HRS | HEALTH AND RETIREMENT STUDY
A Longitudinal Study of Health, Retirement, and Aging
Sponsored by the National Institute on Aging

HRS 2015
Mail Study

It is very important that the questions in this questionnaire be answered by the person to whom the questionnaire is addressed.

If the addressee is unable to complete the questionnaire alone:

It can be filled out by someone who knows this person well enough to answer the questions.

If neither the addressee nor another person is able to complete the questionnaire:

Please return the questionnaire, with a short note of explanation, in the enclosed, prepaid envelope.

ABOUT THIS QUESTIONNAIRE

This questionnaire is a part of the Health and Retirement Study. We greatly value your past participation in the HRS, and we hope that you will find this questionnaire interesting to complete. As always, your answers are extremely important to us. Please remember that your participation is *voluntary* and that you may skip over any questions that you would prefer not to answer.

A Department of Health and Human Services Certificate of Confidentiality covers this research in order to help ensure your privacy. This certificate can help protect the investigators from being forced to release any research information that identifies you. Please note that we must report credible evidence of serious harm or abuse to any person to the authorities, but this questionnaire does not ask any questions about such topics.

FILLING OUT THIS QUESTIONNAIRE

It is very important that the questions be answered by the person to whom the questionnaire is addressed (or by someone who knows this person well enough to answer the questions instead, if the addressee is unable to complete the questionnaire alone). At the end of this questionnaire, please record in the space provided the name of the person who completed the questions.

If you have any questions about the questionnaire, please feel free to call us at

1-855-647-6769

THANK YOU!

UNIVERSITY OF MICHIGAN

Conducted by: The Survey Research Center at the University of Michigan.

Sponsored by: The Social Security Administration and the National Institute on Aging.

PLEASE ANSWER THE QUESTIONS BY:

Marking a box like this:	☑
Or writing an answer on a line like this:	Answer
Please use a #2 pencil or black ball point pen.	

Section A:

In the first part of this questionnaire section, we ask you to estimate how much time you spent doing various activities during the last week. For each activity, please tell us the number of hours you spent doing that activity. If you haven't done that activity at all in the last week, then mark the "0 hours" box to the right. If you spent less than an hour doing an activity, tell us how much of an hour you did spend (such as ¾ or ½).

PLEASE NOTE:

- Sometimes people do more than one activity at a time -- for example, listening to music while preparing a meal. That is, one hour of listening to music while preparing a meal would count as one hour of *listening to music* and also one hour of *preparing meals*.

- Similarly, one behavior might represent more than one activity included in the list. For example, e-mailing friends is both *using the computer* and *communicating with friends*. Record that time for both of the activities.

- Please include the time you spent traveling to and from an activity when estimating the amount of time spent on that activity.

- We realize that last week or last month might have been unusual, and that your answers may not reflect your typical activity patterns. It is important, however, to report the actual amount of time spent on each activity, rather than the usual amount.

- If you did not do an activity in the last week, please check the "0 hours" box.

How many hours did you actually spend **LAST WEEK**…

		Hours spent last week		No time spent last week
A1	Watching programs or movies/videos on TV	_____hours last week	**OR**	☐ 0 hours
A2	Reading newspapers or magazines	_____hours last week	**OR**	☐ 0 hours
A3	Reading books	_____hours last week	**OR**	☐ 0 hours
A4	Listening to music	_____hours last week	**OR**	☐ 0 hours
A5	Sleeping and napping (including at night)	_____hours last week	**OR**	☐ 0 hours
A6	Walking	_____hours last week	**OR**	☐ 0 hours
A7	Participating in sports or other exercise activities	_____hours last week	**OR**	☐ 0 hours
A8	Visiting in-person with friends, neighbors, or relatives	_____hours last week	**OR**	☐ 0 hours
A9	Communicating by telephone, letters, e-mail, Facebook, Skype, or other media with friends, neighbors, or relatives	_____hours last week	**OR**	☐ 0 hours
A10	Working for pay	_____hours last week	**OR**	☐ 0 hours

		Hours spent last week		No time spent last week
A11	Using the computer	_____hours last week	**OR**	☐ 0 hours
A12	Praying or meditating	_____hours last week	**OR**	☐ 0 hours
A13	House cleaning	_____hours last week	**OR**	☐ 0 hours
A14	Washing, ironing, or mending clothes	_____hours last week	**OR**	☐ 0 hours
A15	Yard work or gardening	_____hours last week	**OR**	☐ 0 hours
A16	Shopping or running errands	_____hours last week	**OR**	☐ 0 hours
A17	Preparing meals and cleaning-up afterwards	_____hours last week	**OR**	☐ 0 hours
A18	Personal grooming and hygiene, such as bathing and dressing	_____hours last week	**OR**	☐ 0 hours
A19	Caring for pets	_____hours last week	**OR**	☐ 0 hours
A20	Physically showing affection for others through hugging, kissing, etc.	_____hours last week	**OR**	☐ 0 hours

