

# The Sister Study Special Survey Stress and Coping Version 2

### Instructions:

- Please use **DARK BLUE OR BLACK BALLPOINT PEN.**
- Mark only one answer for each question unless otherwise indicated.
- Do not write comments on the form.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles **COMPLETELY** for each of the questions in this form.

Like this: ●

Not like this: ⊗ ⊙

If you must change an answer, please mark a single horizontal line through it and bubble in the correct answer completely.

Like this: ● ~~YES~~

Not like this: ● ~~YES~~

Please write responses without touching the sides of the boxes.

Like this: 

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

When writing dates, please follow this example.

EXAMPLE: June 7, 2004 = 

0	6
---	---

 / 

0	7
---	---

 / 

2	0	0	4
---	---	---	---

  
(month) (day) (year)

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522). Do not return the completed form to this address.



This one-time survey asks about your experiences and how you have felt at different times in your life. Some of the questions are about the past week or month and others focus on your entire life. Please pay careful attention to the time-frame for each question.

Your continued participation in the Sister Study is completely voluntary and greatly appreciated. Some questions may be personal or sensitive. **All of your answers will be kept confidential.** You will not be identified in any way. However, if you are not comfortable answering a question, just skip it and go on to the next one.

Please mark the category that best describes your response. There are no right or wrong answers. Try not to let your response to one statement influence your responses to other statements. Answer according to your own feelings, rather than how you think “most people” would answer. Don’t take too long thinking over your replies; your immediate reaction will probably be more accurate than a long thought out response.

Today's Date:   /   /

(month)                      (day)                      (year)

1. How often during the **past 30 days**, have you...

	Never	Almost Never	Some-times	Fairly often	Very often
a. ...felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2. For each statement below, choose the answer that best indicates how often the statement is true for you.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. I can count on someone to provide me with emotional support (someone to confide in about myself or a problem or who will listen to me when I need to talk).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I can count on someone if I need help (for example, to take me to the doctor or help with daily chores if I am sick).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There is someone in my immediate family who believes in me and wants me to succeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is someone in my immediate family who makes me feel important or special.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. When I was a child, there was someone in my immediate family who believed in me and wanted me to succeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. When I was a child, there was someone in my immediate family who made me feel important or special.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In general, how many relatives or friends do you feel close to (people you feel at ease with, can talk to about private matters, or call on for help)?

- NONE
- 1-2
- 3-5
- 6-9
- 10 or more

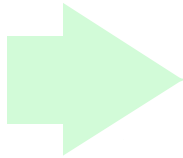
Please use a ballpoint pen for this form



4. During the past 12 months, about how many hours *per week* on average did you provide care for children or grandchildren?

NONE → GO TO QUESTION 5

- 1-8 hours
- 9-20 hours
- 21-40 hours
- 41 or more hours

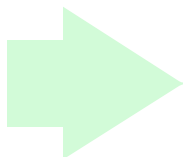


- |     |   |   |
|-----|---|---|
| 4a. | How stressful would you say it is to provide care for these children or grandchildren?              | <input type="radio"/> Not at all        |
|     |   | <input type="radio"/> A little          |
|     |   | <input type="radio"/> A moderate amount |
|     |   | <input type="radio"/> A lot             |
| 4b. | During the past 12 months, for whom did you provide such care? <i>(Please mark all that apply.)</i> | <input type="radio"/> My children       |
|     |   | <input type="radio"/> My grandchildren  |
|     |   | <input type="radio"/> Other children    |

5. During the past 12 months, about how many hours *per week* on average did you provide care for a disabled or ill parent, child, sibling, spouse, partner, or other relative?

