

Current Questionnaire Version, in use since 5 May

In addition to the response values shown, FIs may indicate a voluntary Don't Know or Refuse response with keys F7 and F8.

CHECK_HHM_NAME Before we begin the interview, I would like to confirm that I am speaking to the correct person, and also your date of birth. Is your name: [NAME FROM SCEENER]?

- 1 Yes
- 2 No

IF NO: What is your correct first, middle, and last name?

CHECK_HHM_DOB Is your date of birth [DOB FROM SCREENER]?

- 1 Yes
- 2 No

IF NO, OR IF NO DOB FROM SCREENER: What is your correct date of birth?

Consent Statement:

FI HAND CONSENT FORM TO RESPONDENT

You are being asked to participate in the Landmark Health and Spirituality Study. Here is a form that describes the procedures, risks and benefits of participation, and the steps we shall take to protect your confidentiality. I will be glad to answer any questions you might have. This process is called informed consent. If you decide to participate, you will be asked to sign this form.

The purpose of the study is to explore physical and mental health, illness, and the role of religion and spirituality in a person's life. The study will interview approximately 3000 women and men from across the nation.

We will ask you to participate in a 90 minute interview that will include a questionnaire and the collection of physical measures. To begin, you will be asked questions about: yourself (such as your age, gender, race), your physical and mental health, your feelings, daily activities, health behaviors, your religious beliefs and behaviors, and your employment and finances.

At the end of the interview, we will collect physical measures. We will describe each measure before it is administered so you will know just what to expect and why we are interested in these. We will ask to measure your: weight, waist circumference, hip circumference, height, blood pressure and pulse. In addition, we will ask to collect blood spots via a finger prick. Occasionally it is necessary to prick the finger a second time in order to get enough blood.

The Landmark Health and Spirituality Study is interested in how religious or spiritual beliefs may be connected to a person's physical or mental health. The blood samples you provide in today's interview will be used in scientific analyses to help answer these questions. Analyses will include: 1) An analysis of the cardiovascular system, 2) an analysis of the immune system, and an analysis of how your body uses blood sugar.

Your participation in this interview involves answering what might be sensitive questions, or questions that may make you feel uncomfortable. You can refuse to answer any question in the interview. Even though you may feel hesitant discussing sensitive issues, people often feel emotional or psychological relief that can outweigh their initial discomfort. Participation in the physical measures poses little or no risk. The measures collected today involve procedures similar to those conducted in a doctor's office and have been carefully designed to minimize any risk to you.

Immediately following the interview, you will receive the results of your weight, waist, hip, height, and blood pressure measurements. These results will be given to you in a brochure you can keep. Some of your results may be outside of the normal range. These results are provided to you based only on the measures taken today and are the only results you will receive today. If a result is outside of the normal range, I will suggest that you consider following up with a health care provider.

The information you provide will benefit society by increasing our knowledge about topics related to health and spirituality. You will receive results from most of the physical measures you provide today.

However, results from blood collection will not be provided to you. While the collection procedures we use are safe and well-established, the lab analyses for these samples use newly developed techniques and/or have not yet been studied. In addition, we do not yet know the reliability of these tests as compared to standard clinical measures. Therefore, we cannot provide these results because we do not yet know how to interpret them in regards to your health. However, the samples you provide may help us establish normal ranges for future use with adults and help us explore the relationship of these measures to health and spirituality.

No subjects will be identified in any report, publication, or presentation of this study or its results. To protect your confidentiality, your responses to the questionnaire and physical measures will be identified with a unique numeric identification number. Identifying information (such as your name) will not be associated with your data. At the end of data collection, study results will be made available to the scientific community. Data will only be analyzed for information on groups of people, never for individuals. Although every effort will be made to keep research records private, should you express intent to harm yourself or others we may contact a national crisis line. We will give only your name, contact information, and why we feel you are at risk of harming yourself or others. This report will not be linked to your survey information. You have the right to refuse to speak to the crisis center professional.

Additionally, to help us protect your privacy we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. However, the Certificate cannot be used to resist a demand for information from personnel from the Department of Health and Human Services for audit or program evaluation purposes.

Participation in this research study involves no direct cost to you. You will receive a total of \$35 for participating in this study even if you skip questions or cannot complete the interview.

Your participation in this study is voluntary and you are free to withdraw at any time. You may refuse to answer any specific questions or stop the interview at any time. You may refuse to provide any physical measure.

Will you please sign the consent form now?

- 1 Signature obtained
- 2 Refused consent
- 3 R CONSENTS TO THE INTERVIEW BUT DOES NOT WANT TO BE RECORDED

A. Health

BASE: ALL RESPONDENTS

A1 FROM OBSERVATION: Respondent sex

- 1 Male
- 2 Female

BASE: ALL RESPONDENTS

A3 Now I'd like to ask a few questions about your health. How would you rate your overall health at the present time? Would you say your health is excellent, good, fair, or poor? [USE SHOWCARD #1]

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

BASE: ALL RESPONDENTS

A4 Would you say your health is better, about the same, or worse than most people your age? [USE SHOWCARD #2]

- 1 Better
- 2 About the same
- 3 Worse

BASE: ALL RESPONDENTS

A5 Do you think your health is better, about the same, or worse than it was a year ago? [USE SHOWCARD #2]

- 1 Better
- 2 About the same
- 3 Worse

BASE: ALL RESPONDENTS

A6 Next, I'd like to know if you have experienced any of the following health problems during the past 12 months, that is, since last [INTERVIEWER NOTE: MONTH DESIGNATING THE CURRENT MONTH (IN YEAR) IN WHICH INTERVIEW IS TAKING PLACE]. Have you had [READ EACH ITEM] or not?

	<u>Yes</u>	<u>No</u>
() 1 Arthritis or rheumatism	1	2
() 2 Cataracts, glaucoma, or other eye diseases	1	2
() 3 Asthma, emphysema, chronic bronchitis, tuberculosis, or other respiratory diseases	1	2
() 4 Hypertension, sometimes called high blood pressure, or have you taken medication for it.	1	2
() 5 Heart attack or other heart trouble.	1	2
() 6 Diabetes or high blood sugar, or have you taken medication for it.	1	2
() 7 Ulcers (of the digestive system) or other stomach or intestinal disorders	1	2
() 8 Liver disease	1	2
() 9 Kidney disease	1	2
() 10 Other urinary tract disorders	1	2

- | | | | |
|--------|------------------------------------------------------------------------------------------|---|---|
| () 11 | Cancer or malignant tumor of any kind
(include melanoma but
not other skin cancer) | 1 | 2 |
| () 12 | Other major health problem
IF YES: SPECIFY: _____ | 1 | 2 |

BASE: MEN (Q210/1)

- | | | | |
|--------|------------------|---|---|
| () 13 | Prostate trouble | 1 | 2 |
|--------|------------------|---|---|

BASE: ALL RESPONDENTS

- | | | | |
|--------|--------------------------------|---|---|
| () 14 | Did you have any broken bones? | 1 | 2 |
|--------|--------------------------------|---|---|

BASE: ALL RESPONDENTS

A7 Are you presently taking any prescription medications for cholesterol including statins such as Zocor, Lipitor, Simvastatin, and Prevastatin?

- 1 Yes
- 2 No

BASE: STUDY PARTICIPANTS AGE 40 AND OLDER

A8 Now I'd like to ask you about some activities of daily living. These are things we all need to do as part of our daily lives. Please think about doing these activities by yourself and without help. Because of your health or physical problems, do you have any difficulty [READ EACH ITEM] or not?

