HARP3 T2-->T3 Baseline Separated

Start of Block: Marital Status (Screening Q)

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 separated from your partner since the last time we interviewed you.

- ○ Yes, still separated from the same partner
- ○ No, I got back together with the same partner.
- ○ No, I am divorced now
- ○ No, I am widowed now

End of Block: Marital Status (Screening Q)

Start of Block: Instructions

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

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

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

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

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

Page Break

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)

Page Break

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

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

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

Page Break

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)

Page Break

How often do you feel that you lack companionship?

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

How often do you feel left out?

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

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

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Start of Block: Separation Demographics and Current Relationship Dynamics

These next questions are about your separation. In what year did you and your spouse stop living together?

▼ 2015 ... We still live together.

In what month did and your spouse stop living together?

▼ January ... December

Page Break

Is this a legal separation?

- Yes
- No
- Don't know/Not sure

Do you expect that this will be a permanent separation?

- Yes, definitely
- Yes, probably
- No, probably get back together
- No, definitely get back together
- Don't know/Not sure

Page Break

How stressful have the following situations been for you since your separation?

a. Moving	○ Not at All	○ Slightly	○ Somewhat	○ Very	○ Extremely	○ N/A
b. Division of property	○ Not at All	○ Slightly	○ Somewhat	○ Very	○ Extremely	○ N/A
c. Effects on my child(ren)	○ Not at All	○ Slightly	○ Somewhat	○ Very	○ Extremely	○ N/A
d. Opinions of my family	○ Not at All	○ Slightly	○ Somewhat	○ Very	○ Extremely	○ N/A
e. Opinions of my friends	○ Not at All	○ Slightly	○ Somewhat	○ Very	○ Extremely	○ N/A

Page Break

How often do you talk to your spouse (by phone, text, or in-person)?

- ○ Daily
- ○ Weekly
- ○ Monthly
- ○ Several times a year
- ○ Once a year or less
- ○ Never

How would you describe the relationship you currently have with your spouse?

_____

_____

_____

_____

_____

Page Break

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

- ○ Very Unhappy
- ○ Fairly Unhappy
- ○ Happy
- ○ Fairly Happy
- ○ Very Happy

Please indicate how true the following statements are for your current 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

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Thinking about you and your spouse,

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

Page Break

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

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

Page Break

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

- ○ Very Rarely
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Very Often

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

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

Page Break

Please let us know if you would like to tell us more about your separation experience. You may leave this blank if you have nothing to add.

_____

_____

_____

_____

_____

End of Block: Separation Demographics and Current Relationship Dynamics

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Start of Block: Repartnering

The next questions are about your current dating experiences. Are you currently dating a new partner?

- ○ Yes
- ○ No
- ○ Don't know/Not sure

Are you currently living with a romantic partner?

- ○ Yes
- ○ No

Page Break

Now we are going to ask about your current partner. If you have more than one partner, please choose the relationship you feel is the most significant.

What is your partner's gender? Check all that apply.

- ☐ Man
- ☐ Woman
- ☐ Transgender
- ☐ Non-Binary
- ☐ Other (please specify) _____

Page Break

What year did you first begin to live together?

▼ 2015 ... 2024

What month did you first begin to live together?

▼ January ... December

Page Break

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

- ○ Very Unhappy
- ○ Fairly Unhappy
- ○ Happy
- ○ Fairly Happy
- ○ Very Happy

Please indicate how true the following statements are for your relationship with your partner.

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

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Thinking about you and your partner,

a. How rewarding is your relationship with your partner?	○ 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

Page Break

In general, how much:

a. Does your current partner make you feel loved and cared for?	○ Not at All	○ A Little	○ Somewhat	○ Quite a Bit	○ A Great Deal
b. Is your current partner critical of you or what you do?	○ Not at All	○ A Little	○ Somewhat	○ Quite a Bit	○ A Great Deal
c. Is your current partner 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 current partner make too many demands on you?	○ Not at All	○ A Little	○ Somewhat	○ Quite a Bit	○ A Great Deal

Page Break

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

- ○ Very Rarely
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Very Often

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

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

Page Break

Is there anything else you would like to share about your post-separation dating experiences? You may leave this blank if you have nothing to add.

