HEALTH AND WELLBEING QUESTIONNAIRE V3

Study ID: _____

Date filled out: _____

Contact Information

What is your name? Maiden/Previous:

Do you go by another name?

What is your email address?

What is your current residence address? This is the street address where you are physically living now.

What is your permanent address/the address where you would like to receive mail?

What is your primary phone number? ☐ Home ☐ Cell ☐ Work ☐ Parent ☐ Spouse ☐ Other

What is your alternate phone number? ☐ Home ☐ Cell ☐ Work ☐ Parent ☐ Spouse ☐ Other

Demographic Information

1. Where were you born? State: _____ Country: _____

2. Do you consider yourself to be Hispanic or Latino?
   - ☐ Yes
   - ☐ No

3. What race do you consider yourself to be? Choose one or more of the following:
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Native Hawaiian or Pacific Islander
   - ☐ White
   - ☐ Other: _____

4. Are you currently…
   - ☐ Single, never married
   - ☐ Married
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Separated
   - ☐ Living with partner

   For how long? _____ months _____ years

5. Do you consider yourself to be…?
   - ☐ Heterosexual or straight
   - ☐ Gay or lesbian
   - ☐ Bisexual

6. How many living biological children do you have?

   ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 or more

   How old were you when your first child was born? _____

7. How many adopted children do you have?

   ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 or more

8. Are there children under the age of 18 currently living with you?
   - ☐ Yes
   - ☐ No

   (If yes) How many children under 18?

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 or more

9. What is the highest level of education you have completed?
   - ☐ Never attended school or only attended kindergarten
   - ☐ Grades 1-8
   - ☐ Grades 9-11
   - ☐ Grade 12/High school graduate/GED
   - ☐ Some college (no degree)
   - ☐ Associate degree
   - ☐ Technical or vocational degree
   - ☐ Bachelor's degree
   - ☐ Master's degree (MA, MS, MEng, Med, MSW, MBA)
   - ☐ Professional degree beyond a bachelor's degree (MD, DDS, DVM, LLB, JD)
   - ☐ Doctoral degree (PhD, EdD)

10. Generally speaking, do you consider yourself a Republican, a Democrat, an independent, or some other party?
    - ☐ Strong democrat
    - ☐ Not very strong democrat
    - ☐ Independent, close to democrat
    - ☐ Independent (neither democrat nor republican)
    - ☐ Independent, close to republican
    - ☐ Not very strong republican
    - ☐ Strong republican
    - ☐ Other party (Libertarian, Green, Constitution)

11. Using the following scale, where would you place yourself?
    - ☐ Extremely liberal
    - ☐ Liberal
    - ☐ Slightly liberal
    - ☐ Moderate, middle of the road
    - ☐ Slightly conservative
    - ☐ Conservative
    - ☐ Extremely conservative

12. At which age did you and your twin move apart (that is, you no longer lived at the same place)?
    - ☐ Before age 6
    - ☐ 6-10
    - ☐ 11-14
    - ☐ 15-17
    - ☐ 18-21
    - ☐ 22-24
    - ☐ 25 or older
    - ☐ Still together

13. What sex were you assigned at birth, meaning on your original birth certificate?
    - ☐ Male
    - ☐ Female

14. How do you describe yourself?
    - ☐ Male
    - ☐ Female
    - ☐ Gender non-conforming
    - ☐ Other _____

Eating habits and weight changes

1. During the past 4 weeks, how many servings of the following did you have on a typical day?
   a. Fruits ☐ None ☐ 1-2 ☐ 3-4 ☐ 5+
   b. Vegetables ☐ None ☐ 1-2 ☐ 3-4 ☐ 5+
   c. Cans or glasses of soda ☐ None ☐ 1-2 ☐ 3-4 ☐ 5+
   d. Caffeinated coffee, tea, or cola ☐ None ☐ 1-2 ☐ 3-4 ☐ 5+
   e. Energy drinks ☐ None ☐ 1-2 ☐ 3-4 ☐ 5+