- | | <u>Yes</u> | <u>No</u> |
|----------------------------------------------------------------------------------|------------|-----------|
| () 1 Shopping for personal items, such as toilet items or medicines | 1 | 2 |
| () 2 Using the telephone | 1 | 2 |
| () 3 Bathing yourself | 1 | 2 |
| () 4 Climbing 2-3 flights of stairs | 1 | 2 |
| () 5 Walking about ¼ mile | 1 | 2 |
| () 6 Doing heavy work around the house, such as shoveling snow or washing walls | 1 | 2 |
| () 7 Taking a train or bus by yourself | 1 | 2 |
| () 8 Standing or being on your feet for about 2 hours | 1 | 2 |
| () 9 Stooping, crouching or kneeling | 1 | 2 |
| () 10 Reaching over your head | 1 | 2 |
| () 11 Using your fingers to grasp or handle. | 1 | 2 |
| () 12 Lifting or carrying something as heavy as 25 pounds. | 1 | 2 |
| () 13 Dressing and undressing yourself. | 1 | 2 |

- | | | |
|----------------------------------|---|---|
| () 14 Feeding yourself. | 1 | 2 |
| () 15 Getting in or out of bed. | 1 | 2 |

BASE: ALL RESPONDENTS

A9 Do you have...

	<u>Yes</u>	<u>No</u>
1. Frequent cramps in the legs	1	2
2. Pains in the heart or tightness or heaviness in the chest	1	2
3. Trouble breathing or shortness of breath	1	2
4. Swollen ankles	1	2
5. Pains in the back or spine	1	2
6. Repeated pains in the stomach	1	2
7. Frequent headaches	1	2
8. Constant coughing or frequent heavy chest colds	1	2
9. Stiffness, swelling or aching in any joint or muscle	1	2
10. Getting very tired for a short time	1	2
11. Dizziness or nausea	1	2

BASE: ALL RESPONDENTS

A10 How many days in the average week do you do at least 15 minutes of moderate exercise that does not make you feel exhausted?

[READ IF NECESSARY]: (When I say moderate exercise, I'm thinking here about things like fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular or folk dancing)

(Number of Days per Week)
[Range = 0-7]

A11 How many days in the average week do you do at least 15 minutes of strenuous exercise, where your heart beats rapidly?

[READ IF NECESSARY]: (When I say strenuous exercise, I'm thinking about things like running, jogging, hockey, football, soccer, squash, basketball, cross country skiing, judo, roller skating, vigorous swimming, and vigorous long distance bicycling.)

(Number of Days per Week)
[Range = 0-7]

BASE: ALL RESPONDENTS

A12 On how many days in a typical week do you eat at least five servings of fruits and vegetables?

_____ days
[Range = 0-7]

A13 On how many days in a typical week do you eat red meat?

_____ days
[Range = 0-7]

BASE: ALL RESPONDENTS

A14 During the past month, on average, how many hours of sleep do you get each night?

_____ hours
[Range 0-24, allows half hour entries (8.5) as well as integers]

A15 During the past month, how often have you had trouble falling asleep within 30 minutes? [USE SHOWCARD #3]

- 1 Not during the past month
- 2 Less than once a week
- 3 One to two times a week
- 4 Three or more times a week

A16 During the past month, how would you rate your sleep quality overall? [USE SHOWCARD #4]

- 1 Very Good
- 2 Fairly Good
- 3 Fairly Bad
- 4 Very Bad

B. Emotions

BASE: ALL RESPONDENTS

B1. Instruction: How well do the following statements describe your personality? [USE SHOWCARD #5]

I see myself as someone who ...

		<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	
()	1	... is reserved.	1	2	3	4	5
()	2	... is generally trusting.	1	2	3	4	5
()	3	... tends to be lazy.	1	2	3	4	5
()	4	... is relaxed, handles stress well.	1	2	3	4	5

- () 5 ... has few artistic interests. 1 2 3 4 5
- () 6 ... is outgoing, sociable. 1 2 3 4 5
- () 7 ... tends to find fault with others. 1 2 3 4 5
- () 8 ... does a thorough job. 1 2 3 4 5
- () 9 ... gets nervous easily. 1 2 3 4 5
- () 10 ... has an active imagination. 1 2 3 4 5

BASE: ALL RESPONDENTS

B2. I am going to read you some words that describe different feelings and emotions. Please tell me to what extent you have felt that way in the past month. [USE SHOWCARD #6]

		<u>Very Slightly or Not</u>			<u>Quite a</u>	
		<u>at All</u>	<u>A Little</u>	<u>Moderately</u>	<u>Bit</u>	<u>Extremely</u>
()	1 Alert	1	2	3	4	5
()	2 Inspired	1	2	3	4	5
()	3 Determined	1	2	3	4	5
()	4 Attentive	1	2	3	4	5
()	5 Active	1	2	3	4	5

BASE: ALL RESPONDENTS

B3. For the next question, please give me a number from 1 to 7, where 1 is not a very happy person, and 7 is a very happy person: In general I consider myself: [USE SHOWCARD #7]

1	2	3	4	5	6	7
Not a very happy person						A very happy person

B4. Now please give me a number from 1 to 7, where 1 is less happy, and 7 is more happy. Compared to most of my peers, I consider myself: [USE SHOWCARD #8] *PROGRAMMING NOTE: Help screen to read "By peers, we mean people that you associate with most often."*

1	2	3	4	5	6	7
Less happy						More happy

B5. Now please give me a number from 1 to 7, where 1 is not at all, and 7 is a great deal. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you? [USE SHOWCARD #9]

1	2	3	4	5	6	7
Not at all						A great deal

BASE: ALL RESPONDENTS

Please tell me how strongly you agree or disagree with the following statements. [USE SHOWCARD #10]

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
B6 In most ways my life is close to my ideal.	1	2	3	4	5
B7 The conditions of my life are excellent.	1	2	3	4	5
B8 I am satisfied with my life.	1	2	3	4	5

BASE: ALL RESPONDENTS

B9 Now tell me how strongly you agree or disagree with the following statements. [USE SHOWCARD #11]

	Strongly <u>Agree</u>	<u>Agree</u>		<u>Disagree</u>	Strongly <u>Disagree</u>
() 1 I feel I am a person of worth, or at least on an equal plane with others.	1	2		4	5
() 2 I feel I have a number of good qualities.	1	2		4	5
() 3 I take a positive attitude toward myself.	1	2		4	5

BASE: ALL RESPONDENTS

[USE SHOWCARD #12]

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
B10 I have much in life to be thankful for.	1	2	3	4	5
B11 If I had to list everything that I felt grateful for, it would be a very long list.	1	2	3	4	5
B12 I am grateful to a wide variety of people.	1	2	3	4	5
B13 As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.	1	2	3	4	5

BASE: ALL RESPONDENTS

[USE SHOWCARD #13]

	Strongly <u>Agree</u>	<u>Agree</u>		<u>Disagree</u>	Strongly <u>Disagree</u>
() B14 I always look on the bright side of things.	1	2		4	5

()	B15	I'm optimistic about my future.	1	2	4	5
()	B16	In uncertain times, I usually expect the best.	1	2	4	5
()	B17	I feel confident the rest of my life will turn out well.	1	2	4	5

			<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
()	B18	I have a system of value and beliefs that guide my daily activities.	1	2	4	5
()	B19	I have a philosophy of life that helps me understand who I am.	1	2	4	5
()	B20	I feel like I am living fully.	1	2	4	5
()	B21	I feel like I have found a really significant meaning in my life.	1	2	4	5
()	B22	In my life, I have clear goals and aims.	1	2	4	5
()	B23	I have a sense of direction in life.	1	2	4	5

BASE: ALL RESPONDENTS

Now I'm going to read some statements about the way people sometimes feel. Please tell me how often you have felt this way during the past week. [USE SHOWCARD #14]

