# HARP2 Baseline Divorced_Final

Start of Block: Instructions

Q3.1 We understand your circumstances have changed since the last survey. We recognize that some of these topics may be difficult to talk about. There are no right or wrong answers. We are interested in hearing about your views and feelings.

Q3.6
**Please use the next and back buttons in the bottom right corner to move through the survey.**
**Do not use the forward and back buttons on your web browser.**
**Please complete this survey alone.**

End of Block: Instructions

Start of Block: Consent

Q2.1 **Consent to Participate in Internet Research**

**Health and Relationships Project (HARP)**

You are eligible to participate in the follow-up study for the Health and Relationships Project (HARP).

Please read the information below before continuing with the survey.

**STUDY GOAL:**
The major goal of this study is to understand how marital status influences health over time.

**YOUR PARTICIPATION:**
1. You will complete a 35 to 40 minute online questionnaire (which will follow this form).
2. You will be asked to fill out a short online survey (about 10 minutes to complete) each

evening for 10 days. You can schedule this later.

Most people report that talking about their experiences is a positive exercise for them. However, since all people experience bad times as well as good times, some questions may remind you of difficult experiences you have had. If you experience discomfort, please call 512-348-8977 or email us at health@austin.utexas.edu. We have also created a "Resources" page on our website (www.liberalarts.utexas.edu/health-relationships-lab) with a list of agencies and contacts that may be helpful.

**GIFT CARD:**
You will receive a $100 gift card after you complete both today's survey and the short daily questionnaires.

**CONFIDENTIALITY:**
All information from the questionnaires will be completely confidential. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study. Authorized persons from The University of Texas at Austin, members of the Institutional Review Board and the National Institute on Aging have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law.

**PROTECTIONS:**
This study has been reviewed and approved by The University Institutional Review Board and the study number is 2016-03-0101. For questions about your rights or dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at (512) 232-1543 or email at irb@austin.utexas.edu.

Your participation is entirely voluntary. If at any time you would like to stop filling out the survey, you are free to do so and may close your browser. You may refuse to answer any question in the survey. Your decision about whether to participate in this study will not affect your health care benefits or eligibility for services, or your future relations with the University of Texas. If you have a question at any time while taking the survey or after you participate, you may contact us at 512-348-8977 or health@austin.utexas.edu. You may also visit our website at www.liberalarts.utexas.edu/health-relationships-lab or send mail to Dr. Debra Umberson, Population Research Center, 305 E. 23rd St., Stop G1800, Austin, TX, 78712.

***Please print a copy of this information to keep for your records.***

*Statement of Consent*
*You are now making a decision about whether or not to participate in this study. By clicking the consent statement below, you indicate that you have read the information above and decided to participate. If you do not understand what you have read in this document, do not proceed.*

*Please contact us to explain anything you do not understand. You may decide to stop taking the survey at any time during the survey. If you understand the above information and agree to this statement of consent, please click the circle below to proceed.*

○ I certify that I consent to participate in this study. (1)

**End of Block: Consent**

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**Start of Block: Divorce Demographics**

Q271 In what year did you and your former spouse stop living together?

▼ 2015 (2015) ... We still live together. (9999)

*Skip To: Q275 If In what year did you and your former spouse stop living together? = We still live together.*

Q270 In what month did and your former spouse stop living together?

▼ January (1) ... December (12)

Q275 In what year did you legally divorce?

▼ 2015 (2015) ... 2021 (2021)

Q274 In what month did you legally divorce?

▼ January (1) ... December (12)

Q276 Does your former spouse live in your local area - that is, within a 20-minute walk or within a mile of your home?

- ○ Yes (1)
- ○ No (0)
- ○ Don't know/Not sure (2)

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Q278 How often do you talk to your former spouse?

- ○ Daily (6)
- ○ Weekly (5)
- ○ Monthly (4)
- ○ Several times a year (3)
- ○ Once a year or less (2)
- ○ Never (1)

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Q279 Who do you think most wanted the divorce?

- ○ 1 = I wanted it the most (1)
- ○ 2 (2)
- ○ 3 = We wanted it equally (3)
- ○ 4 (4)
- ○ 5 = My spouse wanted it the most (5)

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Q280 What do you see as the main reason for the divorce?

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**End of Block: Divorce Demographics**

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**Start of Block: Repartnering**

Q282 Are you currently dating a new partner?

- ○ Yes (1)
- ○ No (0)
- ○ Don't know/Not sure (2)

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*Display This Question:*

*If Are you currently dating a new partner? = Yes*

Q284 What year did you first begin dating?

▼ 2015 (2015) ... 2021 (2021)

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*Display This Question:*

*If Are you currently dating a new partner? = Yes*

Q283 What month did you first begin dating?

▼ January (1) ... December (12)

Page Break

*Display This Question:*

*If Are you currently dating a new partner? = Yes*

Q285 Are you currently living together?

- ○ Yes (1)
- ○ No (0)

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*Display This Question:*

*If Are you currently dating a new partner? = Yes*

*And Are you currently living together? = Yes*

Q287 What year did you first begin to live together?

