **H4TO32H**
    minute..... **H4TO32M**
    am/pm..... **H4TO32T**
33. Have you had a drink of beer, wine, or liquor more than two or three times? Do not include sips or tastes from someone else's drink. **H4TO33**
34. How old were you when you first had an alcoholic drink? By drink, we mean a glass of wine, a can or bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink, not just sips or tastes from someone else's drink. **H4TO34**
35. During the past 12 months, on how many days did you drink alcohol? **H4TO35**
36. Think of all the times you have had a drink during the past 12 months. How many drinks did you **usually** have each time? A "drink" is a glass of wine, a can or bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink. **H4TO36**
37. During the past 12 months, on how many days did you drink {5 or more/4 or more} drinks in a row? **H4TO37**
38. During the past 12 months, on how many days have you been drunk or very high on alcohol? **H4TO38**
39. During the past 30 days, on how many days did you drink?..... **H4TO39**
40. Think of all the times you have had a drink during the **past 30 days**. How many drinks did you usually have each time? A "drink" is a glass of wine, a can or bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink. **H4TO40**
41. Did you have an alcoholic drink (beer, wine, or liquor) within the past 24 hours? **H4TO41**
42. At what time did you last have an alcoholic drink?
    hour..... **H4TO42H**
    minute..... **H4TO42M**
    am/pm..... **H4TO42T**
43. Was there ever a period in your life when you drank more alcohol than you do now?..... **H4TO43**
44. During the period when you drank the most, on how many days did you drink?..... **H4TO44**
45. During the period when you drank the most, how many drinks did you usually have each time?..... **H4TO45**
46. How often has your drinking interfered with your responsibilities at work or school?..... **H4TO46**
47. How often have you been under the influence of alcohol when you could have gotten yourself or others hurt, or put yourself or others at risk, including unprotected sex? **H4TO47**
48. How often have you had legal problems because of your drinking, like being arrested for disturbing the peace or driving under the influence of alcohol, or anything else? **H4TO48**
49. How often have you had problems with your family, friends, or people at work or school because of your drinking? **H4TO49**
50. Did you continue to drink after you realized drinking was causing you problems with family, friends, or people at work or school?..... **H4TO50**

51. Have you ever found that you had to drink more than you used to in order to get the effect you wanted? **H4TO51**
52. Has there ever been a period when you spent a lot of time drinking, planning how you would get alcohol, or recovering from a hangover? **H4TO52**
53. Have you often had more to drink or kept drinking for a longer period of time than you intended? **H4TO53**
54. Have you ever tried to quit or cut down on your drinking? **H4TO54**
55. Has there ever been a period of time when you wanted to quit or cut down on your drinking? **H4TO55**
56. When you decided to cut down or quit drinking, were you able to do so for at least one month? **H4TO56**
57. How many times have you tried but been unable to cut down or quit drinking for at least one month? **H4TO57**
58. During the first few hours of not drinking, do you experience withdrawal symptoms such as the shakes, feeling anxious, trouble getting to sleep or staying asleep, nausea, vomiting, or rapid heart beats? **H4TO58**
59. Have you ever continued to drink after you realized drinking was causing you any **emotional** problems (such as feeling irritable, depressed, or uninterested in things or having strange ideas) or causing you any **health** problems (such as ulcers, numbness in your hands/feet or memory problems)? **H4TO59**
60. Have you ever given up or cut down on important activities that would interfere with drinking like getting together with friends or relatives, going to work or school, participating in sports, or anything else? **H4TO60**
61. Did {at least three of} these experiences occur together in a 12-month period? **H4TO61**
62. How old were you when you first experienced these symptoms in the same 12 month period? **H4TO62**
63. Have you ever taken any prescription drugs that were not prescribed for you, taken prescription drugs in larger amounts than prescribed, more often than prescribed, for longer periods than prescribed, or taken prescription drugs that you took only for the feeling or experience they caused? **H4TO63**
64. Which of the following types of prescription drugs have you taken that were not prescribed for you, taken in larger amounts than prescribed, more often than prescribed, for longer periods than prescribed, or that you took only for the feeling or experience they caused?
    sedatives or downers, such as barbiturates, sleeping pills, Quaalude, or Seconal **H4TO64A**
    tranquilizers, such as Librium, Valium, or Xanax **H4TO64B**
    stimulants or uppers, such as amphetamines, prescription diet pills, Ritalin, Preludin, or speed **H4TO64C**
    pain killers or opioids, such as Vicodin, OxyContin, Percocet, Demerol, Percodan, or Tylenol with codeine **H4TO64D**
65. Have you ever used any of the following drugs?
    steroids, anabolic steroids or “body building” drugs **H4TO65A**
    marijuana (hash, bhang, ganja) **H4TO65B**
    cocaine (crack, coca leaves) **H4TO65C**
    crystal meth (ice) **H4TO65D**
    other types of illegal drugs, such as LSD, PCP, ecstasy, heroin, or mushrooms; or inhalants **H4TO65E**
66. Have you ever injected (shot up with a needle) any illegal drug, such as heroin or cocaine? ... **H4TO66**
67. During the past 30 days, how many times did you inject an illegal drug? **H4TO67**
68. How old were you the first time you used marijuana? **H4TO68**
69. Have you used marijuana more than 5 times? **H4TO69**
70. During the past 12 months, on how many days did you use marijuana? **H4TO70**
71. During the past 30 days, on how many days did you use marijuana? **H4TO71**
72. Have you used marijuana within the past 24 hours? **H4TO72**
73. At what time did you last use marijuana?
    hour **H4TO73H**
    minute **H4TO73M**
    am/pm **H4TO73T**
74. Was there ever a time when you used marijuana more than you do now? **H4TO74**

