The Woodlawn Mothers Health and Social Survey

Table of Contents

Key Interviewer Instructions	i
Non-Interview Report (NIR)	i
Advance Letter	V
Consent Form	vii
Life History Calendar	1
Work and Economic Social Field	5
Living Arrangements	12
Current Household Roster	18
Education	20
Family Life Events	21
Serious Relationships	24
Affection (Feeling of Warmth/Hostility)	26
Relationship with Adult Child	27
Individual Support Systems	48
Friendships	56
Clubs and Organizations	60
Religious/Church Participation	62
Political Participation	64
Residential Area	65
Psychological Health	70
Physical Health	75
Sleep Patterns	82
Menopause	83
Substance Use	84
Alcohol Consumption	84
Cigarette Smoking	85
Health Coverage	87
Income	88
Contact Questions	89
Useful Telephone Numbers	97
Interviewer's Observations	99
Credits	103
Case Edit Checklist	105

ADVANCE LETTER

INTERVIEWER:

IF RESPONDENT REQUESTS COPY OF ADVANCE LETTER OR COPY OF CONSENT FORM, TEAR THIS PAGE OUT OF QUESTIONNAIRE.

April, 1997

Dear Respondents in the Woodlawn Mothers Health and Social Survey:

In 1966-67, the Woodlawn Mental Health Center, the Public and Catholic schools, and the Woodlawn Community Mental Health Center Board sponsored a first grade program in the Woodlawn schools. Your child as a first grader participated in that program, which was designed to help children get a good start. As the child's mother, you were interviewed in 1967 and you may have participated in an interview again in 1975-76. In 1992, many of the young people were contacted and interviewed. We would now like to interview you again.

This service and research project has been important in the design of programs for young people and in learning more about how people's lives change over the years. Because this project follows the same persons over time, it is especially important that you participate. We cannot substitute anyone else.

The interview will take about an hour and a half, during which time you will be asked about your family, employment, neighborhood, how you feel, your children and your grandchildren. You will receive \$20 for participating. We will interview you in your home or at any other location that is convenient for you.

The answers you provide will be kept absolutely confidential. Your name and other identifying information will be kept separate from your answers. The study directors and the National Opinion Research Center will keep the answers you provide confidential, using them only for statistical or research purposes.

The National Opinion Research Center (NORC), University of Chicago, will conduct the interviews. The National Institutes of Health is supporting the project. It is being conducted by the Johns Hopkins University in Baltimore, Maryland. Dr. Margaret Ensminger (410) 955-2308 and Mrs. Jeannette Branch (708) 481-4435 continue to direct the project.

An interviewer from NORC will be contacting you by telephone in the next few weeks. Your participation is voluntary. We hope you will continue to participate. To help us get in touch with you, please fill out the enclosed form and mail it back to us in the envelope provided.

If you have questions regarding this study, call NORC toll free at 1 (800) 981-3153. Please be a part of the continuation of the Woodlawn Mother's Health and Social Survey.

Sincerely,

Dr. Margaret Ensminger Project Director

COPY OF CONSENT FORM FOR RESPONDENT

In 1966-67, The Woodlawn Mental Health Center, the Public and Catholic schools, and the Woodlawn Community Mental Health Center Board sponsored a first grade program in the Woodlawn schools. As a first grader, your child was part of that program which was designed to help children get a good start and to follow their progress.

In 1975-76 many of the young people and mothers who had been part of the first grade program were interviewed. Another interview for the young people was conducted in 1992.

The results from the early part of the Woodlawn Project have already been important for designing school programs to help other young people. Your continued participation will contribute to improving such programs and to developing new projects to improve the lives of those who live through difficult times.

The interview will take about 90 minutes. You will be asked about your family, employment, neighborhood, your physical and mental health, your alcohol and substance use, and a variety of experiences including what has happened to you, your children and your grandchildren in the last few years. You will receive \$20 for participating.

As we have done in the past, every effort will be taken to safeguard the confidentiality of the answers that you give and your privacy. This includes: any reports will concern only the group as a whole, so that no one's answers could ever be identified; your answers will be separated from your name and other identifying information; and all information is kept in locked files, and only the study director and those authorized by her have access to these files; your answers will be coded and kept on the computer, but your name will not be included here.

The protection of confidentiality does not include child abuse. The state and local laws require that we report any suspected cases of child abuse that we may observe or learn about during our contact with you.

This study is supported by the National Institute of Mental Health and is being conducted by the Johns Hopkins University in Baltimore in cooperation with the National Opinion Research Center, Chicago, Illinois. Dr. Margaret Ensminger (410-955-2308) and Mrs. Jeannette Branch (708-481-4435) were both involved with the project earlier and continue to direct it. The interviews are being conducted by the National Opinion Research Center (800-981-3135).

Your participation in the study is voluntary. You may stop at any time and you may skip questions you choose not to answer. If you agree to participate, please sign this form.

Respondent Signature		
Respondent Name	Case ID	
Interviewer Signature	Date	



CONSENT FORM

INTERVIEWER:

READ THE FOLLOWING TO RESPONDENT. ASK RESPONDENT TO SIGN BELOW. FILL IN CASE ID AND DATE. SIGN THE FORM TO INDICATE THAT YOU HAVE READ THE FORM TO RESPONDENT.

In 1966-67, The Woodlawn Mental Health Center, the Public and Catholic schools, and the Woodlawn Community Mental Health Center Board sponsored a first grade program in the Woodlawn schools. As a first grader, your child was part of that program which was designed to help children get a good start and to follow their progress.

In 1975-76 many of the young people and mothers who had been part of the first grade program were interviewed. Another interview for the young people was conducted in 1992.

The results from the early part of the Woodlawn Project have already been important for designing school programs to help other young people. Your continued participation will contribute to improving such programs and to developing new projects to improve the lives of those who live through difficult times.

The interview will take about 90 minutes. You will be asked about your family, employment, neighborhood, your physical and mental health, your alcohol and substance use, and a variety of experiences including what has happened to you, your children and your grandchildren in the last few years. You will receive \$20 for participating.

As we have done in the past, every effort will be taken to safeguard the confidentiality of the answers that you give and your privacy. This includes: any reports will concern only the group as a whole, so that no one's answers could ever be identified; your answers will be separated from your name and other identifying information; and all information is kept in locked files, and only the study director and those authorized by her have access to these files; your answers will be coded and kept on the computer, but your name will not be included here.

The protection of confidentiality does not include child abuse. The state and local laws require that we report any suspected cases of child abuse that we may observe or learn about during our contact with you.

This study is supported by the National Institute of Mental Health and is being conducted by the Johns Hopkins University in Baltimore in cooperation with the National Opinion Research Center, Chicago, Illinois. Dr. Margaret Ensminger (410-955-2308) and Mrs. Jeannette Branch (708-481-4435) were both involved with the project earlier and continue to direct it. The interviews are being conducted by the National Opinion Research Center (800-981-3135).

Your participation in the study is voluntary. You may stop at any time and you may skip questions you choose not to answer. If you agree to participate, please sign this form.

Respondent Signature	
Respondent Name	Case ID
Interviewer Signature	Date

IMPOR- TANT	1770]	MAR	RIA	GE		RI	ESID	ENC	E	LI	VE NE?		ME- ESS	JC	B?		EL- RE?	YR
EVENTS	YR	M	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	
→	1967	M	L	S	D	w	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	·Y	N	1967
	1968	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1968
	1969	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1969
	1970	M	L	S	Đ	W	N	Wo	С	8	0	YES	NO	Y	N	YES	NO	Y	N	1970
	1971	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1971
	1972	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1972
	1973	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1973
	1974	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1974
	1975	M	ı.	8	D	W	N	Wo	с	5	0	YES	NO	Y	N	YES	NO	Υ	N	1975
→	1976	M	L	S	D	W	N	Wo	C	S	0	YES	NO	Y	N	YES	NO	Y	N	1976
	1977	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1977
	1978	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1978
	1979	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1979
	1980	М	L	S	D	W	N	Wo	С	s	O	YES	No	¥	N	YES	NO	Y	N	1980
	1981	M	L	S	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1981
	1982	M	L	s	D	W	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1982
	1983	M	L	S	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1983
	1984	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1984
	1985	М	L	\$	Đ	w	N	Wa	¢	\$	0	YES	NO	Y	N	YES	NO	Y	N	1985
	1986	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1986
	1987	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1987
	1988	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1988
	1989	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1989
	1990	М	L	S	D	W	N	We	С	S	0	YES	NO	γ	N	YES	NO	Y	N	1990
	1991	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1991
	1992	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1992
	1993	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1993
	1994	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1994
	1995	М	L	S	Đ	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Υ	N	1995
	1996	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1996
	1997	M	L	S	D	W	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1997
IMPOR- TANT EVENTS	YR		M	IARI	RIAG	E	_	RE	SIDE	NCE	1	LIV ALO		HON		JOI	3?	WEL	FARE	YR

(THERE IS AN EXTRA CALENDAR AT END OF QUESTIONNAIRE)

LIFE HISTORY CALENDAR

0	TIME:	 a.m./p.m
		 w.xxx., p.111

Throughout the interview we will be asking you about your relationship with your children. The focus of much of this interview will be on (**FOCAL CHILD**), who was in first grade in 1966-67. There will be specific questions about (him/her). At other times, there will be questions about all your children, in general.

It has been a long time since we last interviewed you. Thinking back to 1967 when (FOCAL CHILD) was in first grade, we'd like to ask you about what has been happening in your life since that time. To make it easier for you to remember what year certain events occurred, could you tell me about some important events that have occurred in your life since 1967? (RECORD A FEW IMPORTANT EVENTS TO LEFT OF YEAR ON CALENDAR)

(IF RESPONDENT HAS DIFFICULTY, SUGGEST: DATE OF MARRIAGE, CHILD'S MARRIAGE, BIRTH OF A CHILD OR GRANDCHILD, DEATH OF FAMILY MEMBER, AND SO ON.)

1. In 1967, were you married or living as married, separated, divorced, widowed, or not married?

CIRCLE ANSWER ON FIRST ROW OF CALENDAR, USING THESE CODES:

- M MARRIED
- L LIVING AS MARRIED
- S SEPARATED
- D DIVORCED
- W WIDOWED
- N NOT MARRIED
- 2. INTERVIEWER CHECK POINT: REVIEW FACE SHEET (INSIDE FRONT COVER OF QUESTIONNAIRE). IF MARITAL STATUS FROM 1967 IS AVAILABLE: HAS R GIVEN THE EXACT SAME ANSWER?

A. In 1967 you told us you were (ANSWER FROM FACE SHEET). Thinking back, which answer do you think was more accurate? (CORRECT CALENDAR ENTRY AND CONTINUE)

3.	Have there been any times since 1967 that you married or lived as married, separated, divorced, or were widowed, that is, that your marital status changed?
	Yes
Let's s	tart with the first change in your marital status since 1967.
4.	Was that (first/next) change, that you were married or living as married, separated, divorced, or widowed? What year was that? FOR YEAR GIVEN, CIRCLE M, S, D, OR W ON CALENDAR.
5.	Was there another time that your marital status changed? (ASK UNTIL R SAYS "NO")
	Yes
6.	Just to confirm that we have it correct, are you currently married, separated, divorced, widowed,
	living as married, or have you never been married?
	Married1Separated2Divorced3Widowed4Living as married5Never been married6
7.	INTERVIEWER CHECK POINT: REVIEW FACE SHEET (INSIDE FRONT COVER OF QUESTIONNAIRE). IF MARITAL STATUS FROM 1976 IS AVAILABLE: HAS R GIVEN THE EXACT SAME ANSWER FOR 1976?
	YES
	A. In 1976 you told us you were (ANSWER FROM FACE SHEET). Thinking back, which answer do you think was more accurate? (CORRECT CALENDAR ENTRY AND CONTINUE)

8.	Have there be	een any times since 1967 that you moved?	
		Yes	SKIP TO Q.11)
Let's	start with the fi	irst move.	
9.		t/next) move (within/to) Woodlawn, within Chicago but rbs, or outside Chicago? What year was that?	outside Woodlawn, to the
	CIRCLE Wo	, C, S, OR O ON CALENDAR FOR YEAR GIVEN	
	Wo C S O	MOVED WITHIN WOODLAWN MOVED WITHIN CHICAGO, OUTSIDE WOODLA MOVED TO CHICAGO SUBURBS MOVED OUTSIDE CHICAGO	WN
10.	Was there and	other time that you moved? (ASK UNTIL R SAYS "NO	")
		Yes	ASK Q. 9)
11,	Have there be	een any times since 1967 that you were living by yourse	lf?
		Yes	RECORD ON CALENDAR THEN SKIP TO Q.13)
12.	What years w	vere you living alone?	
		VE ALONE "YES" AND DRAW LINE FOR EVERY ' E THROUGH "NO" FOR EVERY YEAR NOT LIVI	
13.	Have there b	been any times since 1967 that you were homeless, that to stay?	is, that you did not have a
			(RECORD ON CALENDAR THEN SKIP TO Q.15)
14.	What years v	vere you homeless?	
		OMELESS "Y" AND DRAW LINE FOR EVERY YEA OUGH "N" FOR EVERY YEAR NOT HOMELESS.	R HOMELESS. DRAW

15.	Have there been any times since 1967 that you were employed?
	Yes
	IF NEVER EMPLOYED CIRCLE JOB "NO" AND DRAW LINE THROUGH "NO" FOR EVERY YEAR, THEN SKIP TO Q.17.
16.	What years were you employed?
	CIRCLE JOB "YES" AND DRAW LINE FOR EVERY YEAR EMPLOYED. DRAW LINE THROUGH "NO" FOR EVERY YEAR NOT EMPLOYED.
17.	Have there been any times since 1967 that you received public assistance such as AFDC or general assistance?
	Yes
	IF NEVER ON WELFARE CIRCLE WELFARE "N" AND DRAW LINE THROUGH "N' FOR EVERY YEAR, THEN SKIP TO Q.19.
18.	What years did you receive public assistance?
	CIRCLE WELFARE "Y" AND DRAW A LINE FOR EVERY YEAR ON WELFARE. DRAW LINE THROUGH "N" FOR EVERY YEAR NOT ON WELFARE.

