



HEALTH AND
RETIREMENT STUDY
at the University of Michigan

Mail Study 2009

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

1-866-611-6476.

THANK YOU!



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

Sometimes you will find an instruction telling you
which questions to answer next like this:

Yes

No → Go to **A13** on page 5.

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 $\frac{3}{4}$ 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
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

	Hours spent last week		No time spent last week
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

	Hours spent last month		No time spent last month
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
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. Thinking of your meals **last week**, how much time did you spend eating meals 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
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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
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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

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.

Section B:

We would like to know how families spend their income. If you think that somebody else in your household might be more knowledgeable about your household's spending, please, ask that person to help you in answering these questions.

Please indicate whether your household made any of these purchases in the past 12 months

- To the best of your ability, provide the purchase price.
- If you can't remember the exact amount, please give us your best estimate.

If you bought more than one item in a category:

- Please indicate the total amount you spent on all items in that category.
- Please include purchases by all members of your household, that is, by you or anyone living with you.

B1. In the past twelve months, has your household leased or purchased an automobile or truck? (If it was a lease, we are asking about new long-term leases).

_____ Yes
_____ No → **Go to Question B2 on page 9**

If so, what were the make, model, year and price of the vehicle(s) you purchased or leased?

(Car 1) : _____ \$ _____
 Make Model Year Price New or used?

(Car 2) : _____ \$ _____
 Make Model Year Price New or used?

(Car 3) : _____ \$ _____
 Make Model Year Price New or used?

B2. In the past twelve months, has your household purchased a refrigerator?

_____ Yes → About how much was the purchase price? \$_____

_____ No

B3. In the past twelve months, has your household purchased a washing machine and/or dryer?

_____ Yes → About how much was the purchase price? \$_____

_____ No

B4. In the past twelve months, has your household purchased a dishwasher?

_____ Yes → About how much was the purchase price? \$_____

_____ No

B5. In the past twelve months, has your household purchased a television?

_____ Yes → About how much was the purchase price? \$_____

_____ No

B6. In the past twelve months, has your household purchased a computer?

_____ Yes → About how much was the purchase price? \$_____

_____ No

We'd also like you to provide your best estimate of your household spending for the following categories. For the items on this page, please enter your annual cost in the provided spaces in the column "Amount spent in last 12 months." If you did not spend money on a specific item or service in the last 12 months, then check the "No money spent on this in last 12 months" box.

		Amount spent in last 12 months		No money spent on this in last 12 months
B7	Homeowner's or renter's insurance	\$ _____	OR	<input type="checkbox"/> \$0
B8	Property taxes	\$ _____	OR	<input type="checkbox"/> \$0
B9	Vehicle insurance	\$ _____	OR	<input type="checkbox"/> \$0
B10	Vehicle maintenance: parts, repairs, and servicing	\$ _____	OR	<input type="checkbox"/> \$0
B11	Health insurance: out-of-pocket, including Medicare supplemental insurance	\$ _____	OR	<input type="checkbox"/> \$0
B12	Trips and vacations: including transportation, accommodations, and recreational expenses on trips	\$ _____	OR	<input type="checkbox"/> \$0

	Amount spent in last 12 months		No money spent on this in last 12 months
B13 Home repairs and maintenance: materials your household bought directly	\$ _____	OR	<input type="checkbox"/> \$0
B14 Home repairs and maintenance services: hiring costs including materials they provided	\$ _____	OR	<input type="checkbox"/> \$0
B15 Household furnishings and equipment: such as furniture, floor coverings, small appliances, miscellaneous household equipment	\$ _____	OR	<input type="checkbox"/> \$0
B16 Contributions to religious, educational, charitable, or political organizations	\$ _____	OR	<input type="checkbox"/> \$0
B17 Cash or gifts to family and friends outside your household: including alimony and child support payments	\$ _____	OR	<input type="checkbox"/> \$0

For the next set of items we have included two time periods so that you can estimate your spending in the way that is easiest for you for each category: the amount you spend on a monthly basis, OR the amount you spent in the last 12 months. For example, if it is easiest for you to think about what you spend on electricity in monthly terms, then please report how much you spent each month. If you did not spend money on a specific item or service in the last 12 months, then check the “No money spent on this in last 12 months” box.

