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For technical assistance or other questions Email: hrs-internet@umich.edu Phone: 1-855-647-6769 (toll-free)

Collection: LOGIN
Contains: PR_USERID, PR_PASSWORD



2013 HRS Internet Survey

Question: PR_USERID Required	
✓ Welcome to the 2013 HRS Internet Survey conduct	ed by the University of Michigan.
If you are a study participant, please enter your log Then click on the "Start Survey" button to begin.	gin ID and password listed in the letter.
Login ID:	
Question: PR_PASSWORD Required	
₽ Password	
Password:	
Horo are the basics for "navigating" this survey.	

Here are the basics for "navigating" this survey:

- When you finish answering all questions on a screen, click on the "Next" button. To return to an earlier screen, click the "Previous" button.
- If you need to break off at any point in the survey and return later, simply close your browser. Your answers will be saved, and when you login again, you will go to the place where you left off.

Select "Start Survey" to continue

This survey is conducted by the University of Michigan as part of the Health and Retirement Study. We very much appreciate your continued participation in the HRS. We have included a number of new topics that we hope you will enjoy. We greatly value your input on all of these topics.

We understand that some of the questions in the survey are of a personal nature and want to emphasize that your responses are confidential. As always, your participation is voluntary and you may skip over any questions that you would prefer not to answer. However, please remember that your answers are extremely important to us and it helps us a great deal if you respond as completely, honestly and accurately as possible.

Thank you for your participation!

If you come to any question that you do not want to answer, you can skip it by selecting "Next" without giving an answer. Page Break

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Collection: SEC_A
Contains: SECA_DEMOGRAPHIC, SECA_INTERNETUSE
Show if: (X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section A]) or (X_MAIN_TEST_SCREEN is-none-of [ALL] or [Section A] or [Section B] or [Section D] or
[Section E] or [Section F] or [Section G] or [Section H] or [Section I] or [Section J] or [Section K] or [Section L] or [Section M] or [Section N])
Collection: SECA DEMOGRAPHIC
Contains: A001_MARITALISTATUS, A002_WORKFORPAY, A003_SPPWORKFORPAY, A004_HIGHESTGRADE, A005_AGELEFTSCHOOL

Ques	tion: A001_MARITALSTATUS	
	S	Scale Summary
Code	Label	Show-If
1	Married	
2	Living with a partner as if married	
3	Separated	
4	Divorced	
5	Widowed	
6	Never married	
8	Don't know	(Error!) or (A001_MARITALSTATUS = 8:[Don't know])

Now we have a few questions about your background.

What	ic	VOUL	current	marital	status?
wnat	ıs	vour	current	maritai	status?

'	what is your current marital status?
	○ Married
	O Living with a partner as if married
	O Separated
	○ Divorced
	○ Widowed
	O Never married
	○ Don't know
ie F	Proph

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Ques	tion: A002_	WORKFORPAY
		Scale Summary
Code	Label	Show-If
1	Yes	
5	No	
8	Don't know	(Error!) or (A002_WORKFORPAY is-any-of 8:[Don't know])
) Yes	
(O No	
(Don't	know
age B	reak	

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Sh	ow i	f: (A		PWORKFORPAY RITALSTATUS is-any-of 1:[Married] or 2:[Living with a partner as if married])
Сс	de L	abel	Show-If	
1	Y	'es		
5	N	lo.		
	Is	yo	ur do	oing any work for pay at the present time?
	0	Υe	es	
	O	No	0	
Page	Bre	ak		

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Ques	tion: A004_HIGHESTG	RADE
Code	Label	Show-If
0	No formal schooling	
1	8th grade or less	
2	Some high school	
3	High school graduate	
4	Some college	
5	College graduate	
6	Post college education	

What is the highest level of schooling that you completed?

 No formal schoolin 	g
--	---

- O 8th grade or less
- O Some high school
- O High school graduate
- O Some college
- O College graduate
- O Post college education

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Question: A005_AGELEFTSCHOOL Show if: (A004_HIGHESTGRADE # 0:[No formal schooling])
How old were you when you finished your schooling?
Page Break

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Collection: SECA_INTERNETUSE CONTAINS: A006_EQUIPMENT, A007_WEBDEVICESUSEDLY, A008_WEBCONNECTMOSTOFT, A009_USEWEBFORFINANCE, A010_FINANCESOFTWARE, A011_TRACKFINANCES, A012_TRANSACTIONAL, A013_USESOCIALMEDIA, A014_HOWUSESOCIALMEDIA, A015_USEWEBOTHER, A017_HRSUSEWEBPASTWK, A018_HRSUSEWEB, A019_LASTWKTYPICAL, A020_PERCENTEREAD, A021_HOMENEWSPAPER, A022_WEBNEWSPAPER, A023_HAVEDIRECTDEP, A024_SECURITYCONCERNS, A025_WEBSECURITYISSUE, A026_NOWEBFINREASON Question: A006_EQUIPMENT These next questions are about your use of the Internet. Which of the following devices do you own or have access to? Please select all that apply. □ Desktop computer ☐ Laptop computer ☐ Tablet computer (such as iPad) ☐ eReader (such as Kindle, Nook) $\ \square$ Gaming device (such as Wii, xBox, Playstation) that connects to Internet $\ \square$ Internet-enabled TV or device to stream Internet video (such as Roku, Netflix or Hulu) ☐ Smartphone (such as iPhone, Android phone, or Blackberry) $\hfill\Box$ Cell phone, other than smartphone ☐ Conventional telephone (landline) ☐ Other Page Break

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Question: A007_WEBDEVICESUSEDLY Show if: (A006_EQUIPMENT is-any-of [Desktop computer]) or (A006_EQUIPMENT is-any-of [Tablet computer (such as iPad)]) or (A006_EQUIPMENT is-any-of [Reader (such as Kindle, Nook)]) or (A006_EQUIPMENT is-any-of [Gaming device (such as Wii, xBox, Playstation) that connects to Internet]) or (A006_EQUIPMENT is-any-of [Internet-enabled TV or device to stream Internet video (such as Roku, Netflix or Hulu)]) or (A006_EQUIPMENT is-any-of [Smartphone (such as iPhone, Android phone, or Blackberry)])
Please think of all activities that might access the Internet, not just e-mail and surfing the web.
□ Dealthan commuter
☐ Desktop computer
☐ Laptop computer
☐ Tablet computer (such as iPad)
☐ eReader (such as Kindle, Nook)
☐ Gaming device (such as Wii, xBox, Playstation) that connects to Internet
☐ Internet-enabled TV or device to stream Internet video (such as Roku)
☐ Smartphone (such as iPhone, Android phone, or Blackberry)
Page Break

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tion: A008_WEBCONNECTMOSTOFT	
Scale Summary	
Label	Show-If
High-speed Internet wired or wireless connection in my home	
High-speed Internet wired or wireless connection in my workplace	1
Dial-up Internet connection in my home	
Dial-up Internet connection in my workplace	
Cellular network through smartphone or other device	
Computer at a library or community center	
Other	
-	Scale Summary Label High-speed Internet wired or wireless connection in my home High-speed Internet wired or wireless connection in my workplace Dial-up Internet connection in my home Dial-up Internet connection in my workplace Cellular network through smartphone or other device Computer at a library or community center

How do you usually connect to the Internet?

Please select only <u>one</u> response.

0	High-speed	Internet	wired or	wireless	connection	in my	<u>home</u>
\sim	Title Income and	T b b					

- \bigcirc High-speed Internet wired or wireless connection in my $\underline{\text{workplace}}$
- O Dial-up Internet connection in my <u>home</u>
- O Dial-up Internet connection in my workplace
- O Cellular network through smartphone or other device
- O Computer at a library or community center
- O Other

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Question: A009_USEWEBFORFINANCE						
Do you use the Internet to access any of the following?						
Please select all that apply.						
☐ Bank account						
☐ Brokerage, retirement, or mutual fund accounts						
☐ Credit card account						
☐ Mortgage						
☐ Utility or other bills						
☐ None of the above						
Page Break						

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Question: A010_FINANCESOFTWARE					
Do you use any of the following software and/or online services to track your finances?					
Please select all that apply.					
 □ Specific financial software on my computer (such as Quicken) □ Online service or application that tracks my finances across different accounts (such as adaptu, doxo, Mint, or Pageonce) □ Online service to file my tax return □ Other software or online service □ None of the above 					
Page Break					

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Question: A011_TRACKFINANCES Show if: (A010_FINANCESOFTWARE is-none-of [None of the above])						
Please indicate whether you have used the Internet anytime in the past year for any of the following.						
Please select all that apply.						
 □ View bank balance or transactions □ Make a banking transaction □ View credit card balance or activity □ View a brokerage, retirement, or mutual fund account □ File a tax return □ View a utility or other bill □ None of the above 						
Page Break						

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Question: A012_TRANSACTIONAL						
✓ Please indicate whether you have used the Internet anytime in the past year for any of the following.						
Please select all that apply.						
☐ Buy an item online						
☐ Pay bills online						
☐ Book travel online						
☐ Buy tickets online (sports, movie, concerts)						
☐ Make a reservations at a restaurant						
☐ Get a discount coupon						
☐ Buy or sell something using an online marketplace such as eBay						
☐ Buy or sell something using an online classified site such as Craigslist						
☐ None of the above						
Page Break						

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Question: A013_USESOCIALMEDIA
Do you use any of the following social networking sites for communicating with other people?
Please select all that apply.
 MySpace Facebook Twitter LinkedIn Other None - I do not use any social networking sites
Page Break

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Question: A014_HOWUSESOCIALMEDIA Show if: (A013_USESOCIALMEDIA is-any-of [MySpace] or [Facebook] or [Twitter] or [LinkedIn] or [Other])						
	Scale Summary					
Code Label St		Show-If	ē			
1	Read content only					
2	Also post content or send messages					
3	Have account, but do not use it					

You indicated that you use a social networking site(s).
Do you use the site(s) only to read content or do you also post content or send messages?

Please check only one response.

- O Read content only
- O Also post content or send messages
- O Have account, but do not use it

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Question: A015_USEWEBOTHER						
✓ Please indicate whether you have used the Internet anytime in the past year for any of the following.						
Please select all that apply.						
Treade defect an triat apply?						
☐ Send or read e-mail						
☐ "Phone" others using Skype, Facetime, or other such services						
☐ Get recommendations on restaurants						
☐ Get recommendations on service providers such plumbers or electricians						
☐ Get news online						
☐ Follow financial markets						
☐ Get information about health and healthcare						
☐ Watch movies or TV shows						
☐ Research (e.g., ancestry, dictionary, Wikipedia)						
☐ Hobbies or interests (e.g., gardening, woodwork, recipes, household maintenance, quilting, knitting)						
☐ Get directions and maps						
\square Take a survey (in addition to this one)						
☐ Use the Internet for work						
☐ None of the above						
Page Break						

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Custom Layout Question: A016_DEVICEOFTEN_

Earlier you indicated that you have the devices listed below. Please tell us how often you use these devices to access the Internet for any of the activities just mentioned.

Please select one answer for each type of device listed below.

	Often	Occasionally	Never
--	-------	--------------	-------

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Question: A017_HRSUSEWEBPASTWK					
Roughly how many hours did you spend using the Internet in the past week for all the activities you just mentioned, except watching TV or movies?					
Please round to the nearest hour. Enter 0 if you did not use the Internet last week at all.					
hours in total over the last week.					
Page Break					

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	Question: A018_HRSUSEWEB Show if: (A017_HRSUSEWEBPASTWK was-not-answered)					
	Scale Summary					
Code	Label	Show-If				
1	No hours in the past week					
2	Less than one hour					
3	1-7 hours					
4	8-14 hours					
5	15+ hours					

Could you please provide your best estimate on about how many hours you spent using the Internet in the past week for all the activities you mentioned?

Again, do not include watching TV or movies on the Internet.

\circ	No hours	in the	past	week
$\overline{}$				

- O Less than one hour
- 1-7 hours
- O 8-14 hours
- 15+ hours

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Ques	tion: A019_LASTWKTYPICAL	
	Scale Summary	
Code	Label	Show-If
1	Yes	
2	No, I usually use the Internet more	
3	No, I usually use the Internet <u>less</u>	
	Vas last week typical o	ı youi
	○ Yes ○ No, I usually use the Ir ○ No, I usually use the Ir	

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	Scale Su	mmary
Code	Label	Show-If
00	All Traditional	
	0%	
10	. 10	
20	. 20	
30	. 30	
40	. 40	
50		•
	. 50	
60	. 60	
70	. 70	
80	. 80	
90	. 90	
100	All .	
	eReader	
	100%	
1001	All eReader	Never Shown
	100%	

Please select a number from 0 to 100, where "0" means "All traditional books", and "100" means "All eReader".

All Traditional										All eReader	All eReader
0%	10 .	20 .	30 .	40	50 .	60 .	70 .	80 .	90 .	100%	100%
0	0	0	0	0	0	0	0	0	0	0	0

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Que	tion:	A021_HO	OMENEWSPAPER
Sca	ale Su	mmary	
Code	Labe	Show-If	If
1	Yes		
5	No		
<i>[</i>]	Оо у	ou sul	ubscribe to a daily newspaper that is delivered to your home?
	O Y	es	
	O N	0	
Page E	Break		

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Ques	Question: A022_WEBNEWSPAPER						
Sca	le Sur	nmary					
Code	Label	Show-If	If				
1	Yes						
5	No						
<i>[</i>	o yo	ou ha	ave an Internet subscription to a newspaper or magazine?				
() Ye	es					
(O No)					
Page B	reak						

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Quest	Question: A023_HAVEDIRECTDEF			
	Scale Summary			
Code	Label	Show-If		
1	Only checks in mail			
2	Some of both			
3	Only direct deposit			
4	Does not apply			

Do you receive paychecks, Social Security payments, or regular pension payments by direct deposit to a bank account, or do you receive checks in the mail?

- Only checks in mail
- O Some of both
- Only direct deposit
- O Does not apply

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Quest	ion: A024_SECURITY	CONCER
	Scale Summary	
Code	Label	Show-If
1	Very concerned	
2	Somewhat concerned	
3	A little concerned	
4	Not at all concerned	
	re you concer O Very concern	
	Somewhat co A little conce Not at all con	ncerne rned
D D.		

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Question: A025_WEBSECURITYISSUE Show if: (A009_USEWEBFORFINANCE is-any-of [None of the above]) and (A010_FINANCESOFTWARE is-any-of [None of the above]) and (A012_TRANSACTIONAL is-any-of [None of the above])
Scale Summary
Code Label Show-If
1 Yes
5 No
Is security the main reason you choose not to use the Internet for financial transactions?
O Yes
○ No
Page Break

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Question: A026_NOWEBFINREASON Show if: (A025_WEBSECURITYISSUE = 5:[No])
What is the main reason you choose not to use the Internet for financial transactions?
Page Break

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Collection: SEC_B
Contains: DECADE_0_18, DECADE_20_29, DECADE3_30_39, DECADE3_40_49, DECADE5_50_59, DECADE6_60_69, DECADE7_70_79, DECADE8_80_89, PWADDRESS
Show if: (X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section B]) or (X_MAIN_TEST_SCREEN is-anone-of [ALL] or [Section A] or [Section B] or [Section D] or
[Section E] or [Section F] or [Section G] or [Section H] or [Section I] or [Section K] or [Section L] or [Section M] or [Section N])

Collection: DECADE_0_18
Contains: 8005_07HERCOUNTRY, 8006_, 8007_, 8008_, 8009_, 8010_

Research has shown that where we live can have important effects on our health. The next questions are about different places you've lived during your life.

Where did you live for the longest period of time when you were growing up, <u>between birth and age 18</u>? Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

Custom Layout Question: B001_B004	
STREET	
CITY/TOWN	
STATE	lacksquare
ZIPCODE	(only for U.S.)
Page Break	

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Question: B005_OTHERCOUNTRY Show if: (B_H_B003_STATE = 97:[Other Country(OC)])			
✓ Please enter name of country			
Page Break			

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Question: B006_
If you lived at this address more than once, please think about the longest time that you lived there.
Years
Question: B007_
Besides yourself, how many people ever lived with you at this address?
Number of people
Page Break

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Question: B008_ Show if: (B007_ > 0)
☑️ Who lived with you there?
Please select all that apply.
☐ Parent(s)
☐ Sibling(s)
☐ Grandparent(s)
☐ Other Relative(s)
☐ Other Non-Relative(s)
Question: 8009_ Scale Summary
Code Label Show-If
1 Own
2 Rent
7 Other:
Did you or your family own that home, did you rent it, or what?
○ Own
O Rent
Other:
Question: B010_
How many bedrooms did the home at this address have?
Bedrooms
Page Break

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How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.

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	ction: DECADE_20_29		
	ins: B011, B012_B015_C, B01	6_OTHERCOUN	TRY, B017, B018_B022_C
Snow	if: (Z_C_RS_AGE >= 30)		
0	stion: B011		
Ques			
	Scale Summary		
Code	Label	Show-If	
1	Same as previous address ()		
2	Different address		
	Now please think ab	out the ni	aces you lived between ages 20 and 29. Where did you live for the longest
	period of time betwe		
	belied of time betwe	een ages 2	o and 29?
	 Same as previous a 	address ()	
	O Different address	()	
	O Different address		
Page F	Break		

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Collection: B012_B015_C Contains: Show if: (B011 ± 1:[Same as previous address ()])		
Contains: Show if: (B011 \neq 1:[Same as previous address ()])	Collection: B012_B015_C	

Where did you live for the longest period of time between ages 20 and 29?

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

Custom Layout Question: B012_B015			
STREET			
CITY/TOWN			
STATE		\checkmark	
ZIPCODE	(only for U.S.)		
Page Break			

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Question: B016_OTHERCOUNTRY Show if: (B_H_B014_STATE = 97:[Other Country(OC)]) and (B011 # 1:[Same as previous address ()])
Please enter name of country
Page Break

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	tion: B		
Sca	le Sum	nmary	nary
Code	Label	Show-If	าow-If
1	Yes		
5	No		
_// C	o yo	u stil	ı still
() Ye	S	
	ON C)	
age B	reak		

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Collection: B018_B022_C Contains: B018, B019_, B020_, B021_, B022_ Show if: (B011 ≠ 1:[Same as previous address ()])
Question: B018
Mow long ?
If you lived at this address more than once, please think about the longest time that you lived there.
Years
Question: B019_
Besides yourself, how many people ever lived with you at this address?
If you lived by yourself enter '0'
Number of people
Page Break

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Who lived with you there? Please select all that apply. Spouse/Partner Child(ren) Parent(s) Sibling(s) Grandparent(s) Other Relative(s) Other Relative(s) Other Non-Relative(s) Other Non-Relative(s) Restion: 8021 Scale Summary Code Label Show-If I Own Rent Other: Other: Question: 8022 How many bedrooms did the home at this address have? Bedrooms Page Break	Question: B020_ Show if: (B019_ > 0)
□ Spouse/Partner □ Child(ren) □ Parent(s) □ Sibling(s) □ Grandparent(s) □ Other Relative(s) Question: B021 Scale Summary Code (Label Show-IF) 1 0wn 2 Rent 7 Other: Purple	Who lived with you there?
Child(ren) Parent(s) Sibling(s) Grandparent(s) Other Relative(s) Other Non-Relative(s) Question: B021 Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Question: B022 Question: B022 How many bedrooms did the home at this address have? Bedrooms	Please select all that apply.
Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B022 How many bedrooms did the home at this address have? Bedrooms	 ☐ Child(ren) ☐ Parent(s) ☐ Sibling(s) ☐ Grandparent(s) ☐ Other Relative(s)
Own Rent Other: Question: B022_	Scale Summary Code Label Show-If 1 Own 2 Rent
○ Rent ○ Other: Question: B022 How many bedrooms did the home at this address have? Bedrooms	Did you or your family own that home, did you rent it, or what?
How many bedrooms did the home at this address have? Bedrooms	O Rent
Bedrooms	Question: B022_
	How many bedrooms did the home at this address have?
Page Break	Bedrooms
	Page Break

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How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.

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Collection: DECADE3_30_39
Contains: 8023, B023_B027, B028_OTHERCOUNTRY, B029, B030_B034
Show if: (Z_C_RS_AGE >= 40) and (B017 ≠ 1:[Yes])

Question: B023
Scale Summary
Code Label Show-If
1 Same as previous address ()
2 Different Address

Now please think about the places you lived between ages 30 and 39. Where did you live for the longest period of time between ages 30-39?

O Same as previous address ()
O Different Address

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Collection: B023_B027	
Contains: Show if: (B023 ≠ 1:[Same as previous address ()])	

Where did you live for the longest period of time between ages 30 and 39?

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

Custom Layout Question: B024_B027		
STREET		
CITY/TOWN		
STATE	V	
ZIPCODE	(only for U.S.)	
Page Break		

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Question: B028_OTHERCOUNTRY Show if: (B_H_B026_STATE = $97:[Other Country(OC)]$) and (B023 \neq 1:[Same as previous address ()])														
Please enter name of country														
Page Break														

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Shov	w if: (B029 B017 ≠ 1:	:[Yes])
	_	Immary el Show-If	-
1	Yes	3110W-11	
5	No		
// I	Do y	ou stil	Il live at this address? ()
	O Y	'es	
(O N	lo	
Page B	3reak		

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Collection: B030_B034 Contains: B030_B031 , B032 , B033 , B034
Show if: (B023 ≠ 1:[Same as previous address ()])
Question: B030
☑ How long ?
If you lived at this address more than once, please think about the longest time that you lived there.
Years
Question: B031_
Besides yourself, how many people ever lived with you at this address?
If you lived by yourself enter '0'
Number of people
Page Break

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Who lived with you there? Please select all that apply. Spouse/Partner Child(ren) Parent(s) Sibling(s) Other Relative(s) Other Non-Relative(s) Question: 8033 Scale Summary Code Label Show-Ir 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: 8034 How many bedrooms did the home at this address have? Bedrooms Page Break	Question: B032_ Show if: (B031_ > 0)
Spouse/Partner Child(ren) Parent(s) Sibling(s) Other Relative(s) Other Non-Relative(s) Question: B033 Scale Summary Code Label Show-If 1	Who lived with you there?
Child(ren) Parent(s) Sibling(s) Other Relative(s) Other Non-Relative(s) Question: B033 Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Question: B034 Whow many bedrooms did the home at this address have? Bedrooms	Please select all that apply.
Parent(s) Sibling(s) Other Relative(s) Other Non-Relative(s) Question: B033 Scale Summary Code Label Show-If Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B034 How many bedrooms did the home at this address have?	
Sibling(s) Other Relative(s) Other Non-Relative(s) Question: 8033 Scale Summary	
Other Relative(s) Other Non-Relative(s) Question: B033 Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B034 How many bedrooms did the home at this address have? Bedrooms	
Other Non-Relative(s) Question: B033 Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B034 How many bedrooms did the home at this address have? Bedrooms	
Question: B033 Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B034 How many bedrooms did the home at this address have? Bedrooms	
Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B034_ How many bedrooms did the home at this address have? Bedrooms	
Own Rent Other: Question: B034_ How many bedrooms did the home at this address have? Bedrooms	Scale Summary Code Label Show-If 1 Own 2 Rent
○ Rent ○ Other: Question: B034_ How many bedrooms did the home at this address have? Bedrooms	Did you or your family own that home, did you rent it, or what?
○ Rent ○ Other: Question: B034_ How many bedrooms did the home at this address have? Bedrooms	○ Own
Question: B034_ How many bedrooms did the home at this address have? Bedrooms	· ·
How many bedrooms did the home at this address have? Bedrooms	O Other:
How many bedrooms did the home at this address have? Bedrooms	Ouestion: 8034
Page Break	Bedrooms
	Page Break

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How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.