			<u>Rarely / None</u> <u>of the Time</u>	<u>Some / Little</u> <u>of the Time</u>	<u>Occasionally / A</u> <u>Moderate Amount</u> <u>of the Time</u>	<u>Most / All of</u> <u>the Time</u>
()	B24	I felt I could not shake off the blues, even with the help of my family and friends.	1	2	3	4
()	B25	I felt depressed.	1	2	3	4
()	B26	I had crying spells.	1	2	3	4
()	B27	I felt sad.	1	2	3	4
()	B28	I did not feel like eating, my appetite was poor.	1	2	3	4
()	B29	I felt that everything I did was an effort.	1	2	3	4
()	B30	My sleep was restless.	1	2	3	4
()	B31	I could not get going.	1	2	3	4

BASE: ALL RESPONDENTS

Over the last 2 weeks, how often have you been bothered by any of the following problems? [USE SHOWCARD #15]

	<u>Not At</u>		<u>More than</u>	<u>Nearly</u>
	<u>All</u>	<u>Several Days</u>	<u>Half the Days</u>	<u>Every Day</u>
() B32 Feeling nervous, anxious or on edge.	0	1	2	3
() B33 Not being able to stop or control worrying.	0	1	2	3
() B34 Worrying too much about different things.	0	1	2	3
() B35 Trouble relaxing.	0	1	2	3
() B36 Being so restless that it is hard to sit still.	0	1	2	3
() B37 Becoming easily annoyed or irritable.	0	1	2	3
() B38 Feeling afraid as if something awful might happen.	0	1	2	3

C. Outlook

BASE: ALL RESPONDENTS

Death is an inevitable part of life. I have just a few questions for you now on how you feel about death. [USE SHOWCARD #16]

	<u>Strongly</u>		<u>Disagree</u>	<u>Strongly</u>
	<u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Disagree</u>
() C1 I find it hard to face up to the fact that I will die.	1	2	4	5
() C2 Thinking about death makes me feel uneasy.	1	2	4	5
() C3 I do not feel prepared to face my own death.	1	2	4	5
() C4 I am disturbed by the shortness of life.	1	2	4	5

BASE: ALL RESPONDENTS

Please tell me how strongly you agree or disagree with the following statements. [USE SHOWCARD #16]

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
() C5 I think most people would lie to get ahead.	1	2	4	5
() C6 Most people make friends because friends are likely to be useful to them.	1	2	4	5
() C7 Most people will use somewhat unfair means to gain profit or an advantage rather than lose it.	1	2	4	5
() C8 Most people inwardly dislike putting themselves out to help other people.	1	2	4	5
() C9 I commonly wonder what hidden reason another person may have for doing something nice to me.	1	2	4	5

BASE: ALL RESPONDENTS

[USE SHOWCARD #17]

	Hardly <u>Ever</u>	<u>Some of the Time</u>	<u>Often</u>
C10 How often do you feel that you lack companionship?	1	2	3
C11 How often do you feel left out?	1	2	3
C12 How often do you feel isolated from others?	1	2	3

D. Religious Identity

BASE: ALL RESPONDENTS

D1 Which of the statements best describes you? [USE SHOWCARD #18, READ EACH STATEMENT]
PROGRAMMING NOTE: Help screen to read "If respondent asks for a definition of the word 'spiritual,' answer 'whatever it means to you.'"

- 1 I am spiritual and religious
- 2 I am spiritual but not religious
- 3 I am religious but not spiritual
- 4 I am neither spiritual nor religious

BASE: ALL RESPONDENTS

D2 At the present time, what is your religious preference? [USE SHOWCARD #19]

- | | | |
|---|----------------------------|-------------|
| 1 | Catholic or Roman Catholic | JUMP TO D16 |
| 2 | Protestant | JUMP TO D9 |
| 3 | Jewish | JUMP TO D4 |

- | | | |
|----|---------------------------------------|-----------------------------------------------------------------------------|
| 4 | Islam | JUMP TO D5 |
| 5 | Buddhist | JUMP TO D6 |
| 6 | Hindu | JUMP TO D7 |
| 7 | Other | JUMP TO D8 |
| 8 | No religious preference | ASK D3 |
| 9 | Agnostic (not sure if there is a God) | JUMP TO D16 |
| 10 | Atheist (there is no God) | JUMP TO D16, AND skip E1-E29, F14-F16,
F27-F29, G14-G34, H9-H14, I13-I15 |
| 11 | Don't Know (v.) | JUMP TO D16 |
| 12 | Refuse (v.) | JUMP TO D16 |

BASE: NO RELIGIOUS PREFERENCE

D3 Would you consider yourself atheist, agnostic, something else, or neither of these?

- | | | |
|---|------------------|-----------------------------------------------------------------------------|
| 2 | Atheist | JUMP TO D16, AND skip E1-E29, F14-F16, F27-F29, G14-G34,
H9-H14, I13-I15 |
| 1 | Agnostic | |
| 3 | Neither of these | |

BASE: JEWISH (D2/3)

D4 Which of the following describes your current particular approach to Judaism? Choose all that apply.
[USE SHOWCARD #20]

- Reform
- Conservative
- Orthodox
- Reconstructionist
- Culturally Jewish
- Don't know
- Other (please describe): _____

BASE: ISLAM (D2/4)

D5 Which of the following describes your current particular approach to Islam? [USE SHOWCARD #21]

- Sunni
- Shia
- Nation of Islam
- culturally Muslim
- Don't know
- Other (please describe): _____

BASE: BUDDHIST (D2/5)

D6 Which of the following describes your current particular approach to Buddhism? Choose all that apply.
[USE SHOWCARD #22]

- Theravada (Vipassana) Buddhism
- Mahayana (Zen) Buddhism
- Vajrayana (Tibetan) Buddhism
- culturally Buddhist
- Don't know

_____ Other (please describe): _____

BASE: HINDU (D2/6)

D7 Which of the following describes your current particular approach to Hinduism? Choose all that apply.
[USE SHOWCARD #23]

- _____ Vaishnava Hinduism
- _____ Shaivite Hinduism
- _____ Shaktism Hinduism
- _____ culturally Hindu
- _____ Don't know
- _____ Other (please describe): _____

BASE: OTHER (D2/7)

D8 Do you consider this to be part of the Christian faith?

- 1 Yes ASK D9
- 2 No [SPECIFY] _____ JUMP TO D16
- 8 Don't Know (v.) ASK D9
- 9 Refuse (v.) JUMP TO D16

BASE: PROTESTANT (D2/2, D8/1, 8)

D9 What is your specific denomination? [USE SHOWCARD #24]

- 1 Baptist ASK D10
- 2 Methodist JUMP TO D11
- 3 Lutheran JUMP TO D12
- 4 Presbyterian JUMP TO D13
- 5 Episcopalian JUMP TO D14
- 7 Other [SPECIFY] _____ JUMP TO D15
- 8 Don't Know (v.) JUMP TO D15
- 9 Refuse (v.) JUMP TO D15

BASE: BAPTIST (D9/1)

D10 Which Baptist church do you attend? [USE SHOWCARD #25]

- 01 American Baptist Association JUMP TO D16
- 02 American Baptist Churches in the U.S.A. JUMP TO D16
- 03 National Baptist Convention of America JUMP TO D16
- 04 National Baptist Convention, U.S.A., Inc. JUMP TO D16
- 05 Southern Baptist Convention JUMP TO D16
- 06 Other Baptist church JUMP TO D16
- 07 Baptist, don't know which JUMP TO D16
- 08 I don't belong to a specific church. JUMP TO D16
- 98 Don't Know (v.) JUMP TO D16
- 99 Refuse (v.) JUMP TO D16

BASE: METHODIST (D9/2)

