

Dataset name: demg_v1.1

Participant ID pid

Acrostic acrostic

Interviewer compby Visit Code vc

Date of Visit vis_dat (mm/dd/yyyy)

Demographics

CRF 1.1

I would like to learn more about you, especially your background, activities, and health.

1. Do you live alone? livalone_demg

- 9
- 1 Yes (Go to Q4)
- 0 No (Go to Q2)
- 8 Don't Know (Go to Q2)
- 7 Refused (Go to Q2)
- 6 Permanently Missing

2. Who lives with you?

Spouse spouse_demg value="1" ☐ Paid paidempl_demg value="1" ☐

Employee ☐

Child child_demg value="1" ☐ Other othlv_demg value="1" ☐

Friend friend_demg value="1" ☐ (specify) othlvspc_demg

Other othrel_demg value="1" ☐ Refused liveref_demg value="1" ☐

Relative ☐

3. Including yourself, how many live in your household: tothhmem_demg Refused

tothhref_demg value="1" ☐

4. Which of the following best describes your current marital status? marst_demg

- 9
- 1 Married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never Married
- 6 Other
- 7 Refused
- 6 Permanently Missing

If "other" please specify: marstoth_demg2

4a. What is your maiden name? maiden_demg

(Interviewer note: If participant is female and married, please record maiden name.)

4b. What is your state of birth? sob_demg

5. What was the last grade you completed in school? lastgr_demg

- 9
- 1 No Formal Education (00)
- 2 Elementary School (K-08)
- 3 High School/Equivalent (09-12)
- 4 College (13-16)
- 5 Post Graduate
- 6 Other
- 7 Refused
- 6 Permanently Missing

Other: lastgrspc_demg

6. Do you smoke any cigarettes at the present time? smokcurr_demg

- 9
- 1 Yes
- 0 No (Go to Q8)
- 8 Don't Know (Go to Q8)
- 7 Refused (Go to Q8)
- 6 Permanently Missing

7. How many cigarettes do you usually smoke per day? cigperdy_demg

8. Have you smoked a total of 100 or more cigarettes during your lifetime? smokd100_demg

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Permanently Missing

Script: This next question is about drinking alcoholic beverages. Alcoholic beverages include beer, wine and wine coolers and liquor like whisky or vodka, or cocktails. A drink is one 12 ounce can of beer, a five ounce glass of wine or a drink containing a "shot", a "jigger" or a "finger of liquor".

9. During the past 12 months, how many drinks did you have in a typical week? If you are unsure, please make your best guess.

Number of Drinks numdrnk_demg numdrnk_d_demg

- 9
- 8 Don't Know
- 7 Refused
- 6 Permanently Missing

10. Did you work for pay or as a volunteer in the last 7 days? workpyvl_demg

- 9
- 1 Yes (Go to Q11)
- 0 No (Go to Q12)
- 8 Don't Know (Go to Q12)
- 7 Refused (Go to Q12)
- 6 Permanently Missing

11. How many hours per week did you work for pay and/or as a volunteer? hrsworkd_demg

12. Have you EVER been employed for wages or salary? everempl_demg

- 9
- 1 Yes (Go to Q13)
- 0 No (Go to Q14)
- 8 Don't Know (Go to Q14)
- 7 Refused (Go to Q14)
- 6 Permanently Missing

13. What kind of work have you done most of your life? (What was your job called?)
(Interviewer Note: Select the category which best describes their occupation)

occp_demg

- 9
- a Professional, technical and related occupations (i.e., teachers, professors, nurses, lawyers, physicians, and engineers.)
- b Managers, administrators, or proprietors (i.e., sales managers, real estate agents, or postmasters.)
- c Clerical and related occupations (i.e., secretaries, clerks, or mail carriers.)
- d Sales occupations (i.e., salespersons, demonstrators, agents, and brokers.)
- e Service occupations (i.e., police, cooks, or hairdressers.)
- f Skilled crafts, repairers, and related occupations (i.e., carpenters, repairers, or telephone line workers.)
- g Laborers (i.e., helpers, or warehouse workers.)
- h Farmers (owners, managers, operators, or tenants.)
- i Equipment or vehicle operators and related occupations (i.e., drivers, railroad brakemen.
- j Member of the military
- 6 Permanently Missing

