7 7 4 4 5 6 3 6

Please return your completed Life History Survey in the pre-addressed postage paid envelope to University of Michigan.

If you have any questions about the survey, please feel free to call us at 866-611-6476

THANK YOU!

Conducted by:
The Survey Research Center
The University of Michigan

Sponsored by:
The National Institute on Aging with co-funding by the Social Security Administration

UNIVERSITY OF MICHIGAN

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

Life History Survey 2017

Supplemental Questionnaire

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

If the addressee is unable to complete the survey 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 survey:
Please return the survey, with a short note of explanation, in the enclosed, prepaid envelope.

{First Name} – FPO
123456A (barcode) **<M. ID>**

UNIVERSITY OF MICHIGAN

Conducted by: The Survey Research Center at the University of Michigan.
Sponsored by: The National Institute on Aging with co-funding by the Social Security Administration.

ABOUT THIS SURVEY

This Life History Survey covers different topics than the one you completed in 2015. Together the 2015 and this survey will provide information about important things that happened earlier in your life and help us to understand better how you are doing now.

This survey is not meant to be a test of your memory.
However, we would like you to try to be as accurate as possible.
You may find it useful to consult your spouse, another family member, or some personal files, photos, or notes as you go through the questions.

We hope that you will find this survey 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.

Please return your completed Life History Survey in the pre-addressed postage paid envelope. If you have any questions, please feel free to call us at 1-866-611-6476.

HOW TO FILL IN THIS SURVEY

Please answer the questions by:

Marking a box like this: ☒

Or writing a in a box like this: 25 Answer

Please use a #2 pencil or a blue/black ink ballpoint pen. DO NOT use a felt tip pen.

Sometimes you may find instructions telling you which questions to answer like this:

☐ Yes (Continue to Q5)

☐ No → (Go to Question Q10 on page 5)

Q5

Some of the questions spread across two facing pages like this.

#	Type of employer or business	Job Title	Start Year	End Year
1	Manufacturing	QC Inspector	1985	1999
2	Automotive Parts	Production Manager	2000	2008
3				
4				

Did you work full-time or part-time?	What did you do after leaving this job? [Check all that apply]		
☒ Full-time ☐ Part-time	☐ Started next job	☐ Worked short-term job(s)	☐ Cared for/started a family
	☐ Unemployed	☒ Medical leave/disability	☐ Other _____
☐ Full-time ☒ Part-time	☒ Started next job	☐ Worked short-term job(s)	☐ Cared for/started a family
	☐ Unemployed	☐ Medical leave/disability	☐ Other _____
☐ Full-time ☐ Part-time	☐ Started next job	☐ Worked short-term job(s)	☐ Cared for/started a family
	☐ Unemployed	☐ Medical leave/disability	☐ Other _____
☐ Full-time ☐ Part-time	☐ Started next job	☐ Worked short-term job(s)	☐ Cared for/started a family
	☐ Unemployed	☐ Medical leave/disability	☐ Other _____

Please complete one row across both pages before moving to the next row.

Before you begin, please take a few minutes to think back over your life.

Please write a few notes for yourself in the table below. They will be helpful in filling out the survey. Each row is for a different 10-year period of your life. You do not need to write something in each line for all of the questions. This table is meant to outline just a few things in your life. We will ask for more details later.

Age	Where did you live? (e.g., Ann Arbor, MI)	What were you doing? (e.g., in school, work)	What important things happened? (e.g., births, deaths, marriages)
0-9			
10-19			
20-29			
30-39			
40-49			
50-59			
60-69			
70-79			

Partnership History

In this section, we would like to find out more about all of your long-term partners (e.g., lasting for at least one year). This includes spouses, as well as girlfriends/boyfriends, fiancés, or partners with whom you lived for a year or more.

Q1 Have you ever been married?

☐ Yes ☐ No → Go to Q2 on page 5

↓

Q1a In the table below, please fill out the information for each of your marriages. If you have been married more than five times, please list the first five, beginning with your first marriage.

