

People sometimes look to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? (Mark one oval on each line.)

| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. Someone you can count on to listen to you when you need to talk | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 2. Someone to give you good advice about a problem | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 3. Someone to take you to the doctor if you need it | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 4. Someone to have a good time with | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 5. Someone to help you understand a problem when you need it | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 6. Someone to help with daily chores if you are sick | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 7. Someone to share your most private worries and fears | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 8. Someone to do something fun with | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 9. Someone to love you and make you feel wanted | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

The next questions are about your living and social activities.

10. Who lives with you? (Mark one oval for each item.)

| | No | Yes |
|--|-------------------------|-------------------------|
| 10.1. I live alone | <input type="radio"/> 0 | <input type="radio"/> 1 |
| 10.2. I live with my husband or partner | <input type="radio"/> 0 | <input type="radio"/> 1 |
| 10.3. I live with my children | <input type="radio"/> 0 | <input type="radio"/> 1 |
| 10.4. I live with my brother and/or sister | <input type="radio"/> 0 | <input type="radio"/> 1 |
| 10.5. I live with other relatives | <input type="radio"/> 0 | <input type="radio"/> 1 |
| 10.6. I live with friends | <input type="radio"/> 0 | <input type="radio"/> 1 |
| 10.7. Other: _____ (Please describe) | <input type="radio"/> 0 | <input type="radio"/> 1 |

11. Do you have a pet?

0 No

1 Yes

11.1. What kind of pet do you have? (Mark all that apply.)

| | | | | |
|--------|--------|---------|------|-------|
| Dog(s) | Cat(s) | Bird(s) | Fish | Other |
| 1 | 2 | 3 | 4 | 5 |

12. How often have you gone to a religious service or to a church during the past month? (Mark **only one oval**.)

Not at all
in the past
month

1

Once in
the past
month

2

2 or 3 times
in the past
month

3

Once a
week

4

2 to 6 times
a week

5

Every
day

6

13. How much does religion give you strength and comfort? (Mark **only one oval**.)

None

1

A little

2

A great deal

3

14. How often have you gone to meetings of clubs, lodges, or parent groups in the last month? (Mark **only one oval**.)

Not at all
in the past
month

1

Once in
the past
month

2

2 or 3 times
in the past
month

3

Once a
week

4

2 to 6 times
a week

5

Every
day

6

These next questions are about the people who are important in your life right now. For each question, mark only one oval.

15. Are you now helping at least one sick, limited, or frail family member or friend on a regular basis?

0 No

1 Yes

15.1. In the past 4 weeks, how often have you helped this friend or family member?

| | | | |
|-----------------------------|---------------------|---------------------|------------------------------|
| Less than once a week | 1-2 times a week | 3-4 times a week | 5 or more times a week |
| 1 | 2 | 3 | 4 |

Go to the next page.



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PLEASE MAKE NO MARKS IN THIS AREA

Of the people who are important to you, how many . . .

| | None | One | Some | Most | All |
|--|------|-----|------|------|-----|
| 16. Get on your nerves? | ① | ② | ③ | ④ | ⑤ |
| 17. Ask too much of you? | ① | ② | ③ | ④ | ⑤ |
| 18. Do <u>not</u> include you? | ① | ② | ③ | ④ | ⑤ |
| 19. Try to get you to do things you don't want to? | ① | ② | ③ | ④ | ⑤ |

Please answer the following questions about yourself. Mark one oval for each question. Try not to let an answer to one question affect your answer to other questions.

| | Strongly Disagree | Disagree | Neutral (In-between) | Agree | Strongly Agree |
|--|-------------------|----------|----------------------|-------|----------------|
| 20. In unclear times, I usually expect the best | ① | ② | ③ | ④ | ⑤ |
| 21. If something can go wrong for me, it will | ① | ② | ③ | ④ | ⑤ |
| 22. I'm always hopeful about my future | ① | ② | ③ | ④ | ⑤ |
| 23. I hardly ever expect things to go my way | ① | ② | ③ | ④ | ⑤ |
| 24. I rarely count on good things happening to me | ① | ② | ③ | ④ | ⑤ |
| 25. Overall, I expect more good things to happen to me than bad | ① | ② | ③ | ④ | ⑤ |
| 26. When I am angry, people around me usually know | ① | ② | ③ | ④ | ⑤ |
| 27. People can tell from my facial expressions how I am feeling | ① | ② | ③ | ④ | ⑤ |
| 28. I always express disappointment when things don't go as I'd like them to | ① | ② | ③ | ④ | ⑤ |
| 29. If someone makes me angry in a public place, I will "cause a scene" | ① | ② | ③ | ④ | ⑤ |

