

HARP3 Baseline_Final

Start of Block: Marital Status (Screening Q)

Q1.1 Welcome back to the Health and Relationships Project (HARP). Thank you for sharing your experiences with us. To determine which survey is best suited to your situation, please tell us if you are still married to your partner from the last time we interviewed you.

- ☐ Yes, still married to the same partner
- ☐ Yes, but we are separated
- ☐ No, I am divorced now
- ☐ No, I am widowed now

End of Block: Marital Status (Screening Q)

Start of Block: Instructions

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. We will share your data or samples with other researchers for future research studies that may be similar to this study or may be very different. The data or samples shared with other researchers will not include information that can directly identify you. 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.

End of Block: Consent

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

Q5.1 The first questions are about everyday social activities. First, we'll ask about family and then we'll ask about friends.



Q5.2 At present, how often do you get together socially **in person** with **family members** (with or without your spouse)? 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
- ☐ Every week
- ☐ About once a month
- ☐ Several times a year
- ☐ About once or twice a year
- ☐ Never



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** (with or without your spouse)? 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
- ☐ Every week
- ☐ About once a month
- ☐ Several times a year
- ☐ About once or twice a year
- ☐ Never



Q5.3 Thinking of your **family members**, how often is it that...

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

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Q5.4 At present, how often do you get together socially **in person** with **friends** (with or without your spouse)?

- ☐ Several times a week
 - ☐ Every week
 - ☐ About once a month
 - ☐ Several times a year
 - ☐ About once or twice a year
 - ☐ Never
-



Q188 At present, how often do you talk by phone, texts, or have virtual get togethers (for example, video chats, zoom sessions) with **friends** (with or without your spouse)?

- ☐ Several times a week
 - ☐ Every week
 - ☐ About once a month
 - ☐ Several times a year
 - ☐ About once or twice a year
 - ☐ Never
-

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

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

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Q274 How often do you feel that you lack companionship?

- ☐ Hardly Ever (or Never)
 - ☐ Some of the Time
 - ☐ Often
-

Q275 How often do you feel left out?

- ☐ Hardly Ever (or Never)
 - ☐ Some of the Time
 - ☐ Often
-

Q276 How often do you feel isolated from others?

- ☐ Hardly Ever (or Never)
- ☐ Some of the Time
- ☐ Often

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

Start of Block: Stress-domains and global

Q6.1 The next questions are about stress in your everyday life. Please rate how stressful the following situations are for you at the present time.

a. Your finances.	☐ Not at All	☐ Slightly	☐ Somewhat	☐ Very	☐ Extremely
b. Your work or employment situation.	☐ Not at All	☐ Slightly	☐ Somewhat	☐ Very	☐ Extremely
c. Your household work.	☐ Not at All	☐ Slightly	☐ Somewhat	☐ Very	☐ Extremely
d. Overall current life circumstances.	☐ Not at All	☐ Slightly	☐ Somewhat	☐ Very	☐ Extremely

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

a. Your relationship with your spouse.	☐ Not at All	☐ Slightly	☐ Somewhat	☐ Very	☐ Extremely	☐ Not at All
b. Other family relationships.	☐ Not at All	☐ Slightly	☐ Somewhat	☐ Very	☐ Extremely	☐ Not at All
c. Relationships with friends.	☐ Not at All	☐ Slightly	☐ Somewhat	☐ Very	☐ Extremely	☐ Not at All

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

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Q252 How stressful is your spouse's health for you at the present time?

- ☐ Not at All
- ☐ Slightly
- ☐ Somewhat
- ☐ Very
- ☐ Extremely

End of Block: Stress-domains and global

Start of Block: MQ, Support, Strain



Q10.1 The next questions are about your relationship with your spouse.

Please indicate the degree of happiness, all things considered, in your relationship.

- ☐ Very Unhappy
- ☐ Fairly Unhappy
- ☐ Happy
- ☐ Fairly Happy
- ☐ Very Happy
-

Q10.2 Please indicate how true the following statements are for your relationship with your spouse.

a. I have a warm and comfortable relationship with my spouse.	☐ Not at All True	☐ A Little True	☐ Somewhat True	☐ Mostly True	☐ Almost Completely True
b. I feel I can confide in my spouse about virtually anything.	☐ Not at All True	☐ A Little True	☐ Somewhat True	☐ Mostly True	☐ Almost Completely True

Q10.3 Thinking about you and your spouse,

a. How rewarding is your relationship with your spouse?	☐ Not at All	☐ A Little	☐ Somewhat	☐ Mostly	☐ Almost Completely
b. In general, how satisfied are you with your relationship?	☐ Not at All	☐ A Little	☐ Somewhat	☐ Mostly	☐ Almost Completely

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Q10.4 In general, how much:

a. Does your spouse make you feel loved and cared for?

