

INTRODUCTION TO CODEBOOK

The following documentation of the mailout data is an annotated version of the questionnaire sent to the respondents.

The following conventions have been used:

An asterisk (*) is used to denote questions that were only included on the long form of the questionnaire. (Respondents were randomly selected to receive a long or a short version of the questionnaire.)

A scissors (✂) is used to denote variables not included in the public data.

Missing data values

8, 98, 998, etc: 'Uncertain, can't say'

9, 99, 999, etc: 'No answer'

A period (.): Inap. (Question was inapplicable given the answer to a prior question, or not included in the form received by the respondent).

KEY VARIABLES:

HHID: is a six digit number used to uniquely identify each household in the study

PN: is a three digit number used to identify each respondent within the household.

Q_FORM: Questionnaire received by the respondent (See sample description).

1. Long version, for respondents under age 65.

2. Long version, for respondents aged 65 or older.

3. Short version

HHTYPE: 1. Respondent was not married or living with a partner in 1998

2. Respondent was married or living with a partner in 1998, and both members of the couple were mailed a questionnaire.

3. Respondent was married or living with a partner in 1998, but spouse or partner was not mailed a questionnaire.

MAIL_IDR: is a six digit number used to identify the case (for internal use only)

ABOUT THIS QUESTIONNAIRE

We think you will find the topics and questions interesting. Your answers are extremely important to the project. Please remember that your participation is *voluntary* and that if you come to any question you do not want to answer, just go on to the next question (or circle the “uncertain, can’t say” choice).

The pledge made by the **Health and Retirement Study** to protect the *confidentiality* of your answers to the maximum extent allowable under federal and state law, applies equally to this mail survey. As with the larger study, we have assigned a study number to you and promise to separate any identifying information that you provide from your answers to these questions. Your name will never be linked with your answers.

It is important that the questionnaire be completed only by the person to whom the letter is addressed. **We greatly appreciate your participation!**

GENERAL INSTRUCTIONS

When filling out this questionnaire, please answer the questions to the best of your ability, but don’t be too concerned if some of the questions don’t seem to apply to your situation. Feel free to write comments next to the question or at the end of the questionnaire. If you have any questions, you may contact us at 1-800-759-7947.

Most questions can be answered by circling a number by the alternative that represents your choice. Unless otherwise indicated, please circle only one number.

Some of the questions are presented in boxes or grids and have multiple parts. Please pay particular attention to the instructions to these questions, because often you will be asked to answer more than one part.

Some questions may not apply to you and you will be instructed to skip them. When this occurs, you will find an arrow (➔) indicating which question you should answer next. The number of the question (MA) will appear in bold print. When no special instruction is provided for a specific alternative that represents your choice, please continue with the next question. And, don’t forget to let us know at the end what you think about our questionnaire!

BEGIN ANSWERING QUESTIONS HERE

MA1. First, here are some questions about your health. Would you say your health is excellent, very good, good, fair, or poor?

PLEASE CIRCLE ONLY ONE NUMBER.

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

MA2. Has a doctor ever told you that you have high blood pressure or hypertension?

PLEASE CIRCLE ONLY ONE NUMBER; THEN CONTINUE AS INDICATED.

- | | |
|--------|--|
| 1. YES | 5. NO → SKIP TO MA3 |
| ↓ | 8. UNCERTAIN, CAN'T SAY → SKIP TO MA3 |

MA2a. Do you still have high blood pressure?

- | | |
|--------|--|
| 1. YES | 5. NO → SKIP TO MA3 |
| ↓ | 8. UNCERTAIN, CAN'T SAY → SKIP TO MA3 |

MA2b. In order to lower your blood pressure, are you now taking any medication?

- | | |
|--------|-------------------------|
| 1. YES | 5. NO |
| | 8. UNCERTAIN, CAN'T SAY |

MA2c. In order to lower your blood pressure, have you lost weight or followed a special diet since we talked to you in 1998?

- | | |
|--------|-------------------------|
| 1. YES | 5. NO |
| | 8. UNCERTAIN, CAN'T SAY |

MA2d. Is your blood pressure generally under control?

- | | |
|--------|-------------------------|
| 1. YES | 5. NO |
| | 8. UNCERTAIN, CAN'T SAY |

MA2e. Compared to when we interviewed you in 1998, is your high blood pressure better, worse, or is it about the same as it was then?

PLEASE CIRCLE ONLY ONE NUMBER.

- | | |
|-------------------|-------------------------|
| 1. BETTER | 8. UNCERTAIN, CAN'T SAY |
| 2. ABOUT THE SAME | |
| 3. WORSE | |



CONTINUE WITH MA3

MA3. Is your eyesight excellent, very good, good, fair, or poor? (using glasses or corrective lens as usual)
PLEASE CIRCLE ONLY ONE NUMBER.

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
6. I AM LEGALLY BLIND

Since we last talked to you in 1998, have you had any of the following persistent or troublesome problems?

	YES	NO	UNCERTAIN, CAN'T SAY
PLEASE CIRCLE ONE NUMBER FOR EACH ITEM.	↓	↓	↓
a. Persistent swelling in your feet or ankles?	1	5	8
b. Shortness of breath while awake?	1	5	8
c. Persistent dizziness or lightheadedness?	1	5	8
d. Back pain or problems?	1	5	8
e. Persistent headaches?	1	5	8
f. Severe fatigue or exhaustion?	1	5	8
g. Persistent wheezing, cough, or bringing up phlegm?	1	5	8

MA5. How would you rate your memory at the present time? Would you say it is excellent, very good, good, fair or poor?
PLEASE CIRCLE ONLY ONE NUMBER.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. EXCELLENT 2. VERY GOOD 3. GOOD 4. FAIR 5. POOR | <ol style="list-style-type: none"> 8. UNCERTAIN, CAN'T SAY |
|---|---|

About how much did you pay out-of-pocket for your doctor bills in the last 12 months ?
If you know the approximate amount, please write it in the space below.
Otherwise, please circle one of the categories in the box.

\$ _____ OR
AMOUNT

1. LESS THAN \$200
2. ABOUT \$200
3. MORE THAN \$200, BUT LESS THAN \$500
4. ABOUT \$500
5. MORE THAN \$500, BUT LESS THAN \$1,000
6. ABOUT \$1,000
7. MORE THAN \$1,000, BUT LESS THAN \$5,000
8. ABOUT \$5,000
9. MORE THAN \$5,000, BUT LESS THAN \$20,000
10. ABOUT \$20,000
11. MORE THAN \$20,000
98. UNCERTAIN, CAN'T SAY

MA10. Do you regularly take prescription medications?

