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AL. Emotional social support
AM. Satisfaction with emotional social support
AN. Instrumental social support
AO. Satisfaction with instrumental social support
AP. Demands & criticisms
AQ. Social dependance (integration)
AR. Satisfaction with social dependance
AS. Internet use
AT. Safety
AU. Satisfaction with local police
AV. Neighborhood violence
AW. Victim of crime
AX. Gambling
AY. Gambling anonymous questions
AZ. Conflicts Tactics Scale
BA. Brief Cope Scale
BB. Anger rumination
BC. FDA Implantable medical devices questionnaire

HNDid: Enter 10-digit HANDLS ID: __ __ __ - __ __ __ __ __ - __ __

(1) **Sex:** Are you a

0: Woman
1: Man

Hello. Welcome to Part 1 of the HANDLS questionnaire. In this portion we will ask you questions about your health and physical activities. A health problem is any illness or physical, mental, or emotional difficulty not including pregnancy. Tap or click the bubble on the screen next to the answer option that matches most closely your answer to each question. After you have chosen a response, tap or click "next" to proceed to the next question. Please answer each question to the best of your ability. There are no right or wrong answers.

SF–12

(2) **SF01:** In general, would you say your health is:

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

(3) **SF02:** Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner or playing golf?

1: No, not limited at all
2: Yes, limited a little
3: Yes, limited a lot

(4) **SF03:** Does your health now limit you in climbing several flights of stairs?

1: No, not limited at all
2: Yes, limited a little
3: Yes, limited a lot

(5) **SF04:** During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of your physical health?

0: None of the time
1: A little of the time
2: Some of the time
3: Most of the time
4: All of the time

(6) **SF05:** During the past 4 weeks, how much of the time were you limited in the kind of work you did or in other activities as a result of your physical health?

0: None of the time
1: A little of the time
2: Some of the time
3: Most of the time
4: All of the time

(7) **SF06:** During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of emotional problems (such as feeling depressed or anxious)?

0: None of the time
1: A little of the time
2: Some of the time
3: Most of the time
4: All of the time

(8) **SF07:** During the past 4 weeks, how much of the time did you do work or other activities less carefully than usual?

0: None of the time
1: A little of the time
2: Some of the time
3: Most of the time
4: All of the time

(9) **SF08:** During the past 4 weeks, how much did pain interfere with your normal work (include both work outside the home and housework)?

0: Extremely
1: Quite a bit
2: Moderately
3: A little bit
4: Not at all

(10) **SF09:** How much of the time during the past 4 weeks have you felt calm and peaceful?

0: None of the time
1: A little of the time
2: Some of the time
3: Most of the time
4: All of the time

(11) **SF10:** How much of the time during the past 4 weeks did you have a lot of energy?

0: None of the time
1: A little of the time
2: Some of the time
3: Most of the time
4: All of the time

(12) **SF11:** How much of the time during the past 4 weeks have you felt downhearted and blue?

0: None of the time
1: A little of the time
2: Some of the time
3: Most of the time
4: All of the time

(13) **SF12:** During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc)?

0: None of the time
1: A little of the time
2: Some of the time
3: Most of the time
4: All of the time

(14) **MentalHealth:** In general, would you say your emotional health is

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

Big Five Inventory–10

(15) **BFI01:** How well does this statement describe your personality? I see myself as someone who is reserved.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

(16) **BFI02:** How well does this statement describe your personality? I see myself as someone who is generally trusting.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

(17) **BFI03:** How well does this statement describe your personality? I see myself as someone who tends to be lazy.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

(18) **BFI04:** How well does this statement describe your personality? I see myself as someone who is relaxed, handles stress well.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

(19) **BFI05:** How well does this statement describe your personality? I see myself as someone who has few artistic interests.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

(20) **BFI06:** How well does this statement describe your personality? I see myself as someone who is outgoing, sociable.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

(21) **BFI07:** How well does this statement describe your personality? I see myself as someone who tends to find fault with others.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

(22) **BFI08:** How well does this statement describe your personality? I see myself as someone who does a thorough job.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

(23) **BFI09:** How well does this statement describe your personality? I see myself as someone who get nervous easily.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

(24) **BFI10:** How well does this statement describe your personality? I see myself as someone who has an active imagination.

1: Disagree strongly
2: Disagree somewhat
3: Neither agree nor disagree
4: Agree somewhat
5: Agree strongly

CES-D

The next questions ask about some ways you may have felt or behaved. Please indicate how often you have felt this way during the last week.

(25) **CES01:** I was bothered by things that usually don't bother me.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(26) **CES02:** I did not feel like eating; my appetite was poor.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(27) **CES03:** I felt that I could not shake off the blues even with help from my family or friends.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(28) **CES04:** I felt I was just as good as other people.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(29) **CES05:** I had trouble keeping my mind on what I was doing.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(30) **CES06:** I felt depressed.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(31) **CES07:** I felt that everything I did was an effort.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(32) **CES08:** I felt hopeful about the future.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(33) **CES09:** I thought my life had been a failure.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(34) **CES10:** I felt fearful.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(35) **CES11:** My sleep was restless.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(36) **CES12:** I was happy.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(37) **CES13:** I talked less than usual.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(38) **CES14:** I felt lonely.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(39) **CES15:** People were unfriendly.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(40) **CES16:** I enjoyed life.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(41) **CES17:** I had crying spells.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(42) **CES18:** I felt sad.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(43) **CES19:** I felt that people disliked me.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

(44) **CES20:** I could not get going.

0: Rarely or not at all (less than one day)
1: Some or a little of the time (1–2 days)
2: Occasionally (3–4 days)
3: Most or all of the time (5–7 days)

Patient Health Questionnaire (PHQ–9)

The next questions ask you about how you felt over the past 2 weeks.

(45) **PHQ01:** Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

0: Not at all
1: Several days
2: More than half the days
3: Nearly every day

(46) **PHQ02:** Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

0: Not at all
1: Several days
2: More than half the days
3: Nearly every day

(47) **PHQ03:** Over the last 2 weeks, how often have you been bothered by trouble falling or staying asleep, or sleeping too much?

0: Not at all
1: Several days
2: More than half the days
3: Nearly every day

(48) **PHQ04:** Over the last 2 weeks, how often have you been bothered by feeling tired or having little energy?

0: Not at all
1: Several days
2: More than half the days
3: Nearly every day

(49) **PHQ05:** Over the last 2 weeks, how often have you been bothered by poor appetite or overeating?

0: Not at all
1: Several days
2: More than half the days
3: Nearly every day

(50) **PHQ06:** Over the last 2 weeks, how often have you been bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down?

0: Not at all
1: Several days
2: More than half the days
3: Nearly every day

(51) **PHQ07:** Over the last 2 weeks, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?

0: Not at all
1: Several days
2: More than half the days
3: Nearly every day

(52) **PHQ08:** Over the last 2 weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual?

0: Not at all
1: Several days
2: More than half the days
3: Nearly every day

(53) **PHQ09:** Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?