2. During the past 4 weeks, how many times in a typical week did you eat a meal at a fast food restaurant, such as McDonalds, Burger King, or KFC?
   ☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5 or more

3. What is your current height? _____ feet _____ inches

4. What is your current weight? _____ pounds

5. What is the most you have ever weighed? If you have ever been pregnant, do not include your weight during pregnancy.
   _____ pounds

   How old were you at your maximum weight? _____ years old

6. During the past year, how many times did you try to lose weight?
   ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times

7. In your lifetime, how many times have you lost 10 or more pounds on purpose?
   ☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5 or more

8. Have you ever had obesity surgery such as gastric or intestinal bypass, stomach stapling, or gastric banding?
   ☐ Yes ☐ No

9. In the past year, have you tried to gain weight?
   ☐ Yes ☐ No

10. In the past year, have you taken supplements (e.g. protein powder or creatine) to try to gain weight or muscle mass?
    ☐ Yes ☐ No

Sleep Habits

1. On average, how long do you sleep per night? _____ hours _____ minutes

2. On most nights, on average, how long does it take you to fall asleep after you start trying? _____ minutes

3. On average, how many hours per week do you nap? _____ hours

4. Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?
   - ☐ 5:00-6:29 AM
   - ☐ 6:30-7:44 AM
   - ☐ 7:45-9:44 AM
   - ☐ 9:45-10:59 AM
   - ☐ 11:00-11:59 AM

5. During the first half hour after having awakened in the morning, how tired do you feel?
   - ☐ Very tired
   - ☐ Fairly tired
   - ☐ Fairly refreshed
   - ☐ Very refreshed

6. At what time in the evening do you feel tired and, as a result, in need of sleep?
   - ☐ 8:00-8:59 PM
   - ☐ 9:00-10:14 PM
   - ☐ 10:15 PM-12:29 AM
   - ☐ 12:30-1:44 AM
   - ☐ 1:45-2:59 AM

7. At what time of the day do you think that you reach your "feeling best" peak?
   - ☐ 5:00-7:59 AM
   - ☐ 8:00-9:59 AM
   - ☐ 10:00 AM-4:59 PM
   - ☐ 5:00-9:00 PM
   - ☐ 10:00 PM-4:59 AM

8. One hears about "morning" and "evening" types of people. Which one of these types do you consider yourself to be?
   - ☐ Definitely a morning type
   - ☐ More a morning than an evening type
   - ☐ More an evening than a morning type
   - ☐ Definitely an evening type

9. When you try to relax in the evening or sleep at night, do you ever have unpleasant, restless feelings in your legs that can be relieved by walking or movement? ☐ Yes ☐ No

10. How often do you have difficulty falling asleep or staying asleep?
    - ☐ Never
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always

11. How often do you fall asleep during the day against your will?
    - ☐ Never
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always

12. During the past month, have you had, or have you been told about the following symptoms?

	Never	Rarely	1-2 times per week	3-4 times per week	5-7 times per week	Don't know
Loud snoring	☐	☐	☐	☐	☐	☐
Snorting or gasping	☐	☐	☐	☐	☐	☐
Your breathing stops or you struggle for breath	☐	☐	☐	☐	☐	☐

Physical Activity

1. Over the past 4 weeks, how much time altogether did you spend on a typical day sitting and watching TV or videos, or using a computer outside of work?
   - ☐ 0 hours
   - ☐ 1-2 hours
   - ☐ 3-4 hours
   - ☐ 5 or more hours

2. How many days during a typical week do you use transit services such as a bus, ferry, or commuter rail?
   ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

3. How many days during a typical week do you walk for recreation, exercise, to get to and from places, or for any other reason in your neighborhood?
   ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

   When you walk in your neighborhood, about how many minutes, on average, do you spend walking each time you walk?
   - ☐ Less than 15
   - ☐ 15
   - ☐ 30
   - ☐ 45
   - ☐ 60
   - ☐ 75
   - ☐ 90 or more