1. YES



5. NO → **SKIP TO MA11**

8. UNCERTAIN, CAN'T SAY → **SKIP TO MA11**

MA10a. Please list the prescription drugs you are currently taking regularly or use as needed for serious conditions.

1) _____

2) _____

3) _____

4) _____

5) _____

We need to understand difficulties people may have with various activities because of a health or physical problem. Please indicate whether you have any difficulty doing each of the everyday activities listed below. Exclude any difficulties that you expect to last less than three months.

PLEASE CIRCLE ONE NUMBER FOR EACH ITEM.

	YES	NO	UNCERTAIN, CAN'T SAY
PLEASE CIRCLE ONE NUMBER FOR EACH ITEM.	↓	↓	↓
a. Because of a health problem do you have any difficulty with walking several blocks?	1	5	8
b. Because of a health problem do you have any difficulty with sitting for about two hours?	1	5	8
c. Because of a health problem do you have any difficulty with getting up from a chair after sitting for long periods?	1	5	8
d. Because of a health problem do you have any difficulty with climbing several flights of stairs without resting?	1	5	8
e. Because of a health problem do you have any difficulty with stooping, kneeling, or crouching?	1	5	8
f. Because of a health problem do you have any difficulty with reaching or extending your arms above shoulder level?	1	5	8
g. Because of a health problem do you have any difficulty with pulling or pushing large objects like a living room chair?	1	5	8
h. Because of a health problem do you have any difficulty with lifting or carrying weights over 10 pounds, like a heavy bag of groceries?	1	5	8
i. Because of a health problem do you have any difficulty with picking up a dime from a table?	1	5	8

Please read each of the following items carefully and circle the one answer that best corresponds to your agreement or disagreement. There are no right or wrong answers, and you need not be an “expert” to answer these questions. Describe yourself honestly and state your opinions as accurately as possible.

PLEASE CIRCLE ONE NUMBER FOR EACH ITEM.

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
↓	↓	↓	↓	↓

1. I am not a worrier 1 2 3 4 5
2. I would rather keep my options open than plan everything in advance 1 2 3 4 5
3. Some people think I’m selfish and egotistical 1 2 3 4 5
4. I am easy-going and lackadaisical..... 1 2 3 4 5
5. I often crave excitement 1 2 3 4 5
6. Political leaders need to be more aware of the human side of their policies..... 1 2 3 4 5
7. I am easily frightened 1 2 3 4 5
8. I keep my belongings neat and clean 1 2 3 4 5
9. I try to be courteous to everyone I meet 1 2 3 4 5
10. I have a clear set of goals and work toward them in an orderly fashion 1 2 3 4 5
11. I wouldn’t enjoy vacationing in Las Vegas 1 2 3 4 5
12. I’m hard-headed and tough-minded in my attitudes 1 2 3 4 5
13. I rarely feel fearful or anxious 1 2 3 4 5
14. I am not a very methodical person 1 2 3 4 5
15. Some people think of me as cold and calculating... 1 2 3 4 5
16. When I start a self-improvement program, I usually let it slide after a few days 1 2 3 4 5
17. I have sometimes done things just for “kicks” or “thrills” 1 2 3 4 5

PLEASE CIRCLE ONE NUMBER FOR EACH ITEM.

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
↓	↓	↓	↓	↓

18. We can never do too much for the poor and elderly 1 2 3 4 5
19. I often feel tense and jittery 1 2 3 4 5
20. I like to keep everything in its place so I know just where it is 1 2 3 4 5
21. I generally try to be thoughtful and considerate 1 2 3 4 5
22. I work hard to accomplish my goals 1 2 3 4 5
23. I tend to avoid movies that are shocking or scary... 1 2 3 4 5
24. I have no sympathy for panhandlers 1 2 3 4 5
25. I'm seldom apprehensive about the future..... 1 2 3 4 5
26. I never seem to be able to get organized 1 2 3 4 5
27. I'm not known for my generosity..... 1 2 3 4 5
28. I don't feel like I'm driven to get ahead 1 2 3 4 5
29. I like to be where the action is 1 2 3 4 5
30. Human need should always take priority over economic considerations..... 1 2 3 4 5
31. I often worry about things that might go wrong 1 2 3 4 5
32. I tend to be somewhat fastidious or exacting..... 1 2 3 4 5
33. Most people I know like me 1 2 3 4 5
34. I strive to achieve all I can 1 2 3 4 5
35. I love the excitement of roller coasters 1 2 3 4 5
36. I believe all human beings are worthy of respect.... 1 2 3 4 5
37. I have fewer fears than most people 1 2 3 4 5

PLEASE CIRCLE ONE NUMBER FOR EACH ITEM.

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
↓	↓	↓	↓	↓

- 38. I'm not compulsive about cleaning 1 2 3 4 5
- 39. I think of myself as a charitable person 1 2 3 4 5
- 40. I strive for excellence in everything I do..... 1 2 3 4 5
- 41. I'm attracted to bright colors and flashy styles 1 2 3 4 5
- 42. I have sympathy for others less fortunate than me . 1 2 3 4 5
- 43. Frightening thoughts sometimes come into my head1 2 3 4 5
- 44. I spend a lot of time looking for things I've misplaced..... 1 2 3 4 5
- 45. I go out of my way to help others if I can 1 2 3 4 5
- 46. I'm something of a "workaholic." 1 2 3 4 5
- 47. I like being part of the crowd at sporting events..... 1 2 3 4 5
- 48. I would rather be known as "merciful" than as "just." 1 2 3 4 5

MA13. Have you spent any time in the past 12 months doing volunteer work for religious, educational, health-related or other charitable organizations?

- 1. YES
- 5. NO → **SKIP TO MA14**
- ↓
- 8. UNCERTAIN, CAN'T SAY → **SKIP TO MA14**

Altogether, how many hours did you spend in the past 12 months doing volunteer work for such organizations?

If you know the approximate amount, please write it in the space below. Otherwise, please circle one of the categories in the box.