0: Not at all

1: Several days
2: More than half the days
3: Nearly every day

Skip PHQ10 if (PHQ01 eq "0" && PHQ02 eq "0" && PHQ03 eq "0" && PHQ04 eq "0" && PHQ05 eq "0" && PHQ06 eq "0" && PHQ07 eq "0" && PHQ08 eq "0" && PHQ09 eq "0")

(54) **PHQ10:** How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

0: Not difficult at all
1: Somewhat difficult
2: Very difficult
3: Extremely difficult

Health services

(55) **HlthServ01:** Since your last HANDLS examination, have you put off or postponed seeking health care that you felt you needed?

1: Yes
2: No, needed health care but did not put off or postpone
3: Did not need health care since last examination

Skip HlthServ02 if HlthServ01 eq "3"

(56) **HlthServ02:** Since your last HANDLS examination, have you been refused health care?

0: No
1: Yes

Mental health service use

(57) **HlthServMH:** In the past year, have you been treated for problems with your emotions or nerves or for your use of alcohol or drugs?

0: No
1: Yes, by a psychiatrist or psychologist
2: Yes, by a family doctor or other physician
3: Yes, by a social worker or a counselor
4: Yes, by a member of the clergy (for example, a priest, pastor, imam, or rabbi)
5: Yes, by another healer (for example, a chiropractor, herbalist or spiritualist)
6: Yes, by a support group (for example, Alcohol Anonymous) or crisis hotlines

Preventive services

Skip Prevent1 if Sex eq "1"

(58) **Prevent1:** Have you had a cervical cancer screening (Pap smear) in the past 3 years?

0: No
1: Yes

Skip Prevent2 if Sex eq "0"

(59) **Prevent2:** Have you had a prostate cancer screening?

0: No
1: Yes

Skip Prevent3 if Sex eq "1"

(60) **Prevent3:** Have you had a mammogram in the past 2 years?

0: No
1: Yes

(61) **Prevent4:** Have you had a physical exam in the past year?

0: No
1: Yes

(62) **Prevent5:** Have you had a diabetes test in the past year?

0: No
1: Yes

(63) **Prevent6:** Have you had a blood pressure test in the past year?

0: No
1: Yes

(64) **Prevent7:** Have you had a cholesterol test in the past 2 years?

0: No
1: Yes

(65) **Prevent8:** Have you had a colonoscopy in the past 10 years?

0: No
1: Yes

(66) **Prevent9:** Have you had a flu shot in the past year?

0: No
1: Yes

Physical functioning

(67) **ADL:** Do you have any health problems that require you to use special equipment such as a cane, wheelchair, or a special bed or telephone?

0: No
1: Yes

(68) **PF01:** Because of health or physical problems, do you have any difficulty walking a quarter of mile (about 2 or 3 blocks) without stopping?

0: No
1: Yes

Skip PF01A if PF01 eq "0"

(69) **PF01A:** How much difficulty do you have walking a quarter of a mile?

1: A little
2: Some
3: A lot
4: Unable to do

(70) **PF01B:** How easy is it for you to walk a quarter of a mile?

1: Very easy
2: Somewhat easy
3: Not so easy

Go to PF02 if PF01 eq "1"

(71) **PF01C:** Because of a health or physical problem, do you have any difficulty walking one mile?

0: No
1: Yes

Skip PF01D if PF01C eq "1"

(72) **PF01D:** How easy is it for you to walk one mile?

1: Very easy
2: Somewhat easy
3: Not so easy

(73) **PF02:** Because of health or physical problems, do you have any difficulty walking up 10 steps without resting (about 1 flight of stairs)?

0: No
1: Yes

Skip PF02A if PF02 eq "0"

(74) **PF02A:** How much difficulty do you have walking up 10 steps?

1: A little
2: Some
3: A lot
4: Unable to do

(75) **PF02B:** How easy is it for you to walk up 10 steps?

1: Very easy
2: Somewhat easy
3: Not so easy

Go to PF03 if PF02 eq "1"

(76) **PF02C:** Because of a health or physical problem, do you have any difficulty walking up 20 steps without resting (about 2 flights of stairs)?

0: No
1: Yes

Skip PF02D if PF02C eq "1"

(77) **PF02D:** How easy is it for you to walk up 20 steps?

1: Very easy
2: Somewhat easy
3: Not so easy

(78) **PF03:** Because of a health or physical problem, do you have difficulty lifting or carrying something weighing 10 pounds such as a small bag of groceries or an infant?

0: No
1: Yes

Skip PF03A if PF03 eq "0"

(79) **PF03A:** How much difficulty do you have lifting or carrying 10 pounds?

1: A little
2: Some
3: A lot
4: Unable to do

Skip PF03B if PF03 eq "1"

(80) **PF03B:** How easy is it for you to lift or carry something weighing 10 pounds?

1: Very easy
2: Somewhat easy
3: Not so easy

Go to Employ00 if PF03 eq "1"

(81) **PF03C:** Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 20 pounds such as a large, full bag of groceries?

0: No
1: Yes

Skip PF03D if PF03C eq "1"

(82) **PF03D:** How easy is it for you to lift or carry something weighing 20 pounds?

1: Very easy
2: Somewhat easy
3: Not so easy

PROMIS Pain intensity short scale

(83) **Pain1:** In the past 7 days how intense was your pain at its worst?

1: Had no pain
2: Mild
3: Moderate
4: Severe
5: Very severe

Skip Pain2 if Pain1 eq "1"

(84) **Pain2:** In the past 7 days how intense was your average pain?

1: Had no pain
2: Mild
3: Moderate
4: Severe
5: Very severe

Skip Pain3 if Pain1 eq "1"

(85) **Pain3:** What is your level of pain right now?

1: No pain
2: Mild
3: Moderate
4: Severe
5: Very severe

Physical activity (NHANES III)

The next questions ask about your level of physical activity now compared to others. By physical activity we mean any work inside and outside your home, and any exercise and other physical activity, such as walking, playing sports, or hobbies.

(86) **PhysAct1:** Compare your physical activity for the past month to your physical activity for the past year

1: Less
2: Same
3: More

(87) **PhysAct2:** Compare your physical activity now with people your age

1: Less
2: Same
3: More

(88) **PhysAct3:** Compare your physical activity now with yourself 10 years ago

1: Less
2: Same
3: More

Subjective age

(89) **AgeFeel:** Many people feel older or younger than they actually are. How old do you feel?

20: 20 years old or younger
30: 30 years old

40: 40 years old
50: 50 years old
60: 60 years old
70: 70 years old
80: 80 years old or older

Satisfaction with aging (HRS)

(90) **SatAge1:** Things keep getting worse as I get older.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(91) **SatAge2:** I have as much as pep as I did last year.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(92) **SatAge3:** The older I get, the more useless I feel.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(93) **SatAge4:** I am as happy now as I was when I was younger.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(94) **SatAge5:** As I get older, things are better than I thought they would be.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(95) **SatAge6:** So far, I am satisfied with the way that I am aging.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(96) **SatAge7:** The older I get, the more I have had to stop doing things that I liked.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(97) **SatAge8:** Getting older has brought with it many things that I do not like.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

Vigilant coping

(98) **Vigil1:** In dealing with day-to-day experiences, how often do you think in advance about the kinds of problems you are likely to experience?