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Collection: DECADE3_40_49
Contains: B035, B036_B039_C, B040_OTHERCOUNTRY, B041, B042_B046
Show if: (Z_C_RS_AGE >= 50) and (B017 ≠ 1:[Yes]) and (B029 ≠ 1:[Yes])

Question: B035
Scale Summary
Code Label Show-If
1 Same as previous address ()
2 Different Address

Now please think about the places you lived between ages 40 and 49. Where did you live for the longest period of time between ages 40 and 49?

Same as previous address ()
O Different Address

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Collection: B036_B039_C
Collection: D030_D039_C
Contains: Show if: (B035 ≠ 1:[Same as previous address ()])

Where did you live for the longest period of time between ages 40 and 49?

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

Custom Layout Question: B036_B039		
STREET		
CITY/TOWN		
STATE	lacksquare	
ZIPCODE	(only for U.S.)	
Page Break		

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Question: B040_OTHERCOUNTRY Show if: (B_H_B038_STATE = 97:[Other Country(OC)]) and (B035 ≠ 1:[Same as previous address ()])														
Please enter name of country														
Page Break														

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Sh	ow i	if: (B e Sur	3041 029 ≠ 1: nmary		es]																													
1 5	١	-abei Yes No	Show-If	T -																														
	D	o y	ou sti	ill	liv	е	at	t	hi	s	ad	dr	es	s?	C)																		
	C) Ye																																
Pag	e Bre	eak															 																	

HRS Internet Survey Page 51 of 433

Collection: B042_B046 Contains: B042, B043_, B044_, B045_, B046_ Show if: (B035 ≠ 1:[Same as previous address ()])
Question: B042
Mow long ?
If you lived at this address more than once, please think about the longest time that you lived there.
Years
Question: B043_
Besides yourself, how many people ever lived with you at this address?
If you lived by yourself enter '0'
Number of people
Page Break

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Question: B044_ Show if: (B043_ > 0)
Who lived with you there?
Please select all that apply.
☐ Spouse/Partner
☐ Child(ren)
☐ Parent(s)
☐ Sibling(s)
☐ Other Relative(s)
☐ Other Non-Relative(s)
Question: B045_Scale Summary Code Label Show-If 1
 ○ Own
O Rent
O Other:
Question: B046_
How many bedrooms did the home at this address have?
Bedrooms
Page Break

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How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.

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Collection: DECADE5_50_59
Contains: 8047, B048_B051_C, B052_OTHERCOUNTRY, B053, B054_B058_C
Show if: (Z_C_RS_AGE >= 60) and (B017 ≠ 1:[Yes]) and (B029 ≠ 1:[Yes]) and (B041 ≠ 1:[Yes])

Question: B047		
	Scale Summary	
Code	Label	Show-If
1	Same as previous address ()	
2	Different Address	

Mow please think about the places you lived between ages <u>50 and 59</u>. Where did you live for the longest period of time between ages 50 and 59?

- O Same as previous address ()
- O Different Address

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Collection: B048_B051_C	
Contains: Show if: (B047 \neq 1:[Same as previous address ()])	

Where did you live for the longest period of time between ages 50 and 59?

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

Custom Layout Question: B048_B051			
STREET			
CITY/TOWN			
STATE		▽	
ZIPCODE	(only for U.S.)		
Page Break			

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Question: B052_OTHERCOUNTRY Show if: (B_H_B050_STATE = 97:[Other Country(OC)]) and (B047 ≠ 1:[Same as previous address ()])		
Please enter name of country		
ge Break		

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Shov	w if: (B053 B041 ≠ 1: Immary		
Code	Labe	Show-If	11	
1	Yes			
5	No			
	Do y	ou stil	till live at this address? ()	
	O Y	'es		
	0 1	lo		
Page I	Break			

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Collection: B054_B058_C Contains: B054, B055_, B056_, B057_, B058_ Show if: (B047 ≠ 1:[Same as previous address ()])
Question: B054
How long ?
If you lived at this address more than once, please think about the longest time that you lived there.
Years
Question: B055_
Besides yourself, how many people ever lived with you at this address?
If you lived by yourself enter '0'
Number of people
Page Break

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Who lived with you there? Please select all that apply. Spouse/Partner Child(ren) Parent(s) Sibling(s) Other Relative(s) Other Non-Relative(s) Question: B057_ Scale Summary Code Label Show-If 1 Own 2 Rent
☐ Spouse/Partner ☐ Child(ren) ☐ Parent(s) ☐ Sibling(s) ☐ Other Relative(s) ☐ Other Non-Relative(s) ☐ Other Non-Relative(s) Question: B057_ Scale Summary Code Label Show-If 1 Own 2 Rent
☐ Child(ren) ☐ Parent(s) ☐ Sibling(s) ☐ Other Relative(s) ☐ Other Non-Relative(s) Question: B057_ Scale Summary Code Label Show-If 1 Own 2 Rent
□ Parent(s) □ Sibling(s) □ Other Relative(s) □ Other Non-Relative(s) Question: B057 Scale Summary Code Label Show-If 1 Own 2 Rent
☐ Sibling(s) ☐ Other Relative(s) ☐ Other Non-Relative(s) Question: B057_ Scale Summary Code Label Show-If 1 Own 2 Rent
Other Relative(s) Other Non-Relative(s) Question: B057 Scale Summary Code Label Show-If 1 Own 2 Rent
Other Non-Relative(s) Question: B057 Scale Summary Code Label Show-If 1 Own 2 Rent
Question: B057_ Scale Summary Code Label Show-If 1 1 Own 0 2 Rent 0
Scale Summary Code Label Show-If 1 Own 2 Rent
Code Label Show-If 1 Own 2 Rent
1 Own 2 Rent
7 Other:
☑ Did you or your family own that home, did you rent it, or what?
○ Own
O Rent
Other:
Question: B058_
Mow many bedrooms did the home at this address have?
Bedrooms
Page Break

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How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.

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Collection: DECADE6_60_69
Contains: B059, B059_B063_C, B064_OTHERCOUNTRY, B065, B066_B070_C
Show if: (Z_C_RS_AGE >= 70) and (B017 ≠ 1:[Yes]) and (B029 ≠ 1:[Yes]) and (B041 ≠ 1:[Yes]) and (B053 ≠ 1:[Yes])

Question: B059
Scale Summary
Code Label Show-If
1 Same as previous address ()
2 Different Address

Now please think about the places you lived between ages 60 and 69. Where did you live for the longest period of time between ages 60 and 69?

Same as previous address ()
O Different Address

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Collection: B059_B063_C
Contains: Show if: (B059 # 1:[Same as previous address ()])

Where did you live for the longest period of time between ages 60 and 69?

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

Custom Layout Question: B060_B063			
STREET			
CITY/TOWN			
STATE		<u> </u>	
ZIPCODE	(only for U.S.)		
Page Break			

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Question: B064_OTHERCOUNTRY Show if: (B_H_B062_STATE = 97:[Other Country(OC)]) and (B059 ≠ 1:[Same as previous address ()])		
Please enter name of country		
Page Break		

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Sł	ow i		3065 053 ≠ 1: nmary	:[Ye	s])]
С	ode L	abel	Show-If	f																									
1	١	res (
5	١	No																											
	D	o yo	ou stil	II I	ive	a	t t	nis	a	ıbt	res	s?	()	1															
	С) Ye	es																										
	C) No)																										
Pag	e Bre	eak																											

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Collection: B066_B070_C Contains: B066, B067_, B068_, B069_, B070_ Show if: (B059 \neq 1:[Same as previous address ()])
Question: B066
☑ How long did you live there?
If you lived at this address more than once, please think about the longest time that you lived there.
Years
Question: B067_
Besides yourself, how many people ever lived with you at this address?
If you lived by yourself enter '0'
Number of people
Page Break

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Question: B068_ Show if: (B067_ > 0)
Who lived with you there?
Please select all that apply.
☐ Spouse/Partner
Child(ren)
☐ Parent(s)
☐ Sibling(s)
Other Relative(s)
☐ Other Non-Relative(s)
Question: 8069
Did you or your family own that home, did you rent it, or what?
○ Own
○ Rent
Other:
Question: 8070_
Mow many bedrooms did the home at this address have?
Bedrooms
Page Break

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How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.

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Collection: DECADE7_70_79
Contains: B071, B072_B075_C, B076_OTHERCOUNTRY, B077, B078_B082_C
Show if: (Z_C_RS_AGE >= 80) and (B017 ≠ 1:[Yes]) and (B029 ≠ 1:[Yes]) and (B041 ≠ 1:[Yes]) and (B053 ≠ 1:[Yes]) and (B065 ≠ 1:[Yes])

Ques	tion: B071	
Scale Summary		
Code	Label	Show-If
1	Same as previous address ()	
2	Different Address	

Mow please think about the places you lived between ages <u>70 and 79</u>. Where did you live for the longest period of time between ages 70 and 79?

- O Same as previous address ()
- O Different Address

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Collection: B072_B075_C
Contains: Show if: (B071 ≠ 1:[Same as previous address ()])

Where did you live for the longest period of time between ages 70 and 79?

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

STREET		
CITY/TOWN		
STATE	lacksquare	
ZIPCODE	(only for U.S.)	
Page Break		

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Question: B076_OTHERCOUNTRY Show if: (B_H_B074_STATE = 97:[Other Country(OC)]) and (B071 ≠ 1:[Same as previous address ()])							
Please enter name of country							
Page Break							

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Sho	w if	n: B077 : (B065 ≠ 1: Summary	:[Yes])
Cod	le La	bel Show-If	
1	Ye	es .	
5	No)	
	Do	you sti	Il live at this address? ()
	0	Yes	
	0	No	
Page	Brea	ık	

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Collection: B078_B082_C Contains: B078, B079_, B080_, B081_, B082_ Show if: (B071 ≠ 1:[Same as previous address ()])
Question: B078
☑ How long did you live there?
If you lived at this address more than once, please think about the longest time that you lived there.
Years
Question: B079_
Besides yourself, how many people ever lived with you at this address?
If you lived by yourself enter '0'
Number of people
Page Break

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✓ Who lived with you there?
Please select all that apply.
☐ Spouse/Partner
Child(ren)
□ Parent(s)
☐ Sibling(s)
☐ Other Relative(s)
☐ Other Non-Relative(s)
Question: B081_
Scale Summary Code Label Show-If
1 Own
2 Rent
7 Other:
☑️ Did you or your family own that home, did you rent it, or what?
○ Own
O Rent
Other:
Question: B082_
Mow many bedrooms did the home at this address have?
Bedrooms
Page Break

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How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.

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Collection: DECADE8_80_89
Contains: B083, B084_B087_C, B088_OTHERCOUNTRY, B089, B090_B094_C
Show if: (Z_C_RS_AGE >= 90) and (B017 \neq 1:[Yes]) and (B029 \neq 1:[Yes]) and (B041 \neq 1:[Yes]) and (B053 \neq 1:[Yes]) and (B065 \neq 1:[Yes]) and (B077 \neq 1:[Yes])

Question: B083
Scale Summary
Code Label | Show-If |
1 | Same as previous address () |
2 | Different Address |

Now please think about the places you lived between ages 80 and 89. Where did you live for the longest period of time between ages 80 and 89?

O Same as previous address ()
O Different Address

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Collection: B084_B087_C
Contains: Show if: (B083 # 1:[Same as previous address ()])

Where did you live for the longest period of time between ages 80 and 89?

Please provide as much information as you can about the location, but if you don't remember something, you may just leave that part blank. If you lived in a number of places for about the same amount of time, please enter the one for which you remember the most information.

If you lived outside of the United States, enter "Other country (OC)" which is at the bottom of the list of states.

Custom Layout Question: B084_B087			
STREET			
CITY/TOWN			
STATE		\checkmark	
ZIPCODE	(only for U.S.)		
Page Break			

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Question: B088_OTHERCOUNTRY Show if: (B_H_B086_STATE = 1:[Alabama(AL)]) and (B083 ≠ 1:[Same as previous address ()])				
Please enter name of country				
Page Break				

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Sh	ow	if: (B	3089 077 ≠ 1: nmary	:[Yes])
C	ode	abel	Show-If	
1	١	⁄es		
5	ſ	Vo		
6	D	o y	ou stil	Il live at this address? ()
	С) Ye	es	
	C) No	0	
Pag	e Bre	eak		

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Collection: B090_B094_C Contains: B090, B091_, B092_, B093_, B094_ Show if: (B083 ≠ 1:[Same as previous address ()])
Question: B090
If you lived at this address more than once, please think about the longest time that you lived there.
Years
Question: B091_
Besides yourself, how many people ever lived with you at this address?
If you lived by yourself enter '0'
Number of people
Page Break

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Who lived with you there? Please select all that apply. Spouse/Partner Child(ren) Parent(s) Sibling(s) Other Relative(s) Other Non-Relative(s) Question: 8093 Scale Summary Code (Label Show-If 1	Question: 8092_ Show if: (8091_ > 0)
Spouse/Partner Child(ren) Parent(s) Sibling(s) Other Relative(s) Other Non-Relative(s) Question: B093 Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B094 How many bedrooms did the home at this address have? Bedrooms	Who lived with you there?
Child(ren)	Please select all that apply.
Parent(s) Sibling(s) Other Relative(s) Other Non-Relative(s) Question: B093 Scale Summary Code Label Show-If Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B094 How many bedrooms did the home at this address have?	• •
Sibling(s) Other Relative(s) Other Non-Relative(s) Other Non-Relative(s) Other Non-Relative(s) Oun	
Other Relative(s) Other Non-Relative(s) Question: 8093 Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: 8094 How many bedrooms did the home at this address have? Bedrooms	
Other Non-Relative(s) Question: B093 Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B094 How many bedrooms did the home at this address have? Bedrooms	
Question: B093 Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B094_ How many bedrooms did the home at this address have? Bedrooms	
Scale Summary Code Label Show-If 1 Own 2 Rent 7 Other: Did you or your family own that home, did you rent it, or what? Own Rent Other: Question: B094 How many bedrooms did the home at this address have? Bedrooms	☐ Other Non-Relative(s)
Own Rent Other: Question: B094_ How many bedrooms did the home at this address have? Bedrooms	Scale Summary Code Label Show-If 1 Own 2 Rent
Rent Other: Question: B094_ How many bedrooms did the home at this address have? Bedrooms	☑️ Did you or your family own that home, did you rent it, or what?
Other: Question: 8094_ How many bedrooms did the home at this address have? Bedrooms	○ Own
Question: 8094_ How many bedrooms did the home at this address have? Bedrooms	○ Rent
How many bedrooms did the home at this address have? Bedrooms	Other:
Bedrooms	Question: B094_
	→ How many bedrooms did the home at this address have?
Page Break	Bedrooms
	Page Break

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How many bedrooms did the home at this address have?

Your answers are important to us. Please try to answer as best you can. If you would like to change your answer please press the "Previous" button.

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TESTING SCREEN		
B001		
,		
B011		
,		
B023		
1		
B035		
ı		
B047		
ı		
B059		
ı		
B071		
, B083		
, B_C_STILLLIVESAME		
D_C_3 ILLLIV L3AI'IL		
Page Break		

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Collection: PWADDRESS Contains: B095, B096, B097, B102_OTHERCOUNTRY, B103, B104 Show if: (B_C_STILLLIVESAME = 0)
Question: B095 Show if: (B_P_PWSTATE is-any-of 1:[Alabama(AL)] or 2:[Alaska(AK)] or 3:[Arizona(AZ)] or 4:[Arkansas(AR)] or 5:[California(CA)] or 6:[Colorado(CO)] or 7:[Connecticut (CT)] or 8:[Delaware(DE)] or 9:[Florida(FL)] or 10:[Georgia(GA)] or 11:[Hawaii(HI)] or 12:[Idaho(ID)] or 13:[Illinois(IL)] or 14:[Indiana(IN)] or 15:[Iowa(IA)] or 16: [Kansas(KS)] or 17:[Kentucky(KY)] or 18:[Louisiana(LA)] or 19:[Maine(ME)] or 20:[Maryland(MD)] or 21:[Massachusetts(MA)] or 22:[Michigan(MI)] or 23:[Minnesota (MN)] or 24:[Mississippi(MS)] or 25:[Missouri(MO)] or 30:[New Jersey(M)]] or 31:[New Mexico(NM)] or 32:[New York(NY)] or 33:[North Carolina(NC)] or 34:[North Dakota(ND)] or 35:[Ohio(OH)] or 36:[Oklahoma(OK)] or 37:[Oregon(OR)] or 38: [Pennsylvania(PA)] or 39:[Rhode Island(RI)] or 40:[South Carolina(SC)] or 41:[South Dakota(SD)] or 42:[Tennessee(TN)] or 43:[Texas(TX)] or 44:[Utah(UT)] or 45: [Vermont(VT)] or 46:[Virginia(VA)] or 47:[Washington(WA)] or 48:[West Virginia(WV)] or 49:[Wisconsin(WI)] or 50:[Wyoming(WY)] or 51:[District of Columbia(DC)] or 52:[Puerto Rico(PR)] or 53:[American Samoa(AS)] or 54:[Fed States of Micronesia(FM)] or 55:[Guam(GU)] or 56:[Marshall Islands(MH)] or 57:[Northern Mariana Islands (MP)] or 59:[Virgin Islands(VI)] or 97:[Other Country(OC)]) and (B_P_PWCITY ≠ EMPTY) and (B_P_PWSTREETADDR ≠ EMPTY) Scale Summary
Are you still living at this address?
Are you still living at this address? O Yes O No
Page Break

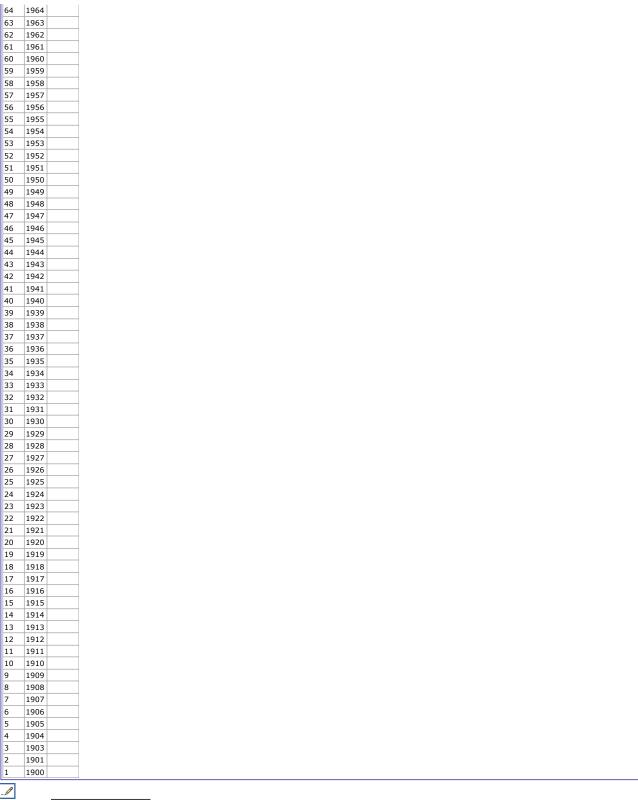
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Ques Show	tion: B096 if: (B095 =	= 1:[Yes])
	cale Sumn	
Code	Label	Show-If
1	January	
2	February	
3	March	
4	April	
5	May	
6	June	
7	July	
8	August	
9	September	
	October	
11	November	
	December	_

In what month and year did you move to this address?

Month: -- Select One -- V

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YEAR |-- Select One -- ✓

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What is your current address?

Custom Layout Question: B098_B0101				
STREET				
CITY/TOWN				
STATE		~		
ZIPCODE	(only for U.S.)			
Page Break				

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Question: B102_OTHERCOUNTRY Show if: (B_H_B100_STATE = 97:[Other Country(OC)])					
Please er	iter name of country				
Page Break					

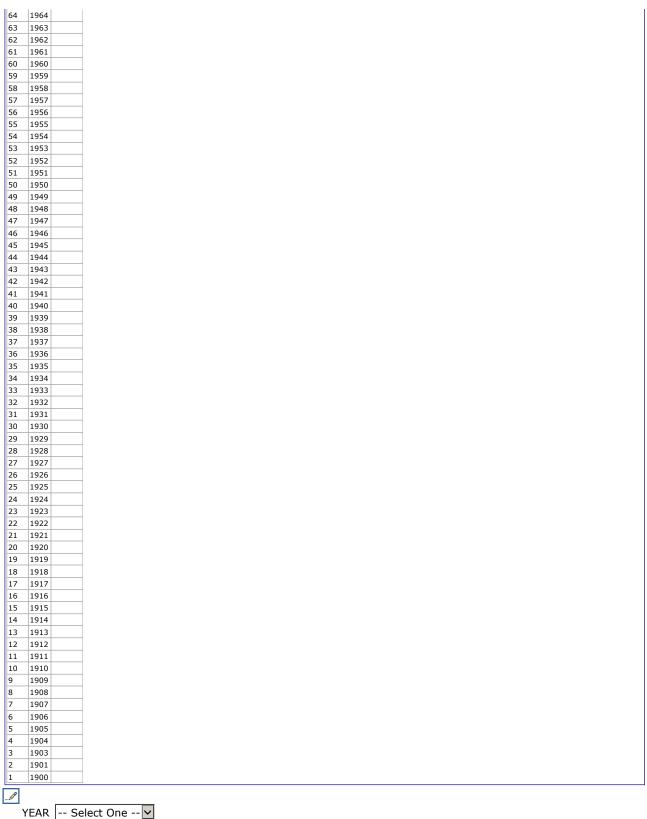
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Scale Sumr	nary
ode Label	Show-If
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Month: -- Select One -- ♥

Code		nmary
\rightarrow		Show-If
113		
112		
_	2011	
_	2010	
_	2009	
	2008	
-	2007	
_	2006	
_	2005	
_	2004	
	2003	
-	2002	
_	2001	
_	2000	
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	1991	
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67	1967 1966	

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Collection: SEC_C

Contains: C001-C003, C004-C009, FOLLOWUPS

Show if: ((X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section C]) or (X_MAIN_TEST_SCREEN is-none-of [ALL] or [Section A] or [Section B] or [Section C] or [Section D] or [Section D] or [Section C] or [Section H] or [Section D] or [Section C] or [Section M] or [Section

Collection: C001-C003

Contains: C001_NUMSIS, C002_NUMBRO

Show if: ((C_P_Z212_PWNUMLIVBRO > 0) or (C_P_Z213_PWNUMLIVSIS > 0)) and (C_C_PRELOADED_SIBLING_NAMES = 0)

Question: C001_NUMSIS

Now I have some questions about your brothers and sisters.

