**LL001 LADDER OF LIFE**
Here is a picture of a ladder, representing the ladder of life. Suppose we say that the top of the ladder (step 10) represents the best possible life for you, and the bottom (step 10) represents the worst possible life for you. Where on the ladder do you feel that you personally stand at the present time?

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

**LS001 HOW SATISFIED LIFE OVERALL**
How satisfied are you with your life overall?
0 0 Not at all satisfied
1 1
2 2
3 3
4 4
5 5
6 6 Very satisfied

**SY001 HOW SATISFIED YESTERDAY**
Overall, how satisfied were you with your day yesterday?
0 0 Not at all satisfied
1 1
2 2
3 3
4 4
5 5
6 6 Very satisfied

[Questions FY000_intro to FY005 are displayed as a table]

**FY000_intro INTRO FEELINGS YESTERDAY**
Overall, how did you feel yesterday? Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly.
FY001 FRIENDLY
Friendly
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FY002 LETHARGIC
Lethargic
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FY003 STRESSED
Stressed
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FY004 HAPPY
Happy
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FY005 SAD
Sad
0 0 Not at all
1 1
2 2
3 3
Overall, how did you feel yesterday? Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly.

**FY000_intro**  INTRO FEELINGS YESTERDAY

<table>
<thead>
<tr>
<th>Feeling</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERESTED</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Very much</td>
</tr>
<tr>
<td>USEFUL</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Very much</td>
</tr>
<tr>
<td>CALM</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Very much</td>
</tr>
<tr>
<td>ANGRY</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Not at all</td>
<td>Very much</td>
</tr>
</tbody>
</table>
Overall, how did you feel yesterday? Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly.

**FY010  TIRED**
Tired
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

**FY000_intro**  INTRO FEELINGS YESTERDAY

[Questions FY000_intro to FY015 are displayed as a table]

**FY011  INSPIRED**
Inspired
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

**FY012  DEPRESSED**
Depressed
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

**FY013  IN CONTROL**
In control
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

**FY014 WORRIED**
Worried
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

**FY015 FOCUSED**
Focused
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

**FI000_intro** INTRO FREQUENCY AND INTENSITY OF THOUGHTS YESTERDAY
We will now ask you about things that you thought about yesterday that made you feel good or bad when you thought about them. On the next screens, please indicate how often you thought about any of the things listed and generally how good or bad it made you feel when thought about them.

**FI001 FREQUENCY THOUGHTS YESTERDAY ABOUT WORK**
I thought about work:
1 Not at all
2 A few times
3 Many times
4 Continually

IF FREQUENCY THOUGHTS YESTERDAY ABOUT WORK > Not at all THEN

| [Questions FI001_F_intro to FI001_F_d are displayed as a table] |

**FI001_F_intro** INTENSITY THOUGHTS YESTERDAY ABOUT WORK
When I thought about work, it generally made me feel
FI001_F_a HAPPY THOUGHTS YESTERDAY ABOUT WORK
Happy
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FI001_F_b ANGRY THOUGHTS YESTERDAY ABOUT WORK
Angry
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FI001_F_c DEPRESSED THOUGHTS YESTERDAY ABOUT WORK
Depressed
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FI001_F_d WORRIED THOUGHTS YESTERDAY ABOUT WORK
Worried
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

ENDIF

FI002 FREQUENCY THOUGHTS YESTERDAY ABOUT WORK
I thought about my family:
1 Not at all
2 A few times
3 Many times
4 Continually

IF FREQUENCY THOUGHTS YESTERDAY ABOUT WORK > Not at all THEN
|
[Questions FI002_F_intro to FI002_F_d are displayed as a table]
|
**FI002_F_intro** INTENSITY THOUGHTS YESTERDAY ABOUT MY FAMILY
| When I thought about my family, it generally made me feel |
|
**FI002_F_a** HAPPY THOUGHTS YESTERDAY ABOUT MY FAMILY
| Happy |
| 0 0 | Not at all |
| 1 1 |
| 2 2 |
| 3 3 |
| 4 4 |
| 5 5 |
| 6 6 | Very much |
|
**FI002_F_b** ANGRY THOUGHTS YESTERDAY ABOUT MY FAMILY
| Angry |
| 0 0 | Not at all |
| 1 1 |
| 2 2 |
| 3 3 |
| 4 4 |
| 5 5 |
| 6 6 | Very much |
|
**FI002_F_c** DEPRESSED THOUGHTS YESTERDAY ABOUT MY FAMILY
| Depressed |
| 0 0 | Not at all |
| 1 1 |
| 2 2 |
| 3 3 |
| 4 4 |
| 5 5 |
| 6 6 | Very much |
|
**FI002_F_d** WORRIED THOUGHTS YESTERDAY ABOUT MY FAMILY
| Worried |
| 0 0 | Not at all |
| 1 1 |
| 2 2 |
| 3 3 |
IFF FREQUENCY THOUGHTS YESTERDAY ABOUT FINANCES > Not at all THEN