4. Over the past 4 weeks, how many days during a typical week did you exercise vigorously for at least 20 minutes? Vigorous exercise causes heavy sweating or large increases in breathing or heart rate and includes activities such as running, lap swimming, aerobics classes, and fast bicycling.
   ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

5. Over the past 4 weeks, how many days during a typical week did you exercise moderately for at least 30 minutes? Moderate exercise causes only light sweating or slight to moderate increases in breathing or heart rate and includes activities such as brisk walking, bicycling for pleasure, golf and dancing.
   ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Medical History

1. Have you ever had a head injury or blow to the head in which you were knocked out or unconscious, suffered a concussion or memory loss, or were dazed or confused? ☐ Yes ☐ No

   (If yes) For what period of time before, during, or after the injury do you have no memory?
   - ☐ No memory loss
   - ☐ 1-30 minutes
   - ☐ 31 minutes to 24 hours
   - ☐ More than 24 hours

2. Has a medical doctor, dentist, or other health care professional ever diagnosed you with…?
   - ☐ Breast cancer
   - ☐ Prostate cancer
   - ☐ Lung cancer
   - ☐ Colon cancer
   - ☐ Melanoma
   - ☐ Non-melanoma skin cancer
   - ☐ Other cancer: _____

If you have been diagnosed with cancer, please answer the following. If you have had cancer more than once, please answer about the **first time** you had cancer.

a. When was your cancer diagnosed? Month _____ Year _____

b. What types of treatment did you receive? Choose all that apply.
- ☐ Surgery
- ☐ Radiation
- ☐ Chemotherapy
- ☐ Hormone therapy
- ☐ Other therapy _____

c. Have you completed treatment? ☐ Yes ☐ No

3. Has a medical doctor, dentist, or other health care professional ever diagnosed you with…?
- ☐ Heart disease (e.g. heart attack, angina, bypass surgery)
- ☐ High cholesterol
- ☐ Hypertension/high blood pressure
- ☐ Stroke

4. Has a medical doctor or other health care professional ever diagnosed you with…?
- ☐ Hypothyroidism
- ☐ Type 1 diabetes
- ☐ Type 2 diabetes

5. Has a medical doctor or other health care professional ever diagnosed you with…?
- ☐ Narcolepsy
- ☐ Obstructive sleep apnea
- ☐ Restless legs syndrome

6. Has a medical doctor, psychiatrist, or other health care professional ever diagnosed you with…?
- ☐ Attention deficit/hyperactivity disorder (ADHD)
- ☐ Autistic spectrum disorder
- ☐ Bipolar disorder/manic depression
- ☐ Depression
- ☐ Panic or anxiety attacks
- ☐ Post-traumatic stress disorder (PTSD)

7. Has a medical doctor or other health care professional ever diagnosed you with…?
- ☐ Chronic fatigue syndrome
- ☐ Hearing loss
- ☐ Meningitis (infection of the brain or spinal cord)
- ☐ Migraine headaches
- ☐ Multiple sclerosis
- ☐ Parkinson’s disease
- ☐ Seizures or epilepsy

8. Has a medical doctor or other health care professional ever diagnosed you with…?
- ☐ Asthma
- ☐ Chronic bronchitis
- ☐ Chronic sinus problems
- ☐ Emphysema/Chronic obstructive pulmonary disease
- ☐ Seasonal allergies or hay fever

9. Has a medical doctor, dentist, or other health care professional ever diagnosed you with…?
   - ☐ Canker sores
   - ☐ Cold sores or fever blisters
   - ☐ Gastroesophageal reflux disease (GERD)
   - ☐ Inflammatory bowel disease such as ulcerative colitis or Chron's disease
   - ☐ Irritable bowel syndrome
   - ☐ Peptic ulcer
   - ☐ Periodontal or gum disease
   - ☐ Temporomandibular joint disorder (TMD/TMJ)