Now think about the **LAST MONTH.** How many hours did you spend last month…

		Hours spent last month		No time spent last month
A21	Helping friends, neighbors, or relatives who did not live with you and did not pay you for the help	_____hours last month	**OR**	☐ 0 hours
A21.5	Taking care of grandchildren	_____hours last month	**OR**	☐ 0 hours
A22	Doing volunteer work for religious, educational, health-related, or other charitable organizations	_____hours last month	**OR**	☐ 0 hours
A23	Attending religious services	_____hours last month	**OR**	☐ 0 hours
A24	Attending meetings of clubs or religious groups	_____hours last month	**OR**	☐ 0 hours
A25	Taking care of finances or investments, such as banking, paying bills, balancing the checkbook, doing taxes, etc.	_____hours last month	**OR**	☐ 0 hours
A26	Treating or managing an existing medical condition of your own	_____hours last month	**OR**	☐ 0 hours
A27	Playing cards or games, or solving puzzles	_____hours last month	**OR**	☐ 0 hours

		Hours spent last month		No time spent last month
A28	Attending concerts, movies, or lectures, or visiting museums	_____hours last month	**OR**	☐ 0 hours
A29	Singing or playing a musical instrument	_____hours last month	**OR**	☐ 0 hours
A30	Doing arts and crafts projects, including knitting, embroidery, or painting	_____hours last month	**OR**	☐ 0 hours
A31	Doing home improvements, including painting, redecorating, or making home repairs	_____hours last month	**OR**	☐ 0 hours
A32	Working on, maintaining, or cleaning your car(s) or vehicle(s)	_____hours last month	**OR**	☐ 0 hours
A33	Dining or eating outside the home (not related to business or work)	_____hours last month	**OR**	☐ 0 hours

A34. Thinking of your meals **last week**, how much time did you spend eating meals at home last week?

_____ Hours last week

A35. Please think of how much time you spend seeing doctors, nurses, therapists or other health care providers about your own health, or going to the pharmacy for your own medications: During the past year, about how much time did you spend on average on these activities, including travel time?

_____hours per week	OR	**_____hours per month**	OR	**_____hours last year**

A36. Did you spend any time last week treating or managing the medical condition of another person?

No ___ Yes___ ➔ Who was that person **(check all that apply)**

___ spouse
___ your child, step child or grandchild
___ your parent, parent-in-law or grand parent
___ other, specify _____

How many hours did you spend in total last week?
_____ Hours last week

A37. During the past year, about how much time did you spend on average paying or managing medical bills, including dealing with insurance claims? If you helped another person manage his or her bills or claims, please include that time.

_____hours per week	OR	**_____hours per month**	OR	**_____hours last year**

A38. How many days in the last twelve months were you away from home on overnight trips related to business or work?

_____ Days

A39. How many days in the last twelve months were you away from home on overnight trips or vacations not related to business or work?

_____ Days

Now think about everything you do during waking hours:

A40. How often do you use your mind in what you do? **(Check one.)**

____ Rarely
____ Sometimes
____ Often
____ Almost all the time
____ Uncertain, can't say

Now think about everything you do during waking hours:

A41. How often do you use your body in what you do**? (Check one.)**

____ Rarely
____ Sometimes
____ Often
____ Almost all the time
____ Uncertain, can't say

A42. How often are your activities done with other people? **(Check one.)**

____ Rarely
____ Sometimes
____ Often
____ Almost all the time
____ Uncertain, can't say

A43. How often do your activities benefit other people? **(Check one.)**

____ Rarely
____ Sometimes
____ Often
____ Almost all the time
____ Uncertain, can't say

A44. Were the questions in Section A answered by the person to whom this questionnaire was addressed, or did someone else answer for that person? **(Check one.)**

____ Yes, the questions were answered by the person to whom the questionnaire was addressed
____ The questions were answered by that person's spouse or partner
____ The questions were answered by that person's son or daughter
____ The questions were answered by someone else: Please say if you are a relative, a friend, a care provider, or what:_____

A45. Approximately, how long did it take you to complete Section A?

____ Minutes

End of Section A.

Thank you for your participation in this important survey!