



Adventist Religion & Health Study



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Three years ago you were one of over 10,000 people who filled out the first questionnaire in the Adventist Religion & Health Study, a substudy of the Adventist Health Study-2. We greatly appreciate your participation.

Now we ask that you fill out the questionnaire once again.

This will give us important information about how *changes* in your life may have affected your health.

Please return your completed questionnaire in the envelope provided to:

 **LOMA LINDA UNIVERSITY**
in partnership with **OAKWOOD COLLEGE** and the Seventh-day Adventist Churches of North America



Adventist Health Studies
Evans Hall, Room 203
Loma Linda University
Loma Linda CA 92350

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 them.

1. Please fill in one bubble for each question unless otherwise directed. Take care that the mark fills the circle and does not stray near other bubbles.
2. Erase **cleanly** any answer you wish to change.

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. 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 to 8	9 to 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?

- 16. People you regularly socialize with
- 17. People you regularly work with
- 18. People who live in your immediate neighborhood
- 19. People who are close friends

5% or less	10%	20%	30%	40%	50%	60%	70%	80%	90%	95% or more
<input type="radio"/>										
<input type="radio"/>										
<input type="radio"/>										
<input type="radio"/>										

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20. How many children do you have?

None	1	2	3	4	5	6 or more
<input type="radio"/>						

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Social Support

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

- 21. offer helpful advice when you needed to make important decisions?
- 22. suggest ways that you could deal with problems you were having?
- 23. provide you with aid and assistance?
- 24. help you with an important task or something that you could not do on your own?
- 25. do or say things that were kind or considerate toward you?
- 26. include you in things they were doing?
- 27. interfere or meddle in your personal matters?
- 28. question or doubt your decisions?
- 29. let you down when you needed help?
- 30. ask you for too much help?
- 31. forget or ignore you?
- 32. fail to spend enough time with you?
- 33. do things that were thoughtless or inconsiderate?
- 34. act angry or upset with you?
- 35. provide you with good company and companionship?
- 36. [In the past month] how often did you discuss personal matters or concerns with someone you know?

	Never	Seldom	Occasionally	Often	Very Often
21.	<input type="radio"/>				
22.	<input type="radio"/>				
23.	<input type="radio"/>				
24.	<input type="radio"/>				
25.	<input type="radio"/>				
26.	<input type="radio"/>				
27.	<input type="radio"/>				
28.	<input type="radio"/>				
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30.	<input type="radio"/>				
31.	<input type="radio"/>				
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33.	<input type="radio"/>				
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36.	<input type="radio"/>				

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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.

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
<input type="radio"/>				

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2. Compared to one year ago, how would you rate your health in general now?

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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?



- a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
- b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
- c. Lifting or carrying groceries
- d. Climbing several flights of stairs
- e. Climbing one flight of stairs
- f. Bending, kneeling, or stooping
- g. Walking more than a mile
- h. Walking several hundred yards
- i. Walking one hundred yards
- j. Bathing or dressing yourself

Yes, limited a lot	Yes, limited a little	No, not limited at all
<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"/>	<input type="radio"/>
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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?**

- a. **Accomplished less** than you would like
- b. Were limited in the kind of work or other activities

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>				
<input type="radio"/>				

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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)?

- a. **Accomplished less** than you would like
- b. Did work or activities **less carefully than usual**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>				
<input type="radio"/>				

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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"/>				

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7. On the scale below 0 indicates no pain and 10 represents pain as intense as you can imagine. During the **past 4 weeks**, typically how intense was your pain?

No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as intense as you can imagine.

8. 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?
- b. Did you have a lot of energy?
- c. Have you felt downhearted and depressed?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

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9. 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.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>				

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10. How TRUE or FALSE is each of the following statements for you?

- a. I seem to get sick a little easier than other people
- b. I am as healthy as anybody I know
- c. I expect my health to get worse
- d. My health is excellent

Definitely TRUE	Mostly TRUE	Don't know	Mostly FALSE	Definitely FALSE
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<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?

- 11. Trouble falling asleep
- 12. Waking up in the middle of the night and finding it hard to get back to sleep.
- 13. Waking up very early and can't get back to sleep.
- 14. How many hours do you usually sleep per night? Please mark the answer that is closest to the average number of hours you sleep

Rarely or never	Sometimes	Often	Almost every day
<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"/>

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- 3 hours or less
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours or more



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C. Your Feelings

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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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During the **past year**, how frequently did you experience each of the following emotions?