10. Has a medical doctor or other health care professional ever diagnosed you with…?
    - ☐ Osteoarthritis
    - ☐ Fibromyalgia
    - ☐ Herniated or slipped disc
    - ☐ Low back pain
    - ☐ Lupus (SLE)
    - ☐ Rheumatoid arthritis

11. Has a medical doctor or other health care professional ever diagnosed you with…?
    - ☐ Bladder infection
    - ☐ Kidney disease
    - ☐ Kidney infection
    - ☐ Kidney stones
    - ☐ Genital herpes
    - ☐ Shingles

12. Has a medical doctor or other health care professional ever diagnosed you with a condition that was not listed above?

    _____

13. Approximately how many bladder or kidney infections have you been treated for in your lifetime?
    - ☐ 0
    - ☐ 1
    - ☐ 2-3
    - ☐ 4-14
    - ☐ 15 or more

14. Do you have pain, pressure, or discomfort in the pelvis, groin, or upper thighs that worsens when your bladder fills? ☐ Yes ☐ No

15. Do you have pain, pressure, or discomfort in the pelvis, groin, or upper thighs that is relieved or improved by emptying your bladder? ☐ Yes ☐ No

16. Do you have to urinate frequently? ☐ Yes ☐ No

The following section is for female twins only.

1. Are you currently pregnant? ☐ Yes ☐ No
2. Have you ever been pregnant? ☐ Yes ☐ No

   (If yes) Have you given birth in the past 12 months? ☐ Yes ☐ No
3. At what age did your period begin?
   - ☐ 9 or younger
   - ☐ 10
   - ☐ 11
   - ☐ 12
   - ☐ 13
   - ☐ 14
   - ☐ 15
   - ☐ 16 or older
4. Have you ever had…?
   - ☐ Polycystic ovarian syndrome (PCOS)
   - ☐ Preeclampsia
   - ☐ Preterm or premature labor
   - ☐ Diabetes only during pregnancy (Gestational diabetes)
   - ☐ High blood pressure only during pregnancy
   - ☐ Miscarriage
   - ☐ Fibrocystic breast disease

Headaches

The questions below refer to the headaches or migraine episodes without headache that you may have experienced in your lifetime. Answer each question as indicated. If you are not sure how to answer a given question, please answer what you believe is most correct.

1. Do you have frequent or intense headaches? ☐ Yes ☐ No
2. Do your headaches usually last more than 4 hours? ☐ Yes ☐ No
3. Do you usually suffer from nausea when you have a headache? ☐ Yes ☐ No
4. Does light or noise bother you when you have a headache? ☐ Yes ☐ No
5. Does a headache limit any of your physical or intellectual activities? ☐ Yes ☐ No

Pain & Fatigue

1. In the past 3 months, have you had pain in your muscles, joints, or bones lasting at least one week?
   ☐ Yes ☐ No

2. In the past 3 months, have you had pain in your shoulders, arms, or hands?
   ☐ Yes ☐ No

   If yes, on which side of your body? ☐ Right ☐ Left ☐ Both

3. In the past 3 months, have you had pain in your legs or feet?
   ☐ Yes ☐ No

   If yes, on which side of your body? ☐ Right ☐ Left ☐ Both

4. In the past 3 months, have you had pain in your neck, chest, or back?
   ☐ Yes ☐ No

5. Over the past three months, have you often felt tired or fatigued?
   ☐ Yes ☐ No

6. Does tiredness or fatigue significantly limit your activities?
   ☐ Yes ☐ No

Quality of Life

1. In general, would you say your health is
   - ☐ Excellent
   - ☐ Very good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

   a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
   ☐ Yes, limited a lot ☐ Yes, limited a little ☐ No, not limited at all

   b. Climbing **several** flights of stairs?
   ☐ Yes, limited a lot ☐ Yes, limited a little ☐ No, not limited at all