☐ Not at All

☐ A Little

☐ Somewhat

☐ Quite a Bit

☐ A Great Deal

b. Is your spouse critical of you or what you do?

☐ Not at All

☐ A Little

☐ Somewhat

☐ Quite a Bit

☐ A Great Deal

c. Is your spouse willing to listen when you need to talk about your worries or problems?

☐ Not at All

☐ A Little

☐ Somewhat

☐ Quite a Bit

☐ A Great Deal

d. Does your spouse make too many demands on you?

☐ Not at All

☐ A Little

☐ Somewhat

☐ Quite a Bit

☐ A Great Deal

Q10.5 In general, how much:

a. Do you try to make your spouse feel loved and cared for?

☐ Not at All

☐ A Little

☐ Somewhat

☐ Quite a Bit

☐ A Great Deal

b. Are you willing to listen when your spouse needs to talk about their worries or problems?

☐ Not at All

☐ A Little

☐ Somewhat

☐ Quite a Bit

☐ A Great Deal

Q270 When good things happen to your spouse, how often does that affect your mood in a positive way?

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

Q271 When stressful things happen to your spouse, how often does that affect your mood in a negative way?

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Always
-

Q272 How often does tension with your spouse affect your mood negatively?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

End of Block: MQ, Support, Strain

Start of Block: Health Assessment



Q7.2 The next questions are about overall health. In general, would you say your physical health is:

- ☐ Excellent
 - ☐ Very Good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
-

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
 - ☐ Slightly
 - ☐ Moderately
 - ☐ Quite a Bit
 - ☐ Extremely
-

Page Break

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

- ☐ High blood pressure
 - ☐ Diabetes
 - ☐ Cancer (or malignant tumor)
 - ☐ Lung disease
 - ☐ Heart problems
 - ☐ Stroke
 - ☐ Arthritis
 - ☐ HIV
 - ☐ Alzheimer's, dementia, or any other memory impairment
 - ☐ No illnesses to report
 - ☐ Other chronic illness(es) (please specify below)
-

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

☐ No



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

☐ No

Q446 Thinking of the person who helps you most often, which of the following best describes their relationship to you?

☐ Spouse

☐ Friend

☐ Adult child

☐ Other family member

☐ Other (please specify) _____

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Q176 Are you often troubled with pain?

☐ Yes

☐ No

Q177 How bad is the pain most of the time?

☐ Mild

☐ Moderate

☐ Severe



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

☐ Yes

☐ No

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Q7.3 In general, would you say your spouse's physical health is:

- ☐ Excellent
 - ☐ Very Good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
-



Q7.4 What about your spouse's emotional or mental health? Would you say it is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

End of Block: Health Assessment

Start of Block: Cognitive health



Q191

How would you rate your memory at the present time?

- ☐ Excellent
 - ☐ Very Good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
-

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
 - ☐ About the same
 - ☐ Worse now
-



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

- ☐ Often
 - ☐ Sometimes
 - ☐ Rarely
 - ☐ Never
-

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

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit
- ☐ A great deal

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Q208 How would you rate your spouse's memory at the present time?

- ☐ Excellent
 - ☐ Very Good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
-

Q207 Compared to 5 years ago, would you say your spouse's memory is better now, about the same, or worse than it was then?

- ☐ Better now
 - ☐ About the same
 - ☐ Worse now
-

Page Break

Q192 How concerned are you that your spouse will develop significant cognitive impairment or dementia in the future?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit
- ☐ A great deal

End of Block: Cognitive health

Start of Block: Serious Illness Sequence

Q8.1 Now we are going to ask you some questions about the time when **you were most 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). What was your most significant health event?

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Q8.3 When did your illness or injury occur/begin?

- ☐ Within the past month
 - ☐ Within the past year
 - ☐ 1 to 2 years ago
 - ☐ More than 2 years ago
-



Q277 Are you still experiencing symptoms from this illness or injury?