WORK AND ECONOMIC SOCIAL FIELD

TIME:	a.m./p.m.

Last	week were you working full time, part time, going to school, keeping house, or what?
CIR FOR	CLE ALL THAT APPLY. IF MORE THAN ONE ANSWER, FOLLOW THE SKI THE SMALLEST NUMBER CIRCLED.
Work	king full time
	king part time
With	a job, but not at work because of temporary ness, vacation, strike
Unen	aployed, laid off, looking for work
	ed
	nool
	ing house
	led
ОТН	ER (SPECIFY)
	ER (SPECIFY:) 9 (ASK A)
71.	Have you ever been employed for a period of at least 6 months?
	Yes
B.	What kind of work (do/did) you normally do? (PROBE FOR JOB TITLE)
	OCCUPATION:
C.	What kind of business or industry (is/was) that—what (do/did) they do or make, where you (work/worked)?
	INDUSTRY:
	CIR FOR World With ill Unen Retired In school Keep Disab

	20.	INTERVIEWER CHECKPOINT: IS R CURRENTLY EMPLOYED?
		YES
21.	Why	did you stop working at this job? CIRCLE ALL THAT APPLY.
		RETIRED 1 FIRED 2 WENT BACK TO SCHOOL 3 QUIT, DIDN'T LIKE IT 4 TOOK BETTER JOB 5 JOB ENDED 6 GOT IN A FIGHT, ARGUMENT 7 BECAUSE OF ALCOHOL 8 BECAUSE OF DRUGS 9 FOR HEALTH REASONS 10 FAMILY REASONS (MOVED, CHILD CARE) 11 LAYOFF 12 OTHER (SPECIFY 13 R DID NOT SELECT ANY OF THE ABOVE 14
22.	Wou	ld you like a regular job now?
		Yes 1 (SKIP TO Q.25) No 2 (SKIP TO Q.25)

ASK ONLY IF R HAS A JOB NOW:

23.	Using a scale where 1 means "Not so well" and 6 means "Very well," choose the number on this scale which best describes how you are doing in your work.
	— · · ·

HAND CA	RD #1				
Not So Well	100				Very Well
1	2	3	4	5	6

24. Using a scale where 1 means "Not at all" and 6 means "Very Much," tell me if your job provides you with the following . . . (READ A - I)

HAND CARD #2

		Not at all					Very Much
Α.	a feeling you are accomplishing something?	1	2	3	4	5	6
В.	independence?	1	2	3	4	5	6
C.	security?	1	2	3	4	5	6
D.	interesting things to do?	1	2	3	4	5	6
E.	satisfactory income?	1	2	3	4	5	6
F.	opportunities for advancement?	1	2	3	4	5	6
G.	good benefits such as health insurance, sick pay, or vacations?	1	2	3	4	5	6.
H.	nice co-workers?	1	2	3	4	5	6
I.	opportunities for on-the-job training?	1	2	3	4	5	6.

	ASK E	VERY	ONE:					
25.	Within	the las	t five years, h	ow many place	s have you v	worked?_		
26.	_		where 1 mean	_	rtant" and 6	means "V	ery Important," how in	mportant
Not So	Impor	tant	2	3	4	5	Very Important 6	
27.	Do you	consid	ler yourself to	be retired?				
							1 (ASK A) 2 (SKIP TO Q.30)	
	A.	When	did you retire	?				
			YEAR 19_	OR A	GE			
	В.	Why d	id you retire?	CIRCLE ALI	THAT AP	PLY.		
			HEALTH RICUTBACKS DIDN'T LIK FAMILY RE OTHER (SP)	NT AGE EASONS EASONS ECIFY:		· · · · · · · · · · · · · · · · · · ·	2 3 4 5 6	
28.	Using a being r			"Not so happy	" and 6 mean	ns "Very	Happy," how do you fo	eel about

Not So Happy

29.

1

2

3

If given the choice, would you return to work?

5

Very Happy

6

ASK EVERYONE:

30.	During the last five years, has the financial situation of you remained about the same, or has it been getting better?	ır household	been getting	worse,
	Worse	2		~
31.	Do you currently have (READ LIST)			
	A. A personal checking account? B. An individual retirement account? C. A pension plan?	2	No 2 4 6	
	D. A car or truck? E. A credit card or charge account? F. A car loan or mortgage?	2	2 4 6	
32.	G. Savings?		2 u live in?	
	\$ PER MONTH			
	MORTGAGE PAID OFF NOT APPLICABLE REFUSED DON'T KNOW	6		
33.	In the past twelve months have you had difficulty paying your r	ent or mortga	ige?	
	Yes	1 (ASK A)	2020	
	A. Were you evicted?			
	Yes	1 2		

34.	In the past twelve months have you had difficulty paying your gas or electric bill?		
		Yes	(SKIP TO Q.35)
	A.	Was your service cut off?	
٠		Yes	
35.	In the	past twelve months have you had difficulty paying your telep	hone bill?
		Yes	(SKIP TO Q.36) (SKIP TO Q.36)
	A.	Was your service cut off?	
		Yes	
36.	In the	past twelve months have you had difficulty paying your heat	ing bill?
		Yes	(SKIP TO Q.37)
	A.	Was your service cut off?	
		Yes	

37.	Ha	ve you done any o	f the following	in the past 12	months?			
	A.	Pawned a person	al item to raise	e cash?	Yes 1	No 2		
	В.	Sold something y needed the mone	you owned bec	ause you	3	4		
	C.	Put off medical of the cost?	or dental treatm	nent because	5	6		
	D.	Traded for goods	or services?	• • • • • • • • • •		2		
	E.	Had something re	epossessed? .	• • 🕸 • • • • • •	3	4		
	F.	Didn't buy medic of the cost?	ation you need	led because	5	6		
38.	Usi imp	Using a scale where 1 means "Not so important" and 6 means "Very Important," how important to you is having financial security and a good standard of living?						
Not S		portant 2	3	4	5	Very Important 6		
39.	Usi: this	ng a scale where 1 scale which best d	means "Not so escribes how y	well" and 6 m ou are doing f	eans "Very well, inancially.	" choose the number on		
Not	So V					Very Well		
	1	2	3	4	5	6		

LIVING ARRANGEMENTS

40.	How many children have you had, including (FOCAL CHILD)? only.	Please count live births
	CHILDREN	
	talk about the people who were living in your household in 1976. seen 15 or 16 at that time.	(FOCAL CHILD) would
41.	Was (FOCAL CHILD) living with you then?	
	Yes	NAME ON LINE NUMBER $1 ==>$
	No	IN COLUMN A OF ROSTER,)
ASK	ONLY IF "NO" TO Q.41:	
	A. Is (FOCAL CHILD) still living?	
	Yes	2

Who (else) lived with you then? (ASK C-D FOR FOCAL CHILD AND B-D FOR OTHERS) 42. PROBE: Who else? (REPEAT PROBE UNTIL R SAYS NO ONE ELSE)



	A. What was each person's first name?	B. What was (NAME)'s relationship to you?	living v	C. Are you still living with (NAME)? IF NO ASK D		E) still IF NO	E. What year did (NAME) die?
1			Yes	No	Yes	No	
2			Yes	No	Yes	No	
3			Yes	No	Yes	No	
4			Yes	No	Yes	No	
5			Yes	No	Yes	No	
6			Yes	No	Yes	No	
7			Yes	No	Yes	No	
8			Yes	No	Yes	No	
9			Yes	No	Yes	No	
43.	(Other than any chil had other children?	dren you were living with Yes		and who	we've alı	eady liste	1
	A. What was each	Yes	• • • • •	1 (AMF)	(SKIP TO	O Q.44)	

	A. What was each child's first name?	B. When was (NAME) born?	C. Is (I still livi		IF NO TO C: D. What year did (NAME) die?
10			Yes	No	
11			Yes	No	
12			Yes	No	
13			Yes	No	
14			Yes	No	
15			Yes	No	
16			Yes	No	
17			Yes	No	

	44. INTERVIEWER CHECKPOINT: DID FOCAL CHILD DIE?
	YES
45.	IF NOT ALREADY KNOWN: When did (FOCAL CHILD) die?
	YEAR: 19 OR YEARS OLD
46.	In what city and state did (FOCAL CHILD) die?
	CITY:
	STATE:
47.	What was the cause of death?
	WRITE RESPONDENT'S WORDS VERBATIM:

ASK EVERYONE:

48.	Thinking about (FOCAL CHILD), when did (he/she) leave home for the first time?
	YEAR: 19 OR YEARS OLD
	NEVER LEFT HOME
	A. Why did (he/she) leave for the first time?
	CIRCLE ALL THAT APPLY
	SCHOOL/ COLLEGE 1 TO LIVE ALONE 2 MOVED IN WITH A BOYFRIEND/GIRLFRIEND OR SPOUSE 3 MOVED IN WITH FRIENDS 4 MOVED IN WITH OTHER RELATIVES 5 MOVED IN WITH A FOSTER FAMILY 6 IN JAIL OR PRISON 7 N= 6 MENTAL INSTITUTION 8 IN THE MILITARY 9 GOT A JOB 10 OTHER (SPECIFY
	R DID NOT SELECT ANY OF THE ABOVE 12
49.	Have you ever rejoined households with any of your children?
	Yes
50.	Was that ever with (FOCAL CHILD)?
	Yes

A. Why? CIRCLE ALL THAT APPLY

DIFFICULT ECONOMIC SITUATION FOR FOCAL CHILD
DIFFICULT ECONOMIC SITUATION FOR YOU
HEALTH PROBLEM FOR FOCAL CHILD
HEALTH PROBLEM FOR YOU
CHILD REARING OR CHILD CARE
TO SHARE RESOURCES (ECONOMIC, LABOR) 6
CHANGE IN FAMILY SITUATION (DIVORCE, NEW BABY, AND SO ON) 7
COMPANIONSHIP 8
DISCHARGED FROM THE SERVICE
LEFT OR FINISHED SCHOOL 10
TO COMPLETE SCHOOL
DIFFICULT LIFE, TIRED LIVING ON THE STREET,
VIOLENCE OR DRUGS
RELEASED FROM JAIL
MOVED BACK TO CHICAGO
OTHER (SPECIFY) . 15
R DID NOT SELECT ANY OF THE ABOVE

THIS PAGE INTENTIONALLY BLANK

CURRENT HOUSEHOLD ROSTER

CU	KKE	NI HOUSEHOED	KODILK								
51.	Let's turn to the people currently living in your household. What is the first name of everyone usually living in this household now, not including yourself? Please tell me the names of the people who usually live in this household. (LIST ON ROWS A-L BELOW)										
	F	R LIVES ALONE 0 (SKIP TO Q. 61)									
52.	ι	Have we forgotten a sually live here, bun a hospital, and so	nyone: such as babies t are away temporarily on?	or small children; 1 y on trips, vacatio	roomers; people wins, at school, temp	ho porarily					
		Yes		(LIST ADDITION (ASK Q. 53)	IAL PERSONS BI	ELOW)					
R	ow	First Name	53 What is (NAME)'s relationship to	54 CODE SEX. IF NOT OBVIOUS,	55 How old was (NAME) on (his/her) last	56 How long you been li with (NAM					

Row	First Name	53 What is (NAME)'s relationship to you? USE CODES BELOW	CODE SE NOT OB' ASK: W (NAME)' male or fe	EX. IF VIOUS, hat is sex,	55 How old was (NAME) on (his/her) last birthday?	56 How long have you been living with (NAME)? ANSWER IN YEARS.
		YOUR	SE	X	AGE	TOGETHER
A			М	F		
В	100	7.00	M	P		3.0
С			М	F		
D	B = 1	2.2	M	P		
E			M	F		
F	100	100	М	F		
G			M	F		
н			M	F	3.2.2.2.5	
I			M	F		
J			M	F		
K			M	F		
L	1.00	14.00	M	F		

RELA	TIONSHIP CODES	28 30	SON STEP SON	11 12	GRANDMOTHER GRANDFATHER	35 36	COUSIN (FEMALE) COUSIN (MALE)
23	WIFE	32	FOSTER SON	13	AUNT	37	NIECE
24	HUSBAND	34	ADOPTED SON	14	UNCLE	38	NEPHEW
25	FEMALE PARTNER	51	GRANDSON	1			
26	MALE PARTNER	53	GREAT GRANDSON	15	SISTER	39	OTHER RELATIVE
				16	BROTHER		(FEMALE)
27	DAUGHTER	01	MOTHER	17	HALF SISTER	40	OTHER RELATIVE
29	STEP DAUGHTER	03 .	STEP MOTHER	18	HALF BROTHER		(MALE)
31	FOSTER	05	ADOPTED MOTHER	19	STEP SISTER		
/	DAUGHTER	07	FOSTER MOTHER	20	STEP BROTHER	41	OTHER NON-
33	ADOPTED	09	MOTHER IN LAW	21	SISTER IN LAW		RELATIVE
	DAUGHTER			22	BROTHER IN LAW		(FEMALE)
50	GRANDDAUGHTER	02	FATHER	54	FOSTER BROTHER	42	OTHER NON-
52	GREAT GRAND-	04	STEP FATHER	55	FOSTER SISTER		RELATIVE (MALE)
	DAUGHTER	06	ADOPTED FATHER				
1		08	FOSTER FATHER				
		10	FATHER IN LAW				

