

Well Being 43

intro intro

We will now ask you a number of questions about several aspects of your health. Please answer all questions as well as you can, even if some questions may seem similar to others you already answered.

IF random number for SHARE/HRS questions = 1 or random number for SHARE/HRS questions = 2 THEN

|

| **QSHARE1** limit work yes/no

| Do you have any impairment or health problem that limits you in the kind or amount of work you can do?

| 1 Yes

| 2 No

|

ELSE

|

| **QHRS1** paid work

| First we want to ask how your health affects paid work activities. Do you have any impairment or health problem that limits the kind or amount of paid work you can do?

| 1 Yes

| 5 No

| 6 Too old to work

|

ENDIF

QS1 difficulty sleeping

Overall during the last 30 days, how much difficulty have you had with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

1 None

2 Mild

3 Moderate

4 Severe

5 Extreme

QS2 fall asleep

Please indicate which of the following best describes your own situation during the last 30 days:

1 When I go to bed at night I always immediately fall asleep.

2 When I go to bed at night I usually fall asleep immediately but sometimes, at most once a week, it takes me more than an hour.

3 It usually takes me some time to fall asleep, like half an hour or more.

4 It almost always takes me an hour or more to fall asleep.

5 It usually takes me a few hours to fall asleep.

6 I hardly sleep at all.

QS3 wake up

Please indicate which of the following best describes your own situation during the last 30 days:

1 Once I am asleep I don't wake up until it is time to get out of bed.

2 I occasionally wake up during the night but then easily fall asleep again.

3 I often wake up during the night and then it is sometimes hard to fall asleep again.

4 I often wake up in the middle of the night and then do not usually fall asleep again until the morning.

5 I never sleep more than three or four hours and remain awake the rest of the night.

QS4 well-rested

Please indicate which of the following best describes your own situation during the last 30 days:

1 I always sleep well enough to feel completely well-rested in the morning.

2 I sometimes do not feel well-rested in the morning but this is because I have to wake up early or go to bed too late, not because I cannot sleep.

3 I usually feel well-rested in the morning but once a month or so, I cannot sleep well and do not feel well rested when I get up.

4 I often feel well-rested in the morning but once or twice a week, I cannot sleep well and do not feel well rested when I get up.

5 I usually do not feel well-rested in the morning, since I do not sleep well enough.

6 I never feel well-rested in the morning, since I never sleep well.

QP1 bodily aches

Overall in the last 30 days, how much of bodily aches or pain did you have?

1 None

2 Mild

3 Moderate

4 Severe

5 Extreme

QP2 headaches

Overall in the last 30 days, how much did you suffer from headaches or migraines?

1 None

2 Mild

3 Moderate

4 Severe

5 Extreme

QP3 back pain

Overall in the last 30 days, how much back pain did you have?

1 None

2 Mild

- 3 Moderate
- 4 Severe
- 5 Extreme

QP4 joint pains

Overall in the last 30 days, how much did you suffer from joint pains (knees, elbows, wrists, fingers)?

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

QP5 neck pain

Overall in the last 30 days, how much neck pain did you have?

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

QP6 headaches

The next question asks whether you suffer from headaches or migraines. Please choose what best applies to you: (if you sometimes suffer from light headaches and sometimes from severe headaches, please choose the most severe type of headaches you suffer from) During the last 30 days:

- 1 I did not have any headaches.
- 2 I sometimes had a light headache but it did not hamper me in my day-to-day activities and I did not take medication to make it go away.
- 3 I sometimes had a headache but taking medication made it largely go away so that it did not hamper me in my day-to-day activities.
- 4 I sometimes had a serious headache. Medication helped but it did not make it go away. It bothered me and hampered my daily activities.
- 5 I sometimes had a serious headache and medication did not really help. The headache prevented me from working or doing other activities.

IF headaches <> I did not have any headaches. and headaches <> empty THEN

|

| **QP6a** headaches how often

| You chose: [headaches] How often did you have this type of headache during the
| last 30 days?