- ☐ Yes
 - ☐ No
-

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

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Page Break



Q8.7 The next questions are about things your spouse may have done for you during your illness or injury.

a. My spouse provided physical care to me.	☐ Sometimes	☐ Rarely	☐ Never	☐ Often
b. My spouse dealt with doctors or medical staff in ways that helped me.	☐ Sometimes	☐ Rarely	☐ Never	☐ Often
c. My spouse provided emotional support.	☐ Sometimes	☐ Rarely	☐ Never	☐ Often



Q253 Tell us how your spouse reacted to you when you weren't well.

a. My spouse got annoyed with me for needing help.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
b. My spouse did not take my health problem as seriously as I wanted them to.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

Page Break

Q8.8 Overall, how supportive was your spouse during your illness or injury?

- ☐ Not at All
 - ☐ A Little
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Q269 How often did you worry about the stress your illness or injury caused for your spouse?

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
-

Q347 How often did you do things to take stress off your spouse even when you did not feel well?

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
-

Page Break

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

- ☐ Not at All
- ☐ Slightly
- ☐ Somewhat
- ☐ Very
- ☐ Extremely



Q8.10 Overall, how stressful was your illness or injury for your relationship?

- ☐ Not at All
- ☐ Slightly
- ☐ Somewhat
- ☐ Very
- ☐ Extremely

Page Break

Q321 The next questions are about your future health. How concerned are you that you will experience a significant illness or injury in the future?

- ☐ Not at all
 - ☐ A little
 - ☐ Somewhat
 - ☐ Quite a bit
 - ☐ A great deal
-

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

- ☐ Not at All
 - ☐ A Little
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Page Break

Q8.13 Now we are going to ask you some questions about the time when **your spouse was most ill or injured** over the last few years. What was your spouse's most significant health event?

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Q8.15 When did your spouse's illness or injury occur/begin?

- ☐ Within the past month
 - ☐ Within the past year
 - ☐ 1 to 2 years ago
 - ☐ More than 2 years ago
-



Q278 Is your spouse still experiencing symptoms from this illness or injury?

- ☐ Yes
 - ☐ No
-

Q8.18 Overall, how serious is/was your spouse's most significant illness or injury?

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Page Break



Q8.19 The next questions are about things you may have done for your spouse during their illness or injury.

a. I provided physical care to my spouse.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
b. I dealt with doctors or the hospital for my spouse.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
c. I provided emotional support.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely



Q254 Tell us how you reacted to your spouse when they weren't well.

a. I worried about my spouse.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
b. I thought my spouse exaggerated their health problem and needs.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
c. I felt burdened by my spouse's needs.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

Page Break

Q8.22 Overall, how stressful was your spouse's illness or injury for you personally?

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Q8.23 Overall, how stressful was your spouse's illness or injury for your relationship?

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

343 How concerned are you that your spouse will experience a significant illness or injury in the future?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit
- ☐ A great deal

End of Block: Serious Illness Sequence

Start of Block: Formal Health Care

Q9.1

Which of the following best describes your health care coverage?

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

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

- ☐ No Trouble
- ☐ Some Trouble
- ☐ A Lot of Trouble

End of Block: Formal Health Care

Start of Block: End-of-life planning



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

- ☐ Yes
 - ☐ No
-



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

☐ No



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

☐ No

End of Block: End-of-life planning

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:***

a. I did not feel like eating; my appetite was poor.	☐ Rarely or None of the Time	☐ Some of the Time	☐ Occasionally	☐ Most of the Time
b. I felt depressed.	☐ Rarely or None of the Time	☐ Some of the Time	☐ Occasionally	☐ Most of the Time
c. I felt like everything I did was an effort.	☐ Rarely or None of the Time	☐ Some of the Time	☐ Occasionally	☐ Most of the Time
d. My sleep was restless.	☐ Rarely or None of the Time	☐ Some of the Time	☐ Occasionally	☐ Most of the Time
e. I was happy.	☐ Rarely or None of the Time	☐ Some of the Time	☐ Occasionally	☐ Most of the Time
f. I felt lonely.	☐ Rarely or None of the Time	☐ Some of the Time	☐ Occasionally	☐ Most of the Time
g. People were unfriendly.	☐ Rarely or None of the Time	☐ Some of the Time	☐ Occasionally	☐ Most of the Time
h. I enjoyed life.	☐ Rarely or None of the Time	☐ Some of the Time	☐ Occasionally	☐ Most of the Time
i. I felt sad.	☐ Rarely or None of the Time	☐ Some of the Time	☐ Occasionally	☐ Most of the Time

j. I felt that people disliked me.