- 11. Affection
- 12. Love
- 13. Caring
- 14. Fondness

Never	About half the time	Always
<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"/>

- 15. Joy
- 16. Happiness
- 17. Contentment
- 18. Pride

Never	About half the time	Always
<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"/>

PLEASE DO NOT WRITE IN THIS AREA



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
19. 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"/>				
20. In the last 4 weeks, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>				
21. In the last 4 weeks, how often have you felt that things were going your way?	<input type="radio"/>				
22. 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"/>				

How often does each of the following apply to you?

	Almost never	Sometimes	About half the time	Most of the time	Almost always
23. I am attentive to my feelings.	<input type="radio"/>				
24. I am clear about my feelings.	<input type="radio"/>				
25. I am confused about how I feel.	<input type="radio"/>				
26. I care about what I am feeling.	<input type="radio"/>				
27. I have difficulty making sense out of my feelings.	<input type="radio"/>				
28. I have no idea how I am feeling.	<input type="radio"/>				
29. I know exactly how I am feeling.	<input type="radio"/>				
30. I pay attention to how I feel.	<input type="radio"/>				
<i>When I'm upset</i>					
31. I acknowledge my emotions.	<input type="radio"/>				
32. I know that I can find a way to eventually feel better.	<input type="radio"/>				
33. I start to feel very bad about myself.	<input type="radio"/>				
34. I take time to figure out what I'm really feeling.	<input type="radio"/>				
35. it takes me a long time to feel better.	<input type="radio"/>				
36. my emotions feel overwhelming.	<input type="radio"/>				
<i>When I'm upset, I believe that</i>					
37. I will remain that way for a long time.	<input type="radio"/>				
38. I'll end up feeling very depressed.	<input type="radio"/>				
39. my feelings are valid and important.	<input type="radio"/>				
40. there is nothing I can do to make myself feel better.	<input type="radio"/>				
41. wallowing in it is all I can do.	<input type="radio"/>				

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
	<input type="radio"/>				
42. In uncertain times, I usually expect the best.	<input type="radio"/>				
43. If something can go wrong for me, it will.	<input type="radio"/>				
44. I'm always optimistic about my future.	<input type="radio"/>				
45. I hardly ever expect things to go my way.	<input type="radio"/>				
46. I rarely count on good things happening to me.	<input type="radio"/>				
47. Overall, I expect more good things to happen to me than bad.	<input type="radio"/>				
48. I take a positive attitude toward myself.	<input type="radio"/>				
49. On the whole I am satisfied with myself.	<input type="radio"/>				

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

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

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.
 4. I have some influence on the decisions of my congregation.
 5. Church activities (meetings, committee work, etc.) are a major source of satisfaction in my life.

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

Think about your local church. How much would you agree with the following statements?

6. Members usually introduce themselves to new members.
 7. The clergy know most of the members by name.
 8. After services there is not enough time to talk with the ministers and other members.
 9. Members treat each other as family (for example, visiting the sick, celebrating anniversaries, etc.)
 10. Most members are close friends with each other.
 11. Members often do not notice the absence of other members.
 12. Activities make children feel like a part of this church.
 13. New members find it hard to be accepted by the congregation.
 14. Members have little one-to-one contact with the ministers.
 15. Members hardly see each other outside of church.

<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"/>						

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?
 17. How often do you make the people you worship with feel loved and cared for?
 18. How often do people you worship with listen to you talk about your private problems and concerns?

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



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

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	Never	Once in a while	Fairly often	Very often	Always	
19. How often do people you worship with express interest and concern in your well-being?	<input type="radio"/>	172				
20. How often do you listen to people you worship with talk about their private problems and concerns?	<input type="radio"/>	173				
21. How often do you express interest and concern in the well-being of people you worship with?	<input type="radio"/>	174				
22. How often do people you worship with make too many demands on you?	<input type="radio"/>	175				
23. How often are people you worship with critical of you and the things you do?	<input type="radio"/>	176				
24. How often do people you worship with try to take advantage of you?	<input type="radio"/>	177				

	None	A little	Some	A great deal	
25. If you were ill, how much would the people in your congregation be willing to help out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	178
26. If you had a problem or were faced with a difficult situation, how much comfort would the people in your congregation be willing to give you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	179
27. If you needed to know where to go to get help with a problem you were having, how much would the people in your congregation be willing to help out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	180