▼ 2015 (2015) ... 2021 (2021)

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*Display This Question:*

*If Are you currently dating a new partner? = Yes*

*And Are you currently living together? = Yes*

Q286 What month did you first begin to live together?

▼ January (1) ... December (12)

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Q288 Are you remarried?

- ○ Yes (1)
- ○ No (0)

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*Display This Question:*

*If Are you remarried? = Yes*

Q290 What year did you remarry?

▼ 2015 (2015) ... 2021 (2021)

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*Display This Question:*

*If Are you remarried? = Yes*

Q289 What month did you remarry?

▼ January (1) ... December (12)

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Page Break

*Display This Question:*

*If Are you currently dating a new partner? = Yes*

*Or Are you remarried? = Yes*

Q293 In general, how much:

| | Not at All (1) | A Little (2) | Somewhat (3) | Quite a Bit (4) | A Great Deal (5) |
|---|---|---|---|---|---|
| a. Does your current partner make you feel loved and cared for? (Q293_1) | ○ | ○ | ○ | ○ | ○ |
| b. Is your current partner critical of you or what you do? (Q293_2) | ○ | ○ | ○ | ○ | ○ |
| c. Is your current partner willing to listen when you need to talk about your worries or problems? (Q293_3) | ○ | ○ | ○ | ○ | ○ |
| d. Does your current partner make too many demands on you? (Q293_4) | ○ | ○ | ○ | ○ | ○ |

*Display This Question:*

*If Are you currently dating a new partner? = Yes*

*Or Are you remarried? = Yes*

Q295 About how often do you and your current partner argue with each other?

- ○ Very Rarely (1)
- ○ Rarely (2)
- ○ Sometimes (3)
- ○ Often (4)
- ○ Very Often (5)

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*Display This Question:*

*If Are you currently dating a new partner? = Yes*

*Or Are you remarried? = Yes*

Q296 When you and your current partner argue, how stressful is this for you?

- ○ Not at All (1)
- ○ Slightly (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

**End of Block: Repartnering**

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**Start of Block: Social Support and Strain: Family, Friends, Civic Participation**

Q5.1 The next questions are about everyday social activities and stress in your everyday life.

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Q5.2 At present, how often do you get together socially **in person** with **family members**? Please think of all your family members who do not live with you (for example, parents, siblings, adult children, in-laws).

- ○ Several times a week (6)
- ○ Every week (5)
- ○ About once a month (4)
- ○ Several times a year (3)
- ○ About once or twice a year (2)
- ○ Never (1)

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Q187 At present, how often do you talk by phone, text, or have virtual get togethers (for example, video chats, zoom sessions) with **family members**? Please think of all your family members who do not live with you (for example, parents, siblings, adult children, in-laws).

- ○ Several times a week (6)
- ○ Every week (5)
- ○ About once a month (4)
- ○ Several times a year (3)
- ○ About once or twice a year (2)
- ○ Never (1)

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Q5.3 Thinking of **family members** you are in contact with, how often is it that...

| | Hardly Ever (or Never) (1) | Some of the Time (2) | Often (3) | Almost Always (or Always) (4) |
|---|---|---|---|---|
| a. You can open up to them if you need to talk about your worries? (1) | ○ | ○ | ○ | ○ |
| b. You can rely on them for help if you have a problem? (2) | ○ | ○ | ○ | ○ |
| c. They make too many demands on you? (3) | ○ | ○ | ○ | ○ |
| d. They criticize you? (4) | ○ | ○ | ○ | ○ |

Page Break

Q5.4 At present, how often do you get together socially **in person** with **friends**?

- ○ Several times a week (6)
- ○ Every week (5)
- ○ About once a month (4)
- ○ Several times a year (3)
- ○ About once or twice a year (2)
- ○ Never (1)

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Q188 At present, how often do you talk by phone, texts, or have virtual get togethers (for example, video chats, zoom sessions) with **friends**?

- ○ Several times a week (6)
- ○ Every week (5)
- ○ About once a month (4)
- ○ Several times a year (3)
- ○ About once or twice a year (2)
- ○ Never (1)

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Q5.5 Thinking about the people you consider **your friends**, how often is it that...

| | Hardly Ever (or Never) (1) | Some of the Time (2) | Often (3) | Almost Always (or Always) (4) |
|---|---|---|---|---|
| a. You can open up to them if you need to talk about your worries? (1) | ○ | ○ | ○ | ○ |
| b. You can rely on them for help if you have a problem? (2) | ○ | ○ | ○ | ○ |
| c. They make too many demands on you? (3) | ○ | ○ | ○ | ○ |
| d. They criticize you? (4) | ○ | ○ | ○ | ○ |

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Q301 How often do you feel that you lack companionship?

- ○ Hardly Ever (or Never) (1)
- ○ Some of the Time (2)
- ○ Often (3)

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Q302 How often do you feel left out?