| | Strongly Disagree | Disagree | Neutral (In-between) | Agree | Strongly Agree |
|---|-------------------|----------|----------------------|-------|----------------|
| 30. After I express anger at someone it bothers me for a long time | 1 | 2 | 3 | 4 | 5 |
| 31. I try to suppress my anger, but I would like other people to know how I feel | 1 | 2 | 3 | 4 | 5 |
| 32. I worry that if I express negative emotions such as fear and anger, other people will not approve of me | 1 | 2 | 3 | 4 | 5 |

The following questions are about your opinions and beliefs. Read each statement and decide whether it is true as applied to you or false as applied to you. If the statement is true or mostly true, mark the oval under the "True" column. If it is false or usually false, mark the oval under the "False" column. Remember to give your own opinion of yourself. Do not leave any blank lines if you can avoid it; try to make some answer to every statement.

| | False | True |
|---|-------|------|
| 33. I have often had to take orders from someone who did not know as much as I did | 0 | 1 |
| 34. I think a great many people make a lot of their own bad luck in order to gain the sympathy and help of others | 0 | 1 |
| 35. It takes a lot of argument to convince most people of the truth | 0 | 1 |
| 36. I think most people would lie to get ahead | 0 | 1 |
| 37. Most people are honest mainly through fear of being caught | 0 | 1 |
| 38. Most people will use somewhat unfair means to gain profit or an advantage rather than lose it | 0 | 1 |
| 39. No one much cares what happens to you | 0 | 1 |
| 40. It is safer to trust nobody | 0 | 1 |
| 41. Most people make friends because friends are likely to be useful to them | 0 | 1 |
| 42. Most people inwardly do not like putting themselves out to help other people | 0 | 1 |
| 43. I have often met people who were supposed to be experts who were no better than I | 0 | 1 |
| 44. People often demand more respect for their own rights than they are willing to allow for others | 0 | 1 |
| 45. A large number of people are guilty of bad sexual behavior | 0 | 1 |



PLEASE MAKE NO MARKS IN THIS AREA

SERIAL #

46. Overall, how would you rate your quality of life? (Mark one oval in the box below.)

| | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> |
| Worst | | | | Halfway | | | Best | | | |

As bad or worse
than being dead

Best quality
of life

47. How satisfied are you with your current quality of life? (Mark one oval in the box below.)

| | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> |
| Dissatisfied | | | | Halfway | | | Satisfied | | | |

Not at all happy with
quality of life now

Very happy with
quality of life now

48. How would you rate your **current** sense of well-being? (Mark one oval in the box below.)

| | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> |
| Worst | | | | Halfway | | | Best | | | |

49. In general, would you say your health is: (Mark one oval.)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Very Good | Good | Fair | Poor |
| <input type="radio"/> |
| ① | ② | ③ | ④ | ⑤ |

50. Compared to one year ago, how would you rate your health in general now? (Mark one oval.)

- ① Much better now than 1 year ago
- ② Somewhat better now than 1 year ago
- ③ About the same
- ④ Somewhat worse now than 1 year ago
- ⑤ Much worse now than 1 year ago

The next questions are about your regular daily activities like work, child care, or community activities. As a result of your physical health, have any of the following problems occurred during the past 4 weeks?

| | No | Yes |
|---|-----------------------|-----------------------|
| 64. You cut down on the amount of time you spent on work or other activities | <input type="radio"/> | <input type="radio"/> |
| 65. You accomplished less than you would have liked | <input type="radio"/> | <input type="radio"/> |
| 66. You were limited in the kind of work or other activities you did | <input type="radio"/> | <input type="radio"/> |
| 67. You had difficulty performing work or other activities (it took extra effort) | <input type="radio"/> | <input type="radio"/> |

In the past 4 weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred?

| | No | Yes |
|--|-----------------------|-----------------------|
| 68. You cut down on the amount of time you spent on work or other activities | <input type="radio"/> | <input type="radio"/> |
| 69. You accomplished less than you would have liked | <input type="radio"/> | <input type="radio"/> |
| 70. You did work or other things less carefully than usual | <input type="radio"/> | <input type="radio"/> |

Of these statements, how true or false is each for you?

