

Health and Retirement Study: 2005 Mail Survey



Conducted by:
The Survey Research Center
The University of Michigan

Sponsored by:
The National Institute on Aging



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.

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, there is a place where you can tell us who actually answered the questions for this survey.

Many questions can be answered by placing a check (✓) on the line in front of your response. Some questions may not apply to you, and you will be instructed to skip them. When this occurs, you will find an arrow (➔) from your answer to the next appropriate question number. When no special instruction is given for your response choice, please continue with the next question.

If you have any questions about the questionnaire, please feel free to call us at **1-800-759-7947**.

THANK YOU!

In this questionnaire, 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 $\frac{3}{4}$ or $\frac{1}{2}$).

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 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	<input type="checkbox"/> 0 hours
A2. Reading newspapers or magazines	_____hours last week	OR	<input type="checkbox"/> 0 hours
A3. Reading books	_____hours last week	OR	<input type="checkbox"/> 0 hours
A4. Listening to music	_____hours last week	OR	<input type="checkbox"/> 0 hours
A5. Sleeping and napping (including at night)	_____hours last week	OR	<input type="checkbox"/> 0 hours

	Hours spent last week		No time spent last week
A6. Walking	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A7. Participating in sports or other exercise activities	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A8. Visiting in-person with friends, neighbors, or relatives	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A9. Communicating by telephone, letters, or e-mail with friends, neighbors, or relatives	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A10. Working for pay	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A11. Using the computer	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A12. Praying or meditating	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A13. House cleaning	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A14. Washing, ironing, or mending clothes	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A15. Yard work or gardening	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A16. Shopping or running errands	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A17. Preparing meals and cleaning-up afterwards	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A18. Personal grooming and hygiene, such as bathing and dressing	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A19. Caring for pets	_____ hours last week	OR	<input type="checkbox"/> 0 hours
A20. Physically showing affection for others through hugging, kissing, etc.	_____ hours last week	OR	<input type="checkbox"/> 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	<input type="checkbox"/> 0 hours
A22. Doing volunteer work for religious, educational, health-related, or other charitable organizations	_____hours last month	OR	<input type="checkbox"/> 0 hours
A23. Attending religious services	_____hours last month	OR	<input type="checkbox"/> 0 hours
A24. Attending meetings of clubs or religious groups	_____hours last month	OR	<input type="checkbox"/> 0 hours
A25. Taking care of finances or investments, such as banking, paying bills, balancing the checkbook, doing taxes, etc.	_____hours last month	OR	<input type="checkbox"/> 0 hours
A26. Treating or managing an existing medical condition of your own	_____hours last month	OR	<input type="checkbox"/> 0 hours
A27. Playing cards or games, or solving puzzles	_____hours last month	OR	<input type="checkbox"/> 0 hours
A28. Attending concerts, movies, or lectures, or visiting museums	_____hours last month	OR	<input type="checkbox"/> 0 hours
A29. Singing or playing a musical instrument	_____hours last month	OR	<input type="checkbox"/> 0 hours
A30. Doing arts and crafts projects, including knitting, embroidery, or painting	_____hours last month	OR	<input type="checkbox"/> 0 hours

	Hours spent last month		No time spent last month
A31. Doing home improvements, including painting, redecorating, or making home repairs	_____ hours last month	OR	<input type="checkbox"/> 0 hours
A32. Working on, maintaining, or cleaning your car(s) or vehicle(s)	_____ hours last month	OR	<input type="checkbox"/> 0 hours
A33. Dining or eating outside the home (not related to business or work)	_____ hours last month	OR	<input type="checkbox"/> 0 hours

A34. How many days in the last twelve months were you away from home on overnight trips related to business or work?

_____ Days

A35. 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:

A36. How often do you use your mind in what you do? **(Check one.)**

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

A37. How often do you use your body in what you do? **(Check one.)**

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

Still thinking about everything you do during waking hours:

A38. How often are your activities done with other people? (**Check one.**)

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

A39. How often do your activities benefit other people? (**Check one.**)

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

A40. 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: _____

A41. Approximately, how long did it take you to complete Section A?

- Minutes

Thank you for your participation in this important survey!