- | 1 Once
- | 2 Twice
- | 3 Three times
- | 4 Four times
- | 5 Once or twice a week

| 6 More than twice a week
| 7 On most days
| 8 Almost every day
| 9 Every day
|
ENDIF

QP7 back pain

The next question asks whether you suffer from back pain. Please choose what best applies to you: (if you sometimes suffer from light back pain and sometimes from severe back pain, please choose the most severe type of back pain you suffer from) During the last 30 days:

- 1 I never had any back pain.
- 2 I sometimes had a light back pain but it did not hamper me in my day-to-day activities and I did not take medication to make it go away.
- 3 I sometimes suffered from back pain but taking medication made it largely go away so that it did not hamper me in my day-to-day activities.
- 4 I sometimes had a serious pain in my back. Medication helped but it did not make it go away. It bothered me and hampered me in my daily activities.
- 5 I sometimes had a serious pain in my back and medication did not really help. The pain prevented me from working or doing other activities.

IF back pain <> I never had any back pain. and back pain <> empty THEN

|

| **QP7a** back pain how often

| You chose: [back pain] How often did you have this type of back pain during
| the last 30 days?

- | 1 Once
 - | 2 Twice
 - | 3 Three times
 - | 4 Four times
 - | 5 Once or twice a week
 - | 6 More than twice a week
 - | 7 On most days
 - | 8 Almost every day
 - | 9 Every day
 - |
- ENDIF

QP8 joint pain

The next question asks whether you suffer from pain in your joints (knees, elbows, wrists, or fingers). Please choose what best applies to you: (if you sometimes suffer from light pain and sometimes from severe pains, please choose the most severe type of pain that applies) During the last 30 days:

- 1 I never had any pain in my joints.
- 2 I sometimes had a light pain in my joints but it did not hamper me in my day-to-day activities and I

did not take medication to make it go away.

3 I sometimes suffered from pain in my joints but taking medication made it largely go away so that it did not hamper me in my day-to-day activities.

4 I sometimes had a serious pain in my joints. Medication helped but it did not make it go away. It bothered me and hampered me in my daily activities.

5 I sometimes had a serious pain in my joints and medication did not really help. The pain prevented me from working or doing other activities.

IF joint pain <> I never had any pain in my joints. and joint pain <> empty THEN

|

| **QP8a** joint pain how often

| You chose: [joint pain] How often did you have this type of pain in your joints during the last 30 days?

| 1 Once

| 2 Twice

| 3 Three times

| 4 Four times

| 5 Once or twice a week

| 6 More than twice a week

| 7 On most days

| 8 Almost every day

| 9 Every day

|

ENDIF

QP9 neck pain

The next question asks whether you suffer from pain in your neck. Please choose what best applies to you: (if you sometimes suffer from light pain and sometimes from severe pains, please choose the most severe type of pain that applies)

During the last 30 days:

1 I never had any pain in my neck.

2 I sometimes had a light pain in my neck but it did not hamper me in my day-to-day activities and I did not take medication to make it go away.

3 I sometimes suffered from pain in my neck but taking medication made it largely go away so that it did not hamper me in my day-to-day activities.

4 I sometimes had a serious pain in my neck. Medication helped but it did not make it go away. It bothered me and hampered me in my daily activities.

5 I sometimes had a serious pain in my neck and medication did not really help. The pain prevented me from working or doing other activities.

IF neck pain <> I never had any pain in my neck. and neck pain <> empty THEN

|

| **QP9a** neck pain how often

| You chose: [neck pain] How often did you have this type of neck pain during the last 30 days?

| 1 Once

- | 2 Twice
 - | 3 Three times
 - | 4 Four times
 - | 5 Once or twice a week
 - | 6 More than twice a week
 - | 7 On most days
 - | 8 Almost every day
 - | 9 Every day
 - |
- ENDIF

QM1 movivng around

Overall in the last 30 days, how much of a problem did you have with moving around?

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

QM2 walking

Please indicate which of the following best describes your own situation:

- 1 I have no problems walking four miles and I actually sometimes go for a long walk.
- 2 I would have no problems with walking three or four miles if I had to.
- 3 I can walk one or two miles but I would have problems going farther than that without taking a rest
- 4 I can walk about half a mile without any problems but after that I feel tired and need to rest.
- 5 I can walk two blocks without problems but feel tired when I walk farther than that.
- 6 Moving around at home is OK for me but my health prevents me from going for more than a very short walk outside.
- 7 I have to make an effort to move around my home.
- 8 My health prevents me from moving around my home.