	Never	A few times a year	A few times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	More than once a day	
28. How often do you spend time in private Bible study?	<input type="radio"/>	181							
29. How often do you spend time in private prayer or meditation?	<input type="radio"/>	182							

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	
30. It is important to me to tell God about my sins or faults.	<input type="radio"/>	183							
31. When I pray, I want to share my life with God.	<input type="radio"/>	184							
32. When I feel guilty about something, it helps to tell God about it.	<input type="radio"/>	185							
33. I usually say a prayer before each meal.	<input type="radio"/>	186							
34. I always pray before I go to sleep.	<input type="radio"/>	187							

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 lie 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"/>	214				
62. Tried to make sense of the situation with God	<input type="radio"/>	215				
63. Tried to put my plans into action together with God	<input type="radio"/>	216				
64. Didn't do much, just expected God to solve my problems for me	<input type="radio"/>	217				
65. Didn't try much of anything; simply expected God to take control	<input type="radio"/>	218				
66. Didn't try to cope; only expected God to take my worries away	<input type="radio"/>	219				
67. Did my best and then turned the situation over to God	<input type="radio"/>	220				
68. Did what I could and put the rest in God's hands	<input type="radio"/>	221				
69. Took control over what I could, and gave the rest up to God	<input type="radio"/>	222				
70. Made decisions about what to do without God's help	<input type="radio"/>	223				
71. Tried to make sense of the situation without relying on God*	<input type="radio"/>	224				
72. Tried to deal with my feelings without God's help	<input type="radio"/>	225				
73. Felt punished by God for my lack of devotion*	<input type="radio"/>	226				
74. Decided that God was punishing me for my sins*	<input type="radio"/>	227				
75. Wondered what I did for God to punish me	<input type="radio"/>	228				
76. Saw my situation as part of God's plan	<input type="radio"/>	229				
77. Tried to find a lesson from God in the event*	<input type="radio"/>	230				
78. Tried to see how God might be trying to strengthen me in this situation	<input type="radio"/>	231				
79. Looked to God for strength, support and guidance*	<input type="radio"/>	232				
80. Sought God's love and care	<input type="radio"/>	233				
81. Trusted that God would be by my side	<input type="radio"/>	234				
82. Wondered whether God had abandoned me*	<input type="radio"/>	235				
83. Voiced anger that God didn't answer my prayers	<input type="radio"/>	236				
84. Questioned God's love for me	<input type="radio"/>	237				
85. Questioned whether God really exists*	<input type="radio"/>	238				
86. Thought about how my life is part of a larger spiritual force*	<input type="radio"/>	239				
87. Expressed anger at God for letting terrible things happen*	<input type="radio"/>	240				
88. Confessed my sins and asked for God's forgiveness*	<input type="radio"/>	241				

89. Did you ever have a religious or spiritual experience that changed your life and, if so, how many times?

- No
 Once
 Twice
 Three times
 Four times
 Five or more times

242

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.

90.	Saving	<input type="radio"/>	Damning	243						
91.	Rejecting	<input type="radio"/>	Accepting	244						
92.	Loving	<input type="radio"/>	Hating	245						
93.	Unforgiving	<input type="radio"/>	Forgiving	246						
94.	Approving	<input type="radio"/>	Disapproving	247						

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		
	↓		↓		↓		
95. The thought of the Second Coming makes this life's burdens bearable.	<input type="radio"/>	248					
96. I sense joy at the thought of the Second Coming.	<input type="radio"/>	249					
97. I feel happy and excited thinking about the Second Coming.	<input type="radio"/>	250					
98. My Christian life is more characterized by fear than peace.	<input type="radio"/>	251					
99. I don't want to know details about last day events, because what I know makes me spiritually uncomfortable.	<input type="radio"/>	252					
100. I keep God's 10 Commandments more from a sense of fear than love.	<input type="radio"/>	253					
101. When I think about the end-times (the times just before Christ's return) I am afraid.	<input type="radio"/>	254					
102. A sense of God's justice is more on my mind than God's mercy.	<input type="radio"/>	255					
103. On Sabbath I feel relieved from the tensions that I normally experience.	<input type="radio"/>	256					
104. I feel a calm on Sabbath that I experience less frequently on other days.	<input type="radio"/>	257					
105. I feel peace during Sabbath.	<input type="radio"/>	258					
106. I keep Sabbath because if I did not other people would disapprove of me.	<input type="radio"/>	259					
107. I keep Sabbath to avoid criticism from other people.	<input type="radio"/>	260					
108. Social pressure is a big factor in getting me to church on Sabbath.	<input type="radio"/>	261					
109. When I don't keep Sabbath, I feel guilty.	<input type="radio"/>	262					
110. I would feel ashamed if I did not keep Sabbath.	<input type="radio"/>	263					
111. It is important to have rules for Sabbath observance.	<input type="radio"/>	264					
112. Sabbath keeping helps me have a better relationship with God.	<input type="radio"/>	265					
113. Sabbath is an opportunity God gives us to come closer to him.	<input type="radio"/>	266					
114. I keep Sabbath because I love God.	<input type="radio"/>	267					

