

Adventist Religion & Health Study



Your past involvement in Adventist Health Study-2 is greatly appreciated. The new Adventist Religion & Health Study is an important substudy of 10,000 AHS-2 participants. It will examine the effects of religion and stress on health.

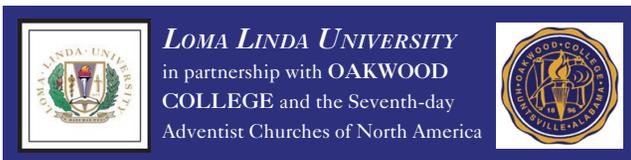
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Read more about the study in the cover letter. Thank you very much for completing this confidential survey!

Please return your completed questionnaire in the envelope provided to:



Adventist Health Studies
Evans Hall, Room 203
Loma Linda University
Loma Linda CA 92354

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

Please read all the instructions carefully.

Each of the questions on the following pages has a number of bubbles like this next to it.

1. Please fill in one bubble for each question unless otherwise directed. Take care that the mark does not stray near other bubbles.
2. Erase **cleanly** any answer you wish to change.
3. Please use the enclosed No. 2 pencil, and please, no red pens.

Shade bubbles like this →

Not like this →

A. Your Religious and Social Environment

Which of the following categories best describes your religious belief *now* and, if you are married, describes your spouse's religious belief *now*.

	SDA		Other Protestant	Catholic	Jewish	Other	No formal religion	Don't know	Not married	For office use only
	Inactive	Active								
1. Your belief now	<input type="radio"/>	1								
2. Your spouse's belief now	<input type="radio"/>	2								

	Under 25	26 to 50	51 to 100	101 to 200	201 to 400	401 to 600	601 to 1000	Over 1000	For office use only
	3. About how many people are members of the church you usually attend?	<input type="radio"/>							

	None	1	2	3	4	5 or more	For office use only
	4. How many Seventh-day Adventists churches are there within 20 miles of your home?	<input type="radio"/>					

On a scale from zero to 10, where 10 is the most religious and zero the least, how religious are you and, if you are married, how religious is your spouse? (mark one bubble)

5. You	Not religious at all	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	Strongly religious	5
6. Your spouse	Not religious at all	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	Strongly religious	6

	More than once a week	Once a week	A few times a month	A few times a year	Once a year or less	Never	For office use only
	7. How often do you attend church or other religious meetings?	<input type="radio"/>					
8. If married, how often does your spouse attend church or other religious meetings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8

	None	1 or 2	3 or 4	5 or 6	7 or 8	9 or 10	11 to 15	more than 15	For office use only
	9. do you regularly socialize with	<input type="radio"/>							
10. do you regularly work with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
11. are your close friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
12. live in your house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
13. live in your house who are ACTIVE Seventh-day Adventists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
14. live in your house who are INACTIVE Seventh-day Adventists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
15. live in your house who are NOT Seventh-day Adventists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15

For each type of person below, about what percent (%) are Seventh-day Adventists?

	5% or less	10%	20%	30%	40%	50%	60%	70%	80%	90%	95% or more
16. People you regularly socialize with	<input type="radio"/>										
17. People you regularly work with	<input type="radio"/>										
18. People who live in your immediate neighborhood	<input type="radio"/>										
19. People who are close friends	<input type="radio"/>										

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	None	1	2	3	4	5	6 or more
20. How many children do you have? (If you have no children, mark "None" and skip to question 25)	<input type="radio"/>						
21. How many of your children are active Seventh-day Adventists?	<input type="radio"/>						
22. How many of your children attended Seventh-day Adventist Schools for at least part of their education?	<input type="radio"/>						

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(If you have only one child mark the same age for questions 23 and 24)

	I have no children	Less than 5 years	5 to 12	13 to 18	19 to 22	23 to 30	31 to 40	Over 40
23. How old is your youngest child?	<input type="radio"/>							
24. How old is the oldest child?	<input type="radio"/>							

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24



Social Support

In the past month, how often did the people you know (spouse, family, friends, relatives etc.)...

	Never	Seldom	Occasionally	Often	Very Often
25. offer helpful advice when you needed to make important decisions?	<input type="radio"/>				
26. suggest ways that you could deal with problems you were having?	<input type="radio"/>				
27. provide you with aid and assistance?	<input type="radio"/>				
28. help you with an important task or something that you could not do on your own?	<input type="radio"/>				
29. do or say things that were kind or considerate toward you?	<input type="radio"/>				
30. include you in things they were doing?	<input type="radio"/>				
31. interfere or meddle in your personal matters?	<input type="radio"/>				
32. question or doubt your decisions?	<input type="radio"/>				
33. let you down when you needed help?	<input type="radio"/>				
34. ask you for too much help?	<input type="radio"/>				
35. forget or ignore you?	<input type="radio"/>				
36. fail to spend enough time with you?	<input type="radio"/>				
37. do things that were thoughtless or inconsiderate?	<input type="radio"/>				
38. act angry or upset with you?	<input type="radio"/>				
39. provide you with good company and companionship?	<input type="radio"/>				
40. [In the past month] how often did you discuss personal matters or concerns with someone you know?	<input type="radio"/>				

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PLEASE DO NOT WRITE IN THIS AREA



B. Your Health

This section of the survey asks for your views about your health. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

	Excellent	Very good	Good	Fair	Poor
1. In general, would you say your health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Much better now than one year ago	Somewhat better	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
2. Compared to one year ago, how would you rate your health in general now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. 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?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking, more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking several hundred yards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Walking one hundred yards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like	<input type="radio"/>				
b. Were limited in the kind of work or other activities that you could do	<input type="radio"/>				

5. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like	<input type="radio"/>				
b. Did work or activities less carefully than usual	<input type="radio"/>				

6. 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
	<input type="radio"/>				

7. 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.