1: Very often
2: Fairly often
3: Not too often
4: Hardly ever
5: Never

(99) **Vigil2:** In dealing with day-to-day experiences, how often do you try to prepare for possible insults before leaving home?

1: Very often
2: Fairly often
3: Not too often
4: Hardly ever
5: Never

(100) **Vigil3:** In dealing with day-to-day experiences, how often do you feel that you always have to be very careful about your appearance to get good service or avoid being harassed?

1: Very often
2: Fairly often
3: Not too often
4: Hardly ever
5: Never

(101) **Vigil4:** In dealing with day-to-day experiences, how often do you carefully watch what you say and how you say it?

1: Very often
2: Fairly often
3: Not too often
4: Hardly ever
5: Never

(102) **Vigil5:** In dealing with day-to-day experiences, how often do you carefully observe what happens around you?

1: Very often
2: Fairly often
3: Not too often
4: Hardly ever
5: Never

(103) **Vigil6:** In dealing with day-to-day experiences, how often do you try to avoid certain social situations and places?

1: Very often
2: Fairly often
3: Not too often
4: Hardly ever
5: Never

Physical functioning

(104) **ADL1:** Do you have difficulty dressing yourself?

0: No
1: Yes

(105) **ADL2:** Do you have difficulty eating or feeding yourself?

0: No
1: Yes

(106) **ADL3:** Do you have difficulty using the toilet or bathroom?

0: No
1: Yes

(107) **ADL4:** Do you have difficulty bathing or showering?

0: No
1: Yes

(108) **ADL5:** Do you have difficulty getting into and out of bed?

0: No
1: Yes

(109) **ADL6:** Do you have difficulty walking across a room?

0: No
1: Yes

Instrumental activities of daily living (HRS)

(110) **IADL1:** Do you have difficulty preparing a hot meal?

0: No
1: Yes

(111) **IADL2:** Do you have difficulty shopping for groceries?

0: No
1: Yes

(112) **IADL3:** Do you have difficulty making telephone calls?

0: No
1: Yes

(113) **IADL4:** Do you have difficulty taking medications?

0: No
1: Yes

(114) **IADL5:** Do you have difficulty managing your money, paying your bills, or keeping track of expenses?

0: No
1: Yes

Employment status

(115) **Employ1:** What is your current employment status?

01: Employed full-time (30+ hours per week)
02: Employed part-time (<30 hours per week)
03: Self-employed
04: Unemployed, looking for a job
05: Unemployed, not looking for a job
06: Disabled
07: Full-time parent or homemaker
08: Retired
09: Student
10: Military

(116) **EmployStatus:** In the jobs that you have had the longest, are you now, have you been, or were you considered

1: Executive, administrator, or senior manager (for example CEO, Vice President, plant manager)
2: Professional (for example engineer, accountant, lawyer, health engineer, accountant, lawyer, health practitioner)
3: Technical support (for example lab technician, legal assistant, computer programmer)
4: Sales staff (for example sales representative, stockbroker, retail sales)
5: Clerical or administrative support (for example secretary, billing clerk, office supervisor)
6: Service provider (for example security officer, food service worker, custodian)
7: Production or crafts worker (for example mechanic, carpenter, machinist)
8: Operator or laborer (for example assembly line worker, driver, construction worker)
9: Never worked outside of home (for example student, caregiver)

(117) **Military:** Have you ever served in any branch of the military?

1: Serve on active duty now
2: Served, but not active duty now
3: Never served in the military

Skip SocSecurity if Employ1 ne "08"

(118) **SocSecurity:** Are you presently receiving social security benefits?

0: No, I'm too young
1: Yes, I receive retirement benefits
2: Yes, I receive disability benefits
3: No, I do not qualify

Congratulations. You have completed Part 1 of 4 of the HANDLS questionnaire. Please tap or click "next" to continue with Part 2 of the questionnaire.

This is Part 2 of the HANDLS questionnaire. In this portion we will ask questions about your finances and living situation. Please remember to answer each question to the best of your ability. There are no right or wrong answers.

Household composition

(119) **HseHld03a:** Including yourself, how many people live in your house now?

1: 1
2: 2
3: 3
4: 4
5: 5
6: 6
7: 7
8: 8
9: 9 or more

Skip HseHld03c if HseHld03a eq "1"

(120) **HseHld03c:** How many people living with you are children 18 years old or younger?

0: None
1: 1
2: 2
3: 3
4: 4
5: 5
6: 6
7: 7
8: 8
9: 9 or more

(121) **HseHld05:** Which of these best describes your current relationship status?

1: Single
2: Married
3: Partnered

4: Divorced
5: Separated
6: Widowed
7: Never married

(122) **HseHld06:** Do you?

1: Own your home
2: Rent your home
3: Live in a home owned or rented by someone else

(123) **HseHld07:** For how long have you lived in your current home?

1: Less than a month
2: 1–11 months
3: 1 year
4: More than a year

(124) **HseHld08:** In your home, how many rooms are used as bedrooms for sleeping?

1: 1
2: 2
3: 3
4: 4
5: 5
6: 6
7: 7
8: 8
9: 9 or more

(125) **Prison:** Is anyone in your family currently in prison?

0: No
1: Yes

Number of children

(126) **Children:** Including children you have adopted, how many children have you had? If you haven't had any children, please enter zero.

0: None
1: 1
2: 2
3: 3
4: 4
5: 5
6: 6
7: 7
8: 8
9: 9 or more

Residential change

(127) **MovedReason:** Have you moved since your last HANDLS examination? If you moved, what was the main reason?

0: Haven't moved
1: I lost my home to foreclosure
2: I have difficulties making rent or mortgage payments
3: Personal choice
4: Other reasons (e.g., job change, landlord sold property)

Mortgage status

Skip Mortgage if HseHld06 ne "1"

(128) **Mortgage:** Please select the answer that BEST applies to your CURRENT mortgage.

1: I do not have a mortgage
2: I am NOT in default or foreclosure on my mortgage
3: I am in default on my mortgage (I am more than 30 days behind in payments or I received a default notice)
4: I received a foreclosure notice (a letter from my lender with the foreclosure date)

Experience of financial strain (HRS)

(129) **ExpFinStrain:** How difficult is it for you and your family to make monthly payments on you and your family's bills?

1: Not at all difficult
2: Not very difficult
3: Somewhat difficult
4: Very difficult
5: Completely difficult

Food security

(130) **FoodSecurity:** In the past 12 months, did you ever eat less than you felt you should because there was not enough money to buy food?

1: Yes, very often
2: Yes, occasionally or very few times
3: No
4: Don't know

Household income

(131) **IncomeCategory:** Which category best describes your household income?