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	
115. Go shopping	<input type="radio"/>	<input type="radio"/>	268				
116. Read secular magazines	<input type="radio"/>	<input type="radio"/>	269				
117. Attend secular concerts or theatrical events	<input type="radio"/>	<input type="radio"/>	270				
118. Watch or listen to news programs	<input type="radio"/>	<input type="radio"/>	271				

	Many times a day	Every day	Most days	Some days	Once in a while	Never/almost never	
119. During worship, or at other times when connecting with God, I feel joy which lifts me out of my daily concerns	<input type="radio"/>	272					
120. I feel God's presence.	<input type="radio"/>	273					

PLEASE DO NOT WRITE IN THIS AREA



E. Relationships

1. 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

2. 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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275

Think about your **current or most recent spouse or partner**. *If you have no current or most recent spouse or partner skip to section F on the next page.*

3. How much does (or did) your spouse or partner really care about you?
 4. How much does (or did) he or she understand the way you feel about things?
 5. How much does (or did) he or she appreciate you?
 6. How much can (or could) you rely on your spouse or partner for help if you have or had a serious problem?
 7. How much can (or could) you open up to him or her if you need or needed to talk about your worries?
 8. How much can (or could) you relax and be yourself around him or her?

	Not at all	A little	Some	A lot
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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9. How often does (or did) your spouse or partner make too many demands on you?
 10. How often does (or did) he or she make you feel tense?
 11. How often does (or did) he or she argue with you?
 12. How often does (or did) he or she criticize you?
 13. How often does (or did) he or she let you down when you are counting on him or her?
 14. How often does (or did) he or she get on your nerves?

	Never	Sometimes	Fairly Often	Often
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

288

16. Are you still in this relationship? No Yes

289

17. If you answered no to question 16, how many years ago did this relationship end?

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

290

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

Did a parent or other adult in your household...

18. hit you so hard that you had marks or were injured?
 19. act in a way that made you fear that you might be physically hurt?

	Seldom or Never	Once in awhile	Occasionally	Often	Very Often
18.	<input type="radio"/>				
19.	<input type="radio"/>				

291

292

Was your mother or stepmother ever...

20. pushed, grabbed, slapped, or had something thrown at her?
 21. kicked, bitten, hit with a fist, or hit with something hard?
 22. repeatedly hit over at least a few minutes?
 23. threatened with, or hurt by, a knife or gun?

293

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F. Stress

The questions below ask about many different types of stressful or difficult life events. These kinds of events can be frightening or upsetting to almost everyone. If the event never happened to you, mark **Never happened**. If the event happened to you, place a mark in **each** time period it happened.



If it happened, when did it happen?

(Mark all that apply)

	Never happened	When I was <i>this</i> age:				
		Younger than 8	8 to 18	Older than 18 but <i>not</i> in the last 3 years	2 to 3 years ago	In the last year
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"/>
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"/>
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"/>
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"/>
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"/>
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</i> you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
13. Have you ever been homeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Did a household member go to prison?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Was a household member depressed or mentally ill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Did a household member attempt or commit suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Parents got divorced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Not including paid work, have you been primarily responsible for giving direct care for a mentally or physically ill person for more than six months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are currently a caregiver as described in question 20, please describe your caregiving experience during the last several months. If you are not currently a caregiver, mark this bubble and go to question 24.