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

a. 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
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<input type="radio"/>				
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b. Did you have a lot of energy?

<input type="radio"/>				
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c. Have you felt downhearted and depressed?

<input type="radio"/>				
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8. 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.)?

<input type="radio"/>				
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9. How TRUE or FALSE is each of the following statements for you?

a. I seem to get sick a little easier than other people

Definitely TRUE	Mostly TRUE	Don't know	Mostly FALSE	Definitely FALSE
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<input type="radio"/>				
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b. I am as healthy as anybody I know

<input type="radio"/>				
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c. I expect my health to get worse

<input type="radio"/>				
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d. My health is excellent

<input type="radio"/>				
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During the past 4 weeks, how often would you say you have had any of these problems related to your sleep?

10. Trouble falling asleep

Rarely or never	Sometimes	Often	Almost every day
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11. Waking up in the middle of the night and finding it hard to get back to sleep.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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12. Waking up very early and can't get back to sleep.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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13. How many hours do you usually sleep per night? Please mark the answer that is closest to the average number of hours you sleep

3 hours or less

4 hours

5 hours

6 hours

7 hours

8 hours

9 hours

10 hours or more

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PLEASE DO NOT WRITE IN THIS AREA



C. Your Feelings

This set of questions consists of a number of words and phrases that describe different feelings and emotions. Mark a bubble to show to what extent you have felt this way **during the past year.**

	Very Slightly or Not At All	A Little	Moderately	Quite A Bit	Extremely
1. Inspired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The questions in this scale ask you about your feelings and thoughts **during the last 4 weeks.** In each case, please indicate how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly often	Very often
11. In the last 4 weeks, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>				
12. In the last 4 weeks, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>				
13. In the last 4 weeks, how often have you felt that things were going your way?	<input type="radio"/>				
14. In the last 4 weeks, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>				

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Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is **True** or **False** as it pertains to you personally. Some of the items are very similar—by intention—so your answers can be compared to people in other studies who are answering the same questions.

	Not true		Somewhat true		Very true
15. In uncertain times, I usually expect the best.	<input type="radio"/>				
16. If something can go wrong for me, it will.	<input type="radio"/>				
17. I'm always optimistic about my future.	<input type="radio"/>				
18. I hardly ever expect things to go my way.	<input type="radio"/>				
19. I rarely count on good things happening to me.	<input type="radio"/>				
20. Overall, I expect more good things to happen to me than bad.	<input type="radio"/>				
21. I take a positive attitude toward myself.	<input type="radio"/>				
22. On the whole I am satisfied with myself.	<input type="radio"/>				
23. I certainly feel useless at times.	<input type="radio"/>				
24. At times I think I am no good at all.	<input type="radio"/>				
25. In most ways my life is close to my ideal.	<input type="radio"/>				
26. The conditions of my life are excellent.	<input type="radio"/>				
27. I am satisfied with my life.	<input type="radio"/>				
28. So far I have gotten the important things I want in life.	<input type="radio"/>				
29. If I could live my life over, I would change almost nothing.	<input type="radio"/>				

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Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is True or False as it pertains to you personally. Some of the items are very similar—by intention—so your answers can be compared to people in other studies who are answering the same questions.

	Not true		Somewhat true		Very true	
30. I never take things that don't belong to me.	<input type="radio"/>					
31. When I hear people talking privately, I avoid listening.	<input type="radio"/>					
32. I never cover up my mistakes.	<input type="radio"/>					
33. I don't always know the reason why I do things.	<input type="radio"/>					
34. I have taken sick leave from work or school even though I wasn't really sick.	<input type="radio"/>					
35. I always obey the laws, even if I am unlikely to get caught.	<input type="radio"/>					
36. I have not always been honest with myself.	<input type="radio"/>					
37. I always know why I like things.	<input type="radio"/>					
38. It would be hard for me to break any of my bad habits.	<input type="radio"/>					
39. I have little control over the things that happen to me.	<input type="radio"/>					
40. There is really no way I can solve some of the problems I have.	<input type="radio"/>					
41. I often feel helpless in dealing with the problems of life.	<input type="radio"/>					
42. Sometimes I feel that I am being pushed around in life.	<input type="radio"/>					
I see myself as someone who...						
43. Is depressed, blue.	<input type="radio"/>					
44. Is relaxed, handles stress well.	<input type="radio"/>					
45. Can be tense.	<input type="radio"/>					
46. Worries a lot.	<input type="radio"/>					
47. Is emotionally stable, not easily upset.	<input type="radio"/>					
48. Can be moody.	<input type="radio"/>					
49. Remains calm in tense situations.	<input type="radio"/>					
50. Gets nervous easily.	<input type="radio"/>					

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by marking the appropriate bubble.