☐ Rarely or None of the Time

☐ Some of the Time

☐ Occasionally

☐ Most of the Time

k. I could not "get going."

☐ Rarely or None of the Time

☐ Some of the Time

☐ Occasionally

☐ Most of the Time

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

☐ None of the time

☐ A little of the time

☐ Some of the time

☐ Most of the time

☐ All of the time

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

☐ A little of the time

☐ Some of the time

☐ Most of the time

☐ All of the time

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

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

End of Block: CESD

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. What was the main cause of your distress?

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Q13.4 When did your distress occur/begin?

- ☐ Within the past month
 - ☐ Within the past year
 - ☐ 1 to 2 years ago
 - ☐ More than 2 years ago
-



Q279 Are you still experiencing this distress?

- ☐ Yes
 - ☐ No
-



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

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Page Break



Q13.8 The next questions are about things your spouse may have done for you during this period of distress.

a. My spouse was supportive and caring.

☐ Never

☐ Often

☐ Sometimes

☐ Rarely

b. My spouse urged me to talk about my situation.

☐ Never

☐ Often

☐ Sometimes

☐ Rarely



Q255 Tell us how your spouse reacted to your emotional distress.

a. My spouse got annoyed with me for feeling distressed.

☐ Often

☐ Sometimes

☐ Rarely

☐ Never

b. My spouse did not take my emotional distress as seriously as I wanted them to.

☐ Often

☐ Sometimes

☐ Rarely

☐ Never

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Q349 Overall, how supportive was your spouse during this period of emotional distress?

- ☐ Not at All
 - ☐ A Little
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-



Q268 How often did you worry about the stress your distress put on your spouse during this period?

- ☐ Often
 - ☐ Sometimes
 - ☐ Rarely
 - ☐ Never
-

Q13.11 Overall, how stressful was this period of distress for your relationship with your spouse?

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Page Break

Q193 The next questions are about your future mental health. How concerned are you that you will experience significant emotional or psychological problems in the future?

- ☐ Not at all
 - ☐ A little
 - ☐ Somewhat
 - ☐ Quite a bit
 - ☐ A great deal
-

Q322 If you were to face significant emotional or psychological problems in the future, how confident are you that your spouse will provide the help and support that you want?

- ☐ Not at All
 - ☐ A Little
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Page Break

Q13.12 Now we are going to ask you some questions about the time when **your spouse was most emotionally or psychologically distressed** over the last few years. What was the main cause of your spouse's distress?

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Q280 When did your spouse's distress occur/begin?

- ☐ Within the past month
 - ☐ Within the past year
 - ☐ 1 to 2 years ago
 - ☐ More than 2 years ago
-



Q13.14 Is your spouse still experiencing this distress?

- ☐ Yes
 - ☐ No
-



Q13.17 Overall, how serious is/was your spouse's distress?

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Page Break



Q13.18 The next questions are about things you may have done for your spouse during their period of distress.

a. I provided support and care.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
b. I encouraged my spouse to talk about their feelings.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
c. I provided support even though I did not want to.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely



Q256 Tell us how you reacted to your spouse's emotional distress.

a. I worried about my spouse.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
b. I thought my spouse exaggerated their distress and needs.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
c. I felt burdened by my spouse's needs.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

Page Break



Q13.19 How much effort did you expend to try and make your spouse feel better?

- ☐ A lot
 - ☐ A moderate amount
 - ☐ A little
 - ☐ None at all
-

Q13.20 Overall, how stressful was your spouse's emotional distress for you personally?

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Q13.21 Overall, how stressful was your spouse's emotional distress for your relationship?

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Q13.23 How concerned are you that your spouse will experience significant emotional or psychological problems in the future?

- ☐ Not at All
- ☐ Slightly
- ☐ Somewhat
- ☐ Very
- ☐ Extremely

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
- ☐ I have given up smoking tobacco
- ☐ I smoke tobacco occasionally
- ☐ I smoke tobacco regularly

Page Break



Q14.6

Which of these best describes you?