0: None
1: Less than $10,000
2: $10,000 - $19,999
3: $20,000 - $29,999
4: $30,000 - $39,999
5: $40,000 - $49,999
6: $50,000 - $59,999
7: $60,000 or more

Perceived constraints on personal control

(132) **PercCons1:** I often feel helpless in dealing with the problems of life.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(133) **PercCons2:** Other people determine most of what I can and cannot do.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(134) **PercCons3:** What happens in my life is often beyond my control.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat

6: Agree strongly

(135) **PercCons4:** I have little control over the things that happen to me.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(136) **PercCons5:** There is really no way I can solve the problems I have.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

Perceived mastery

(137) **PercMast1:** I can do just about anything I really set my mind to.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(138) **PercMast2:** When I really want to do something, I usually find a way to succeed at it.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(139) **PercMast3:** Whether or not I am able to get what I want is in my own hands.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(140) **PercMast4:** What happens to me in the future mostly depends on me.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

(141) **PercMast5:** I can do the things that I want to do.

1: Disagree strongly
2: Disagree somewhat
3: Disagree slightly
4: Agree slightly
5: Agree somewhat
6: Agree strongly

Congratulations. You have completed Part 2 of 4 of the HANDLS questionnaire. Please tap or click "next" to continue with Part 3 of the questionnaire.

This is Part 3 of the HANDLS questionnaire. In this portion we will ask questions about your feel-ings and beliefs. Please remember to answer each question to the best of your ability. There are no right or wrong answers.

Psychiatric Diagnostic Screening Questionnaire – Generalized anxiety

(142) **PDSQga01:** During the past 6 months, were you a nervous person on most days?

0: No
1: Yes

(143) **PDSQga02:** During the past 6 months, did you worry a lot that bad things might happen to you or someone close to you?

0: No
1: Yes

(144) **PDSQga03:** During the past 6 months, did you worry about things that other people said shouldn't worry you?

0: No
1: Yes

(145) **PDSQga04:** During the past 6 months, were you worried or anxious about a number of things in your daily life on most days?

0: No
1: Yes

(146) **PDSQga05:** During the past 6 months, did you often feel restless or on edge because you were worrying?

0: No
1: Yes

(147) **PDSQga06:** During the past 6 months, did you often have problems falling asleep because you were worrying about things?

0: No
1: Yes

(148) **PDSQga07:** During the past 6 months, did you often feel tension in your muscles because of anxiety or stress?

0: No
1: Yes

(149) **PDSQga08:** During the past 6 months, did you often have difficulty concentrating because your mind was on your worries?

0: No
1: Yes

(150) **PDSQga09:** During the past 6 months, were you often snappy or irritable because you were worrying or feeling stressed?

0: No
1: Yes

(151) **PDSQga10:** During the past 6 months, was it hard for you to control or stop your worrying on most days?

0: No
1: Yes

Symptoms of PTSD

(152) **PTSD01:** In the past month, how much have you been bothered by repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(153) **PTSD02:** In the past month, how much have you been bothered by repeated, disturbing dreams of a stressful experience from the past?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(154) **PTSD03:** In the past month, how much have you been bothered by suddenly acting or feeling as if a stressful event were happening again – as if you were reliving it?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(155) **PTSD04:** In the past month, how much have you been bothered by feeling very upset when something reminded you of a stressful experience from the past?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(156) **PTSD05:** In the past month, how much have you been bothered by having physical reactions such as your heart pounding, trouble breathing, or breaking into a sweat when something reminded you of a stressful experience from the past?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(157) **PTSD06:** In the past month, how much have you been bothered by avoiding thinking about or talking about a stressful experience from the past or avoiding feelings related to it?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(158) **PTSD07:** In the past month, how much have you been bothered by avoiding activities or situations because they remind you of a stressful experience from the past?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(159) **PTSD08:** In the past month, how much have you been bothered by trouble remembering important parts of a stressful experience from the past?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(160) **PTSD09:** In the past month, how much have you been bothered by losing interest in things that you usually enjoyed?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(161) **PTSD10:** In the past month, how much have you been bothered by feeling distant or cut off from people?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(162) **PTSD11:** In the past month, how much have you been bothered by feeling emotionally numb or unable to have loving feelings for people close to you?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(163) **PTSD12:** In the past month, how much have you been bothered by feeling as if your future will somehow be cut short?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(164) **PTSD13:** In the past month, how much have you been bothered by trouble falling or staying asleep?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(165) **PTSD14:** In the past month, how much have you been bothered by feeling irritable or having angry outbursts?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(166) **PTSD15:** In the past month, how much have you been bothered by difficulty concentrating?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(167) **PTSD16:** In the past month, how much have you been bothered by being super-alert, watchful, or on guard?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

(168) **PTSD17:** In the past month, how much have you been bothered by feeling jumpy or easily startled?

0: Not at all
1: A little bit
2: Moderately
3: Quite a bit
4: Extremely

Congratulations. You have completed Part 3 of 4 of the HANDLS questionnaire. Please tap or click "next" to continue with Part 4 of the questionnaire.

This is the final part of the HANDLS questionnaire. In this portion we will ask questions about your personal history. Please remember to answer each question to the best of your ability. There are no right or wrong answers.

Life satisfaction

(169) **LifeSat1:** In most ways my life is close to my ideal.

1: Disagree strongly
2: Disagree
3: Disagree slightly
4: Neither agree nor disagree
5: Agree slightly
6: Agree
7: Agree strongly

(170) **LifeSat2:** The conditions of my life are excellent.

1: Disagree strongly
2: Disagree
3: Disagree slightly
4: Neither agree nor disagree
5: Agree slightly
6: Agree
7: Agree strongly

(171) **LifeSat3:** I am satisfied with my life.

1: Disagree strongly
2: Disagree
3: Disagree slightly
4: Neither agree nor disagree
5: Agree slightly
6: Agree
7: Agree strongly

(172) **LifeSat4:** So far I have gotten the important things I want in life.

1: Disagree strongly
2: Disagree
3: Disagree slightly
4: Neither agree nor disagree
5: Agree slightly
6: Agree
7: Agree strongly

(173) **LifeSat5:** If I could live my life over, I would change almost nothing.

1: Disagree strongly
2: Disagree
3: Disagree slightly
4: Neither agree nor disagree
5: Agree slightly
6: Agree
7: Agree strongly

The next questions ask about things that may have happened to you in your day-to-day life.

Everyday discrimination

(174) **DisEveryDay1:** How often are you treated with less courtesy than other people?

1: Almost every day
2: At least once a week
3: Few times a month
4: Few times a year
5: Less than once a year
6: Never

(175) **DisEveryDay2:** How often are you treated with less respect than other people?

1: Almost every day
2: At least once a week
3: Few times a month
4: Few times a year
5: Less than once a year
6: Never

(176) **DisEveryDay3:** How often do you get worse service at restaurants and stores than other people?

1: Almost every day
2: At least once a week
3: Few times a month
4: Few times a year
5: Less than once a year
6: Never

(177) **DisEveryDay4:** How often do people act as if they think you are not smart?