QM3 stairs

Please indicate which of the following best describes your own situation:

- 1 I can climb five sets of stairs in a row without getting tired.
- 2 I can climb two or three flights of stairs in a row but then I need a little rest to recover.
- 3 I can climb one flight of stairs but then I need some time to recover.
- 4 I can climb one flight of stairs but I have to stop and take a little rest once or twice.
- 5 Climbing one flight of stairs is a large effort for me and I have to take several breaks.
- 6 I am not able to climb one flight of stairs.

QC1 concenterating

Overall in the last 30 days, how much of a problem did you have with concentrating or remembering things?

- 1 None
- 2 Mild

- 3 Moderate
- 4 Severe
- 5 Extreme

QC2 five people next day

When a friend introduces you to five people you have never met before, and you have a polite conversation with these people for just a few minutes, how many of their names will you still remember the next day?

- 1 0
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5

QC2a five people week later

And a week later?

- 1 0
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5

QC3 ten news items hour later

When you watch the news with full concentration, and ten news items are presented, how many of these do you think you will still remember an hour later?

- 1 0
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5
- 7 6
- 8 7
- 9 8
- 10 9
- 11 10

QC3a ten news items next day

And the next day?

- 1 0
- 2 1
- 3 2
- 4 3
- 5 4

- 6 5
- 7 6
- 8 7
- 9 8
- 10 9
- 11 10

QC4 look

How often do you have to look for your keys, wallet, glasses, or similar things you use daily, since you don't know where you last put them?

- 1 Never
- 2 At most once a month
- 3 Between one and four times a month
- 4 Once or twice a week
- 5 More than twice a week but not every day
- 6 About once a day
- 7 More than once a day

QC5 go out

How often do you go out and then realize later that you did not take everything you needed with you, like your wallet, your keys, the letter you wanted to post, the coupons you wanted to exchange at the supermarket, etc.?

- 1 Never
- 2 At most once a month
- 3 Between one and four times a month
- 4 Once or twice a week
- 5 More than twice a week but not every day
- 6 At least once a day, if I go out
- 7 If I go out I almost always forget something

QB1 shortness of breath

Overall in the last 30 days, how much of a problem did you have because of shortness of breath?

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

QB2 lung disease

Has a doctor ever told you that you have a lung disease?

- 1 Yes
- 2 No

IF lung disease = Yes THEN

|

| **QB2a** asthma

| Do you have asthma?

| 1 Yes

| 2 No

|

| **QB2b** lung emphysema

| Do you have lung emphysema?

| 1 Yes

| 2 No

|

| **QB2c** another lung disease

| Do you have another lung disease?

| 1 Yes

| 2 No

|

| **QB2d** smoke

| Do you smoke?

| 1 Yes

| 2 No

|

ENDIF

QB3 walk

Please indicate which of the following best describes your own situation:

1 I can jog for at least 15 minutes without getting short of breath.

2 I get out of breath when jogging, but I have no trouble walking at a brisk pace.

3 As long as I don't walk too fast, I don't get out of breath.

4 I get out of breath easily and can only walk slowly.

QB4 respiratory infection

Please indicate which of the following best describes your own situation:

1 I never have respiratory infections, like pneumonia, bronchitis, or the flu (influenza).

2 Once every couple of years I have a respiratory infection.

3 About once a year I have a respiratory infection.

4 I have a respiratory infection more than once a year.

QB5 cough

Please indicate which of the following best describes your own situation:

1 I cough a lot and am short of breath 3 or 4 times a week.

2 I cough a lot and am short of breath about once a week.

3 Sometimes I cough a lot and am short of breath about once a month.

4 Sometimes I cough a lot, but I am rarely short of breath (not more than once a year).

5 I rarely cough and am never out of breath.

QA1 sad

Overall in the last 30 days, how much of a problem have you had with feeling

sad, low, or depressed?