D11 Which Methodist church do you attend? [USE SHOWCARD #26]

- | | | |
|---|-----------------------------------------|-------------|
| 1 | African Methodist Episcopal Church | JUMP TO D16 |
| 2 | African Methodist Episcopal Zion Church | JUMP TO D16 |
| 3 | United Methodist Church | JUMP TO D16 |
| 4 | Other Methodist churches | JUMP TO D16 |
| 5 | Methodist, don't know which | JUMP TO D16 |
| 6 | I don't belong to a specific church. | JUMP TO D16 |
| 8 | Don't Know (v.) | JUMP TO D16 |
| 9 | Refuse (v.) | JUMP TO D16 |

BASE: LUTHERAN (D9/3)

D12 Which Lutheran church do you attend? [USE SHOWCARD #27]

- | | | |
|----|--------------------------------------|-------------|
| 01 | American Lutheran Church | JUMP TO D16 |
| 02 | Lutheran Church in America | JUMP TO D16 |
| 03 | Lutheran Church – Missouri Synod | JUMP TO D16 |
| 04 | Wisconsin Evangelical Lutheran Synod | JUMP TO D16 |
| 05 | Evangelical Lutheran | JUMP TO D16 |
| 06 | Other Lutheran church | JUMP TO D16 |
| 07 | Lutheran, don't know which | JUMP TO D16 |
| 08 | I don't belong to a specific church. | JUMP TO D16 |
| 98 | Don't Know (v.) | JUMP TO D16 |
| 99 | Refuse (v.) | JUMP TO D16 |

BASE: PRESBYTERIAN (D9/4)

D13 Which Presbyterian church do you attend? [USE SHOWCARD #28]

- | | | |
|---|------------------------------------------|-------------|
| 1 | Presbyterian Church in the U.S.A. | JUMP TO D16 |
| 2 | United Presbyterian Church in the U.S.A. | JUMP TO D16 |
| 3 | Presbyterian Church (U.S.A.) | JUMP TO D16 |
| 4 | Other Presbyterian churches | JUMP TO D16 |
| 5 | Presbyterian, don't know which | JUMP TO D16 |
| 6 | I don't belong to a specific church. | JUMP TO D16 |
| 8 | Don't Know (v.) | JUMP TO D16 |
| 9 | Refuse (v.) | JUMP TO D16 |

BASE: EPISCOPALIAN (D9/5)

D14 Which Episcopal church do you attend?

BASE: OTHER PROTESTANT DENOMINATION (D9/7, 8, 9)

D15 Which Protestant church do you attend? [USE SHOWCARD #29]

- | | |
|----|--------------------------------|
| 01 | Assembly of God |
| 02 | Christian or Central Christian |

- 03 Church of Christ
- 04 Congregationalist or First Congregationalist
- 05 Holiness or Church of Holiness
- 06 Jehovah's Witnesses
- 07 Mormon, Church of Jesus Christ of Latter-Day Saints, or Latter-Day Saints-Jesus Christ
- 08 Nazarene
- 09 Pentecostal
- 10 Seventh Day Adventist
- 11 United Church of Christ
- 12 I don't belong to a specific church.
- 13 Other Protestant church [SPECIFY] _____
- 98 Don't Know (v.)
- 99 Refuse (v.)

BASE: ALL RESPONDENTS

D16 Which one statement comes closest to your beliefs about the Bible? [USE SHOWCARD #30]

- 1 The Bible means exactly what it says. It should be taken literally, word-for-word, on all subjects.
- 2 The Bible is perfectly true, but it should not be taken literally, word-for-word. We must interpret its meaning.
- 3 The Bible contains some human error.
- 4 The Bible is an ancient book of history and legends.

BASE: ALL RESPONDENTS

D17 How often do you attend religious services? [USE SHOWCARD #31, READ RESPONSES]

- 01 _____ Never
- 02 _____ Less than once a year
- 03 _____ About once or twice a year
- 04 _____ Several times a year
- 05 _____ About once a month
- 06 _____ 2 to 3 times a month
- 07 _____ Nearly every week
- 08 _____ Every week
- 09 _____ Several times a week

BASE: ALL RESPONDENTS

D18 How often do you spend working time in programs, whether through a religious organization or not, that help people in need, such as food banks programs that provide shelter to the homeless. Other than giving donations of money, food, or clothing, how often do you spend time working in this type of program? [USE SHOWCARD #32]

- 01 _____ Several times a week
- 02 _____ Once a week
- 03 _____ A few times a month
- 04 _____ Once a month
- 05 _____ Less than once a month
- 06 _____ Never

07 _____ Not applicable (respondent's church does not have this type of program) (v.)

BASE: ALL RESPONDENTS

D19 Now I have a few questions about prayer. How often do you pray by yourself? [USE SHOWCARD #33]

- 01 _____ Several times a day
- 02 _____ Once a day
- 03 _____ A few times a week
- 04 _____ Once a week
- 05 _____ A few times a month
- 06 _____ Once a month
- 07 _____ Less than once a month
- 08 _____ Never [IF NEVER, SKIP TO D21]

BASE: EVER PRAYS BY THEMSELVES, DON'T KNOW OR REFUSE (D19/1-7, 98, 99)

D20 When you are by yourself, how often do you pray for other people? [USE SHOWCARD #33]

- 01 _____ Several times a day
- 02 _____ Once a day
- 03 _____ A few times a week
- 04 _____ Once a week
- 05 _____ A few times a month
- 06 _____ Once a month
- 07 _____ Less than once a month
- 08 _____ Never

BASE: ALL RESPONDENTS

D21 When you are at home, how often do you read the Bible? [USE SHOWCARD #33]

- 01 _____ Several times a day
- 02 _____ Once a day
- 03 _____ A few times a week
- 04 _____ Once a week
- 05 _____ A few times a month
- 06 _____ Once a month
- 07 _____ Less than once a month
- 08 _____ Never

BASE: ALL RESPONDENTS

Now please tell me how strongly you agree or disagree with these statements. [USE SHOWCARD #34]

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
	1	2	4	5
() D22 My faith shapes how I think and act each and every day. <i>"If respondent asks for a definition of the word 'faith', answer 'whatever it means to you.'"</i>	1	2	4	5
() D23 I try hard to carry my religious beliefs over into all my other dealings in life.	1	2	4	5
() D24 My religious beliefs are what lie behind my whole approach to life.	1	2	4	5

E. Beliefs about God

BASE: NON-ATHEISTS

[USE SHOWCARD #35]

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
	1	2	3	4	5
E1 I see God's presence in all of life.	1	2	3	4	5
E2 I feel there is something of me that is sacred.	1	2	3	4	5
E3 I find the sacred in my relationships with people. <i>"If respondent asks for a definition of the word 'sacred,' answer 'whatever it means to you.'"</i>	1	2	3	4	5
E4 My body is a gift from God.	1	2	3	4	5
E5 My body is created in God's image.	1	2	3	4	5
E6 A spark of the divine resides in my body.	1	2	3	4	5

BASE: NON-ATHEISTS

E7 Which of the following statements best describes how you think about God? [USE SHOWCARD #36]
PROGRAMMING NOTE: Select one option only.