- ☐ I have never drunk alcohol/have only tried alcohol once or twice.
 - ☐ I have given up alcohol.
 - ☐ I sometimes drink alcohol.
-

Q259 How frequently do you drink alcohol?

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

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 ... More than 5

Q269 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 ... 12 hours or more



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

- ☐ Most of the Time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

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
 - ☐ Less than once a month
 - ☐ About once a month
 - ☐ Several times a month
 - ☐ About once a week
 - ☐ Several times a week or more
-

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

0 15 30 45 60 75 90 105 120 135 150

Minutes


Page Break



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

- ☐ Never
 - ☐ Less than once a month
 - ☐ About once a month
 - ☐ Several times a month
 - ☐ About once a week
 - ☐ Several times a week or more
-

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

0 15 30 45 60 75 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:

a. Exercising	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
b. Eating	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
c. Drinking	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
d. Smoking/vaping	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
e. Taking drugs or medications	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

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

☐ Weight (lbs) _____

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

Start of Block: Social Control



Q16.1 Please indicate how often the following occur.

a. I do things with my spouse that help me to have a healthy lifestyle (for example, exercise or eating well).	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
b. My spouse tells or reminds me to do things to protect my health.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
c. I tell or remind my spouse to do things to protect their health.	☐ Often	☐ Sometimes	☐ Rarely	☐ Never



Q16.2 How often do you feel the following **when your spouse tries to influence your health habits?**

a. Irritated	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
b. Appreciative	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
c. Inclined to ignore my spouse	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

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

- ☐ Not at All True
- ☐ A Little True
- ☐ Somewhat True
- ☐ Mostly True
- ☐ Very True
-

Q16.4 How much would you like for your spouse to change the following habits?

a. Their exercise habits	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit
b. Their drinking habits	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit
c. Their eating habits	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit
d. Other health habits (please list)	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit

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Q16.5 How often have you used the following tactics to try and influence any of your spouse's health habits?

a. Ask or remind your spouse to change their habits	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
b. Express worry or concern	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
c. Provide encouragement and support	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
d. Express frustration or irritation	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
e. Model the behavior	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
f. State how important it is to you	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
g. Drop hints	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
h. Offer to make changes with your spouse	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
i. Praise or compliment your spouse	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
j. Try to reason with your spouse, be logical	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
k. Use humor, make jokes	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
l. Change the environment	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

Page Break

Q16.7 Overall, how successful are you **when you try to influence your spouse's health habits?**

- ☐ Not at All
- ☐ A Little
- ☐ Somewhat
- ☐ Very

End of Block: Social Control

Start of Block: MAR: Communication, Conflict

Q11.1

The next questions are about **communication with your spouse**. To what extent do you:

a. Tell your spouse what you want or need from him/her?	☐ Never	☐ Very Little	☐ Occasionally	☐ Somewhat Frequently	☐ Very Frequently
b. Show with your behavior what you want or need from your spouse?	☐ Never	☐ Very Little	☐ Occasionally	☐ Somewhat Frequently	☐ Very Frequently
c. Start a conversation when there is tension between you?	☐ Never	☐ Very Little	☐ Occasionally	☐ Somewhat Frequently	☐ Very Frequently
d. Sense when your spouse is disturbed or bothered?	☐ Never	☐ Very Little	☐ Occasionally	☐ Somewhat Frequently	☐ Very Frequently
e. Keep your feelings to yourself?	☐ Never	☐ Very Little	☐ Occasionally	☐ Somewhat Frequently	☐ Very Frequently

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Q11.3 About how often do you and your spouse argue with each other?

- ☐ Very Rarely
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Very Often
-



Q11.4 When you and your spouse argue, how stressful is this for you?

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-



Q11.5 How often does your spouse require too much time and attention?