	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 the time (3-4 days)	Most or all of the time (5-7 days)	
51. I did not feel like eating; my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	120
52. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	121
53. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	122
54. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	123
55. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	124
56. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	125
57. People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	126
58. I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	127
59. I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	128
60. I felt that people disliked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	129
61. I could not get "going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	130

PLEASE DO NOT WRITE IN THIS AREA



D. Your Religious/Spiritual Life

This section asks about your religious and spiritual behaviors and beliefs.

1. On how many Sabbaths in an average month do you have responsibilities in your church? (For example, giving scripture and prayer, teaching Sabbath School, providing music, preparing for a potluck, etc.).

- No Sabbaths
 1
 2
 3
 4 or more Sabbaths

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2. On a Sabbath when you have responsibilities, how many hours do they usually take up? (Include preparation time on Sabbath such as preparing a lesson study, practicing music, preparing a meal for potluck, etc.)

- I have no church responsibilities
 less than 1/2 hour
 1/2 to 1 hour
 1 to 2 hours
 3 to 4 hours
 5 to 6 hours
 More than 6 hours

132

Listed below are a number of statements. Read each item and decide whether the statement is True or False as it pertains to you personally.

3. I keep pretty well informed about my congregation.

Not true	Somewhat true			Very true
<input type="radio"/>				

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4. I have some influence on the decisions of my congregation.

<input type="radio"/>					
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5. Church activities (meetings, committee work, etc.) are a major source of satisfaction in my life.

<input type="radio"/>					
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Think about **your local church**. How much would you agree with the following statements?

6. Members usually introduce themselves to new members.

<input type="radio"/>					
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7. The clergy know most of the members by name.

<input type="radio"/>					
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8. After services there is not enough time to talk with the ministers and other members.

<input type="radio"/>					
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9. Members treat each other as family (for example, visiting the sick, celebrating anniversaries, etc.)

<input type="radio"/>					
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10. Most members are close friends with each other.

<input type="radio"/>					
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11. Members often do not notice the absence of other members.

<input type="radio"/>					
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12. Activities make children feel like a part of this church.

<input type="radio"/>					
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13. New members find it hard to be accepted by the congregation.

<input type="radio"/>					
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14. Members have little one-to-one contact with the ministers.

<input type="radio"/>					
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15. Members hardly see each other outside of church.

<input type="radio"/>					
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Religious Support

In the following questions we are asking about people you worship with—people in your local church, Bible study class, or Sabbath school class.



16. How often do people you worship with make you feel loved and cared for?

Never	Once in a while	Fairly often	Very often	Always
<input type="radio"/>				

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17. How often do you make the people you worship with feel loved and cared for?

<input type="radio"/>				
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18. How often do people you worship with listen to you talk about your private problems and concerns?

<input type="radio"/>				
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Prayer or meditation is approached in a wide variety of ways. For the purposes of this study, please think of “pray” and “meditate” as the same sort of practice. For each of the following statements we would like you to mark the position that most accurately describes your personal practices.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
35. When I pray, I confess to God the things I should not have done.	<input type="radio"/>							
36. A morning prayer helps me cope with the world during the day.	<input type="radio"/>							
37. I pray daily.	<input type="radio"/>							
38. Confession is important to me because it helps me lead a more respectable life.	<input type="radio"/>							

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How often do you do each of the following:

	Never	Almost Never	Sometimes	Fairly often	Very often
39. Spend time just “feeling” or being in the presence of God?	<input type="radio"/>				
40. Spend time just quietly thinking about God?	<input type="radio"/>				
41. Spend time worshipping or adoring God?	<input type="radio"/>				
42. Spend time reflecting on the Bible?	<input type="radio"/>				
43. Ask God to speak and then listen for his answer?	<input type="radio"/>				

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	Not true	Somewhat true			Very true
44. I have so much in life to be thankful for.	<input type="radio"/>				
45. If I had to list everything that I felt grateful for, it would be a very long list.	<input type="radio"/>				
46. When I look at the world, I don't see much to be grateful for.	<input type="radio"/>				
47. I am grateful to a wide variety of people.	<input type="radio"/>				
48. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.	<input type="radio"/>				
49. Long amounts of time can go by before I feel grateful to something or someone.	<input type="radio"/>				
50. I see a special purpose for myself in this world.	<input type="radio"/>				
51. My life is meaningful.	<input type="radio"/>				
52. We are each meant to make our own special contribution to the world.	<input type="radio"/>				
53. There is no particular reason why I exist.	<input type="radio"/>				
54. There is no reason or meaning underlying human existence.	<input type="radio"/>				
55. I have forgiven myself for things that I have done wrong.	<input type="radio"/>				
56. I have forgiven those who hurt me.	<input type="radio"/>				
57. I know that God forgives me.	<input type="radio"/>				
58. I try hard to carry my religion over into all my other dealings in life.	<input type="radio"/>				
59. In my life, I experience the presence of the Divine.	<input type="radio"/>				
60. My religious beliefs are what really lies behind my whole approach to life.	<input type="radio"/>				

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Dealing with major problems

Thinking about how you have tried to understand and deal with **major problems** in your life, to what extent has each of the following been involved in the way you cope?