	1	1			1					100
	57 What is the highest	Laci	t week,	58	377	59	60			
	grade in regular			was . (READ		(NAMI g with			Row	
	school that (NAME)	CA.	TEGOR	IES AND		in 1976?	relationship to CHILD)? USI			
	finished and got			LL THAT			BELOW	CODES		1
27	credit for? No formal school 0		PLY:)							
	1st 1	1	rking fu	ll time 1						
	2nd 2	Wor	king pa	rt time 2			1			
	3rd 3	With	h a job t	out not at					1	
	4th 4	1	k becaus						1	
	5th 5 6th 6		orary il	liness, rike 3	1					
	7th 7			l, laid off,						İ
	8th 8	look	ing for	work 4						
	9th 9 10th 10			5			i			
	11th 11			6 ise 7			1			
	12th 12	OTH	IER	8	1		1			
	13th 13				1					
	14th 14 15th 15			HAN ONE						
	16th 16	THE	SMAL	RECORD LEST					1	
	Post Grad 17			CIRCLED.						
1	DON'T KNOW . 98									
-										
	SCHOOL		WO	RK	IN	'76?	FOCAL CHIL	D'S		
					Y	N			A	
					Y	N	1.0		В	
					Y	N			С	
1.5%					Y	N			D	
					Y	N			Е	
					Y	N			F	
					Y	N			G	
	(A) T		1.0		Y	N	168.485.0		Н	
					Y	N			I	
7 (1)	12.00				Y	N			J	
					Y	N			K	
			-	1000	Y	N			L	
	ALPHABETICALLY		10	FATHER IN L	.AW	17	HALF SISTER	39 C	THER RE	LATIVE
	33 ADOPTED		25	FEMALE PAR	TNER	18	HALF BROTHER	1 0	FEMALE) THER RE	_
	DAUGHTER 34 ADOPTED SON	ī	32	FOSTER SON FOSTER		24	HUSBAND		MALE)	LATIVE
	06 ADOPTED FAT	HER		DAUGHTER		26	MALE PARTNER	21 S	ISTER IN I	(AW)
	05 ADOPTED MOT 13 AUNT	THER	07 08	FOSTER MOT		01 09	MOTHER DI LANG	15 S	ISTER	~C 44
	16 BROTHER		54	FOSTER BRO	THER		MOTHER IN LAW		ON TEP BROT	HER
	22 BROTHER IN L	AW	55	FOSTER SIST	ER	38 37	NEPHEW NIECE	29 S	TEP DAUG	GHTER
	36 COUSIN (MALE	a	12	GRANDFATH					FEP FATH FEP MOTE	
	35 COUSIN (FEMA	LE)	11 50	GRANDMOTH GRANDDAUG		41	OTHER NON- RELATIVE	19 S	FEP SISTE	
	27 DAUGHTER		51 52	GRANDSON GREAT GRAN			(FEMALE)		TEP SON	
	-110011121			DAUGHTER		42	OTHER NON- RELATIVE (MALE)	14 U	NCLE	
1	02 FATHER		53	GREAT GRAN	DSON		-	23 W	IFE	

61.	What lev	el of	schoo	oling o	lid yo	u con	nplete	? (CIR	CLE (ONE 1	NUMB	ER ON	ILY)	
	Grade	1	2	3	4	5	6	7	8	9	10	11	12	
	College	13	14	15	16									
	Graduat	te Scl	hool	17 or	highe	er								
61a.	What lev	el of	schoo	oling (did yo	ur mo	other	comple	te? (C	IRCL	E ON	ENUM	IBER ONLY)	
	Grade	1	2	3	4	5	6	7	8	9	10	11	12	
	College	13	14	15	16									
	Graduat	te Sc	hool	17 o	high	er								
62.	How ma	ny b	rother	s and	sister	s do y	ou ha	ve?						
]	BROT	HER	S AN	D						
					SISTE	ERS (I	TON	COUN	TING	R)				
63.	When you	ou we EAC	ere gr H ITI	owing EM A	g up, o ND C	lid yo IRCI	ur pa Æ AL	rents on	the p	eople PPLY)	you n	ostly l	ived with owr	1
			The	ir ow	n hom	e .		• • • • •	* * *		2			
								F ABO						
64.	Did you until yo				your b	oirth r	nothe	and y	our bi	rth fat	her fro	om the	time you were	e born

FAMILY LIFE EVENTS

There are some things that happen in many families, and we would like to know if any of these things have happened to your family in the past. Please think of the period of time when (FOCAL CHILD) was 15 or 16, that is, 1975 or 1976, until now. (IF MORE THAN ONE INCIDENT, ASK ABOUT THE MOST RECENT TIME.)

Since then	A IF YES, ASK B IF NO, SKIP TO	B Did this happen in the last year? (IF NO ASK C, IF YES SKIP TO D)	C Did this happen in the last five years?	ind	icates essful	cates a gr was	eat de	eal, h	ow
	NEXT Q.)			l t at al	1	A	o grea	o it dea
65. Did anyone in the family have a serious	Yes1	Yes1	Yes1	1	2	3	4	T 5	6
illness that lasted a long time?	No2	No2	No2						
66. Did anyone in the family have job or	Yes1	Yes1	Yes1	1	2			 	
work difficulties or problems?	No2	No2	No2	1	2	3	4	5	6
67. Was there ever a problem because of	Yes1	Yes1	Yes1					i.e.	
drinking wine, beer, or iquor by anyone in the family? (IF YES ASK Who?)	No2 IF YES, CODE RELATION- SHIP	No2	No2	1	2	3	4	5	6
JSE RELATIONSHIP CODES BELOW									
R HERSELF HUSBAND FEMALE PARTNER MALE PARTNER DAUGHTER STEP DAUGHTER FOSTER DAUGHTER ADOPTED DAUGHTER GRAND DAUGHTER GREAT GRAND DAUGHT	ŒR	01 MOTHER 03 STEP MOTHER 05 ADOPTED MO 07 FOSTER MOTH 09 MOTHER IN L 02 FATHER 04 STEP FATHER 06 ADOPTED FATH 08 FOSTER FATH 10 FATHER IN LA	THER HER AW THER ER	15 16 17 18 19 20 21 22 54 55	BRO HAI STE STE SIST BRO FOS	TER OTHER LF SIST LF BRO EP SIST EP BRO TER IN OTHER TER BI	TER OTHER ER THER LAW IN LAY ROTHE	W ER	
SON STEP SON FOSTER SON ADOPTED SON GRAND SON		11 GRANDMOTHI 12 GRANDFATHE 13 AUNT 14 UNCLE		35 36 37 38	NIE	JSIN (F JSIN (M CE HEW	EMAL (ALE)	E)	
GREAT GRANDSON				39 40	OTH	ER RE	LATIV	E (F)	

				-	_	_	_		
Since then	A IF YES, ASK B IF NO, SKIP TO NEXT Q.	B Did this happen in the last year? (IF NO ASK C, IF YES SKIP TO D)	C Did this happen in the last five years?	indic stres	cates	a grea	at dea	all and the second seco	×
68. Was there ever a problem because of using drugs like marijuana, cocaine, heroin, or amphetamines? (IF YES, ASK, Who?) USE RELATIONSHIP CODES BELOW	Yes1 No2 IF YES, CODE RELATION-SHIP	Yes1 No2	Yes1 No2	1	2	3	4	5	6
69. Did anyone in the family have trouble with the law or police? (IF YES, ASK, Who?) USE RELATIONSHIP CODES BELOW	Yes1 No2 IF YES CODE RELATIONSHIP	Yes1 No2	Yes1 No2	1	2	3	4	5	6
70. Did anyone in the family go to jail or prison? (IF YES, ASK Who?) USE RELATIONSHIP CODES BELOW	Yes1 No2 IF YES CODE RELATIONSHIP	Yes1 No2	Yes1 No2	1	2	3	4	5	6
23 R HERSELF 24 HUSBAND 25 FEMALE PARTNER 26 MALE PARTNER 27 DAUGHTER 29 STEP DAUGHTER 31 FOSTER DAUGHTER 33 ADOPTED DAUGHTER 50 GRAND DAUGHTER 50 GRAND DAUGHTER 52 GREAT GRAND DAUG 28 SON 30 STEP SON 30 STEP SON 31 FOSTER SON 32 FOSTER SON 34 ADOPTED SON 51 GRAND SON 53 GREAT GRAND SON		01 MOTHER 03 STEP MOTE 05 ADOPTED N 07 FOSTER MO 09 MOTHER IN 02 FATHER 04 STEP FATH 06 ADOPTED N 08 FOSTER FA 10 FATHER IN 11 GRANDMO 12 GRANDFAT 13 AUNT 14 UNCLE	MOTHER OTHER I LAW ER FATHER THER I LAW THER	15 16 17 18 19 20 21 22 54 55 36 37 38	BI H H ST ST ST ST ST ST ST ST ST ST ST ST ST		STER ROTHE TER OTHER N LAW R IN L BROTI SISTEI (FEMA (MALI	AW HER L	

Since then	A IF YES, ASK B IF NO, SKIP TO NEXT Q.	B Did this happen in the last year? (IF NO ASK C, IF YES SKIP TO D)	C Did this happen in the last five years?	inc	licate	icates s a gr l was	eat de this e	eal, hevent?	•
71. Did you have increased responsibility to provide direct care or financial help to a parent?	Yes1 No2	Yes1 No2	Yes1 No2	1	2	3	4	5	6
72. Did your mother die?	Yes1 No2	Yes1 No2	Yes1 No2	1	2	3	4	5	6
73. Did your father die?	Yes1 No2	Yes1 No2	Yes1 No2	1	2	3	4	5	6
73a. Did your husband or another intimate partner ever physically hurt or threaten to hurt you?	Yes1 No2	Yes1 No2	Yes1 No2	1	2	3	4	5	6
74. Did anyone in the household physically hurt or threaten to hurt someone else in the household?	Yes1 No2	Yes1 No2	Yes1 No2	1	2	3	4	5	6

SERIOUS RELATIONSHIPS

	ASK EVERY	ONE:				
75.			ans "Not so Importa e married or to have			how
Not	So Important				Ve	ery Important
	1	2	3	4	5	6
76.	Are you now whom you ne		relationship with so	omeone which has	lasted six months	s or more but
		Yes No			1 2 (SKIP TO Q	.79)
77.	When did it	begin?				
	YEAR					
78.	How often do	-	person you're in a	serious relationshi	p with? Is it (F	READ
		Several time About once Several time	nes a week		. 4 . 3 . 2	

79.	INTERVIE SERIOUS	WER CHECK RELATIONSH	POINT: IS R M IP? [QUESTIO]	ARRIED, LIVING NS 6 AND 76]	S AS MARRII	ED, OR IN A
		YES	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	1 (ASK Q.80 2 (SKIP TO	0) Q.81)
80.	Using a scal your marria	e where 1 mean ge or relationshi	s "Not so Well" a	nd 6 means "Very W	Vell," how are	you doing in
Not	So Well	2	3	4	5	Very Well

ALWAYS CHECK:

AFFECTION (FEELINGS OF WARMTH/HOSTILITY)

ALWA'	YS CI	HECK:

81.	INTERVIEWER CHECK: IS R LIVING ALONE? [CALENDA	AR FOR 1997]
	YES	

82. About how often do you and others in the household do the following things openly with each other? First, act warm and loving. Is it often, occasionally, seldom, or never? (READ A THROUGH K AND CIRCLE R'S ANSWER)

HAND CARD #3

		Often	Occasionally	Seldom	Never
A.	Act warm and loving	4	3	2	1
B.	How often do you hug and kiss?	4	3	2	1
C.	Be understanding about each other's moods?	4	3	2	1
D.	Say nice things to each other?	4	3	2	1
E.	Have arguments with one another?	4	3	2	1
F.	Yell or shout to let off steam?	4	3	2	1
G.	Let out hurt and angry feelings?	4	3	2	1
H.	Slam doors when angry?	4	3	2	1
I.	Threaten to hit or throw something?	4	3	2	1
J.	Throw things when angry?	4	3	2	1
K.	Kick, hit, or try to hit each other?	4	3	. 2	1

RELATIONSHIP WITH ADULT CHILD

	A	LWAYS CHECK:
83.	I	NTERVIEWER CHECKPOINT: IS FOCAL CHILD STILL LIVING?
		YES
84.	No he	ow let's talk about (FOCAL CHILD). Starting with health, how is (FOCAL CHILD)'s alth? Is it excellent, very good, good, fair or poor?
		Excellent 5 (SKIP TO Q.86) Very Good 4 (SKIP TO Q.86) Good 3 (SKIP TO Q.86) Fair 2 Poor 1
85.	W	hat are (FOCAL CHILD)'s health problems? CIRCLE YES FOR EACH PROBLEM:
	A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U.	DIABETES OR "SUGAR" 1 EMOTIONAL OR NERVOUS PROBLEMS 2 HARDENING OF THE ARTERIES OR A BLOOD CIRCULATION PROBLEM 3 HEARING PROBLEMS 4 HEART TROUBLE OR HEAR ATTACK 1 HIP FRACTURE 2 HIV POSITIVE OR AIDS 3 HYPERTENSION OR HIGH BLOOD PRESSURE 4 KIDNEY OR LIVER PROBLEMS 1 PARKINSON'S DISEASE 2 RESPIRATORY DISEASES [(TB, OR LUNG DISEASES (FOR EXAMPLE EMPHYSEMA, CHRONIC BRONCHITIS)] 3 SICKLE CELL ANEMIA 4 STROKE 1 SEXUALLY TRANSMITTED DISEASES (STDS, VD) 2 THYROID PROBLEM 3 ULCERS 4 VISION PROBLEMS 1
	V.	OTHER (SPECIFY) 2
	R D	OES NOT SAY "YES" TO ANY ANSWER