- ○ Hardly Ever (or Never) (1)
- ○ Some of the Time (2)
- ○ Often (3)

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Q303 How often do you feel isolated from others?

- ○ Hardly Ever (or Never) (1)
- ○ Some of the Time (2)
- ○ Often (3)

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Page Break

End of Block: Social Support and Strain: Family, Friends, Civic Participation

Start of Block: Stress-domains and global

Q6.1 Please rate how stressful the following situations are for you at the present time.

| | Not at All (1) | Slightly (2) | Somewhat (3) | Very (4) | Extremely (5) |
|---|---|---|---|---|---|
| a. Your finances. (Q6.1_1) | ○ | ○ | ○ | ○ | ○ |
| b. Your work or employment situation. (Q6.1_2) | ○ | ○ | ○ | ○ | ○ |
| c. Your household work. (Q6.1_3) | ○ | ○ | ○ | ○ | ○ |
| d. Overall current life circumstances. (Q6.1_4) | ○ | ○ | ○ | ○ | ○ |

Q250 Please tell me how stressful your relationships are for you at the present time.

| | Not at All (1) | Slightly (2) | Somewhat (3) | Very (4) | Extremely (5) |
|---|---|---|---|---|---|
| a. Your relationship with your former spouse. (1) | ○ | ○ | ○ | ○ | ○ |
| b. Other family relationships. (2) | ○ | ○ | ○ | ○ | ○ |
| c. Relationships with friends. (3) | ○ | ○ | ○ | ○ | ○ |

Page Break

Q251 How stressful is your health for you at the present time?

- ○ Not at All (1)
- ○ Slightly (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

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Q234 How stressful has the coronavirus pandemic been for you personally?

- ○ Not at All (1)
- ○ Slightly (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

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Page Break

Q281 How stressful were the following when you were going through your divorce?

| | Not at All (1) | Slightly (2) | Somewhat (3) | Very (4) | Extremely (5) | N/A (6) |
|---|---|---|---|---|---|---|
| a. Moving (Q281_1) | ○ | ○ | ○ | ○ | ○ | ○ |
| b. Division of property (Q281_2) | ○ | ○ | ○ | ○ | ○ | ○ |
| c. Effects on my child(ren) (Q281_3) | ○ | ○ | ○ | ○ | ○ | ○ |
| d. Opinions of my family (Q281_4) | ○ | ○ | ○ | ○ | ○ | ○ |
| e. Opinions of my friends (Q281_5) | ○ | ○ | ○ | ○ | ○ | ○ |

**End of Block: Stress-domains and global**

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**Start of Block: MQ, Support, Strain**

*Display This Question:*

*If How often do you talk to your former spouse? != Never*

Q10.2

After divorce, many people stay in touch with their former spouse. The following questions are about the kind of relationship you currently have with your former spouse.

| | Not at All True (1) | A Little True (2) | Somewhat True (3) | Mostly True (4) | Almost Completely True (5) |
|---|---|---|---|---|---|
| a. I have a warm and comfortable relationship with my former spouse. (1) | ○ | ○ | ○ | ○ | ○ |
| b. I feel I can confide in my former spouse about virtually anything. (2) | ○ | ○ | ○ | ○ | ○ |

*Display This Question:*

*If How often do you talk to your former spouse? != Never*

Q10.4 In general, how much:

| | Not at All (1) | A Little (2) | Somewhat (3) | Quite a Bit (4) | A Great Deal (5) |
|---|---|---|---|---|---|
| a. Does your former spouse make you feel loved and cared for? (Q10.4_1) | ○ | ○ | ○ | ○ | ○ |
| b. Is your former spouse critical of you or what you do? (Q10.4_2) | ○ | ○ | ○ | ○ | ○ |
| c. Is your former spouse willing to listen when you need to talk about your worries or problems? (Q10.4_3) | ○ | ○ | ○ | ○ | ○ |
| d. Does your former spouse make too many demands on you? (Q10.4_4) | ○ | ○ | ○ | ○ | ○ |

*Display This Question:*

*If How often do you talk to your former spouse? != Never*

Q10.5 In general, how much:

| | Not at All (1) | A Little (2) | Somewhat (3) | Quite a Bit (4) | A Great Deal (5) |
|---|---|---|---|---|---|
| a. Do you try to make your former spouse feel loved and cared for? (Q10.5_1) | ○ | ○ | ○ | ○ | ○ |
| b. Are you willing to listen when your former spouse needs to talk about their worries or problems? (Q10.5_2) | ○ | ○ | ○ | ○ | ○ |

Q291 About how often do you and your former spouse argue with each other?

- ○ Very Rarely (1)
- ○ Rarely (2)
- ○ Sometimes (3)
- ○ Often (4)
- ○ Very Often (5)

Q292 When you and your former spouse argue, how stressful is this for you?

- ○ Not at All (1)
- ○ Slightly (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

**End of Block: MQ, Support, Strain**

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**Start of Block: Health Assessment**

Q7.1 The next questions are about overall health.