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

QA2 happy

Please indicate which of the following best describes your own situation:

- 1 I love life and am happy all the time. I never worry or get upset about anything and deal with things as they come.
- 2 I am usually happy and positive, even when things go wrong in my life. I never get depressed, although I sometimes worry about my health or personal relations.
- 3 I am happy most of the time, but often worry about things in general, such as health, work, family, or relationships.
- 4 I am generally happy, but about once a month I feel sad and try to avoid meeting other people.
- 5 I have mood swings. When I get depressed, everything I do is an effort for me.
- 6 I feel depressed most of the time. I cry frequently and feel hopeless about the future. I feel that I have become a burden on others.

QA3 worry

Please indicate which of the following best describes your own situation:

- 1 I feel nervous and anxious. I worry and think negatively about the future, but I feel better in the company of people or when doing something that really interests me. When I am alone I tend to feel useless and empty.
- 2 I worry all the time. I get depressed about once a week or so, thinking about what could go wrong.
- 3 I generally don't worry, but about once every three months I worry about what could go wrong and I get depressed.
- 4 I generally don't worry, but sometimes (not more than once a year or so) I worry about what could go wrong and I get depressed.
- 5 I never worry about a thing.

IF random number for SHARE/HRS questions = 1 or random number for SHARE/HRS questions = 3 THEN

|

| **QSHARE2** limit work scale

| Do you have any impairment or health problem that limits you in the kind or amount of work you can do?

- | 3 None
- | 4 Mild
- | 5 Moderate
- | 6 Severe
- | 7 Extreme

|

ELSE

|

| **QHRS2** limited

| To what extent are you limited in the kind or amount of work you can do
| because of an impairment or health problem?

| 1 Not at all limited

| 2 Mildly limited

| 3 Moderately limited

| 4 Severely limited

| 5 Cannot do any work

|

ENDIF

QHH1 how many in household

Finally, we have some questions concerning the composition of your household:

How many people does your household consist of, including yourself?

Range: 1..66

[Questions QHH2_intro to QHH2f are displayed as a table]

QHH2_intro composition intro

Could you tell me a little more about the composition of your household? Please
indicate below the number of household members in each category (the total,
including 1 for "myself", should add up to [how many in household]):

QHH2a myself

Myself

QHH2b spouse or partner

Spouse or partner

Range: 0..1

QHH2c children

Children of me and/or my spouse/partner

Range: 0..20

QHH2d parents

Parents of me or my spouse/partner

Range: 0..4

QHH2e other relatives

Other relatives

Range: 0..20

QHH2f other non-relatives

Other non-relatives

Range: 0..20

IF composition sum <> how many in household THEN

|

| **checkSum** error in sum

| The total number of members does not add up to [how many in household], which
| you previously specified. Please use the "Back" button to go back and change
| your answers to one or both of the last two questions.

|

ENDIF

fluintro INTRO

These questions are about influenza (the flu). By flu we mean true influenza,
not a bad cold or the stomach flu. With influenza, the symptoms come on very
quickly with aches and pains all over the body, a high fever, headache and
fatigue.

flutimes how many times influenza in last 5 years

How many times have you had influenza in the last 5 years?

Range: 0..50

IF how many times influenza in last 5 years > 0 THEN

|

| [Questions flumonth to fluyear are displayed as a table]

|

| **flumonth** last time flu month

| When was the last time?

| 1 January

| 2 February

| 3 March

| 4 April

| 5 May

| 6 June

| 7 July

| 8 August

| 9 September

| 10 October

| 11 November

| 12 December

|

| **fluyear** last time flu year

| When was the last time?

| 1 2004

| 2 2005

| 3 2006

| 4 2007

| 5 2008

|

```
| IF last time flu year = 2008 AND last time flu month > date('m') THEN
||
|| lastTimeBeforeNow last time flu error
|| This date is in the future. Would you please go back and tell us when you
|| last had the flu?
||
| ENDIF
|
ENDIF
```

fluplan Offered flu shot or plan

There are two common ways to receive the influenza vaccine. A flu shot is an injection in the arm that contains the influenza vaccine. Some people get the influenza vaccine through a nasal mist (sometimes called LAIV for 'live attenuated influenza vaccine' or FluMist®). Have you been offered either of these in the last 12 months?

- 1 Yes
- 2 No
- 3 I am not sure

fluplanget Plan to get flu shot

Do you plan to get a flu shot or FluMist in the next few months?