75. During the period when you used marijuana the most, did you use marijuana: **H4TO75**
76. How many times has each of the following things ever happened? How often has your marijuana use interfered with your responsibilities at work or school? **H4TO76**
77. How often have you been under the influence of marijuana when you could have gotten yourself or others hurt, or put yourself or others at risk, including unprotected sex?..... **H4TO77**
78. How often have you had legal problems because of your marijuana use, like being arrested for disturbing the peace or anything else?..... **H4TO78**
79. How often have you had problems with your family, friends, or people at work or school because of your marijuana use? **H4TO79**
80. Did you continue to use marijuana after you realized using it was causing you problems with family, friends, or people at work or school? **H4TO80**
81. Have you ever found that you had to use more marijuana than you used to in order to get the effect you wanted? **H4TO81**
82. Has there ever been a period when you spent a lot of time using marijuana, getting it, or getting over its effects?..... **H4TO82**
83. Have you often used more marijuana or used marijuana longer than you intended?..... **H4TO83**
84. Have you ever tried to quit or cut down on your use of marijuana? **H4TO84**
85. Has there ever been a period of time when you wanted to quit or cut down on your use of marijuana? **H4TO85**
86. When you decided to cut down or quit using marijuana, were you able to do so for at least one month? **H4TO86**
87. How many times have you tried but been unable to cut down or quit using marijuana for at least one month? **H4TO87**
88. During the first few hours of not using marijuana, do you experience withdrawal symptoms such as craving marijuana, feeling depressed, anxious, restless or irritable, having trouble concentrating, feeling tired or weak, having trouble sleeping, or a change in appetite?..... **H4TO88**
89. Have you ever continued to use marijuana after you realized using marijuana was causing you any **emotional** problems (such as feeling depressed or empty, feeling irritable or aggressive, feeling paranoid or confused, feeling anxious or tense, being jumpy or easily startled) or causing you any **health** problems (such as persistent cough, sore throat or sinus problems, heart pounding, headaches or dizziness, or sexual difficulties)? **H4TO89**
90. Have you ever given up or cut down on important activities that would interfere with your marijuana use like getting together with friends or relatives, going to work or school, participating in sports, or anything else? **H4TO90**
91. Did {at least three of} these experiences occur together in a 12-month period? **H4TO91**
92. How old were you when you first experienced these symptoms in the same 12 month period? **H4TO92**
93. Which one of these illegal drugs do you use most often? **H4TO93**
94. You said you have used these types of drugs {fill from list of drugs according to instructions below this question}. Which one type have you used most frequently in your lifetime? **H4TO94**
95. Which one of these illegal drugs do you use most often? **H4TO95**
96. How old were you the first time you used {favorite drug}? **H4TO96**
97. Have you used {favorite drugs} more than 5 times in your lifetime? **H4TO97**
98. During the past 12 months, on how many days did you use {favorite drug}? **H4TO98**
99. During the past 30 days, on how many days did you use {favorite drug}? **H4TO99**
100. Have you used {favorite drug} within the past 24 hours? **H4TO100**
101. At what time did you last use (favorite drug)?
    hour **H4TO101H**
    minute **H4TO101M**
    am/pm **H4TO101T**
102. Was there ever a time when you used {favorite drug} more than you do now? **H4TO102**
103. During the period when you used {favorite drug} the most, did you use {favorite drug}..... **H4TO103**
104. How often has your {favorite drug} use interfered with your responsibilities at work or school? **H4TO104**
105. How often have you been under the influence of {favorite drug}when you could have gotten yourself or others hurt, or put yourself or others at risk, including unprotected sex? ... **H4TO105**
106. How often have you had legal problems because of your {favorite drug} use, like being