1: Almost every day
2: At least once a week
3: Few times a month
4: Few times a year
5: Less than once a year
6: Never

(178) **DisEveryDay5:** How often do people act as if they are afraid of you?

1: Almost every day
2: At least once a week
3: Few times a month
4: Few times a year
5: Less than once a year
6: Never

(179) **DisEveryDay6:** How often do people act as if they think you are dishonest?

1: Almost every day
2: At least once a week
3: Few times a month
4: Few times a year
5: Less than once a year
6: Never

(180) **DisEveryDay7:** How often do people act as if they're better than you are?

1: Almost every day
2: At least once a week
3: Few times a month
4: Few times a year
5: Less than once a year
6: Never

(181) **DisEveryDay8:** How often do people call you names or insult you?

1: Almost every day
2: At least once a week
3: Few times a month
4: Few times a year
5: Less than once a year

6: Never

(182) **DisEveryDay9:** How often do people threaten or harass you?

1: Almost every day
2: At least once a week
3: Few times a month
4: Few times a year
5: Less than once a year
6: Never

Gender discrimination

(183) **DisGender1:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your gender at school?

0: No
1: Yes

(184) **DisGender2:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your gender when getting a job?

0: No
1: Yes

Skip DisGender3 if EmployStatus eq "9"

(185) **DisGender3:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your gender at work?

0: No
1: Yes

(186) **DisGender4:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your gender at home?

0: No
1: Yes

(187) **DisGender5:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your gender when getting medical care?

0: No
1: Yes

Race discrimination

(188) **DisRace1:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your race or ethnicity at school?

0: No
1: Yes

(189) **DisRace2:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your race or ethnicity when getting a job?

0: No
1: Yes

Skip DisRace3 if EmployStatus eq "9"

(190) **DisRace3:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your race or ethnicity at work?

0: No

1: Yes

(191) **DisRace4:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your race or ethnicity when you were getting housing?

0: No
1: Yes

(192) **DisRace5:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your race or ethnicity when getting medical care?

0: No
1: Yes

(193) **DisRace6:** Have you ever experienced discrimination, or has anyone stopped you from doing something, hassled you, or made you feel inferior because of your race or ethnicity from the police or courts?

0: No
1: Yes

Sources of discrimination

(194) **DisSource01:** Overall, how much have you experienced prejudice or discrimination because of your gender?

0: Not at all
1: A little
2: Some
3: A lot

(195) **DisSource02:** Overall, how much have you experienced prejudice or discrimination because of your race?

0: Not at all
1: A little
2: Some
3: A lot

(196) **DisSource03:** Overall, how much have you experienced prejudice or discrimination because of your ethnicity or culture?

0: Not at all
1: A little
2: Some
3: A lot

(197) **DisSource04:** Overall, how much have you experienced prejudice or discrimination because of your income?

0: Not at all
1: A little
2: Some
3: A lot

(198) **DisSource05:** Overall, how much have you experienced prejudice or discrimination because of your age?

0: Not at all
1: A little
2: Some
3: A lot

(199) **DisSource06:** Overall, how much have you experienced prejudice or discrimination because of your religion?

0: Not at all
1: A little

2: Some
3: A lot

(200) **DisSource07:** Overall, how much have you experienced prejudice or discrimination because of your physical appearance?

0: Not at all
1: A little
2: Some
3: A lot

(201) **DisSource08:** Overall, how much have you experienced prejudice or discrimination because of your sexual orientation?

0: Not at all
1: A little
2: Some
3: A lot

(202) **DisSource09:** Overall, how much have you experienced prejudice or discrimination because of your health status?

0: Not at all
1: A little
2: Some
3: A lot

(203) **DisSource10:** Overall, how much have you experienced prejudice or discrimination because of your physical disabilities?

0: Not at all
1: A little
2: Some
3: A lot

Lifetime burden of discrimination

(204) **DisLife1:** Overall, how much has discrimination interfered with you having a full and productive life?

0: Not at all
1: A little
2: Some
3: A lot

(205) **DisLife2:** Overall, how much harder has your life been because of discrimination?

0: Not at all
1: A little
2: Some
3: A lot

Loneliness

(206) **Lonely1:** I feel left out

1: Hardly ever
2: Some of the time
3: Often

(207) **Lonely2:** I feel isolated

1: Hardly ever
2: Some of the time
3: Often

(208) **Lonely3:** I lack companionship

1: Hardly ever
2: Some of the time

3: Often

Cigarette smoking & e-cigarettes

(209) **Cigarettes01:** For how many days did you smoke cigarettes in the past month, even just one or two puffs?

00: Didn't smoke
01: 1–2 days
02: 3–4 days
03: 5–6 days
04: 7–8 days
05: 9–10 days
06: 11–12 days
07: 13–14 days
08: 15–16 days
09: 17–18 days
10: 19–20 days
11: 21–22 days
12: 23–24 days
13: 25–26 days
14: 27–28 days
15: 29–30 days
16: Every day

Skip Cigarettes02 if Cigarettes01 eq "00"

(210) **Cigarettes02:** On the days you smoke, how many cigarettes do you smoke?

1: 1–4
2: 5–9
3: 10–14
4: 15–19
5: 20 or more

(211) **Cigarettes03:** Have you heard about electronic cigarettes, sometimes called e-cigarettes, e-cigs, e-hookah, or e-vapor?

0: No
1: Yes

Go to Cigarettes06 if Cigarettes03 eq "0"

(212) **Cigarettes04:** Have you ever used electronic cigarettes, sometimes called e-cigarettes, e-cigs, e-hookah, or e-vapor?

0: No
1: Yes, but not in the past month
2: Yes, on one or more days in the past month

Skip Cigarettes05 if Cigarettes04 eq "0"

(213) **Cigarettes05:** Why did you first use e-cigarettes? (check all that apply)

1: Wanted to cut down or quit smoking
2: Wasn't allowed to smoke cigarettes at work
3: Had a coupon or special deal

(214) **Cigarettes06:** Have you bought cigarettes in the the past 12 months?

0: No
1: Yes

Skip Cigarettes07 if Cigarettes06 eq "0"

(215) **Cigarettes07:** When you bought cigarettes in the the past 12 months, did you use coupons or get a special deal like "buy one get one free" or $1 off a pack?

0: No
1: Yes

(216) **Cigarettes08:** In the the past 12 months, did you try to quit smoking cigarettes?

1: I did not smoke in the the past 12 months
2: No
3: Yes

Skip Cigarettes09 if Cigarettes08 eq "1" or Cigarettes08 eq "2"

(217) **Cigarettes09:** Did you use medications such as nicotine gum or patches or Chantix when you tried to quit smoking?

1: I did not try to quit in the the past 12 months
2: I tried to quit but I did not use medications
3: Yes, I used medications

Skip Cigarettes10 if Cigarettes08 eq "1" or Cigarettes08 eq "2"

(218) **Cigarettes10:** Did you use a counseling services such as 1–800-Quit-Now when you tried to quit smoking?