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Q7.2 In general, would you say your physical health is:

- ○ Excellent (5)
- ○ Very Good (4)
- ○ Good (3)
- ○ Fair (2)
- ○ Poor (1)

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Q7.5 During the past 4 weeks, to what extent has your physical health interfered with your daily activities at home or at work?

- ○ Not at All (1)
- ○ Slightly (2)
- ○ Moderately (3)
- ○ Quite a Bit (4)
- ○ Extremely (5)

Page Break

Q7.6 Has a doctor ever diagnosed you with any of the following (please check all that apply):

- ☐ High blood pressure (1)
- ☐ Diabetes (2)
- ☐ Cancer (or malignant tumor) (3)
- ☐ Lung disease (4)
- ☐ Heart problems (5)
- ☐ Stroke (6)
- ☐ Arthritis (7)
- ☐ HIV (8)
- ☐ Alzheimer's, dementia, or any other memory impairment (9)
- ☐ No illnesses to report (10)
- ☐ Other chronic illness(es) (please specify below) (11)

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Page Break

Q174 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ○ Yes (1)
- ○ No (0)

Q175 Because of a physical, mental, or emotional problem, do you need the help of others with personal care needs (e.g., bathing or showering, dressing, eating, using the toilet, getting around inside the home, and getting in or out of bed or chairs)?

- ○ Yes (1)
- ○ No (0)

Page Break

Q176 Are you often troubled with pain?

- ○ Yes (1)
- ○ No (0)

*Display This Question:*

*If Are you often troubled with pain? = Yes*

Q177 How bad is the pain most of the time?

- ○ Mild (1)
- ○ Moderate (2)
- ○ Severe (3)

*Display This Question:*

*If Are you often troubled with pain? = Yes*

Q178 Does the pain make it difficult for you to do your usual activities such as household chores or work?

- ○ Yes (1)
- ○ No (0)

Page Break

End of Block: Health Assessment

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Start of Block: Cognitive health

Q191
How would you rate your memory at the present time?

- ○ Excellent (5)
- ○ Very Good (4)
- ○ Good (3)
- ○ Fair (2)
- ○ Poor (1)

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Q209 Compared to 5 years ago, would you say your memory is better now, about the same, or worse than it was then?

- ○ Better now (3)
- ○ About the same (2)
- ○ Worse now (1)

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Q197 How often are you concerned about your own memory or forgetfulness?

- ○ Often (4)
- ○ Sometimes (3)
- ○ Rarely (2)
- ○ Never (1)

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Q193 How concerned are you that you will develop significant cognitive impairment or dementia in the future?

- ○ Not at all (1)
- ○ A little (2)
- ○ Somewhat (3)
- ○ Quite a bit (4)
- ○ A great deal (5)

**End of Block: Cognitive health**

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**Start of Block: Serious Illness Sequence**

Q8.1 The next questions are about times when you were ill or injured over the last few years. If you did not have a serious illness or injury, just report on the times you felt most sick (e.g., flu, headache).

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Q304 When did your illness or injury occur/begin?

- ○ Within the past month (1)
- ○ Within the past year (2)
- ○ 1 to 2 years ago (3)
- ○ More than 2 years ago (4)

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Q8.3 Are you still experiencing symptoms from this illness or injury?

- ○ No (0)
- ○ Yes (1)

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Q8.6 Overall, how serious is/was your most serious illness or injury?

- ○ Not at All (1)
- ○ Slightly (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

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Page Break

Q8.9 Overall, how stressful was your illness or injury for you personally?

- ○ Not at All (1)
- ○ Slightly (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

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Q270 Suppose you had a health problem that you were concerned about, or needed to make an important decision about your own medical treatment. How likely is it that you would talk with your former spouse about it?

- ○ Very likely (3)
- ○ Somewhat likely (2)
- ○ Not likely (1)

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Q8.12 If you were to face a serious health problem in the future, how confident are you that someone will provide the help and support that you want?

- ○ Not at All (1)
- ○ A Little (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

**End of Block: Serious Illness Sequence**

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Start of Block: Formal Health Care

Q9.1
The next questions are about formal health care.

Which of the following best describes your health care coverage?

- ○ No health insurance (1)
- ○ Private health insurance plan (for example, health insurance through employer) (2)
- ○ Government plan such as Medicaid or Medicare (3)
- ○ Don't know/Not sure (4)

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Q9.2 Over the past year, have you had any trouble paying for health care?

- ○ No Trouble (1)
- ○ Some Trouble (2)
- ○ A Lot of Trouble (3)

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End of Block: Formal Health Care

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Start of Block: End-of-life planning

Q215 Have you discussed with others your plans about the types of medical treatment you want or don't want if you become seriously ill in the future?

- ○ Yes (1)
- ○ No (0)

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Q216 Do you have a living will or an advance directive? These are written instructions about the type of medical treatment you would want to receive if you were unconscious or somehow unable to communicate.