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

   a. Accomplished **less** than you would like
   - ☐ No, none of the time
   - ☐ Yes, a little of the time
   - ☐ Yes, some of the time
   - ☐ Yes, most of the time
   - ☐ Yes, all of the time

   b. Were limited in the **kind** of work or other activities.
   - ☐ No, none of the time
   - ☐ Yes, a little of the time
   - ☐ Yes, some of the time
   - ☐ Yes, most of the time
   - ☐ Yes, all of the time

4. During the past 4 weeks, have you accomplished less than you would like in your work or other regular daily activities as a result of emotional problems, such as feeling depressed or anxious?

   a. Accomplished **less** than you would like
   - ☐ No, none of the time
   - ☐ Yes, a little of the time
   - ☐ Yes, some of the time
   - ☐ Yes, most of the time
   - ☐ Yes, all of the time

   b. Didn't do work or other activities as **carefully** as usual
   - ☐ No, none of the time
   - ☐ Yes, a little of the time
   - ☐ Yes, some of the time
   - ☐ Yes, most of the time
   - ☐ Yes, all of the time

5. During the past 4 weeks, how much did **pain** interfere with your normal work (including both work outside the home and housework?
   - ☐ Not at all
   - ☐ A little bit
   - ☐ Moderately
   - ☐ Quite a bit
   - ☐ Extremely

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

   a. How much of the time during the past 4 weeks have you felt calm and peaceful?
      - ☐ All of the time
      - ☐ Most of the time
      - ☐ Some of the time
      - ☐ A little of the time
      - ☐ None of the time

   b. How much of the time during the past 4 weeks did you have a lot of energy?
      - ☐ All of the time
      - ☐ Most of the time
      - ☐ Some of the time
      - ☐ A little of the time
      - ☐ None of the time

   c. How much of the time during the past 4 weeks have you felt downhearted and blue?
      - ☐ All of the time
      - ☐ Most of the time
      - ☐ Some of the time
      - ☐ A little of the time
      - ☐ None of the time

7. During the past 4 weeks, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends or relatives)?
   - ☐ All of the time
   - ☐ Most of the time
   - ☐ Some of the time
   - ☐ A little of the time
   - ☐ None of the time

8. Compared to one year ago, how would you rate your **physical health** in general now?
   - ☐ Much better
   - ☐ Slightly better
   - ☐ About the same
   - ☐ Slightly worse
   - ☐ Much worse

9. Compared to one year ago, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) **now**?
   - ☐ Much better
   - ☐ Slightly better
   - ☐ About the same
   - ☐ Slightly worse
   - ☐ Much worse

Lifestyle Habits

1. Have you smoked 100 cigarettes in your entire life? ☐ Yes ☐ No

2. Do you currently smoke **cigarettes**… ☐ Everyday ☐ Some days ☐ Not at all

3. How often do you have a drink containing alcohol?
   - ☐ Never **(go to question 6)**
   - ☐ Monthly or less
   - ☐ 2-4 times a month
   - ☐ 2-3 times a week
   - ☐ 4 or more times a week

4. How many standard drinks containing alcohol do you have on a typical day **when you are drinking**?
   - ☐ 1 or 2
   - ☐ 3 or 4
   - ☐ 5 or 6
   - ☐ 7 to 9
   - ☐ 10 or more

5. How often do you have 6 or more drinks on one occasion?
   - ☐ Never
   - ☐ Less than monthly
   - ☐ Monthly
   - ☐ Weekly
   - ☐ Daily or almost daily

6. Have you ever used marijuana at any time in your life?
   ☐ Yes ☐ No ☐ Prefer not to answer

   (if yes) How often in the past year?
   - ☐ Never
   - ☐ Less than monthly
   - ☐ Monthly
   - ☐ Weekly
   - ☐ Daily or almost daily

7. Have you ever used opiate pain relievers (oxycodone, fentanyl, codeine, Vicodin) for **non-medical reasons** at any time in your life?
   ☐ Yes ☐ No ☐ Prefer not to answer