86.	What is the highest grade or year of regular school that (FOCAL CHILD) completed? (CIRCLE ONE NUMBER ONLY)												
	Grade	1	2	3	4	5	6	7	8	9	10	11	12
	College	13	14	15	16								
	Graduat	te Scho	ool	17 or	higher			-					
87.	Last wee		•	L CHI	LD) wo	orking 1	ull tin	ne, part t	ime, ge	oing to	school,	keeping	3 /
	CIRCLI SMALL						THE	SKIP F	OR T	HIE			
			Working Working With a j of ter Unempl Retired In school Keeping Disable	g part t g more job, bu mporar loyed, l ol g house d	than or t not at y illness laid off,	work b work b s, vacat lookin	ecause ion, st g for v	rike work	2	(SKI) (SKI) (SKI) (SKI) (SKI) (ASK) (ASK) (ASK) (ASK) (ASK) (ASK) (ASK)	P TO B P TO B C A) C A) C A) C A) C A))) ,	
	F		Yes					mployed	1	(ASI	(B)		nths?
	I		What k		work (d	oes/did) (he/s	he) norn	nally do	o? (PR	OBE F	OR JOB	
		a	OCCUI									_	V
	(business L CHI			(is/was) t	hat—w	hat (do	/did) th	ey do o	r make,
			INDUS	TRY:									

88.	Is (FOCAL CHILD) currently married, separated, divorced, widowed, living with a partner, or has (he/she) never been married?
	Married 1 Separated 2 Divorced 3 Widowed 4 Living with a partner 5 Never been married 6 (SKIP TO Q.90)
89.	How many times has (FOCAL CHILD) been married (IF MARRIED: including (his/her) current marriage)?
	NEVER 0 ONCE 1 TWICE 2 THREE OR MORE 3
90.	Not counting minor traffic offenses, has (FOCAL CHILD) ever been booked, charged, or arrested for breaking a law, either by the police or by someone connected with the courts?
	Yes
91.	Has (FOCAL CHILD) ever been convicted of any charges other than a minor traffic violation?
	Yes

92.	During the past year did (FOCAL CHILD) do the following? [IF NO OR DK, ASK: Did (FOCAL CHILD) do this during the past 5 years?]	PAST YEAR IF NO OR DK FOR PAST YEAR, ASK ABOUT PAST 5 YRS			A. Did (FOCAL CHILD) do this during the past 5 years?			
	-	YES	NO	DK	YES	NO	DK	
A.	Go to religious services regularly at a church, synagogue, temple, mosque, or so on?	1	2	8	1	2	8	
B.	Receive Aid to Families with Dependent Children (AFDC)?	1	2	8	1	2	8	
C.	Volunteer time for charitable activities and organizations, Red Cross, or other programs or activities that benefit the community?	1	2	8	1	2	8	
D.	Get involved in political causes or activities?	1	2	8	1	2	8	
E.	Engage in exercising activities such as running, aerobics, biking, and so on?	1	2	8	1	2	8	
F.	Smoke cigarettes?	1	2	8	1	2	8	
G.	Drink alcohol heavily?	1	2	8	1	2	8	
H.	Use marijuana?	1	2	8	1	2	8	
I.	Use other illegal drugs, such as heroin, cocaine, amphetamines, or LSD?	1	2	8	1	2	8	
J.	Sell illegal drugs?	1	2	8	1	2	8	
K.	Physically beat up or seriously hurt other people?	1	2	8	1	2	8	

93.	On average, be (REAI	how often do CATEGORI	you see or talk ES)	on the phone	with (FOCA	L CHILD)? Would that
		About once 2 or 3 times About once 5 to 10 times Less than 5	a week a week a month a month s a year times a year, o	· · · · · · · · · · · · · · · · · · ·	7 6 5 4 3	
94.	Do you celeb	orate holidays	or birthdays wi	th (FOCAL C	HILD)?	
		Yes No	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	1	
95.	Using a scale relationship w	where 1 mean with (FOCAL	ns "Not so Goo CHILD) curre	d" and 6 means	"Very Good	d," how is your
Not	So Good					Very Good
	I	2	3	4	5	6

	ALWAYS CH	ECK:				
96.	INTERVIEV	VER CHECKPO	DINT: DOE	S R HAVE ANY L	IVING CH	IILDREN?
		Yes No		• • • • • • • • • • • • • • • • • • •	. 1 (ASK . 2 (SKII	Q.97) P TO Q.98)
97.	Using a scale important is i	where 1 means to you to have	"Not At All I a good relation	mportant" and 6 meanship with your chi	ans "Very lildren?	[mportant," how
Not A	t All Importa	nt				Very Important
2 (00 12	1	2	3	4	5	6
98.		their children m I to teach your ch		Is there something a	bout being	African American

99.	What are the most important things you taught them? CIRCLE ALL THAT APPLY.
	PRIDE IN SELF
	PRIDE IN RACE
	SENSE OF HISTORY
	STAY OFF DRUGS 4
	IMPORTANCE OF BEING ASSERTIVE 1
	INDEPENDENCE
	THE NEED TO EXCEL/WORK HARD 3
	EDUCATION4
	THE EQUALITY OF ALL PEOPLE
	IMPORTANCE OF BEING ASSERTIVE 2
	TOLERANCE 3
	MUTUAL AID AMONG MEMBERS OF THE BLACK COMMUNITY4
	SENSE OF COMMUNITY1
	IMPORTANCE OF ETHNIC CELEBRATIONS 2
	SOCIETAL RESTRICTIONS/ BLOCKED OPPORTUNITIES
	RELIGION 4
	WHITE PREJUDICE/HATRED 1
	OTHER (SPECIFY) 2
	R DID NOT SELECT ANY OF THE ABOVE



100.	What are the most important things you were taught about being Black when you were growing up? CIRCLE ALL THAT APPLY
	PRIDE IN SELF
	PRIDE IN RACE2
	SENSE OF HISTORY 3
	INDEPENDENCE 4
	THE NEED TO EXCEL/WORK HARD 1
	THE EQUALITY OF ALL PEOPLE 2
	STAY OFF DRUGS3
	IMPORTANCE OF BEING ASSERTIVE 4
	EDUCATION1
	TOLERANCE 2
	SOCIETAL RESTRICTIONS/ BLOCKED OPPORTUNITIES
	WHITE PREJUDICE/HATRED 4
	SENSE OF COMMUNITY 1
	MUTUAL AID AMONG MEMBERS OF THE BLACK COMMUNITY2

IMPORTANCE OF ETHNIC CELEBRATIONS 3

PASSIVE ACCEPTANCE4

OTHER (SPECIFY ______) . . . 1

R DID NOT SELECT ANY OF THE ABOVE 6

	HAND CARD	#4				
101.	Using a scale feel you did ra	where 1 means "Naising (FOCAL C	Not so Well" and 6 in (HILD)?	means "Very Well	l," how g	good a job do you
Not	So Well					Very Well
	1	2	3	4	5	6
102.	Using a scale parent to (FO	where 1 means "NCAL CHILD) pre	lot so Well" and 6 mesently?	neans "Very Well,	" how ar	e you doing as a
Not	So Well					Vores Wall
	1	2	3	4	5	Very Well 6
103.	Using a scale parent to your	where 1 means "N other children pre	ot so Well" and 6 mesently?	eans "Very Well,	" how are	e you doing as a
Not	So Well					Very Well
	1	2	3	4	5	6
		NO OTHER CHI	LDREN	96		
104.	Using a scale with the scale with th	where 1 means "Nou is being a good	ot so Important" and parent?	l 6 means "Very I	mportant	," how
Not	So Important				•	Very Important
	1	2	3	4	5	6

105. When you think about being a parent, how important is it to you for your children to be successful in the following areas? If 6 indicates very important and 1 indicates not important at all, how would you rate the importance of ... (READ EACH CATEGORY)





	Not Important					Very Important
School achievement	1	2	3	4	5	6
Being free of drugs	1	2	3	4	5	6
Job success	1	2	3	4	5	6
Waiting until they are adults to have children.	1	2	3	4	5	6
Becoming a parent	1	2	3	4	5	6
Being married or involved in a serious relationship	1	2	3	4	5	6
Good spiritual life	1	2	3	4	5	6
Getting along well with you and other family members	1	2	3	4	5	6
Getting along well with others outside the family	1	2	3	4	5	6
Being a leader in the community	1	2	3	4	5	6
Being a law abiding citizen	1	2	3	4	5	6
Being financially secure	1	2	3	4	5	6
Being a good parent	1	2	3	4	5	6
Keeping in touch with you and other family members	1	2	3	4	5	6

106. In terms of (FOCAL CHILD), how well do you think (he/she) has done in these areas. If 1 indicates that (he/she) has not done very well and 6 indicates (he/she) has done very well, please rate the following. How well has (FOCAL CHILD) done in... (READ CATEGORIES)

HAND CARD #6



How well has (FOCAL CHILD) done in	Not Done Well		.05			Done Very Well
School achievement?	1	2	3	4	5	6
Being free of drugs?	1	2	3	4	5	6
Job success?	1	2	3	4	5	6
Being married or involved in a serious relationship?	1	2	3	4	5	6
Good spiritual life?	1	2	3	4	5	6
Getting along well with you and other family members?	1	2	3	4	5	6
Getting along well with non-family members?	1	2	3	4	5	6
Being a leader in the community?	1	2	3	4	5	6
Being a law abiding citizen?	1	2	3	4	5	6
Being financially secure?	1	2	3	4	5	6
Being a good parent? NOT APPLICABLE 9	1	2	3	4	5	6
Keeping in touch with you and other family members?	1	2	3	4	5	6

107. The next few questions are about how the way (FOCAL CHILD) is doing affects how you feel. Using a scale where 1 means not at all and 6 means a great deal, how much does how (FOCAL CHILD) is doing make you feel... (READ EACH CATEGORY)



	Not at all				9	A Great Deal
Satisfied?	1	2	3	4	5	6
Worried?	1	2	3	4	5	6
Proud?	1	2	3	4	5	6
Disappointed?	1	2	3	4	5	6
Comforted?	1	2	3	4	5	6
Angry?	1	2	3	4	5	6
Joyful?	1	2	3	4	5	6
Sad?	1	2	3	4	5	6

108. All mothers face challenges and problems in raising their children. How much of a problem were the following when you were raising (FOCAL CHILD)? If 1 indicates no problem and 4 indicates a major problem, please rate the following in terms of their difficulty.



How much of a problem was	No Problem			Major Problem
The safety of the neighborhood?	1	2	3	4
Opportunities for good schooling?	1	2	3	4
Availability of affordable housing?	1	2	3	4
Not enough money?	1	2	3	4
Presence of gangs?	1	2	3	4
Availability of drugs?	1	2	3	4
Too much police intervention?	1	2	3	4
Too little police intervention?	1	2	3	4
Too few adults who could help with child rearing responsibilities?	1	2	3	4
Too many delinquent youth in the neighborhood?	1	2	3	4
Too much early sexuality in the neighborhood or society?	1	2	3	4

109.	Do you have any grandchildren?
	Yes
110.	How many?
111.	(Are any of these grandchildren/Is this grandchild) from (FOCAL CHILD)?
	Yes
112.	How many?
113.	What is the age of (FOCAL CHILD)'s oldest child?
114.	What is the age of (FOCAL CHILD)'s youngest child?
	ONLY ONE GRANDCHILD 9
115.	Do you have any great-grandchildren from (FOCAL CHILD), that is children of (FOCAL CHILD)'s child(ren)?
	Yes
116.	How many?
117.	Who (do/does) (FOCAL CHILD)'s child(ren) live with? (CIRCLE ALL THAT APPLY)
	With FOCAL CHILD

The next few questions concern your grandchildren. Some of the questions will be about all your grandchildren, others concern only (FOCAL CHILD)'s children.

118.	Who is the pachildren?	rimary person responsible for the day to day care of (FOCAL CHILD)'s
		FOCAL CHILD

119. How often do you do the following for (FOCAL CHILD)'s child(ren)? READ EACH ITEM

HAND CARD #9

	About every day	Several times a week	Monthly	On special occasions	Never
Cook meals	5 6	4	3	2	1
Set rules	5	4	3	2	1
Provide discipline	5	4	3	2	1
Provide financial support	5	4	3	2	1
Show affection	5	4	3	2	1
Talk to them about their goals	5	4	3	2	1

120. How often do you see (FOCAL CHILD)'s children?

Every day 8 126
Several days a week
About once a week 6
2 or 3 times a month 5
About once a month 4
5 to 10 times a year
Less than 5 times a year
Never 1
OTHER (SPECIFY) . 9

121.			neans "Not so goo HILD)'s child(rer	od" and 6 means "a)?	Very good,"	how do yo	u get
Not	So Good					Very Goo	d
1101	1	2	3	4	5	6	
ASK	EVERYONE	WITH GR	ANDCHILDRE	N:			
122.	How many or	ther grando	children do you h	ave?	-		
			GRAND	CHILDREN NOT	BY FOCAL	CHILD	
		NONE.			96 (SK	IP TO Q.1	128)
123.	Who (do/doe	s) your oth	er grandchild(ren) live with? (CIR	CLE ALL TI	HAT APPI	LY)
		With chil	ld's other parent		2 3 N=1	.03	
124.	Who is the p	rimary per	son responsible fo	or the day-to-day	care of your	other grand	ichildren?
		The gran	dchildren's other	parents/step-pare F	nts \cdot 2 $\cdot \cdot \cdot \cdot$ 3 $\wedge =$	Įŧ	
125.			neans "Not so we randchildren?	ll" and 6 means "	Very well," l	iow do yoi	ı get
No	t So Well					•	Very Well
140	1	2	3	4		5	6
126.	How often d	o you see	your other grando	hild(ren)?			
		Several of About of 2 or 3 till About of 5 to 10 the Less that	days a week nce a week mes a month nce a month		7 6 5 4 3		

	Abor Ever day			On special occasions	Never
Cook meals	5	15 4	3	2	1
Set rules	5	4	3	2	1
Provide discipline	5	4	3	2	1
Provide financial support	5	4	3	2	1
Show affection	5	4	3	2	1
Talk to them about their g	goals 5	4	3	2	1
28. Have you ever been longer than a week?		esponsible for	(any of) you	ır grandchild(r	en) for
Yes		• • • • • • • • • • • • • • • • • • • •		1 290 2 (SKIP TO	Q.131) 3 7

131. Consider how you feel about taking care of (all) your grandchild(ren). Do you often, occasionally, seldom, or never have these feelings?