_____ OR
HOURS

- 1. LESS THAN 100 HOURS
- 2. ABOUT 100 HOURS
- 3. MORE THAN 100 HOURS
- 8. UNCERTAIN, CAN'T SAY

MA14. Now we would like to update our information about how many living children you have and some basic facts about each one of them.

How many living children do you have, including both your own and those of your spouse or partner if you are married or living with a partner.

0. NONE → **SKIP TO MA15**

NUMBER OF CHILDREN

98. UNCERTAIN; CAN'T SAY → **SKIP TO MA15**

(ONE OR MORE)



PLEASE FOLLOW THE INSTRUCTIONS BELOW

INSTRUCTIONS FOR COMPLETING

THE "CHILD TABLE":

- MA14a.** In COLUMN A of the table on the next page, please write the first name of each of your living children, one child per row. Include both your own children and those of your spouse or partner if you are married or living with a partner. NOTE: IF YOU HAVE MORE THAN 10 CHILDREN, PLEASE WRITE THE NAMES OF THE OLDEST 10 OF THEM.
- MA14b.** In COLUMN B of the table please circle the relationship of the child (that is, the one named in COL. A) to you yourself: "CHILD" or "STEPCHILD."
- MA14c.** In COLUMN C of the table, please write the age of that child.
- MA14d.** In COLUMN D, please circle "YES" if that child is married, and "NO" if that child is NOT currently married.
- MA14e.** In COLUMN E, please circle "YES" if that child lives with you (in the same house or apartment), and "NO" if that child lives elsewhere.
- MA14f.** Leave COLUMN F blank if the child lives with you; please circle "YES" if that child does not live with you but does live within ten miles of you; and "NO" if that child lives more than 10 miles from you.
- MA14g.** In COLUMN G, please write down the number of living children that the child has (that is, the number of grandchildren you have by that child); write "0" if that child has no living children.
- MA14h.** In COLUMN H, please write down the number of living grandchildren, if any, that the child has (that is, the number of great grandchildren you have by that child); write "0" if

CHILD TABLE

COL. A: First Name of Child	COL. B: Relationship of child to you	COL. C: Age	COL. D: Married?	COL. E: Lives with you?	COL. F: Lives within 10 miles of you?	COL. G: Number of children (your grandchildren)	COL. H: Number of grandchildren (your great-grandchildren)
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		
	1. CHILD 2. STEPCHILD		1. YES 5. NO	1. YES 5. NO	1. YES 5. NO		

MA15. The next questions are about your home and your neighborhood.
Have you moved since we last talked to you in 1998?

1. YES



5. NO → **SKIP TO MA16**

8. UNCERTAIN, CAN'T SAY → **SKIP TO MA16**

MA15a.

Where do you now live?

CITY

STATE

MA16. Do you (and your husband, wife, or partner if you are married or living with a partner) own your home, rent it, or what?

1. OWN (OR BUYING)



2. RENT → **SKIP TO MA18**

3. OWNED BY CHILD (ADDED CODE FROM "OTHER, SPECIFY") → **SKIP TO MA19**

4. NURSING HOME OR ASSISTED LIVING FACILITY
(ADDED CODE FROM "OTHER, SPECIFY") →
SKIP TO MA19

7. OTHER, PLEASE SPECIFY:

_____ → **SKIP TO MA19**

8. UNCERTAIN, CAN'T SAY → **SKIP TO MA19**

MA17. What is the present value of your home? That is, about what would it bring if it were sold today?

If you know the approximate amount, please write it in the space below.

Otherwise, please circle one of the categories in the box.

\$ _____ OR
AMOUNT

1. LESS THAN \$15,000
2. ABOUT \$15,000
3. MORE THAN \$15,000, BUT LESS THAN \$50,000
4. ABOUT \$50,000
5. MORE THAN \$50,000, BUT LESS THAN \$150,000
6. ABOUT \$150,000
7. MORE THAN \$150,000, BUT LESS THAN \$500,000
8. ABOUT \$500,000
9. MORE THAN \$500,000
98. UNCERTAIN, CAN'T SAY

PLEASE SKIP TO MA19 IF YOU DO NOT RENT YOUR HOME:

MA18. About how much rent do you pay?

\$ _____ PER

- | |
|--|
| <ol style="list-style-type: none">1. WEEK2. TWICE A MONTH3. MONTH4. QUARTER5. TWICE A YEAR6. YEAR8. UNCERTAIN, CAN'T SAY |
|--|

MA19. Is your house or the building you live in a single story, two stories, or more than two stories?

PLEASE CIRCLE ONLY ONE NUMBER.

1. SINGLE STORY → **SKIP TO MA21**
 2. TWO STORIES
 3. THREE OR MORE STORIES
 8. UNCERTAIN, CAN'T SAY
- 

MA20. Is all your living space on one floor?

- | | |
|--------|-------------------------|
| 1. YES | 5. NO |
| | 8. UNCERTAIN, CAN'T SAY |

MA21. How many rooms are there in your house or apartment, not counting bathrooms, hallways, or unfinished basements?

 NUMBER OF ROOMS

98. UNCERTAIN, CAN'T SAY

MA22. How about the physical condition of the house or the building you live in, would you say it is in excellent, very good, good, fair, or poor condition?
PLEASE CIRCLE ONLY ONE NUMBER.

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
8. UNCERTAIN, CAN'T SAY

MA23. Would you say the safety of your neighborhood is excellent, very good, good, fair or poor?
PLEASE CIRCLE ONLY ONE NUMBER.

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
8. UNCERTAIN, CAN'T SAY

Now come questions about your work status.

MA24. Are you working now, temporarily laid off, unemployed and looking for work, disabled and unable to work, retired, a homemaker, or what?
PLEASE CIRCLE ONLY ONE NUMBER; THEN FOLLOW THE SKIP INSTRUCTIONS.

1. WORKING NOW → **CONTINUE WITH MA25**
2. TEMPORARILY LAID OFF, ON SICK OR OTHER LEAVE → **SKIP TO MA27**
3. UNEMPLOYED AND LOOKING FOR WORK → **SKIP TO MA28**
4. DISABLED → **SKIP TO MA29**
5. RETIRED → **SKIP TO MA30**
6. HOMEMAKER → **SKIP TO MA30**
7. OTHER, SPECIFY: _____ → **SKIP TO MA31**
8. UNCERTAIN, CAN'T SAY → **SKIP TO MA31**

MA29 YOU ARE DISABLED:

Do you expect to go back to your previous employer?	
1. YES	5. NO
	7. NEVER EMPLOYED
	8. UNCERTAIN, CAN'T SAY

↓
SKIP TO MA31

MA30 YOU ARE RETIRED OR A HOMEMAKER:

In what month and year did you last work?	
_____ / _____	97. NEVER WORKED FOR PAY
MONTH YEAR	98. UNCERTAIN; CAN'T SAY

↓
CONTINUE WITH MA31

MA31. Next are some questions about how likely you think various events might be. For each question please write a number from 0 to 100, where "0" means that you think there is absolutely no chance, and "100" means that you think the event is absolutely sure to happen.