[Questions FI003_F_intro to FI003_F_d are displayed as a table]

FI003_F_intro INTENSITY THOUGHTS YESTERDAY ABOUT MY FINANCES
When I thought about my finances, it generally made me feel

FI003_F_a HAPPY THOUGHTS YESTERDAY ABOUT MY FINANCES
Happy
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FI003_F_b ANGRY THOUGHTS YESTERDAY ABOUT MY FINANCES
Angry
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FI003_F_c DEPRESSED THOUGHTS YESTERDAY ABOUT MY FINANCES
Depressed
0 0 Not at all
1 1
2 2
3 3
I thought about my health:
1 Not at all
2 A few times
3 Many times
4 Continually

IF FREQUENCY THOUGHTS YESTERDAY ABOUT HEALTH > Not at all THEN

[Questions FI004_F_intro to FI004_F_d are displayed as a table]

FI004_F_intro INTENSITY THOUGHTS YESTERDAY ABOUT HEALTH
I When I thought about my health, it generally made me feel

FI004_F_a HAPPY THOUGHTS YESTERDAY ABOUT HEALTH
Happy
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FI004_F_b ANGRY THOUGHTS YESTERDAY ABOUT HEALTH
Angry
0 0 Not at all
1 1
2 2
3 3
FI004_F_c  DEPRESSED THOUGHTS YESTERDAY ABOUT HEALTH
1 Depressed
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

FI004_F_d  WORRIED THOUGHTS YESTERDAY ABOUT HEALTH
1 Worried
0 0 Not at all
1 1
2 2
3 3
4 4
5 5
6 6 Very much

ENDIF

FI004_F_e  WHICH THOUGHTS YESTERDAY ABOUT HEALTH
When I thought about my health, I was mostly thinking about my
1 Physical Health
2 Pain
3 Mental Health

FI005_a  WORK THOUGHTS YESTERDAY KEPT AWAKE AT NIGHT
Thinking about work kept me awake at night
1 Yes
2 No

FI005_b  FAMILY THOUGHTS YESTERDAY KEPT AWAKE AT NIGHT
Thinking about my family kept me awake at night
1 Yes
2 No

FI005_c  FINANCE THOUGHTS YESTERDAY KEPT AWAKE AT NIGHT
Thinking about my finances kept me awake at night
1 Yes
2 No
FI005_d  THOUGHTS YESTERDAY KEPT AWAKE AT NIGHT
Thinking about my physical health kept me awake at night
1 Yes
2 No

FI005_e  PAIN THOUGHTS YESTERDAY KEPT AWAKE AT NIGHT
Thinking about my pain kept me awake at night
1 Yes
2 No

FI005_f  MENTAL HEALTH THOUGHTS YESTERDAY KEPT AWAKE AT NIGHT
Thinking about my mental health kept me awake at night
1 Yes
2 No

EQ001  DESCRIBE MOBILITY
Please choose the sentence below that best describes your Mobility
1 I have no problems walking about
2 I have some problems walking about
3 I am confined to bed

EQ002  DESCRIBE SELF-CARE
Please choose the sentence below that best describes your Self-Care
1 I have no problems with self-care
2 I have some problems washing or dressing myself
3 I am unable to wash or dress myself

EQ003  DESCRIBE USUAL ACTIVITIES
Please choose the sentence below that best describes your usual activities
1 I have no problems performing my usual activities (e.g. work, study, housework, family or leisure activities)
2 I have some problems performing my usual activities
3 I am unable to perform my usual activities

EQ004  DESCRIBE PAIN/DISCOMFORT
Please choose the sentence below that best describes your pain/discomfort
1 I have no pain or discomfort
2 I have moderate pain or discomfort
3 I have extreme pain or discomfort

EQ005  DESCRIBE ANXIETY/DEPRESSION
Please choose the sentence below that best describes your anxiety/depression
1 I am not anxious or depressed
2 I am moderately anxious or depressed
3 I am extremely anxious or depressed
RH001  GENERAL HEALTH RATING
In general, would you say your health is:
1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor

RH002  HEALTH RATING COMPARED TO 1 YR AGO
Compared to one year ago, how would you rate your health in general now?
1 Much better now than a year ago
2 Somewhat better now than a year ago
3 About the same as one year ago
4 Somewhat worse now than one year ago
5 Much worse now than one year ago

RH003_intro  DOES YOUR HEALTH LIMIT DAILY ACTIVITIES
The following items are about activities you might do during a typical day. Please tell us if your health now limits you in these activities, and if so, how much you are limited.