#	Initials of Spouse	Gender of Spouse	Did you live together before marriage?	Year Married	Are you still together? If not, how did this marriage end?	Year Marriage Ended (If applies)
1		☐ Male ☐ Female	☐ Yes ☐ No		☐ Still together ☐ Widowed ☐ Divorced/Separated	
2		☐ Male ☐ Female	☐ Yes ☐ No		☐ Still together ☐ Widowed ☐ Divorced/Separated	
3		☐ Male ☐ Female	☐ Yes ☐ No		☐ Still together ☐ Widowed ☐ Divorced/Separated	
4		☐ Male ☐ Female	☐ Yes ☐ No		☐ Still together ☐ Widowed ☐ Divorced/Separated	
5		☐ Male ☐ Female	☐ Yes ☐ No		☐ Still together ☐ Widowed ☐ Divorced/Separated	

Q2 **Other than your spouse(s)**, have you ever lived together with someone else as a couple for at least a year or more?

☐ Yes ☐ No → Go to Q3 on page 6

↓

Q2a In the table below, please fill out the information for the partner(s), other than your spouse(s), with whom you lived together as a couple for at least a year or more. If you had more than five partners, please list the first five.

#	Initials of Partner	Gender of Partner	Year Began Living Together	Are you still together? If not, how did this relationship end?	Year Relationship Ended (If applies)
1		☐ Male ☐ Female		☐ Split up ☐ Partner died ☐ Still together	
2		☐ Male ☐ Female		☐ Split up ☐ Partner died ☐ Still together	
3		☐ Male ☐ Female		☐ Split up ☐ Partner died ☐ Still together	
4		☐ Male ☐ Female		☐ Split up ☐ Partner died ☐ Still together	
5		☐ Male ☐ Female		☐ Split up ☐ Partner died ☐ Still together	

Your Work History

The next section asks about work you may have done during your life. This may include paid work for an employer or unpaid care for others.

Q3 **Since you left full-time education,** have you **ever** done any **paid work** which lasted for a **period of one year or more?** (Paid work includes both full-time and part-time work)

- ☐ Yes → Go to Q4 on the next page
- ☐ No (Continue to Q3a)

Q3a What was the reason(s) you **never** worked for pay for one year or more? [Check all that apply]

- ☐ Stayed at home to raise children or care for family
- ☐ Physical disability or injury
- ☐ Mental or emotional disability
- ☐ Could not find work
- ☐ Was not interested in working
- ☐ Other (please specify): _____

→ Go to Q5 on page 7

Q4 Did **you ever…**
[Check one box for each line]

a.	stop working at a job to stay home and care for your children?	☐ Yes	☐ No	☐ Does not apply
b.	cut back on the number of hours worked at a job to care for your children?	☐ Yes	☐ No	☐ Does not apply
c.	work longer hours to meet the added expenses of having children?	☐ Yes	☐ No	☐ Does not apply
d.	switch to a different job that was less demanding or more flexible to be more available to your children?	☐ Yes	☐ No	☐ Does not apply

Q5 Did **your spouse or partner ever…**
[Check one box for each line]

a.	stop working at a job to stay home and care for your children?	☐ Yes	☐ No	☐ Does not apply
b.	cut back on the number of hours worked at a job to care for your children?	☐ Yes	☐ No	☐ Does not apply
c.	work longer hours to meet the added expenses of having children?	☐ Yes	☐ No	☐ Does not apply
d.	switch to a different job that was less demanding or more flexible to be more available to your children?	☐ Yes	☐ No	☐ Does not apply

Q6 through **Q15** ask about paid work.

If you **NEVER** worked for pay for one year or more, **go to Q16 on page 12.**

Q6 In the table below, please fill out the information for all the places you have **worked for one year or more after you finished full-time education.** If you worked at more than ten places, fill out the information for the first ten places you worked. If you are still working for an employer, write the current year in the END YEAR column. If you changed jobs (or job title) but stayed with the same employer, please list the first and last title you held with that employer in the same line.