arrested for disturbing the peace or anything else? **H4TO106**
107. How often have you had problems with your family, friends, or people at work or school because of your {favorite drug} use? **H4TO107**
108. Did you continue to use {favorite drug} after you realized using it was causing you problems with family, friends, or people at work or school? **H4TO108**
109. Have you ever found that you had to use more {favorite drug} than you used to in order to get the effect you wanted? **H4TO109**
110. Has there ever been a period when you spent a lot of time using {favorite drug}, getting it, or getting over its effects? **H4TO110**
111. Have you often used more {favorite drug} or used {favorite drug} longer than you intended? **H4TO111**
112. Have you ever tried to quit or cut down on your use of {favorite drug}? **H4TO112**
113. Has there ever been a period of time when you wanted to quit or cut down on your use of {favorite drug}? **H4TO113**
114. When you decided to cut down or quit using {favorite drug}, were you able to do so for at least one month? **H4TO114**
115. How many times have you tried but been unable to cut down or quit using {favorite drug} for at least one month? **H4TO115**
116. During the first few hours of not using {favorite drug}, do you experience one or more withdrawal symptoms such as craving {favorite drug}, feeling depressed, anxious, restless or irritable, having trouble concentrating, feeling tired or weak, having trouble sleeping, or a change in appetite? **H4TO116**
117. Have you ever continued to use {favorite drug} after you realized using {favorite drug} was causing you any **emotional** problems (such as feeling depressed or empty, feeling irritable or aggressive, feeling paranoid or confused, feeling anxious or tense, being jumpy or easily startled) or causing you any **health** problems (such as heart pounding, headaches or dizziness, or sexual difficulties)? **H4TO117**
118. Have you ever given up or cut down on important activities that would interfere with your {favorite drug} use like getting together with friends or relatives, going to work or school, participating in sports, or anything else? **H4TO118**
119. Did {at least three of} these experiences occur together in a 12-month period? **H4TO119**
120. How old were you when you first experienced these symptoms in the same 12 month period? **H4TO120**

Section 24 Mistreatment by Adults

1. Before your 18th birthday, how often did a parent or other adult caregiver say things that really hurt your feelings or made you feel like you were not wanted or loved? **H4MA1**
2. How old were you the first time this happened? **H4MA2**
3. Before your 18th birthday, how often did a parent or adult caregiver hit you with a fist, kick you, or throw you down on the floor, into a wall, or down stairs? **H4MA3**
4. How old were you the first time this happened? **H4MA4**
5. How often did a parent or other adult caregiver touch you in a sexual way, force you to touch him or her in a sexual way, or force you to have sexual relations? **H4MA5**
6. How old were you the first time this happened? **H4MA6**

Section 25: Daily Activities

1. In the past seven days, how many hours did you watch television or videos, including VHS, DVDs or music videos? **H4DA1**
2. In the past seven days, how many times did you bicycle, skateboard, dance, hike, hunt, or do yard work? **H4DA2**
3. In the past seven days, how many times did you roller blade, roller skate, downhill ski, snow board, play racquet sports, or do aerobics? **H4DA3**
4. In the past seven days, how many times did you participate in strenuous team sports such as