- 1 I believe that God is all around us. I look to nature to see God. I see God in every person I meet.
- 2 I believe God is a personal being who reigns over all creation who looks after us and listens to our prayers and praise. He responds to our needs and protects us from evil.
- 3 I believe God created the world and everything in it and then left us behind to fend for ourselves. God is no longer involved in the happenings of this world and looks down on us from above without ever intervening in our lives.
- 4 None of the above

BASE: NON-ATHEISTS

Please tell me how strongly you agree or disagree with the following statements. [USE SHOWCARD #37]

		<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
()	E8 Despite my shortcomings, I feel I will be forgiven.	1	2	3	4	5
()	E9 I think God will punish me for what I have done.	1	2	3	4	5
()	E10 I believe God is all merciful.	1	2	3	4	5
()	E11 I believe God will forgive my shortcomings.	1	2	3	4	5
()	E12 God will condemn those who do wrong someday.	1	2	3	4	5
()	E13 God will judge me harshly one day.	1	2	3	4	5

BASE: NON-ATHEISTS

The following statements concern how you feel about your relationship with God. We are interested in how you generally experience your relationship with God, not just in what is happening in that relationship currently. Please tell me how strongly you agree or disagree with each of the following statements. [USE SHOWCARD #37]

		<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
E14	I worry a lot about my relationship with God.	1	2	3	4	5

E15	I just don't feel a deep need to be close to God.	1	2	3	4	5
E16	I prefer not to depend too much on God.	1	2	3	4	5
E17	I often worry about whether God is pleased with me.	1	2	3	4	5
E18	I am uncomfortable allowing God to control every aspect of my life.	1	2	3	4	5
E19	I worry a lot about damaging my relationship with God.	1	2	3	4	5

BASE: NON-ATHEISTS

For the next questions, please give me a number from 1 to 7, where 1 is not at all, and 7 is extremely. To what extent have you experienced these emotions toward God over the past 30 days?

		Not at All						Extremely
E20	Joy	1	2	3	4	5	6	7
E21	Thankfulness	1	2	3	4	5	6	7
E22	Love	1	2	3	4	5	6	7
E23	Trust	1	2	3	4	5	6	7
E24	Awe	1	2	3	4	5	6	7

		Not at All						Extremely
E25	Anger	1	2	3	4	5	6	7
E26	Disappointment	1	2	3	4	5	6	7
E27	Frustration	1	2	3	4	5	6	7

		Not at All						Extremely
E28	Guilt	1	2	3	4	5	6	7
E29	Shame	1	2	3	4	5	6	7

F. Other Beliefs

BASE: ALL RESPONDENTS

Now please tell me how strongly you agree or disagree with the following statements. [USE SHOWCARD #38]

		Strongly Agree		Disagree		Strongly Disagree	
		<u>1</u>	<u>2</u>	<u>4</u>	<u>5</u>		
F1	I believe in life after death.	1	2	4	5		
F2	My death does not end my personal existence.	1	2	4	5		
F3	My life may end, but that which is important will live on through my family.	1	2	4	5		
F4	I will be reunited with loved ones after I die.	1	2	4	5		

F5	Compared to life on earth, life after death is a much better place.	1	2	4	5
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BASE: ALL RESPONDENTS

[USE SHOWCARD #38]

		Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
F6	I know that I can learn from other people.	1	2	4	5
F7	I can honestly assess both my strengths and my weaknesses.	1	2	4	5
F8	I am equally excited about a friend's accomplishments as I am about my own.	1	2	4	5
F9	When I see someone in a difficult situation I try to imagine how they feel.	1	2	4	5
F10	I feel compelled to help someone even when doing so requires me to go out of my way.	1	2	4	5
F11	It's not enough to feel sorry for someone who is in trouble: Whenever it is possible, I must also do something to help them.	1	2	4	5
F12	I feel sorry for someone who is in trouble even when they caused the problem that faces them.	1	2	4	5
F13	I feel sorry for someone even when they've done something that hurts me.	1	2	4	5

BASE: NON-ATHEISTS

[USE SHOWCARD #39]

		Strongly <u>Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
F14	When I think about how good others have been to me, it makes me feel very thankful to God.	1	2	3	4	5
F15	When I think of all the good in my life it makes me want to thank God.	1	2	3	4	5
F16	God has blessed me immensely.	1	2	3	4	5

BASE: ALL RESPONDENTS

[USE SHOWCARD #40]

		<u>Never</u>	<u>Seldom</u>	<u>Often</u>	<u>Always or Almost Always</u>
F17	I have forgiven myself for things I have done wrong.	1	2	3	4

F18 I have forgiven those who hurt me.	1	2	3	4
F19 I know that God forgives me	1	2	3	4

BASE: ALL RESPONDENTS

Please indicate to what extent you agree or disagree with each of the following. [USE SHOWCARD #41]

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
F20 My beliefs and practices give me a sense of peace.	1	2	4	5
F21 My beliefs and practices help me to know that everything will be fine.	1	2	4	5
F22 My beliefs and practices help me to be relaxed.	1	2	4	5
F23 My beliefs and practices help me feel protected.	1	2	4	5

BASE: ALL RESPONDENTS

Now I am going to ask you a few questions about how hopeful you are *most of the time*. Please answer the next questions with respect to what is *generally true for you*. For example, if you had an unusually good or bad week, put those thoughts and feelings aside and focus on *your typical ways of thinking, feeling, and doing*. [USE SHOWCARD #42]

	<u>Not me</u>	<u>A little like me</u>	<u>A lot like me</u>	<u>Exactly like me</u>
F24 My religious or spiritual beliefs help me see that things will turn out well in the future.	1	2	3	4
F25 My religious or spiritual beliefs help me see that the future will bring opportunities for a better life.	1	2	3	4
F26 My religious or spiritual beliefs help me see that the future looks bright for me.	1	2	3	4

BASE: NON-ATHEISTS

Some people have told us that religion helps them better understand their lives and the things that happen to them. We want to find out whether or not this is true for you too. Please tell me how strongly you agree or disagree with the following statements. [USE SHOWCARD #43]

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
F27 God put me in this life for a purpose.	1	2	4	5
F28 God has a specific plan for my life.	1	2	4	5

	Not at <u>All</u>	A Little <u>Bit</u>	Quite <u>a Lot</u>	A Great <u>Deal</u>
G15 a. Sought God's love and care.	1	2	3	4
b. Trust that God would be by my side.	1	2	3	4
c. Looked to God for strength, support, and guidance.	1	2	3	4

BASE: ALL WHO MENTIONED AN EVENT ABOVE AND ARE NOT ATHEISTS

Again, thinking about the specific event you identified a moment ago, to what extent have you responded in each of the following ways: [USE SHOWCARD #45]

G16 Felt angry at God.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G17 Felt as though God had abandoned me.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G18 Felt as though God was punishing me.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G19 Felt angry at organized religion.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G20 Felt frustrated or annoyed by the actions of religious/spiritual people.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G21 Was concerned that other people did not respect my religious/spiritual beliefs.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G22 Worried that the problems I was facing were the work of the devil or evil spirits.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G23 Felt as though I was fighting against the devil or evil spirits.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G24 Felt as though the devil (or an evil spirit) was trying to turn me away from what was good.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G25 Worried that my actions were morally or spiritually wrong.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G26 Felt torn between what I wanted and what I knew was morally (or spiritually) right.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G27 Felt guilty for not living up to my (highest) moral standards.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G28 Questioned whether my life will really make any difference in the world.

Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G29 Felt as though my life had no deep meaning.
 Not at All A Little Bit Somewhat Quite a Bit A Great Deal

G30 Had concerns about whether there is any ultimate purpose to life or existence.
 Not at All A Little Bit Somewhat Quite a Bit A Great Deal

BASE: ALL RESPONDENTS WHO EXPERIENCED AN EVENT ABOVE AND ARE NOT ATHEISTS

Thinking about your most stressful event, to what degree did you feel that:
 [USE SHOWCARD #46]

		Not at <u>All</u>	<u>Somewhat</u>	Quite a <u>Bit</u>	A Great <u>Deal</u>
G31	Something that I held sacred was threatened.	1	2	3	4
G32	Something that came from God was torn out of my life.	1	2	3	4
G33	Something of sacred importance in my life was lost.	1	2	3	4
G34	A sacred part of my life was violated.	1	2	3	4

BASE: ALL RESPONDENTS

Have you experienced any of the following events at any point in your life time?