How many living sisters do you have?

Please include adopted or half-sisters but do not count step-sisters

Use zero for none

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Question: C002_NUMBRO				
Please include adopted or half-brothers but do not count step-brothers				
Use zero for none				
Page Break				

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Custom Layout Question: NAMES					
☑ Please enter the first name for any siblings below.					
Do not include step-brothers or step-sisters					
Please add only your own siblings <u>not</u> the siblings of your spouse/partner					
Sibling name					
Page Break					

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Collection: C004-C009
Contains: C008
Show if: (C_C_PRELOADED_SIBLING_NAMES > 0)

Custom Layout Question: CONFIRMATION

✓ The next questions are about your living brothers and sisters. Below is a list of your siblings based on information we obtained in a previous interview. In the middle set of columns, for each person listed please indicate whether that sibling is still living, if they have died, or if the person is not a sibling of yours. Also, if the name needs correction, please type the correct name in the column on the far right.

We will collect the names of any siblings we may have missed on the next screen.

Name from our		e sibling is still living, is no ne person is not a sibling.	Please correct the first name	
records	Sibling is living	Sibling is deceased	Not a sibling	below, if it is incorrect

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Question: C008						
Scale Summary						
Code Label Show-If						
1 Yes						
5 No						
_∕ Do you ha	ve any <u>other</u> living brothers or sisters?					
Do not inclu	ude step-brothers or step-sisters or the siblings of your spouse/partner					
○ Yes						
○ No						
Page Break						

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Please enter the first name for any <u>other</u> siblings below.					
not inc	lude step-brothers o	r step-sisters			
ease add	d only your own siblir	igs <u>not</u> the siblings	of your spouse/par	tner	
	Sibling Name				
_					
		_			

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Collection: FOLLOWUPS
Contains: C_DEMOGRAPHICS2, C017, C018, RESIDENCY, C022, TRANSFERSTOSIBS, C025, TRANSFERSFROMSIBS, C028_RRELYSIBS, C029_WSIBSRRELY, C030_MAALIVE, C031_PAALIVE, C032_MAWHISIBASSTPN, C033_MAWHISIBASSTFN, C034_PAWHISIBASSTPN, C035_PAWHISIBASSTFN
Show if: (C_C_COUNT_SIBLING_NAMES > 0)

Custom Layout Question: C_DEMOGRAPHICS1

Please answer the questions in the columns to the right about each sibling.

What is this sibling's re		
Brother	Sister	How old is this sibling?

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Loop: C_DEMOGRAPHI	CS2
Loop Iterations	:
Variable	Label
C_H_C003AFNAME_1	
C_H_C003AFNAME_2	
C_H_C003AFNAME_3	
C_H_C003AFNAME_4	
C_H_C003AFNAME_5	
C_H_C003AFNAME_6	
C_H_C003AFNAME_7	
C_H_C003AFNAME_8	
C_H_C003AFNAME_9	
C_H_C003AFNAME_10	
)-	-4

Next, we would like to ask some questions about your reported living siblings, shown below. To answer these questions, you will click on the gray "Answer questions" button, located next to the first sibling listed.

On the next screen you will answer questions about that sibling, and then you'll come back to this screen to continue with the next sibling on the list. As questions about each sibling are answered, a green check mark will appear next to that sibling. When all siblings have a check mark, select "Next" to continue.

If you need to make additional corrections to a sibling that already has the check mark, just click on the check mark to make the change.

		61 11 1		Work	_
Sibling Name	Coupled	Children	Education	Status	Income

Auto Page Break

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Question: C013	
Scale Summary	
Code Label 1 Married	Show-If
2 Living with a partner	
5 Not married or living with a partner	
✓ Is married or living wit	h a partner?
O Married	
O Living with a partner	
Not married or living w	ith a partner
Question: C014	
How many children doe	s have?
Please enter zero for none	
Question: C012	
Scale Summary	
Code Label Show-If	
0 No formal schooling	
1 8th grade or less 2 Some high school	
3 High school graduate	
4 Some college	
5 College graduate	
6 Post college education	
	el of schooling that completed?
 No formal schooling 	
8th grade or less	
 Some high school 	
High school graduate	
Some college	
College graduate	
 Post college education 	
Question: C015	
Scale Summary	
Code Label Show-If	
1 30 or more hours	
2 Less than 30 hours 3 Not at all	
	have now work loss than 20 have as not at all?
	hours per week, less than 30 hours, or not at all?
O 30 or more hours	
O Less than 30 hours	
O Not at all	
Question: C016	
Scale Summary	
	ow-If
1 Less than \$25,000 2 Between \$25,000 and \$50,000	
3 Between \$50,000 and \$75,000	
4 Above \$75,000	
Was the total househole \$50,000 and \$75,000 o	d income of during less than \$25,000, between \$25,000 and \$50,000, between r above \$75,000?
Please give your best esti	nate if you're unsure.
O Less than \$25,000	
○ Between \$25,000 and	\$50,000
○ Between \$50,000 and	\$75,000
O Above \$75,000	

Auto Page Break

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Question: C017 Scale Summary			
Code	Label	Show-If	IF
1	Yes		
5	No		
Ø	Do a	ny of y	f your siblings live with you?
	O Ye	es	
	O No	0	
Page E	Break		

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Question: C018 Show if: (C017 = 1:[Yes])
Which sibling(s) live(s) with you?
Please select all that apply.
Other, not on list

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Collection: RESIDENCY
Contains: C_CONTACT
Show if: (C018 is-none-of []) or (C0

Loop: C_CONTACT		
Loop Iterations	Loop Iterations:	
Variable	Label	
C_H_C003AFNAME_1		
C_H_C003AFNAME_2		
C_H_C003AFNAME_3		
C_H_C003AFNAME_4		
C_H_C003AFNAME_5		
C_H_C003AFNAME_6		
C_H_C003AFNAME_7		
C_H_C003AFNAME_8		
C_H_C003AFNAME_9		
C_H_C003AFNAME_10		

Please click on the gray "Answer questions" button, located next to the first sibling listed to provide more information about each of your siblings.

When all siblings have a green check mark _____, select "Next" to continue.

If you need to make additional corrections to a sibling that already has the check mark, just click on the check mark to make the change.

Siblings Not Living	Frequency of		Method of	
with You	Contact	per:	contact	

Auto Page Break

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Question: C019
How often do you have contact either in person or by phone, mail or e-mail with ?
Please enter 0 (zero) if you have no contact, and skip questions below.
riease enter o (zero) il you have no contact, and skip questions below.
of times
of diffes
Question: C020
Scale Summary
Code Label Show-If
1 Day
2 Week
4 Month
5 Year
6 Almost never
✓ O Day O Week O Month O Year O Almost never
Question: C021
Scale Summary
Code Label Show-If
1 In person visits
2 Talking on the phone
3 Email/text
7 Other
What is your primary mode of communication?
O In person visits
Talking on the phone
○ Email/text
O Other
Auto Page Break

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Questic	Question: C022			
Scale Summary				
Code Label Show-If				
1 Ye	'es			
5 N	lo			
/ Ha	ave you	given financial assistance totaling \$500 or more in the past 12 months to any of your siblings?		
Ple	ease inclu	ide money given to your sibling's spouse/partner or children.		
0	Yes			
0	No			
Page Brea	ak			

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Question: C023 Which of them was given such assistance?
Which of them was given such assistance?
Choose all that apply
Page Break

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Custom Layout Question: AMOUNTSTOSIBS				
ho Please answer the question(s) in the column to the right about each sibling.				
Amount				
Page Break				

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uestion: C025 Scale Summary				
Code Label Show-If				
L Yes 5 No				
Have you <u>received</u> financial assistance totaling \$500 or more in the past 12 months from any of your siblings?				
Please include money received from your sibling's spouse/partner or children.				
○ Yes				
○ No				
ge Break				

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Custom Layout Question: AMOUNTSFROMSIBS			
Please answer the question(s) in the column to the right about each sibling.			
Amount			
Page Break			

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Ques	Question: C028_RRELYSIBS								
Sca	Scale Summary								
Code	Label	Show-If							
1	Yes								
5	No								
/	If you were faced with a financial emergency would you be able to rely on any of your siblings for help?								
() Ye	es							
(O No)							
Page B	reak								

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uestion: C029_WSIBSRRELY ow if: (C028_RRELYSIBS = 1:[Yes])
Which ones?
Choose all that apply
☐ Other, not on list
e Break

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	tion: C030_M r if: (C_P_X01	MAALIVE 13AMAALIVE = 1:[YES])								
Sca	le Summary									
Code	Label Show-	1f								
1	Yes									
5	No									
/ N	low I ha	ve some questions about your parents.								
I	Is your mother still living?									
() Yes									
(O No									
Page Bi	reak									

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Sho	Question: C031_PAALIVE Show if: (C_P_X015APAALIVE = 1:[YES]) Scale Summary							
Cod	le Lab	el Show-If						
1	Yes							
5	No							
	Is y	our fat	ther still living?					
	0 '	res (
	0 1	Vo						
Page	Break							

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Question: C032_MAWHISIBASSTPN
☐ Me☐ All siblings equally☐ Other, not on list
□ No help needed □ None
Page Break

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Question: C033_MAWHISIBASSTFN
☐ Me ☐ All siblings equally ☐ Other, not on list ☐ No help needed ☐ None
Page Break

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Question: C034_PAWHISIBASSTPN
@ P P P P P P P P P P P P P P P P P P P
□ □ □ Me
☐ All siblings equally ☐ Other, not on list
☐ No help needed ☐ None
age Break

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Question: C035_PAWHISIBASSTFN
☐ Other, not on list ☐ No help needed ☐ None
Page Break

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Collection: SEC_E
Contains: E001_OPPORTUNITIES, E002_POSSIBILITIES, E003_LIFEAHEAD, E004_INFINITE, E005_LIMITEDTIME, E006_TIMEDOANYTHING, E007_TIMENEWPLANS, E008_TIMERUNOUT, E009_TIMELIMITED
Show if: (X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section E]) or (X_MAIN_TEST_SCREEN is-none-of [ALL] or [Section A] or [Section B] or [Section D] or [Section D] or [Section F] or [Section G] or [Section H] or [Section I] or [Section J] or [Section J] or [Section M] or [Section M]

Now you will read some statements about thoughts you might have about the future. Please respond to the statements by choosing a number from the scale below them that represents how much you agree with the statement.

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Quest	i on: E001_OP	PORTUN
	Scale Summa	iry
Code	Label	Show-If
1	Very Untrue	
	1	
2	2	
3	3	
4	4	
5	5	
6	6	
	Very	
	True	
	7	

Many opportunities await me in the future.

Very Untrue						Very True
1	2	3	4	5	6	7
0	0	0	0	0	0	0

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Quest	ion: E002_PO	SSIBILI
	Scale Summa	iry
Code	Label	Show-If
1	Very Untrue	
	1	
2	2	
3	3	
4	4	
5	5	
6	6	
	Very True 7	

My future is filled with possibilities.

Very Untrue						Very True
1	2	3	4	5	6	7
0	0	0	0	0	0	0

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Quest	Question: E003_LIFEAHEAD			
	Scale Summary			
Code	Label	Show-If		
1	Very Untrue			
	1			
2	2			
3	3			
4	4			
5	5			
6	6			
	Very True			
	7			

Most of my life lies ahead of me.

Very Untrue 1	2	3	4	5	6	Very True 7
0	0	0	0	0	0	0

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Quest	Question: E004_INFINITE			
	Scale Summary			
Code	Label	Show-If		
1	Very Untrue			
	1			
2	2			
3	3			
4	4			
5	5			
6	6			
	Very True 7			

My future seems infinite to me.

Very Untrue						Very True
1	2	3	4	5	6	7
0	0	0	0	0	0	0

Ques	uestion: E005_LIMITEDTIME					
	Scale Summary					
Code	Label	Show-If				
1	Very Untrue					
	1					
2	2					
3	3					
4	4					
5	5					
6	6					
	Very					
	True					
	7					

I have limited time left to live my life.

Very Untrue						Very True
1	2	3	4	5	6	7
0	0	0	0	0	0	0

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Quest	Question: E006_TIMEDOAN			
	Scale Summa	ry		
Code	Label	Show-If		
1	Very Untrue			
	1			
2	2			
3	3			
4	4			
5	5			
6	6			
	Very True 7			

I could do anything I want in the future.

Very Untrue						Very True
1	2	3	4	5	6	7
0	0	0	0	0	0	0

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Quest	uestion: E007_TIMENEWPLANS					
	Scale Summary					
Code	Label	Show-If				
1	Very Untrue					
	1					
2	2					
3	3					
4	4					
5	5					
6	6					
	Very					
	True					
	7					

There is plenty of time in my life to make new plans.

Very Untrue						Very True
1	2	3	4	5	6	7
0	0	0	0	0	0	0

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Question: E008_TIMERUNOUT					
	Scale Summary				
Code	Label	Show-If			
1	Very Untrue				
	1				
2	2				
3	3				
4	4				
5	5				
6	6				
	Very True 7				

✓ I have a sense that time is running out.

Very Untrue						Very True
1	2	3	4	5	6	7
0	0	0	0	0	0	0

Quest	Question: E009_TIMELIMITED					
	Scale Summa	ıry				
Code	Label	Show-If				
1	Very Untrue					
	1					
2	2					
3	3					
4	4					
5	5					
6	6					
	Very True					
	True					
	7					

As I get older, I begin to experience time as limited.

Very Untrue						Very True	
1	2	3	4	5	6	7	
0	0	0	0	0	0	0	

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Collection: SEC_F
Contains: F001_F010_MEDICOVERAGE, F011_MCAIDCOVER, F012_MEDCAREHMO, F013_PLANHELP, F014_ENROLPARTD, F015_AUTOENROLL, F016_OTHSOURCE, F017_TIMESEARCHPL, F018_SOURCEOFINF
Show if: (X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section F]) or (X_MAIN_TEST_SCREEN is-none-of [ALL] or [Section A] or [Section B] or [Section D] or [Section B] or

The next set of questions asks about prescription medications you may be taking

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Question: F019_1MEDSHEALTHPROBL Show if: (F_P_RANDOMORDER = 2)	
take prescription medications for any of the following common health problems:	
Please select all that apply.	
☐ To help lower cholesterol	
☐ To reduce hypertension or high blood pressure	
☐ To keep my heart beating right or in rhythm	
☐ For stomach problems	
☐ For diabetes or high blood sugar	
☐ For asthma, allergies, or other breathing problems	
☐ To help relieve anxiety or depression	
☐ For osteoarthritis or joint pain	
☐ For erectile dysfunction or to improve sexual performance	
☐ To help you sleep	
☐ Other, please specify	
☐ None of the above	

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Que	stion: F001_1	LNUMMED
_	Scale Summ	
II——		Show-If
0	None	
1	One	
2	Two	
3	Three	
4	Four	
5 6	Five Six or more	
_		
Ø	How mar	ny diff
	○ None	
	O One	
	O Two	
	O Three	
	O Four	
	O Five	
	O Six or	more
	_	more
Page F	Break	

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Collection: F002_TEXTBOX Contains: F002_1_NAMEMEDSTEXT, F007_1_HOWLONG, F002_2_NAMEMEDSTEXT, F007_2_HOWLONG, F002_3_NAMEMEDSTEXT, F007_3_HOWLONG, F002_4_NAMEMEDSTEXT, F007_4_HOWLONG, F002_5_NAMEMEDSTEXT, F007_5_HOWLONG Show if: (F_P_RANDOMINPUT = 1) or (CA_JAVASCRIPT_ON \(\neq 1 \)) or (CA_BROWSER_CHECK \(\neq 1 \))
Question: F002_1_NAMEMEDSTEXT Show if: (F001_1NUMMEDS >= 1:[One])
Please enter the name of the first prescription medication you are currently taking.
Page Break

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	Duestion: F007_1_HOWLONG Show if: (F002_1_NAMEMEDSTEXT was-answered)						
	Scale Summary	У					
Code	Label	Show-If					
1	I just started						
2	1-5 months						
3	6-12 months						
4	1-2 years						
5	3-5 years						
6	More than 5 years						

About how long have you been taking this medication?

\circ	Ι	just	started	l
\circ		just	Startet	4

- O 1-5 months
- O 6-12 months
- O 1-2 years
- \bigcirc 3-5 years
- More than 5 years

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Question: F002_2_NAMEMEDSTEXT Show if: (F001_1NUMMEDS >= 2:[Two])							
Please enter the name of the second prescription medication you are currently taking.							
Page Break							

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	ion: F007_2_HOW if: (F002_2_NAME	
	Scale Summary	,
Code L	Label	Show-If
1 I	I just started	
2 1	1-5 months	
3 6	6-12 months	
4 1	1-2 years	
5 3	3-5 years	
6 1	More than 5 years	

About how long have you been taking this medication?

\circ	Ι	just	started	l
\circ		just	Startet	4

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- \bigcirc More than 5 years

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Question: F002_3_NAMEMEDSTEXT Show if: (F001_1NUMMEDS >= 3:[Three])						
Please enter the name of the third prescription medication you are currently taking.						
Page Break						

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	Question: F007_3_HOWLONG Show if: (F002_3_NAMEMEDSTEXT was-answered)								
	Scale Summary	/							
Coc	e Label	Show-If							
1	I just started								
2	1-5 months								
3	6-12 months								
4	1-2 years								
5	3-5 years								
6	More than 5 years								
	About how long have you been taking this medication?								

- I just started○ 1-5 months
- O 6-12 months
- \bigcirc 1-2 years
- O 3-5 years
- O More than 5 years

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Question: F002_4_NAMEMEDSTEXT Show if: (F001_1NUMMEDS >= 4:[Four])	
Please enter the name of the fourth prescription medication you are current	ly taking.
Page Break	

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Question: F007_4_HOWLONG Show if: (F002 4 NAMEMEDSTEX			
	Scale Summar		
Code	Label	Show-If	
1	I just started		
2	1-5 months		
3	6-12 months		
4	1-2 years		
5	3-5 years		
6	More than 5 years		
	About how lo		

About how long have you been taking this medication?

0	Ι	just	started
---	---	------	---------

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- More than 5 years

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Question: F002_5_NAMEMEDSTEXT Show if: (F001_1NUMMEDS >= 5:[Five])	
Please enter the name of the fifth prescription medication you are currently	taking.
Page Break	

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	tion: F007_5_HOW r if: (F002_5_NAME				
	Scale Summary	<i>'</i>			
Code	Label	Show-If			
1	I just started				
2	1-5 months				
3	6-12 months				
4	1-2 years				
5	3-5 years				
6	More than 5 years				
About how long have you been taking this medication?					

About how long have you been taking this medication

\circ	Ι	just	sta	rted
---------	---	------	-----	------

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- O More than 5 years

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Collection: F003_DROPBOX
Contains: F004_1_NAMEOTHER, F020_DIFFDROP, F023_DIFFDROPSPECIFY, F008_1_HOWLONG, F003_DROPREST
Show if: (F_P_RANDOMINPUT = 2) and (CA_JAVASCRIPT_ON = 1) and (CA_BROWSER_CHECK = 1)

Please use the drop-down list below to select the first prescription medication you are currently taking.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.

Select one	V
Page Break	

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Question: F004_1_NAMEOTHER Show if: (F_H_F003_11_STORAGE = 11355)	
You have selected "Other drug not listed above". Please enter the name of	this drug.
Page Break	

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	tion: F020_DIFFDROP	1)		
Silov	Scale Summary	-17		
Code	Label	Show-If	now-If	
1	Yes			
5	No, I didn't have any problems			
<i>/</i>	Did you have any tecl	nnical	nical difficulties in providing the n	ame of the prescription drug?
	O Yes			
(No, I didn't have ar	v prob	problems	
	O 110, 2 a.a c 11a c a.	., p. 02	p. 65.66	
Ques	tion: F023 DIFFDROPSPECIFY			
Shov	• if: (F001_1NUMMEDS > 1:[One	e])		
/ 1	f yes, please tell us i	nore a	ore about the problem you experi	enced:
J.				
· you	did have difficulty using	ng the	the list, we'll have you enter the ren	naining drug(s) using a simple text box.
age B	reak			

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Question: F008_1_HOWLONG Show if: (F_H_F003_11_STORAGE				
	Scale Summar	y		
Code	Label	Show-If		
1	I just started			
2	1-5 months			
3	6-12 months			
4	1-2 years			
5	3-5 years			
6	More than 5 years			

About how long have you been taking this medication?

0:	[iu	ıst	sta	rte	d
----	------	-----	-----	-----	---

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- More than 5 years

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Collection: F003_DROPREST
Contains: F004_2_NAMEOTHER, F008_2_HOWLONG, F004_3_NAMEOTHER, F008_3_HOWLONG, F004_4_NAMEOTHER, F008_4_HOWLONG, F004_5_NAMEOTHER, F008_5_HOWLONG
Show if: (F020_DIFFDROP \$ 1:[Yes])

Please use the drop-down list below to select the second prescription medication you are currently taking.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.

Page Break		

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Question: F004_2_NAMEOTHER Show if: (F_H_F003_12_STORAGE = 11355)	
You have selected "Other drug not listed above". Please enter the name of t	his drug.
Page Break	

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	stion: F008_2_HOW w if: (F_H_F003_12					٩GI	١GI	١G	١G١	GI	GE	GE	GE	ЗE	ЗE	ЗE	ЗE	GE	GI	GE	ЗE	ЗE	ŝΕ	ŝΕ	ŝΕ	= -	= 1	= 1	E	E	E	= -	= -	E	E	ŝΕ	Ε	iΕ	iΕ	ŝΕ	ŝΕ	ŝΕ	ŝΕ	GE	3E	ЗE	ЗE	GE	GI	GI	GE	GE	ЗE	ЗE	ЗE	GE	GE	GE	ЗE	ŝΕ	ŝΕ	E	E	E	= -	٧	w	va	as-	-an	ารเ	we	ere	ed))																																
	Scale Summar	у																																																																																																									
Cod	e Label	Show-If	-If	-If	-If	Ιf	Ιf	Ιf	Ιf	f	f	f	F					F	f	F																								f				1	f	f	f	1				-	F	-																																																	
1	I just started																																																																																																										
2	1-5 months																																																																																																										
3	6-12 months																																												1																																																														
4	1-2 years																																																																																																										
5	3-5 years																																												1																																																														
6	More than 5 years																																																																																																										
-	A b a b a l a		<u> </u>			_	_	_	_	_										_				_			_	_																			_	_																									_		_	_	_	 	_	41.	 	 	 			 	_												_	_	_	_	_				

About how long have you been taking this medication?