	Not at all	A little	Some what	Quite a bit	A great deal	
61. Worked together with God as partners	<input type="radio"/>	191				
62. Tried to make sense of the situation with God	<input type="radio"/>	192				
63. Tried to put my plans into action together with God	<input type="radio"/>	193				
64. Didn't do much, just expected God to solve my problems for me	<input type="radio"/>	194				
65. Didn't try much of anything; simply expected God to take control	<input type="radio"/>	195				
66. Didn't try to cope; only expected God to take my worries away	<input type="radio"/>	196				
67. Did my best and then turned the situation over to God	<input type="radio"/>	197				
68. Did what I could and put the rest in God's hands	<input type="radio"/>	198				
69. Took control over what I could, and gave the rest up to God	<input type="radio"/>	199				
70. Made decisions about what to do without God's help	<input type="radio"/>	200				
71. Tried to make sense of the situation without relying on God	<input type="radio"/>	201				
72. Tried to deal with my feelings without God's help	<input type="radio"/>	202				
73. Felt punished by God for my lack of devotion	<input type="radio"/>	203				
74. Decided that God was punishing me for my sins	<input type="radio"/>	204				
75. Wondered what I did for God to punish me	<input type="radio"/>	205				
76. Saw my situation as part of God's plan	<input type="radio"/>	206				
77. Tried to find a lesson from God in the event	<input type="radio"/>	207				
78. Tried to see how God might be trying to strengthen me in this situation	<input type="radio"/>	208				
79. Looked to God for strength, support and guidance	<input type="radio"/>	209				
80. Sought God's love and care	<input type="radio"/>	210				
81. Trusted that God would be by my side	<input type="radio"/>	211				
82. Wondered whether God had abandoned me	<input type="radio"/>	212				
83. Voiced anger that God didn't answer my prayers	<input type="radio"/>	213				
84. Questioned God's love for me	<input type="radio"/>	214				
85. Questioned whether God really exists	<input type="radio"/>	215				
86. Thought about how my life is part of a larger spiritual force	<input type="radio"/>	216				
87. Expressed anger at God for letting terrible things happen	<input type="radio"/>	217				
88. Confessed my sins and asked for God's forgiveness	<input type="radio"/>	218				

People have different conceptions of God. Below are five pairs of words. For **each** pair of words place **one** mark showing whether you think God is more like the word on the left or more like the word on the right.

89.	Saving	<input type="radio"/>	Damning	219						
90.	Rejecting	<input type="radio"/>	Accepting	220						
91.	Loving	<input type="radio"/>	Hating	221						
92.	Unforgiving	<input type="radio"/>	Forgiving	222						
93.	Approving	<input type="radio"/>	Disapproving	223						



Listed below are a number of statements. Read each item and decide whether the statement is True or False as it pertains to you personally.

	Not true		Somewhat true		Very true		
	↓		↓		↓		
94. The thought of the Second Coming makes this life's burdens bearable.	<input type="radio"/>	224					
95. I sense joy at the thought of the Second Coming.	<input type="radio"/>	225					
96. I feel happy and excited thinking about the Second Coming.	<input type="radio"/>	226					
97. My Christian life is more characterized by fear than peace.	<input type="radio"/>	227					
98. I don't want to know details about last day events, because what I know makes me spiritually uncomfortable.	<input type="radio"/>	228					
99. I keep God's 10 Commandments more from a sense of fear than love.	<input type="radio"/>	229					
100. A sense of God's justice is more on my mind than God's mercy.	<input type="radio"/>	230					
101. On Sabbath I feel relieved from the tensions that I normally experience.	<input type="radio"/>	231					
102. I feel a calm on Sabbath that I experience less frequently on other days.	<input type="radio"/>	232					
103. I feel peace during Sabbath.	<input type="radio"/>	233					
104. I keep Sabbath because if I did not other people would disapprove of me.	<input type="radio"/>	234					
105. I keep Sabbath to avoid criticism from other people.	<input type="radio"/>	235					
106. Social pressure is a big factor in getting me to church on Sabbath.	<input type="radio"/>	236					
107. When I don't keep Sabbath, I feel guilty.	<input type="radio"/>	237					
108. I would feel ashamed if I did not keep Sabbath.	<input type="radio"/>	238					
109. It is important to have rules for Sabbath observance.	<input type="radio"/>	239					
110. Sabbath keeping helps me have a better relationship with God.	<input type="radio"/>	240					
111. Sabbath is an opportunity God gives us to come closer to him.	<input type="radio"/>	241					
112. I keep Sabbath because I love God.	<input type="radio"/>	242					

Sabbath Activities

On average how frequently do you do each of the following on Sabbath?