- 1 Yes
- 2 No
- 3 I am not sure

IF Plan to get flu shot = Yes THEN

```
|
| fluplanreason get flu shot reason
| What is the most important reason why you plan to have a flu shot?
| Memo
|
| ENDIF
```

IF Plan to get flu shot = No THEN

```
|
| fluplanreasonnot get flu shot reason not
| What is the most important reason why you plan not to have a flu shot?
| Memo
|
| ENDIF
```

time how much time it would take to get flu shot

How much time do you think it would take for you to get a flu shot? Include travel time and waiting time. Please give your answer in minutes.

Range: 0..600

cost how much cost flu shot

How much do you think you would have to pay for a flu shot? We are interested in costs that are not covered by your health insurance or your employer. Also include any travel costs. Please give an answer in dollars.

Range: 0..10000

intro2 Intro percentages

Now we will ask you some questions about future and uncertain outcomes. In each case, try to think about the whole range of possible outcomes and think about how likely they are to occur during the next 12 months. In some of the questions, we will ask you about the percent chance of something happening. The percent chance must be a number from 0 to 100. You can also give numbers after the decimal point. Here are some verbal descriptions corresponding to different chances of something happening. Absolutely will not happen= 0 %
chance A very small chance= Less than 1% chance A small chance= 2 to 15 %
chance A reasonable chance= 15 to 40 % chance A pretty even chance= 40 to 60%
chance A big chance= 60 to 85 % chance A very big chance= 85 to 98 % chance
Almost certain= More than 99% chance Absolutely certain= 100% chance You can also think of percent chances as the number of times something happens out of 100.

probcloud chance cloudy tomorrow

We start with the weather where you live. What do you think is the chance that tomorrow it will be cloudy where you live?

Range: 0.00..100.00

probrain chance rain tomorrow

What do you think is the chance that tomorrow it will be cloudy and will rain where you live?

Range: 0.00..100.00

IF random select do not at the bottom or top = do not at the bottom THEN

|

| [Questions probflu to f24ast2 are displayed as a table]

|

| **probflu** chances get influenza this winter

| What do you think are the chances that you will get influenza this winter?

|

| **f24ast1** chances flu have a flu shot

| Assume that you get a flu shot.

| Range: 0.00..100.00

|

| **f24ast2** chances flu do not have a flu shot

| Assume that you do not get a flu shot.

| Range: 0.00..100.00

```
|
ELSE
|
| [Questions probflu to f24bst2 are displayed as a table]
|
| probflu chances get influenza this winter
| What do you think are the chances that you will get influenza this winter?
|
| f24bst1 chances flu do not have a flu shot
| Assume that you do not get a flu shot.
| Range: 0.00..100.00
|
| f24bst2 chances flu have a flu shot
| Assume that you get a flu shot.
| Range: 0.00..100.00
|
ENDIF
```

```
IF percentage chance get flu no flushot != EMPTY THEN
```

```
|
| fluprobestimate estimate percentage get flu no shot
| You just told us that you think that there is a [percentage chance get flu no
| flushot]% chance that you will get influenza in the next 12 months if you do
| not get a flu shot. Which of the following statements do you agree with most?
| 1 I think that [percentage chance get flu no flushot]% is a good estimate, but I am not completely sure
| that it is the right number
| 2 I think that [percentage chance get flu no flushot]% is a good estimate, but I prefer not to think too
| much about this chance.
| 3 I really have no idea what the chance is.
| 4 No one can no what the chance is.
|
ENDIF
```

```
IF random select do not at the bottom or top = do not at the bottom THEN
```

```
|
| [Questions probbetter1 to f25ast2 are displayed as a table]
|
| probbetter1 chances flu within 1 week intro
| What do you think are the chances that you will get influenza in the next 12
| months and that within 1 week you will improve enough to function normally?
|
| f25ast1 chances flu have a flu shot 1 week
| Assume that you get a flu shot.
| Range: 0.00..100.00
|
| f25ast2 chances flu do not have a flu shot 1 week
```

```

| Assume that you do not get a flu shot.
| Range: 0.00..100.00
|
ELSE
|
| [Questions probbetter1 to f25bst2 are displayed as a table]
|
| probbetter1 chances flu within 1 week intro
| What do you think are the chances that you will get influenza in the next 12
| months and that within 1 week you will improve enough to function normally?
|
| f25bst1 chances flu do not have a flu shot 1 week
| Assume that you do not get a flu shot.
| Range: 0.00..100.00
|
| f25bst2 chances flu have a flu shot 1 week
| Assume that you get a flu shot.
| Range: 0.00..100.00
|
ENDIF

IF random select do not at the bottom or top = do not at the bottom THEN
|
| [Questions probbetter2 to f26ast2 are displayed as a table]
|
| probbetter2 chances flu within 2 weeks intro
| What do you think are the chances that you will get influenza in the next 12
| months and that within 2 weeks you will improve enough to function normally?
|
| f26ast1 chances flu have a flu shot 2 weeks
| Assume that you get a flu shot.
| Range: 0.00..100.00
|
| f26ast2 chances flu do not have a flu shot 2 weeks
| Assume that you do not get a flu shot.
| Range: 0.00..100.00
|
ELSE
|
| [Questions probbetter2 to f26bst2 are displayed as a table]
|
| probbetter2 chances flu within 2 weeks intro
| What do you think are the chances that you will get influenza in the next 12
| months and that within 2 weeks you will improve enough to function normally?
|
| f26bst1 chances flu do not have a flu shot 2 weeks