For example, no one can ever be sure about tomorrow's weather, but if you think that rain is very unlikely tomorrow, you might say that there is a 10 percent chance of rain. If you think there is a very good chance that it will rain tomorrow, you might say that there is an 80 percent chance of rain.

What do you think are the chances that your income will keep up with inflation for the next five years?

_____ % 998. UNCERTAIN, CAN'T SAY
(0 – 100)

MA32. What do you think are the chances that you will move in the next two years?

_____ % 998. UNCERTAIN, CAN'T SAY
(0 – 100)

MA33. What are the chances that you (and your husband, wife, or partner, if you are married or living with a partner) will give financial help totaling \$5,000 or more to grown children, relatives or friends over the next ten years?

_____ % 998. UNCERTAIN, CAN'T SAY
(0 – 100)

MA34. What are the chances that you (and your husband, wife, or partner, if you are married or living with a partner) will receive financial help totaling \$5,000 or more from your children, relatives or friends over the next 10 years?

_____ %
(0 – 100)

998. UNCERTAIN, CAN'T SAY

To make sure our records are accurate, here are some basic questions about you.

In what month, day, and year were you born?

_____/_____/_____
MONTH DAY YEAR

MA36. Do you consider yourself Hispanic or Latino?

1. YES

5. NO

8. UNCERTAIN, CAN'T SAY

MA37. Do you consider yourself primarily white or Caucasian, Black or African American, American Indian, or Asian, or something else?

1. WHITE/CAUCASIAN

2. BLACK/AFRICAN AMERICAN

3. AMERICAN INDIAN OR ALASKAN NATIVE

4. ASIAN OR PACIFIC ISLANDER

5. HISPANIC, NOT FURTHER SPECIFIED (ADDED CODE FROM OTHER, SPECIFY)

6. MIXED (ADDED CODE FROM OTHER, SPECIFY)

7. OTHER, SPECIFY: _____

MA38. Are you currently married, living with a partner, separated, divorced, widowed, or have you never been married?

PLEASE CIRCLE ONLY ONE NUMBER.

1. MARRIED

2. LIVING WITH A PARTNER

3. SEPARATED

4. DIVORCED

5. WIDOWED

6. NEVER MARRIED

7. OTHER, SPECIFY: _____

Next are some questions about two possible sources of income: Social Security and investments in stocks.

MA39. Do you currently receive any income from Social Security?

1. YES



5. NO → **SKIP TO MA42**

8. UNCERTAIN, CAN'T SAY → **SKIP TO MA42**

How much was your Social Security check, or the amount deposited directly into an account, last month? (AFTER ANY DEDUCTIONS)

If you know the approximate amount, please write it in the space below. Otherwise, please circle one of the categories in the box.

\$ _____ OR
AMOUNT

1. LESS THAN \$500
2. ABOUT \$500
3. MORE THAN \$500, BUT LESS THAN \$1,000
4. ABOUT \$1,000
5. MORE THAN \$1,000, BUT LESS THAN \$1,500
6. ABOUT \$1,500
7. MORE THAN \$1,500
98. UNCERTAIN, CAN'T SAY

MA41. In what month and year did you start to receive Social Security benefits?

_____/_____
MONTH YEAR

98. UNCERTAIN; CAN'T SAY



SKIP TO MA45.

MA42. Do you expect to receive Social Security benefits at some time in the future?

1. YES



5. NO → **SKIP TO MA45**

8. UNCERTAIN, CAN'T SAY → **SKIP TO MA45**

MA43. At what age do you expect to start collecting these benefits?

_____ YEARS OF AGE

98. UNCERTAIN, CAN'T SAY

If you start collecting Social Security benefits then, about how much do you expect the payments to be in today's dollars?

\$ _____ PER:

- | |
|--|
| <ol style="list-style-type: none">1. WEEK2. MONTH3. YEAR8. UNCERTAIN, CAN'T SAY |
|--|

MA45. Do you (or your husband, wife, or partner, if you are married or living with a partner) have any shares of stock or stock mutual funds?

1. YES



5. NO → **SKIP TO MA49**

8. UNCERTAIN, CAN'T SAY → **SKIP TO MA49**

If you sold all those and paid off anything you owed on them, about how much would you have?

If you know the approximate amount, please write it in the space below.

Otherwise, please circle one of the categories in the box.

\$ _____
AMOUNT OR

- | |
|---|
| <ol style="list-style-type: none">1. LESS THAN \$2,5002. ABOUT \$2,5003. MORE THAN \$2,500, BUT LESS THAN \$25,0004. ABOUT \$25,0005. MORE THAN \$25,000, BUT LESS THAN \$125,0006. ABOUT \$125,0007. MORE THAN \$125,000, BUT LESS THAN \$400,0008. ABOUT \$400,0009. MORE THAN \$400,00098. UNCERTAIN, CAN'T SAY |
|---|

MA47. Do these stocks or mutual funds pay any dividends or interest?

1. YES



5. NO → **SKIP TO Q49**

8. UNCERTAIN, CAN'T SAY → **SKIP TO Q49**

About how much did you receive from stocks or stock mutual funds in 1998, before taxes and other deductions?

If you know the approximate amount, please write it in the space below.

Otherwise, please circle one of the categories in the box.