HAND CARD #3

	Often	Occasionally	Seldom	Never
I enjoy taking care of them.	4	3	2	1
I feel I can handle the challenges of taking care of them.	4	3	2	1
I feel taking care of them is a financial burden.	4	3	2	1
Taking care of them leaves me tired.	4	3	2	1
I feel I could do a better job of taking care of them.	4	3	2	1
Taking care of them gives me a sense of achievement.	4	3	2	1
Taking care of them helps my child	4	3	2	1
My efforts to care for them are taken for granted by others in my family.	4	3	2	1
I feel that my social life is suffering because of taking care of them.	4	3	2	1
I feel that my social life has improved because of taking care of them.	4	3	2	1
Taking care of them makes me feel emotionally drained.	4	3	2	1
I feel that because of caring for them, I don't have enough time for myself.	4	3	2	1
Taking care of them makes me feel good because I am helping my family.	4	3	2	1
Taking care of them adds purpose to my life.	4	3	2	1

Not A	At All Satisfied					Very I	Much Satisfied
	1	2	3		4	5	6
133.	_	where 1 means "the grandparenting			•	•	nave you felt
Not A	at All Burdene	d				Very l	Much Burdened
	1	2	3		4	5	6
134.		where 1 means "t to you to have a		_		-	-
Not A	t All Importa	nt				Ver	y Important
	1	2	3		4	5	6

Using a scale where 1 means "Not at all" and 6 means "Very Much So," how satisfied are you with how you are doing as a grandparent?

132.



ASK EVERYONE:

135. Because of being Black, do you feel you have ever. . .

		Yes	No
A.	Been denied a job?	1	2
В.	Had a problem getting housing?	3	4
C.	Had a problem getting Social Services such as welfare, Social Security, or food stamps?	5	6
D.	Had a problem walking in a neighborhood?	1	2
E.	Been sexually harassed	3	4
F.	Received special benefits from employers?	5	6
G.	Had a problem going anywhere for entertainment?	1	2
Н.	Been hassled by the police?	3	4
I.	Been denied credit	5	6
J.	Received special attention from social service agencies?	1	2

136. Now we would like to ask you about the areas of life that are important to you, and how satisfied you are in these areas.

First, how important is health in contributing to your happiness and life satisfaction. Is it Not at all important, Important, or Very Important? (CIRCLE ANSWER BELOW)

Second, how satisfied you are with your health? Are you Very Dissatisfied, Fairly Dissatisfied, Fairly Satisfied, or Very Satisfied? (ASK BOTH QUESTIONS FOR EACH ITEM)

HAND CARD #10

	to your happiness and			(ITEM dissatis	How satisfied are you with (ITEM)? Are you very dissatisfied, fairly dissatisfied, fairly satisfied?			
		MPOR' at all	FANCE Very	Very D	SATISI Dissatisfie		ON y Satisfied	
Health	1	2	3	1	2	3	4	
Exercise or other athletic activities	1	2	3	1	2	3	4	
Involvement in clubs and societies	1	2	3	1	2	3	4	
Learning new things	1	2	3	1	2	3	4	
Creativity, expressing yourself, being original	1	. 2	3	1	2	3	4	
Neighborhood where you live	1	2	3	1 .	2	3	4	
City or community in which you live	1	2	3	1	2	3	4	
Relationships with adult relatives	1	2	3	1	2	3	4	
House or apartment where you live	1	2	3	1	2	3	4	
Helping other people, promoting the welfare of others	1	2	3	1	2	3	4	
Involvement in community affairs or local or national political action	1	2	3	1	2	3	4	
Having a set of guiding values or beliefs that gives your life meaning, helps you cope and helps you make decisions	1	2	3	1	2	3	4	

INDIVIDUAL SUPPORT SYSTEMS

Now some questions about your relationship with family and friends.

In the following situations, who can you turn to . . .

137. If you are sick?

CIRCLE ALL THAT APPLY

HUSBAND/PARTNER		
FOCAL CHILD		2
OTHER CHILDREN		3
OTHER RELATIVE		4
BROTHER/SISTER		5
NEIGHBOR		6
FRIEND		7
SOMEONE AT WORK		8
SOMEONE IN YOUR CHURCH		9
PROFESSIONAL (MINISTER, DOCTOR, AND SO ON		
NO ONE		. 11
OTHER (SPECIFY)	. 12

138. If you need money?

CIRCLE ALL THAT APPLY

HUSBAND/PARTNER			1
FOCAL CHILD			2
OTHER CHILDREN			3
OTHER RELATIVE			4
BROTHER/SISTER			
NEIGHBOR			
FRIEND			7
SOMEONE AT WORK			8
SOMEONE IN YOUR CHURCH	•		9
PROFESSIONAL (Minister, Doctor, and so on)		•	10
NO ONE		•	11
OTHER (SPECIFY)	•	12

In the following situations, who can you turn to...

139.	If you have a tough decision to make?	
	CIRCLE ALL THAT APPLY	-1
	HUSBAND/PARTNER FOCAL CHILD	1
	OTHER CHILDREN	3
	OTHER RELATIVE BROTHER/SISTER	- 5
	NEIGHBOR	6
	FRIEND . SOMEONE AT WORK	0
	SOMEONE IN YOUR CHURCH	0
	NO ONE	1.1
	OTHER (SPECIFY)	. 12
140.	If you are sad or blue?	
	CIRCLE ALL THAT APPLY	
	HUSBAND/PARTNER	1
	FOCAL CHILD	2
	OTHER CHILDREN OTHER RELATIVE	1
	BROTHER/SISTER	5
	NEIGHBOR FRIEND	6
	SOMEONE AT WORK	0
	SOMEONE IN YOUR CHURCH	0
	PROFESSIONAL (MINISTER, DOCTOR, AND SO ON) NO ONE	10
	OTHER (SPECIFY)	

141.	If you are upset or stressed?
	CIRCLE ALL THAT APPLY
	HUSBAND/PARTNER 1
	FOCAL CHILD
	OTHER CHILDREN
	OTHER RELATIVE4
	BROTHER/SISTER
	NEIGHBOR
	FRIEND
	SOMEONE AT WORK 8
	SOMEONE IN YOUR CHURCH
	PROFESSIONAL (MINISTER, DOCTOR, AND SO ON) 10
	NO ONE
	OTHER (SPECIFY) . 12
In th	e following situations, who can you turn to If you need help with chores around the house?
	CIRCLE ALL THAT APPLY
	HUSBAND/PARTNER
	FOCAL CHILD
	OTHER CHILDREN
	OTHER RELATIVE
	BROTHER/SISTER
	NEIGHBOR
	FRIEND
	SOMEONE AT WORK
	SOMEONE IN YOUR CHURCH
	PROFESSIONAL (MINISTER, DOCTOR, AND SO ON) 10
	NO ONE
	OTHER (SPECIFY) . 12

143. If you need a favor? CIRCLE ALL THAT APPLY HUSBAND/PARTNER 1 OTHER RELATIVE 4 BROTHER/SISTER 5 NEIGHBOR 6 SOMEONE AT WORK 8 PROFESSIONAL (MINISTER, DOCTOR, AND SO ON) . . 10 NO ONE 11 OTHER (SPECIFY______) . 12 In the following situations, who can you turn to... 144. If you need to talk? CIRCLE ALL THAT APPLY HUSBAND/PARTNER1 OTHER RELATIVE 4 NEIGHBOR 6 SOMEONE AT WORK 8 PROFESSIONAL (MINISTER, DOCTOR, AND SO ON) . . 10 NO ONE 11 OTHER (SPECIFY_______) . 12

145.	If you need to get to the doctor?	
	CIRCLE ALL THAT APPLY	
	HUSBAND/PARTNER	
	FOCAL CHILD	2
	OTHER CHILDREN	3
	OTHER RELATIVE	4
	BROTHER/SISTER	5
	NEIGHBOR	6
	FRIEND	7
	SOMEONE AT WORK	8
	SOMEONE IN YOUR CHURCH	
	PROFESSIONAL (MINISTER, DOCTOR, AND SO ON) .	. 10
	NO ONE	. 11
	OTHER (SPECIFY)	. 12
146.	If you have good news?	
	CIRCLE ALL THAT APPLY	
	HUSBAND/PARTNER	1
	FOCAL CHILD	2
	OTHER CHILDREN	3
	OTHER RELATIVE	4
	BROTHER/SISTER	5
	NEIGHBOR	6
	FRIEND	7
	SOMEONE AT WORK	8
	SOMEONE IN YOUR CHURCH	9
	PROFESSIONAL (MINISTER, DOCTOR, AND SO ON) .	. 10
	NO ONE	. 11
	OTHER (SPECIFY)	. 12

In the following situations, who can you turn to...

147.	To have fun with?
	CIRCLE ALL THAT APPLY
	HUSBAND/PARTNER
	FOCAL CHILD
	OTHER CHILDREN
	OTHER RELATIVE
	BROTHER/SISTER NEIGHBOR
	NEIGHBOR
	TRIEND
	SOMEONE IN YOUR CHURCH.
	SOMEONE IN YOUR CHURCH 9
	PROFESSIONAL (MINISTER, DOCTOR, AND SO ON) . 10
	NO ONE
	OTHER (SPECIFY) . 12
148.	With whom can you truly be yourself?
	CIRCLE ALL THAT APPLY
	HUSBAND/PARTNER
	FOCAL CHILD
	OTHER CHILDREN
	OTHER RELATIVE
	BROTHER/SISTER
	NEIGHBOR
	TRIEND
	SOMEONE AT WURK
	POWEOVE IN TOOK CHURCH
	PROFESSIONAL (MINISTER, DOCTOR, AND SO ON) 10
	NO ONE
	OTHER (CRECUEY

149. Who encourages you to take care of yourself, for instance by urging you to get a medical check-up, to eat healthy food, to get enough rest, to exercise regularly, to wear your seatbelt, and so on?

CIRCLE ALL THAT APPLY

B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S K. PROFESSI		
C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S K. PROFESSIONAL (MINISTER,		AND/PARTNER1
C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S K. PROFESSIONAL (MINISTER,		L CHILD
E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S)	1	
F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S)		DCHILDREN
F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S)		R RELATIVE5
G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND STATES AND		HER/SISTER6
H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S		BOR
I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S		D
J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S		ONE AT WORK9
K. PROFESSIONAL (MINISTER, DOCTOR, AND S L. NO ONE M. OTHER (SPECIFY 150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND S		ONE IN YOUR CHURCH 10
L. NO ONE M. OTHER (SPECIFY		ESSIONAL (MINISTER, DOCTOR, AND SO ON)11
M. OTHER (SPECIFY		NE
150. Whom do you feel really appreciates you as a person? CIRCLE ALL THAT APPLY A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K PROFESSIONAL (MINISTER, DOCTOR, AND		R (SPECIFY) 13
A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K PROFESSIONAL (MINISTER, DOCTOR, AND		
A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K PROFESSIONAL (MINISTER, DOCTOR, AND	150.	you feel really appreciates you as a person?
A. HUSBAND/PARTNER B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND		
B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K PROFESSIONAL (MINISTER, DOCTOR, AND		LL THAT APPLY
B. FOCAL CHILD C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K PROFESSIONAL (MINISTER, DOCTOR, AND		
C. OTHER CHILDREN D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K PROFESSIONAL (MINISTER, DOCTOR, AND		SAND/PARTNER
D. GRANDCHILDREN E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K PROFESSIONAL (MINISTER, DOCTOR, AND		AL CHILD
E. OTHER RELATIVE F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND		ER CHILDREN 3
F. BROTHER/SISTER G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K PROFESSIONAL (MINISTER, DOCTOR, AND		NDCHILDREN
G. NEIGHBOR H. FRIEND I. SOMEONE AT WORK J. SOMEONE IN YOUR CHURCH K. PROFESSIONAL (MINISTER, DOCTOR, AND		ER RELATIVE
H. FRIEND		THER/SISTER6
H. FRIEND		HBOR
J. SOMEONE IN YOUR CHURCH		ND
K PROFESSIONAL (MINISTER, DOCTOR, AND		EONE AT WORK9
K. PROFESSIONAL (MINISTER, DOCTOR, AND S		EONE IN YOUR CHURCH
I NO ONE		FESSIONAL (MINISTER, DOCTOR, AND SO ON)11
L. IN OILD		DNE
M. OTHER (SPECIFY		ER (SPECIFY) 13
L. INO OTTE		FESSIONAL (MINISTER, DOCTOR, AND SO ON)11 ONE