21. Not at all straining 0 1 2 3 4 5 6 7 8 9 10 Much too straining
22. Not at all hard 0 1 2 3 4 5 6 7 8 9 10 Much too hard
23. Not at all burdensome 0 1 2 3 4 5 6 7 8 9 10 Much too burdensome

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PLEASE DO NOT WRITE IN THIS AREA



44. At any time during the last ten years, have you been unemployed and looking for work for as long as a month?

- Yes No

341

45. Since your first full-time job have you ever been unemployed and looking for work for as long as two weeks?

- Yes No Never employed full-time

342

46. About how many different times have you been unemployed and looking for work for as long as two weeks?

- 1 2 3 4 5 6 to 9 times 10 or more times

343

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:

47. At any time in our life, have you ever been unfairly fired from a job or unfairly denied a promotion?

Table with 3 columns: How many times has this happened during your lifetime? (Never, 1, 2, 3, 4, 5+), If this happened, when was the last time it happened? (Past Year, More than a year ago), If this happened what do you think was the main reason for this experience? (Gender, Race, Age, Religion, Other). Rows 47-52.

344

48. For unfair reasons, have you ever not been hired for a job?

345

49. Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?

346

50. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?

347

51. Have you ever been unfairly prevented from moving into a neighborhood because the land-lord or realtor refused to sell or rent you a house or apartment?

348

52. Have you ever been unfairly denied a bank loan?

349

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

53. You are treated with less courtesy or respect than other people.

Table with 6 columns: Almost every day, At least once a week, A few times a month, A few times a year, Less than once a year, Never. Rows 53-57.

350

54. You receive poorer service than other people at restaurants or stores.

351

55. People act as if they think you are not smart.

352

56. People act as if they are afraid of you.

353

57. You are threatened or harassed.

354

58. 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

355

PLEASE DO NOT WRITE IN THIS AREA



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

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

	Definitely false	Tends to be false	Tends to be true	Definitely true	For office use only
59.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	956
60.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	957
61.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	958
62.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	959
63.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	960
64.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	961
65.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	962
66.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	963
67.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	964

G. Your Medical History

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

- 1. headaches?
- 2. a cold, chill, or sore throat that lasted 2 or 3 days?
- 3. indigestion, heartburn, or upset stomach?
- 4. constipation or diarrhea?
- 5. sudden feelings of weakness or faintness?
- 6. back pain?
- 7. shortness of breath?
- 8. incontinence (trouble controlling urine or bowels)?
- 9. muscle aches or soreness?
- 10. palpitation (rapid or hard heart beat)?

	Never	Once	2 to 3 times	4 to 5 times	More than 5 times	For office use only
1.	<input type="radio"/>	965				
2.	<input type="radio"/>	966				
3.	<input type="radio"/>	967				
4.	<input type="radio"/>	968				
5.	<input type="radio"/>	969				
6.	<input type="radio"/>	970				
7.	<input type="radio"/>	971				
8.	<input type="radio"/>	972				
9.	<input type="radio"/>	973				
10.	<input type="radio"/>	974				
	Never	1-2	3-4	5-6	7+	
11. During the <i>past 12 months</i> , how many times have you visited a doctor?	<input type="radio"/>	975				
12. During the <i>past 12 months</i> , how many times have you had upper respiratory infection (cold, sore throat, sinusitis), aside from the flu?	<input type="radio"/>	976				

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

14. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Yes No Don't Know/Not Sure

15. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

Yes No Don't Know/Not Sure

16. Do you have at least one person you think of as your personal doctor or health care provider?

Yes, only one More than one No Don't Know/Not Sure

17. Overall, how would you rate the quality of health care you received in the last 12 months?

Excellent Very good Good Fair Poor Don't Know



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 by a physician	Treated in the last 12 months
18. Diabetes mellitus (type II adult onset)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
19. Stroke lasting at least 24 hours	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
20. Small Stroke (TIA) lasting less than 24 hours	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
21. Angina Pectoris	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
22. Degenerative (osteo) arthritis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
23. Degenerative Disk	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
24. Sciatica/arthritis of the back	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
25. Asthma	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
26. Irritable bowel (Colon)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
27. Dermatitis, eczema	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
28. Fibromyalgia	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
29. High Blood Pressure	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
30. Sleep Apnea	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
31. Hypothyroidism	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
32. Hyperthyroidism	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
33. Depression	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No



	Ever been diagnosed by a physician	Treated in the last 12 months
34. Heart attack, clot-busting medicine, balloon or stent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
35. Persistent hepatitis B or C	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
36. Severe chronic liver disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
37. Severe chronic kidney disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
38. Severe lung disease (COPD, emphysema, etc.)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
39. Post-traumatic stress disorder	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
40. Diabetic nerve or eye damage	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
41. Rheumatoid arthritis or Lupus	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
42. Multiple sclerosis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
43. HIV	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
44. AIDS	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
45. Hemiplegia (paralysis of one side of the body)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
46. Parkinson's disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
47. Significant memory loss diagnosed by a physician	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

48. During the last five years, have you had carotid artery surgery? Yes No
49. 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 of the last five years and, if so, how often you took them.