	Every Sabbath	3 Sabbaths per month	2 Sabbaths per month	1 Sabbath per month	Less often but occasionally	Never	
113. Visit people who are not well or shut in	<input type="radio"/>	<input type="radio"/>	243				
114. Cook a meal for a shut-in	<input type="radio"/>	<input type="radio"/>	244				
115. Read religious books	<input type="radio"/>	<input type="radio"/>	245				
116. Have people over for evening worship	<input type="radio"/>	<input type="radio"/>	246				
117. Go shopping	<input type="radio"/>	<input type="radio"/>	247				
118. Read secular magazines	<input type="radio"/>	<input type="radio"/>	248				
119. Attend secular concerts or theatrical events	<input type="radio"/>	<input type="radio"/>	249				
120. Watch or listen to news programs	<input type="radio"/>	<input type="radio"/>	250				

PLEASE DO NOT WRITE IN THIS AREA





E. Your Relationships

Early Relationships

These are questions about your **childhood and early adolescence (age 5-15)**.

	Not at all	A little	Some	A lot	
Describe the mother/woman who raised you:					
1. How much did she understand your problems and worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	251
2. How much could you confide in her about things that were bothering you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	252
3. How much love and affection did she give you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	253
4. How much time and attention did she give you when you needed it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	254
Describe the father/man who raised you:					
5. How much did he understand your problems and worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	255
6. How much could you confide in him about things that were bothering you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	256
7. How much love and affection did he give you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	257
8. How much time and attention did he give you when you needed it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	258
How much did the mother/woman who raised you:					
9. insult, swear at, or ignore you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	259
10. push, slap, or throw objects at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	260
11. kick, bite, or strike you with an object?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	261
How much did the father/man who raised you:					
12. insult, swear at, or ignore you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	262
13. push, slap, or throw objects at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	263
14. kick, bite, or strike you with an object?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	264

Childhood and Adolescent Family Life

These are questions about your **childhood and early adolescence (age 5-15)**.

Please think over your family life and answer these questions.

	Seldom or Never	Once in a while	Occasionally	Often	Very Often	
15. In your childhood, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	<input type="radio"/>	265				
16. Would you say that the household you grew up in was well-organized and well-managed?	<input type="radio"/>	266				
17. How often would you say that a parent or other adult in the household behaved violently toward a family member or visitor in your home?	<input type="radio"/>	267				
18. How often would you say there was quarreling, arguing, or shouting <i>between your parents</i> ?	<input type="radio"/>	268				
19. How often would you say there was quarreling, arguing, or shouting <i>between a parent and you</i> ?	<input type="radio"/>	269				
20. Would you say the household you grew up in was chaotic and disorganized?	<input type="radio"/>	270				
21. How often would you say you were neglected while you were growing up, that is, left on your own to fend for yourself?	<input type="radio"/>	271				

	Seldom or Never	Once in a while	Occasionally	Often	Very Often
22. How often would you say there was quarreling, arguing, or shouting <i>between a parent and one of your siblings</i> ? No siblings? Mark here and skip to question 24 <input type="radio"/>	<input type="radio"/>				
23. How often would you say there was quarreling, arguing, or shouting <i>between your sibling(s) and you</i> ?	<input type="radio"/>				

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Adult relationship

24. What is your current relationship status?

Never married Divorced and Remarried
 First marriage Widowed and Remarried
 Separated Common Law marriage
 Divorced Long term relationship
 Widowed

25. Have you had a spouse or long-term partner?

Yes, I have
 No, I have not. *If no, please skip to section F on the next page.*

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Think about your current or most recent spouse or partner. If you have no current or recent spouse or partner skip to section F.

	Not at all	A little	Some	A lot
26. How much does (or did) your spouse or partner really care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. How much does (or did) he or she understand the way you feel about things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How much does (or did) he or she appreciate you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How much can (or could) you rely on your spouse or partner for help if you have or had a serious problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. How much can (or could) you open up to him or her if you need or needed to talk about your worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. How much can (or could) you relax and be yourself around him or her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Never	Sometimes	Fairly Often	Often
32. How often does (or did) your spouse or partner make too many demands on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. How often does (or did) he or she make you feel tense?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. How often does (or did) he or she argue with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. How often does (or did) he or she criticize you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. How often does (or did) he or she let you down when you are counting on him or her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. How often does (or did) he or she get on your nerves?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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38. Think about the relationship you just described. How long has it lasted **or** did it last?

- Less than 1 year 2 to 5 years 6 to 10 years 11 to 20 years
 21 to 30 years 31 to 40 years 41 to 50 years More than 50 years

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39. Are you still in this relationship? No Yes *If yes, please skip to section F on the next page*

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40. If you answered no to question 39, how many years ago did this relationship end?

- Less than 1 year 2 to 5 years ago 6 to 10 years ago
 11 to 20 years ago More than 20 years ago

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F. Stress in Your Life

The questions below ask about many different types of stressful or difficult life events.

These kind of events can be frightening or upsetting to almost everyone. If the event never happened to you, mark **Never happened**. If the event did happen to you, mark **each** time period it happened **and** how much impact it had on you at the time.