THIS PAGE INTENTIONALLY BLANK

FRIENDSHIPS

151.	Please give the fir	st names o	r initial	s of your c	losest f	friends.	WRITE AS	MANY	AS T	'EN
	AND THE SEX.									

	Male	Female
A. First	1	2
B. Second	1	2
C. Third	1	2
D. Fourth	1	2
E. Fifth	1	2
F. Sixth	1	2
G. Seventh	1	2
H. Eighth	1	2
I. Ninth	1	2
J. Tenth	1	2

WRITE NO MORE THAN 10 FRIENDS

152.	INTERVIEWER CHECKPOINT: HOW MANY NAMES DID R GIVE YOU?
	NAMES

NONE (0) 0 (SKIP TO Q.158)

The next questions are about (FIRST 3 NAMES OR INITIALS GIVEN). ENTER THE NAMES AT THE TOP OF THE COLUMNS TO THE RIGHT. ASK EACH QUESTION BELOW FOR EACH FRIEND.	COLUMN #1 NAME:	COLUMN #2 NAME:	COLUMN #3 NAME:
153. Is (NAME) related to you? (CIRCLE Y OR N, IF N SKIP TO Q.155)	Y . N	Y N	Y N
154. How is (NAME) related to you?			
HUSBAND/PARTNER FOCAL CHILD OTHER CHILD. PARENT BROTHER/SISTER OTHER RELATIVE (SPECIFY)	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
155. How long have you known (NAME OF PERSON)? REPEAT FOR EACH OF THE THREE FRIENDS.	_ YEARS LESS THAN A YEAR 1	YEARS LESS THAN A YEAR 1	YEARS LESS THAN A YEAR 1
156. How old is (NAME OF PERSON)? REPEAT FOR EACH OF THE 3 FRIENDS. ASK R TO ESTIMATE IF HE/SHE DOES NOT KNOW EXACT AGE.	_ YEARS OLD	_ YEARS OLD	_ YEARS OLD
157. Does (NAME) live within ten minutes of where you live, somewhere else in the area, or outside of the area?	SAY T TRANSPOR	CLARIFY "TEN HAT ANY MEAI TATION IS ACC STION FOR THE	NS OF EPTABLE.
Within ten minutes	1	1	1
Somewhere in area	2	2	2
Outside area	3	3	3

158.	8. Are there some neighbors that you know well enough to do the following:					
	Yes No Say hello in passing					
159.	How often do you socialize with friends or relatives outside the household? That is, how often do you go to movies, visit friends or relatives, attend games, night clubs, and so on?					
	HAND CARD #11					
	Several times a week					
160.	How often do you talk to your friends and relatives on the phone?					
	Several times a week					
161.	How satisfied are you with the opportunities you have to confide in others?					
	Not at All 1 A Little 2 Some 3 Pretty Much 4 Very Much 5					

162.	About how many close relatives do you have living in or around (Chicago/the city you live in) but not in your household? I mean counting your brothers and sisters, children, grand-children, parents, aunts and uncles, and so on.						
			_ CLOSE RELA	TIVES			
		NONE (0)		() (SKIP	ΓO Q.164)	
163.	Of the relative house or you	es that live in (C go over to their	Chicago/the city your states for visits?	ou live in), how of	ten do the	ey come to your	
		At least once a Every two wee Once a month Every few mon	week		5 4 3 2		
164.	During the last week, how many people outside of the household did you do something with, like go for a walk, talk, or go to a movie?						
			PE	OPLE			
165.	Using a scale important to y	where 1 means ou is having go	"Not so Important od friends?	" and 6 means "Ve	ry Import	ant," how	
Not So	Important				7	Very Important	
	1	2	3	4	5	6	
166.	Using a scale where 1 means "Not so Well" and 6 means "Very Well," how are you doing in terms of friends?						
Not	So Well					Very Well	
	1	2	3	4	5	6	

CLUBS AND ORGANIZATIONS

The n	ext questions are about different kinds of organizations.						
	HAND CARD #12						
167.	Please give the number from the card if you belong to or attend meetings of any of the following organizations. READ THE CATEGORIES AND CIRCLE ALL THAT APPLY.						
	A. Neighborhood or Block Clubs 1 R. Church groups, Clubs, Choirs 2 C. Senior Citizens Club or Groups 3 D. Sororities (Alpha Kappa Alpha, Delta Sigma Theta, Sigma Gamma Rho) 4 E. Masonic Organizations (Eastern Star and so on) 5 Civil Rights Groups (NAACP, Urban League) 6 Women's Rights Groups 7 Welfare Rights Groups 8 J. Labor Unions or Professional Groups 9 Social Clubs, Card Clubs, Bridge/Keno/Bingo Clubs, and so on 10 Parent/School Groups 11 Local School Council 12 OTHER (SPECIFY: 13						
168.	NONE						
100.	Weekly						
169.	Have you ever volunteered or been involved in any charity work or organization?						
	Yes						
170.	Are you currently involved in any volunteer activities or organizations in your community?						
	Yes						

171.	INTERVIEWER CHECKPOINT: DOES R HAVE A HUSBAND/PARTNER? (QUESTION 6)						
		YES					
172.	Give the n the follow: APPLY.	umber from the card if your (husband/partner) belongs to or attends meetings of ing organizations. READ THE CATEGORIES AND CIRCLE ALL THAT					
D _H	IAND CAF	RD #13					
	A. B. C. D. E. F. G.	Neighborhood or Block Clubs					
	I. J. K . L. M. N.	Welfare Rights Groups					

RELIGIOUS/CHURCH PARTICIPATION

	ASK 1	EVERYONE: The next questions are about your church participation
173.		is your religious preference? (IF NECESSARY: Is it Protestant, Catholic, Jewish im, some other religion, or no religion?)
		Protestant 1 Catholic 2 Jewish 3 Muslim 4 No Religion 5 Some other religion (SPECIFY RELIGION AND/OR CHURCH DENOMINATION) 6
174.		ou belong to a church? (IF R NOT SURE SAY: Including a Kingdom Hall, que or Temple.)
		Yes
	A.	What church?
		Non-Denominational church 1 African Methodist Episcopal, AME 2 Baptist 3 Catholic 4 Christian Science 5 Church of God in Christ (Assembly of God) 6 Community 7 Episcopal 8 Holy Ghost 9 Jehovah's Witness 10 Lutheran 11 Methodist 12 Muslim 13 Pentecostal 14 Presbyterian 15 Seventh Day Adventist 16 United Church of Christ (Congregational) 17 Unity 18 OTHER (SPECIFY): 19

175.	How often do you attend church services, not including weddings or funerals?						
	Several times a week						
176.	Using a scale important are	where 1 mean your religiou	ns "Not Impor s and spiritual	tant at all" and beliefs in you	d 6 means ur daily lif	"Very Important," how e?	
Not In	nportant at al	1			Verv	Important	
	ī	2	3	4	5	6	
177.	Using a scale where 1 means "Never" and 6 means "Always," when you have problems or difficulties in your family, work or personal life, how often do you seek spiritual comfort?						
Ne	ever					Always	
	1	2	3	4	5	6	
178.	Other than at	meal times, h	ow often do y	ou pray to Go	od privately	y?	
	At least At least From	st once a week st once a mon time to time b	th	ce a month.	*******	4 3 2	
179.	Do you believe that God or a universal spirit observes your actions and rewards or punishes you for them?						
180.	Do you agree of your religion	or disagree won are the actu	rith the follow	ing statement: od and are to	: The Bibl be taken li	e or the sacred scriptures terally word for word.	

181.	Do your religious beliefs provide you with no guidance in your day-to-day living, some guidance in your day-to-day living, quite a bit of guidance, or a great deal of guidance in your day-to-day living?					
	A great deal					
POL	TICAL PARTICIPATION					
The n	ext questions are about your political participation and your neighborhood:					
182.	Are you registered to vote?					
	Yes					
183.	Have you voted in the last five years?					
	Yes					
184.	Did you vote in the most recent presidential election?					
	Yes					
185.	Did you work on a political campaign in the last five years?					
	Yes					
186.	Have you gone to a political meeting in the last five years?					
	Yes					
187.	Have you helped to register people to vote or worked in voting places as a judge or party representative in the last five years?					
	Yes					

RESIDENTIAL AREA

188.	Is (this/your)	home owned or	r rented?						
		OWNED RENTED NOT APPLIC			2	(SKIP TO	Q.190)		
189.	Who owns or	rents (this/your	r) home?						
		RESPONDEN FOCAL CHIL OTHER CHIL OTHER (SPE	.D .D		2				
190.	What is the en	thnic make-up o	of your neigh	iborhood?					
		MOSTLY BLAMOSTLY WHOSTLY HIS MOSTLY ASIMIXTURE BIMIXTURE	HITE SPANIC IAN LACK/WHI' LACK/HISP LACK/ASIA	TEANIC	2 4 5 6 7				
191.	Using a scale where 1 means "Not so Well" and 6 means "Very Well," how well do you like living in your neighborhood?								
Not	So Well						Very Well		
	1	2	3	4	·:	5	6		
192.	Are there gangs in your neighborhood?								
		Yes			2				
193.	Do the gangs	(READ C	ATEGORIE	S)	******				
	B. Make peC. Sell dru	the neighborhoo cople want to le	ave the neig	hborhood	3	NO 2 4 2 4	DK 8 8 8		

The next questions are about crimes that may have been committed against you.

		A IF YES ASK B IF NO GO TO NEXT QUESTION	B When was the last time? RECORD YEAR OR AGE.
194.	Has anyone ever purposely injured you physically?	Yes 1 No 2	YEAROR
194a. ever a	(IF YES AT Q.194, ASK) Was this husband or other intimate partner?	Yes 1 No 2	YEAROR AGE
195.	Did you ever have something stolen from you by threat or force?	Yes 1 No 2	OR YEAR
196.	Did you ever have your purse snatched or your pocket picked?	Yes 1 No 2	AGE YEAR OR AGE
197.	Have you ever been swindled or conned?	Yes 1 No 2	YEAR OR AGE
198.	Have you ever had something stolen from your home or car?	Yes 1 No 2	YEAR OR AGE
199.	Have you ever had your car stolen?	Yes 1 No 2	OR YEAR
		110	AGE

	A IF YES ASK B IF NO GO TO NEXT QUESTION	B When was the last time? RECORD YEAR OR AGE.
200. Have you ever been forced to have sex?	Yes 1 No	OR AGE
200a. (IF YES AT Q.200, ASK) Was this ever a husband or other intimate partner?	Yes 1 No 2	YEAROR

201. How satisfied are you with the following items in your neighborhood?

		HAND	CARD	#14
	_		CILLUD	// A. T

6 = very	5=fairly	4=a little	3=a little	2=fairly	1=very
satisfied	satisfied	satisfied	dissatisfied	dissatisfied	

	Ver Sat	ry isfied	l	D		Very satisfied	
Quality of housing	6	5	4	3	2	1	
Shopping	6	5	4	3	2	1	
Transportation	6	5	4	3	2	1	
Safety	6	5	4	3	2	1	
Fire and police protection	6	5	4	3	2	1	
Parks and recreation	6	5	4	3	2	1	
Churches	6	5	4	3	2	1	
Schools	6	5	4	3	2	1	
Friendliness of your neighbors	6	5	4	3	2	1	
Job opportunities	6	5	4	3	2	1	
City services (garbage collection, snow removal)	6 ,	5	4	3	2	1	
Health care facilities	6	5	4	3	2	1	
Community cooperation (neighborhood watch)	6	5	4	3	2	1	

Severa About Once a Less of		a month	always do t	5 4 3 2 1 his in your 1		
Activities	Always Inside neighbor- hood	Usually Inside	HALF AND HALF	Usually Outside	Always Outside	DOES NOT APPLY
Shop for food	1	2	3	4	5	6
Go to restaurants	1	2	3	4	5	6
Go to religious services	1	2	3	4	5	6
Do banking	1	2	3	4	5	6
Go to the doctor	1	2	3	4	5	6
Shop for clothes	1	2	3	4	5	6
Go to the movies, bowling, entertainment	1	2	3	4	5	6
Go to cleaners or Laundromat	1	2	3	4	5	6
No 205. Do you have access to Yes		can drive?		2 (SK)	(P TO Q.20	6)

How often do you go outside your neighborhood for activities or to see someone?

202.