- O I just started
- O 1-5 months
- O 6-12 months
- \bigcirc 1-2 years
- O 3-5 years
- O More than 5 years

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Please use the drop-down list below to select the third prescription medication you are currently taking.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.

Page Break

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Question: F004_3_NAMEOTHER Show if: (F_H_F003_13_STORAGE = 11355)	
You have selected "Other drug not listed above". Please enter the name of t	his drug.
Page Break	

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	stion: F008_3_HOW w if: (F_H_F003_13	
	Scale Summary	У
Cod	e Label	Show-If
1	I just started	
2	1-5 months	
3	6-12 months	
4	1-2 years	
5	3-5 years	
6	More than 5 years	

About how long have you been taking this medication?

- O I just started
- O 1-5 months
- O 6-12 months
- \bigcirc 1-2 years
- O 3-5 years
- O More than 5 years

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Please use the drop-down list below to select the fourth prescription medication you are currently taking.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.

Page Break

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Question: F004_4_NAMEOTHER Show if: (F_H_F003_14_STORAGE = 11355)	
You have selected "Other drug not listed above". Please enter the name of	this drug.
Page Break	

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Show if: (F_H_F003_14_STORA
Scale Summary
Code Label Show-I
1 I just started
2 1-5 months
3 6-12 months
4 1-2 years
5 3-5 years
6 More than 5 years

About how long have you been taking this medication?

0:	[iu	ıst	sta	rte	d
----	------	-----	-----	-----	---

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- O More than 5 years

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Please use the drop-down list below to select the fifth prescription medication you are currently taking.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.

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Question: F004_5_NAMEOTHER Show if: (F_H_F003_15_STORAGE = 11355)	
You have selected "Other drug not listed above". Please enter the name of the	is drug.
Page Break	

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	stion: F008_5_HOW w if: (F_H_F003_15	
	Scale Summar	у
Cod	e Label	Show-If
1	I just started	
2	1-5 months	
3	6-12 months	
4	1-2 years	
5	3-5 years	
6	More than 5 years	
	About how lo	na ha

About how long have you been taking this medication?

0	Ιj	ust	sta	rted
---	----	-----	-----	------

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- \bigcirc More than 5 years

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Collection: F005_JAVASCRIPT
Contains: F006_1_NAMEOTHER, F021_DIFFJAVA, F024_DIFFJAVASPECIFY, F009_1_HOWLONG, F005_JAVAREST
Show if: (F_P_RANDOMINPUT = 3) and (CA_JAVASCRIPT_ON = 1) and (CA_BROWSER_CHECK = 1)

Please type in the first few letters of the first prescription medication you are currently taking. Then select the drug from the list that appears.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.

Page Break

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Question: F006_1_NAMEOTHER Show if: (F_H_F005_11_STORAGE = 11355)	
You have selected "Other drug not listed above". Please enter the name of	this drug.
	_
Page Break	

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Show if: (F001_1NUMMEDS > 1:[One]) Scale Summary Code Label Show-If 1 Yes 5 No, I didn't have any problems Did you have any technical difficulties in providing the name of the prescription drug? Yes No, I didn't have any problems Question: F024_DIFFJAVASPECIFY Show if: (F001_1NUMMEDS > 1:[One]) If yes, please tell us more about the problem you experienced:	Question: F02		- 1)
Code Label Show-If 1 Yes 5 No, I didn't have any problems Did you have any technical difficulties in providing the name of the prescription drug? O Yes O No, I didn't have any problems Question: F024_DIFFJAVASPECIFY Show if: (F001_INUMMEDS > 1:[One])	Snow IT: (FUU		2])
No, I didn't have any problems Did you have any technical difficulties in providing the name of the prescription drug? Yes No, I didn't have any problems Question: F024_DIFFJAVASPECIFY Show if: (F001_INUMMEDS > 1:[One])	Code Label	,	Show-If
Did you have any technical difficulties in providing the name of the prescription drug? Yes No, I didn't have any problems Question: F024_DIFFJAVASPECIFY Show if: (F001_INUMMEDS > 1:[One])	1 Yes		
○ Yes ○ No, I didn't have any problems Puestion: F024_DIFFJAVASPECIFY (how if: (F001_1NUMMEDS > 1:[One])	No, I di	dn't have any problems	
No, I didn't have any problems Question: F024_DIFFJAVASPECIFY whow if: (F001_1NUMMEDS > 1:[One])	Did yo	u have any tec	hnical
Question: F024_DIFFJAVASPECIFY Show if: (F001_1NUMMEDS > 1:[One])	O Yes		
Question: F024_DIFFJAVASPECIFY Show if: (F001_1NUMMEDS > 1:[One])	O No	. I didn't have ar	nv prob
Show if: (F001_1NUMMEDS > 1:[One])			, ,
If yes, please tell us more about the problem you experienced:	how if: (F00	1_1NUMMEDS > 1:[One	e])
	🥖 If yes,	please tell us	more a
	Show if: (F00	1_1NUMMEDS > 1:[One	
	age Break		

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	ion: F009_1_HOW if: (F_H_F005_11	
	Scale Summary	У
Code	Label	Show-If
1	I just started	
2	1-5 months	
3	6-12 months	
4	1-2 years	
5	3-5 years	
6	More than 5 years	

About how long have you been taking this medication?

\circ	Ι	just	sta	rted
---------	---	------	-----	------

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- More than 5 years

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Collection: F005_JAVAREST
Contains: F006_2_NAMEOTHER, F009_2_HOWLONG, F006_3_NAMEOTHER, F009_3_HOWLONG, F006_4_NAMEOTHER, F009_4_HOWLONG, F006_5_NAMEOTHER, F009_5_HOWLONG
Show if: (F021_DIFFJAVA # 1:[Yes])

Please type in the first few letters of the second prescription medication you are currently taking. Then select the drug from the list that appears.

the drug from the list that appears.	
If the drug you are taking is not on the list, please selectist.	t "Other drug not listed above" from the bottom of the
Page Break	

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Question: F006_2_NAMEOTHER Show if: (F_H_F005_12_STORAGE = 11355)							
You have selected "Other drug not listed above". Please enter the name of t	this drug.						
Page Break							

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	tion: F009_2_HOW v if: (F_H_F005_12	
	Scale Summar	У
Code	Label	Show-If
1	I just started	
2	1-5 months	
3	6-12 months	
4	1-2 years	
5	3-5 years	
6	More than 5 years	

About how long have you been taking this medication?

0:	[iu	ıst	sta	rte	d
----	------	-----	-----	-----	---

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- More than 5 years

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Please type in the first few letters of the third prescription medication you are currently taking. Then select the drug from the list that appears.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.

Page Break

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Question: F006_3_NAMEOTHER Show if: (F_H_F005_13_STORAGE = 11355)	
You have selected "Other drug not listed above". Please enter the name of	this drug.
Page Break	

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	Question: F009_3_HOWLONG Show if: (F_H_F005_13_STORAGE was-answered)														
	Scale Summar	У													
Cod	e Label	Show-If	-If												
1	I just started														
2	1-5 months														
3	6-12 months														
4	1-2 years														
5	3-5 years														
6	More than 5 years														
_	A b a b a l a	b				A - 1-1-			 						

About how long have you been taking this medication?

- O I just started
- O 1-5 months
- O 6-12 months
- \bigcirc 1-2 years
- O 3-5 years
- O More than 5 years

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Please type in the first few letters of the fourth prescription medication you are currently taking. Then select the drug from the list that appears.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.

Page Break

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Question: F006_4_NAMEOTHER Show if: (F_H_F005_14_STORAGE = 11355)							
hoYou have selected "Other drug not listed above". Please enter the name of	this drug.						
Page Break							

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	tion: F009_4_HOW v if: (F_H_F005_14	
	Scale Summar	У
Code	Label	Show-If
1	I just started	
2	1-5 months	
3	6-12 months	
4	1-2 years	
5	3-5 years	
6	More than 5 years	

About how long have you been taking this medication?

0:	[iu	ıst	sta	rte	d
----	------	-----	-----	-----	---

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- More than 5 years

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Please type in the first few letters of the fifth prescription medication you are currently taking. Then select the drug from the list that appears.

If the drug you are taking is not on the list, please select "Other drug not listed above" from the bottom of the list.

Page Break

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Question: F006_5_NAMEOTHER Show if: (F_H_F005_15_STORAGE = 11355)							
$ olimits_{-\!$	his drug.						
Page Break							

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	stion: F009_5_HOW w if: (F_H_F005_15	
	Scale Summary	
Code	Label	Show-If
1	I just started	
2	1-5 months	
3	6-12 months	
4	1-2 years	
5	3-5 years	
6	More than 5 years	

About how long have you been taking this medication?

0	Ι	just	sta	rted
---	---	------	-----	------

- O 1-5 months
- O 6-12 months
- \bigcirc 1-2 years
- O 3-5 years
- O More than 5 years

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Collection: F022_TEXTBOX Contains: F022_2_NAMEMEDSTEXT, F027_2_HOWLONG, F022_3_NAMEMEDSTEXT, F027_3_HOWLONG, F022_4_NAMEMEDSTEXT, F027_4_HOWLONG, F022_5_NAMEMEDSTEXT, F027_5_HOWLONG F022_5_NAMEMEDSTEXT, F027_5_HOWLONG Show if: (F020_DIFFDROP = 1:[Yes]) or (F021_DIFFJAVA = 1:[Yes])
Question: F022_2_NAMEMEDSTEXT Show if: (F001_1NUMMEDS >= 2:[Two])
Please enter the name of the second prescription medication you are currently taking.
Page Break

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	stion: F027_2_HOW w if: (F022_2_NAME		XT was-answer	red)								
	Scale Summar	у										
Cod	e Label	Show-If										
1	I just started											
2	1-5 months											
3	6-12 months											
4	1-2 years											
5	3-5 years											
6	More than 5 years	1										
	About how le	na ha	ave vou b	oon taki	na thic	s medi	ication	2				

About how long have you been taking this medication?

0:	[iu	ıst	sta	rte	d
----	------	-----	-----	-----	---

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- O More than 5 years

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Question: F022_3_NAMEMEDSTEXT Show if: (F001_1NUMMEDS >= 3:[Three])	
Please enter the name of the third prescription medication you are currently	y taking.
Page Break	

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1EDSTEX
Show-If

\circ	Ι	just	started	l
\circ		just	Startet	4

- O 1-5 months
- O 6-12 months
- \bigcirc 1-2 years
- \bigcirc 3-5 years
- O More than 5 years

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Question: F022_4_NAMEMEDSTEXT Show if: (F001_1NUMMEDS >= 4:[Four])	
Please enter the name of the fourth prescription medication you are current	ly taking.
Page Break	

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1 I just started 2 1-5 months
2 1-5 months
3 6-12 months
4 1-2 years
5 3-5 years
6 More than 5 years

About how long have you been taking this medication?

- O I just started
- O 1-5 months
- O 6-12 months
- \bigcirc 1-2 years
- O 3-5 years
- O More than 5 years

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Question: F022_5_NAMEMEDSTEXT Show if: (F001_1NUMMEDS >= 5:[Five])	
Please enter the name of the fifth prescription medication you are currently	taking.
Page Break	

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	stion: F027_5_HOV w if: (F022 5 NAMI	
	Scale Summar	
Code	e Label	Show-If
1	I just started	
2	1-5 months	
3	6-12 months	
4	1-2 years	
5	3-5 years	
6	More than 5 years	3
0	About bow k	b-

About how long have you been taking this medication?

\circ	Ι	just	started	l
\circ		just	Startet	4

- O 1-5 months
- O 6-12 months
- O 1-2 years
- O 3-5 years
- O More than 5 years

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Question: F019_2MEDSHEALTHPROBL Show if: (F_P_RANDOMORDER = 1)				
take prescription medications for any of the following common health problems:				
Please select all that apply.				
 □ To help lower cholesterol □ To reduce hypertension or high blood pressure □ To keep my heart beating right or in rhythm □ For stomach problems □ For diabetes or high blood sugar 				
☐ For asthma, allergies, or other breathing problems ☐ To help relieve anxiety or depression ☐ For osteoarthritis or joint pain ☐ For erectile dysfunction or to improve sexual performance ☐ To help you sleep ☐ Other, please specify ☐ None of the above				
Page Break				

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The next questions are about health insurance, both public and private. Medicare is a public health insurance
program for people 65 or older and for disabled persons. Medicaid is a public health insurance program for
people with low incomes.

Page Break

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		EDICOVERAGE MEDICARECOV	≠ 1) or (Z_C_RS_AGE < 67)	
	Scale Sun	nmary		
Code	Label	Show-If		
1	Yes			
3	Assigned Yes	Never Shown		
5	No			
/ A	ie you c	urrently C	overed by <u>Medicare</u> health insurance	er
) Yes			
	Assigne	ed Yes		
) No			
age Br	eak			

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	tion: F011_M0 / if: (F010_ME	CAIDCOVER DICOVERAGE # 1:[Yes]) or (F010_MEDICOVERAGE # 3:[Assigned Yes])
Sca	le Summary	
Code	Label Show-I	
1	Yes	
5	No	
Ø	Are you cı	urrently covered by <u>Medicaid</u> ?
(⊃ Yes	
(ON C	
Page B	reak	

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S	how	if: (FC		DCAREHMO DICOVERAGE = 1:[Yes]) or (F010_MEDICOVERAGE = 3:[Assigned Yes]) or (F011_MCAIDCOVER = 1:[Yes])
C	ode	Label	Show-If	
1		Yes		
5		No		
6	∕ V	Ve a	re int	erested in how your
) Ye	:S	
) No)	
Pag	ge Br	eak		

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Show	v if: ((F013_PLA F010_ME mmary	ANHELP EDICOVERAGE = 1:[Yes]) or (F010_MEDICOVERAGE = 3:[Assigned Yes]) or (F011_MCAIDCOVER = 1:[Yes])) and (F012_MEDCAREHMO \neq 5:[No])
Code	Label	Show-If	
1	Yes		
5	No		
<i>[</i>]	Does	this	plan cover or provide help with paying for regular prescription drugs?
(O Ye	es	
(O N	0	
Page B	reak		

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Shov	v if: (F		ROLPARTD NHELP # 1:[Yes]) and (F010_MEDICOVERAGE is-any-of 1:[Yes] or 3:[Assigned Yes])
Code	Labe	Show-If	
1	Yes		
5	No		
/	Part prov	D of Noider.	Medicare provides coverage for prescription drugs, usually through a private insurance Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?
	O Y	es	
	O N	lo	
Page E	Break		

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	Scale Summary		
de L	Label	Show-If	
(Chose plan myself		
	Someone else chose		
3 E	Enrolled automatically		
	Other		
	id you choose utomatically?	•	
au		vself	
С) Chose plan m	•	
C) Chose plan m) Someone else	chose	
C	Chose plan m Someone else	chose	

Page Break

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S	how	if: (F	014_ENR	DTHSOURCE NROLPARTD ≠ 1:[Yes])	
ш			nmary		
(Code	Label	Show-If	-If	
	L	Yes			
5	5	No			
4	/ D	o y	ou hav	ave prescription drug coverage from source?	
) Ye	es		
	Ċ) N	0		
Pa	ge Br	eak			

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	ion: F017_		
	ir: (F014_E cale Summ		$RTD = 1:[Yes]) \text{ or } (F013_PLANHELP = 1:[Yes]) \text{ or } (F016_OTHSOURCE \neq 1:[Yes])$
Code		Show-If	
1	A lot		
2	Some		
3	A little		
4	None at all		
_// H	low mu	ch tim	ne would you say you have spent looking at ?
	O A lot		
) Some		
) A little	9	
	None	at all	
age Bı	eak		

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Question: F018_SOURCEOFINF
What sources of information, if any, did you use to assist you in answering these questions about your prescription medication and health insurance coverage for prescription medications?
Please select all that apply.
☐ Labels on the pill bottles or other container ☐ Prescriptions from doctor or pharmacy ☐ List of medications provided by pharmacy ☐ Insurance records ☐ Social Security statements ☐ I asked someone else ☐ Other sources (please specify) ☐ I did not use any sources of information
Page Break

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	on: SEC_		
			IORY, G002_RATETNKSPEED, SEC_G_WORD_RECALL, SEC_G_VERBAL_ANALOGIES, SEC_G_NUMBER_SERIES, SEC_G_SERIES_7,
Show if		N_TEST_	NING SCREEN is-any-of [ALL] or [Section G]) or (X_MAIN_TEST_SCREEN is-none-of [ALL] or [Section A] or [Section B] or [Section C] or [Section D] or or [Section G] or [Section H] or [Section I] or [Section J] or [Section K] or [Section M] or [Section N])
Questi	on: G001	RATEME	MORY
Sca	ale Sumn	nary	
Code L	.abel	Show-If	
1 E	xcellent		
2 V	ery good		
3 0	Good		
4 F	air		
5 P	oor		
			udy is concerned with people's memory, and ability to think about things.
0	Excel	lent	
0	Very	good	
Õ	_ ′.	_	
_	Fair		
O	Poor		
Page Bre	ak		

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Oues	ion: G002	RATETN
_	cale Sumn	
Code	Label	Show-If
1	Excellent	
2	Very good	
	Good	
	Fair	
5	Poor	
// H	low wo	uld yo
() Excel	lent
	Very	
	Good	
) Fair	
(Poor	
Page Bi	eak	

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Collection: SEC_G_WORD_RECALL
Contains: G100_SOUND_TEST, WR_READ_WORDS_1, WR_READ_WORDS_2
Show if: ((G_P_COGGROUP = 1) or (G_P_COGGROUP = 2)) and (CA_JAVASCRIPT_ON = 1)

Que	Question: G100_SOUND_TEST		
Scale Summary			
Code Label Show		Show-If	
1	Yes, I can hear the person speaking, please continue		
5	I am unable to hear the person speaking, please take me to the next section		

For this next set of items, you will need to have your computer sound turned on. Please check that your speakers are turned on and that the volume is set so that you can hear it. Click the "Play" button below to test the sound.



If you can hear the person speaking, please select the first option below to continue.

If you cannot hear the person speaking (after adjusting the volume), please select the second option below to go to the next section.

- \bigcirc Yes, I can hear the person speaking, please continue
- $\ensuremath{\bigcirc}$ I am unable to hear the person speaking, please take me to the next section

Page Break

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Please press the "Play" button to hear the rest of the instructions for this task.

► Play			
Page Break			

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Collection: WR_READ_WORDS_1
Contains: G103_WR_SELECTION_RESPONSE1
Show if: (G100_SOUND_TEST = 1:[Yes, I can hear the person speaking, please continue]) and (G_P_WRRANDOMWORDLIST = 1)

Please press "Play" and listen to the words as they are read to you, then click "Next" to continue.



User note: Word list 1 included the following items, presented in this order. These words were read aloud to the respondent, they did not appear on the screen

HOTEL RIVER TREE SKIN GOLD MARKET PAPER CHILD KING BOOK

Page Break

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Question: G103_WR_SELECTION_RESPONSE1
Please select the words you heard.
☐ KING ☐ DOLLAR
☐ MACHINE ☐ GOLD
□ OCEAN □ MARKET
☐ HOTEL ☐ COLLEGE
☐ FLAG ☐ SKY
☐ HOME ☐ TREE
□ BOOK □ WIFE
☐ EARTH ☐ SKIN
☐ CHILD ☐ RIVER
□ PAPER □ BUTTER
Page Break

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Collection: WR_READ_WORDS_2
Contains: G105_WR_SELECTION_RESPONSE2
Show if: (G100_SOUND_TEST = 1:[Yes, I can hear the person speaking, please continue]) and (G_P_WRRANDOMWORDLIST = 2)

Please press "Play" and listen to the words as they are read to you, then click "Next" to continue.



User note: Word list 2 included the following items, presented in this order. These words were read aloud to the respondent, they did not appear on the screen

SKY
OCEAN
FLAG
DOLLAR
WIFE
MACHINE
HOME
EARTH
COLLEGE
BUTTER
Page Break

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Question: G105_WR_SELECTION_RESPONSE2		
Please select	the words you heard.	
☐ ROCK ☐ SKY ☐ BLOOD ☐ GIRL ☐ BUTTER ☐ HOUSE ☐ EARTH ☐	CORNER WIFE MACHINE VALLEY WOMAN FLAG SHOES DOLLAR OCEAN ENGINE	
Page Break		

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User note: The verbal analogies test that follows is modeled after the Woodcock-Johnson Revised (WJ-R) tests (Woodcock, 1990) and is described in the HRS user guide at this link: http://hrsonline.isr.umich.edu/sitedocs/userg/dr-027b.pdf

Woodcock, R. W. (1990). Theoretical foundations of the WJ-R measures of cognitive ability. Journal of Psychoeducational Assessment, 8(3), 231-258.

Collection: SEC_G_VERBAL_ANALOGIES

Contains: G200_VEEXAMP1, VEA3, VEA1, VEA2, VEA4, VEA5, VEB3, VEB1, VEB2, VEB4, VEB5 Show if: (G_P_COGGROUP = 1)

In this next task, you will see several words on each screen, followed by a blank box. Please type the word that best completes the phrase. You may enter answers in uppercase or lowercase.

For example, please type the word that best completes the phrase:

Question: G200_VEEXAMP1				
 Mother is to Daughter as Father is to _				
	_			
Dago Brook				
Page Break				

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Mother is to Daughter as Father is to <u>son</u>	
The correct answer is <u>son</u> .	
Page Break	

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Instructions:

Page Break

- You will now be asked to complete six more phrases like the example you just saw.
- Please enter the word that best completes each phrase.

If you are ready to begin, please click "Next."

- Some of the problems may be easy, but others may be hard. Just do the best you can.
- It is more important to answer the item correctly than it is to answer quickly, so take a little time to think before answering.
- In a few cases, more than one word could be correct. If your answer is one of the correct answers, you will receive credit.
- You can go on to the next item at any time by clicking "Next."