	If it happened, when did it happen? (Mark all that apply)				How much impact did this experience have on you at the time? (Mark only one)				
	Never happened	In the last year	1 to 5 years ago	More than 5 years ago	Little or none	Mild	Moderate	Severe	
1. Have you ever been in a war zone or had a military combat experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	291
2. Have you ever been in a really bad accident (car, at work, or somewhere else) and thought you might be killed or injured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	292
3. Have you ever been in a natural disaster (tornado, hurricane, flood, or major earthquake) and thought you might be killed or injured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	293
4. Have you ever had a serious illness, such as cancer, leukemia, AIDS, multiple sclerosis, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	294
5. At any time in your life has anyone (including family members or friends) ever attacked you with a gun, knife, or some other weapon, regardless of whether you ever reported it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	295
6. At any time in your life has anyone (including family members or friends) ever attacked you <i>without a weapon</i> , but <i>with the intent to kill or seriously injure you</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	296
7. Have you ever witnessed someone seriously injured or killed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	297
8. Has a close friend or family member ever been intentionally killed or murdered by another person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	298
9. Has a close friend or family member ever been killed by a drunk driver?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	299
10. Have you had an abortion or had an intimate partner who had an abortion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	300
11. Have you had a miscarriage or had an intimate partner who had a miscarriage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	301
12. Have you ever been divorced or separated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	302
13. Have you ever been homeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	303
14. Have you ever had a child of yours die?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	304

The next three items address early or unwanted sexual contact. Sexual contact can mean between someone else and your sexual organs (male or female's genital area, or a woman's breasts) or between you and someone else's sexual organs.

15. At any time in your life, whether you were an adult or a child, has anyone used physical force or threat of force to make you have some type of unwanted sexual contact?	<input type="radio"/>	305							
16. Did you ever have sexual contact with anyone who was at least 5 years older than you before you reached the age of 13?	<input type="radio"/>	306							
17. Before you were age 18, has anyone ever used pressure or threats to have sexual contact with you?	<input type="radio"/>	307							

18. Do you currently have a paying job? Yes No

Please mark the bubble which indicates how well each word or phrase below describes your current job or the most recent job that you held for at least one year.

How well does the phrase describe your current or most recent job?



	Not at all	A little	Some-what	Moderately well	Very well
19. Gives a sense of accomplishment	<input type="radio"/>				
20. Dull	<input type="radio"/>				
21. Challenging	<input type="radio"/>				
22. Satisfying	<input type="radio"/>				
23. Frustrating	<input type="radio"/>				
24. Tiring	<input type="radio"/>				
25. Too much to do	<input type="radio"/>				
26. Stressful	<input type="radio"/>				
27. Under my control	<input type="radio"/>				
28. Can do it my way	<input type="radio"/>				
29. Have independence	<input type="radio"/>				
30. Set my own pace	<input type="radio"/>				

31. How many people live in your current home?
 1 2 3 4 5 6 7 8 9 10 or more



32. How many bedrooms are there in your current home?
 1 2 3 4 5 or more

33. On average, how many people lived in the home you lived in the longest when you were growing up (Birth to age 15)?
 1 2 3 4 5 6 7 8 9 10 or more

34. On average, how many bedrooms were in the home you lived in the longest when you were growing up (Birth to age 15)?
 1 2 3 4 5 or more

On average how difficult was it for your family to meet expenses for basic needs like food, clothing, and housing in each of the following time periods?

35. When you were under 18?

36. When you were between 18 and 35?

37. In the last year?

	Not at all difficult	A little	Some-what	Fairly	Very difficult
35. When you were under 18?	<input type="radio"/>				
36. When you were between 18 and 35?	<input type="radio"/>				
37. In the last year?	<input type="radio"/>				

Think about all possible sources of income (wages, social security payments, pensions, rent, dividends, unemployment or disability compensation, child support, government housing assistance, etc.). Mark the response below that comes closest to your personal total income (before taxes), during the last year, and the total income (before taxes) of all family members who live in your home.

During past 12 months	Less than \$10,000	\$11,000-\$20,000	\$21,000-\$30,000	\$31,000-\$50,000	\$51,000-\$75,000	\$76,000-\$100,000	\$101,000-\$200,000	More than \$200,000
38. Your income	<input type="radio"/>							
39. All family members living in your home	<input type="radio"/>							

Unfair Treatment

In the following questions, we are interested in the way other people have treated you, or your beliefs about how other people have treated you. Can you tell us if any of the following has ever happened to you:

40. At any time in our life, have you ever been **unfairly** fired from a job or unfairly denied a promotion?
41. For **unfair** reasons, have you ever not been hired for a job?
42. Have you ever been **unfairly** stopped, searched, questioned, physically threatened or abused by the police?
43. Have you ever been **unfairly** discouraged by a teacher or advisor from continuing your education?
44. Have you ever been **unfairly** prevented from moving into a neighborhood because the landlord or realtor refused to sell or rent you a house or apartment?
45. Have you ever been **unfairly** denied a bank loan?

