



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

d d M M M y y y y
(e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

Circle Visit: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 13/03/2015

Socio-Demographic Information Visit 2

Section A – Please Mark the Appropriate Box Below:

- 1 This Form was Administered via a DFR/Proxy Proxy (**Go to Section B**)
- 2 This Form was Administered In-Person by Study Personnel
- 3 This Form was Administered via Telephone by Study Personnel
- 4 This Form was Mailed and Self-Administered by Participant
- 5 This Form was Administered by Other: _____

Section B. Proxy Tracking.

B1. US sites:

Which contact person on the PCI form completed this form as the proxy? (Enter the corresponding number such as 6a, 6e, 6i, 8a, 8e, etc from the PCI form)

B3. Please provide the reason that you are completing this form on behalf of or instead of the Study Participant (Please X All that Apply)

- | | |
|--|--|
| <input type="checkbox"/> 1 Physical Illness/Serious incapacitating illness | <input type="checkbox"/> 1 Dementia/Cognitive impairment |
| <input type="checkbox"/> 1 Hearing impairment | <input type="checkbox"/> 1 Too Busy/Unavailable |
| <input type="checkbox"/> 1 Nursing home or long-term care | <input type="checkbox"/> 1 Unable to be reached or located |
| <input type="checkbox"/> 1 Visual impairment | <input type="checkbox"/> 1 Fatigue/Too overwhelmed |
| <input type="checkbox"/> 1 Self-doubt/Fearfulness about own limitations | <input type="checkbox"/> 1 Uninterested/Unmotivated |
| <input type="checkbox"/> 1 Other: _____ | |

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Note: Questions 1 and 2 will be completed by the Interviewer. Please proceed to Q3a.

***Q1. Date of Birth**

Day: ____ ____ Month: ____ ____ Year: ____ ____ ____ ____

Example: dd/mm/yyyy where dd is 1-31 and mm is 1-12)

***Q2. Which item was used to provide proof of age?**

- 1 Birth certificate
- 2 Church record
- 3 Family bible
- 4 Military record
- 5 Census record
- 6 Passport
- 7 Driver's license
- 8 No official source
- 9 Other (Please Specify) _____

***Q2a. Date of birth verified?**

- 1 Yes
- 0 No, reason _____

***Q3a. Were you born in the United States?**

- 1 Yes
- 0 No **Go to Q4a**

Q3b. In what city/town, county and state were you born?

City/Town: _____

County: _____

State: _____

Go to Q5

Q4a. In what country were you born? _____

Q4b. When did you come to the United States?

Year: ____ ____ ____ ____ **OR** Age: ____ ____

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Q5. Where did you live the majority of your childhood, prior to reaching the age of 16 years?

City/Town: _____

County: _____

State: _____

Country: _____

***Q6a.** What is your current housing situation?

- ¹House, including Townhouse or Farm **Go to Q6b**
- ²Apartment/Co-op/Condominium **Go to Q6b**
- ³Assisted Living/Other Special Housing for Older Adults **Go to Q6d**
- ⁴Nursing Home **Go to Q6e**
- ⁵Other (Please Specify) _____ **Go to Q6f if group dwelling**

Q6b. How many people are living in your home apart from yourself? _____ people **If 0, Go to Q6f**

***Q6c.** Do you live together with? (X all that apply)

- ¹Spouse/Partner
- ¹Sisters/Brothers
- ¹Child (children)
- ¹Grandchild (grandchildren)
- ¹Other Relatives
- ¹Close friends/friends
- ¹Other (Please Specify) _____

Go to Q6f

Q6d. When did you move into your assisted living/other special house for older adults?

___ ___ / ___ ___ / ___ ___ ___ ___ (dd/mm/yyyy) **Go to Q6f**

Q6e. When did you move into your nursing home?

___ ___ / ___ ___ / ___ ___ ___ ___ (dd/mm/yyyy) **Go to Q6f**

Q6f. Do you have some form of health insurance?