	Amount spent monthly		Amount spent in last 12 months		No money spent on this in last 12 months
B18 Mortgage	\$ _____ per month	OR	\$ _____ in last 12 months	OR	<input type="checkbox"/> \$0
B19 Rent	\$ _____ per month	OR	\$ _____ in last 12 months	OR	<input type="checkbox"/> \$0
B20 Electricity	\$ _____ per month	OR	\$ _____ in last 12 months	OR	<input type="checkbox"/> \$0
B21 Water	\$ _____ per month	OR	\$ _____ in last 12 months	OR	<input type="checkbox"/> \$0
B22 Heating fuel for the home	\$ _____ per month	OR	\$ _____ in last 12 months	OR	<input type="checkbox"/> \$0
B23 Telephone, cable, internet	\$ _____ per month	OR	\$ _____ in last 12 months	OR	<input type="checkbox"/> \$0
B24 Car payments: interest & principal	\$ _____ per month	OR	\$ _____ in last 12 months	OR	<input type="checkbox"/> \$0

The next block has items that some people do not purchase on a regular basis. Please use the time period that best reflects your spending over the last 12 months to estimate what you actually spent.

For example:

- If your household’s spending on clothing in the last year was irregular or concentrated in just a few months then please report your best estimate of the total amount your household spent on clothing in the last 12 months.
- If your household’s spending on clothing was fairly evenly distributed over the year, then you can choose whether to report the average monthly amount or the total amount spent in the last 12 months, whichever you find easier.

Again, if you did not spend money on a specific item or service in the last 12 months, then check the “No money spent on this in last 12 months” box.

If you bought an item only occasionally or on an as-needed basis, then please give your best estimate of what you spent in the last 12 months.

		Amount spent monthly	OR	Amount spent in last 12 months	OR	No money spent on this in last 12 months
B25	Housekeeping supplies: cleaning and laundry products	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B26	Housekeeping, dry cleaning and laundry services: hiring costs for housekeeping or home cleaning, and amount spent at dry cleaners and laundries	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B27	Gardening and yard supplies: yard, lawn and garden products	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0

	Amount spent monthly		Amount spent in last 12 months		No money spent on this in last 12 months
B28 Gardening and yard services: hiring costs including materials they provided	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B29 Clothing and apparel: including footwear, outerwear, and products such as watches or jewelry	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B30 Personal care products and services: including hair care, shaving and skin products, amount spent at hair dresser, manicure, etc.	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B31 Prescription and nonprescription medications: out-of-pocket cost, not including what's covered by insurance	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B32 Health care services: out-of-pocket cost of hospital care, doctor services, lab tests, eye, dental, and nursing home care	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0

	Amount spent monthly		Amount spent in last 12 months		No money spent on this in last 12 months
B33 Medical supplies: out-of-pocket cost, not including what's covered by insurance	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B34 Tickets to movies, sporting events, and performing arts	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B35 Sports: including gym, exercise equipment such as bicycles, skis, boats, etc.	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B36 Hobbies and leisure equipment: such as photography, stamps, reading materials, camping, etc.	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0

For the items below we have included three time periods so that you can estimate your spending in the way that is easiest for you for each category. For example, if it is easiest for you to think about what your household spends in a usual week on food and beverages, then please enter the amount in the first column.

Again, if you did not spend money on a specific item or service in the last 12 months, then check the “No money spent on this in last 12 months” box. If you bought an item only occasionally or on an as-needed basis, then please give your best estimate of what you spent in the last 12 months.

	Amount spent weekly		Amount spent monthly		Amount spent in last 12 months		No money spent on this in last 12 months
B37 Food and beverages: food and drinks, including alcoholic, that you buy in grocery or other stores	\$_____ per week	OR	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B38 Dining and/or drinking out: items in restaurants, cafes, and diners, including take-out food	\$_____ per week	OR	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0
B39 Gasoline	\$_____ per week	OR	\$_____ per month	OR	\$_____ in last 12 months	OR	<input type="checkbox"/> \$0

Now think of your household's TOTAL spending last year. Please do NOT include any money that you saved or that you invested, including real estate investments, like home purchases.