RH003_a  DOES YOUR HEALTH LIMIT VIGOROUS ACTIVITIES
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

RH003_b  DOES YOUR HEALTH LIMIT MODERATE ACTIVITIES
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

RH003_c  DOES YOUR HEALTH LIMIT LIFTING/CARRYING GROCERIES
Lifting or carrying groceries.
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

RH003_d  DOES YOUR HEALTH LIMIT CLIMBING STAIRS
Climbing several flights of stairs.
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

**RH003_e** DOES HEALTH LIMIT CLIMBING 1 FLIGHT OF STAIRS
Climbing one flight of stairs.
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

**RH003_f** DOES HEALTH LIMIT BENDING, KNEELING, STOOPING
Bending, kneeling or stooping.
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

**RH003_g** DOES HEALTH LIMIT WALKING MORE THAN 1 MILE
Walking more than one mile.
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

**RH003_h** DOES HEALTH LIMIT WALKING SEVERAL BLOCKS
Walking several blocks.
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

**RH003_i** DOES HEALTH LIMIT WALKING ONE BLOCK
Walking one block.
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

**RH003_j** DOES HEALTH LIMIT BATHING/DRESSING YOURSELF
Bathing or dressing yourself.
1 Yes, limited a lot
2 Yes, limited a little
3 No, not limited at all

[Questions RH004_intro to RH004_d are displayed as a table]

**RH004_intro** HEALTH CAUSE PROBLEMS WITH WORK/DAILY ACTIVITIES PAST 4 WKS
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

**RH004_a** CUT DOWN AMOUNT OF WORK OR ACTIVITIES
Cut down the amount of time you spent on work or other activities?
1 Yes
2 No

**RH004**  
ACCOMPLISHED LESS THAN YOU WOULD LIKE  
Accomplished less than you would like?  
1 Yes  
2 No

**RH004**  
LIMITED IN KIND OF WORK OR ACTIVITIES  
Were limited in the kind of work or other activities  
1 Yes  
2 No

**RH004**  
DIFFICULTY PERFORMING WORK OR ACTIVITIES  
Had difficulty performing the work or other activities (for example, it took extra time)  
1 Yes  
2 No

[Questions RH005_intro to RH005_c are displayed as a table]

**RH005**  
EMOTIONAL PROBLEMS AFFECT WORK OR ACTIVITIES IN PAST 4 WKS  
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

**RH005_a**  
CUT DOWN TIME ON WORK OR ACTIVITIES  
Cut down the amount of time you spent on work or other activities?  
1 Yes  
2 No

**RH005**  
ACCOMPLISHED LESS THAN YOU WOULD LIKE  
Accomplished less than you would like  
1 Yes  
2 No

**RH005**  
LESS CAREFUL WITH WORK OR ACTIVITIES  
Didn't do work or other activities as carefully as usual  
1 Yes  
2 No

**RH006**  
PHYSICAL/EMOTIONAL HEALTH AFFECT SOCIAL ACTIVITY WITH FAMILY, FRIENDS, NEIGHBORS PAST 4 WKS  
During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?
1 Not at all  
2 Slightly  
3 Moderately  
4 Quite a bit  
5 Extremely

**RH007  HOW MUCH BODILY PAIN IN PAST 4 WKS**  
How much bodily pain have you had during the past 4 weeks?  
1 Not at all  
2 Slightly  
3 Moderately  
4 Quite a bit  
5 Extremely

**RH008  HOW MUCH DID PAIN INTERFERE WITH WORK IN PAST 4 WKS**  
During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?  
1 Not at all  
2 Slightly  
3 Moderately  
4 Quite a bit  
5 Extremely

**RH009_intro  HOW YOU HAVE FELT IN PAST 4 WKS**  
The following questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

**RH009_a  FEEL FULL OF PEP**  
How much of the time during the past 4 weeks did you feel full of pep?  
1 All of the time  
2 Most of the time  
3 A good bit of the time  
4 Some of the time  
5 A little of the time  
6 None of the time

**RH009_b  BEEN NERVOUS**  
How much of the time during the past 4 weeks have you been a very nervous person?  
1 All of the time  
2 Most of the time  
3 A good bit of the time  
4 Some of the time  
5 A little of the time  
6 None of the time
RH009_c  FELT DOWN AND NOTHING COULD CHEER YOU UP
How much of the time during the past 4 weeks have you felt so down in the dumps nothing could cheer you up?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

RH009_d  FELT CALM AND PEACEFUL
How much of the time during the past 4 weeks have you felt calm and peaceful?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

RH009_e  HAVE A LOT OF ENERGY
How much of the time during the past 4 weeks did you have a lot of energy?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

RH009_f  FELT DOWNHEARTED AND BLUE
How much of the time during the past 4 weeks have you felt downhearted and blue?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