	<u>Yes</u>	<u>No</u>
G35 Did anyone ever take something from you by force or threat of force, such as in a robbery, mugging or holdup? (Robbery)	1	2
G36 Did anyone ever beat you up or attack you? (Physical Assault)	1	2
G37 Did anyone ever make you have sex by using force or threatening to harm you? This includes any type of unwanted sexual activity. (Sexual Assault) (IF YES – Was it before you were age 18, after you were 18 years old, or both?)	1	2
G38 Did a close friend or family member ever die because of an accident, homicide, or suicide? (Tragic Death)	1	2
G39 Were you ever in a motor vehicle accident serious enough to cause injury to one or more passengers? (Motor Vehicle Crash)	1	2
G40 Did you ever serve in combat? (Combat)	1	2
G41 Did you ever suffer injury or property damage because of fire? (Fire)	1	2
G42 Did you ever suffer injury or property damage because of severe weather or either a natural or manmade disaster? (Other Disaster)	1	2
G43 Were you ever forced to evacuate from your home or did you otherwise learn of an imminent hazard or danger in your environment? (Other Hazard)	1	2

H. Other Stressors

BASE: ALL RESPONDENTS

H1 At the present time, are you able to afford a home or apartment that is large enough and comfortable enough for (you/your family)? Just a “yes” or “no” answer would be fine.

- 1 Yes
- 2 No

BASE: ALL RESPONDENTS

H2 How much difficulty do you have meeting the monthly payments on (your/your family's) bills – a great deal, some, only a little, or none? [USE SHOWCARD #47]

- 1 A great deal
- 2 Some
- 3 Only a little
- 4 None

BASE: ALL RESPONDENTS

H3 In general, how do (your/your family's) finances usually work out at the end of the month? Do you find you usually end up with some money left over, just enough money to make ends meet, or not enough money to make ends meet? [USE SHOWCARD #48]

- 1 Money left over
- 2 Just enough
- 3 Not enough to make ends meet

BASE: ALL RESPONDENTS

H4. For the past few moments we have been talking about a challenging event you have faced.

Think of the most stressful event that has happened to you in your life. In the long run (about a year or so) after the event (compared to just before the event), did your religion or spirituality [USE SHOWCARD #49, READ RESPONSES]

- 1 Go away altogether
- 2 Decrease a lot
- 3 Decrease a little
- 4 Remain the same
- 5 Increase a little
- 6 Increase a lot
- 7 My religious beliefs and practices became the focal point of my life.
- 8 I never considered myself religious or spiritual in the first place.

BASE: ALL RESPONDENTS

Now please tell me how strongly you agree or disagree with each of the following statements. [USE SHOWCARD #50]

		<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
		1	2	3	4	5
()	H5 I can't handle feeling distressed or upset.					
()	H6 My feelings of distress or being upset scare me.	1	2	3	4	5

- | | | | | | | | |
|-----|-----------|--------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| () | H7 | When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels. | 1 | 2 | 3 | 4 | 5 |
| () | H8 | I'll do anything to stop feeling distressed or upset. | 1 | 2 | 3 | 4 | 5 |

BASE: NON-ATHEISTS

- | | | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|------------|----------------------------------------------------------------------------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| H9 | Real miracles of healing from God occur today. | 1 | 2 | 3 | 4 | 5 |
| H10 | God sometimes directly intervenes to heal individuals with diseases like cancer. | 1 | 2 | 3 | 4 | 5 |
| H11 | God has healed me or someone I know personally. | 1 | 2 | 3 | 4 | 5 |

BASE: NON-ATHEISTS

For the next questions, please give me a number from 1 to 5, where 1 is never and 5 is always. How often is this true for you? [USE SHOWCARD #51]

- | | | <u>Never</u> | | | | <u>Always</u> |
|-----|------------|-------------------------------------------------------------------------------------------------------------------------|---|---|---|---------------|
| () | H12 | 1 | 2 | 3 | 4 | 5 |
| | | Rather than trying to come up with the right solution to a health problem myself, I let God decide how to deal with it. | | | | |
| () | H13 | 1 | 2 | 3 | 4 | 5 |
| | | In carrying out solutions to health problems, I wait for God to take control and know somehow He'll work it out. | | | | |
| () | H14 | 1 | 2 | 3 | 4 | 5 |
| | | I do not think about solutions to my health problems because God provides them for me. | | | | |

I. Church Experiences

BASE: ATTENDS CHURCH SEVERAL TIMES A YEAR OR MORE [see D17, p. 16]

Sometimes people in a congregation share their religious experiences and beliefs with each other when they are not in Bible study, prayer groups, or church services. [USE SHOWCARD #52]

- | | | <u>Very Often</u> | <u>Fairly Often</u> | <u>Once in a While</u> | <u>Never</u> |
|-----|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|--------------|
| () | I1 | 1 | 2 | 3 | 4 |
| | | Not counting Bible study groups, prayer groups, or church services, how often does someone in your congregation share their own religious experiences with you? | | | |
| () | I2 | 1 | 2 | 3 | 4 |
| | | Not counting Bible study groups, prayer groups, or church services, how often do the examples set by the others in your congregation help you lead a better religious life? | | | |

- () **I3** Not counting Bible study groups, prayer groups, or church services, how often does someone in your congregation help you know God better? 1 2 3 4

BASE: ATTENDS CHURCH SEVERAL TIMES A YEAR OR MORE [see D17, p. 16]

Now I'd like to ask about whether you do or do not help your fellow church members in the same way. [USE SHOWCARD #52]

- | | <u>Very Often</u> | <u>Fairly Often</u> | <u>Once in a While</u> | <u>Never</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|------------------------|--------------|
| | 1 | 2 | 3 | 4 |
| () I4 Not counting Bible study groups, prayer groups, or church services, how often do you share your own religious experiences with someone in your congregation? | 1 | 2 | 3 | 4 |
| () I5 Not counting Bible study groups, prayer groups, or church services, how often do you try to help someone in your congregation lead a better religious life? | 1 | 2 | 3 | 4 |
| () I6 Not counting Bible study groups, prayer groups, or church services, how often do you try to help someone in your congregation know God better? | 1 | 2 | 3 | 4 |

The next few questions are about the people in the church you are attending now. I'd like you to think just about the people in your congregation, but not your minister, pastor, or priest. I will have some questions about your minister in a minute. [USE SHOWCARD #52]

- | | <u>Very Often</u> | <u>Fairly Often</u> | <u>Once in a While</u> | <u>Never</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|------------------------|--------------|
| | 1 | 2 | 3 | 4 |
| () I7 Other than your minister, pastor or priest, how often does someone in your congregation let you know they love and care for you? | 1 | 2 | 3 | 4 |
| () I8 How often does someone in your congregation talk with you about your private problems or concerns? | 1 | 2 | 3 | 4 |
| () I9 How often does someone in your congregation express interest and concern in your well-being? | 1 | 2 | 3 | 4 |

BASE: ATTENDS CHURCH SEVERAL TIMES A YEAR OR MORE [see D17, p. 16]

So far, we've talked about how people in your congregation may have helped you. Now I'd like to ask a few questions about things you may or may not have done for them. [USE SHOWCARD #52]

- | | <u>Very Often</u> | <u>Fairly Often</u> | <u>Once in a While</u> | <u>Never</u> |
|-------------------------------------------------------------------------------------------------------|-------------------|---------------------|------------------------|--------------|
| | 1 | 2 | 3 | 4 |
| () I10 How often do you show someone in your congregation that you love and care for him/her? | 1 | 2 | 3 | 4 |

- | | | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| () | I11 How often have you talked with someone in your congregation about his/her private feelings and concerns? | 1 | 2 | 3 | 4 |
| () | I12 How often have you expressed interest and concern in the well-being of someone in your congregation? | 1 | 2 | 3 | 4 |

BASE: NON-ATHEISTS

Now please tell me whether you strongly agree, agree, disagree, or strongly disagree with these statements. [USE SHOWCARD #53]

- | | <u>Strongly Agree</u> | <u>Agree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> | |
|-----|-------------------------------------------------------------------|--------------|-----------------|--------------------------|---|
| () | I13 I rely on God to help me control my life. | 1 | 2 | 4 | 5 |
| () | I14 I can succeed with God's help. | 1 | 2 | 4 | 5 |
| () | I15 All things are possible when I work together with God. | 1 | 2 | 4 | 5 |

BASE: ALL RESPONDENTS

Now I'd like you to think about your family members and friends. [USE SHOWCARD #54]

- | | <u>Very Often</u> | <u>Fairly Often</u> | <u>Once in a While</u> | <u>Never</u> | |
|-----|---------------------------------------------------------------------------------------------------------|---------------------|------------------------|--------------|---|
| () | I16 How often do your family members and friends let you know they love and care for you? | 1 | 2 | 3 | 4 |
| () | I17 How often do your family and friends talk with you about your private problems and concerns? | 1 | 2 | 3 | 4 |
| () | I18 How often do your family and friends express interest and concern in your well-being? | 1 | 2 | 3 | 4 |

BASE: ALL RESPONDENTS

So far, we've been talking about how other people may have helped you. Now I'd like to ask you a few questions about things that you may or may not have done for them. [USE SHOWCARD #54]

- | | <u>Very Often</u> | <u>Fairly Often</u> | <u>Once in a While</u> | <u>Never</u> | |
|-----|-------------------------------------------------------------------------------------------------------------|---------------------|------------------------|--------------|---|
| () | I19 How often do you let your family members and friends know you love and care for them? | 1 | 2 | 3 | 4 |
| () | I20 How often do you talk with family members and friends about their private problems and concerns? | 1 | 2 | 3 | 4 |
| () | I21 How often do you express interest and concern in the well-being of family members and friends? | 1 | 2 | 3 | 4 |

BASE: ATTENDS CHURCH SEVERAL TIMES A YEAR OR MORE [see Q82, top of p. 14]

Now I'd like you to think about family members and friends who are not in the church you have contact with. [USE SHOWCARD #54]

		<u>Very Often</u> 1	<u>Fairly Often</u> 2	<u>Once in a While</u> 3	<u>Never</u> 4
()	I22 Not counting your minister or fellow church members, how often do your family and friends let you know they love and care for you?				
()	I23 Not counting your minister or fellow church members, how often do your family and friends talk with you about your private problems and concerns?	1	2	3	4
()	I24 Not counting your minister or fellow church members, how often do your family and friends express interest or concern in your well-being?	1	2	3	4

BASE: ATTENDS CHURCH SEVERAL TIMES A YEAR OR MORE [see Q82, top of p. 14]

So far, we've been talking about how other people might have helped you. Now I'd like to ask you a few questions about things that you may or may not have done for people who are not in the church you have contact with. [USE SHOWCARD #54]

		<u>Very Often</u> 1	<u>Fairly Often</u> 2	<u>Once in a While</u> 3	<u>Never</u> 4
()	I25 Not counting your minister or fellow church members, how often have you let family and friends know that you love and care for them?				
()	I26 Not counting your minister or fellow church members, how often have you talked with family members and friends about their private problems and concerns?	1	2	3	4
()	I27 Not counting your minister or fellow church members, how often have you expressed interest or concern in the well-being of your family and friends?	1	2	3	4

BASE: ALL RESPONDENTS

I28 Has there been a turning point in your life when you made a new and personal commitment to religion or spirituality?

- 1 Yes
- 2 No

(IF YES)

I29 At what age did this happen? _____ (record age)

J. Substances

BASE: ALL RESPONDENTS

Now I have a few questions about smoking and alcohol use.

J1 Do you smoke cigarettes now?

- 1 Yes
- 2 No

ASK J2
JUMP TO J3

BASE: SMOKES CIGARETTES, DON'T KNOW OR REFUSE (J1/1, 3 (DK/R))

J2 On average, how many cigarettes or packs of cigarettes do you usually smoke in one day?

Number of Cigarettes

Number of Packs

[Range = 0 – 97]

[Range = 0 – 7]

BASE: ALL RESPONDENTS

J3 Do you ever drink beer, wine or liquor?

- 1 Yes
- 2 No

ASK J4
JUMP TO J13

BASE: DRINKS BEER, WINE, OR LIQUOR, DON'T KNOW, REFUSE (J3/1, 3 (DK/R))

J4 During the last month, on how many days did you drink beer, wine or liquor?

Days in the Past Month

[Range = 0 – 31]

BASE: DRINKS BEER, WINE, OR LIQUOR, DON'T KNOW, REFUSE (J3/1, 3 (DK/R))

J5 On the days you drink, how many cans of beer, glasses of wine, or drinks of liquor do you usually have?

Drinks Per Day

[Range = 1 – 30]

BASE: DRINKS BEER, WINE, OR LIQUOR, DON'T KNOW, REFUSE (J3/1, 3 (DK/R))

J6 During the last month, on how many days did you drink beer, wine or liquor to intoxication?

Days in the Past Month

[Range = 0 – 31]

BASE: DRINKS BEER, WINE, OR LIQUOR, DON'T KNOW, REFUSE (J3/1, 3 (DK/R))

J7 Has your use of alcohol ever been a problem for you?

- 1 Yes
- 2 No

BASE: DRINKS BEER, WINE, OR LIQUOR, DON'T KNOW, REFUSE (J3/1, 3 (DK/R))

J8 On the days you drink to intoxication, how many cans of beer, glasses of wine, or drinks of liquor do you usually have?

Drinks Per Day

[Range = 1 – 30]

R NEVER DRINKS TO INTOXICATION

Alcohol Abuse

		<u>Yes</u>	<u>No</u>
J9	Have you ever felt you should cut down on your drinking?	1	2
J10	Have people annoyed you by criticizing your drinking?	1	2
J11	Have you ever felt bad or guilty about your drinking?	1	2
J12	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	1	2

ASI- LITE

BASE: ALL RESPONDENTS

I will be asking you some questions about your use of substances, and I will ask you to think about two different time frames – in the last 30 days (or in the last month) and in your lifetime. Let's begin. [USE SHOWCARD #55]

For questions J13-J23, ask the following questions:

- a. In the last 30 days, how many days have you used ____? Code number of days under column A
- b. In your lifetime, has use of ____ ever been a problem for you? Code Y or N under column B
- c. Was this a medication that you were prescribed?

	A Past 30 days	B Lifetime Problematic Use Y / N	C Prescription? Y / N
J13 Heroin	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J14 Methadone Dolophine, LAAM	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J15 Other Opiates/analgesics Pain killers: Morphine, dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2, 3, 4; Syrups: Robitussin, Fentanyl, Oxycotin	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J16 Barbiturates Nembutal, Secondal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J17 Other sed/hyp/tranq. Benzodiazepines: Valium, Xanax, Librium, Ativan, Serax, Quaaludes, Tranxene, Dalmane, Halcion, Miltown	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J18 Cocaine Cocaine crystal, Free-Base Cocaine or "crack", and Rock	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J19 Amphetamines Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice Crystal	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J20 Cannabis Marijuana, Hashish, Pot	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J21 Hallucinogens LSD (Acid), Mescaline, Mushrooms, (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J22 Inhalants Nitrous Oxide, Amyl Nitrate, Whippits, Poppers, Glue, Solvents, Gasoline, Toluene, etc.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J23 More than one substance Per day (includes alcohol)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. Background

BASE: ALL RESPONDENTS

Now I have some questions about your background.