	How many times has this happened during your lifetime?						If this happened, when was the last time it happened?		If this happened what do you think was the main reason for this experience?					For office use only	
	Never	1	2	3	4	5+	Past Year	More than a year ago	Gender	Race	Age	Religion	Other		
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	930
41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	931
42.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	932
43.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	933
44.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	934
45.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	935

In your day-to-day life, how often do any of the following things happen to you?

46. You are treated with less courtesy or respect than other people.
47. You receive poorer service than other people at restaurants or stores.
48. People act as if they think you are not smart.
49. People act as if they are afraid of you.
50. You are threatened or harassed.

	Almost Every Day	At Least Once A Week	A Few Times A Month	A Few Times A Year	Less Than Once A Year	Never	
46.	<input type="radio"/>	936					
47.	<input type="radio"/>	937					
48.	<input type="radio"/>	938					
49.	<input type="radio"/>	939					
50.	<input type="radio"/>	940					

51. If any of these happen to you in your day-to-day life what is the **main** reason it has happened to you?
 Gender Race Age Religion Other

For each statement please indicate whether it is true or false for you.

52. I have often had to take orders from someone who did not know as much as I did.
53. It takes a lot of argument to convince most people of the truth.
54. Most people are honest chiefly because they are afraid of being caught.
55. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.
56. It makes me impatient to have people ask advice or interrupt me when I work on something important.
57. Most people make friends because friends are likely to be useful to them.
58. Most people inwardly dislike putting themselves out to help other people.
59. I have often found people jealous of my good ideas because they had not thought of them first.
60. A large number of people are guilty of bad sexual conduct.

	Definitely false	Tends to be false	Tends to be true	Definitely true	
52.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	942
53.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	943
54.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	944
55.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	945
56.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	946
57.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	947
58.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	948
59.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	949
60.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	950

G. Your Medical History

In the past month how often have you had...

	Never	Once	2 to 3 times	4 to 5 times	More than 5 times	For office use only
1. headaches?	<input type="radio"/>	351				
2. a cold, chill, or sore throat that lasted 2 or 3 days?	<input type="radio"/>	352				
3. indigestion, heartburn, or upset stomach?	<input type="radio"/>	353				
4. constipation or diarrhea?	<input type="radio"/>	354				
5. sudden feelings of weakness or faintness?	<input type="radio"/>	355				
6. back pain?	<input type="radio"/>	356				
7. shortness of breath?	<input type="radio"/>	357				
8. incontinence (trouble controlling urine or bowels)?	<input type="radio"/>	358				
9. muscle aches or soreness?	<input type="radio"/>	359				
10. palpitation (rapid or hard heart beat)?	<input type="radio"/>	360				
	Never	1-2	3-4	5-6	7+	
11. During the past 12 months, how many times have you visited a doctor?	<input type="radio"/>	361				
12. During the past 12 months, how many times have you had upper respiratory infection (cold, sore throat, sinusitis), aside from the flu?	<input type="radio"/>	362				

13. During the past 12 months, have you had influenza (flu)? Yes No

Medical Conditions Diagnosed by a Physician

Mark the bubbles below to show which conditions/diseases you have ever had diagnosed by a physician. If yes, note whether you have been treated for the condition/disease in the last 12 months.

	Ever been diagnosed		Treated in the last 12 months		
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	
14. Diabetes mellitus (type II adult onset)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	364
15. Stroke lasting at least 24 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	365
16. Small Stroke (TIA) lasting less than 24 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	366
17. Angina Pectoris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	367
18. Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	368
19. Degenerative (osteo) arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	369
20. Degenerative Disk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	370
21. Sciatica/arthritis of the back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	371
22. Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	372
23. Irritable bowel (Colon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	373
24. Dermatitis, eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	374
25. Fibromyalgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	375
26. High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	376
27. Sleep Apnea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	377
28. Hypothyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	378
29. Hyperthyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	379
30. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	380



31. During the last five years, have you had carotid artery surgery? Yes No

32. Have you ever had a femoral artery bypass? Yes No

Medications

Please fill circles below to show whether you have taken the following medicines for at least two years at any one time and, if so, how often you took them during this period.

33. Aspirin, or aspirin-containing medicines, such as Bufferin, Ecotrin, Disprin, Empirin, Ascriptin, Lortab-ASA, Norgesic, etc. (this does not include Tylenol).

I never used these medicines, or only used them for less than two years at a time.

I used this medication over a period of at least two years during the last 5 years and the dose was:

	Less than once per week	1-3 times per week	Once each day	Several each day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA





34. Statin-type cholesterol-lowering medicines, such as Mevacor, Pravachol, Lipitor, Zocor, Baycol, Lescol, Crestor etc. during the last 20 years. (This question does not include Niacin, Zetia, Niaspan, Lopid, Tricor, Wellchol, Questran.)

I never used these medicines, or only used them for less than two years at a time.

I used this medication over a period of at least two years during the last 5 years and the dose was:

	Less than once per week	1-3 times per week	Once each day	Several each day
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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35. Medicines (often called NSAIDS) that help manage inflammation or arthritis. These are medicines like Ibuprofen, Naprosyn, Celebrex, Sulindac, Indocin, Voltaren, etc.