```



```
| Assume that you do not get a flu shot.  
| Range: 0.00..100.00  
|  
| f26bst2 chances flu have a flu shot 2 weeks  
| Assume that you get a flu shot.  
| Range: 0.00..100.00  
|  
ENDIF
```

```
IF randomly ask 27 or 29 = ask 27 THEN  
|  
| IF random select do not at the bottom or top = do not at the bottom THEN  
||  
|| [Questions probsurvive to f27ast2 are displayed as a table]  
||  
|| probsurvive chances survive flu intro  
|| What do you think are the chances that you will get influenza in the next 12  
|| months and that you will survive that illness?  
||  
|| f27ast1 chances flu have a flu shot survive  
|| Assume that you get a flu shot.  
|| Range: 0.00..100.00  
||  
|| f27ast2 chances flu do not have a flu shot survive  
|| Assume that you do not get a flu shot.  
|| Range: 0.00..100.00  
||  
| ELSE  
||  
|| [Questions probsurvive to f27bst2 are displayed as a table]  
||  
|| probsurvive chances survive flu intro  
|| What do you think are the chances that you will get influenza in the next 12  
|| months and that you will survive that illness?  
||  
|| f27bst1 chances flu do not have a flu shot survive  
|| Assume that you do not get a flu shot.  
|| Range: 0.00..100.00  
||  
|| f27bst2 chances flu have a flu shot survive  
|| Assume that you have a flu shot.  
|| Range: 0.00..100.00  
||  
| ENDIF  
|  
ELSE
```

```

|
| IF random select do not at the bottom or top = do not at the bottom THEN
||
|| [Questions probdie to f28ast2 are displayed as a table]
||
|| probdie chances die of flu intro
|| What do you think are the chances that you will get influenza in the next 12
|| months and that you will die of influenza?
||
|| f28ast1 chances flu have a flu shot die
|| Assume that you get a flu shot.
|| Range: 0.00..100.00
||
|| f28ast2 chances flu do not have a flu shot die
|| Assume that you do not get a flu shot.
|| Range: 0.00..100.00
||
| ELSE
||
|| [Questions probdie to f28bst2 are displayed as a table]
||
|| probdie chances die of flu intro
|| What do you think are the chances that you will get influenza in the next 12
|| months and that you will die of influenza?
||
|| f28bst1 chances flu do not have a flu shot die
|| Assume that you do not get a flu shot.
|| Range: 0.00..100.00
||
|| f28bst2 chances flu have a flu shot die
|| Assume that you have a flu shot.
|| Range: 0.00..100.00
||
| ENDIF
|
ENDIF

```

CS_001 HOW PLEASANT INTERVIEW

Could you tell us how interesting or uninteresting you found the questions in this interview?

- 1 Very interesting
- 2 Interesting
- 3 Neither interesting nor uninteresting
- 4 Uninteresting
- 5 Very uninteresting

CS_003 COMMENTS

Do you have any other comments on the interview? Please type these in the box below.

Memo