- ¹Yes
- ⁰No **Go to Q6h**

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Q6g. What form of health insurance do you have currently? (Check all that apply)

Insurance Type	(1)Yes	(0)No	(D)Don't Know
HMO or other private insurance (Blue Cross, United Health Care, Aetna, etc)			
Medicare			
Medicaid			
Military or Veteran's Administration sponsored			
Other			

Q6h. Do you have prescription drug coverage?

- ¹ Yes
- ⁰ No

***Q7.** What is your gender?

- ¹ Male
- ² Female

***Q8.** Are you Spanish/Hispanic/Latino?

- ¹ Yes, Mexican, Mexican American/Chicano
- ² Yes, Puerto Rican
- ³ Yes, Cuban
- ⁴ Yes, Other Spanish/Hispanic Latino
- ⁰ No, not Spanish/Hispanic/Latino

***Q9.** What is your race? (X all that apply)

- ¹ White
- ¹ Black or African American
- ¹ American Indian or Alaska Native
- ¹ Asian
- ¹ Native Hawaiian or other Pacific Islander
- ¹ Other (Please Specify) _____

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***Q10.** What is the highest degree or level of school that you have completed?

- 0Never went to school
- 1No schooling completed
- 2Nursery school to 4th grade
- 35th grade or 6th grade
- 47th grade or 8th grade
- 59th grade
- 610th grade
- 711th grade
- 812th grade – No high school diploma or GED
- 9High school graduate – Diploma or GED
- 10Vocational Training *How Many Years?* _____
(technical, agricultural trade or craft)
- 11Some college credit but less than one year
- 121 or more years of college – no degree
- 13Associate degree (AA, AS)
- 14Bachelor's degree (BA, AB, BS)
- 15Master's degree (MA, MS, Meng, Med, MSW, MBA)
- 16Professional degree (MD, DDS, DVM, LLB, JD)
- 17Doctorate degree (PhD, EdD)
- DDo Not Know
- RRefused

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These next set of questions ask about your MAIN occupation.

Q11a. What is/was your main occupation for most of your life? Include unpaid work that you may have done on a farm, in a business or as a homemaker. **Note:** *If you never worked, check the box below and skip to Q12a. If you are currently working, write down your main occupation, despite your current role. Since we are interested in your main occupation, your current role (if still working), may not be your main occupation, especially if you are working part-time or on a 'side job'. Please note: You are encouraged to provide your primary occupation that you worked in most of your life. If you had more than one MAIN occupation, list all and include them on separate lines or clearly separate them with “ ;”.*

(Examples of occupations include the following: janitor, farm laborer, bus driver, postal clerk, registered nurse, teacher, auto mechanic, lawyer, doctor, accountant, housewife, unpaid work on a farm, etc.) _____

- ^N Never worked **Go to Q12a**
- ^R Refused **Go to Q12a**

Q11b. How many subordinates do you have/did you have when you stopped working from your primary/main occupation? **Note:** *If you are still working at your main occupation, you may enter the current number of subordinates. If you are currently unemployed or working in a job outside of your main occupation (i.e. part-time, 'side job', etc.) or have retired, enter the number of subordinates you had when you stopped working from your main occupation.*

***Q12a.** What is your current marital status?

- ¹Married, indicate age of spouse: _____ years
- ²Separated, indicate year: _____
- ³Divorced, indicate year: _____
- ⁴Widowed, indicate year: _____
- ⁰Never married **Go to Q13a**

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Q13b. If you are currently working, how many hours per week are you currently working?

- ¹Full time (≥ 32 hours per week)
- ²Part time (< 32 hours/week)

Q13c. What is your current primary occupational role? _____

(If you have more than one MAIN occupation, list all and include them on separate lines or clearly separate them with “ ;”.)

(Examples of occupations include the following: janitor, farm laborer, bus driver, postal clerk, registered nurse, teacher, auto mechanic, lawyer, doctor, accountant, housewife, unpaid work on a farm, etc.)

Q13d. Do you currently do unpaid volunteer or community work?

- ⁰No **Go to Q14a**
- ¹Yes **Go to Q13e**

Q13e. If you are currently volunteering, how many hours per week do you currently volunteer?