I never used these medicines, or only used them for less than two years at a time.

I used this medication over a period of at least two years during the last 5 years and the dose was:

	Less than once per week	1-3 times per week	Once each day	Several each day
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Exercise

36. Do you have a regular exercise program.

No (If no, skip to question 38)
 Yes

37. During your regular exercise, how hard does it feel most of the time?

<input type="radio"/> Very light	<input type="radio"/> Hard
<input type="radio"/> Fairly light	<input type="radio"/> Very hard
<input type="radio"/> Somewhat hard	<input type="radio"/> Very very hard

38. How many times per week do you usually engage in regular **vigorous** activities, such as brisk walking, jogging, bicycling, etc., long enough or with enough intensity to work up a **sweat**, get your **heart thumping**, or get **out of breath**?

Never engage in activities this vigorous
 Less than once per week
 1 time per week
 2 times per week
 3 times per week
 4 times per week
 5 times per week
 6 or more times per week

39. On average, how many minutes do you exercise each session? Choose the best answer.

<input type="radio"/> None	<input type="radio"/> 31-40 minutes
<input type="radio"/> 10 minutes or less	<input type="radio"/> 41-50 minutes
<input type="radio"/> 11-20 minutes	<input type="radio"/> 51-60 minutes
<input type="radio"/> 21-30 minutes	<input type="radio"/> more than 1 hour

40. Do you walk, run or jog as part of a physical activity program? (include these same activities when they are performed on exercise machines).

Yes
 No (If no, skip to question 44)

41. How many of these “walk” or “run” or “jog” workouts do you usually do per week?

<input type="radio"/> Less than once/week	<input type="radio"/> 4 times per week
<input type="radio"/> 1 time per week	<input type="radio"/> 5 times per week
<input type="radio"/> 2 times per week	<input type="radio"/> 6 times per week
<input type="radio"/> 3 times per week	

42. How many miles do you average per “walk” or “run” or “jog” workout? Please mark the nearest category below.

<input type="radio"/> 1/4 mile or less	<input type="radio"/> 2 miles
<input type="radio"/> 1/2 mile	<input type="radio"/> 3 miles
<input type="radio"/> 1 mile	<input type="radio"/> 4 or more miles
<input type="radio"/> 1 1/2 mile	

43. What is your average time spent in each “walk” or “run” or “jog” exercise session (excluding rest stages)?

<input type="radio"/> 10 minutes or less	<input type="radio"/> 41-50 minutes
<input type="radio"/> 11-20 minutes	<input type="radio"/> 51-60 minutes
<input type="radio"/> 21-30 minutes	<input type="radio"/> More than 1 hour
<input type="radio"/> 31-40 minutes	



You're almost done.....

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Diet

Thinking over the last 12 months, how often do you eat the following foods?

How often? Choose only 1 column.

- 44. Red meats (steak, hamburgers, sausage, organ meats, etc.)?
- 45. Turkey or chicken?
- 46. Fish?
- 47. Fruits of any kind? Include frozen, canned or dried fruits, as well as raw or cooked fruits when they are in season.
- 48. Vegetarian protein foods of any type (Worthington, Loma Linda, Cedar Lake, etc.?) Include canned and frozen.
- 49. Soy milk?
- 50. Broccoli, cabbage, brussel sprouts, kale, collards, mustard green, poke salad, rucola?
- 51. Other leafy green vegetables (lettuce salads, cooked or raw spinach etc.?)
- 52. Nuts?
- 53. Butter on bread?
- 54. Soft margarine on bread?
- 55. Beans (include red, pinto, broad beans, lentils, chick peas, gungo peas, bean or lentil soup, refried beans, etc.)?
- 56. Dairy-based cheeses?
- 57. Caffeinated beverages (coffee, Coke, tea, Mt. Dew, etc.)?

	Never or rarely	1-3 times per month	times per week			times per day		
			1	2 to 4	5 to 6	1	2 to 3	4+
44.	<input type="radio"/>							
45.	<input type="radio"/>							
46.	<input type="radio"/>							
47.	<input type="radio"/>							
48.	<input type="radio"/>							
49.	<input type="radio"/>							
50.	<input type="radio"/>							
51.	<input type="radio"/>							
52.	<input type="radio"/>							
53.	<input type="radio"/>							
54.	<input type="radio"/>							
55.	<input type="radio"/>							
56.	<input type="radio"/>							
57.	<input type="radio"/>							

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58. What is your gender? Female Male

59. Write your date of birth below in the squares and fill in the matching circles under the month, day and year. Fill in only one circle in each column.

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 1 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 0
<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9

Write

also

Fill in matching circles

60. What is your **current** height and weight? (write in boxes, also fill the circles below the boxes).

Height (without shoes)		Weight (in light clothes)
ft.	in.	lbs.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0
<input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1
<input type="radio"/> 6	<input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2
<input type="radio"/> 7	<input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9

Write

also

Fill in matching circles

412
413
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Thank you very much!!