

## MS 20

### 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

4 4  
5 5  
6 6 Very much

[Questions FY000\_intro to FY010 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.

**FY006** INTERESTED

Interested

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

**FY007** USEFUL

Useful

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

**FY008** CALM

Calm

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

**FY009** ANGRY

Angry

0 0 Not at all  
1 1  
2 2

3 3  
4 4  
5 5  
6 6 Very much

**FY010 TIRED**

Tired

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

[Questions FY000\_intro to FY015 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.

**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

| 4 4  
| 5 5  
| 6 6 Very much  
|  
ENDIF

### **FI003 FREQUENCY THOUGHTS YESTERDAY ABOUT FINANCES**

I thought about my finances:

- 1 Not at all
- 2 A few times
- 3 Many times
- 4 Continually

IF 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



| 4 4  
| 5 5  
| 6 6 Very much  
|  
| **FI003\_F\_d** WORRIED THOUGHTS YESTERDAY ABOUT MY FINANCES  
| Worried  
| 0 0 Not at all  
| 1 1  
| 2 2  
| 3 3  
| 4 4  
| 5 5  
| 6 6 Very much  
|  
ENDIF

**FI004 FREQUENCY THOUGHTS YESTERDAY ABOUT HEALTH**

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  
| 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

| 4 4

| 5 5

| 6 6 Very much

|

| **FI004\_F\_c** DEPRESSED THOUGHTS YESTERDAY ABOUT HEALTH

| 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

| 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\_b ACCOMPLISHED LESS THAN YOU WOULD LIKE**

Accomplished less than you would like?

- 1 Yes
- 2 No

**RH004\_c LIMITED IN KIND OF WORK OR ACTIVITIES**

Were limited in the kind of work or other activities

- 1 Yes
- 2 No

**RH004\_d 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\_intro 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\_b ACCOMPLISHED LESS THAN YOU WOULD LIKE**

Accomplished less than you would like

- 1 Yes
- 2 No

**RH005\_c 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



**RH009\_h 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

**RH009\_i 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

**RH010 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

**RH011\_intro TRUE/FALSE FOLLOWING STATEMENTS ABOUT HEALTH**

How true or false are each of the following statements for you?

**RH011\_a 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

**RH011\_b 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.

- 1 10 years with your current health problems
- 2 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