\$ _____
AMOUNT

OR

- | |
|--|
| 1. LESS THAN \$1,000 |
| 2. ABOUT \$1,000 |
| 3. MORE THAN \$1,000, BUT LESS THAN \$5,000 |
| 4. ABOUT \$5,000 |
| 5. MORE THAN \$5,000, BUT LESS THAN \$25,000 |
| 6. ABOUT \$25,000 |
| 7. MORE THAN \$25,000 |
| 8. UNCERTAIN, CAN'T SAY |

(In the long form of the questionnaire, there were two versions of questions 49-52. The introduction to that series originally appeared here. Both versions, and the criteria for each, follow in their entirety for clarity)

These questions were coded as follows. Each of the five choices (A - E) on a chart were coded separately:

0. Not checked

1. First Choice

2. Second Choice

7. Other (for example, if respondent entered more than first two choices)

8. Uncertain

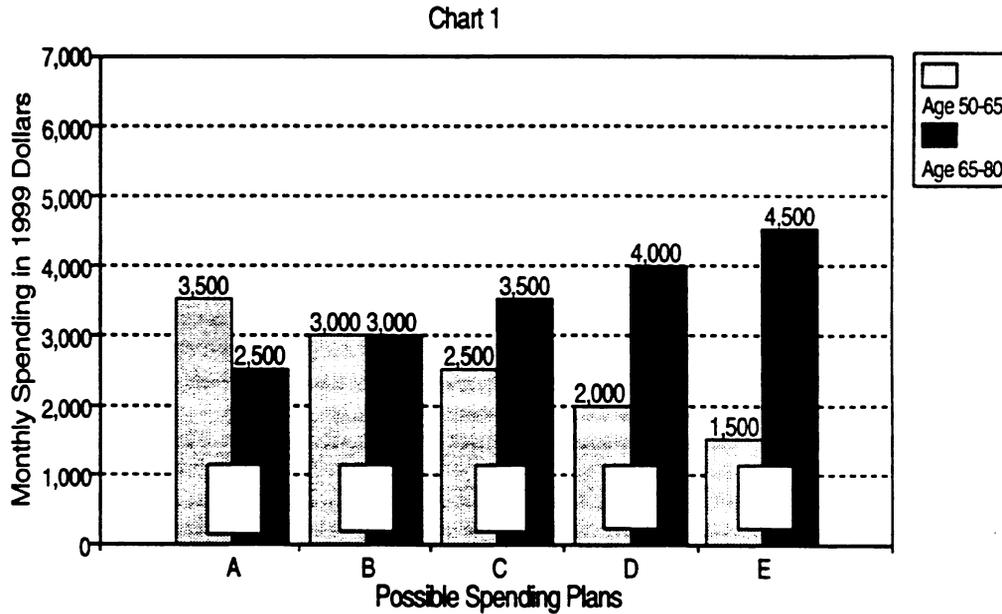
(The following version (version 1) of MA49-52 was asked of respondents who were born after 1934 AND, if the respondent was married or living with a partner at the time of the 1998 interview, the spouse/partner was also born after 1934.)

Now we have a few questions about your preferences for spending and saving over time. To make the questions comparable for all respondents in the survey, let's suppose that you are now 50 years old, that you [and your (husband/wife)] will retire when you are 65, and that you [and your (husband/wife)] will live until you are 80. Further suppose that

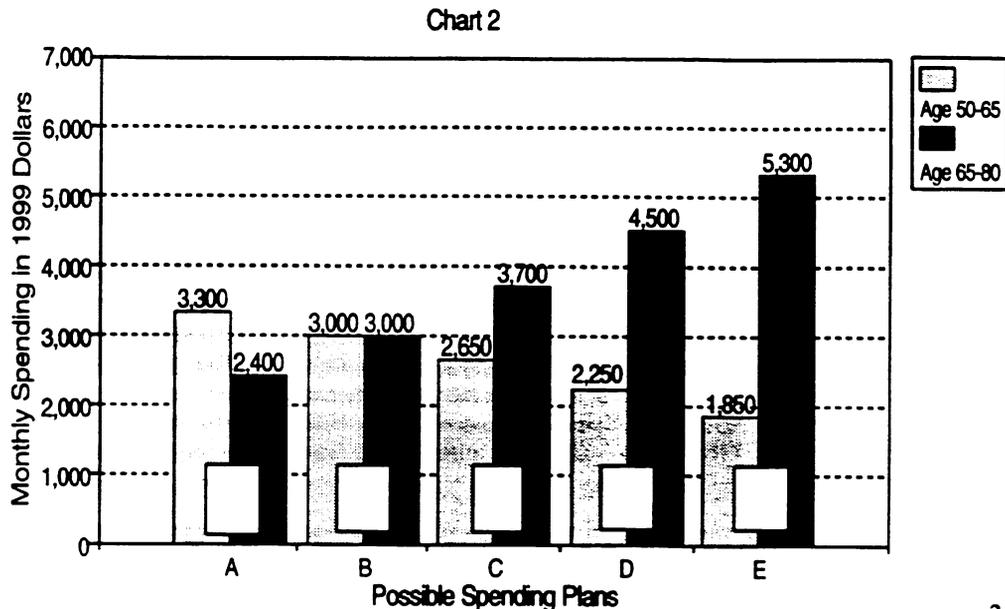
- future health care and nursing home costs are fully covered by insurance,
- there will be no inflation, and
- your income after taxes is guaranteed to be \$3000 each month from age 50 to age 80.

Chart 1 on the next page shows five possible patterns of monthly spending before retirement (the light bars) and after retirement (the dark bars). You could borrow and spend more than your monthly income before retirement, spending less than your monthly income and repaying the loan after retirement, as in choice A. Or you could just spend your income each month, as in choice B. Or by saving part of your income before retirement, you could have more to spend after retirement, as in choices C, D and E. Choices D and E represent saving more than choice C.

Recall that you can afford *any* of the spending patterns shown in Chart 1 below. Which pattern of spending do you like most among A, B, C, D, and E in Chart 1? Please put a "1" in the white box of your first choice pattern and a "2" in the white box of your second choice pattern.