Compare this amount spent with your total household income. In your household income, include any earnings from work, any interest or dividends, any pension, annuity or Social Security income, and any other money that your household may have received.

B40. Last year, my household spent: (**Check one.**)

- More than its income → About how much more? \$_____
- Less than its income → About how much less? \$_____
- About the same as its income
- Uncertain, can't say

B41. Suppose next year you were to find your household with 20% more income than normal, what would you do with the extra income? (**Check one.**)

- Save or invest all of it → **Go to Question B43**
- Spend or donate all of it
- Spend and save some. → I would spend _____% & save _____% of it
- Uncertain, can't say → **Go to Question B43**

B42. If you chose to spend all or part of it, what would you spend the extra income on? (**Check all that apply.**)

- Trips, travel or vacations
- Clothing
- Eating out / food and beverages
- New home, home repairs or household items
- Entertainment, sports and hobbies
- Automobile expenses

B43. Now imagine that next year you were to find yourself with 20% less household income. What would you do? (**Check one.**)

- Not cut my spending at all → **Go to Question B45 on page 18**
- Cut my spending by the whole 20%
- Cut my spending by some, but not the whole 20% → By what percent would you cut spending? _____%
- Uncertain, can't say → **Go to Question B45 on page 18**

B44. If you chose to spend less, then on what items would you spend less? (**Check all that apply.**)

- Trips, travel or vacations
- Clothing
- Eating out / food and beverages
- New home, home repairs or household items
- Entertainment, sports and hobbies
- Automobile expenses

B45. We would like to understand more about spending in retirement. Are you retired?

Yes → **Complete BOX A**

No → **Complete BOX B**

BOX A – Retired:

a. How did your TOTAL spending change with retirement?

- Stayed the same → Go to c
- Increased
- Decreased

b. By how much?

%

c. For the items below, check (✓) whether the spending increased, decreased or stayed the same in retirement:

BOX B – Not Retired:

d. How do you expect your TOTAL spending to change with retirement?

- Stay the same → Go to f
- Increase
- Decrease

e. By how much?

%

f. For the items below, check (✓) whether you expect spending to increase, decrease or stay the same in retirement:

B46.	Increase(d)	Decrease(d)	Stay(ed) the same
a. Trips, travel, or vacations			
b. Clothing			
c. Eating out / food and beverages			
d. New home, home repairs, or household items			
e. Entertainment, sports, and hobbies			
f. Automobile expenses			

B47. Were the questions in Section B 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 relative, a friend, a care provider, or what: _____

B48. Approximately, how long did it take you to complete Section B?

Minutes

End of Section B.

Section C:

C1. Are you working now, temporarily laid off, unemployed and looking for work, disabled and unable to work, retired, a homemaker, or what? (**Check all that apply.**)

- Working now
- Temporarily laid off
- Unemployed and looking for work
- Disabled
- Retired
- Homemaker
- Other, specify _____
- Uncertain, can't say

C2. Are you currently married, living with a partner, separated, divorced, widowed, or have you never been married? (**Check one.**)

- Married → **Continue with C2a**
- Living with a partner → **Continue with C2a**
- Separated → **Go to C3 pg 21**
- Divorced → **Go to C3 pg 21**
- Widowed → **Go to C3 pg 21**
- Never married → **Go to C3 pg 21**
- Other, specify: _____ → **Go to C3 pg 21**

C2a. (If married or living with a partner) Did your household spend any money on clothing and apparel (including footwear, outerwear, and products such as watches or jewelry) in the last 12 months:

- Yes → What fraction of that spending was for things that
you use? _____ %
your spouse or partner uses? _____ %
other household members use? _____ %
- No

C3. Please add any comments that you wish in the space below:

C4. Were the questions in Section C 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: _____

C5. Approximately, how long did it take you to complete Section C?

_____ Minutes

Thank you for your participation in this important survey!