1: I did not try to quit in the the past 12 months
2: I tried to quit but I did not use counseling services
3: Yes, I used counseling services

(219) **Cigarettes11:** During the last 7 days, has anyone smoked cigarettes or any other tobacco product inside your home?

0: No
1: Yes

(220) **Cigarettes12:** During the last 7 days, has anyone smoked cigarettes or any other tobacco product near you at work?

1: No
2: Yes
3: I don't work outside of my home

Secondhand smoke exposure

(221) **Secondhand1:** During the last 7 days, has anyone smoked cigarettes or any other tobacco product inside your home?

0: No
1: Yes

(222) **Secondhand2:** During the last 7 days, has anyone smoked cigarettes or any other tobacco product near you at work?

0: No
1: Yes
2: I don't work outside my home

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to deal with stress. The next questions ask you about what you usually do and feel when you experience stressful events. Even though you may do different things and feel different emotions, try to remember what you usually do when you are under a lot of stress. Press the next question button to continue.

Social integration

Skip SocInt01 if Children eq "0"

(223) **SocInt01:** How many of your children do you feel close to? By "close to" we mean you feel at ease with them, can talk to them about private matters, and can call on them for help.

0: None

1: 1
2: 2
3: 3
4: 4
5: 5
6: 6
7: 7
8: 8
9: 9 or more

(224) **SocInt02:** Other than your children (if you have any), how many other relatives do you have that you feel close to? By "close to" we mean you feel at ease with them, can talk to them about private matters, and can call on them for help.

0: None
1: 1
2: 2
3: 3
4: 4
5: 5
6: 6
7: 7
8: 8
9: 9 or more

(225) **SocInt03:** How many close friends do you have? By "close" we mean you feel at ease with them, can talk to them about private matters, and can call on them for help.

0: None
1: 1
2: 2
3: 3
4: 4
5: 5
6: 6
7: 7
8: 8
9: 9 or more

Emotional social support

Skip EmoSup01 if HseHld05 ne "2" and HseHld05 ne "3"

(226) **EmoSup01:** How often does your spouse or partner make you feel loved and cared for?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Skip EmoSup02 if Children eq "0"

(227) **EmoSup02:** How often do your children make you feel loved and cared for?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(228) **EmoSup03:** How often do your close friends and relatives make you feel loved and cared for?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Skip EmoSup04 if HseHld05 ne "2" and HseHld05 ne "3"

(229) **EmoSup04:** How often is your spouse or partner willing to listen when you need to talk about your worries or problems?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Skip EmoSup05 if Children eq "0"

(230) **EmoSup05:** How often are your children willing to listen when you need to talk about your worries or problems?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(231) **EmoSup06:** How often are your close friends and relatives willing to listen when you need to talk about your worries or problems?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Satisfaction with emotional social support

(232) **SatEmo:** In the last section we asked about the amount of emotional support you might have received. Thinking back over the past year, would you say you feel satisfied with the amount of emotional support other people gave you, or do you wish others gave you emotional support more often or less often?

1: More often
2: Satisfied
3: Less often

Instrumental social support

Skip InsSup01 if HseHld05 ne "2" and HseHld05 ne "3"

(233) **InsSup01:** How often does your spouse or partner help with daily tasks like shopping, giving you a ride, or helping you with household tasks?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Skip InsSup02 if Children eq "0"

(234) **InsSup02:** How often do your children help with daily tasks like shopping, giving you a ride, or helping you with household tasks?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(235) **InsSup03:** How often do your close relatives help with daily tasks like shopping, giving you a ride, or helping you with household tasks?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Skip InsSup04 if HseHld05 ne "2" and HseHld05 ne "3"

(236) **InsSup04:** How often does your spouse or partner give you advice or information about medical, financial, or family problems?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Skip InsSup05 if Children eq "0"

(237) **InsSup05:** How often do your children give you advice or information about medical, financial, or family problems?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(238) **InsSup06:** How often do your close friends and relatives give you advice or information about medical, financial, or family problems?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Satisfaction with instrumental social support

(239) **SatIns:** In the last section we asked about things that people might have done for you. Thinking back over the past year, would you say you feel satisfied with this type of help, or do you wish others gave you this type of help more often or less often?

1: More often
2: Satisfied
3: Less often

Demands & criticisms

Skip DemCri01 if HseHld05 ne "2" and HseHld05 ne "3"

(240) **DemCri01:** How often does your spouse or partner make too many demands on you?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Skip DemCri02 if Children eq "0"

(241) **DemCri02:** How often do your children make too many demands on you?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(242) **DemCri03:** How often do your close friends or relatives make too many demands on you?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Skip DemCri04 if HseHld05 ne "2" and HseHld05 ne "3"

(243) **DemCri04:** How often is your spouse or partner critical of what you do?

1: Never

2: Once in a while
3: Fairly often
4: Very often

Skip DemCri05 if Children eq "0"

(244) **DemCri05:** How often are your children critical of what you do?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(245) **DemCri06:** How often are your close friends and relatives critical of what you do?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Social dependance (integration)

(246) **Integr01:** In the past year, how often has someone depended on you for your guidance and advice?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(247) **Integr02:** In the past year, how often has someone depended on you for financial help?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(248) **Integr03:** In the past year, how often has someone talked over their problems and private feelings with you?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(249) **Integr04:** In the past year, how often has someone depended on you for transportation?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(250) **Integr05:** In the past year, how often has someone depended on you for something they needed that was a physical object other than money?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(251) **Integr06:** In the past year, how often have you helped someone with their household chores?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(252) **Integr07:** In the past year, how often have you helped someone with their shopping?

1: Never
2: Once in a while

3: Fairly often
4: Very often

(253) **Integr08:** In the past year, how often have you been right there with someone when they were experiencing a stressful situation?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(254) **Integr09:** In the past year, how often have you comforted someone by showing them physical affection?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(255) **Integr10:** In the past year, how often have you expressed interest and concern in someone's well-being?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(256) **Integr11:** In the past year, how often have you told someone what you did in a stressful situation that was similar to the one they were going through?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(257) **Integr12:** In the past year, how often have you suggested some action someone should take to deal with a problem they were having?

1: Never
2: Once in a while
3: Fairly often
4: Very often

(258) **Integr13:** In the past year, how often have you told someone where they could go for help with a problem they were having?

1: Never
2: Once in a while
3: Fairly often
4: Very often

Satisfaction with social dependance

(259) **SatInt:** In the last section we asked about things that you may or may not have done for others. Thinking back over the past year, are you satisfied with the amount of help you gave to others or do you wish that you had helped others more often or less often?

1: More often
2: Satisfied
3: Less often

Internet use

(260) **InternetUse:** In the past year, how often have you used the internet?

1: Never
2: Less than once a month
3: Once or twice a month
4: Several times a week

5: More than once a day

(261) **SocMediaUse:** In the past year, how often have you used social media such as Facebook?