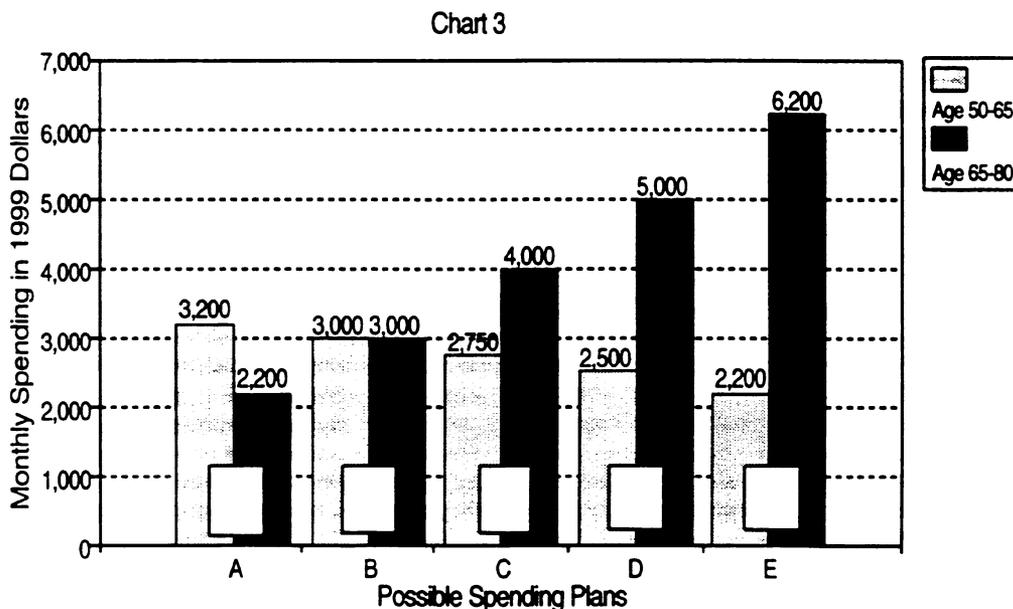


Q50. Chart 2 below shows different possible spending patterns over time. As before, by saving part of your income before retirement, you can have more to spend after retirement. Chart 2 is different because the amount you save has twice as big an effect on how much you can spend later on. For example, in choice A, spending \$300 more per month for the next 15 years before retirement reduces the spending you can do for the 15 years after retirement by \$600 per month. Please put a "1" in the white box of your first choice pattern and a "2" in the white box of your second choice pattern.

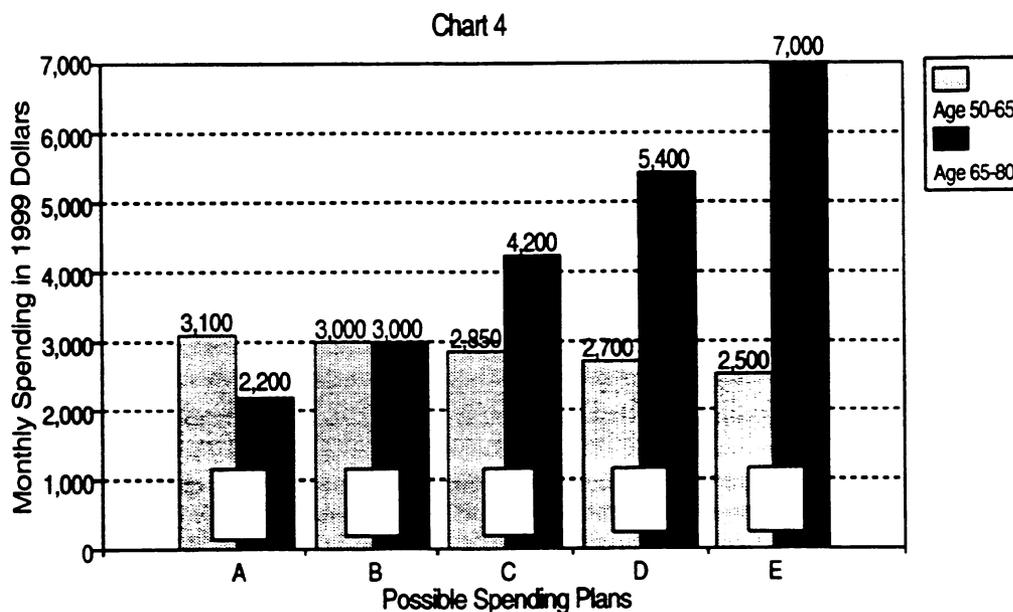


We want to ask you about two more scenarios in which the amount you save has an even bigger effect on how much you can spend later on. As before, each scenario has a chart showing the set of choices you can afford in that scenario.

Q51. Which pattern of spending do you like most among A, B, C, D, and E in Chart 3 below? Again, please put a "1" in the white box of your first choice pattern and a "2" in the white box of your second choice pattern.



Q52. Chart 4 below shows the final set of choices. Which pattern of spending do you like most among A, B, C, D and E in Chart 4? Please put a "1" in the white box of your first choice pattern and a "2" in the white box of your second choice pattern.



(The following version (version 2) of MA49-52 was asked of respondents who were born before 1934 OR, if the respondent was married or living with a partner at the time of the 1998 interview, the spouse/partner was born before 1934.)

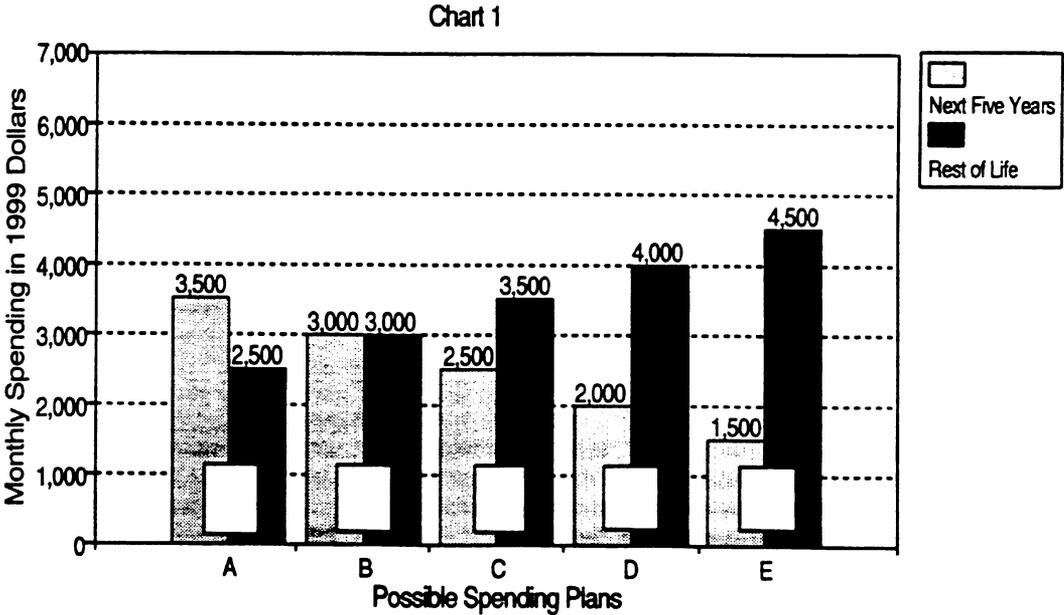
Now we have a few questions about your preferences for spending and saving over time. Suppose that you can choose from a number of different possible patterns of spending in the near future (the next five years) and in the more distant future (the rest of your life beyond those five years). Further suppose that

- future health care and nursing home costs are fully covered by insurance,
- there will be no inflation, and
- you have guaranteed resources equal to \$3000 for each month of your life.