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ▶

#	Type of employer or business	Job Title	Start Year	End Year
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ▶

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

Did you work full-time or part-time?	What did you do after leaving this job? [Check all that apply]		
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________
☐ Full-time ☐ Part-time	☐ Started next job ☐ Unemployed	☐ Worked short-term job(s) ☐ Medical leave/disability	☐ Cared for/started a family ☐ Other ________

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

7 7 4 4 5 6 0 9

Now we'd like to learn a little more about the job you held **between the ages of 30 and 40** that you consider to be **most important** (e.g., longest duration, best paying, most satisfying).

Q7 Which employer or business was that?

☐ Not relevant/did not work for pay between the ages of 30 and 40

→ Go to Q16 on page 12

Q8 Did you work for someone else on that job, or were you self-employed or a partner in a business?

☐ Someone else ☐ Self-employed ☐ Partner in business

Q9 In what city and state or country did you work for this employer or business?

City	State (or Country)

Q10 What was your job title? What were your most important activities or duties?

Q11 What kind of business or industry did you work in – that is, what did they make or do at the place where you worked?

Q12 How much did you earn before taxes and other deductions when you started that job?

☐ per hour ☐ per month

☐ per week ☐ per year

Q13 Were you covered on that job by a union or employee-association contract?

☐ Yes ☐ No

Q14 Do you still work for this employer or business?

- ☐ Yes → Go to Q15 below
- ☐ No →

Q14a Why did you leave or stop working for this employer? [Check all that apply]

- ☐ Moved to a higher paying job
- ☐ Moved to a job with a better future
- ☐ Moved to a more satisfying job
- ☐ Moved to a job that better matched my skills
- ☐ Moved or relocated
- ☐ To take care of or start a family
- ☐ To continue education
- ☐ I had poor health/a disability
- ☐ I was laid off, let go, or replaced
- ☐ I retired
- ☐ Other (please specify):

Q15 Please say how much you agree or disagree with each of the following statements regarding this job. [Check one box for each line]

	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply
a. The job was physically demanding.	☐	☐	☐	☐	☐
b. I had very little freedom to decide how I did my work.	☐	☐	☐	☐	☐
c. At work, I felt I had control over what happened in most situations.	☐	☐	☐	☐	☐
d. I had a lot to say about what happened on my job.	☐	☐	☐	☐	☐
e. The people I worked with could be relied on when I needed help.	☐	☐	☐	☐	☐
f. I learned useful skills in this job.	☐	☐	☐	☐	☐
g. My skills were not a good match for this job.	☐	☐	☐	☐	☐
h. The job was interesting and enjoyable.	☐	☐	☐	☐	☐

Q16 Have you ever provided **unpaid** care to a relative or friend with some sort of special need to help them take care of themselves for a **period of 6 months or more**?

NOTE: Raising children without special needs does not apply here.

A special need could be an illness, disability, or mental health problem.

Helping them take care of themselves may include personal needs or household chores, managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing. This person need not live with you.

☐ Yes (Continue to Q16a) ☐ No ⟶ Go to Q17 on the next page

↓

Q16a In the table below, **please list the people for whom you have provided unpaid care**. If you have provided unpaid care for more than five people, please list the five that you consider to be the most important. If you are currently caring for someone, please write the current year in the END YEAR column.

#	Initial of Person	Relationship to the Person	Start Year	End Year
1		☐ Parent / Parent-in-law ☐ Spouse or partner ☐ Biological, adopted, or step child ☐ Other (please specify): _____	☐☐☐☐	☐☐☐☐
2		☐ Parent / Parent-in-law ☐ Spouse or partner ☐ Biological, adopted, or step child ☐ Other (please specify): _____	☐☐☐☐	☐☐☐☐
3		☐ Parent / Parent-in-law ☐ Spouse or partner ☐ Biological, adopted, or step child ☐ Other (please specify): _____	☐☐☐☐	☐☐☐☐
4		☐ Parent / Parent-in-law ☐ Spouse or partner ☐ Biological, adopted, or step child ☐ Other (please specify): _____	☐☐☐☐	☐☐☐☐
5		☐ Parent / Parent-in-law ☐ Spouse or partner ☐ Biological, adopted, or step child ☐ Other (please specify): _____	☐☐☐☐	☐☐☐☐

Your Health History

The following questions ask about your health including medically diagnosed conditions, exercise, and health habits throughout your life.