- ○ Yes (1)
- ○ No (0)

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Q217 Have you made any legal arrangements for someone to make decisions about your medical care if you become unable to make those decisions yourself? This is sometimes called a Durable Power of Attorney for Health Care.

- ○ Yes (1)
- ○ No (0)

End of Block: End-of-life planning

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Start of Block: CESD

Q12.1 The next questions are about feelings you may have had recently.

Indicate how often you **felt or behaved** in the following ways ***during the past week***:

| | Rarely or None of the Time (1) | Some of the Time (2) | Occasionally (3) | Most of the Time (4) |
|---|---|---|---|---|
| a. I did not feel like eating; my appetite was poor. (1) | ○ | ○ | ○ | ○ |
| b. I felt depressed. (2) | ○ | ○ | ○ | ○ |
| c. I felt like everything I did was an effort. (3) | ○ | ○ | ○ | ○ |
| d. My sleep was restless. (4) | ○ | ○ | ○ | ○ |
| e. I was happy. (5) | ○ | ○ | ○ | ○ |
| f. I felt lonely. (6) | ○ | ○ | ○ | ○ |
| g. People were unfriendly. (7) | ○ | ○ | ○ | ○ |
| h. I enjoyed life. (8) | ○ | ○ | ○ | ○ |
| i. I felt sad. (9) | ○ | ○ | ○ | ○ |
| j. I felt that people disliked me. (10) | ○ | ○ | ○ | ○ |
| k. I could not "get going." (11) | ○ | ○ | ○ | ○ |

Q12.3 During the past week, how often has your relationship with your former spouse been the main cause of these feelings?

- ○ None of the time (1)
- ○ A little of the time (2)
- ○ Some of the time (3)
- ○ Most of the time (4)
- ○ All of the time (5)

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Q12.2 During the past week, how often have your own physical health problems been the main cause of these feelings?

- ○ None of the time (1)
- ○ A little of the time (2)
- ○ Some of the time (3)
- ○ Most of the time (4)
- ○ All of the time (5)

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Page Break

Q12.4 Please indicate how often you **felt** the following ways ***during the past week***:

| | Rarely or None of the Time (1) | Some of the Time (2) | Occasionally (3) | Most of the Time (4) |
|---|---|---|---|---|
| a. I was unable to control important things in my life. (1) | ○ | ○ | ○ | ○ |
| b. I felt confident about my ability to handle personal problems. (2) | ○ | ○ | ○ | ○ |
| c. I felt that things were going my way. (3) | ○ | ○ | ○ | ○ |
| d. I felt difficulties were piling up so high that I could not overcome them. (4) | ○ | ○ | ○ | ○ |

Page Break

End of Block: CESD

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Start of Block: MH/Distress Sequence

Q13.1 Now we are going to ask you some questions about the time when **you were most emotionally or psychologically distressed** over the last few years.

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Q305 When did your distress begin?

- ○ Within the past month (1)
- ○ Within the past year (2)
- ○ 1 to 2 years ago (3)
- ○ More than 2 years ago (4)

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Q13.4 Are you still experiencing this distress?

- ○ No (0)
- ○ Yes (1)

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Page Break

Q13.7 Overall, how serious is/was your distress during this period?

- ○ Not at All (1)
- ○ Slightly (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

---

Q297 How much was your divorce the main cause of your distress?

- ○ Not at All (1)
- ○ Slightly (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

**End of Block: MH/Distress Sequence**

---

**Start of Block: Health Behaviors: Smoking and Alcohol**

Q14.1 The next questions are about health behaviors such as smoking, drinking, diet and exercise.
Which of the following best describes you?

- ○ I have never smoked tobacco/have only tried smoking once or twice (1)
- ○ I have given up smoking tobacco (2)
- ○ I smoke tobacco occasionally (3)
- ○ I smoke tobacco regularly (4)

Page Break

Q14.6
Which of these best describes you?

- ○ I have never drunk alcohol/have only tried alcohol once or twice. (1)
- ○ I have given up alcohol. (2)
- ○ I sometimes drink alcohol. (3)

*Skip To: End of Block If Which of these best describes you? = I have never drunk alcohol/have only tried alcohol once or twice.*

*Display This Question:*

*If Which of these best describes you? = I sometimes drink alcohol.*

Q259 How frequently do you drink alcohol?

- ○ I drink alcohol less often than once a month. (1)
- ○ I drink alcohol more than once a month but not weekly. (2)
- ○ I drink alcohol 1-2 days per week. (3)
- ○ I drink alcohol 3-5 days per week. (4)
- ○ I drink alcohol 6-7 days per week. (5)

*Display This Question:*

*If Which of these best describes you? = I sometimes drink alcohol.*

Q14.8 On days that you drink, on average, about how many drinks do you have? (1 drink is equivalent to a 12-ounce beer, 5-ounce glass of wine, or drink with 1 shot of liquor)

▼ 1 (1) ... More than 5 (5.5)

*Display This Question:*

*If Which of these best describes you? = I have given up alcohol.*

Q299 Why did you give up alcohol?