   (if yes) How often in the past year?
   - ☐ Never
   - ☐ Less than monthly
   - ☐ Monthly
   - ☐ Weekly
   - ☐ Daily or almost daily

Emotions

1. Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly everyday
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐

2. In the last month, how often have you…

	Never	Almost never	Sometimes	Fairly often	Very often
a. Been upset because of something that happened unexpectedly	☐	☐	☐	☐	☐
b. Felt that you were unable to control the important things in your life	☐	☐	☐	☐	☐
c. Felt nervous and "stressed"	☐	☐	☐	☐	☐
d. Felt confident about your ability to handle your personal problems	☐	☐	☐	☐	☐
e. Felt that things were going your way	☐	☐	☐	☐	☐
f. Found that you could not cope with all the things that you had to do	☐	☐	☐	☐	☐
g. Been able to control irritations in your life	☐	☐	☐	☐	☐
h. Felt that you were on top of things	☐	☐	☐	☐	☐
i. Been angered because of things that were outside of your control	☐	☐	☐	☐	☐
j. Felt difficulties were piling up so high that you could not overcome them	☐	☐	☐	☐	☐

3. Below is a list of problems and complaints that people sometimes have. Read each line carefully and select the column that best describes how much discomfort that problem has caused you during the past week including today.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Nervousness or shakiness inside	☐	☐	☐	☐	☐
b. Suddenly scared for no reason	☐	☐	☐	☐	☐
c. Feeling fearful	☐	☐	☐	☐	☐
d. Feeling tense or keyed up	☐	☐	☐	☐	☐
e. Spells of terror or panic	☐	☐	☐	☐	☐
f. Feeling so restless you couldn't sit still	☐	☐	☐	☐	☐

4. Some people have terrible experiences happen to them. Have you experienced any of the following?

a. Combat	☐ Yes	☐ No
b. Fire/explosion	☐ Yes	☐ No

c.	Physical assault	☐ Yes	☐ No
d.	Other (natural disaster, assault w/weapon, sexual assault)	☐ Yes	☐ No

5. Have you ever had persistent or recurrent bothersome thoughts, images, or dreams after a stressful or traumatic event? ☐ Yes ☐ No

6. Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you **during the past 7 days**. If they did not occur during that time, please check the 'not at all' column.

		Not at all	Rarely	Sometimes	Often
a.	I thought about it when I didn't mean to	☐	☐	☐	☐
b.	I avoided letting myself get upset when I thought about it or was reminded of it	☐	☐	☐	☐
c.	I tried to remove it from memory	☐	☐	☐	☐
d.	I had waves of strong feelings about it	☐	☐	☐	☐
e.	I had dreams about it	☐	☐	☐	☐
f.	I stayed away from reminders of it	☐	☐	☐	☐
g.	I tried not to talk about it	☐	☐	☐	☐
h.	Other things kept making me think about it	☐	☐	☐	☐
i.	Any reminder brought back feelings about it	☐	☐	☐	☐
j.	I tried not to think about it	☐	☐	☐	☐
k.	My feelings about it were kind of numb	☐	☐	☐	☐

7. Consider how well the following statements describe your behavior and actions on a scale from 1 to 5, where 1 means the statement does not describe you at all, and 5 means it describes you very well.

		Does not describe me at all 1	2	3	4	Describes me very well 5
a.	I look for creative ways to alter difficult situations	☐	☐	☐	☐	☐
b.	Regardless of what happens to me, I believe I can control my reaction to it	☐	☐	☐	☐	☐
c.	I believe I can grow in positive ways by dealing with difficult life situations	☐	☐	☐	☐	☐
d.	I actively look for ways to replace the losses I encounter in life	☐	☐	☐	☐	☐

Caregiving

1. In the past 12 months, were you a caregiver for a family member or friend? Caregiving is providing personal services (e.g., feeding, dressing, communicating) for a family member or friend who was not able to do them by him/herself because of an illness or disability. This definition does not include caring for healthy children.