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Collection: VEA3 Contains: G203_VEASET3ITEM1, G204_VEASET3ITEM2, G205_VEASET3ITEM3 Show if: (G_P_X526 = 2)	
Please type the word that best completes the phrase.	
Question: G203_VEASET3ITEM1	
Night is to Dark as Day is to _	
_	

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Question: G204_VEASET3ITEM2		
✓ Tomato is to Carrot as Red is to	to _	
Page Break		

Please type the word that best completes the phrase.

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Question: G205_VEASET3ITEM3		
$ ightharpoonup$ Two is to Duet as Three is to $_$		

Please type the word that best completes the phrase.

Page Break

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G_C_VEASCORE1:

Page Break

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Please type the word that best completes the phrase.	
riease type the word that best completes the phrase.	
Question: G206_VEASET1ITEM1	
/ Cat is to Kittens as Dog is to _	
Page Break	

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Question: G207_VEASET1ITEM2	
✓ Sky is to Blue as Tree is to _	
Page Break	

Please type the word that best completes the phrase.

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Please type the word that best compl	etes the phrase.		
Question: G208_VEASET1ITEM3			
Son is to Father as Daughter i	is to _		
Page Break		 	

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Collection: VEA2 Contains: G209_VEASET2ITEM1, G210_VEASET2ITEM2, G211_VEASET2ITEM3 Show if: (G_P_X526 = 2) and (G_C_VEASCORE1 = 1)	
Please type the word that best completes the phrase.	
Question: G209_VEASET2ITEM1	
☑/ Lion is to Den as Bird is to _	
Page Break	

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Please type the word that best comp	pletes the phrase.		
Question: G210_VEASET2ITEM2			
☑ Bird is to Feather as Sheep i	s to _		
Page Break		 	

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Please type the word that best completes the phrase.

Page Break

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Collection: VEA4 Contains: G212_VEASET4ITEM1, G213_VEASET4ITEM2, G214_VEASET4ITEM3 Show if: (G_P_X526 = 2) and (G_C_VEASCORE1 = 2)
Please type the word that best completes the phrase.
Question: G212_VEASET4ITEM1
☑ Lion is to Kangaroo as Africa is to _
Page Break

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Question: G213_VEASET4ITEM2	
Doctor is to Veterinarian as Person is to _	
Page Break	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Please type the word that best completes the phrase.

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Question: G214_VEASET4ITEM3			
✓ Walnut is to Corn as Shell is to	o _		
<u> </u>			
Page Break			

Please type the word that best completes the phrase.

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Collection: VEA5 Contains: G215_VEASET5ITEM1, G216_VEASET5ITEM2, G217_VEASET5ITEM3 Show if: (G_P_X526 = 2) and (G_C_VEASCORE1 = 3)	
Please type the word that best completes the phrase.	
Question: G215_VEASET5ITEM1	
<u> </u>	
Page Break	

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Please type the word that best comple	es the phrase.		
Question: G216_VEASET5ITEM2			
Switch is to Dark as Doorknob	is to _		
Page Break		 	

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Question: G217_VEASET5ITEM3	$\neg$
	Ξ
Page Break	

HRS Internet Survey Page 218 of 433

Collection: VEB3 Contains: G218_VEBSET3ITEM1, G219_VEBSET3ITEM2, G220_VEBSET3ITEM3 Show if: (G_P_X526 = 1)
Please type the word that best completes the phrase.
Question: G218_VEBSET3ITEM1
☑ Spring is to Winter as Fall is to _
Page Break

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Question: G219_VEBSET3ITEM2	
Ear is to Two as Finger is to _	
Page Break	

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Please type the word that best comple	etes the phrase.		
Question: G220_VEBSET3ITEM3			
Sentence is to Equation as Wo	ord is to _		
Page Break		 	

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G_C_VEBSCORE3:

Page Break

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Collection: VEB1 Contains: G221_VEBSET1ITEM1, G222_VEBSET1ITEM2, G223_VEBSET1ITEM3 Show if: (G_P_X526 = 1) and (G_C_VEBSCORE1 = 0)
Please type the word that best completes the phrase.
Question: G221_VEBSET1ITEM1
Dad is to Man as Mom is to _
Page Break

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Please type the word that best com	pletes the phrase.		
Question: G222_VEBSET1ITEM2			
Grandmother is to Mother a	Grandfather is to _		
Page Break		 	

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uestion: G223_VEBSET1ITEM3		
Dog is to Bark as Bird is to _		
] '3		

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Please type the word that best completes the phrase.	Collection: VEB2 Contains: G224_VEBSET2ITEM1, G225_VEBSET2ITEM2, Show if: (G_P_X526 = 1) and (G_C_VEBSCORE1 = 1)	, G226_VEBSET2ITEM3
	Please type the word that best complete	s the phrase.
Question: G224_VEBSET2ITEM1	Question: G224_VEBSET2ITEM1	
Man is to Men as Woman is to_	Man is to Men as Woman is to_	
Page Break	Page Break	

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Question: G225_VEBSET2ITEM2	
Summer is to Winter as Heat is	s to _
Page Break	

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Question: G226_VEBSET2ITEM3		
Milk is to Egg as Cow is to _		,
Page Break		

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Collection: VEB4 Contains: G227_VEBSET4ITEM1, G228_VEBSET4ITEM2, G229_VEBSET4ITEM3 Show if: (G_P_X526 = 1) and (G_C_VEBSCORE1 = 2)
Please type the word that best completes the phrase.
Question: G227_VEBSET4ITEM1
☑ Egg is to Yolk as Cherry is to _
Page Break

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Please type the word that best comp	letes the phrase.		
Question: G228_VEBSET4ITEM2			
Shampoo is to Toothpaste as	Hair is to _		
Page Break		 	

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Question: G229_VEBSET4ITEM3	
Page Break	

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Collection: VEB5 Contains: G230_VEBSET5ITEM1, G231_VEBSET5ITEM2, G232_VEBSET5ITEM3 Show if: (G_P_X526 = 1) and (G_C_VEBSCORE1 = 3)
Please type the word that best completes the phrase.
Question: G230_VEBSET5ITEM1
Page Break

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Question: G231_VEBSET5ITEM2		
Challenger is to Champion as Ent	trant is to _	
Page Break		

HRS Internet Survey Page 233 of 433

Question: G232_VEBSET5ITEM3		
✓ Picture is to Field as Frame is	to _	
	_	
Page Break		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 

TEST SCREEN

G_C_VEAScore1:
G_C_VEAScore2:
G_C_VEBScore1:
G_C_VEBScore2:

Page Break

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HRS Internet Survey

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Collection: SEC G NUMBER SERIES	
Contains: COLLECTION_1, COLLECTION_2	
Show if: (G_P_COGGROUP = 2)	

Custom Layout Question: G300_NSEXAMPLE1



In this task, on each screen you will be presented with several numbers that make up a series. There will be one or more empty boxes somewhere in the series. Sometimes the empty boxes will be at the end of the series, and sometimes they will be in the middle.

For example:

Please enter the number that belongs in the empty box.

1 2 4

Page Break

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The answer we were looking for is 3, so the completed sequence is:

	l -	0	1 7
	•	•	•

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Custom Layout Question: G302_NSEXAMPLE2
Below is another example.
Please enter the number that belongs in the empty box.
2 4 6
Page Break

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The answer we were looking for is 8 because the numbers (2, 4, 6, 8) increase by 2. The completed sequence is:

2 4 6 8

Page Break

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Instructions:

- Please enter the number that belongs in each empty box.
- An empty box could be at the end of a series or it could be in the middle.
- You may be asked a question with more than one empty box in the sequence.
- The numbers might increase, like 2, 4, 6, or decrease, like 6, 4, 2.
- Some of the problems may be easy but others may be hard. Just do the best you can.
- It is more important to answer the item correctly than to answer quickly, so take a little time to think before answering.
- In a few cases, more than one number may be correct. Please give only one answer per box. If your answer is one of the correct answers, you will receive credit.
- You can go on to the next item at any time by clicking "Next."

If	you are ready	to begin, pleas	e click "Next."	,
----	---------------	-----------------	-----------------	---

Page Break		

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Collection: COLLECTION_1 Contains: G305_G307, G_COLLECTION_1_GROUPS_1_TO_4 Show if: (G_P_X525 = 2)
Collection: G305_G307 Contains:
Custom Layout Question: G305_NSASET3ITEM1 Please enter the number that belongs in the empty box.
8 12 14
Page Break

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You did not give an answer for:

Please enter the number that belongs in the empty box.

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the "Previous" button.

Page Break

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Custom Layout Question: G306_NSASET3ITEM2

Please enter the number that belongs in the empty box.

23 26 30 35

Page Break

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You did not give an answer for:

Please enter the number that belongs in the empty box.

23	26	30	35	
II I		50	55	

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the "Previous" button.

Page Break

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Please enter the number that belongs in the empty box.

Page Break

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Collection: G_COLLECTION_1_GROUPS_1_TO_4 Contains: G308_G310, G311_G313, G314_G316, G317_G319
Collection: G308_G310 Contains: Show if: (G_C_NSASCORE1 = 0)
Custom Layout Question: G308_NSASET1ITEM1
Please enter the number that belongs in the empty box.
6 7 9
Page Break

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Custo	Custom Layout Question: G309_NSASET1ITEM2						
<i>!</i>	Please	enter the n	umber that	: belongs i	in the empty box.		
	6		4	3			
age B	Break						

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Cust	Custom Layout Question: G310_NSASET1ITEM3							
	Please enter the number that belongs in the empty box.							
	Piease en	ter tne nu	imber tha	it belongs i	in the empty box.			
	5	8	11					
Page	Break							

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Collection: G311_G313 Contains: Show if: (G_C_NSASCORE1 = 1)
Custom Layout Question: G311_NSASET2ITEM1
Please enter the number that belongs in the empty box.
4 6 8
Page Break

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Please enter the number that belongs in the empty box.

1 3 3 5 7 7

Page Break

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Please enter the number that belongs in the empty box.

Page Break

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Collection: G314_G316 Contains: Show if: (G_C_NSASCORE1 = 2)
Custom Layout Question: G314_NSASET4ITEM1
Please enter the number that belongs in the empty box.
17 12 8
Page Break

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Custo	Custom Layout Question: G315_NSASET4ITEM2						
/	Please (enter the	numbe	er tha	t belo	ıgs ˈ	in the empty box.
	10			3	1		
Page B	Break						

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Please enter the number that belongs in the empty box.

Page Break

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Collection: G317_G319
Contains: Show if: (G_C_NSASCORE1 = 3)

Custom Layout Question: G317_NSASET5ITEM1

Please enter the number that belongs in the empty box.

20 26 38 62

Page Break

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Please enter the number that belongs in the empty box.

The state of t

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Custom Layout Question: G319_NSASET5ITEM3
Please enter the numbers that belong in the empty boxes.
Use 'Tab' key to move to the second empty box.
70 84
Page Break

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G305: G305RESL:
G306: G306RESL:
G307RESL:
G_C_NSASCORE1:
G308: G308RESL:
G309: G309RESL:
G310: G310RESL:
G311: G311RESL:
G312: G312RESL:
G313: G313RESL:
G314: G314RESL:
G315: G315RESL:
G316: G316RESL:
G317: G317RESL:
G318: G318RESL:
G319_1: G319_2: G319RESL:
G_C_NSASCORE2:

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Collection: COLLECTION_2
Contains: G320_G322, G_COLLECTION_2_GROUPS_1_TO_4
Show if: (G_P_X525 ≠ 2)

Collection: G320_G322
Contains:

Custom Layout Question: G320_NSBSET3ITEM1

Please enter the number that belongs in the empty box.

7 10 13

Page Break

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You did not give an answer for:

Please enter the number that belongs in the empty box.

|--|

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the "Previous" button.

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Please enter the number that belongs in the empty box.

Page Break

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You did not give an answer for:

Please enter the number that belongs in the empty box.

13 15 18 22

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the "Previous" button.

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Please enter the number that belongs in the empty box.

18 17 12 8

Page Break

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Collection: G_COLLECTION_2_GROUPS_1_TO_4 Contains: G323_G325, G326_G328, G329_G331, G332_G334
Collection: G323_G325 Contains: Show if: (G_C_NSBSCORE1 = 0)
Custom Layout Question: G323 NSBSET1ITEM1
Please enter the number that belongs in the empty box. 4 5 6
Page Break

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Cust	tom Layout Qu	uestion: G324_	_NSBSET1ITE	12	
	Please en	ter the nu	umber th	at belongs i	in the empty box.
			1		-
	5	4	3		
	ļ.	·	<u>. </u>		
Page I	Break				

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Custom Layout Question: G325_NSBSET1ITEM3	
Please enter the number that belongs in the empty box.	
11 15 17	
Page Break	

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Collection: G326_G328 Contains: Show if: (G_C_NSBSCORE1 = 1)
Custom Layout Question: G326_NSBSET2ITEM1
Please enter the number that belongs in the empty box.
15 13 11
Page Break

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Custo	m Layout Qւ	uestion: G327_l	BSET2ITEM2	
<i>.</i> /	lease en	ter the nu	ber that belongs in the empty box.	
	10	6	3	
Page Bi	reak			

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Cust	om Layout Qu	uestion: G32	8_NSBSET2ITI	EM3				
	Please en	ter the n	umber th	nat belongs i	in the empty	box.		
	11	9	6					
L		IL						
Page E	Break						 	

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Collection: G Contains: Sh		NSBSCORE1	= 2)							
Custom Lay	out Question	1: G329_NSE	BSET4ITE	41						
<u> </u> Pleas	e enter t	he num	ber th	at belongs	in the en	npty box	ζ.			
1		3	9							
Page Break								 	 	

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Please enter the number that belongs in the empty box.

Page Break

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Please enter the numbers that belong in the empty boxes.

Use 'Tab' key to move to the second empty box.

3 3 4 6 6 7

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Collection: G332_G334
Contains: Show if: (G_C_NSBSCORE1 = 3)

Custom Layout Question: G332_NSBSET5ITEM1

Please enter the number that belongs in the empty box.

6 15 27 51

Page Break

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Please enter the number that belongs in the empty box.

Page Break

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Please enter the number that belongs in the empty box.

Page Break

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G320: G320RESL:
G321: G321RESL:
G322: G322RESL:
G_C_NSBSCORE1:
G323: G323RESL:
G324: G324RESL:
G325: G325RESL:
G326: G326RESL:
G327: G327RESL:
G328: G328RESL:
G329: G329RESL:
G330_1: G330RESL:
G331_1: G331_2: G331RESL:
G332: G332RESL:
G333: G333RESL:
G334: G334RESL:
G_C_NSBSCORE2: Page Break

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Collection: SEC_G_SERIES_7 Contains: G401_SERIES1, G402, G406_G408 Show if: (G_P_COGGROUP = 3)	
Question: G401_SERIES1	
Now let's try some subtraction of numbers.	
What is 100 minus 7?	
age Break	

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Collection: G402 Contains: G402_SERIES2, G403 Show if: (G401_SERIES1 was-answered)
Question: G402_SERIES2 And 7 subtracted from that?
Zana / Sabiracted from that:
Page Break

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Collection: G403 Contains: G403_SERIES3, G404 Show if: (G402_SERIES2 was-answered)
Question: G403_SERIES3 / And 7 subtracted from that?
Page Break

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Collection: G404 Contains: G404_SERIES4, G405 Show if: (G403_SERIES3 was-answered)
Question: G404_SERIES4
And 7 subtracted from that?
Page Break

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Collection: G405		
Contains: G405_SERIES5 Show if: (G404_SERIES4 was-answered)		
Question: G405_SERIES5		
And 7 subtracted from that?		
Page Break		

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Collection: G406_G408 Contains: G406_CHNCDISEASE, G407_LOTTERYSPLIT, G408_SVNGSINTEREST Show if: (G401_SERIES1 was-answered) and (G402_SERIES2 was-answered) and (G403_SERIES3 was-answered) and (G404_SERIES4 was-answered)
Question: G406_CHNCDISEASE
Next I would like to ask you some questions which assess how people use numbers in everyday life.
If the chance of getting a disease is 10 percent, how many people out of 1,000 would be expected to get
the disease?
the disease? Number of people:

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Question: G407_LOTTERYSPLIT
If 5 people all have the winning numbers in a lottery and the prize is 2 million dollars, how much will each of them get?
\$
Question: G408_SVNGSINTEREST Show if: (G406_CHNCDISEASE = 100) and (G407_LOTTERYSPLIT = 400000)
Let's say you have \$200 in a savings account. The account earns 10 percent interest per year. How much would you have in the account at the end of two years?
\$
Page Break

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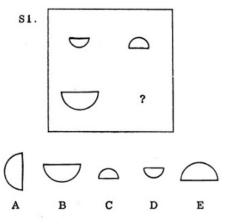
User note: The abstract reasoning test that follows comes from Project Talent (Flanagan et al., 1964).

Flanagan, J. C., Davis, F. C., Dailey, J. T., Shaycroft, M. F., Orr, D. B., Goldberg, I., et al. (1964). The American high-school student: The identification, development, and utilization of human talents. Pittsburgh: Project Talent Office, University of Pittsburgh.

Collection: SEC_G_ABSTRACT_REASONING Contains: G503_STARTNOW, G505_STARTNOW, G506_AREXAMPLE3, G507_AREXAMPLE3CONT, ARS3, ARS1, ARS2, ARS4, ARS5

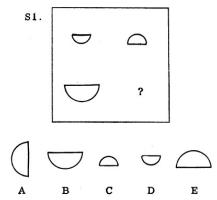
Show if: (G_P_COGGROUP = 3)

Each item in this task consists of a set of figures arranged in a pattern, formed according to certain rules. Look at the following patterns in example S1, to the right.



The question mark in the lower right corner of the box shows where a figure is missing in the pattern. You are to decide which of the five figures (A, B, C, D or E) under the pattern belongs where the question mark is.

In the case of the example to the right, the figure in the bottom left is larger than the one above it but otherwise the same. In the top row, the figure at the right is the same as the one to the left of it except that it has been turned upside down. Following these rules, the missing figure should be larger than the one above it, and exactly the same size as the one to the left of it, but upside down. Therefore, E is the answer to this problem.



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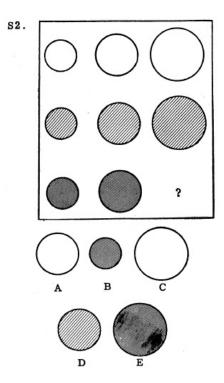
In each problem, you are to decide what figure belongs where the question mark is in the pattern. To do this you have to figure out what the rule is according to which the drawings change, going from row to row, and what the rule is for the changes going from column to column. The items have different kinds of patterns and different rules by which the drawings change.

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Quest	ion: G503_START	TNOW	_								
	Scale Summary	у									
Code	Label	Show-If	f								
1	Another example										
2	Start task										
// V	rouia you ii	ke to	see anoth	r examp	le, or are	e you rea	dy to sta	rt this t	ask?		
_	•			r examp	ole, or ar	e you rea	dy to sta	rt this ta	ask?		
) Another ex	xample		r examp	ole, or are	e you rea	dy to sta	rt this ta	ask?		
) Another ex	xample		r examp	ole, or are	e you rea	dy to sta	rt this ta	ask?		

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Please see the next example. Going from left to right, the circles get larger, and going from top to bottom they get darker. Therefore the answer has to be a circle which is the largest of the three sizes, and the darkest. Choices C and E are both the right size, but E is the only large circle with the correct shading. Thus E is the only drawing that fits in the pattern formed by the other circles. E is the answer that should be chosen.



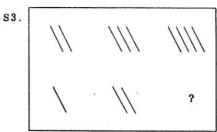
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	tion: G505_STAR if: (G503_START Scale Summar	NOW ≠ 2	?:[Start task])				
Code	Label	Show-If					
1	Another example						
2	Start task						
/ V	✓ Would you like to see another example, or are you ready to start this task?						

○ Another example○ Start task

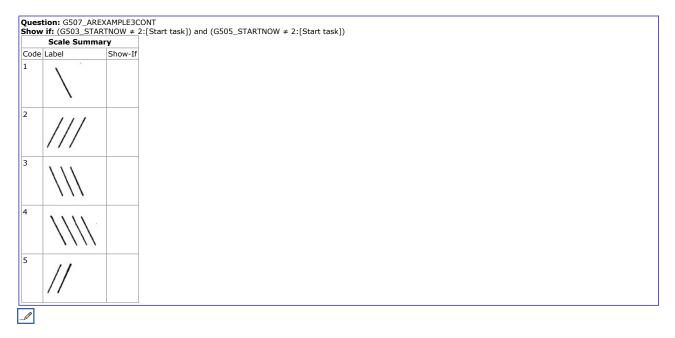


Now look at another problem, which is quite different from either of the previous ones.

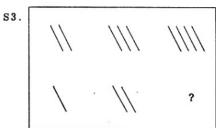


Choose the answer that belongs in "?" below, then click "Next" to continue.

\	///	///	////	//
0	0	0	0	0



What is the missing figure here? If you study the pattern you will see that going from left to right there is one more line in each figure than in the one to the left of it. Going from top to bottom, the number of lines in any figure is one less than in the figure just above it. Therefore, the missing figure should have three lines. The answer is choice C (the three lines, slanting in the proper direction).



Choose the answer that belongs in "?" below, then click "Next" to continue.

	///	///	////	//
0	0	0	0	0

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Instructions:

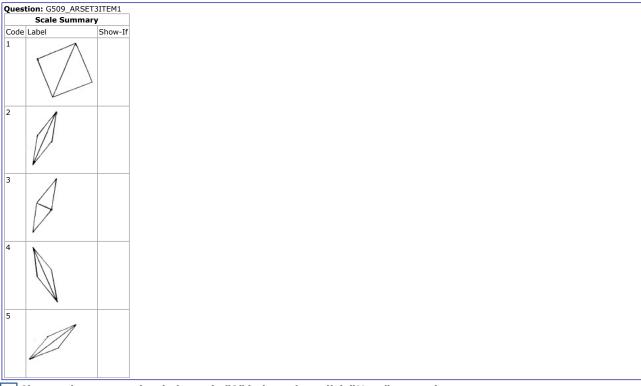
- You will now be asked six more questions like the ones you just did.
- For each problem, decide what rules the pattern follows. Choose the answer that belongs in "?" by clicking on the answer or on the radio button below it.

 • Many of the patterns are based on rules that are different from the ones in the sample items.
- Do not spend too much time on any one problem.

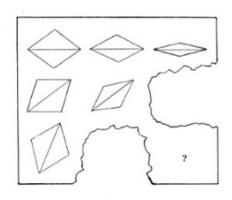
If you are ready to begin, please click "Next."

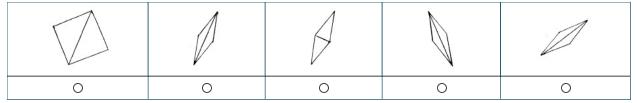
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Collection: ARS3
Contains: G509_ARSET3ITEM1, G510_ARSET3ITEM2, G511_ARSET3ITEM3



Choose the answer that belongs in "?" below, then click "Next" to continue.