If Member of the military - (please X one that applies): occpml_demg

- 9
- 1 Non-Commissioned Officer
- 2 Commissioned Officer
- 3 Enlisted
- 4 Other
- 6 Permanently Missing

(specify other) : occpmlspc_demg

14. Roughly how much income from all sources (including earnings, pensions, investments, etc.) did your household have last year (before taxes)?
(Show response card demg 1)

income_demg

- 9
- 1 Less than \$5000
- 2 \$5,000 to \$9,999
- 3 \$10,000 to \$14,999
- 4 \$15,000 to \$24,999
- 5 \$25,000 to \$34,999
- 6 \$35,000 to \$49,999
- 7 \$50,000 to \$74,999
- 8 \$75,000 or greater
- 7 Don't Know/Refused
- 6 Permanently Missing

15. Are you currently providing childcare on a regular basis? (at least weekly)

childcare_demg

- 9
- 1 Yes
- 0 No
- 8 Don't Know
- 7 Refused
- 6 Permanently Missing

16. Are you currently taking care of a sick or frail older relative or friend on a regular basis? (Meaning on a daily or weekly basis helping the person with their personal care needs such as eating, dressing, or getting around the house, or with routine needs such as household chores, shopping, or business)

crrel_demg

- 9
- 1 Yes (Go to Q17)
- 0 No (END)
- 8 Don't Know (END)
- 7 Refused (END)

transactions.)

-6 Permanently Missing

17. Approximately *how long* have you been caring for this person on a regular basis?

Months: crrelmon_demgYears: crrelyrs_demgcrreldk_demg

-9
-8 Don't Know
2 N/A
-7 Refused
-6 Permanently Missing



Source Form Language: lang

-9 -
1 English
2 Spanish

-

Participant ID (affix ID label here)	LIFE	Acrostic 	Interviewer 	Visit Code
			Date of Visit 	
			month	day
			year	

Demographics			
I would like to learn more about you, especially your background, activities and health.			
1. Do you live alone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Go to Question #4	Go to Question #2	
2. Who lives with you? (X all that apply)			
Spouse <input type="checkbox"/>	Paid Employee <input type="checkbox"/>	Child <input type="checkbox"/>	
Friend <input type="checkbox"/>	Other: (specify) _____ <input type="checkbox"/>	Refused <input type="checkbox"/>	
Other Relative <input type="checkbox"/>			
3. Including yourself, how many live in your household: 			
Refused <input type="checkbox"/>			
4. Which of the following best describes your current marital status?			
Married <input type="checkbox"/>	Never Married <input type="checkbox"/>		
Separated <input type="checkbox"/>	Other: _____ <input type="checkbox"/>		
Divorced <input type="checkbox"/>	Refused <input type="checkbox"/>		
Widowed <input type="checkbox"/>			
4a. What is your maiden name? _____ (Interviewer note: If participant is female and married, please record maiden name.)			
4b. What is your state of birth? _____			
5. What was the last grade you completed in school?			
No formal Education (00) <input type="checkbox"/>	College (13-16) <input type="checkbox"/>	Elementary School (K-08) <input type="checkbox"/>	
High School/Equivalent (09-12) <input type="checkbox"/>	Post Graduate <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	
Refused <input type="checkbox"/>			
6. Do you smoke any cigarettes at the present time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How many cigarettes do you usually smoke per day?	Go to Question # 8		
8. Have you smoked a total of 100 or more cigarettes during your lifetime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D/K <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant ID
(affix ID label here)

LIFE

Acrostic

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Visit
Code

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Script: This next question is about drinking alcoholic beverages. Alcoholic beverages include beer, wine and wine coolers and liquor like whisky or vodka, or cocktails. A drink is one 12 ounce can of beer, a five ounce glass of wine or a drink containing a "shot", a "jigger" or a "finger of liquor".