football, soccer, basketball, lacrosse, rugby, field hockey, or ice hockey? **H4DA4**
5. In the past seven days, how many times did you participate in individual sports such as running, wrestling, swimming, cross-country skiing, cycle racing, or martial arts? **H4DA5**
6. In the past seven days, how many times did you participate in gymnastics, weight lifting, or strength training? **H4DA6**
7. In the past seven days, how many times did you play golf, go fishing or bowling, or play softball or baseball? **H4DA7**
8. In the past seven days, how many times did you walk for exercise? **H4DA8**
9. Were the past seven days typical in terms of your physical activity? **H4DA9**
10. Are you generally more active or less active than you were in the past seven days? **H4DA10**
11. In the past 24 hours, have you participated in vigorous physical activity long enough to work up a sweat, get your heart thumping, or get out of breath? **H4DA11**
12. At what time in the past 24 hours did you last finish participating in vigorous physical activity?
hour **H4DA12H**
minute **H4DA12M**
am/pm **H4DA12T**
13. On the average, how many times per week do you use a physical fitness or recreation center in your neighborhood? **H4DA13**
14 How many minutes does it take you to get from your home to your (primary place of work/ school)? **H4DA14**
15. How do you get to and from your (primary place of work/school)? Select as many kinds as you use.
car **H4DA15A**
public transportation (bus, train, subway) **H4DA15B**
walking **H4DA15C**
bicycle **H4DA15D**
none of the above **H4DA15E**
16. When you go outside on a sunny day for more than one hour, how likely are you to use sunscreen or sunblock? **H4DA16**
17. During a typical summer week, how many hours do you spend outdoors in the sun during the day? **H4DA17**
18. How many times in your life have you had a sunburn that blistered? **H4DA18**
19. Do you own a computer? **H4DA19**
20. Do you have access to a computer, for example at a library, school, or work? **H4DA20**
21. Do you have an email account? **H4DA21**
22. In the past seven days, how many hours did you spend using the Internet, for example, accessing your email or using the web? Do not count internet use for work or school. **H4DA22**
23. In the past seven days, how many hours did you spend playing video or computer games, or using a computer? Do not count internet use for work or school. **H4DA23**
24. Have you ever bought lottery tickets, played video games or slot machines for money, bet on horses or sporting events, or taken part in any other kinds of gambling for money? **H4DA24**
25. Has your gambling ever caused serious financial problems or problems in your relationships with any of your family members or friends? **H4DA25**
26. In the past 12 months, about how many hours did you spend on volunteer or community service work? **H4DA26**
27. How often do you usually vote in local or statewide elections? **H4DA27**
28. In terms of politics, do you consider yourself very conservative, conservative, middle of-the-road, liberal, or very liberal? **H4DA28**

Section 26: Personality

1. I am the life of the party **H4PE1**
2. I sympathize with others' feelings **H4PE2**
3. I get chores done right away **H4PE3**
4. I have frequent mood swings **H4PE4**

5. I have a vivid imagination **H4PE5**
6. I worry about things **H4PE6**
7. I'm always optimistic about my future **H4PE7**
8. I get angry easily **H4PE8**
9. I don't talk a lot **H4PE9**
10. I am not interested in other people's problems **H4PE10**
11. I often forget to put things back in their proper place **H4PE11**
12. I am relaxed most of the time **H4PE12**
13. I am not interested in abstract ideas **H4PE13**
14. I am not easily bothered by things **H4PE14**
15. I hardly ever expect things to go my way **H4PE15**
16. I rarely get irritated **H4PE16**
17. I talk to a lot of different people at parties **H4PE17**
18. I feel others' emotions **H4PE18**
19. I like order **H4PE19**
20. I get upset easily **H4PE20**
21. I have difficulty understanding abstract ideas **H4PE21**
22. I get stressed out easily **H4PE22**
23. Overall, I expect more good things to happen to me than bad **H4PE23**
24. I lose my temper **H4PE24**
25. I keep in the background **H4PE25**
26. I am not really interested in others **H4PE26**
27. I make a mess of things **H4PE27**
28. I seldom feel blue **H4PE28**
29. I do not have a good imagination **H4PE29**
30. I don't worry about things that have already happened **H4PE30**
31. I rarely count on good things happening to me **H4PE31**
32. I keep my cool **H4PE32**
33. I go out of my way to avoid having to deal with problems in my life **H4PE33**
34. When making a decision, I go with my "gut feeling" and don't think much about the consequences of each alternative **H4PE34**
35. I like to take risks **H4PE35**
36. I live my life without much thought for the future **H4PE36**
37. There is little I can do to change the important things in my life. **H4PE37**
38. Other people determine most of what I can and cannot do. **H4PE38**
39. There are many things that interfere with what I want to do. **H4PE39**
40. I have little control over the things that happen to me. **H4PE40**
41. There is really no way I can solve the problems I have **H4PE41**