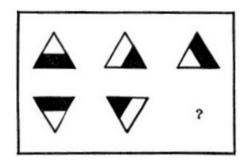




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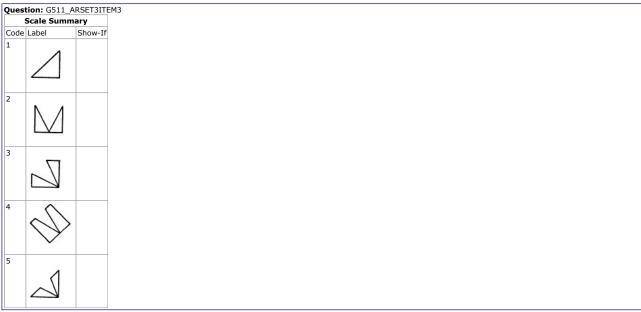


Choose the answer that belongs in "?" below, then click "Next" to continue.

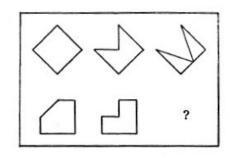


\triangle	T		\triangle	V
0	0	0	0	0

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Choose the answer that belongs in "?" below, then click "Next" to continue.



	M			\preceq
0	0	0	0	0

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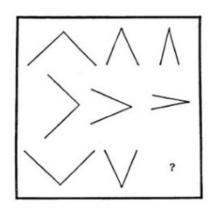
G_C_ARSCORE1:

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Collection: ARS1
Contains: G512_ARSET1ITEM1, G513_ARSET1ITEM2, G514_ARSET1ITEM3
Show if: (G_C_ARSCORE1 = 0)

Quest	Question: G512_ARSET1ITEM1		
Scale Summary			
Code	Label	Show-If	
1	>		
2	\bigvee		
3			
4	\bigvee		
5	<		

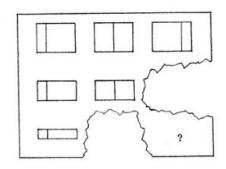
Choose the answer that belongs in "?" below, then click "Next" to continue.

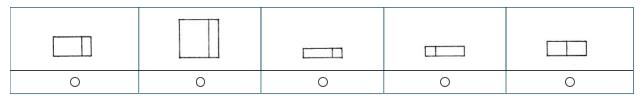


	\bigvee		\bigvee	<
0	0	0	0	0

Ques	Question: G513_ARSET1ITEM2	
	Scale Summa	
	Label	Show-If
1		
2		
3		
4		
5		

Choose the answer that belongs in "?" below, then click "Next" to continue.

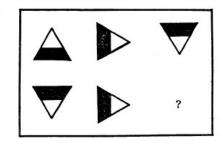


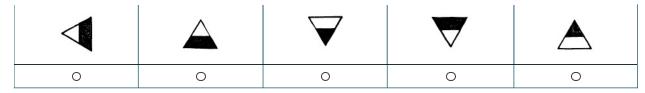


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Choose the answer that belongs in "?" below, then click "Next" to continue.



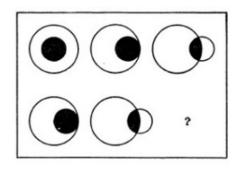


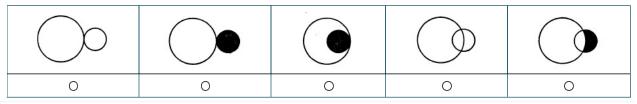
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Collection: ARS2
Contains: G515_ARSET2ITEM1, G516_ARSET2ITEM2, G517_ARSET2ITEM3
Show if: (G_C_ARSCORE1 = 1)



Choose the answer that belongs in "?" below, then click "Next" to continue.

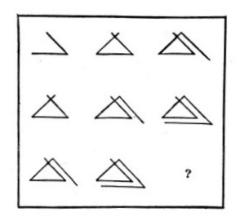




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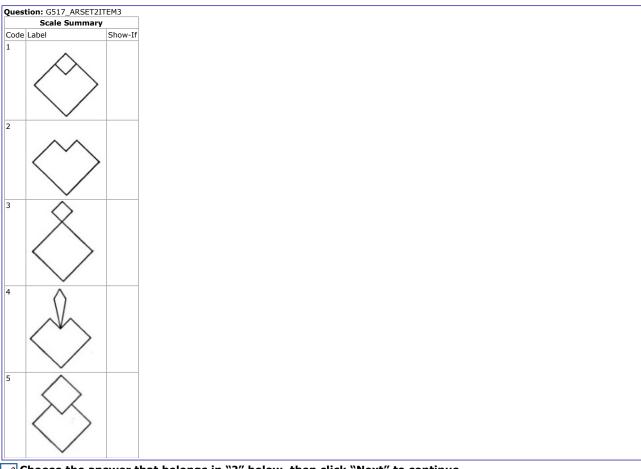


✓ Choose the answer that belongs in "?" below, then click "Next" to continue.

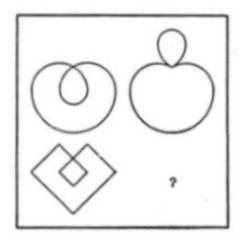


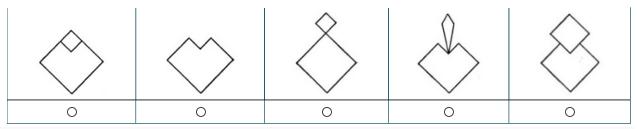
0	0	0	0	0

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Choose the answer that belongs in "?" below, then click "Next" to continue.



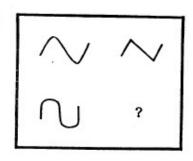


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Collection: ARS4
Contains: G518 ARSET4ITEM1, G519_ARSET4ITEM2, G520_ARSET4ITEM3
Show if: (G_C_ARSCORE1 = 2)

	stion: G518	
	Scale Sumn	
	Label	Show-If
1		
	1	
2	S	
3		
3	\checkmark	
4	И	
5	П	

Choose the answer that belongs in "?" below, then click "Next" to continue.

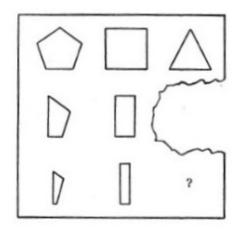


닏	S	\checkmark	И	П
0	0	0	0	0

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Question: G519_ARSET4ITEM2								
	Scale Sumi	mary						
	e Label	Show-If						
1								
2	7							
3								
4	7							
5	<u> </u>							
L								

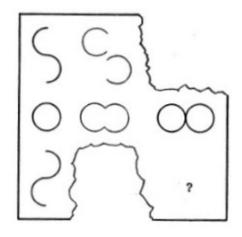
Choose the answer that belongs in "?" below, then click "Next" to continue.

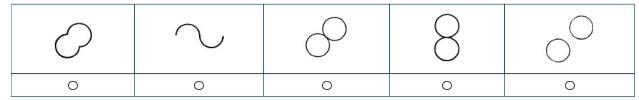


		D			7
C)	0	0	0	0



Choose the answer that belongs in "?" below, then click "Next" to continue.



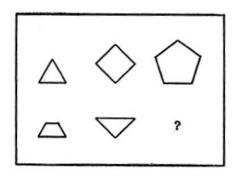


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Collection: ARS5
Contains: G521 ARSET5ITEM1, G522 ARSET5ITEM2, G523 ARSET5ITEM3
Show if: (G_C_ARSCORE1 = 3)

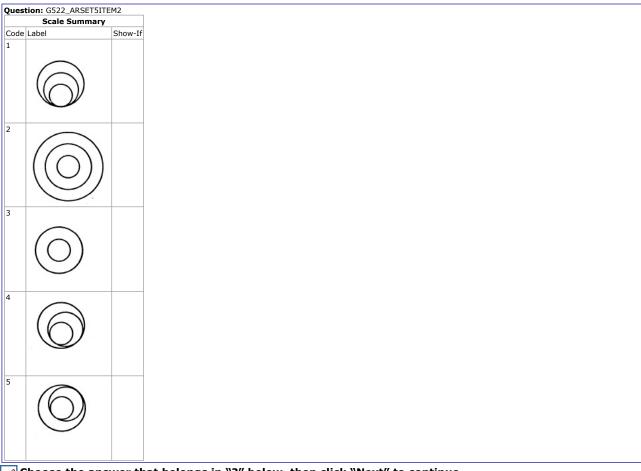
stion: G521_ARS	ET5ITEM1
Scale Summa	ry
e Label	Show-If
^	
$\langle \rangle$	
•	
100	
^	
	stion: G521_ARS Scale Summa le Label

Choose the answer that belongs in "?" below, then click "Next" to continue.

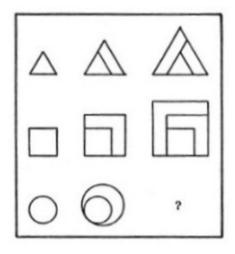


	\Diamond	\Box		\triangle
0	0	0	0	0

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✓ Choose the answer that belongs in "?" below, then click "Next" to continue.

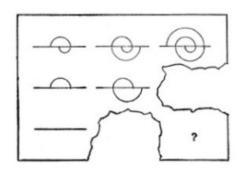


0	0	0	0	0

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Ques	stion: G523_ARSET	
	Scale Summar	
Code	Label	Show-If
1	\bigcirc	
2	\triangle	
3	→	
4	->-	
5	-	

Choose the answer that belongs in "?" below, then click "Next" to continue.



\bigcirc			->-	
0	0	0	0	0

G509_ARSET3ITEM1:
G510_ARSET3ITEM2:
G511_ARSET3ITEM3:

G_C_ARSCORE1:

G512_ARSET1ITEM1:
G513_ARSET1ITEM2:
G514_ARSET1ITEM3:

G515_ARSET2ITEM3:
G516_ARSET2ITEM1:
G516_ARSET2ITEM2:
G517_ARSET2ITEM3:
G519_ARSET4ITEM3:
G519_ARSET4ITEM3:
G519_ARSET4ITEM1:
G519_ARSET4ITEM1:
G519_ARSET4ITEM1:
G520_ARSET4ITEM3:

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G_C_ARSCORE2:

G522_ARSET5ITEM2: G523_ARSET5ITEM2:

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Collection: SEC_I
Contains: 1001_SOLDPOSSESSIONS, 1002_SOLDPOSSPASTYR, 1003_SOLDPOSS500, 1004_BORRPAWN, 1005_BORPAWNPASTYR, 1006_BORPAWN500, 1007_BORRPAYD, 1008_BORPAYDPASTYR, 1009_BORPAYD500, 1010_BORROWITITLCAR, 1011_BORTITLEPASTYR, 1012_BORTITLE500, 1013_BORROWANTICTAX, 1014_BORTAYASTYR, 1015_BORTAX500, 1016_RENTPURNAPP, 1017_RENTFEURNPASTYR, 1018_MORE500, 1019_BORROWANYOTH, 1020_BORANYOTPASTYR, 1021_BORANYOTPOSTOR
Show if: (X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section I]) or (X_MAIN_TEST_SCREEN is-none-of [ALL] or [Section A] or [Section B] or [Section D] or [Section B] or [Sect

The following questions are about certain places where you have possibly borrowed money in the past five years.

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Ques	tion:	I001_SOI	DLDPOSSESSIONS
Sca	le Su	mmary	
Code	Label	Show-If	f
1	Yes		
5	No		
/] \	in th	e last ables,	t five years, have you sold off any of your personal possessions, such as jewelry, silver or other, in order to obtain extra money for necessities, things that you needed right away?
	○ Ye	es	
	O N	0	
Page E	reak		

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Show	if: (I	1002_SOL 001_SOL mmary				= 1:[res])												
Code	Label	Show-If																	
1	Yes																		
5	No																		
	oid y	ou do	th	is ir	th	e pa	st y	ear?	?										
() Y	es																	
(NC	0																	
Page B	reak																		

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			DPOSS500 DPOSSESSIONS = 1:[Yes])
Sca	le Sun	nmary	
Code	Label	Show-If	
1	Yes		
5	No		
/V	Vas 1	the ar	mount you received more than \$500?
I	f you	sold p	possessions more than once, please think of the largest amount you received.
() Ye	s	
(O No)	
Page B	reak		

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Ques	Question: 1004_BORRPAWN												
Sca	le Sun	nmary											
Code	Label	Show-If											
1	Yes												
5	No												
/	lave	you b	borrowed money from a pawn shop?										
(⊃ Ye	es.											
() No)											
Page B	reak												

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S	how Scal	if: (I e Suı	1005_BOI 004_BOR mmary Show-If	RPA)																	
1		Yes No	2110M-11																						
6	Ø	id y	ou do	tł	is	in t	he	pas	st y	ear	-?														
) Ye																							
Pa	ge Br	eak										 													

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	Question: I006_BORPAWN500										
Show if: (1004_BORRPAWN = 1:[Yes])											
Scale	Scale Summary										
Code L	abel Show-If										
1 Y	es es										
5 N	0										
/ W	☑ Was the loan more than \$500?										
If	you had more than one loan of this type, please think of the largest loan.										
0	Yes										
0	No										

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_	tion: I0 le Sum	07_BOR	RRPAYD
Code 1		Show-If	
I	n the	last eral,	five years, have you borrowed money for a few weeks or months, using your next paycheck as to be paid back after your next paycheck comes? These are often called "payday" loans.
	O Yes	-	
Page Br	reak		

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Show	Question: I008_BORPAYDPASTYR Show if: (I007_BORRPAYD = 1:[Yes]) Scale Summary																		
		Show-If																	
1	Yes																		
5	No																		
/ C	oid y	ou do	thi	s in	the	pas	t yea	ar?											
(Ο Υε	es																	
	O No	0																	
Page Bi	reak																		

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	tion: I009_BOF	RPAYD500 RPAYD = 1:[Yes])
Sca	le Summary]
Code	Label Show-If	
1	Yes	
5	No	
		more than \$500? more than one loan of this type, please think of the largest loan.
	Yes No	
Page Br	reak	

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Ques	tion:	010_BOF	RROWTITLCAR
Sca	le Su	nmary	
Code	Label	Show-If	F
1	Yes		
5	No		
			borrowed money, to be paid back in the next few weeks or months, using the title to your car to s loan? Please do <u>not</u> include borrowing to lease or buy a new or different car.
(O Ye	es	
(O N	0	
age B	reak		

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S	how Scal	if: (I e Su	1011_BO 010_BOR mmary Show-If	RO'				1:[Y	es])																			
1	.	Yes No		-																								
6	Ø	id y	ou do	t	nis	in	the	e p	ast	ye	ar	?																
) Ye	es o																									
Pag	ge Br	eak											 															

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Question: I012_BORTITLE500									
Show if: (I010_BORROWTITLCAR = 1:[Yes])									
Scale Summary									
Code Label Show-If									
1 Yes									
5 No									
Was the loan more than \$500?									
If you had more than one loan of this type, please think of the largest loan.									
O Yes									
○ No									

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Question: I013_BO	DRROANTICTAX									
Scale Summary										
Code Label Show-If	IF.									
1 Yes										
5 No	i No									
In the last	In the last five years, have you borrowed money that would be paid back in a few weeks or months, where the money would come from a tax refund?									
where the										

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Show	Question: 1014_BORTAXPASTYR Show if: (1013_BORROANTICTAX = 1:[Yes]) Scale Summary										
Code	Label S	now-If									
1	Yes										
5	No										
/C	oid yo	u do this in the past year?									
() Yes										
(ON C										
Page B	reak										

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	ion: I015_BC	ORTAX500 IRROANTICTAX = 1:[Yes])
	e Summary	• "
Code	Label Show-I	IF .
1	Yes	
5	No	
		oan more than \$500? more than one loan of this type, please think of the largest loan.
	Yes No	
Page Br	eak	

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Quest	ion: I01	RENTFURNAPP	
Scal	e Sumr	ry	
Code	Label SI	ν-If	
1	Yes		
5	No		
		oods that you would own if you paid the weekly or monthly fees over a period of a few years? do not include paying off a loan over time where you've bought these items from the start.	
C) Yes		
C) No		
Page Br	eak		

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S	how	if: (I	017_REN 016_REN nmary					es])																
ш			Show-If																					
1		Yes																						
5	5	No																						
4	Ø	id y	ou do	tl	nis	in '	he	pa	st y	ear	·?													
	C) Ye	es																					
	C) No	0																					
Pa	ge Br	eak										 		 										

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	Question: I018_MORE500								
	if: (I016_RENTFURNAPP = 1:[Yes]) e Summary								
1	Label Show-If								
1	Yes Yes								
5	No No								
/ W	as the loan more than \$500?								
If	you had more than one loan of this type, please think of the largest loan.								
) Yes								
) No								

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Question: I019_BOR Scale Summary	ROWANYOTH
Code Label Show-If Yes No	
family men	the situations we've just asked about, have you borrowed money from anyone other than a nber, friend or a formal lending institution such as a bank or credit union, because you needed for necessities or emergencies?
○ Yes ○ No	
Page Break	

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Sho	w if: (DRANYOTPASTYR IRROWANYOTH = 1:[Yes])	
Coc	e Labe	Show-If	rf	
1	Yes			
5	No			
/	Did y	you do	o this in the past year?	
	O Y	es		
	O N	lo		
Page	Break			

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			RANYOT500 ROWANYOTH = 1:[Yes])
Sca	le Sum	mary	
Code	Label	Show-If	
1	Yes		
5	No		
/V	Vas t	he lo	an more than \$500?
If	you	had r	more than one loan of this type, please think of the largest loan.
) Ye	S	
(ON C)	
Page Br	eak		

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Collection: SEC

Collection: SEC_J
Contains: J001_INCREADECR, J002_PAYOFFDEBT, J003_INCRPAYTAX, J004_ANYINFTAX, J006_1TAXINCDECR, J007_2DECRPAYOFF, J008_UNEXPEXPEN, J009_CREDITAPP,
J010_MORTLINCR, J011_HOUSEVALUE, J012_AMOUNTOWED, J013_OTHERDEBTS, J014_TOTALDEBT, J015_MONEYBANK, J016_INCRDECFUND
Show if: ((A002_WORKFORPAY = 1:[Yes]) or (A003_SPPWORKFORPAY = 1:[Yes])) and ((X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section 1]) or (X_MAIN_TEST_SCREEN is-none-of [ALL] or [Section 1] or [Se

Now we would like to ask you a few questions about recent tax changes.

In January of this year, a two-year cut in the payroll tax expired. For most households, other Federal income tax rates remain unchanged. Therefore, payroll taxes have increased by 2 percent of earnings and take home pay was decreased. The exact increase in payroll taxes and decrease in take-home pay this year depends on the amount of earnings.

For example, for someone earning \$40,000 a year, the payroll tax increase was \$800 for the year, resulting in a decrease in take-home pay of \$66 per month. Each earner in a household was subject to this tax increase.

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	uestion: J001_INCREADECR								
Show	if: (J_P_RANDOMQ		= 1)						
	Scale Summary								
Code	Label	Show-If							
1	Decrease spending								
2	Decrease saving								
3	Increase borrowing								
d	ecrease sper	it your iding,	r (family's) financial situation this year, did this payroll tax increase lead you mostly to mostly to decrease saving, or mostly to increase borrowing?						
	Decrease sp	ending	J						
(Decrease sa	iving							
Ċ	O Increase bo	rrowing							

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	tion: J002_PAYOFF	
	Scale Summary	
Code	Label	Show-If
1	Decrease spending	
2	Decrease saving	
4	Pay off less debt	

Thinking about your (family's) financial situation this year, did this payroll tax increase lead you mostly to decrease spending, mostly to decrease saving, or mostly to pay off less debt?

- Decrease spending
- O Decrease saving
- O Pay off less debt

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Ques	tion: J003_INC	RPAYTAX
	Scale Summa	ry
Code	Label	Show-If
1	Yes	
5	No	
6	Self-employed	
/ F	s a result	of thi
(⊃ Yes	
(O No	
(Self-em	oloyed
Page Bi	reak	
age Di		

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Ques	tion: J	004_AN\	YINFTAX
Sca	le Sur	nmary	
Code	Label	Show-If	
1	Yes		
5	No		
<i>[</i>]	lad y	you h	eard any information about this payroll tax increase before taking part in this survey?
) Ye	es	
(O No)	
Page B	reak		

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Now I would like you to think about the payroll tax cut that just expired.

Page Break

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Ques	Question: J006 1TAXINCDECR								
Show	if: (J_P_RANDOMQI	JESTION	= 1)						
	Scale Summary								
Code	Label	Show-If							
1	Increase spending								
2	Increase saving								
3	Decrease borrowing								
d	Thinking about your (family's) financial situation in the past two years when the payroll tax was lower, did this payroll tax cut lead you mostly to increase spending, mostly to increase saving, or mostly to decrease borrowing?								

- O Increase spending
- O Increase saving
- O Decrease borrowing

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Ques	Question: J007_2DECRPAYOFF								
Shov	if: (J_P_RANDOMO	QUESTIO	N = 2)						
	Scale Summary	,							
Code	Label	Show-If							
1	Increase spending								
2	Increase saving								
4	Pay off debt								
			ur (family's) financial situation in the past two years when the payroll tax was lower, cut lead you mostly to increase spending, mostly to increase saving, or mostly to pay						

off debt?