☐ Very Rarely

☐ Rarely

☐ Sometimes

☐ Often

☐ Very Often

Page Break

Q11.6 How frequently does **your spouse** use each of the following styles to deal with arguments or disagreements with you?

a. Explode and get out of control.	☐ Neve r	☐ Rarel y	☐ Sometime s	☐ Ofte n	☐ Alway s
b. Reach a limit and refuse to talk any further.	☐ Neve r	☐ Rarel y	☐ Sometime s	☐ Ofte n	☐ Alway s
c. Throw insults and digs.	☐ Neve r	☐ Rarel y	☐ Sometime s	☐ Ofte n	☐ Alway s
d. Withdraw, act distant or not interested .	☐ Neve r	☐ Rarel y	☐ Sometime s	☐ Ofte n	☐ Alway s

End of Block: MAR: Communication, Conflict

Start of Block: Relationship Equity



Q258 My spouse and I have equal power in our relationship.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

End of Block: Relationship Equity

Start of Block: Parental Status



Q341 The next questions are about parenthood. Do you have any children (including biological, adopted, step, or others you think of as your children)?

- ☐ No
- ☐ Yes

Q1 How many of your children **live with you** at this time?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

Page Break

Q18.2 What is the age of the child living with you? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	
First Child		☐	☐	☐	

Q328 What is the age of each child living with you? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	

First Child		☐	☐	☐	
Second Child		☐	☐	☐	

Q329 What is the age of each child living with you? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	
First Child		☐	☐	☐	
Second Child		☐	☐	☐	
Third Child		☐	☐	☐	

Q330 What is the age of each child living with you? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	
First Child		☐	☐	☐	
Second Child		☐	☐	☐	
Third Child		☐	☐	☐	
Fourth Child		☐	☐	☐	

Q331 What is the age of each child living with you? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	
First Child		☐	☐	☐	
Second Child		☐	☐	☐	
Third Child		☐	☐	☐	
Fourth Child		☐	☐	☐	
Fifth Child		☐	☐	☐	

Q327 What is the age of each child living with you? And is the child from your current relationship, prior relationship, or other? If you have more than 6 children living with you, please list the first 6.

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	

First Child		☐	☐	☐	
Second Child		☐	☐	☐	
Third Child		☐	☐	☐	
Fourth Child		☐	☐	☐	
Fifth Child		☐	☐	☐	
Sixth Child		☐	☐	☐	

Page Break



Q9 How many of your children **live elsewhere** at this time?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

Q333 What is the age of the child living elsewhere? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	
First Child		☐	☐	☐	

Q334 What is the age of each child living elsewhere? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	
First Child		☐	☐	☐	
Second Child		☐	☐	☐	

Q335 What is the age of each child living elsewhere? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	

First Child		☐	☐	☐	
Second Child		☐	☐	☐	
Third Child		☐	☐	☐	

Q338 What is the age of each child living elsewhere? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	

First Child		☐	☐	☐	
Second Child		☐	☐	☐	
Third Child		☐	☐	☐	
Fourth Child		☐	☐	☐	

Q337 What is the age of each child living elsewhere? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	

First Child		☐	☐	☐	
Second Child		☐	☐	☐	
Third Child		☐	☐	☐	
Fourth Child		☐	☐	☐	
Fifth Child		☐	☐	☐	

Q336 What is the age of each child living elsewhere? And is the child from your current relationship, prior relationship, or other? If you have more than 6 children living elsewhere, please list the first 6.

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	

First Child		☐	☐	☐	
Second Child		☐	☐	☐	
Third Child		☐	☐	☐	
Fourth Child		☐	☐	☐	
Fifth Child		☐	☐	☐	
Sixth Child		☐	☐	☐	

Page Break



Q17 At this point in your life, how satisfied are you with being a parent?

- ☐ Completely
 - ☐ Very
 - ☐ Somewhat
 - ☐ Not Very
 - ☐ Not at All
-



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

- ☐ Almost Always
 - ☐ Often
 - ☐ Sometimes
 - ☐ Rarely
 - ☐ Never
-



Q19 How happy are you with the way your child(ren) has/have turned out so far?

- ☐ Very Happy
 - ☐ Quite Happy
 - ☐ Somewhat Happy
 - ☐ Not Too Happy
 - ☐ Not at All Happy
-



Q20 How much does/do your child(ren) contribute to stress in your marriage?

- ☐ Not at All
- ☐ Slightly
- ☐ Somewhat
- ☐ A Great Deal

End of Block: Parental Status

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
 - ☐ Yes
-

Q213 Who is this person? Select all that apply.