1: Never
2: Less than once a month
3: Once or twice a month
4: Several times a week
5: More than once a day

Safety

(262) **Safety1:** Do you have one or more smoke detectors in your home?

0: No
1: Yes

(263) **Safety2:** Do you have one or more fire extinguishers in your home?

0: No
1: Yes

(264) **Guns1:** Do you have at least one gun in your home?

0: No
1: Yes

Go to Police1 if Guns1 eq "0"

(265) **Guns2:** Do you own any of the guns in your home?

0: No
1: Yes

Skip Guns3 if EmployStatus eq "9"

(266) **Guns3:** Are you required to carry a gun as part of your job?

0: No
1: Yes

(267) **Guns4:** Do you have a gun safe or locked place to store your gun at home?

0: No
1: Yes

(268) **Guns5:** Do you own

1: Hand guns
2: Rifles
3: Both

(269) **Guns6:** Do you use your gun(s) to hunt?

0: No
1: Yes

Satisfaction with local police

(270) **Police1:** Overall, how satisfied are you with your local police?

1: Very satisfied
2: Mainly satisfied
3: Mainly unsatisfied
4: Very unsatisfied

(271) **Police2:** Do you feel safe contacting the police?

0: No
1: Yes

(272) **Police3:** If you had a problem, would you contact the police for help?

0: No
1: Yes

Neighborhood violence

(273) **NeighViol23:** How worried are you about being victimized (for example, being mugged, robbed, or assaulted)?

1: Very worried
2: Somewhat worried
3: Not really worried
4: Not worried at all

(274) **NeighViol24:** Have you been violently victimized while living at your current address?

0: No
1: Yes

Victim of crime

(275) **Victim1:** In the past 12 months, have you been the victim of a crime?

0: No
1: Yes

Go to Gamble if Victim1 eq "0"

(276) **Victim2:** Thinking about all the crimes you have been the victim of in the past 12 months, were they

1: Only property crimes
2: Only personal crimes
3: Both

(277) **Victim3:** Did you report the incident(s) to the police?

0: No
1: Yes

(278) **Victim4:** Were you satisfied with the police response?

0: No
1: Yes

Gambling

(279) **Gamble:** Have you ever gambled for money?

0: No
1: Yes

Gambling anonymous questions

Go to sayCTS1 if Gamble eq "0"

(280) **GambAnon1:** Have you ever gambled to escape your problems?

0: No
1: Yes

(281) **GambAnon2:** Have you ever spent more time gambling than you planned?

0: No
1: Yes

(282) **GambAnon3:** Has gambling ever made you careless of yourself or your family welfare?

0: No
1: Yes

(283) **GambAnon4:** Have you ever had to borrow money to finance your gambling?

0: No
1: Yes

(284) **GambAnon5:** Have you ever felt bad about yourself after gambling?

0: No
1: Yes

(285) **GambAnon6:** Have you ever stolen money to gamble?

0: No
1: Yes

Conflicts Tactics Scale

Go to Implant1 if !(HseHld05 eq "2" or HseHld05 eq "3")

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason.

Couples also have many different ways of trying to settle their differences. The next question asks about things that might happen when you have differences and how often they happened to you and your partner.

(286) **CTS01:** I insulted or swore or shouted or yelled at my partner.

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(287) **CTS02:** My partner insulted or swore or shouted or yelled at me.

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(288) **CTS05:** I pushed, shoved, or slapped my partner.

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(289) **CTS06:** My partner pushed, shoved, or slapped me.

1: Once the past year
2: Twice in the past year

3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(290) **CTS07:** I punched or kicked or beat-up my partner.

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(291) **CTS08:** My partner punched or kicked or beat me up.

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(292) **CTS09:** I destroyed something belonging to my partner or threatened to hit my partner.

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(293) **CTS10:** My partner destroyed something belonging to me or threatened to hit me.

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(294) **CTS13:** I used force (like hitting, holding down, or using a weapon) to make my partner have sex.

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(295) **CTS14:** My partner used force (like hitting, holding down, or using a weapon) to make me have sex.

1: Once the past year
2: Twice in the past year

3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(296) **CTS15:** I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force).

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

(297) **CTS16:** My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force).

1: Once the past year
2: Twice in the past year
3: 3–5 times in the past year
4: 6–10 times in the past year
5: 11–20 times in the past year
6: More than 20 times in the past year
7: This has happened before, but not in the last year
8: This has never happened

Brief Cope Scale

(298) **Cope01:** When I am confronted with a difficult or stressful event, I usually turn to work or other activities to take my mind off things.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(299) **Cope02:** When I am confronted with a difficult or stressful event, I usually concentrate my efforts on doing something about the situation I'm in.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(300) **Cope03:** When I am confronted with a difficult or stressful event, I usually say to myself "this isn't real.".

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(301) **Cope04:** When I am confronted with a difficult or stressful event, I usually use alcohol or other drugs to make myself feel better.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(302) **Cope05:** When I am confronted with a difficult or stressful event, I usually get emotional support from others.

1: Not at all
2: Little bit

3: Medium amount
4: A lot

(303) **Cope06:** When I am confronted with a difficult or stressful event, I usually give up trying to deal with it.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(304) **Cope07:** When I am confronted with a difficult or stressful event, I usually take action to try to make the situation better.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(305) **Cope08:** When I am confronted with a difficult or stressful event, I usually refuse to believe that it has happened.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(306) **Cope09:** When I am confronted with a difficult or stressful event, I usually say things to let my unpleasant feelings escape.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(307) **Cope10:** When I am confronted with a difficult or stressful event, I usually get help and advice from other people.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(308) **Cope11:** When I am confronted with a difficult or stressful event, I usually use alcohol or other drugs to help me get through it.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(309) **Cope12:** When I am confronted with a difficult or stressful event, I usually try to see it in a different light, to make it seem more positive.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(310) **Cope13:** When I am confronted with a difficult or stressful event, I usually criticize myself.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(311) **Cope14:** When I am confronted with a difficult or stressful event, I usually try to come up with a strategy about what to do.

1: Not at all
2: Little bit
3: Medium amount

4: A lot

(312) **Cope15:** When I am confronted with a difficult or stressful event, I usually get comfort and understanding from someone.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(313) **Cope16:** When I am confronted with a difficult or stressful event, I usually give up the attempt to cope.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(314) **Cope17:** When I am confronted with a difficult or stressful event, I usually look for something good in what is happening.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(315) **Cope18:** When I am confronted with a difficult or stressful event, I usually make jokes about it.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(316) **Cope19:** When I am confronted with a difficult or stressful event, I usually do something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(317) **Cope20:** When I am confronted with a difficult or stressful event, I usually accept the reality of the fact that it has happened.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(318) **Cope21:** When I am confronted with a difficult or stressful event, I usually express my negative feelings.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(319) **Cope22:** When I am confronted with a difficult or stressful event, I usually try to find comfort in my religion or spiritual beliefs.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(320) **Cope23:** When I am confronted with a difficult or stressful event, I usually I've been trying to get advice or help from other people about what to do.