- ¹Full time (≥ 32 hours per week)
- ²Part time (< 32 hours/week)

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These next questions ask about your spouse's/partner's MAIN occupation.

Q14a. What is/was the main occupation of your spouse/partner for most of his/her life? Include unpaid work that he/she may have done on a farm, in a business or as a homemaker. If you have been married more than once or lived with different partners, answer this question for the spouse to whom you were married or lived with the longest. **Note:** *If [he/she] never worked, check the box below and skip to 15a. If your spouse/partner is currently working, write down your spouse's/partner's main occupation, despite [his/her] current role. Since we are interested in your spouse's/partner's main occupation, [his/her] current role (if still working), may not be [his/her] main occupation, especially if your spouse/partner is working part-time or on a 'side job'. Please note: You are encouraged to provide your spouse's/partner's primary occupation that s/he worked in most of his/her life. If your spouse/partner had more than one MAIN occupation, list all and include them on separate lines or clearly separate them with ' ; '. Note: Partner refers to a partner with whom you have been in a cohabiting relationship.*

(Examples of occupations include the following: janitor, farm laborer, bus driver, postal clerk, registered nurse, teacher, auto mechanic, lawyer, doctor, accountant, housewife, unpaid work on a farm, etc.) _____

^N Never worked

Go to Q15a

^R Refused

Go to Q15a

Q14b. How many subordinates does/did your spouse/partner have when [he/she] stopped working? **Note:** *If your spouse/partner is still working at [his/her] main occupation, you may enter the current number of subordinates. If your spouse/partner is currently unemployed or working in a job outside of [his/her] main occupation (i.e. part-time, 'side job', etc.), enter the number of subordinates your spouse/partner had when [he/she] stopped working from [his/her] main occupation.*

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The next series of questions deals with your income and your family's economic situation. Income and economic resources are important in analyzing the health information we collect, as they can affect health in many ways that are often important and surprising. Like all other information you have provided, these answers will be kept strictly confidential.

Q15a. What is your best estimate of the **highest annual combined household income** you and anyone in your family attained when you and/or your spouse/partner were working? Include income from all sources such as wages, salaries, self-employment, government sources, help from relatives, rent from property, interest, dividends, and any other sources.

Note: If you were/are living with someone with whom you did not or don't share income, you should NOT report the other person's income, i.e., not the combined income with your living partner. If the incomes of your spouse/partner were/are pooled, then the combined income should be reported. Please note that, for those who have had a change in marital status, the highest annual income when working may not necessarily be the income you earned when together. If you earned more while living and working on your own, than you did when living with a spouse/partner, the highest income should be reported.

Note: Partner refers to a partner with whom you have been in a cohabiting relationship.

- 0Less than \$5,000
- 1\$5,000 to \$9,999
- 2\$10,000 to \$14,999
- 3\$15,000 to \$19,999
- 4\$20,000 to \$34,999
- 5\$35,000 to \$49,999
- 6\$50,000 to \$74,999
- 7\$75,000 to \$99,999
- 8\$100,000+
- DDon't Know
- RRefused

Q15b. When was this level of annual combined household income earned?

From Year: ___ ___ ___ ___ **to** Year: ___ ___ ___ ___

OR

From Age: ___ ___ ___ **to** Age: ___ ___ ___

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Q15c. How many people were living in your household, including yourself, who depended on this income during the period you specified above (please provide the maximum number)? ____

Q15d. During most of your life, how hard was it for you (and your family) to pay for the very basics like food, clothing and housing?

- 5 Very Easy
- 4 Easy
- 3 OK
- 2 Hard
- 1 Very Hard
- D Don't Know
- R Refused

***Q16a.** Do you currently own or do you rent your principal place of residence, or the place where you usually live?

- 1 Own **Go to Q17**
- 2 Rent **Go to Q17**
- 3 Other: _____ **Go to Q17**
- D Don't Know **Go to Q17**
- R Refused **Go to Q17**

Q16b. If you sold your principal place of residence today, how much money would you expect to make after you have paid for any remaining mortgage?