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

I never used these medicines, or only used them for less than 2 of the last 5 years.

I used these medicines for at least two years during the last 5 years and the usual frequency 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"/>

PLEASE DO NOT WRITE IN THIS AREA



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

I never used these medicines, or only used them for less than 2 of the last 5 years.

I used these medicines for at least two years during the last 5 years and the usual frequency was:

Less than once per week

1-3 times per week

Once each day

Several each day

52. Medicines (often called NSAIDs) that help manage inflammation or arthritis, such as Aleve, Anaprox, Celebrex, Arthrotec, Clinoril, Dolobid, Naproxen, Indocin, Mobic, Motrin, Advil, Ibuprofen, Nalfon, Neoprofen, Voltaren, and others. **DO NOT** include acetaminophen (Tylenol) or steroids (such as prednisone).

I never used these medicines, or only used them for less than 2 of the last 5 years.

I used these medicines for at least two years during the last 5 years and the usual frequency was:

Less than once per week

1-3 times per week

Once each day

Several each day

53. Are you **presently** using any prescription medications to treat pain? These are medicines like Demerol, Vicodin, hydrocodone, oxycodone, Percodan, Rox, fentanyl, morphine, codeine, and so on.

I don't presently use these medications to control pain.

If you presently use these medicines to control pain, how frequently do you use them?

Less than once per week

1-3 times per week

Once each day

Several each day

Exercise

54. Do you have a regular exercise program.

No (If no, skip to question 56) Yes

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

Very light Hard
 Fairly light Very hard
 Somewhat hard Very, very hard

56. 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 4 times per week
 Less than once per week 5 times per week
 1 time per week 6 or more times per week
 2 times per week
 3 times per week

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

None 31–40 minutes
 10 minutes or less 41–50 minutes
 11–20 minutes 51–60 minutes
 21–30 minutes more than 1 hour

58. 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 62)

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

Less than once/week 4 times per week
 1 time per week 5 times per week
 2 times per week 6 times per week
 3 times per week

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

1/4 mile or less 2 miles
 1/2 mile 3 miles
 1 mile 4 or more miles
 1 1/2 mile

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

10 minutes or less 41–50 minutes
 11–20 minutes 51–60 minutes
 21–30 minutes More than 1 hour
 31–40 minutes

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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.

	Never or rarely	1-3 times per month	times per week			times per day		
			1	2-4	5-6	1	2-3	4+
62. Red meats (steak, hamburgers, sausage, organ meats, etc.)?	<input type="radio"/>							
63. Turkey or chicken?	<input type="radio"/>							
64. Fish?	<input type="radio"/>							
65. Fruits of any kind? Include frozen, canned or dried fruits, as well as raw or cooked fruits when they are in season.	<input type="radio"/>							
66. Vegetarian protein foods of any type (Worthington, Loma Linda, Cedar Lake, etc.?) Include canned and frozen.	<input type="radio"/>							
67. Soy milk?	<input type="radio"/>							
68. Broccoli, cabbage, brussel sprouts, kale, collards, mustard green, poke salad, rucola?	<input type="radio"/>							
69. Other leafy green vegetables (lettuce salads, cooked or raw spinach etc.?)	<input type="radio"/>							
70. Nuts?	<input type="radio"/>							
71. Butter on bread?	<input type="radio"/>							
72. Soft margarine on bread?	<input type="radio"/>							
73. Beans (include red, pinto, broad beans, lentils, chick peas, gungo peas, bean or lentil soup, refried beans, etc.)?	<input type="radio"/>							
74. Dairy-based cheeses?	<input type="radio"/>							
75. Caffeinated beverages (coffee, Coke, tea, Mt. Dew, etc.)?	<input type="radio"/>							
76. Sweets (e.g., candy, pie, cake, cookies, ice cream)?	<input type="radio"/>							
77. Salted snack chips (e.g., potato chips, corn chips, Cheetos)?	<input type="radio"/>							
78. Pizza or pasta (e.g., spaghetti, lasagna, macaroni & cheese)?	<input type="radio"/>							

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79. What is your gender? Female Male

80. What is your ethnicity?

Asian Black Hispanic Non-Hispanic White Other (Please Specify) _____

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81. 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

82. 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

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Thank you!

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PLEASE DO NOT WRITE IN THIS AREA