Section 27: Biospecimen Participation

1. Biospecimen collection date - month **H4CMONTH**
2. Biospecimen collection date - day **H4CDAY**
3. Biospecimen collection date - year **H4CYEAR**
4. Which arm for blood pressure measurement **H4ARM**
5. Cuff size **H4CUFF**
6. Arm circumference measured 12-12.75 inches in pretest **H4CUFFLG**
7. Systolic blood pressure **H4SBP**
8. Diastolic blood pressure **H4DBP**
9. Blood pressure classification **H4BPCLS**
10. Number of blood pressures used to create single variable **H4BPFLG**
11. Pulse rate **H4PR**
12. Pulse pressure **H4PP**
13. Mean arterial pulse pressure **H4MAP**

14. Height (cm) **H4HGT**
15. Weight (kg) **H4WGT**
16. Flag indicating weight was incorrectly measured in lbs and was converted to kg **H4WTLBS**
17. Body Mass Index **H4BMI**
18. Body Mass Index classification **H4BMICLS**
19. Measured waist (cm) **H4WAIST**

Section 28: Field Interviewer's Report

1. How physically attractive is the respondent? **H4IR1**
2. How attractive is the respondent's personality? **H4IR2**
3. How well groomed is the respondent? **H4IR3**
4. Indicate the race of the sample member/respondent from your own observation (not from what the respondent said). **H4IR4**
5. Was a third person present during any portion of the interview—not just walking through the area where the interview was being conducted, but listening to or taking part in the interview process? **H4IR5**
6. Who was present? **H4IR6**
7. How many interruptions occurred during the interview? **H4IR7**
8. Where was the biomarker portion of the interview conducted? **H4IR8**

8A. Specify other location. **H4IR8A**

9. Where was the questionnaire portion of the interview conducted? **H4IR9**

9A. Specify other location. **H4IR9A**

10. Did the respondent appear to be drunk or under the influence of a drug? **H4IR10**
11. Did the respondent ever seem bored or impatient during the interview? **H4IR11**
12. Did the respondent's boredom or impatience negatively affect the quality of the interview? **H4IR12**
13. In your opinion, was the respondent candid in {HIS/HER} responses? **H4IR13**
14. Did the respondent require your help in completing the self-administered part of the questionnaire? **H4IR14**

Section 29: Field Interviewer's Environmental Assessment

1. In order to complete the environmental questions, you must have visited the respondent's home. Have you visited the respondent's home? **H4EO1**
2. Please indicate whether you will enter data from Section D of the CDF for this case or whether you will be completing the neighborhood environment questions from memory. **H4E02**
3. The building structure or entrance is unsafe, or contains cracks or holes, broken siding or glass, or peeling paint. **H4EO3**
4. The yard is unkempt with overgrown shrubs or grass, or contains clutter, trash or other debris. **H4EO4**
5. What types of barriers, if any, interfered with your access to the sample member's/respondent's dwelling? SELECT ALL THAT APPLY.

   none **H4EO5A**
   guard/Door Person at the front door who has to call the unit **H4EO5B**
   guard/Door Person at the front door who must give access to building **H4EO5C**
   guard/Door Person at gate of community **H4EO5D**
   on-site/Off-site Staff/Manager who controls access **H4EO5E**
   locked main entrance/gate, no intercom/buzzer (locked doors, locked gate, controlled gate, or other locked entry) **H4EO5F**
   locked main entrance/gate with intercom/buzzer, no unit address labels (may contain other labels such as names, but does not provide address label) **H4EO5G**
   locked main entrance/gate with intercom/buzzer, with unit address labels **H4EO5H**
   threatening animal on or near the property **H4EO5I**

threatening sign on or near the property **H4EO5J**
6. Which of the following best describes the immediate area or street (one block, both sides) where the sample member/respondent lives?..... **H4EO6**
7. How safe did you feel when you were in the sample member's/respondent's neighborhood? Did you feel:..... **H4EO7**