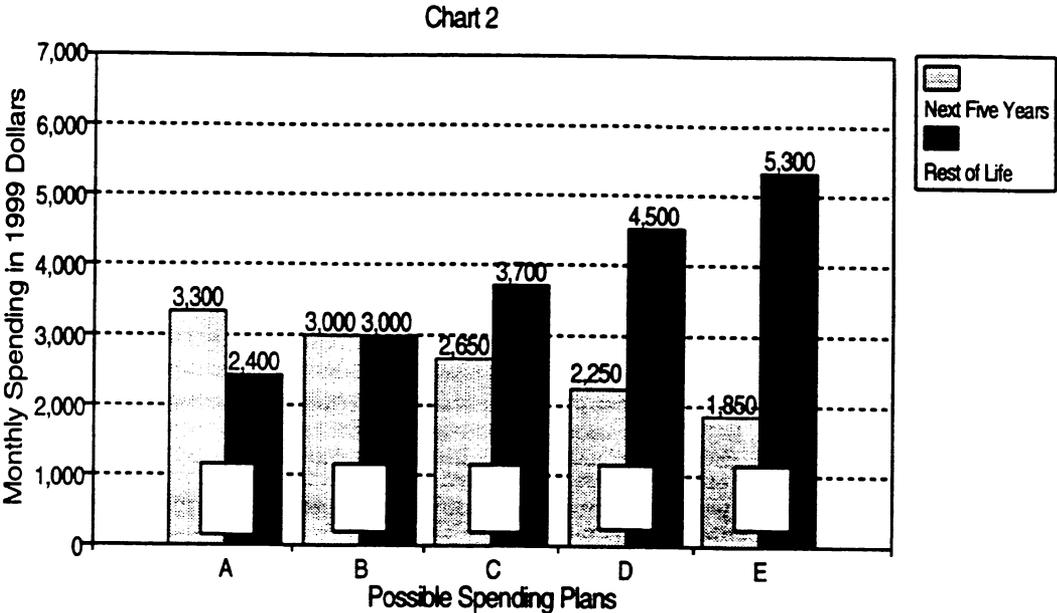
Chart 1 on the next page shows five possible patterns of monthly spending during the next five years (the light bars) and during the rest of your life beyond those five years (the dark bars). You could spend \$3000 per month from now on as in choice B. You could spend more in the next five years, but you would have less to spend later, as in choice A. Or you could spend less during the next five years, and then be able to spend more during the rest of your life beyond those five years, as in choices C, D and E. Choices D and E represent less spending in the next five years and more spending later on than choice C.

Recall that you can afford *any* of the spending patterns shown in Chart 1 below. Which pattern of spending do you like most among A, B, C, D, and E in Chart 1? **Please put a "1" in the white box of your first choice pattern and a "2" in the white box of your second choice pattern.**

Recall that you can afford *any* of the spending patterns shown in Chart 1 below. Which pattern of spending do you like most among A, B, C, D, and E in Chart 1? Please put a "1" in the white box of your first choice pattern and a "2" in the white box of your second choice pattern.

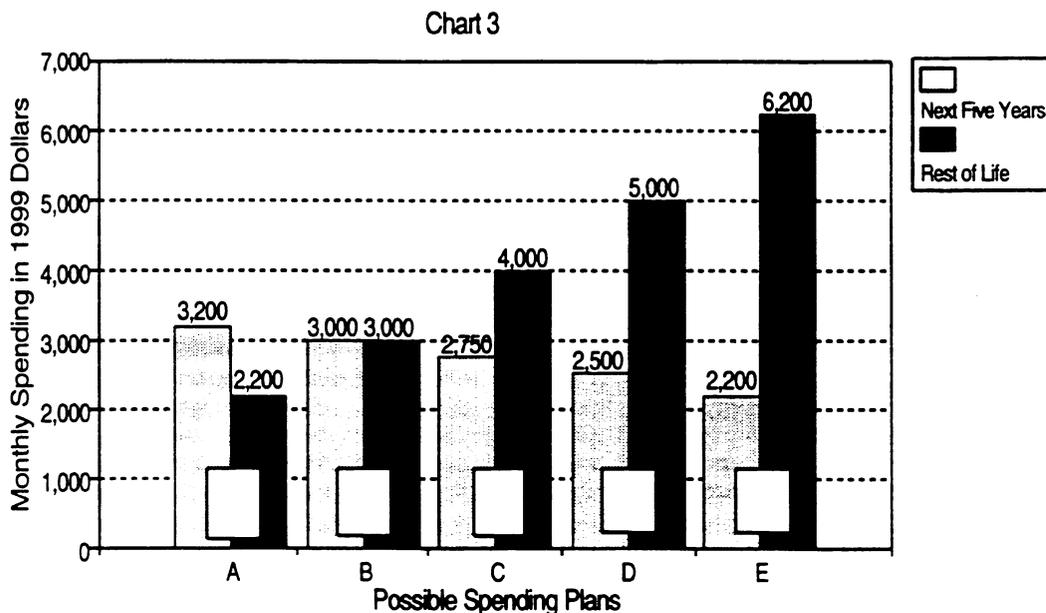


Q50. Chart 2 below shows a different menu of possible spending patterns over time. As before, the less you spend in the next five years, the more you can spend during the rest of your life. Chart 2 is different because spending less during the next five years has twice as big an effect on the amount you can spend later on. For example, in choice A, spending \$300 more per month for the next five years reduces the spending you can do in the rest of your life by \$600 per month. Please put a "1" in the white box of your first choice pattern and a "2" in the white box of your second choice pattern.