_____

_____

_____

_____

_____

End of Block: Repartnering

Start of Block: Stress-domains and global

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

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	○ N/
b. Other family relationships.	○ Not at All	○ Slightly	○ Somewhat	○ Very	○ Extremely	○ N/
c. Relationships with friends.	○ Not at All	○ Slightly	○ Somewhat	○ Very	○ Extremely	○ N/
d. Your relationship with your current partner(s).	○ Not at All	○ Slightly	○ Somewhat	○ Very	○ Extremely	○ N/

Page Break

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

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

End of Block: Stress-domains and global

Start of Block: Health Assessment

The next questions are about overall health.

In general, would you say your physical health is:

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

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

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

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

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

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

- ◯ Spouse
- ◯ Current partner
- ◯ Friend
- ◯ Adult child
- ◯ Other family member
- ◯ Other (please specify) _____

Page Break

Are you often troubled with pain?

- ○ Yes
- ○ No

How bad is the pain most of the time?

- ○ Mild
- ○ Moderate
- ○ Severe

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

- ○ Yes
- ○ No

End of Block: Health Assessment

Start of Block: Cognitive health

How would you rate your memory at the present time?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

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

Page Break

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

- ○ Often
- ○ Sometimes
- ○ Rarely
- ○ Never

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

End of Block: Cognitive health

Start of Block: Serious Illness Sequence

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?

_____

_____

_____

_____

_____

Page Break

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

Are you still experiencing symptoms from this illness or injury?

- ◯ No
- ◯ Yes

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

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

Page Break

Who, if anyone, provided care to you during your illness or injury? If more than one person provided care, please select the person that provided the most.

- ○ Spouse
- ○ Current partner
- ○ Friend
- ○ Adult child
- ○ Other family member
- ○ Other (please specify) _____
- ○ No one provided care during my illness or injury

Page Break

The next questions are about things the person that provided care may have done for you during your illness or injury.

a. They provided physical care for me.	○ Sometimes	○ Rarely	○ Never	○ Often
b. They dealt with doctors or medical staff in ways that helped me.	○ Sometimes	○ Rarely	○ Never	○ Often
c. They provided emotional support	○ Sometimes	○ Rarely	○ Never	○ Often

Tell us how the person that provided care reacted to you when you weren't well.

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

Page Break

Overall, how supportive was the person that provided care to you during your illness or injury?

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

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

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often

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

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often

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

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

Page Break

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

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

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

If you were to face a significant health problem in the future, who is most likely to provide the help and support you want?

- ◯ Spouse
- ◯ Current partner
- ◯ Friend
- ◯ Adult child
- ◯ Other family member
- ◯ Other (please specify) _____
- ◯ I don't think anyone would provide help and support

Page Break

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 spouse about it?

- ○ Very likely
- ○ Somewhat likely
- ○ Not likely

End of Block: Serious Illness Sequence

Start of Block: Formal Health Care

The next questions are about formal health care.

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

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

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
- ○ No

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

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

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

Page Break

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

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

Page Break

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

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?

_____

_____

_____

_____

_____

Page Break

When did your distress occur/begin?

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

Are you still experiencing this distress?

- ◯ No
- ◯ Yes

Overall, how serious is/was your distress?

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

Page Break

Who, if anyone, provided care to you when you were distressed? If more than one person provided care, please select the person that provided the most.

- ○ Spouse
- ○ Current partner
- ○ Friend
- ○ Adult child
- ○ Other family member
- ○ Other (please specify) _____
- ○ No one provided care during my distress

Page Break

The next questions are about things the person that provided care may have done for you during this period of distress.

a. They were supportive and caring.	○ Never	○ Often	○ Sometimes	○ Rarely
b. They urged me to talk about my situation.	○ Never	○ Often	○ Sometimes	○ Rarely

Tell us how they reacted to your emotional distress.

a. They got annoyed with me for feeling distressed.	○ Never	○ Often	○ Sometimes	○ Rarely
b. They did not take my emotional distress as seriously as I wanted them to.	○ Never	○ Often	○ Sometimes	○ Rarely

Page Break

Overall, how supportive was the person that provided care during this period of emotional distress?