   ☐ Yes ☐ No **(Go to next section, Personality)**

2. What is your relationship to this person?
   - ☐ Your child
   - ☐ Spouse or partner
   - ☐ Your parent
   - ☐ Other relative
   - ☐ Friend

3. How long have you provided (or did you provide) care for this person?

   _____ months _____ years

4. On average, how many hours per day and days per week do (did) you provide care?

   _____ hours per day _____ days per week

5. What types of functions do (did) you perform for this person?
   - ☐ Bathing
   - ☐ Grooming
   - ☐ Feeding
   - ☐ Toileting
   - ☐ Dressing
   - ☐ Managing finances
   - ☐ Reading
   - ☐ Writing
   - ☐ Making appointments
   - ☐ Transportation

6. What is (was) the person's illness or disability?
   - ☐ Acute illness
   - ☐ Accident
   - ☐ Advanced aging
   - ☐ Chronic physical disease (e.g., cancer, heart disease, diabetes)
   - ☐ Chronic brain disease (dementia, stroke)
   - ☐ Chronic mental disease or illness
   - ☐ Developmental disabilities
   - ☐ Recovery from surgery
   - ☐ Other

7. To what degree are (were) you distressed by being a caregiver?
   - ☐ Not at all
   - ☐ A little
   - ☐ Somewhat
   - ☐ Very much so

8. To what degree do (did) you find it fulfilling to be a caregiver?
   - ☐ Not at all
   - ☐ A little
   - ☐ Somewhat
   - ☐ Very much so

Personality

In this section, there are phrases describing people's behaviors. Please use the rating scales below to describe how accurately each statement describes you. Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. Please read each statement carefully and choose the answer that corresponds to your response.

	Very inaccurate	Moderately inaccurate	Neither inaccurate nor accurate	Moderately accurate	Very accurate
1. I am the life of the party.	☐	☐	☐	☐	☐
2. I sympathize with others' feelings.	☐	☐	☐	☐	☐
3. I get chores done right away.	☐	☐	☐	☐	☐
4. I have frequent mood swings.	☐	☐	☐	☐	☐
5. I have a vivid imagination.	☐	☐	☐	☐	☐
6. I don't talk a lot.	☐	☐	☐	☐	☐
7. I am not interested in other people's problems.	☐	☐	☐	☐	☐
8. I often forget to put things back in their proper place.	☐	☐	☐	☐	☐
9. I am relaxed most of the time.	☐	☐	☐	☐	☐
10. I am not interested in abstract ideas.	☐	☐	☐	☐	☐
11. I talk to a lot of different people at parties.	☐	☐	☐	☐	☐
12. I feel others' emotions.	☐	☐	☐	☐	☐
13. I like order.	☐	☐	☐	☐	☐
14. I get upset easily.	☐	☐	☐	☐	☐
15. I have difficulty understanding abstract ideas.	☐	☐	☐	☐	☐
16. I keep in the background.	☐	☐	☐	☐	☐
17. I am not really interested in others.	☐	☐	☐	☐	☐
18. I make a mess of things.	☐	☐	☐	☐	☐
19. I seldom feel blue.	☐	☐	☐	☐	☐
20. I do not have a good imagination.	☐	☐	☐	☐	☐

Employment

1. What is your current employment status?
   - ☐ Working full time
   - ☐ Working part time
   - ☐ Unemployed
   - ☐ Temporarily laid off, sick leave, other leave
   - ☐ Disabled
   - ☐ Homemaker
   - ☐ Retired, no longer working
   - ☐ Retired, working part or full time

2. In which month and year did your current employment status first begin?

   ☐ January ☐ May ☐ September
   ☐ February ☐ June ☐ October year: _____
   ☐ March ☐ July ☐ November
   ☐ April ☐ August ☐ December

3. How many hours per week do you typically work? _____ hours per week

4. Do you work a regular schedule, like 8-5 or 9-5, or do you work other times during the day or night?
   - ☐ Regular schedule
   - ☐ Shift schedule