206. How do you get about? CIRCLE ALL THAT APPLY

HUSBAND/PARTNER	
FOCAL CHILD	
OTHER CHILDREN	
BROTHER/SISTER 4	
OTHER RELATIVE 5	
NEIGHBORS 6	
FRIEND 7	
SELF 8	
TRANSIT SYSTEM 9	
TAXI CABS	
OTHER (SPECIFY) 11	
DON'T GET ABOUT 96	

PSYCHOLOGICAL HEALTH

207.	often, occasionally, or hardly ever?
¥	Very Often
208.	How often do you have days when you are sad and blue—very often, fairly often, occasionally, hardly ever?
	Very Often 4 Fairly Often 3 Occasionally 2 Hardly Ever 1
209.	Have you ever thought a lot about death—either your own, someone else's, or death in general?
	Yes
210.	Have you ever felt like you wanted to die?
	Yes
211.	Have you ever felt so low you thought about committing suicide?
	Yes
212.	Have you ever attempted suicide?
	Yes

HAND CARD 15

	Never	Almost never	Sometimes	Fairly Often	Often
Felt sad?	1	2	3	4	5
Felt lonely?	1	2	3	4	
Felt you couldn't shake the blues?	1	2	3	4	5
Felt depressed?	1	2	3	4	5
Been bothered by things that don't usually bother you?	1	2	3	4	5
Wondered if anything was worthwhile anymore?	1	2	3	4	5
Felt that nothing turned out for you the way you wanted it to?	1	2	3	4	5
Felt completely hopeless about everything?	1	2	3	4	5
Felt worthless?	1	2	3	4	5
Thought about taking your own life?	1	2	3	4	5

	Never	Almost Never	Sometimes	Fairly Often	Often
Felt that everything was an effort?	1	2	3	4	5
Felt you just couldn't get going?	1	2	3	4	5
Had trouble keeping your mind on what you were doing?	1	2	3	. 4	5
Had trouble getting to sleep or staying asleep?	1	2	3	4	5
Not talked to anyone or talked less than usual?	1	2	3	4	5
Felt no interest in anything or anybody?	1	2	3	4	5
Felt tired all the time?	1	2	3	4	5
Had a poor appetite?	1	2	3	4	5

215. How often in the past 12 months have you...

	Never	Almost Never	Sometimes	Fairly Often	Often
Enjoyed Life?	1	2	3	4	5
Felt hopeful about the future?	1	2	3	4	5
Felt happy?	1	2	. 3	4	5

	Never	Almost Never	Sometimes	Fairly Often	Often
Worried a lot about little things?	1	2	3	4	5
Felt anxious, tense, or nervous?	1	2	3	4	5
Felt restless or fidgety?	1	2	3	4	5

217. How often in the past 12 months have you...

	Never	Almost Never	Sometimes	Fairly Often	Often
Had dizziness?	1	2	3	4	5
Had shortness of breath when you were not exercising or working hard?	1	2	3	4	5
Had your hands tremble?	1	2	3	4	5
Had your heart beating hard when your were not exercising or working hard?	1	2	3	4	5
Suddenly felt hot all over?	1	2	3	4	5

218. How often in the past 12 months have you...

	Never	Almost Never	Sometimes	Fairly Often	Often
Felt that your mind was dominated by forces beyond your control?	1	2	3	4	5
Heard voices without knowing where they came from?	1	2 .	3	4	5
Felt that your unspoken thoughts were being broadcast or transmitted, so that everyone knew what you were thinking?	1	2	3	4	5

	Never	Almost Never	Sometimes	Fairly Often	Often
Felt it was safer to trust no one?	1	2	3	4	5
Been very suspicious?	1	2	3	4	5
Believed you were being plotted against?	1	2	3	4	5
Felt that people were saying all kinds of things about you behind your back?	1	2	3	4	5
Felt you had enemies who really wished to do you harm?	1	2	3	4	5
Been sure that everyone was against you?	1	2	3	4	5

PHYSICAL HEALTH

220.	In general, would you say that your health is excellent, very good, good, fair, or poor?
	Excellent 5 Very good 4 Good 3 Fair 2 Poor 1
221.	Compared to one year ago, how would you rate your health in general now? Is it much better now than one year ago, somewhat better, about the same as one year ago, somewhat worse or much worse than one year ago?
	Much better now than a year ago 5 Somewhat better now than one year ago 4 About the same as one year ago 3 Somewhat worse now than one year ago 2 Much worse now than one year ago

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

HAND CARD #16

		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	1	2	3
b.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
c.	Lifting or carrying groceries	1	2	3
d.	Climbing several flights of stairs	1	2	3
e.	Climbing one flight of stairs	1	2	3
f.	Bending, kneeling or stooping	1	2	3
g.	Walking more than a mile	1	2	3
h.	Walking several blocks	1	2	3
i.	Walking one block	1	2	3
j	Bathing or dressing yourself	1	2	3

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

		Yes	No
a.	Cut down the amount of time you spent on work or other activities	1	2
b.	Accomplished less than you would like	3	4
c.	Were limited in the kind of work or other activities .	5	6
d.	Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

224.	During the past 4 weeks, have you had any of the follow other regular daily activities as a result of any emotional depressed or anxious?	ing prob problem	lems with your work or such as feeling
	a. Cut down the amount of time you spent	Yes	No
	on work or other activities	. 1	2
	b. Accomplished less than you would like	. 3	4 .
	c. Didn't do work or other activities as		
	carefully as usual	. 5	6
225.	During the past 4 weeks, to what extent has your physical interfered with your normal social activities with family,	l health of	or emotional problems neighbors, or groups?
	Not at all Slightly Moderately Quite a bit Extremely	3	
226.	How much bodily pain have you had during the past 4 we	eks?	
	None Very mild Mild Moderate Severe Very Severe	5	
227.	During the past 4 weeks, how much did pain interfere with both work outside the home and housework?	h your n	ormal work including
	Not at all Slightly Moderately Quite a bit Extremely	4	

228. How true or false is each of the following statements for you?

	Definitely False	Mostly False	DON'T KNOW	Mostly True	Definitely True
I seem to get sick a little easier than other people.	1	2	8	4	5
I am as healthy as anybody I know.	1	2	8	4	5
I expect my health to get worse.	1	2	8	4	5

OPPOSITE PAGE REQUIRES HAND CARD #17	==>

229. Now I am going to read a list of health problems. After each one, please tell me whether a doctor has told you that you have that problem. IF YES ASK 229A, OTHERWISE SKIP TO Q. 230.

229A. FOR EACH "YES" ANSWER: How much does this keep you from working or carrying out your daily tasks? Would you say a great deal, only a little, or not at all?

	10 Q. 230.					
H	AND CARD #17	Yes	No	A Great Deal	A Little	Not at All
΄ A.	Arthritis or rheumatism	1	2	1	2	3
B.	Ulcers	1	2	1	2	3
C.	Cancer	1	2	1	2	3
D.	Hypertension or "high blood pressure"	1	2	1	2	3
E.	Diabetes or "sugar"	1	2	1	2	3
F.	Kidney or liver problems	1	2	1	2	3
G.	Asthma	1	2	1	2	3
H.	Other Respiratory diseases, TB, or Lung diseases. For example emphysema, chronic bronchitis	1	2	1	2	3
I.	Parkinson's disease	1	2	1	2	3
J.	A broken or fractured hip	1	2	1	2	3
K.	Back pain	1	2	1	2	3
L.	A stroke	1	2	1	2	3
М.	A blood circulation problem or "hardening of the arteries"	1	2	1	2	3
N	Heart trouble or heart attack	1	2	1	2	3
0.	Sickle Cell Anemia	1	2	1	2	3
P.	Hearing problems	1	2	1	2	3
Q.	Vision problems	1	2	1	2	3
R.	Emotional or nervous problems	1	2	1	2	3
S.	Sexually transmitted diseases (STDs, VD)	1	2	1	2	3
T.	HIV Positive or AIDS	1	2	1	2	3
U.	Thyroid	1	2	1	2	3
V.	Are there other health problems that a doctor told you that you have that we haven't mentioned? (SPECIFY)	1	2	1	2	3

mori O

7: 345 = Xx = 2x

VS Severity

230.	During the past 12 months, did you stay in bed for more than half a day because of illness or injury?
	Yes
231.	During the past 12 months, how many days did you stay in bed more than half the day because of illness or injury? (IF IN HOSPITAL DURING THIS TIME, COUNT AS DAYS IN BED)
	DAYS IN BED
232.	(Not counting the days you spent in bed) were there any other days when you cut down on the things you usually do because of illness or injury?
	Yes
233.	How may days did you cut down, not counting those when you stayed in bed?
	DAYS CUT DOWN
234.	Have you stayed overnight in a hospital during the past 12 months?
	Yes
235.	How many nights did you stay overnight in the hospital during the past 12 months?
	NIGHTS IN HOSPITAI

HAND CARD #18

236.	In the last twelve months, how many times, if any, have you seen a doctor or other professional for	None	Once	Twice	3-5 Times	6-9 Times	10 or More Times	
A.	A routine physical check-up?	1	2	3	4	5	6	
B.	An injury suffered in a fight, assault, or auto accident?	1	2	3	4	5	6	
C.	Any other accidental injury?	1	2	3	4	5	6	
D.	Some physical illness or symptom?	1	2	3	4	5	6	
E.	Some emotional or psychological problem or symptom?	1	2	3	4	5	6	

237. During the past twelve months, did you receive counseling or use other services from any self-help groups like Alcoholics Anonymous, or AA?

Yes														_			_													1		(ASK A)
No											•	Ī	•	•	•	•	•	•	•	•	٠	•	•		•	•	•	٠	٠	1		(ASK A)
110	•	•	٠	•	•	•	•	•	•	•	•	•	•	•	•	٠	•	•	•	•	•	•	•			•	•	-	•	2	,	(SKIP TO Q. 238)

A. How many meetings did you attend?

238.	During the past twelve months, did you receive outpatient counseling at a community agency such as a mental health center, substance abuse treatment center, a youth service bureau, family service bureau, or a private practitioner like a psychologist, social worker, or counselor?		
		Yes	
	A. How n	nany times did you visit the (SERVICE NAMED)?	
239.	During the past center, psychia	twelve months did you receive any inpatient treatment at a mental health tric hospital or substance abuse treatment center?	
		Yes	
	A. How n	nany days of treatment did you receive?	
		<u> </u>	
240.	During the passother source for	t twelve months did you receive any other counseling or services from any r problems related to mental health or substance use?	
		Yes	
SLE	EP PATTERNS		
241.	How many hou	ars do you usually sleep at night?	
		None 0 3 or less 1 4 to 6 2 7 to 9 3 10 or more 4	
242.	How many how	urs do you usually sleep during the day?	
		None 0 3 or less 1 4 to 6 2 7 to 9 3 10 or more 4	

MENOPAUSE

243. Ha	we you had a period in the last twelve months?
	Yes
244. Die	d your periods stop because of (READ ANSWERS)
	Menopause or The Change of Life
245. Do	you think you have reached or been through menopause (or the change of life?)
	Yes
time or, o	replacement therapy is the use of female hormones (estrogen or progestogen) around the rafter, menopause. These hormones can be taken as pills, skin patches, implants, under the skin, or vaginal cream.
246. Hav	e you ever taken hormone replacement therapy?
	Yes

SUBSTANCE USE

247.	In your lifetime, have you ever drunk alcoholic beverages?
	Yes
248.	Have you ever felt annoyed by criticism of your drinking?
	Yes
249.	Have you ever had guilty feelings about drinking?
	Yes
250.	Have you ever taken a morning eye opener (an alcoholic drink in the morning)?
	Yes
251.	Have you ever tried to cut down on your drinking?
	Yes
ALC	OHOL CONSUMPTION
252.	Do you usually drink alcoholic beverages at least once every week, including beer, wine, sherry, or liquor?
	Yes
253.	On the days when you drink, about how many drinks do you usually have?
	DRINKS PER DAY
254.	Over the past 6 months, how may days per week did you typically drink like this?
	DAYS PER WEEK

CIGARETTE SMOKING



ASK EVERYONE:

255.	Which of the following best describes your current cigarette smoking status? (READ EACH ITEM)
	Never smoked
	1 year ago or less, or
256.	On average, how many cigarettes (do/did) you smoke per day?
	CIGARETTES PER DAY
257.	For how many years (have you/did you) smoked?
	YEARS

ASK EVERYONE:

258.	Have you ever used any of the following? (ASK FOR EACH DRUG GROUP BEFORE ASKING FREQUENCY)	Yes	No	IF YES: When was the most recent time? MONTH AND YEAR	IF YES: Did you use: Just once or twice	Occasionally	Or on a regular basis?
A.	Marijuana or hashish	1	2	/	1	2	3
B.	LSD or other Psychedelics	1	2	/	1	2	3
C.	Uppers, Amphetamines or Metherdrine, without a doctor's prescription	1	2	/	1	2	3
D.	Uppers, Amphetamines or metherdrine with a doctor's prescription	1	2	/	1	2	3
E.	Downers, barbiturates or tranquilizers (phenobarbital, Librium, Valium, and so on) without a doctor's prescription	1	2		1	2	3
F.	Downers, barbiturates or tranquilizers (phenobarbital, Librium, Valium, and so on) with a doctor's prescription)	1	2		1	2	3
G.	Cocaine	1	2		1	2	3
H.	Heroin, methadone, or other opiates	1	2		1	2	3
I.	Glue, gas or other inhalants	1	2		1	2	3

HEALTH COVERAGE

259.	Now, I'd like to ask about health insurance. Are you now covered by CHAMPUS which covers both active duty and retired career military personnel, their dependents and survivors or CHAMPVA which covers disabled veterans, their dependents and survivors?
	Yes
260.	Are you now covered by Medicaid?
	Yes
261.	Are you now covered by Medicare?
	Yes
262.	We are interested in all other kinds of health insurance plans, including health maintenance organization plans. (Not counting CHAMPUS, Medicaid, and Medicare,) Are you now covered by any health insurance plan or HMO that pays for any part of a hospital, doctor's or surgeon's bill?
	Yes
263.	Is this plan obtained through an employer, through a union or professional group, or do you get it directly from an insurance company?
	Employer
264.	How much of the past year were you covered by any kind of health insurance, whether or not you used it?
	DAYS

INCOME

265. Which of these groups did your household income, from all sources for 1996 fall? That is, before taxes? Just say the number that corresponds to the range.