_____

_____

_____

_____

_____

**End of Block: Health Behaviors: Smoking and Alcohol**

---

**Start of Block: Health Behaviors: Sleep, Exercise, Weight**

Q15.1 How many hours do you usually sleep at night?

▼ 5 hours or less (5) ... 12 hours or more (12)

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Q15.2 How often do you feel really rested when you wake up in the morning?

- ○ Most of the Time (4)
- ○ Sometimes (3)
- ○ Rarely (2)
- ○ Never (1)

---

Page Break

Q15.3 How often do you engage in VIGOROUS physical activity or exercise long enough to raise your heart rate and work up a sweat (for example, running or lifting heavy objects) ?

- ○ Never (1)
- ○ Less than once a month (2)
- ○ About once a month (3)
- ○ Several times a month (4)
- ○ About once a week (5)
- ○ Several times a week or more (6)

*Skip To: Q15.5 If How often do you engage in VIGOROUS physical activity or exercise long enough to raise your heart... = Never*

Q15.4 On the days that you engage in VIGOROUS physical activity or exercise, for about how many minutes do you typically exercise?

| | 1 16 31 46 61 76 90 105 120 135 150 |
|---|---|
| Minutes () | |

Q15.5 How often do you engage in MODERATE physical activity or exercise (for example, taking a walk or using a vacuum cleaner)?

- ○ Never (1)
- ○ Less than once a month (2)
- ○ About once a month (3)
- ○ Several times a month (4)
- ○ About once a week (5)
- ○ Several times a week or more (6)

*Skip To: Q15.7 If How often do you engage in MODERATE physical activity or exercise (for example, taking a walk or... = Never*

Q15.6 On the days that you engage in MODERATE physical activity or exercise, for about how many minutes do you typically exercise?

| | 1 16 31 46 61 76 90 105 120 135 150 |
|---|---|
| Minutes () | |

Page Break

Q15.7
How often do you try to make yourself feel better or more relaxed by doing the following:

| | Often (4) | Sometimes (3) | Rarely (2) | Never (1) |
|---|---|---|---|---|
| a. Exercising (Q15.7_1) | ○ | ○ | ○ | ○ |
| b. Eating (Q15.7_2) | ○ | ○ | ○ | ○ |
| c. Drinking (Q15.7_3) | ○ | ○ | ○ | ○ |
| d. Smoking/vaping (Q15.7_4) | ○ | ○ | ○ | ○ |
| e. Taking drugs or medications (Q15.7_5) | ○ | ○ | ○ | ○ |

Q15.8 About how much do you weigh without shoes on (in pounds)?

○ Weight (lbs) (12) _____

Page Break

End of Block: Health Behaviors: Sleep, Exercise, Weight

Start of Block: Social Control

Q16.1 Please indicate how often the following occur.

| | Often (4) | Sometimes (3) | Rarely (2) | Never (1) |
|---|---|---|---|---|
| a. I do things with other people that help me to have a healthy lifestyle (for example, exercise or eating well). (1) | ○ | ○ | ○ | ○ |
| b. Others tell or remind me to do things to protect my health. (2) | ○ | ○ | ○ | ○ |

Q298 Who is most likely to influence your health habits in a positive way?

○ Former spouse (1)

○ Friend (2)

○ Adult child (3)

○ Other family member (4)

○ Other (please specify) (5) _____

Q16.2 How often do you feel the following **when other people try to influence your health habits**?

| | Often (4) | Sometimes (3) | Rarely (2) | Never (1) |
|---|---|---|---|---|
| a. Irritated (1) | ○ | ○ | ○ | ○ |
| b. Appreciative (2) | ○ | ○ | ○ | ○ |
| c. Inclined to ignore them (3) | ○ | ○ | ○ | ○ |

Q16.3 How true is the following statement for you? I feel a sense of responsibility to others to stay healthy.

- ○ Not at All True (1)
- ○ A Little True (2)
- ○ Somewhat True (3)
- ○ Mostly True (4)
- ○ Very True (5)

Page Break

End of Block: Social Control

---

Start of Block: Household Tasks

Q257 How difficult is it for you to handle the following household tasks?

| | Not at All (1) | A Little (2) | Some (3) | A Lot (4) |
|---|---|---|---|---|
| a. General housework and laundry? (1) | ○ | ○ | ○ | ○ |
| b. Preparing meals? (2) | ○ | ○ | ○ | ○ |
| c. Home maintenance and minor repairs? (3) | ○ | ○ | ○ | ○ |
| d. Keeping up with checking and savings accounts and paying bills? (4) | ○ | ○ | ○ | ○ |
| e. Making major financial and legal decisions? (5) | ○ | ○ | ○ | ○ |

End of Block: Household Tasks

---

Start of Block: Parental Status

Q18.1 Do you have any **children living with you at this time** (including biological, adopted, step, or others you think of as your children)?