- O Increase spending
- O Increase saving
- O Pay off debt

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Question: J008_UNEXPEXPEN		
Scale Summary		
Code Label	Show-If	
1 Take money out of savings		
2 Cut other spending		
3 Use credit or borrowing		
If you or your fam mostly by taking the credit or borrowing	he money	
	he money	
mostly by taking t	he money g? of savings	
mostly by taking the credit or borrowing. O Take money out	he money g? of savings ng	

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	JOO9_CREDITAPP mmary
Code Lat 1 Yes 5 No	
☑/ In t	e last year, were you turned down for credit, not given as much credit as you applied for, or did you off applying for credit because you thought you might be turned down?
0	es o
Page Breal	

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Ques	tion: J	010_MO	ORTLINCR
Sca	le Sur	nmary	
Code	Label	Show-If	f
1	Yes		
5	No		
<i>[</i>]	Do yo	ou ha	ve a mortgage, a home equity loan, or a home equity line of credit?
() Ye	es	
(O No	0	
Page B	reak		

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Show if: (J010_MORTLINCR Scale Summary		
Code		Show-If
1	Much more	
2	More	
3	Same	
4	Less	
5	Much less	
	low doe quity lo nortgag	ans, a
	quity lo nortgag	ans, a e, hon
r	quity lonortgag Much	ans, a e, hon
r	quity lo nortgag	ans, a e, hon
r (quity lonortgag Much	ans, a e, hon
r (equity lo nortgag Much More	ans, a e, hon

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	tion: J012_AN		
	Scale Summ	ary	
Code	Label	Show-If	
1	Increased		
2	Stayed same		
3	Decreased		
s	tayed the	e sam	e, or decreased?
	,		-, -: -:
(⊃ Increas	ed	
(○ Stayed	same	
(O Decrea	sed	
age B	reak		

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Question: J013_OTHERDEBTS
Scale Summary
Code Label Show-If
1 Yes
5 No
Do you have any other debts, such as credit cards, student loans, and auto loans?
○ Yes
○ No
Page Break

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Scale Summary		
Code	Label	Show-If
1 I	Increased	
2 9	Stayed the same	
3 [Decreased	
	n the past fecreased?	few ye
_ de	ecreased?	
de	ecreased? Increased	
de	ecreased? Increased Stayed the	e same
de	ecreased? Increased Stayed the	e same

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	ONEYBAN	•
Scale Summary		
Code Label	Show-If	
Increased		
Stayed same		
B Decreased		
No fund		
for unexp	ected	
	ected	expenses. In the past few years has your (family's) rainy day fund increased, stayed the
for unexp	ected decrea	expenses. In the past few years has your (family's) rainy day fund increased, stayed the
for unexp same, or	ected decrea	expenses. In the past few years has your (family's) rainy day fund increased, stayed the
for unexp same, or O Increas O Stayed	ected decrea sed same	expenses. In the past few years has your (family's) rainy day fund increased, stayed the
for unexp same, or	ected decrea sed same sed	expenses. In the past few years has your (family's) rainy day fund increased, stayed the

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	tion: J016_INCRD		-[No fund]\
Silow	Scale Summar		.[NO fullu])
Code	Label	Show-If	
1	Increase		
2	Leave unchanged		
3	Decrease		
	argely unch	anged	?
(○ Increase		
(Control Description <th>hanged</th> <th>I</th>	hanged	I
(○ Decrease		
age B	reak		

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Collection: SEC_K
Contains: SEC_K_COLLECTION_1_DRAGNDROP, SEC_K_COLLECTION_2_ALLOCATIONS, SEC_K_COLLECTION_3_SCENARIOS
Show if: ((X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section K]) or (X_MAIN_TEST_SCREEN is-none-of [ALL] or [Section A] or [Section B] or [Section D] or [Section E] or [Section F] or [Section H] or [Section I] or [Section I] or [Section K] or [Section L] or [Section M] or [Section N])) and ((Z_C_RS_AGE > 65) and (K_P_PWRETIRE = 1) and ((K_P_FINR = 1)) or (K_P_FINR = 3)))

Collection: SEC_K_COLLECTION_1_DRAGNDROP

Many people want to maintain some savings to pay for future plans or for potential needs that may arise. By savings we mean amounts held in checking and saving accounts, money market funds, stocks and bonds, including amounts held in retirement accounts such as IRAs and 401(k)s.

The next questions are about the different ways people may plan to use their savings and assets for future needs.

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Below is a list of reasons that people may have for holding savings in reserve. Please order the list beginning with the reason that is most important to you and ending with the reason that is least important. You can do this by simply clicking on the box and holding it while "dragging" it to a new position. The most important reason should be at the top and the least important reason at the bottom. When you are done, select 'Next' to continue.

Buy new car or other high-cost item

Buy new home

Buy second home

Financing day-to-day consumption

Home improvement or repairs

Leave money for your children or grandchildren

Other bequests

Pay for assisted living

Pay for future health care

Pay for schooling for your grandchildren

Planned travel

Unanticipated emergencies

Other

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	if: (C		CRIPT_ON = 1) and (CA_BROWSER_CHECK_SECK = 1) and (K_H_DRAGSORTRESULT = 1~2~3~4~5~6~7~8~9~10~11~12~13)
Code	Label	Show-If	
1	Yes		
5	No		
			e order of the items on the previous screen unchanged. Is that because you felt the order we fits your situation best?
() Ye	es	
(O No)	
Page B	reak		

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The next question is about different ways people can use savings to increase their monthly income.

Page Break

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Collection: SEC_K_COLLECTION_2_ALLOCATIONS
Contains: K014A_K026A, K014B_BIGTICKETRANGE, K015B_BUYHOMERANGE, K016B_BUY2NDHOMERANGE, K017B_DAYTODAYRANGE, K018B_HOMEIMPROVERANGE, K019B_BEQUESTCHILDRENRANGE, K020B_BEQUESTOTHERRANGE, K021B_ASSISTLIVERANGE, K022B_HEALTHCARERANGE, K023B_SCHOOLINGRANGE, K024B_TRAVELRANGE, K025B_EMERGENCIESRANGE, K026B_OTHEREXPRANGE

Question Block: K014A_K026A Contains: K014A_PRIORITY1, K015A_PRIORITY2, K016A_PRIORITY3, K017A_PRIORITY4, K018A_PRIORITY5, K019A_PRIORITY6, K020A_PRIORITY7, K021A_PRIORITY8,					
K022A_PRIORITY9, K023A_PRIORITY10, K024A_PRIORITY11, K025A_PRIORITY12, K026A_PRIORITY13					
()					



Enter 0 if the reason is not applicable or you do not wish to hold any savings for that reason. Please round your answer to the nearest dollar.

Dollar amount	Don't know amount
O\$	0
O\$	0
0\$	0
0\$	0
O\$	0
O\$	0
O \$	0
O\$	0
O\$	0
0\$	0
O\$	0
0\$	0
0\$	0

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	Question: K014B_BIGTICKETRANG Show if: (K014A PRIORITY1.TEXT				
	Scale Summary				
Code	Label	Show-If			
0	\$0				
1	Less than \$5,000				
2	\$5,000 to \$9,999				
3	\$10,000 to \$24,000				
4	\$25,000 to \$49,999				
5	\$50,000 or more				
8	Don't know				

You left the answer blank or entered "Don't know" for ""

Pleas	e ind	icat	te t	he app	roximat	e amount	t tha	t you	ı would	l like	to	holo	l in	sav	ings	for	this	reaso	'n.
-------	-------	------	------	--------	---------	----------	-------	-------	---------	--------	----	------	------	-----	------	-----	------	-------	-----

\cap	¢Λ
\sim	ΦU

- O Less than \$5,000
- O \$5,000 to \$9,999
- O \$10,000 to \$24,000
- O \$25,000 to \$49,999
- \$50,000 or more
- O Don't know

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	stion: K015B_BUYHOI v if: (K015A_PRIORIT	
	Scale Summary	
Code	Label	Show-If
0	\$0	
1	Less than \$5,000	
2	\$5,000 to \$9,999	
3	\$10,000 to \$24,000	
4	\$25,000 to \$49,999	
5	\$50,000 or more	
8	Don't know	

You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

0	\$0

- O Less than \$5,000
- \$5,000 to \$9,999
- O \$10,000 to \$24,000
- \$25,000 to \$49,999
- \$50,000 or more
- O Don't know

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	Question: K016B_BUY2NDHOMERANGE Show if: (K016A_PRIORITY3.TEXT was-not-answered)							
	Scale Summary							
Code	Label	Show-If	w-If	w-If				
0	\$0							
1	Less than \$5,000							
2	\$5,000 to \$9,999							
3	\$10,000 to \$24,000							
4	\$25,000 to \$49,999							
5	\$50,000 or more							
8	Don't know							

You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

- O \$0
- O Less than \$5,000
- O \$5,000 to \$9,999
- \$10,000 to \$24,000
- O \$25,000 to \$49,999
- \$50,000 or more
- O Don't know

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	if: (K017A_PRIORIT Scale Summary	
Code		Show-If
0	\$0	
1	Less than \$5,000	
2	\$5,000 to \$9,999	
3	\$10,000 to \$24,000	
4	\$25,000 to \$49,999	
5	\$50,000 or more	
8	Don't know	

Please indicate the approximate amount that you would like to hold in cavings for this reason

Please indicate the approximate amount that you would like to hold in savings for this reason.
○ \$0 ○ Loca then #5 000
○ Less than \$5,000 ○ \$5,000 to \$9,999
\$10,000 to \$24,000\$25,000 to \$49,999
\$50,000 or moreDon't know

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Question: K018B_HOMEIMPROVER Show if: (K018A PRIORITY5.TEXT					
	Scale Summary				
Code	Label	Show-If			
0	\$0				
1	Less than \$5,000				
2	\$5,000 to \$9,999				
3	\$10,000 to \$24,000				
4	\$25,000 to \$49,999				
5	\$50,000 or more				
8	Don't know				

You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

\sim	ተባ
\cup	Þυ

- O Less than \$5,000
- \$5,000 to \$9,999
- \$10,000 to \$24,000
- \$25,000 to \$49,999
- \$50,000 or more
- O Don't know

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Question: K019B_BEQUESTCHILDRE Show if: (K019A PRIORITY6.TEXT w						
Silow	Scale Summary					
Code	Label	Show-If				
0	\$0					
1	Less than \$5,000					
2	\$5,000 to \$9,999					
3	\$10,000 to \$24,000					
4	\$25,000 to \$49,999					
5	\$50,000 or more					
8	Don't know					

You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reas	on.

\circ	\$0

O Less than \$5,000

○ \$5,000 to \$9,999

○ \$10,000 to \$24,000

○ \$25,000 to \$49,999

○ \$50,000 or more

O Don't know

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Question: K020B_BEQUESTOTHERRANGE						
Sho	w if: (K020A_PRIORIT	Y7.TEXT				
Scale Summary						
Code Label		Show-If				
0	\$0					
1	Less than \$5,000					
2	\$5,000 to \$9,999					
3	\$10,000 to \$24,000					
4	\$25,000 to \$49,999					
5	\$50,000 or more					
8	Don't know					

✓ You left the answer blank or entered "Don't know" for ""

\cap	\$0

- O Less than \$5,000
- O \$5,000 to \$9,999
- O \$10,000 to \$24,000
- O \$25,000 to \$49,999
- \$50,000 or more
- O Don't know

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	Question: K021B_ASSISTLIVERANGE Show if: (K021A PRIORITY8.TEXT was-r					
Scale Summary						
Code	Label	Show-If				
0	\$0					
1	Less than \$5,000					
2	\$5,000 to \$9,999					
3	\$10,000 to \$24,000					
4	\$25,000 to \$49,999					
5	\$50,000 or more					
8	Don't know					

✓ You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for this reason.

\cap	¢Λ
\sim	ΦU

O Less than \$5,000

○ \$5,000 to \$9,999

○ \$10,000 to \$24,000

○ \$25,000 to \$49,999

○ \$50,000 or more

O Don't know

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Question: K022B_HEALTHCARERANGE Show if: (K022A PRIORITY9.TEXT was-not-answered)								
5.70 W	Scale Summary							
Code	Label	Show-If						
0	\$0							
1	Less than \$5,000							
2	\$5,000 to \$9,999							
3	\$10,000 to \$24,000							
4	4 \$25,000 to \$49,999							
5	\$50,000 or more							
8	Don't know							

You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that you would like to hold in savings for	or this reason.

- \$0
- O Less than \$5,000
- \$5,000 to \$9,999
- \$10,000 to \$24,000
- O \$25,000 to \$49,999
- \$50,000 or more
- O Don't know

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	Question: K023B_SCHOOLINGRANG Show if: (K023A PRIORITY10.TEXT)					
	Scale Summary					
Code	Label	Show-If				
0	\$0					
1	Less than \$5,000					
2	\$5,000 to \$9,999					
3	\$10,000 to \$24,000					
4	\$25,000 to \$49,999					
5	\$50,000 or more					
8	Don't know					

✓ You left the answer blank or entered "Don't know" for ""

Please indicate the approximate amount that	you would like to hold in savings for this reason
---	---

- \$0
- O Less than \$5,000
- O \$5,000 to \$9,999
- O \$10,000 to \$24,000
- O \$25,000 to \$49,999
- \$50,000 or more
- O Don't know

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Question: K024B_TRAVELRANGE Show if: (K024A_PRIORITY11.TEXT					
	Scale Summary				
Code	Label	Show-If			
0	\$0				
1	Less than \$5,000				
2	\$5,000 to \$9,999				
3	\$10,000 to \$24,000				
4	\$25,000 to \$49,999				
5	\$50,000 or more				
8	Don't know				

You left the answer blank or entered "Don't know" for ""

- O \$0
- O Less than \$5,000
- O \$5,000 to \$9,999
- O \$10,000 to \$24,000
- O \$25,000 to \$49,999
- \$50,000 or more
- O Don't know

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Question: K025B_EMERGENCIESRANGE Show if: (K025A PRIORITY12.TEXT was-not-answered)							
Snow	Scale Summary						
Codo		Show-If					
	\$0	3110W-11					
-	1.						
1	Less than \$5,000						
2	\$5,000 to \$9,999						
3	\$10,000 to \$24,000						
4	\$25,000 to \$49,999						
5	\$50,000 or more						
8	Don't know						

You left the answer blank or entered "Don't know" for ""

	Please indicate the a	approximate amount that w	ou would like to hold in saving	gs for this reason.
--	-----------------------	---------------------------	---------------------------------	---------------------

()	\$0

O Less than \$5,000

O \$5,000 to \$9,999

O \$10,000 to \$24,000

O \$25,000 to \$49,999

○ \$50,000 or more

O Don't know

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Question: K026B_OTHEREXPRANGE Show if: (K026A_PRIORITY13 = 8:[
	Scale Summary				
Code	Label	Show-If			
0	\$0				
1	Less than \$5,000				
2	\$5,000 to \$9,999				
3	\$10,000 to \$24,000				
4	\$25,000 to \$49,999				
5	\$50,000 or more				
8	Don't know				

You left the answer blank or entered "Don't know" for <u>""</u>

F	Please	e indi	cate	the	approxim	ate a	ımount	that	: you	would	like	to	hold	in	savings	for	this	reaso	n.

- O \$0
- O Less than \$5,000
- O \$5,000 to \$9,999
- O \$10,000 to \$24,000
- O \$25,000 to \$49,999
- \$50,000 or more
- O Don't know

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Collection: SEC_K_COLLECTION_3_SCENARIOS
Contains: K041_AB, K042_AC, K043_AD
Show if: (K_P_SAVINGS >= 1000) and (K_C_SCENARIO > 0)

K_P_PWEarnings:
K_C_SS_DB:
K_C_AA100:
K_C_AA50:
K_C_AA50:
K_C_AA25
K_P_Savings:
K_C_SS_50:
K_C_SS_50:
K_C_SS_50:
K_C_SS_50:
K_C_SS_50:
K_C_SS_50:
K_C_SS_50:
K_C_SS_50:
K_C_SS_50:
K_P_HousingEquity:
Page Break

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	A Current	B Convert all savings	C Convert 50% of savings	D Convert 25% of savings
Current monthly earned income				
Lifetime monthly income from Social Security and pensions				
Savings				
House value				
Question: K041_AB Scale Summary Code Label Show-If 1	and B, which optio	n would you prefer?	? A or B?	
Question: K042_AC Scale Summary Code Label Show-If 1 A 2 C				
☐ If the choice were between A ○ A ○ C	and C, which optio	n would you prefer?	? A or C?	
Question: K043_AD Scale Summary Code Label Show-If 1 A 2 D				
If the choice were between A O A O D	and D, which optio	n would you prefer	? A or D?	

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Collection: SEC_L
Contains: L001_L006, L101_L106, L201_L207
Show if: (X_MAIN_TEST_SCREEN is-none-of [ALL] or [Section B] or [Section B] or [Section B] or [Section D] or [Section B] or [S

We are interested in how you think the stock market will change over the next year. In the next questions, we will ask you to give a number on a scale from 0 to 100, where "0" means that you think there is absolutely no chance and "100" means that you are absolutely sure that the event will happen.

chance and "1	00" means that you are absolutely sure that the event will happen.						
Contains: L001_STO	Collection: L001_L006 Contains: L001_STOCKSMORE, L002_STOCK10UP, L003_STOCK20UP, L004_STOCKSLESS, L005_STOCK10LESS, L006_STOCK20LESS Show if: (L_P_GROUPS = 1)						
Question: L001_STO							
	ear at this time, what is the percent chance that mutual fund shares invested in blue chip stocks in the Dow Jones Industrial Average will be <u>worth more</u> than they are <u>today</u> ?						
<u></u> %							
Page Break							

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Question: L002_STOCK10UP Show if: (L001_STOCKSMORE > 0)
By <u>next year</u> at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will have <u>gained</u> in value by <u>more than 10%</u> compared to what they are worth today?
%
Page Break

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Question: L003_STOCK20UP Show if: (L001_STOCKSMORE > 0)
By <u>next year</u> at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will have <u>gained</u> in value by <u>more than 20%</u> compared to what they are worth today?
%
Page Break

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Question: L004_STOCKSLESS
By <u>next year</u> at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will be <u>worth less</u> than they are today?
<u></u> %
Page Break

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Question: L005_STOCK10LESS Show if: (L004_STOCKSLESS > 0)
By <u>next year</u> at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will have <u>fallen</u> in value by <u>more than 10%</u> compared to what they are worth today?
%
Page Break

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Question: L006_STOCK20LESS Show if: (L004_STOCKSLESS > 0)
By <u>next year</u> at this time, what is the percent chance that mutual fund shares invested in blue chip stocks will have <u>fallen</u> in value by <u>more than 20%</u> compared to what they are worth today?
%
Collection: L101_L106 Contains: L101_STOCKSMORE, L102_STOCK10UP, L103_STOCK20UP, L104_STOCKSLESS, L105_STOCK10LESS, L106_STOCK20LESS Show if: (L_P_GROUPS = 2)
Question: L101_STOCKSMORE
By <u>next year</u> at this time, what is the percent chance that mutual fund shares invested in blue chip stocks like those in the Dow Jones Industrial Average
will be <u>worth more</u> than they are <u>today</u> ?
%
Question: L102_STOCK10UP
will have gained in value by more than 10% compared to what they are worth today?
%
Question: L103_STOCK20UP
will have gained in value by more than 20% compared to what they are worth today?
%
Question: L104_STOCKSLESS
will be <u>worth less than</u> they are <u>today</u> ?
<u></u> %
Question: L105_STOCK10LESS
$ ightharpoonup \ldots$ will have <u>fallen</u> in value by <u>more than 10%</u> compared to what they are worth today?
%
Question: L106_STOCK20LESS
%
Collection: L201_L207 Contains: L201_STOCKSMORE, L207_STOCKSAME, L204_STOCKSLESS, L202_STOCK10UP, L203_STOCK20UP, L205_STOCK10LESS, L206_STOCK20LESS Show if: (L_P_GROUPS = 3)
Question: L201_STOCKSMORE
By <u>next year</u> at this time, what is the percent chance that mutual fund shares invested in blue chip stocks like those in the Dow Jones Industrial Average
will be <u>worth more</u> than they are <u>today</u> ?
%
Question: L207_STOCKSAME
will be worth the same as they are today?
<u>%</u>
Question: L204_STOCKSLESS
will be worth less than they are today?
<u> </u>

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Question: L202_STOCK10UP Show if: ((L201_STOCKSMORE > 0) and ((L204_STOCKSLESS was-not-answered) or (L204_STOCKSLESS = 0))) or ((L201_STOCKSMORE > 0) and (L204_STOCKSLESS > 0))
By <u>next year</u> at this time, what is the percent chance that mutual fund shares invested in blue chip stocks
will have gained in value by more than 10% compared to what they are worth today?
%
Question: L203_STOCK20UP Show if: ((L201_STOCKSMORE > 0) and ((L204_STOCKSLESS was-not-answered) or (L204_STOCKSLESS = 0))) or ((L201_STOCKSMORE > 0) and (L204_STOCKSLESS > 0))
will have gained in value by more than 20% compared to what they are worth today?
%
Question: L205_STOCK10LESS Show if: ((L204_STOCKSLESS > 0) and ((L201_STOCKSMORE was-not-answered) or (L201_STOCKSMORE = 0))) or ((L201_STOCKSMORE > 0) and (L204_STOCKSLESS > 0))
By <u>next year</u> at this time, what is the percent chance that mutual fund shares invested in blue chip stocks
will have <u>fallen</u> in value by <u>more than 10%</u> compared to what they are worth today?
%
Question: L206_STOCK20LESS Show if: ((L204_STOCKSLESS > 0) and ((L201_STOCKSMORE was-not-answered) or (L201_STOCKSMORE = 0))) or ((L201_STOCKSMORE > 0) and (L204_STOCKSLESS > 0))
will have <u>fallen</u> in value by <u>more than 20%</u> compared to what they are worth today?
%
Page Break

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Collection: SEC_M
Contains: M001_MEDFORMS, M002_TAXFORMS, M003_FAMASSETKNOW, M004_RETIREDECISIONS, M005_FILETAX, M006_TAXPREP, M007_TAXPREPWHO,
M008_TAXINFOWHO, M009_TAXPREPWHO, M010_HTHINSKNOW, M011_HTHINSDEC, M012_HTHINSDECOT, M013_HTHINSDECWHO, M014_HTHCAREDECHOW,
M015_HTHCAREDECOT, M016_HTHCAREDECWHO, M017_APPTS, M018_APPTSWHO, M019_APPHELPSP, M019_APPHELPDAUG, M019_APPHELPSON, M019_APPHELPSAM,
M019_APPHELPFRIEN, M019_APPHELPOTHER, M021_MEDSHELP, M022_MEDSHELPDAUG, M023_MEDSHELPDAUG, M023_MEDSHELPDAUG, M023_MEDSHELPDAUG, M023_MEDSHELPDAUG, M023_MEDSHELPSDN,
M023_MEDSHELPFAM, M023_MEDSHELPFRIEN, M023_MEDSHELPDOC, M023_MEDSHELPOTHER, M024_SPAPPT, M025_SPAPPTHELP, M026_SPMEDS, M027_SPMEDSHELP,
M028_SPMEDSHELPWHO, M029_SPMEDSHELP, M030-M037
Show if: (X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section M]) or [Section D] or [Section F] or [Section F] or [Section F] or [Section H] or [Section I] or [

The next set of questions is about your health and your finances.

