

## First Year Questionnaire

ID NUMBER:					COI	NTA	CT YI	EAR:	FORM CODE: AF1 VERSION A 11-8-2001
LAST NAME:								INITIALS:	]

INSTRUCTIONS: This form should be completed during the first year annual follow-up call. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"Now I am going to read a list of negative or stressful events that may happen in one's life. Across America, these events are among the unfortunate things that may happen to people no matter what their circumstances in life. Studies show that these negative or stressful events may have an important effect on one's health. After each one, please tell me if it has happened to you in the last 12 months."

		<u>Yes</u>	<u>No</u>
1.	First, have you had a serious illness or injury that started or got worse in the last year?	Y	N
2.	Have you been the victim of a serious physical attack, mugging, sexual assault or other assault?	Y	N
3.	Have you been robbed or was your home burglarized?	Y	N
4.	Have you lost a loved one due to violence?	Y	N
5.	Has your house been shot at, or has there been gunfire in your neighborhood?	Y	N
6.	Has anyone close to you died?	Y	N
7.	Has a family member or close friend had a major illness or injury?	Y	N

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In th	e last 12 months	<u>Yes</u>	<u>No</u>	
8.	Have you moved to a worse residence or neighborhood?	Y	N	
9.	Have you or anyone in your household lost a job?	Y	N	
10.	Have you retired from a job when you did not want to?	Y	N	
11.	Have you had a divorce or separation from your (husband/wife)?	Y	N	
abou are f	JHS/ARIC ONLY, SAY:] "Now I have a series of questions that are sim it your childhood experiences. Those earlier questions were for your or JHS. Where questions are nearly identical, I will do my best to first ies without asking you the full question. Thank you for your patience	· ARIC annua t make sure	l follow up	o, while these
[OR:]				
occu	JHS ONLY, SAY:] "Some studies suggest that the experiences we have rrence of illness throughout our lives. The following questions are de experiences. We realize these things happened long ago. Please try to	esigned to a	ssess som	e of your early
12.	Were you raised up to age 16 by anyone other than your natural parents?	Yes	Y	
		No	N	Go to Item 14a
13a.	Was that because one of your <u>parents died</u> , because they <u>divorced or separated</u> , or from <u>some other reason</u> ?	died	A —	
	Parents or separ		В	Go to Item 14a
	Other re	ason	c	

13b. Specify:																	

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Don't Know

Refused

[IF YES TO ITEM 12 SAY:] "The following questions refer to the persons whom you consider to be the <u>most important</u> in raising you up to age 16." [THIS CAN BE PARENTS OR ANY OTHER 2 PERSONS/CARETAKERS WHOM RESPONDENT THINKS WERE MOST IMPORTANT].

14a.	car	etak	er) e	ver v	vork	ther i	ay w	hile	you	were				Yes					Y				
														No					N —	Go	to Ite	m 15 <i>a</i>	
														Ther	e wa	s no	fath	ner/					
														male in ho			er		т —	Go	to Ite	m 16a	
														Does	s not	kno	w		D —	Go to Item 15a			
14b.	(or (the	othe mo	r im st in	porta port	ant n tant	ing u nale one)? WOR	caret P [PR	aker OBE	's) n	nain	job		ER										
																			]				
14c.	4c. What were his most important activities or duties? For example selling cars, hearing legal cases, keeping books or office work, teaching school, etc.																						
																			- 				
14d.	[IF	UNSL	JRE,	ASK:	:] "W	s or hat d FOR	id th	ey n	nake	or d	o wł		DUST	RY].					]				
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15a. What is the highest degree or years of school your father (or important male caretaker) completed, including trade or vocational school or college? [RECORD NUMBER OF YEARS FOR GRADES 1-12:] ..... Some vocational or trade school, but no certificates 14 Vocational or trade certificate 15 Some college, but no degree 16 Associate degree, (junior college) (AA or AS) 17 Bachelor's degree (BA, BS, AB) 18 Graduate or professional schools (MA, MS, 19 Master's Doctorate, MD, JD, DDS, DVM, etc.) 15b. [IF LESS THAN 12, ASK:] Did he complete a GED?......Yes Υ No Ν 16a. Did your mother (or other important female caretaker) ever work for pay while you were growing up? ...... Yes Υ No Ν. Go to Item 17a There was no mother/ female caretaker Go to Item 18 in household Does not know D. Go to Item 17a 16b. What was her main occupation or job while you were growing up? [PROBE FOR WHAT MOTHER DID, NOT WHERE SHE WORKED]. 16c. What were her most important activities or duties? For example selling cars, hearing legal cases, keeping books or office work, teaching school, etc.

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16d.	What k ASK:] "\ [PROBE	What	did t	hey	mak	e or	do w	here	she	worl														
17a.	What is (or imp	ortar	nt fer	nale	care	take	r) <u>co</u>	s of :	scho eted,	ol yo inclu	ur m	nothe g trac	er de											
					[RE	COR	D NU	JMBE	R OF	YEA	RS F	OR C	GRAE	DES 1	-12	:]								
					Sor	ne v	ocati	onal	or tr	ade	scho	ol, b	ut n	o ce	rtific	ates			1	4				
					Voc	catio	nal c	r tra	de c	ertifi	cate								1	5				
					Sor	ne co	olleg	e, bu	ıt no	deg	ree								1	6				
					Ass	ocia	te de	egree	e, (ju	nior	colle	ge) (	ΆΑ (	or AS	5)				1	7				
					Bac	helo	r's d	egre	e (BA	, BS,	AB)								18					
								prof ctora							.)				1	9				
17b.	[IF LESS	S THA	N 12	2, AS	5K:] [	Did s	she c	omp	lete a	a GEI	D?					Y	es		١	Y				
																N	lo		١	N				
	e next o		ions	are a	abou	t the	plac	e yo	u live	ed w	nen y	you v	were	gro	wing	up	unti	l ag	ge 1	10.	l rea	alize	this	was
18.	When y (persor home,	ıs wh	o rai	sed	you)	<u>own</u>	or v	ere l	<u>buyir</u>	<u>ng</u> th		nt,												
	such as												0	wn c	or bu	ying	l		В	3				
													P	ay re	nt				R	2				
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19.		iking a		the p	lace	you	lived	lunt	il yo	u we	re							
	age	10, di	d it:													<u>Y</u> 6	<u>es</u>	<u>No</u>
	a.	have	indoc	or plu	ımbi	ng?										۱۱	1	N
	b.	have	electi	ricity	?											۱۱	′	N
	c.	and h	now m	nany	roon	ns di	d it l	nave	?								[	
20.		n you ears o										e				V		No
	a.	a refi	rigera	tor?.												<u>۲</u> ۰ ۲		<u>No</u> N
	b.	a car	?													Y	′	N
	c.	a tele	ephon	e?												Y	′	N
	d.	a tele	evisio	n?												Y	′	N
	e.	air co	onditio	oning	j?											Y	′	N
21.		is all ments	•			hav	e. D	о уо	u ha	ve ar	ny ot	her						
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ADM	INIST	RATIV	E INFO	ORMA	ATIO	N												
22.	Date	of da	ta col	lectio	on:				m	m	/	d	d	/	У	У	У	У
23.	Metl	nod of	data	colle	ction	ı:									•	uter form		C P
24	Cod	e num	her of	ners	on o	omr	letin	a th	is fo	rm·								

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