HAND CARD #19

266. In 1996, did income for you include the following? (READ EACH ITEM AND CIRCLE YES OR NO FOR EACH)

			Yes	No
	A.	Salaries or wages?	1	2
		Welfare/Public Assistance?		4
		Food Stamps?		· 6
				O .
	D.	Social Security?	1	2
	E.	SSI or Disability?	3	4
	F.		5	6
	G.	Unemployment Compensation?	1	2
	H.	Foster Family Benefits?	3	4
	I.	Gifts or Loans?	5	6
	J.	Dividends, Interest?	1	2
	K.	Rental Income?	3	4
	L.		5	6
	M.	Veteran's Benefits?	1	2
	N.	Sales commission, tips, bonuses?	3	4
	Ο.	Other income? (SPECIFY)	5	6
				_
266a.	INTE	RVIEWER CHECKPOINT: IS MORE THAN OF	NE SOURCE	E OF INCOME
		LED AT Q.266?		
		Yes 1 (AS)	K O. 267)	
		No	IP TO O. 26	67a)
		V.		,
267.	Which	was your main source of income? WRITE LETTER	R FROM LIS	T ABOVE
		LETTER		

267a.	INTERVIEWER CHECKPOINT: DOES R LIVE ALO	NE?	
	YES		
268.	In 1996, did income for others in the household include the EACH ITEM AND CIRCLE YES OR NO FOR EACH)	e following?	(READ
		Yes 1	No
	A. Salaries or wages?	1	2
	B. Welfare/Public Assistance?	3	4
	C. Food Stamps?	5	6
	D. Social Security?	1	2
	E. SSI or Disability?		4
	F. Pension/Retirement Income?	5	6
	G. Unemployment Compensation?	1	2
	H. Foster Family Benefits?		4
	I. Gifts or Loans?	5	6
	J. Dividends, Interest?		2
	K. Rental Income?		4
	L. Illegal activities?	5	6
	M. Veteran's Benefits?	1	2
	N. Sales commission, tips, bonuses?	3	4
	O. Other income? (SPECIFY)	5	6
	P. DON'T KNOW	8	
268a.	INTERVIEWER CHECKPOINT: IS MORE THAN ON CIRCLED AT Q. 268?	NE SOURCE	OF INCOME
	Yes)
269.	Which was your household's main source of income? WR ABOVE	ITE LETTER	FROM LIST
	i ETTED.		

LAST

	TIME:		
\bigcirc	TIME:		a.m./p.m.

MIDDLE

INTERVIEWER: PLEASE PRINT CLEARLY. VERIFY SPELLING. 270. Those are all the questions for the survey. The Woodlawn Health Project has been going on since 1966 and it is possible that we will want to talk to you again. [IF FOCAL CHILD ALIVE: We may also want to talk with (FOCAL CHILD) in the next few years about how (he/she) is doing.] We would like to stay in touch with you. Also, my office at NORC might wish to contact you to verify that I was here. What is your full name, address, and phone number? (ASK FOR MAIDEN NAME ALSO, IF NOT GIVEN) LAST **FIRST MIDDLE MAIDEN** (STREET ADDRESS) (APT#) (CITY) (STATE) (ZIP CODE) (COUNTY) B. (PHONE NUMBER) (AREA CODE) C. In whose name is the phone listed?

FIRST

	D. What is your Social Security number?
	ENTER NUMBER: REFUSED
E.	What is your date of birth?
	MONTH DAY YEAR
	REFUSED 97
271.	Do you have a Driver's License?
	YES
A.	What is your license number?
	· · · · · · · · · · · · · · · · · · ·
B.	Which state issued your license? (ENTER 2 LETTER STATE ABBREVIATION)

272.	Thinking of all the people you know, either around here or elsewhere, who would be the one person you keep in touch with who would be most likely to know where you are?													
	INTERVIEWER: TRY TO GET THE NAME OF SOMEONE WHO DOES NOT LIVE WITH THE RESPONDENT.													
	ENTER FULL NAME OF PERSON BELOW AND ASK QUESTIONS A-D.													
	LAST	FIRST	MIDDLE											
A.	What is (PERSON'S)	relationship to you?												
В.	What is (PERSON'S)	address?	_											
	(:	STREET ADDRESS)	(APT#)											
	(CITY)	(STATE)	(ZIP CODE)											
	(COUNTY)													
Ξ.	What is (PERSON'S)	telephone number?												
	(AREA CODE) (P)	HONE NUMBER)												
Э.	IF PERSON HAS A	PHONE: In whose name is the	phone listed?											

MIDDLE

FIRST

LAST

73.	Is there someone else	who would know how to get in touch	n with you in case you move?
	YES . NO	• • • • • • • • • • • • • • • • • • • •	1 (ASK A) 2 (SKIP TO Q.274)
٨.	What is (his/her) name	e, address, and phone number?	€
	LAST	FIRST	MIDDLE
	(STREET ADD	DRESS)	(APT#)
	(CITY)	(STATE)	(ZIP CODE)
	(COUNTY)	_	
	(AREA CODE) (PH	ONE NUMBER)	
74.	INTERVIEWER CHI Q.272 OR Q.273?	ECKPOINT: DID R PROVIDE FO	OCAL CHILD'S ADDRESS IN
	NO	CHILD DECEASED	2

275.	What is	(FOCAL	CHILD'S)	address and	phone	number?
------	---------	--------	----------	-------------	-------	---------

LAST	FIRST	MIDDLE
(STREET ADDRESS)	016	(APT#)
(CITY)	(STATE)	(ZIP CODE)
(COUNTY)		
(AREA CODE) (PHONE N	UMBER)	

276. OTHER COMMENTS ON LOCATING R:

Thank you very much for your time. Are there questions that you would like to ask us?

You have been most helpful to us. Again, your answers will remain confidential. If you would like to follow up further on any of the issues we have just discussed, the Woodlawn Health Project has people available to talk further with you. I can give you some useful phone numbers if you would like.

THIS PAGE INTENTIONALLY BLANK

USEFUL TELEPHONE NUMBERS

Woodlawn Mothers Health and Social Survey

Dr Margaret Ensminger - Principal Investigator (410) 955-2308

Ms. Jeannette Branch - Project Consultant (708) 481-4435

Woody Carter - NORC Project Director (773) 256-6106

THIS PAGE INTENTIONALLY BLANK

INTERVIEWER'S OBSERVATIONS

277.		AS ANYONE ELSE PRESENT DURING ANY PART OF THE INTERVIEW FOR ORE THAN JUST A COUPLE OF MINUTES?
		YES
	A.	IF YES, WHO WAS PRESENT?
		PARENT
	B.	WOULD YOU GUESS THAT THE PRESENCE OF THE ABOVE PERSON(S) INTERFERED WITH THE HONESTY OF R IN ANSWERING?
		NOT AT ALL 1 2 3 4 5 6 VERY MUCH
	C.	DURING WHICH PORTION OF THE INTERVIEW WAS THIS PERSON PRESENT?
	D.	DID PERSON NOTED ABOVE GIVE ANY SUPPORTING INFORMATION?
		YES
	E.	DID THE RESPONDENT SHOW AFFECTION TOWARD PERSON (FOR EXAMPLE, A PAT ON THE HEAD)?
		YES

278. PLEASE USE THE WORD-PAIR TECHNIQUE TO GIVE THE FOLLOWING RATINGS.

RESPONDENT DURING THE INTERVIEW:

A. FRIENDLY	1	2	3	4	5.	6	HOSTILE
B. UNDERSTOOD QUESTIONS	1	2	3	4	5	6	DIDN'T UNDERSTAND QUESTIONS
C. RELAXED	1	2	3	4	5	6	TENSE
D. INTERESTED	1	2	3	4	5	6	UNINTERESTED
E. FRANK AND CANDID	1	2	3	4	5	6	EVASIVE
F. COOPERATIVE	1	2	3	4	5	6	UNCOOPERATIVE
G. ATTRACTIVE	1	2	3	4	5	6	UNATTRACTIVE

RESPONDENT'S HOME

					_	_	
G. NEAT	1	2	3	4	5	6	DISORDERLY
H. CLEAN	1	2	3	4	5	6	DIRTY
I. PEACEFUL	1	2	3	4	5	6	HECTIC
J. IN GOOD REPAIR	1	2	3	4	5	6	DILAPIDATED

NOT APPLICABLE				•		96
RESPONDENT IS HOMELESS						97

279.	DID YOU SEE THE RESPONDENT INTERACT WITH ANY OF HER CHILD(REN)
	OR GRANDCHILDREN?

YES															1	
NO .						_	_								2	(SKIP TO Q.280)

RESPONDENT'S BEHAVIOR TOWARD CHILD(REN) OR GRANDCHILD(REN):

		T	T =	T =	7	_	
A. SUPPORTIVE	1	2	3	4	5	6	NOT SUPPORTIVE
B. WARM	1	2	3	4	5	6	COLD
C. NOT CONTROLLING	1	2	3	4	5	6	CONTROLLING
D. PERMISSIVE	1	2	3	4	5	6	STRICT

280.	DID YOU SEE THE RESPONDENT INTERACT WITH HER HUSBAND/PARTNER?
	YES

RESPONDENT'S BEHAVIOR TOWARD HUSBAND/PARTNER

A. SUPPORTIVE	1	2	3	4	5	6	NOT SUPPORTIVE
B. WARM	1	2	3	4	5	6	COLD
C. NOT CONTROLLING	1	2	3	4	5	6	CONTROLLING

281. TYPE OF HOUSING STRUCTURE:

SINGLE FAMILY HOME, DETACHED
SINGLE FAMILY HOME, ATTACHED (DUPLEX)
MULITAMILY ATTACHED (ROW OF TOWN HOUSE)
AFARIMENI (SIX UNITS OR I EGG)
APARTMENT (MORE THAN SIX UNITS)
MOBILE HOME
NOT APPLICABLE
96

A. WAS IT PUBLIC HOUSING?

YES												_	_												1
NTO										-	Ť	-	•	•	•	•	•	•	۰	•	•	•	•		Ţ
NO .			_	_																					^
			-	•	•	•	•	•	•	•		•	٠	٠									_	_	1

282.	ESTIMATED RACIAL MAKE-UP OF THE BLOCK OR AREA:	
	ALMOST ALL WHITE	
283.	DID THE RESPONDENT ANSWER SOME QUESTIONS IN WAYS THAT MADE NO SENSE OR THAT SEEMED TOTALLY UNRELATED TO THE QUESTIONS ASKED	
	YES	
284.	DID THE RESPONDENT SHOW A LACK OF EMOTIONAL RESPONSIVENESS OF FACIAL EXPRESSION THAT PERSISTED THROUGHOUT THE INTERVIEW?	R
	YES	
285.	DID R SHOW ANY ACTS OF UNUSUAL KINDNESS?	
	YES	
286.	DID YOU SEE ANY OF THE FOLLOWING IN THE HOUSEHOLD?	
	YES NO	
	A. BOOKS	
	B. MAGAZINES 1 2 C. NEWSPAPERS 1 2	
	NOT APPLICABLE	

CREDITS

THE WOODLAWN MOTHERS HEALTH AND SOCIAL SURVEY FUNDED BY THE NATIONAL INSTITUTES OF HEALTH

Johns Hopkins University:

Margaret E. Ensminger (Principal Investigator), Nan Astone, Jeannette Branch, Jill Jacobsen, Hee Soon Juon, Joan McCord, Rosemary Okoye

NORC:

Constance Ativie, Sharon Brown, Woody Carter, Gloria Chassagne, Seanne Chatman, Brenetta Cheeks, Linda Christian, Jeff Cothran, Alma Crawford, Erica Davis, Esther Davis, George Davis, Stephanne Foster-Crane, Sharon Gray, Lenneal Harmon-Bell, Gerald Hassan, Shirley Holmes, Lynda January-Wells, David Kusinitz, Elizabeth McDaniels, Deidra Mitchell, Almeda Moore, Joicelyn Moore, Demetria Pickett, Ezella Pickett, Janet Pickett, Deborra Morgan, Paulette Readus, Doris Rhimes, Lorie Rudd, Jakelyn Ryan, Delores Sanders, Brenda Scott, Gwendolyn Taylor, Karen Veldman, Sheila White, Shirley Williams, David Yambor, James Yu

EXTRA CALENDAR IN CASE YOU NEED IT

IMPOR- TANT			M	ARR	IAG]	 Е		RESIDENCE				LIVE ALON	E?	номе	LESS	JOE	3?	WELI	YR	
EVENTS	YR	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	
→	1967	M	L	S	D	w	N	Wo	С	S	o	YES	NO	Y	N	YES	NO	Y	N	1967
	1968	M	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1968
	1969	M	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1969
	1970	М	L	S	D	w	N	We	¢	S	0	YES	NO	Y	N	YES	NO	Y	N .	1970
	1971	M	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1971
	1972	M	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1972
	1973	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	МО	Y	N	1973
	1974	M	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1974
	1975	М	L	\$	D	W	N	Wo	С	S	0	YES	NO	Y	N	YE5	NO	Y	N	1975
→	1976	M	L	S	D	w	N	Wo	С	S	o	YES	NO	Y	N	YES	NO	Y	N	1976
	1977	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1977
	1978	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1978
	1979	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1979
	1980	М	L	S	D	W	N	We	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1980
	1981	М	L	s	D	w	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1981
	1982	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1982
	1983	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1983
	1984	М	L	s	D	w	N	Wo	С	s	0	YES	МО	Y	N	YES	NO	Y	N	1984
	1985	М	L	\$	D	W	N	Wo	С	\$	0	YES	NO	Υ	N	YES	NO	Υ	N	1985
	1986	M	L	s	D	w	N	Wo	C	s	0	YES	NO	Y	N	YES	NO	Y	N	1986
	1987	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1987
	1988	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1988
	1989	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1989
	1990	M	L	s	D	W	N	Wo	c	s	0	YES	NO	Υ	N	YES	NO	Y	N	1990
	1991	M	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1991
	1992	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1992
	1993	М	L	s	D	w	N	Wo	С	S	0	YES	NO	Y	N	YES	NO	Y	N	1993
	1994	M	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1994
	1995	М	L	8	D	W	N	Wo	C	S	o	YES	NO	Y	N	YES	NO	Y	N	1995
	1996	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	1996
	1997	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N.	1997
IMPOR-	YR	М	L	s	D	w	N	Wo	С	s	0	YES	NO	Y	N	YES	NO	Y	N	YR
TANT EVENTS			1	MAR	RIAC	GE		R	ESIE	ENC	CE	LIVE		НОМ	ELESS	JC)B?	WEI	LFARE?	