   If you work a shift schedule, what hours do you usually work?
   - ☐ First (morning) shift always
   - ☐ Second (afternoon or evening) shift always
   - ☐ Third (night) shift always
   - ☐ Rotating shifts
   - ☐ Split shifts (e.g., 4 hours in AM and 4 more in PM for same job)
   - ☐ Weekends only
   - ☐ Hours vary

5. Are you currently in school? ☐ Yes, full time ☐ Yes, part time ☐ No

6. In which industry do you **currently** work? If you are retired, from which industry did you **retire**?
   - ☐ Agriculture, forestry, fishing and hunting
   - ☐ Mining
   - ☐ Utilities
   - ☐ Construction
   - ☐ Manufacturing
   - ☐ Wholesale trade
   - ☐ Retail trade
   - ☐ Transportation and warehousing
   - ☐ Information
   - ☐ Finance and insurance
   - ☐ Real estate, rental and leasing
   - ☐ Professional and scientific services
   - ☐ Management and administrative services
   - ☐ Waste management services
   - ☐ Education
   - ☐ Health care
   - ☐ Social assistance
   - ☐ Arts, entertainment, and recreation
   - ☐ Accommodation and food services
   - ☐ Public administration
   - ☐ Other _____

7. Are you **currently** (or were you at your time of retirement) …
   - ☐ An employee of a private for-profit company or business?
   - ☐ An employee of a private not-for-profit, tax-exempt, or charitable organization?
   - ☐ A local government employee (city, county)?
   - ☐ A state government employee?
   - ☐ A federal government employee?
   - ☐ Self-employed in own business, professional practice, or farm?
   - ☐ Working without pay in family business or farm?

8. Do (or did) you and your twin work together? ☐ Yes ☐ No

9. In the past year, which income group best represents the total income for **your household** from all sources?
   - ☐ Less than $20,000
   - ☐ $20,000 - $29,999
   - ☐ $30,000 - $39,999
   - ☐ $40,000 - $49,999
   - ☐ $50,000 - $59,999
   - ☐ $60,000 - $69,999
   - ☐ $70,000 - $79,999
   - ☐ $80,000 - $89,999
   - ☐ $90,000 - $99,999
   - ☐ $100,000 - $149,999
   - ☐ $150,000 or more

10. In the past year, which income group best represents the total income for **you personally** from all sources?
   - ☐ Less than $20,000
   - ☐ $20,000 - $29,999
   - ☐ $30,000 - $39,999
   - ☐ $40,000 - $49,999
   - ☐ $50,000 - $59,999
   - ☐ $60,000 - $69,999
   - ☐ $70,000 - $79,999
   - ☐ $80,000 - $89,999
   - ☐ $90,000 - $99,999
   - ☐ $100,000 - $149,999
   - ☐ $150,000 or more

11. Do you now or have you ever served on active duty in the US Armed Forces, Reserves, or National Guard?
   - ☐ Never served in the military
   - ☐ Only on active duty for training in the Reserves or National Guard
   - ☐ Now on active duty
   - ☐ On active duty in the past, but not now

12. In which branch of the military did you serve?
   - ☐ Army
   - ☐ Navy
   - ☐ Air Force
   - ☐ Marines
   - ☐ Coast Guard

13. In which era or period of service did you serve on active duty? Choose all that apply.
   - ☐ September 2001 or later
   - ☐ August 1990 to August 2001 (including Persian Gulf War)
   - ☐ May 1975 to July 1990
   - ☐ Vietnam era (August 1964 to April 1975)
   - ☐ February 1955 to July 1964
   - ☐ Korean War (July 1950 to January 1955)
   - ☐ January 1947 to June 1950
   - ☐ World War II (December 1941 to December 1946)
   - ☐ November 1941 or earlier

14. Did you serve in an active combat or war zone? ☐ Yes ☐ No

Thank you for taking the time to complete our Health and Wellbeing Survey!
If you have any comments, questions, or concerns, please let us know!