○ No (0)

○ Yes (1)

*Display This Question:*

*If Do you have any children living with you at this time (including biological, adopted, step, or ot... = Yes*

Q185 What is the age of each child living with you (in years)? And is the child from your relationship with your former spouse, a prior relationship, or other?

| | From Former Spouse, Prior, or Other Relationship | | | Age |
|---|---|---|---|---|
| | Former Spouse (1) | Prior (2) | Other (3) | (In years) (1) |

| | | | | |
|---|---|---|---|---|
| First Child (1) | ○ | ○ | ○ | |
| Second Child (2) | ○ | ○ | ○ | |
| Third Child (3) | ○ | ○ | ○ | |
| Fourth Child (4) | ○ | ○ | ○ | |
| Fifth Child (5) | ○ | ○ | ○ | |
| Sixth Child (6) | ○ | ○ | ○ | |

Q18.3 Do you have any **children living elsewhere at this time** (including biological, adopted, step, or others you think of as your children)?

○ No (0)

○ Yes (1)

*Display This Question:*

*If Do you have any children living elsewhere at this time (including biological, adopted, step, or o... = Yes*

Q18.4 What is the age of each child living elsewhere? And is the child from your relationship with your former spouse, a prior relationship, or other?

| | Age | From Former Spouse, Prior, or Other Relationship | | |
|---|---|---|---|---|
| | (1) | Former Spouse (1) | Prior (2) | Other (3) |

| | | | | |
|---|---|---|---|---|
| First Child (1) | | ○ | ○ | ○ |
| Second Child (2) | | ○ | ○ | ○ |
| Third Child (3) | | ○ | ○ | ○ |
| Fourth Child (4) | | ○ | ○ | ○ |
| Fifth Child (5) | | ○ | ○ | ○ |
| Sixth Child (6) | | ○ | ○ | ○ |

*Display This Question:*

*If Do you have any children living elsewhere at this time (including biological, adopted, step, or o... = Yes*

*Or Do you have any children living with you at this time (including biological, adopted, step, or ot... = Yes*

X→

Q18.5 At this point in your life, how satisfied are you with being a parent?

- ○ Completely (5)
- ○ Very (4)
- ○ Somewhat (3)
- ○ Not Very (2)
- ○ Not at All (1)

---

*Display This Question:*

*If Do you have any children living elsewhere at this time (including biological, adopted, step, or o... = Yes*

*Or Do you have any children living with you at this time (including biological, adopted, step, or ot... = Yes*

X→

Q18.6 How often are you bothered or upset as a parent?

- ○ Almost Always (5)
- ○ Often (4)
- ○ Sometimes (3)
- ○ Rarely (2)
- ○ Never (1)

---

*Display This Question:*

*If Do you have any children living elsewhere at this time (including biological, adopted, step, or o... = Yes*

*Or Do you have any children living with you at this time (including biological, adopted, step, or ot... = Yes*

X→

Q18.7 How happy are you with the way your child(ren) has/have turned out so far?

- ○ Very Happy (5)
- ○ Quite Happy (4)
- ○ Somewhat Happy (3)
- ○ Not Too Happy (2)
- ○ Not at All Happy (1)

Page Break

End of Block: Parental Status

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Start of Block: Caregiving Sequence

Q212 In the last month, besides as a job or volunteer work, did you ever provide care for or look after an adult who cannot care for themselves?

- ○ No (0)
- ○ Yes (1)

---

*Display This Question:*

*If In the last month, besides as a job or volunteer work, did you ever provide care for or look afte... = Yes*

Q213 Who is this person? Select all that apply.

- ☐ Former spouse (1)
- ☐ Parent or parent-in-law (2)
- ☐ Other family member (3)
- ☐ Friend (4)
- ☐ Other (please specify) (5) _____

---

*Display This Question:*

*If In the last month, besides as a job or volunteer work, did you ever provide care for or look afte... = Yes*

Q248 On average, about how many hours per week did you spend providing care? If you've provided more than 20 hours per week, please select 20.

0 2 4 6 8 10 12 14 16 18 20

| | |
|---|---|
| Hours () | |

*Display This Question:*

*If In the last month, besides as a job or volunteer work, did you ever provide care for or look afte... = Yes*

Q214 How stressful was it for you to provide this care?

- ○ Not at all (1)
- ○ Slightly (2)
- ○ Somewhat (3)
- ○ Very (4)
- ○ Extremely (5)

**End of Block: Caregiving Sequence**

---

**Start of Block: Discrimination**

Q22.1 In your day-to-day life, how often do any of the following things happen to you?