1: Not at all
2: Little bit

3: Medium amount
4: A lot

(321) **Cope24:** When I am confronted with a difficult or stressful event, I usually learn to live with it.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(322) **Cope25:** When I am confronted with a difficult or stressful event, I usually think hard about what steps to take.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(323) **Cope26:** When I am confronted with a difficult or stressful event, I usually I've been blaming myself for things that happened.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(324) **Cope27:** When I am confronted with a difficult or stressful event, I usually pray or meditate.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

(325) **Cope28:** When I am confronted with a difficult or stressful event, I usually make fun of the situation.

1: Not at all
2: Little bit
3: Medium amount
4: A lot

Anger rumination

The next questions ask about your feelings when you are angry.

(326) **AngerRum01:** I re-enact anger episodes in my mind after they happen.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(327) **AngerRum02:** When something makes me angry, I turn this matter over and over again in my mind.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(328) **AngerRum03:** Memories of even minor annoyances bother me for a while.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(329) **AngerRum04:** Whenever I experience anger, I keep thinking about it for a while.

1: Almost never

2: Occasionally
3: Usually
4: Almost always

(330) **AngerRum05:** After an argument is over, I keep fighting with this person in my imagination.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(331) **AngerRum06:** Memories of being aggravated pop up into my mind before I fall asleep.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(332) **AngerRum07:** I have long living fantasies of revenge after the conflict is over.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(333) **AngerRum08:** When someone makes me angry I can't stop thinking about how to get back at them.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(334) **AngerRum09:** I have daydreams and fantasies of violent nature.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(335) **AngerRum00:** I have difficulty forgiving people who have hurt me.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(336) **AngerRum11:** I ponder about the injustices that have been done to me.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(337) **AngerRum12:** I keep thinking about events that angered me for a long time.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(338) **AngerRum13:** I feel angry about certain things in my life.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(339) **AngerRum14:** I ruminate about my past anger experiences.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(340) **AngerRum15:** I think about certain events from a long time ago and they still make me angry.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(341) **AngerRum16:** I think about the reasons people treat me badly.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(342) **AngerRum17:** When someone provokes me, I keep wondering why this should have happened to me.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(343) **AngerRum18:** I analyze events that make me angry.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

(344) **AngerRum19:** I have had times when I could not stop being preoccupied with a particular conflict.

1: Almost never
2: Occasionally
3: Usually
4: Almost always

FDA Implantable medical devices questionnaire

The next questions ask about surgeries you may have had.

(345) **Implant1:** Have you ever undergone a surgical procedure that involved placement of an implanted medical device or prostheses (e.g. joint replacement, pacemaker, surgical mesh, insulin pump, stent)?

0: No
1: Yes

Go to sayThanks if Implant1 eq "0"

(346) **ImplantOrtho1:** Have you ever had a hip replacement?

1: Never implanted
2: Previously implanted
3: Currently implanted

(347) **ImplantOrtho2:** Have you ever had a knee replacement?

1: Never implanted
2: Previously implanted
3: Currently implanted

(348) **ImplantOrtho3:** Have you ever had a another joint replaced besides your hip or knee?

1: Never implanted
2: Previously implanted
3: Currently implanted

(349) **ImplantOrtho4:** Have you ever had spine fusion hardware implanted, for example screws, rods or artificial discs?

1: Never implanted
2: Previously implanted
3: Currently implanted

(350) **ImplantOrtho5:** Have you ever had traumatic fracture repair performed, for example metal screws, pins, plates or rods implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(351) **ImplantOrtho6:** Have you ever had any other orthopedic devices implanted?

0: No
1: Yes

Skip ImplantOrtho7 if ImplantOrtho6 eq "0"

(352) **ImplantOrtho7:** What other orthopedic devices have you had implanted? _____

(353) **ImplantCard1:** Have you ever had a pacemaker implanted in your heart?

1: Never implanted
2: Previously implanted
3: Currently implanted

(354) **ImplantCard2:** Have you ever had an implantable defibrillator implanted in your heart?

1: Never implanted
2: Previously implanted
3: Currently implanted

(355) **ImplantCard3:** Have you ever had an inferior vena cave filter implanted in your heart?

1: Never implanted
2: Previously implanted
3: Currently implanted

(356) **ImplantCard4:** Have you ever had anintravascular stent implanted in your heart?

1: Never implanted
2: Previously implanted
3: Currently implanted

(357) **ImplantCard5:** Have you ever had a synthetic vascular graft implanted in your heart?

1: Never implanted
2: Previously implanted
3: Currently implanted

(358) **ImplantCard6:** Have you ever had any other other cardiovascular device implanted?

0: No
1: Yes

Skip ImplantCard7 if ImplantCard6 eq "0"

(359) **ImplantCard7:** What other cardiovascular devices have you had implanted? _____

(360) **ImplantUrogen1:** Have you ever had a hemodialysis catheter implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(361) **ImplantUrogen2:** Have you ever had a peritoneal dialysis catheter implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(362) **ImplantUrogen3:** Have you ever had a renal stent implanted?

1: Never implanted

2: Previously implanted
3: Currently implanted

(363) **ImplantUrogen4:** Have you ever had a suprapubic catheter implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(364) **ImplantUrogen5:** Have you ever had a intrauterine device implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(365) **ImplantUrogen6:** Have you ever had any other contraceptive implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(366) **ImplantUrogen7:** Have you ever had any other urogynecologic devices implanted?

0: No
1: Yes

Skip ImplantUrogen8 if ImplantUrogen7 eq "0"

(367) **ImplantUrogen8:** What other urogynecologic devices have you had implanted?

_____

(368) **ImplantOther01:** Have you ever had surgical mesh implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(369) **ImplantOther02:** Have you ever had surgical plates, screws or wires implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(370) **ImplantOther03:** Have you ever had intracranial mesh, plates or wires implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(371) **ImplantOther04:** Have you ever had cerebrospinal fluid shunts implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(372) **ImplantOther05:** Have you ever had deep brain stimulator implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(373) **ImplantOther06:** Have you ever had percutaneous endoscopic gastrostomy implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(374) **ImplantOther07:** Have you ever had gastric pacemaker implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(375) **ImplantOther08:** Have you ever had breast implants implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(376) **ImplantOther09:** Have you ever had insulin pump implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(377) **ImplantOther10:** Have you ever had ear tubes (typanostomy tubes) implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(378) **ImplantOther11:** Have you ever had artificial eye lenses (pseudophakos/intraocular lens) implanted?

1: Never implanted
2: Previously implanted
3: Currently implanted

(379) **ImplantOther12:** Have you ever had any other device implanted?

0: No
1: Yes

Skip ImplantOther13 if ImplantOther12 eq "0"

(380) **ImplantOther13:** What other devices have you had implanted? _____

Thank you for completing this questionnaire.

Congratulations. You have completed all 4 parts of the HANDLS questionnaire. Thank you for your participation.