9. During the past 12 months, how many drinks did you have in a typical week?
If you are unsure, please make your best guess.

--	--

Number of Drinks

Don't Know

--

Refused

--

10. Did you work for pay or as a volunteer in the last 7 days?

Yes

--

No

--

D/K

--

Refused

--

Go to
Question
11

Go to Question # 12

11. How many hours per week did you work for pay and/or as a volunteer?

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12. Have you EVER been employed for wages or salary?

Yes

--

No

--

D/K

--

Refused

--

Go to
Question
13

Go to Question # 14

Participant ID (affix ID label here)	LIFE	Acrostic <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Visit Code <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
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13. What kind of work have you done most of your life? (What was your job called?) ☐

(Interviewer Note: Select the category which best describes their occupation)

a. Professional, technical and related occupations (i.e., teachers, professors, nurses, lawyers, physicians, and engineers.) ☐

b. Managers, administrators, or proprietors (i.e., sales managers, real estate agents, or postmasters.) ☐

c. Clerical and related occupations (i.e., secretaries, clerks, or mail carriers.) ☐

d. Sales occupations (i.e., salespersons, demonstrators, agents, and brokers.) ☐

e. Service occupations (i.e., police, cooks, or hairdressers.) ☐

f. Skilled crafts, repairers, and related occupations (i.e., carpenters, repairers, or telephone line workers.) ☐

g. Laborers (i.e., helpers or warehouse workers.) ☐

h. Farmers (owners, managers, operators, or tenants.) ☐

i. Equipment or vehicle operators and related occupations (i.e., drivers, railroad brakemen.) ☐

j. Member of the military (please X one that applies):

Non-Commissioned Officer	<input type="checkbox"/>
Enlisted	<input type="checkbox"/>

Commissioned Officer	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

14. Roughly how much income from all sources (including earnings, pensions, investments, etc.) did your household have last year (before taxes)? *(Show response card demg 1)*

a. Less than \$5000	<input type="checkbox"/>
b. \$5,000 to \$9,999	<input type="checkbox"/>
c. \$10,000 to \$14,999	<input type="checkbox"/>
d. \$15,000 to \$24,999	<input type="checkbox"/>
e. \$25,000 to \$34,999	<input type="checkbox"/>

f. \$35,000 to \$49,999	<input type="checkbox"/>
g. \$50,000 to \$74,999	<input type="checkbox"/>
h. \$75,000 or greater	<input type="checkbox"/>
i. Don't Know /Refused	<input type="checkbox"/>

Participant ID (affix ID label here)	<i>LIFE</i>	Acrostic <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Visit Code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

15. Are you currently providing childcare on a regular basis? (at least weekly)	Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>	D/K <input style="width: 30px; height: 20px;" type="checkbox"/>	Refused <input style="width: 30px; height: 20px;" type="checkbox"/>				
16. Are you currently taking care of a sick or frail relative or friend on a regular basis? (Meaning on a daily or weekly basis helping the person with their personal care needs such as eating, dressing, or getting around the house, or with routine needs such as household chores, shopping, or business transactions.)	Yes <input style="width: 30px; height: 20px;" type="checkbox"/> ↓ Go to Question #17	No <input style="width: 30px; height: 20px;" type="checkbox"/> ↓ END	D/K <input style="width: 30px; height: 20px;" type="checkbox"/> ↓ END	Refused <input style="width: 30px; height: 20px;" type="checkbox"/> ↓ END				
17. Approximately <u>how long</u> have you been caring for this person on a regular basis?	Months <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			Years <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			D/K <input style="width: 30px; height: 20px;" type="checkbox"/>	N/A <input style="width: 30px; height: 20px;" type="checkbox"/>
	Refused <input style="width: 30px; height: 20px;" type="checkbox"/>							