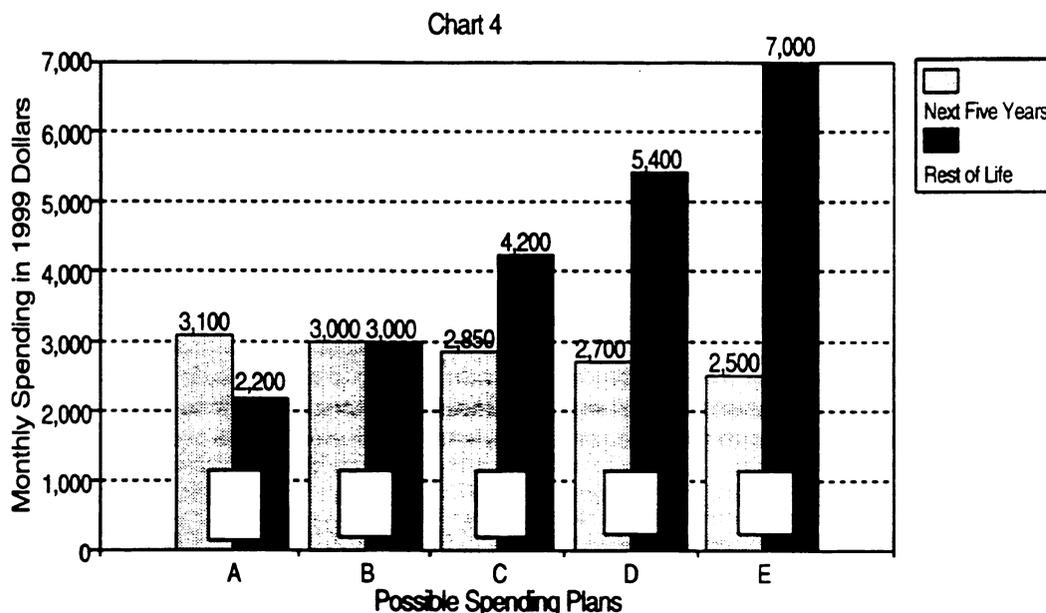


We want to ask you about two more scenarios, in which spending less in the next five years has an even bigger effect on the amount you can spend later on. As before, each scenario has a chart showing the set of choices you can afford in that scenario.

Q51. Which pattern of spending do you like most among A, B, C, D, and E in Chart 3 below? Again, please put a "1" in the white box of your first choice pattern and a "2" in the white box of your second choice pattern.



Q52. Chart 4 below shows the final set of choices. Which pattern of spending do you like most among A, B, C, D and E in Chart 4? Please put a "1" in the white box of your first choice pattern and a "2" in the white box of your second choice pattern.



RATING THIS QUESTIONNAIRE

We are always trying to improve our surveys. If you are willing to take another moment, we would appreciate your filling out the “report card” below.

MA53. On the whole, did the questions seem clear or unclear?
PLEASE CIRCLE ONLY ONE NUMBER.

1. VERY CLEAR
2. MOSTLY CLEAR
3. MIXED
4. MOSTLY UNCLEAR
5. VERY UNCLEAR

Were there some specific questions that you enjoyed more than others?

PLEASE DESCRIBE

[Text that was written in by the respondent was coded into the following categories; multiple mentions were coded, but the order of mentions is not preserved]

1. Q1-Q6 AND Q11. HEALTH; SYMPTOMS; DEPRESSION/SADNESS
2. Q7-Q10. HEALTH CARE; MEDICATION
3. Q12. PERSONALITY, ATTITUDES
4. Q14. CHILD QUESTIONS; CHILD TABLE
5. Q15-Q23. NEIGHBORHOOD; HOUSE
6. Q24-Q30. WORK STATUS
7. Q31-34. PROBABILITY; EVENTS
8. Q35-Q38. BACKGROUND
9. Q39-Q48. INCOME; SOCIAL SECURITY; STOCKS
10. Q49-Q52. CHARTS; SPENDING PATTERN (Note: Not included in short form)
11. ANYTHING ELSE, INCLUDING Q13(VOLUNTEER WORK)
12. ALL OR MOST OF THE QUESTIONS; GENERALLY FAVORABLE
COMMENTS
13. NONE

Were there some specific questions that you found more difficult to answer than others?
PLEASE DESCRIBE

[Text that was written in by the respondent was coded into the following categories; multiple mentions were coded, but the order of mentions is not preserved]

1. Q1-Q6 AND Q11. HEALTH; SYMPTOMS; DEPRESSION/SADNESS
2. Q7-Q10. HEALTH CARE; MEDICATION
3. Q12. PERSONALITY, ATTITUDES
4. Q14. CHILD QUESTIONS; CHILD TABLE
5. Q15-Q23. NEIGHBORHOOD; HOUSE
6. Q24-Q30. WORK STATUS
7. Q31-34. PROBABILITY; EVENTS
8. Q35-Q38. BACKGROUND
9. Q39-Q48. INCOME; SOCIAL SECURITY; STOCKS
10. Q49-Q52. CHARTS; SPENDING PATTERN (Note: Not included in short form)
11. ANYTHING ELSE, INCLUDING Q13(VOLUNTEER WORK)
12. ALL OR MOST OF THE QUESTIONS; GENERALLY UNFAVORABLE
COMMENTS
13. NONE

As part of filling out this questionnaire, did you discuss the topics with any of the following people?

CIRCLE ALL THAT APPLY.

1. YOUR SPOUSE OR PARTNER
2. YOUR SON(S) OR DAUGHTER(S)
3. YOUR PARENT(S)
4. OTHERS
5. NO ONE

We are interested in knowing what avenues people use to gain access to information. Do you have the ability to use the World Wide Web (or Internet) from home or work?

CIRCLE ALL THAT APPLY.

1. HOME
2. WORK
3. OTHER (PLEASE SPECIFY) _____
4. I HAVE NO ACCESS TO THE WORLD WIDE WEB (INTERNET)
5. CHILD, RELATIVE, OR FRIEND WITH COMPUTER (ADDED CODE FROM "OTHER, SPECIFY")
6. LIBRARY (ADDED CODE FROM "OTHER, SPECIFY")
7. LAPTOP (ADDED CODE FROM "OTHER, SPECIFY")
8. IRRELEVANT RESPONSE (ADDED CODE FROM "OTHER, SPECIFY")

MA58. Please add any comment that you wish in the space below

THANK YOU FOR YOUR PARTICIPATION IN THIS IMPORTANT SURVEY!