K1 What is the highest grade or level of regular school you have ever attended?
(ENTER TWO-DIGIT CODE FOR HIGHEST GRADE OR YEAR ATTENDED FROM CODES PROVIDED BELOW)

_____ (Grade/YEAR)

GRADE SCHOOL	HIGH SCHOOL	COLLEGE
01	09	13
02	10	14
03	11	15
04	12	16
05		17
06		18
07		19
08		20+

BASE: ALL REpondENTS

K2 Did you finish that grade (year) and get credit for it?

- 1 Now attending this grade or year
- 2 Finished grade or year and got credit
- 3 Did not finish grade or year or did not get credit

BASE: ALL RESPONDENTS

K3 Are you of Hispanic origin or decent?

- 1 Yes
- 2 No

BASE: ALL RESPONDENTS

K4 Do you consider yourself white, black, Asian, or something else?

- 1 White or Caucasian
- 2 Black or African American
- 3 Asian or Pacific Islander
- 6 Other (SPECIFY):

BASE: ALL RESPONDENTS

K5 Are you currently married, separated, divorced, widowed, or have you never been married?

- 1 Married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never Married
- 6 Living in a committed relationship (but not married)

BASE: ALL RESPONDENTS

K6 Here is a card showing amounts of yearly incomes. Into which of these groups did (your/your family's) total income, from all sources, fall for last year, 2012, before taxes? Just tell me the number of the group. [USE SHOWCARD #56]

- 01 Less than \$5,000
- 02 \$5001 - \$9,999
- 03 \$10,000 - \$14,999
- 04 \$15,000 - \$19,999
- 05 \$20,000 - \$24,999
- 06 \$25,000 - \$29,999
- 07 \$30,000 - \$39,999
- 08 \$40,000 - \$59,999
- 09 \$60,000 - \$79,999
- 10 \$80,000 - \$99,999
- 11 \$100,000 - \$119,999
- 12 \$120,000 +

BASE: ALL RESPONDENTS

K7 Other than yourself, how many other people live here with you?

_____ [RANGE: 0 – 20]

L. Collection of biomarkers

At this time, we would like to spend another 20 minutes collecting some physical measures, such as your height, weight, blood pressure, waist circumference, and blood via a finger prick. Occasionally it is necessary to prick the finger a second time in order to get enough blood. We will describe each measure before it is administered so you will know just what to expect and why we are interested in these.

L1 We would like to prick your finger in order to analyze a small amount of your blood. The blood samples you provide in today's interview will be used in scientific analyses to help answer questions about how religious or spiritual beliefs may be connected to a person's physical or mental health. Analyses will include: 1) An analysis of the cardiovascular system (your heart and the blood vessels that move blood through your body); 2) an analysis of the immune system (how well your body responds to things that cause disease) and 3) an analysis of how your body uses blood sugar (hemoglobin A1c).
FI PRICK FINGER ACCORDING TO PROTOCOLS AND RECORD THAT BLOOD WAS COLLECTED AND STORED PROPERLY

- 1 Yes, R agreed to give blood sample
- 2 No, R refused to give blood sample

If Yes, FI enters:

L1A # of blood spots collected

L1B Filter card ID#

L1C # of finger pricks needed

L2 Now, we would like to measure your height.
FI ENTER HEIGHT IN FEET AND INCHES

L3 Next, we would like to record your weight.
SENSOR TRANSMITS WEIGHT IN LBS

- EQUIPMENT FAILURE

B4_L4 Now, we would like to take a blood pressure reading.

- 1 Yes, R agreed to the use of the blood pressure sensor
- 2 No, R refused the use of the blood pressure sensor

- EQUIPMENT FAILURE

L4 Now, we would like to take a blood pressure reading.
SENSOR TRANSMITS BLOOD PRESSURE READING (Systolic, Diastolic, Pulse)

L4B SECOND BLOOD PRESSURE READING (Systolic, Diastolic, Pulse)

L5 Finally, we would like to take a measurement of your waist and hips and record the results.
FI RECORD WAIST AND HIP CIRCUMFERENCE [to nearest half-inch]

M. Locating

The interview is almost complete, however, we would like to contact you again in the next few years so that we can compare results over time. So that we can locate you in the next few years, please provide us with your current contact information.

M1. First, please tell me your first, middle and last name.

M2. Please give me your current address (record street, unit #, city, state, zip+4)

M3. Do you have a mailing address that is different from your street address? Yes/No

M4. (if yes), what is your mailing address?

- M5.** Do you have another address that you live at for part of the year? Yes/No
- M6.** (if yes) What is your secondary address?
- M7.** Do you have a landline at your home? Yes/No
- M8.** What is your full home phone number with area code?
- M9.** Do you have a cell phone? Yes/No
- M10.** What is your full cell phone number with area code?
- M11.** (if has cell phone) We are hoping to contact you again for an interview in the next few years. Can we text you to make contact at that time?
- M12.** We are hoping to contact you again for an interview in the next few years. If you are working at that time, can we call you at work? Yes/No/Not working
- M13.** (if yes) what is your full work phone number with area code and extension?
- M14.** Do you have at least one email address? Yes/No
- M15.** (if yes) Please provide us up to two email addresses that we can use to reach you.
- M16.** Are you planning to move in the next twelve months? Yes/No
- M17.** (if yes) When are you planning to move?
- M18.** Please tell me as much as you know about where you will be moving to, for instance your new street address, city, state, and/or phone number.
- M19.** Is there someone you keep in touch with frequently that might be able to tell us where to locate you should we lose touch with you? Yes/No IF NO, DK, OR R – SKIP M22
- M20.** (if yes) What is this person's relationship to you?
- M21.** Please provide the contact information for this person (record name, address, unit #, city, state, zip, phone number(s), email address.)
- M22.** Is there someone else you keep in touch with frequently that might be able to tell us where to locate you should we lose touch with you? Yes/No
- M23.** (if yes) What is this person's relationship to you?
- M24.** Please provide the contact information for this person (record name, address, unit #, city, state, zip, phone number(s), email address.)

Those are all of the questions I have for you. Thank you very much for your time!

N. Interviewer Rating of Neighborhood Conditions

BASE: ALL INTERVIEWERS

B4N1 This interview was conducted in:

- 1 In English
- 2 Mostly in English
- 3 In Spanish
- 4 Mostly in Spanish

Using the following categories, please rate the respondent's house or apartment.

		<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Applicable</u>	<u>Don't Know</u>
()	N1 Neatness and cleanliness of the inside of the building.	1	2	3	4	7	8
()	N2 The physical condition of the interior – the walls, ceiling, floor, etc.	1	2	3	4	7	8
()	N3 The furnishings – the furniture, carpets, appliances, TV, etc.	1	2	3	4	7	8
()	N4 The condition of the outside of the dwelling (including the halls and lobby if an apartment building).	1	2	3	4	7	8
()	N5 Overall, how would you describe the dwelling?	1	2	3	4	7	8
()	N6 The condition of other houses and buildings in the neighborhood.	1	2	3	4	7	8
()	N7 The amount of noise from traffic, trains, airplanes, industry and things like that.	1	2	3	4	7	8
()	N8 The quality of air – amount of pollution, dirt and fumes in the air.	1	2	3	4	7	8
()	N9 Condition of the streets and roads in the neighborhood.	1	2	3	4	7	8
()	N10 Condition of the yards and sidewalks in front of the structures in the neighborhood.	1	2	3	4	7	8