| | Definitely true | Mostly true | Not sure | Mostly false | Definitely false |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 71. I seem to get sick a little easier than other people | <input type="radio"/> |
| 72. I am as healthy as anybody I know | <input type="radio"/> |
| 73. I expect my health to get worse | <input type="radio"/> |
| 74. My health is excellent | <input type="radio"/> |

75. 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

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks . . .

| | All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|---|-----------------|------------------|------------------------|------------------|----------------------|------------------|
| 76. Did you feel full of pep? | 1 | 2 | 3 | 4 | 5 | 6 |
| 77. Have you been a very nervous person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 78. Have you felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
| 79. Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 80. Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 81. Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| 82. Did you feel worn out? | 1 | 2 | 3 | 4 | 5 | 6 |
| 83. Have you been happy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 84. Did you feel tired? | 1 | 2 | 3 | 4 | 5 | 6 |

85. Can you eat:

- 1 Without help (able to feed yourself completely)
- 2 With some help (need some help cutting, etc.)
- 3 Or are you completely unable to feed yourself?

86. Can you dress and undress yourself:

- 1 Without help (able to pick out clothes, dress and undress yourself)
- 2 With some help
- 3 Or are you completely unable to dress and undress yourself?

87. Can you get in and out of bed:

- 1 Without any help or aids
- 2 With some help (either from a person or with the aid of some device)
- 3 Or are you totally dependent on someone else to lift you?

88. Can you take a bath or a shower:

- 1 Without help
- 2 With some help (need help getting in and out of the tub, or need special attachments on the tub)
- 3 Or are you completely unable to bathe yourself?

| | | Symptom did not occur | Symptom occurred and was: | | |
|-----------------------|---|-----------------------|---------------------------|----------|--------|
| | | | Mild | Moderate | Severe |
| <input type="radio"/> | 89.21. Headaches or migraines | 0 | 1 | 2 | 3 |
| | 89.22. Clumsiness | 0 | 1 | 2 | 3 |
| | 89.23. Any trouble seeing that is uncorrected by lenses | 0 | 1 | 2 | 3 |
| | 89.24. Vaginal or genital irritation or itching | 0 | 1 | 2 | 3 |
| | 89.25. Difficulty concentrating | 0 | 1 | 2 | 3 |
| | 89.26. Joint pain or stiffness | 0 | 1 | 2 | 3 |
| | 89.27. Decreased appetite | 0 | 1 | 2 | 3 |
| | 89.28. Hearing loss | 0 | 1 | 2 | 3 |
| | 89.29. Swelling of hands or feet | 0 | 1 | 2 | 3 |
| <input type="radio"/> | 89.30. Vaginal or genital dryness | 0 | 1 | 2 | 3 |
| | 89.31. Upset stomach or belly pain or discomfort | 0 | 1 | 2 | 3 |
| | 89.32. Pain or burning while urinating | 0 | 1 | 2 | 3 |
| | 89.33. Cough or wheezing | 0 | 1 | 2 | 3 |
| <input type="radio"/> | 89.34. Vaginal or genital discharge | 0 | 1 | 2 | 3 |

90. **During the last 4 weeks, how often have you been bothered by any of the following problems?**

| | | Not at all | Several days | More than half the days |
|-----------------------|---|------------|--------------|-------------------------|
| <input type="radio"/> | 90.1. Feeling nervous, anxious, on edge, or worrying a lot about different things | 0 | 1 | 2 |
| | 90.2. Feeling restless so that it is hard to sit still | 0 | 1 | 2 |
| | 90.3. Getting tired very easily | 0 | 1 | 2 |
| | 90.4. Muscle tension aches or soreness | 0 | 1 | 2 |
| | 90.5. Trouble falling asleep or staying asleep | 0 | 1 | 2 |
| | 90.6. Trouble concentrating on things, such as reading a book or watching TV | 0 | 1 | 2 |
| | 90.7. Becoming easily annoyed or irritable | 0 | 1 | 2 |
| <input type="radio"/> | 90.8. Having an anxiety attack – suddenly feeling fear or panic | 0 | 1 | 2 |

These questions are about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt this way.

| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | Most or all of the time (5-7 days) |
|--|--|---|--|------------------------------------|
| 103. You felt depressed (blue or down) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 104. Your sleep was restless | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 105. You enjoyed life | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 106. You had crying spells | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 107. You felt sad | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 108. You felt that people disliked you | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

109. In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?

- 0 No
- 1 Yes

110. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

- 0 No
- 1 Yes

110.1. Have you felt depressed or sad much of the time in the past year?

- 0 No
- 1 Yes

Go to the next page.