- ☐ Spouse
 - ☐ Parent or parent-in-law
 - ☐ Other family member
 - ☐ Friend
 - ☐ Other (please specify)
-

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



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

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Very
- ☐ Extremely



Q266 How often did your spouse help you with providing this care?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

End of Block: Caregiving Sequence

Start of Block: Dyadic Coping Inventory

Q19.1 This section is about **what your spouse does when you are feeling stressed.**

a. My spouse expresses that they are on my side.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
b. My spouse blames me for not coping well enough with stress.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
c. My spouse helps me to see stressful situations in a different light.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
d. My spouse listens to me and gives me the opportunity to communicate what really bothers me.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
e. My spouse does not take my stress seriously.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
f. My spouse takes on things that I normally do in order to help me out.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
g. When I am stressed, my spouse tends to withdraw.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often

h. When I
am stressed,
there is not
much my
spouse can
do to make
me feel
better.

☐ Ver
y
Rarely

☐ Rarel
y

☐ Sometime
s

☐ Ofte
n

☐ Ver
y Often

Page Break

Q19.2 This section is about **what you do when your spouse makes known their stress.**

a. I express to my spouse that I am on their side.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
b. I blame my spouse for not coping well enough with stress.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
c. I listen to my spouse and give them space and time to communicate what really bothered them.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
d. I do not take my spouse's stress seriously.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
e. I take on things that my spouse normally does in order to help them out.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
f. When my spouse is stressed, I tend to withdraw.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
g. When my spouse is stressed, there is not much I can do that makes them feel better.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often

Page Break

Q19.3 This section is about **what you and your spouse do when you are both feeling stressed.**

a. We try to cope with the problem together and search for solutions.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
b. We engage in a serious discussion about the problem and think through what has to be done.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often
c. We help one another to put the problem in perspective and see it in a new light.	☐ Very Rarely	☐ Rarely	☐ Sometimes	☐ Often	☐ Very Often

End of Block: Dyadic Coping Inventory

Start of Block: Sexual Relationship and Intimacy



Q20.1 During the past 12 months, about how often did you and your spouse have sex?

- ☐ Once or more a week
 - ☐ Two or three times a month
 - ☐ Once a month
 - ☐ Once every few months
 - ☐ A few times over the past 12 months
 - ☐ Not at all in the past 12 months
-

Q20.2 During the past 12 months, would you say that you had sex with your spouse:

- ☐ Much more often than you would like
 - ☐ Somewhat more often than you would like
 - ☐ About as often as you would like
 - ☐ Less often than you would like
 - ☐ Much less often than you would like
-

Page Break



Q20.3 In the past 12 months, how often did you have sex with your spouse for the following reasons:

a. For enjoyment and pleasure.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
b. To please your spouse.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
c. For emotional closeness.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
d. You felt pressured by your spouse.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
e. For the sake of the relationship.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely

Page Break



Q20.4 Overall, how satisfied are you with your current sex life with your spouse?

- ☐ Not at All
 - ☐ Slightly
 - ☐ Somewhat
 - ☐ Very
 - ☐ Extremely
-

Q262 How emotionally satisfying do you find your relationship with your spouse to be?

- ☐ Not at All
- ☐ Slightly
- ☐ Somewhat
- ☐ Very
- ☐ Extremely

End of Block: Sexual Relationship and Intimacy

Start of Block: Discrimination & Spousal Abuse



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

a. You are treated with less respect than other people.	☐ Almost Every Day	☐ At Least Once a Week	☐ A Few Times a Month	☐ A Few Times a Year	☐ Less Than Once a Year	☐ Never
b. You receive poorer service than other people at restaurants or stores.	☐ Almost Every Day	☐ At Least Once a Week	☐ A Few Times a Month	☐ A Few Times a Year	☐ Less Than Once a Year	☐ Never
c. You receive poorer service than other people in medical settings (for example, in hospitals or doctors' offices).	☐ Almost Every Day	☐ At Least Once a Week	☐ A Few Times a Month	☐ A Few Times a Year	☐ Less Than Once a Year	☐ Never
d. You feel unsafe in public places.	☐ Almost Every Day	☐ At Least Once a Week	☐ A Few Times a Month	☐ A Few Times a Year	☐ Less Than Once a Year	☐ Never

e. People act as though they are afraid of you.

☐ Almost Every Day	☐ At Least Once a Week	☐ A Few Times a Month	☐ A Few Times a Year	☐ Less Than Once a Year	☐ Never
--	--	---	--	---	-----------------------------

f. People treat your marriage/relationship as if it is less legitimate than theirs.