- 1 Less than \$100,000
- 2 \$100,000 - \$249,999
- 3 \$250,000 - \$499,999
- 4 Equal to or more than \$500,000
- D Don't Know
- R Refused

The next question is about the value of any financial assets that you may have. By assets, we are referring to things like bank accounts, retirement accounts, investments such as stocks and bonds, and other financial assets. Financial assets are also important in analyzing the health information we collect. Like all other information you have provided, this answer will be kept strictly confidential.

Q17. What is the value of all financial assets that you own? By assets, we are referring to things like bank accounts, retirement accounts, investments such as stocks and bonds, and other financial assets.

- 1Less than \$100,000
- 2\$100,000 - \$249,999
- 3\$250,000 - \$499,999
- 4Equal to or more than \$500,000
- DDon't Know
- RRefused

LIFE EVENTS

These next set of questions ask you about a number of events that commonly happen in people’s lives and that can affect your health. In some cases, it will ask whether the event has happened to you or a member of your family since we last spoke to you. In other cases, it will ask only whether it happened to you. When the question asks about a spouse, we are referring to both married spouses and unmarried partners who live together. Please respond “yes” if the event happened and “no” if it did not.

Q18. Have you retired or changed or lost your job during the last six months?

- 1Yes
- 0No **Go to Q19**
- KUnknown **Go to Q19**

Q18a. When did this happen?

- 1During the last month
- 0Not during the last month
- DDon't Know

Q18b. Was this job change, loss, or retirement positive or negative?

- 1Positive
- 0Negative
- DDon't Know

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Q19. Have you had a grandchild born during the last six months?

- 1 Yes
- 0 No
- K Unknown

Q20. Has caring for a sick or disabled relative become a significant problem for you during the last six months?

- 1 Yes
 - 0 No
 - K Unknown
- Go to Q21**
Go to Q21

Q20a. Has providing care become significantly harder in the last month?

- 1 Yes
- 0 No
- D Don't Know

Q21. Has there been a significant change in your personal finances during the last six months?

- 1 Yes
 - 0 No
 - K Unknown
- Go to Q22**
Go to Q22

Q21a. When did this happen?

- 1 During the last month
- 0 Not during the last month
- D Don't Know

Q21b. Was this change positive or negative?

- 1 Positive
- 0 Negative
- D Don't Know

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Q22. Did you or a very close friend or close family member have a serious accident or illness during the last six months?

- 1Yes
- 0No **Go to Q23**
- KUnknown **Go to Q23**

Q22a. When did this accident or illness occur?

- 1During the last month
- 0Not during the last month
- DDon't Know

Q23. Have you, your spouse or partner, or a member of your immediate family been assaulted or robbed during the last six months?

- 1Yes
- 0No **Go to Q24**
- KUnknown **Go to Q24**

Q23a. When did this assault or robbery occur?

- 1During the last month
- 0Not during the last month
- DDon't Know

Q24. Have you had any important relationship, for example with your spouse or a good friend, become significantly worse during the last six months?

- 1Yes
- 0No **Go to Q25**
- KUnknown **Go to Q25**

Q24a. When did this relationship worsen?

- 1During the last month
- 0Not during the last month
- DDon't Know

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Q25. Did someone you were close to die during the last six months?

- 1 Yes
- 0 No **Go to Q26**
- K Unknown **Go to Q26**

Q25a. When did this person die?

- 1 During the last month
- 0 Not during the last month
- D Don't Know

Q25b. What was this person's relationship to you?

- 1 Spouse
- 2 Brother
- 3 Sister
- 4 Mother
- 5 Father
- 6 Child
- 7 Other Relative
- 8 Friend
- 9 Pet
- 10 Other (Please Specify) _____

Q26. Have any other important things happened to you or your spouse or partner in the last six months that made this period significantly different from a typical year?

- 1 Yes
- 0 No **End Here**
- K Unknown **End Here**

Q26a. What Happened (continue on a separate page if necessary)?

Q26b. Was it positive or negative?

- 1 Positive
- 0 Negative
- D Don't Know