RH009_g  FELT WORN OUT
How much of the time during the past 4 weeks did you feel worn out?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time
**BEEN A HAPPY PERSON**
How much of the time during the past 4 weeks have you been a happy person?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

**FELT TIRED**
How much of the time during the past 4 weeks did you feel tired?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

**HEALTH/EMOTIONAL PROBLEMS INTERFERED WITH VISITING FRIENDS/RELATIVES PAST 4 WKS**
During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

**TRUE/FALSE FOLLOWING STATEMENTS ABOUT HEALTH**
How true or false are each of the following statements for you?

**GET SICK EASIER THAN OTHERS**
I seem to get sick a little easier than other people.
1 Definitely true
2 Mostly true
3 Don't know
4 Mostly false
5 Definitely false

**AS HEALTHY AS ANYONE**
I am as healthy as anybody I know.
1 Definitely true
2 Mostly true
3 Don't know
4 Mostly false
5 Definitely false

**RH011_c** EXPECT HEALTH TO DECLINE
I expect my health to get worse.
1 Definitely true
2 Mostly true
3 Don't know
4 Mostly false
5 Definitely false

**RH011_e** EXCELLENT HEALTH
My health is excellent.
1 Definitely true
2 Mostly true
3 Don't know
4 Mostly false
5 Definitely false

[Order TT001-TT021 or TT021-TT001 is randomly selected]

**TT001** 10 YRS CURRENT HEALTH PROBLEMS OR 10 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 10 years without your current health problems

**TT002** 10 YRS CURRENT HEALTH PROBLEMS OR 9.5 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 9.5 years without your current health problems

**TT003** 10 YRS CURRENT HEALTH PROBLEMS OR 9 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 9 years without your current health problems

**TT004** 10 YRS CURRENT HEALTH PROBLEMS OR 8.5 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 8.5 years without your current health problems

**TT005** 10 YRS CURRENT HEALTH PROBLEMS OR 8 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.

1. 10 years with your current health problems
2. 8 years without your current health problems

**TT006 10 YRS CURRENT HEALTH PROBLEMS OR 7.5 YRS WITHOUT**

Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.

1. 10 years with your current health problems
2. 7.5 years without your current health problems

**TT007 10 YRS CURRENT HEALTH PROBLEMS OR 7 YRS WITHOUT**

Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.

1. 10 years with your current health problems
2. 7 years without your current health problems

**TT008 10 YRS CURRENT HEALTH PROBLEMS OR 6.5 YRS WITHOUT**

Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.

1. 10 years with your current health problems
2. 6.5 years without your current health problems

**TT009 10 YRS CURRENT HEALTH PROBLEMS OR 6 YRS WITHOUT**

Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.

1. 10 years with your current health problems
2. 6 years without your current health problems

**TT010 10 YRS CURRENT HEALTH PROBLEMS OR 5.5 YRS WITHOUT**

Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.

1. 10 years with your current health problems
2. 5.5 years without your current health problems

**TT011 10 YRS CURRENT HEALTH PROBLEMS OR 5 YRS WITHOUT**

Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.

1. 10 years with your current health problems
2. 5 years without your current health problems

**TT012 10 YRS CURRENT HEALTH PROBLEMS OR 4.5 YRS WITHOUT**

Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.

1. 10 years with your current health problems
2. 4.5 years without your current health problems
**TT013** 10 YRS CURRENT HEALTH PROBLEMS OR 4 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 4 years without your current health problems

**TT014** 10 YRS CURRENT HEALTH PROBLEMS OR 3.5 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 3.5 years without your current health problems

**TT015** 10 YRS CURRENT HEALTH PROBLEMS OR 3 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 3 years without your current health problems

**TT016** 10 YRS CURRENT HEALTH PROBLEMS OR 2.5 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 2.5 years without your current health problems

**TT017** 10 YRS CURRENT HEALTH PROBLEMS OR 2 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 2 years without your current health problems

**TT018** 10 YRS CURRENT HEALTH PROBLEMS OR 1.5 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 1.5 years without your current health problems

**TT019** 10 YRS CURRENT HEALTH PROBLEMS OR 1 YR WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 1 year without your current health problems

**TT020** 10 YRS CURRENT HEALTH PROBLEMS OR 0.5 YRS WITHOUT
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
10 years with your current health problems
0.5 years without your current health problems

**TT021 10 YRS CURRENT HEALTH PROBLEMS OR 0 YRS WITHOUT**
Please indicate whether you would choose 10 years with your current health problems or fewer years, as specified below, without any health problems.
1 10 years with your current health problems
2 0 years without your current health problems

**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_002 COMPLETED ON PHONE**
Would you have completed this interview if it had been conducted on the phone?
1 Yes
2 No

**CS_003 COMMENTS**
Do you have any other comments on the interview? Please type these in the box below.
Memo