☐ Almost Every Day	☐ At Least Once a Week	☐ A Few Times a Month	☐ A Few Times a Year	☐ Less Than Once a Year	☐ Never
--	--	---	--	---	-----------------------------

g. People act as if they think you are dishonest.

☐ Almost Every Day	☐ At Least Once a Week	☐ A Few Times a Month	☐ A Few Times a Year	☐ Less Than Once a Year	☐ Never
--	--	---	--	---	-----------------------------

h. People act as if they're better than you are.

☐ Almost Every Day	☐ At Least Once a Week	☐ A Few Times a Month	☐ A Few Times a Year	☐ Less Than Once a Year	☐ Never
--	--	---	--	---	-----------------------------

i. You are called names or insulted.

☐ Almost Every Day	☐ At Least Once a Week	☐ A Few Times a Month	☐ A Few Times a Year	☐ Less Than Once a Year	☐ Never
--	--	---	--	---	-----------------------------

j. You are threatened or harassed.

- ☐ Almost Every Day
- ☐ At Least Once a Week
- ☐ A Few Times a Month
- ☐ A Few Times a Year
- ☐ Less Than Once a Year
- ☐ Never

Q22.2 What are the main reasons that these things happened to you? Please select all that apply.

- ☐ Gender
- ☐ Race/Ethnicity
- ☐ Sexual orientation
- ☐ Physical appearance
- ☐ Income level/social class
- ☐ Weight/body size
- ☐ Age
- ☐ Other (please specify)
-

Page Break



Q22.3 Thinking of your current relationship, choose the category that best describes how often your spouse behaves in the following ways.

a. My spouse does not treat me well.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
b. My spouse is too controlling over my daily decisions and life.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
c. My spouse drinks too much.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely
d. My spouse pushes, slaps, or hits me.	☐ Never	☐ Often	☐ Sometimes	☐ Rarely

End of Block: Discrimination & Spousal Abuse

Start of Block: Demographics & Recruiting



Q184 In what year were you born?

▼ 1980 ... 1948



Q23.3 In what state do you currently live?

▼ AL ... Not living in the U.S.

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

- ☐ More than once a week
- ☐ Once a week
- ☐ Two or three times a month
- ☐ One or more times a year
- ☐ Not at all

Page Break



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

- ☐ Less than high school diploma/GED
 - ☐ High school graduate or GED
 - ☐ Some college, no degree
 - ☐ Associate's degree/technical school graduate
 - ☐ College graduate
 - ☐ Post-graduate or professional degree
-



Q23.9 What is your current employment situation?

- ☐ Currently working full-time
 - ☐ Currently working part-time
 - ☐ Retired
 - ☐ Disabled or unable to work
 - ☐ Unemployed or laid off and looking for work
 - ☐ A homemaker
 - ☐ Other (please specify below)
-

Page Break



Q23.12 Which of the following comes closest to your total PERSONAL income (NOT INCLUDING your spouse's income) for the past year?

- ☐ no personal income
 - ☐ \$1-\$24,999
 - ☐ \$25,000-\$49,999
 - ☐ \$50,000-\$74,999
 - ☐ \$75,000-\$99,999
 - ☐ \$100,000-\$149,999
 - ☐ \$150,000-\$249,999
 - ☐ \$250,000 or more
-



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

- ☐ no household income
- ☐ \$1-\$24,999
- ☐ \$25,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000-\$149,999
- ☐ \$150,000-\$249,999
- ☐ \$250,000 or more

End of Block: Demographics & Recruiting

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. You may leave this blank if you have nothing to add.

Q273 You and your spouse should start the daily survey on the same night and fill out the 5-10 minute survey each night for 10 days. Please discuss with your spouse when you both would like to start the daily survey. We ask that you choose a 10 day period that does not include a vacation or holiday. If your spouse has not yet completed the main survey, they will need to do that prior to beginning the daily surveys. They should have received an individual link to their

survey, but please have them check their spam folder or email us at health@austin.utexas.edu if they have not received the link. What evening would your spouse and 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] < 10)
date[1] = '0' + date[1]; if (date[2] < 10) date[2] = '0' + date[2]; input.value = date[1] + '-'
+date[2]+'-'+date[0]; }) });
```

End of Block: Ending Prompt