122. How often does this leaking urine occur? (Mark one oval.)

- | | | | | |
|--|-------------------------------------|---|---|--------------------|
| <input type="radio"/> <p>Not once during the past year ①</p> | <p>Less than once a month ②</p> | <p>More than once a month but less than once a week ③</p> | <p>One or more times a week but less than every day ④</p> | <p>Daily ⑤</p> |
|--|-------------------------------------|---|---|--------------------|

123. When do you usually leak urine? (Mark all that apply.)

- | | | | | |
|-----------------------------------|---|--|---------------------------------|--|
| <p>No longer leak urine ①</p> | <p>When I cough, laugh, sneeze, lift, stand up, or exercise ①</p> | <p>When I feel the need to urinate and can't get to a toilet fast enough ②</p> | <p>When I am sleeping ③</p> | <p>Other _____ ④ (Please describe)</p> |
|-----------------------------------|---|--|---------------------------------|--|

(If you "No longer leak urine," go to question 128 on the last page.)

124. How much urine do you usually lose when it leaks? (Mark one oval.)

- | | | | |
|---|--|--------------------------------|---|
| <input type="radio"/> <p>None ①</p> | <p>Barely noticeable on underpants ②</p> | <p>Soaked underpants ③</p> | <p>Soaked through to outer clothing ④</p> |
|---|--|--------------------------------|---|

125. What protection do you wear in case you leak urine? (Mark all that apply.)

- | | | | | |
|---|--|--------------------------------------|--|--------------------|
| <input type="radio"/> <p>None ①</p> | <p>Mini-pad, tissue or paper towel ②</p> | <p>Menstrual pad or shield ③</p> | <p>Diaper, towel, Attends, Depends ④</p> | <p>Other ⑤</p> |
|---|--|--------------------------------------|--|--------------------|

126. How often does the leakage of urine limit your daily activities? (Mark one oval.)

- | | | | | |
|--|---------------------------|------------------------|---------------------------|-------------------------|
| <input type="radio"/> <p>Never ①</p> | <p>Almost never ②</p> | <p>Sometimes ③</p> | <p>Fairly often ④</p> | <p>Very often ⑤</p> |
|--|---------------------------|------------------------|---------------------------|-------------------------|

127. How much does the leakage of urine bother or disturb you? (Mark one oval.)

- | | | | | |
|--|----------------------------------|----------------------------------|------------------------------|-----------------------------------|
| <input type="radio"/> <p>Not at all disturbing ①</p> | <p>A little disturbing ②</p> | <p>Somewhat disturbing ③</p> | <p>Very disturbing ④</p> | <p>Extremely disturbing ⑤</p> |
|--|----------------------------------|----------------------------------|------------------------------|-----------------------------------|

The last questions in this booklet ask about some personal topics. Although the following questions are sensitive and personal, they are important. Your answers will help us understand the health of women and may help us find better treatments for their health problems. Please be assured that your responses to these questions will remain confidential.

128. Are you currently married or in an intimate relationship with at least one person? No (0) Yes (1)

129. Did you have any sexual activity with a partner in the last year? No (0) Yes (1) Don't want to answer (9)

130. How satisfied are you with your current sexual activities, either with a partner or alone? (Mark one oval.) Very unsatisfied (1) A little unsatisfied (2) Somewhat satisfied (3) Very satisfied (4) Don't want to answer (9)

131. Are you satisfied with the frequency of your sexual activity, or would you like to have sex more or less often? (Mark one oval.) Less often (1) Satisfied with current frequency (2) More often (3) Don't want to answer (9)

132. Are you worried that sexual activities will affect your health? (Mark one oval.) Not at all worried (1) A little worried (2) Somewhat worried (3) Very worried (4) Don't want to answer (9)

133. Regardless of whether you are currently sexually active, which response best describes who you have had sex with over your adult lifetime?

- (1) Have never had sex
(2) Sex with a woman or with women
(3) Sex with a man or with men
(4) Sex with both men and women
(9) Prefer not to answer

133.1. Which response best describes who you have had sex with after 45 years of age? (0) Never had sex (1) Sex with a woman or with women (2) Sex with a man or with men (3) Sex with both men and women

Thank you. Please take a few minutes to review any questions you may have missed.

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