Q17 Have you **ever** had any of the following serious conditions or diseases?

a. Chronic breathing problems/asthma	☐ Yes	☐ No
b. Chronic hepatitis or other liver disease	☐ Yes	☐ No
c. HIV or AIDS	☐ Yes	☐ No
d. Inflammatory bowel disease (e.g., Crohn's disease)	☐ Yes	☐ No
e. Kidney disease or failure	☐ Yes	☐ No
f. Meningitis or encephalitis	☐ Yes	☐ No
g. Mononucleosis (commonly referred to as mono)	☐ Yes	☐ No
h. Multiple sclerosis (commonly referred to as MS)	☐ Yes	☐ No
i. Neurological disorders (e.g., seizure, brain, or spinal cord disorders)	☐ Yes	☐ No
j. Thyroid disease	☐ Yes	☐ No
k. Rheumatoid arthritis	☐ Yes	☐ No
l. Gynecological issues [Females only] (e.g., fibroids or other problems with uterus or ovaries)	☐ Yes	☐ No

Q18 Have you ever had a pregnancy (or experienced a partner's pregnancy) that ended in a miscarriage, an induced abortion, or a stillbirth?

☐ Yes
☐ No

Q19 Have you ever had a major surgery or operation? (e.g., Caesarian section, heart surgery, hysterectomy, joint replacement, organ transplant, tumor removal, etc.)

☐ Yes → If yes, please specify the surgery or surgeries:
☐ No

Q20 Have you ever received any professional counseling, treatment, or therapy because of your use of alcohol or drugs?

☐ Yes ☐ No

Q21 Have you ever been involved in a major car or vehicle crash or other accident that resulted in serious injury?

☐ Yes → If yes, in what year did this accident occur? ☐☐☐☐

☐ No

Q22 **After age 16,** how many periods of ill health or disability (physical or mental) have you had that lasted for more than a year that kept you from doing usual activities?

☐ None → Go to Q23 on the next page

☐ One
☐ Two
☐ Three
☐ More than three
☐ Have been ill or had a disability for all or most of my life

Continue to Q22a ↓

Q22a For each of the periods of ill health or disability, write the year the period began, what year the period ended, and the condition which accounted for the period of ill health or disability. If you marked "More than three" in Q22, refer to the three worst periods of ill health or disability. If this period of ill health is still ongoing, please write the current year in the END YEAR column.

#	Start Year	End Year	Health condition(s)
1	☐☐☐☐	☐☐☐☐	
2	☐☐☐☐	☐☐☐☐	
3	☐☐☐☐	☐☐☐☐	

We have asked about many things in your life from the time you were born up to now, but there may be something especially important that we have missed.

Q23 Please use the space below to tell us about your most important accomplishments or the things that you are most proud of.

We are very interested to read what you write.

Q24 Were the questions in this booklet answered by the person whose first name is written on the front cover? [Check one box]

- ☐ YES, the person whose name is on the front cover completed the questionnaire by him/herself.
- ☐ YES, the person whose name is on the front cover answered the questions, but someone else assisted by writing in the answers for that person.
- ☐ NO, the person whose name is on the front cover did not answer/complete the questionnaire.

Q25 Approximately, how long did it take you to complete this questionnaire?

☐☐☐ number of minutes

Q26 If there is anything else you would like to tell us, please write in the space below. We appreciate your feedback.

THANK YOU!

SEE BACK

COVER

LAYOUT ON

SEPARATE PDF