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Ques	tion: M001_MEDFOR	MS	
	Scale Summary		
Code	Label	Show-If	
1	Extremely confident		
2	Quite confident		
3	Somewhat confident		
4	A little confident		
5	Not at all confident		
// F	low confident	are y	
(Extremely confident		
(Quite confide		
	O Somewhat confident		
ò	○ A little confident		
(Not at all co	nrident	

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0	Hama MOOD TAYFODA	40		
Ques	tion: M002_TAXFORM Scale Summary	15		
Code	Label	Show-If		
1	Extremely confident			
2	Quite confident			
3	Somewhat confident			
4	A little confident			
5	Not at all confident			
// H	low confident	are y		
(Extremely co	onfider		
	Quite confide	ent		
(O Somewhat confident			
Č	○ A little confident			
	O Not at all confident			
Page Bi	ge Break			

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Oues	tion: M003 FAMASSETKNO	M/		
	if: (A001_MARITALSTATUS			
Scale Summary				
Code	Label	Show-If		
1	Me			
2	Му			
3	Both me and my			
4	Someone else in the family			
	Which member of	-		
r	etirement plannin	ıg?		
,	⊃ Mo			
	O Me			
(⊃ My			
 Both me and my 				
(Someone else in	the far		

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	Question: M004_RETIREDECISIONS Show if: (A001_MARITALSTATUS = 1:[Married]) or (A001_MARITALSTATUS = 2:[Living with a partner as if married])					
	Scale Summary					
Code	Label	Show-If				
1	Me					
2	My and I decide together, but it is more my responsibility					
3	My and I decide equally					
4	My and I decide together, but it is more the responsibility of my					
5	Му					
6	Someone else					
	 ind other large expenses? Me My and I decide together, but it is more my My and I decide equally My and I decide together, but it is more the 	•				
(My Someone else		,			
Page B	reak					

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Ques	Question: M005_FILETAX						
Sca	le Sur	nmary					
Code	Label	Show-If	f				
1	Yes						
5	No						
<i>[</i>]	o y	ou file	e a tax return?				
() Ye	es					
() No	0					
Page B	reak						

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Show	n: M006_TAXPREP : (M005_FILETAX = 1:[Yes])
Sca	Summary
Code	bel Show-If
1	
5	
/ D	es someone help you prepare your tax return?
(Yes
~	No
	140
Page Br	ık

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Question: M007_TAXPREPWHO Show if: (M006_TAXPREP = 1:[Yes])
Who outside your household helps you prepare your tax return?
Please select all that apply.
☐ My child/one of my children
☐ Another family member
☐ A friend
☐ A paid tax preparer (an accountant, H&R Block, etc.)
☐ Someone else
Page Break

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	tion: M008_TAXINFOWHO if: (A001_MARITALSTATUS is-any-of 1:[Married] or 2:[Living	with a na		
Silow	Scale Summary			
Code	Label	Show-If		
1	I do it			
2	My and I do it together, but it is more my responsibility			
3	My and I do it together			
4	My and I do it together, but it is more the responsibility of my			
5	My does it			
110	We do this separately			
6 V	Who in your household puts together the	e form		
/V	. ,	e form		
∕V y	Who in your household puts together the	e form		
∨ y	Who in your household puts together the our taxes? I do it			
∠ V y	Who in your household puts together the our taxes? I do it My and I do it together, but it is more my			
✓ V Y	Who in your household puts together the our taxes? I do it My and I do it together, but it is more my My and I do it together	respo		
✓ V Y	Who in your household puts together the our taxes? I do it My and I do it together, but it is more my My and I do it together My and I do it together, but it is more the	respo		
✓ V Y	Who in your household puts together the our taxes? I do it My and I do it together, but it is more my My and I do it together	respo		

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Ques	Question: M009_TAXPREPWHO				
Shov	v if: (A001_MARITALSTATUS is-any-of 1:[Married] or 2:[Living	with a pa	artner as if married]) and $(M006_TAXPREP \neq 1:[Yes])$ and $(M005_FILETAX = 1:[Yes])$		
	Scale Summary				
Code Label Show-If					
1	I do it				
2	My and I do it together, but it is more my responsibility				
3	My and I do it together				
4	My and I do it together, but it is more the responsibility of my				
5	My does it				
6	We prepare our taxes separately				

Who prepares your tax return?

- \bigcirc I do it
- $\ensuremath{\bigcirc}$ My and I do it together, but it is more my responsibility
- \bigcirc My and I do it together
- $\ensuremath{\bigcirc}$ My and I do it together, but it is more the responsibility of my
- O My does it
- \bigcirc We prepare our taxes separately

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	tion: M010_HTHINSKNOW	4 544
Snov	if: (A001_MARITALSTATUS Scale Summary	5 = 1:[Mai
l .		0
Code	Label	Show-If
1	Me	
2	My	
3	Both me and my	
4	Someone else in the family	
	Which member of soverage?	,
	O Me	
`		
(⊃ My	
(Soth me and my	
(Someone else in	the far
Page B	reak	

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	stion: M011_HTHINSDEC w if: (A001_MARITALSTATUS = 1:[Married]) or (A00	1_MARIT		
	Scale Summary			
Cod	e Label	Show-If		
1	Me			
2	My and I decide together, but I take the lead			
3 My and I decide equally				
4 My and I decide together, but my takes the lead				
5 My				
6 We make our health insurance decisions separately				

Who makes the decisions about your health insurance coverage?

\bigcirc	Μe

- $\bigcirc\,$ My and I decide together, but I take the lead
- O My and I decide equally
- $\ensuremath{\bigcirc}$ My and I decide together, but my takes the lead
- O My
- \bigcirc We make our health insurance decisions separately

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SI	10W	if: (A		HINSDECOT RITALSTATUS = 1:[Married]) or (A001_MARITALSTATUS = 2:[Living with a partner as if married])
11-	_		Show-If	
1	-	Yes		
5		No		
6	Ø	oes	anyo	ne other than your help you with decisions about health insurance?
) Ye	es	
	\subset) N	0	
Pag	je Br	eak		

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Question: M013_HTHINSDECWHO Show if: (M012_HTHINSDECOT = 1:[Yes])
Who else helps you with decisions about health insurance?
Please select all that apply.
 □ Our daughter or daughter-in-law □ Our son or son-in-law □ Another close family member (sibling, cousin, parent) □ Friend or neighbor □ Health care provider (doctor, nurse, pharmacist) □ Someone else
Page Break

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Question: M014_HTHCAREDECHOW Show if: (A001 MARITALSTATUS = 1:[Married]) or (A001 MARITA			
Scale Summary			
Code	Label	Show-If	
1	I make those decisions by myself		
2	I make those decisions with some advice from my		
3	My and I decide together		

When you make decisions about your health and health care (for example, filling out medical forms or deciding which doctor to see), which of the following best describes how you make those decisions?

- I make those decisions by myself
- \bigcirc I make those decisions with some advice from my
- O My and I decide together

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Show	/ if: (A		HCAREDECOT LITALSTATUS = 1:[Married]) or (A001_MARITALSTATUS = 2:[Living with a partner as if married])
Code	Label	Show-If	
1	Yes		
5	No		
	oes	anyoi	ne other than your participate in decisions about health and health care?
(O Ye	es	
(O N	0	
Page B	reak		

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Question: M016_HTHCAREDECWHO Show if: (M015_HTHCAREDECOT = 1:[Yes])
Who else participates in decisions about health and health care?
Please select all that apply.
☐ Our daughter or daughter-in-law ☐ Our son or son-in-law ☐ Another close family member (sibling, cousin, parent) ☐ Friend or neighbor ☐ Health care apprides (dector purpose sharms sixt)
☐ Health care provider (doctor, nurse, pharmacist)☐ Someone else:
Page Break

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	Scale Summary	
Code L	abel	Show-If
L Y	'es, always	
2 Y	'es, sometimes	
3 N	lo, never	
0	Yes, alwa	
\circ		C

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Question: M018_APPTSWHO Show if: (M017_APPTS = 1:[Yes, always]) or (M017_APPTS = 2:[Yes, sometimes])
Who goes to your doctor's appointments with you?
Please select all that apply.
□ My
☐ My daughter or daughter-in-law
☐ My son or son-in-law
☐ Another close family member (sibling, cousin, parent)
☐ Friend or neighbor
☐ Someone else:
☐ Don't know
Page Break

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Question: M019_APPHELPSP Show if: (M018_APPTSWHO is-any-of [My])				
What does your do to help at your doctor's appointments?				
Please select all that apply.				
□ Remembers what the doctor says/takes notes □ Explains my condition or needs to the doctor □ Explains the doctor's instructions to me □ Asks questions □ Translates □ Schedules appointments □ Keeps me company, provides moral support □ Provides transportation □ Provides physical assistance □ Other				
Page Break				

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Question: M019_APPHELPDAUG Show if: (M018_APPTSWHO is-any-of [My daughter or daughter-in-law])				
What does your daughter or daughter-in-law do to help at your doctor's appointments?				
Please select all that apply.				
 □ Remembers what the doctor says/takes notes □ Explains my condition or needs to the doctor □ Explains the doctor's instructions to me □ Asks questions □ Translates □ Schedules appointments □ Keeps me company, provides moral support □ Provides transportation □ Provides physical assistance □ Other 				
Page Break				

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Question: M019_APPHELPSON Show if: (M018_APPTSWHO is-any-of [My son or son-in-law])				
What does your son or son-in-law do to help at your doctor's appointments?				
Please select all that apply.				
☐ Remembers what the doctor says/takes notes				
☐ Explains my condition or needs to the doctor				
☐ Explains the doctor's instructions to me				
☐ Asks questions				
☐ Translates				
☐ Schedules appointments				
☐ Keeps me company, provides moral support				
☐ Provides transportation				
☐ Provides physical assistance				
☐ Other				
Page Break				

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Question: M019_APPHELPFAM Show if: (M018_APPTSWHO is-any-of [Another close family member (sibling, cousin, parent)])				
What does your close family member (sibling, cousin, parent) do to help at your doctor's appointments?				
Please select all that apply.				
 □ Remembers what the doctor says/takes notes □ Explains my condition or needs to the doctor □ Explains the doctor's instructions to me □ Asks questions □ Translates □ Schedules appointments □ Keeps me company, provides moral support □ Provides transportation □ Provides physical assistance □ Other 				
Page Break				

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Question: M019_APPHELPFRIEN Show if: (M018_APPTSWHO is-any-of [Friend or neighbor])		
What does your friend or neighbor do to help at your doctor's appointments?		
Please select all that apply.		
☐ Remembers what the doctor says/takes notes ☐ Explains my condition or needs to the doctor ☐ Explains the doctor's instructions to me ☐ Asks questions ☐ Translates ☐ Schedules appointments		
 ☐ Keeps me company, provides moral support ☐ Provides transportation ☐ Provides physical assistance ☐ Other 		
Page Break		

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Question: M019_APPHELPOTHER Show if: (M018_APPTSWHO is-any-of [Someone else:])			
What does do to help at your doctor's appointments?			
Please select all that apply.			
☐ Remembers what the doctor says/takes notes ☐ Explains my condition or needs to the doctor ☐ Explains the doctor's instructions to me ☐ Asks questions ☐ Translates ☐ Schedules appointments ☐ Keeps me company, provides moral support ☐ Provides transportation ☐ Provides physical assistance ☐ Other			
Page Break			

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Quest	tion: M021_MEDS	HELP				
Show	Show if: (F001_INUMMEDS > 0:[None])					
Scale Summary						
Code	Label	Show-If				
1	Yes					
5	No, I do it myself					
	arlier you n ake it?	nentio	ned that you take prescription medication. Is there anyone who helps you remember to			
() Yes					
(No, I do it	myself	F			

Page Break

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Question: M022_MEDSHELPWHO Show if: (M021_MEDSHELP = 1:[Yes])
☑️ Who helps you remember to take it?
Please select all that apply.
☐ My
☐ My daughter or daughter-in-law
☐ My son or son-in-law
☐ Another close family member (sibling, cousin, parent)
☐ Friend or neighbor
☐ Health care provider (doctor, nurse, pharmacist)
☐ Someone else:
Page Break

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Question: M023_MEDSHELPSP Show if: (M022_MEDSHELPWHO is-any-of [My])	
☑ What does your do to help you remember to take your medication?	
Please select all that apply.	
 □ Reminds me in person □ Calls to remind me □ Puts my pills in a daily or weekly organizer □ Puts my medication by my plate at meals □ Sets a timer/alarm to remind me 	
☐ Makes a medication checklist for me	
Page Break	

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Question: M023_MEDSHELPDAUG Show if: (M022_MEDSHELPWHO is-any-of [My daughter or daughter-in-law])
What does your daughter or daughter-in-law do to help you remember to take your medication?
Please select all that apply.
☐ Reminds me in person
☐ Calls to remind me
☐ Puts my pills in a daily or weekly organizer
☐ Puts my medication by my plate at meals
☐ Sets a timer/alarm to remind me
☐ Makes a medication checklist for me
Page Break

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Question: M023_MEDSHELPSON Show if: (M022_MEDSHELPWHO is-any-of [My son or son-in-law])	
What does your son or son-in-law do to help you remember to take your medication?	
Please select all that apply.	
□ Reminds me in person □ Calls to remind me □ Puts my pills in a daily or weekly organizer □ Puts my medication by my plate at meals □ Sets a timer/alarm to remind me □ Makes a medication checklist for me	
Page Break	

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Question: M023_MEDSHELPFAM Show if: (M022_MEDSHELPWHO is-any-of [Another close family member (sibling, cousin, parent)])
What does your close family member (sibling, cousin, parent) do to help you remember to take your medication?
Please select all that apply.
 □ Reminds me in person □ Calls to remind me □ Puts my pills in a daily or weekly organizer □ Puts my medication by my plate at meals □ Sets a timer/alarm to remind me □ Makes a medication checklist for me
Page Break

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Question: M023_MEDSHELPFRIEN Show if: (M022_MEDSHELPWHO is-any-of [Friend or neighbor])
What does your friend or neighbor do to help you remember to take your medication?
Please select all that apply.
☐ Reminds me in person ☐ Calls to remind me ☐ Puts my pills in a daily or weekly organizer ☐ Puts my medication by my plate at meals ☐ Sets a timer/alarm to remind me ☐ Makes a medication checklist for me
Page Break

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Question: M023_MEDSHELPDOC Show if: (M022_MEDSHELPWHO is-any-of [Health care provider (doctor, nurse, pharmacist)])
What does your health care provider (doctor, nurse, pharmacist) do to help you remember to take your medication?
Please select all that apply.
☐ Reminds me in person
☐ Calls to remind me
☐ Puts my pills in a daily or weekly organizer
☐ Puts my medication by my plate at meals
☐ Sets a timer/alarm to remind me
☐ Makes a medication checklist for me
Page Break

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Question: M023_MEDSHELPOTHER Show if: (M022_MEDSHELPWHO is-any-of [Someone else:])
What does do to help you remember to take your medication?
Please select all that apply.
 □ Reminds me in person □ Calls to remind me □ Puts my pills in a daily or weekly organizer □ Puts my medication by my plate at meals □ Sets a timer/alarm to remind me □ Makes a medication checklist for me
Page Break

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_							
	tion: M024_SPAI		US = 1:[Married]) or (A001_MARITALSTATUS = 2:[Living with a partner as if married])				
SHOW	Scale Summar		35 – 1.[Mathed]) (I (A001_MATHAL51A105 – 2.[Living with a partier as it mathed])				
	Scale Sullilla	У					
Code	Label	Show-If					
1	Yes, always						
2	Yes, sometimes						
3	No, never						
/ I	If your has a doctor's appointment, do you go with him/her?						
(⊃ Yes, alwa	ıys					
(Yes, som	etimes					
(O No, neve	r					
Page B	reak						

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Question: M025_SPAPPTHELP Show if: (M024_SPAPPT = 1:[Yes, always]) or (M024_SPAPPT = 2:[Yes, sometimes])
☑/ What do you do to help?
Please select all that apply.
☐ I remember what the doctor says and/or take notes ☐ I explain my's condition or needs to the doctor ☐ I explain the doctor's instructions to my ☐ I ask questions ☐ I translate ☐ I schedule appointments ☐ I keep my company and/or provide moral support ☐ I provide transportation ☐ I provide physical assistance ☐ Other
Page Break

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Question: M026_SPMEDS Show if: (A001_MARITALSTATUS = 1:[Married]) or (A001_MARITALSTATUS = 2:[Living with a partner as if married]) Scale Summary	
Code Label Show-If	
1 Yes	
5 No	
 	
○ Yes	
○ No	
age Break	

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	ion: M027_SPMEDSHEL if: (M026_SPMEDS = 1: Scale Summary	
le l		Show-If
`	Yes	
5 No, my does that alone		
/ Is	s there anyone	who l

- O Yes
- O No, my does that alone

Page Break

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Question: M028_SPMEDSHELPWHO Show if: (M027_SPMEDSHELP = 1:[Yes])
Who else helps your remember to take their medication?
Please select all that apply.
☐ I help my remember to take medication
☐ Daughter or daughter-in-law
☐ Son or son-in-law
☐ Another close family member (sibling, cousin, parent)
☐ Friend or neighbor
☐ Health care provider (doctor, nurse, pharmacist)
☐ Someone else:
Page Break

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Question: M029_SPMEDSRHELP Show if: (M028_SPMEDSHELPWHO is-any-of [I help my remember to take medication])
☑ What do you do to help your remember to take his/her medication?
Please select all that apply.
☐ I remind my in person ☐ I call to remind him/her ☐ I put his/her pills in a daily or weekly organizer ☐ I put medication by his/her plate at meals ☐ I set a timer/alarm as a reminder
Page Break

Ques	tion Block: M030-M037							
	Contains: M030_1_PLANDIN, M030_2_SHOPLIST, M030_3_MARKET, M030_4_COOKDIN, M030_5_DISHES, M030_6_GARBAGE, M030_7_LAUNDRY, M030_8_BILLS							
Show	Show if: (A001_MARITALSTATUS = 1:[Married]) or (A001_MARITALSTATUS = 2:[Living with a partner as if married])							
	Scale Summary							
Code	Label	Show-If						
1	I do all of it							
2	I do most of it							
3	We share the task equally							
4	My does most of it							
5	My does all of it							
6	Not applicable							

Finally, we are interested in understanding how couples share household tasks. For each of the following tasks, please check the option that best describes what you and your do:

	I do all of it	I do most of it	We share the task equally	My does most of it	My does all of it	Not applicable
Deciding what to have for dinner	0	0	0	0	0	0
Making a shopping list for the supermarket	0	0 0 0		0	0	0
Going to the supermarket	0	0	0	0	0	0
Cooking dinner	0	0	0	0	0	0
Doing the dishes	0	0	0	0	0	0
Taking out the garbage	0	0	0	0	0	0
Doing laundry	0	0	0	0	0	0
Paying bills	0	0	0	0	0	0

Page Break

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Collection: SEC_N Contains: N001_N004_PAST, N005_N008_FUTURE Show if: (X_MAIN_TEST_SCREEN is-any-of [ALL] or [Section B] or [Section D] or [Section B] or [S
Collection: N001_N004_PAST Contains: N001, N002, N003, N004 Show if: (N_P_PAST_FUTURE = 1)
Question: N001 Show if: (N_P_ORDER = 1)
Please look back 5 years to the year 2008. What kind of a person were you in 2008?
Please select the $\underline{3}$ words that best describe what you were like 5 years in the past.
☐ Unique ☐ Smart ☐ Practical ☐ Dependable ☐ Sincere ☐ Responsible ☐ Caring ☐ Helpful
Page Break

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You did not give 3 answers for:

Please look back 5 years to the year 2008. What kind of a person were you in 2008?

Please check the 3 words that best describe what you were like 5 years in the past.

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the "Previous" button.

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Question: N002 Show if: (N_P_ORDER = 2)
Please look back 5 years to the year 2008. What kind of a person were you in 2008?
Please select the $\underline{3}$ words that best describe what you were like 5 years in the past.
☐ Helpful ☐ Caring ☐ Responsible ☐ Sincere ☐ Dependable ☐ Practical ☐ Smart ☐ Unique
Page Break

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Vali	did	not	aive	3	answers	for:

Your answers are important to us. Please try to answer as best you can. If you would like to answer the question please press the "Previous" button.

Page Break

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Question: N003 Show if: (N_P_ORDER = 3)
Please look back 5 years to the year 2008. What kind of a person were you in 2008?
Please select the $\underline{3}$ words that best describe what you were like 5 years in the past.
☐ Unique ☐ Smart ☐ Practical ☐ Dependable ☐ Sincere ☐ Responsible ☐ Caring ☐ Helpful
Page Break

You did not give 3 answers for:

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	ou did not give 3 answers for:	
'age Break	age Break	

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Question: N004 Show if: (N_P_ORDER = 4)
Please look back 5 years to the year 2008. What kind of a person were you in 2008?
Please select the $\underline{3}$ words that best describe what you were like 5 years in the past.
☐ Helpful ☐ Caring ☐ Responsible ☐ Sincere ☐ Dependable ☐ Practical ☐ Smart ☐ Unique
Page Break

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	You did not give 3 answers for:	
Page Break		

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Collection: N005_N008_FUTURE Contains: N005, N006, N007, N008 Show if: (N_P_PAST_FUTURE ≠ 1)	
Question: N005 Show if: (N_P_ORDER = 1)	
Please look ahead 5 years to the year 2018. What kind of a person will you be in 2018?	
Please select the $\underline{3}$ words that best describe what you will be like 5 years in the future.	
☐ Unique ☐ Smart ☐ Practical ☐ Dependable ☐ Sincere ☐ Responsible ☐ Caring ☐ Helpful	
Page Break	

You did not give 3 answers for:

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You did not give 3 answers for:	
Page Break	

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Question: N006 Show if: (N_P_ORDER = 2)
Please look ahead 5 years to the year 2018. What kind of a person will you be in 2018?
Please select the $\underline{3}$ words that best describe what you will be like 5 years in the future.
☐ Helpful ☐ Caring ☐ Responsible ☐ Sincere ☐ Dependable ☐ Practical ☐ Smart ☐ Unique
Page Break

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You did not give 3 answers for:	
Page Break	

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Question: N007 Show if: (N_P_ORDER = 3)
✓ Please look ahead 5 years to the year 2018. What kind of a person will you be in 2018?
Please select the <u>3</u> words that best describe what you were like 5 years in the future.
☐ Unique ☐ Smart ☐ Practical ☐ Dependable ☐ Sincere ☐ Responsible ☐ Caring ☐ Helpful
Page Break

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You did not give 3 answers for:		
Page Break		

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Question: N008 Show if: (N_P_ORDER = 4)
Please look ahead 5 years to the year 2018. What kind of a person will you be in 2018?
Please select the $\underline{3}$ words that best describe what you will be like 5 years in the future.
☐ Helpful ☐ Caring ☐ Responsible ☐ Sincere ☐ Dependable ☐ Practical ☐ Smart ☐ Unique
Page Break

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You did not give 3 answers for:	
Page Break	

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Question: X_RESPONDENT_COMMENTS	
Congratulations! You have completed the survey. We are interested in your feedback about the survey. Please feel free to enter your comments below.	
	v

We thank you very much for your participation in our survey. We cannot stress enough how important it is to our research team to learn how you are doing -- both personally and economically -- these days. Thank you again for taking the time to help our research.

Click on the "Submit" button to send your responses.