| | Almost Every Day (6) | At Least Once a Week (5) | A Few Times a Month (4) | A Few Times a Year (3) | Less Than Once a Year (2) | Never (1) |
|---|---|---|---|---|---|---|
| a. You are treated with less respect than other people. (Q22.1_1) | ○ | ○ | ○ | ○ | ○ | ○ |
| b. You receive poorer service than other people at restaurants or stores. (Q22.1_2) | ○ | ○ | ○ | ○ | ○ | ○ |
| c. You receive poorer service than other people in medical settings (for example, in hospitals or doctors' offices). (Q22.1_3) | ○ | ○ | ○ | ○ | ○ | ○ |
| d. You feel unsafe in public places. (Q22.1_4) | ○ | ○ | ○ | ○ | ○ | ○ |
| e. People ignore you or act as if you do not exist. (Q22.1_5) | ○ | ○ | ○ | ○ | ○ | ○ |

| | | | | | | |
|---|---|---|---|---|---|---|
| f. People act as if they are disgusted by you. (Q22.1_6) | ○ | ○ | ○ | ○ | ○ | ○ |
| g. People act as though they are afraid of you. (Q22.1_7) | ○ | ○ | ○ | ○ | ○ | ○ |
| h. People act as if they think you are dishonest. (Q22.1_9) | ○ | ○ | ○ | ○ | ○ | ○ |
| i. People act as if they're better than you are. (Q22.1_10) | ○ | ○ | ○ | ○ | ○ | ○ |
| j. You are called names or insulted. (Q22.1_11) | ○ | ○ | ○ | ○ | ○ | ○ |
| k. You are threatened or harassed. (Q22.1_12) | ○ | ○ | ○ | ○ | ○ | ○ |

*Skip To: End of Block If In your day-to-day life, how often do any of the following things happen to you? [ Never] (Count) = 11*

Q22.2 Please rank order **up to three** main reasons that these things happened to you (1 = main reason, 2 = second reason, 3 = third reason). Please leave the other reasons blank.

_____ Gender (1)
_____ Race/Ethnicity (2)
_____ Sexual orientation (3)
_____ Physical appearance (4)
_____ Income level/social class (5)
_____ Weight/body size (6)
_____ Age (8)
_____ Other (please specify) (7)

Page Break

End of Block: Discrimination

Start of Block: Demographics & Recruiting

Q184 In what year were you born?

▼ 1980 (1980) ... 1948 (1948)

Q23.3 In what state do you currently live?

▼ No longer living in the U.S. (0) ... WY (51)

Page Break

Q23.6 What is your religious preference?

- ○ None (1)
- ○ Protestant (2)
- ○ Catholic (3)
- ○ Jewish (4)
- ○ Hindu (8)
- ○ Islamic (7)
- ○ Buddhist (5)
- ○ Other (please specify below) (6)

_____

Q199 About how often have you attended religious services (including virtual services) during the past year?

- ○ More than once a week (5)
- ○ Once a week (4)
- ○ Two or three times a month (3)
- ○ One or more times a year (2)
- ○ Not at all (1)

Page Break

Q23.8 What is the highest level of formal education that you have completed?

- ○ Less than high school diploma/GED (1)
- ○ High school graduate or GED (2)
- ○ Some college, no degree (3)
- ○ Associate's degree/technical school graduate (4)
- ○ College graduate (5)
- ○ Post-graduate or professional degree (6)

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Q23.9 What is your current employment situation?

- ○ Currently working full-time (1)
- ○ Currently working part-time (2)
- ○ Retired (6)
- ○ Disabled or unable to work (5)
- ○ Unemployed or laid off and looking for work (4)
- ○ A homemaker (3)
- ○ Other (please specify below) (7)

_____

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Page Break

Q23.13 Which of the following comes closest to your total HOUSEHOLD income for the past year?

- ○ no household income (1)
- ○ $1-$24,999 (2)
- ○ $25,000-$49,999 (3)
- ○ $50,000-$74,999 (4)
- ○ $75,000-$99,999 (5)
- ○ $100,000-$149,999 (6)
- ○ $150,000-$249,999 (7)
- ○ $250,000 or more (8)

Page Break

**End of Block: Demographics & Recruiting**

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**Start of Block: Ending Prompt**

Q25.1 Please let us know if there is anything else you feel is important in terms of understanding relationships, stress, and health, particularly changes during the COVID-19 pandemic (You may leave this blank if you have nothing to add).

_____

_____

_____

_____

_____

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Q300 You will be asked to fill out a short 5-10 minute survey each night for 10 days. We ask that you choose a 10 day period that does not include a vacation or holiday.

What evening would you like to begin your daily survey? You can begin as early as tomorrow night.

Qualtrics.SurveyEngine.addOnload(function(){var qid =this.questionId;var calid = qid +'_cal';var y =QBuilder('div'); $(y).setStyle({clear:'both'});var d =QBuilder('div',{className:'yui-skin-sam'},[QBuilder('div',{id:calid}), y ]);var c =this.questionContainer; c = $(c).down('.QuestionText'); c.appendChild(d);var cal1 =new YAHOO.widget.Calendar(calid); cal1.render();var input = $('QR~'+ qid); $(input).setStyle({marginTop:'20px',width:'150px'});var p =$(input).up();var x =QBuilder('div'); $(x).setStyle({clear:'both'}); p.insert(x,{position:'before'}); cal1.selectEvent.subscribe(function(e,dates){var date = dates[0][0];if(date[1]

_____

**End of Block: Ending Prompt**

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