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

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

- ○ Often
- ○ Sometimes
- ○ Rarely
- ○ Never

Page Break

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

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

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

If you were to face significant emotional or psychological problems in the future, who is most likely to provide the help and support that you want?

- ○ Spouse
- ○ Current partner
- ○ Friend
- ○ Adult child
- ○ Other family member
- ○ Other (please specify) _____
- ○ I don't think anyone would provide help and support

Page Break

Suppose you had a significant emotional or psychological problem that you were concerned about. How likely is it that you would talk with your spouse about it?

- ○ Very likely
- ○ Somewhat likely
- ○ Not likely

End of Block: MH/Distress Sequence

Start of Block: Health Behaviors: Smoking and Alcohol

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

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.

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.

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

Why did you give up alcohol?

_____

_____

_____

_____

_____

End of Block: Health Behaviors: Smoking and Alcohol

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

How many hours do you usually sleep at night?

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

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

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

Page Break

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

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

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

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

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

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

Please indicate how often the following occur.

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

Page Break

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

- ◯ Spouse
- ◯ Current partner
- ◯ Friend
- ◯ Adult child
- ◯ Other family member
- ◯ Other (please specify) _____

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

a. Irritated	◯ Often	◯ Sometimes	◯ Rarely	◯ Never
b. Appreciative	◯ Often	◯ Sometimes	◯ Rarely	◯ Never
c. Inclined to ignore them	◯ Often	◯ Sometimes	◯ Rarely	◯ Never

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

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

Page Break

Please describe any other ways people try to influence your health habits. You may leave this blank if you have nothing to add.

_____

_____

_____

_____

_____

End of Block: Social Control

Start of Block: Parental Status

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

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

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

Page Break

What is the age of the child living with you? And is the child from your relationship with your spouse, a prior relationship, or other?

	Age	From Spouse, Prior, or Other Relationship			If Other, please explain:
		Spouse	Prior	Other	
First Child		○	○	○	

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

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

First Child		○	○	○	
Second Child		○	○	○	

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

	Age	From Spouse, Prior, or Other Relationship			If Other, please explain:
		Spouse	Prior	Other	
First Child		○	○	○	
Second Child		○	○	○	
Third Child		○	○	○	

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

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

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

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

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

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

First Child		○	○	○	
Second Child		○	○	○	
Third Child		○	○	○	
Fourth Child		○	○	○	
Fifth Child		○	○	○	
Sixth Child		○	○	○	

Page Break

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

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

Page Break

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

	Age	From Spouse, Prior, or Other Relationship			If Other, please explain:
		Spouse	Prior	Other	
First Child		○	○	○	

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

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

First Child		○	○	○	
Second Child		○	○	○	

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

	Age	From Spouse, Prior, or Other Relationship			If Other, please explain:
		Spouse	Prior	Other	
First Child		○	○	○	
Second Child		○	○	○	
Third Child		○	○	○	

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

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

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

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

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

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

First Child		○	○	○	
Second Child		○	○	○	
Third Child		○	○	○	
Fourth Child		○	○	○	
Fifth Child		○	○	○	
Sixth Child		○	○	○	

Page Break

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

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

How often are you bothered or upset as a parent?

- Almost Always
- Often
- Sometimes
- Rarely
- Never

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

End of Block: Parental Status

Start of Block: Caregiving Sequence

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

Who is this person? Select all that apply.

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

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	

How stressful was it for you to provide this care?

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

End of Block: Caregiving Sequence

Start of Block: Discrimination

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 act as if they think you are	◯ Almost Every Day	◯ At Least Once	◯ A Few Times	◯ A Few Times	◯ Less Than Once a	◯ Never

dishonest.		a Week	a Month	a Year	Year	
g. 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
h. 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
i. 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

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) _____

End of Block: Discrimination

Start of Block: Demographics & Recruiting

In what state do you currently live?

▼ AL ... Not living in the U.S.

Page Break

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

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)

_____

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

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.

_____

_____

_____

_____

_____

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