NONE → GO TO THE NEXT PAGE, QUESTION 6

- 1-8 hours
- 9-20 hours
- 21-40 hours
- 41 or more hours



- |     |   |   |
|-----|---|---|
| 5a. | How stressful would you say it is to provide care for these disabled or ill individuals?            | <input type="radio"/> Not at all        |
|     |   | <input type="radio"/> A little          |
|     |   | <input type="radio"/> A moderate amount |
|     |   | <input type="radio"/> A lot             |
| 5b. | During the past 12 months, for whom did you provide such care? <i>(Please mark all that apply.)</i> | <input type="radio"/> Parent            |
|     |   | <input type="radio"/> Child             |
|     |   | <input type="radio"/> Sibling           |
|     |   | <input type="radio"/> Spouse            |
|     |   | <input type="radio"/> Partner           |
|     |   | <input type="radio"/> Other relative    |



6. There are many ways to deal with problems. These items ask what you do, *in general*, to cope with the stress in your life. To what extent do you do the following?

	Not at all	A little	A moderate amount	A lot
a. I get emotional support or comfort and understanding from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I give up trying to deal with things or trying to cope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I take action to try to make the situation better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I refuse to believe that things have happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I criticize or blame myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I express my negative feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I learn to live with things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I try to laugh or make fun of the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I try to grow as a person from the experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How important is your religious faith or spirituality to you?

- Not at all
- A little
- A moderate amount
- A lot

8. How much is religion or spirituality a source of strength and comfort to you?

- Not at all
- A little
- A moderate amount
- A lot

9. How often do you pray or meditate?

- Never
- Less than once a year
- Yearly or a few times a year
- Monthly or a few times per month
- 1 to 3 times per week
- 4 to 6 times per week
- Every day

Please use a ballpoint pen for this form



10. Please read each statement below and mark the one response that best matches how you feel.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. In uncertain times, I usually expect the best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. If something can go wrong for me, it will.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I'm always optimistic about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I hardly ever expect things to go my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I rarely count on good things happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Overall, I expect more good things to happen to me than bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Below is a list of some of the ways you may have felt or behaved. During the *past week*, how often did you feel or act this way?

	Rarely or none of the time	A little of the time	A moderate amount of the time	Most or all of the time
a. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



The next questions are about personal experiences that may have happened at any time in your life. Think about how old **you** were when reporting when these experiences took place.

	NO	YES	a. IF YES, this happened... (Mark all that apply.)	b. Regardless of when this happened, how much distress or anxiety has this caused you in the past 4 weeks?
12. Have you ever been in a <u>major fire, flood, or other natural disaster</u> that resulted in <i>serious injury to yourself or the fear of your own death, or serious injury or death of someone with whom you were very close, or serious damage to your home?</i>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
13. Have you ever been in a <u>major accident involving a car or other vehicle, or a work site accident</u> that resulted in <i>serious injury to yourself or the fear of your own death, or serious injury or death of someone with whom you were very close?</i>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
14. Have you ever been <u>deliberately hit or attacked</u> so severely as to result in marks, bruises, burns, blood, or broken bones <i>by someone with whom you were very close?</i>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
15. Have you ever been <u>deliberately hit or attacked</u> so severely as to result in marks, bruises, burns, blood, or broken bones <i>by someone with whom you were not so close?</i>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
16. Have you ever been made to have <u>unwanted sexual contact</u> , such as touching or penetration <i>by someone with whom you were very close?</i>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
17. Have you ever been made to have <u>unwanted sexual contact</u> , such as touching or penetration <i>by someone with whom you were not so close?</i>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
18. Have you ever been <u>emotionally or psychologically mistreated</u> (such as being yelled or screamed at, insulted or belittled) over a significant period of time <i>by someone with whom you were very close?</i>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot

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	NO	YES	a. IF YES, this happened... (Mark all that apply.)	b. Regardless of when this happened, how much distress or anxiety has this caused you in the <i>past 4 weeks</i> ?
19. Have you ever been <u>emotionally or psychologically mistreated</u> (such as being yelled or screamed at, insulted or belittled) over a significant period of time <i>by someone with whom you were not so close</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
20. Have you ever personally witnessed <i>someone with whom you were very close</i> committing suicide, or being <u>attacked</u> so severely as to result in marks, bruises, burns, blood, broken bones or teeth, or death?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
21. Have you ever personally witnessed <i>someone with whom you were not so close</i> committing suicide, or being <u>attacked</u> so severely as to result in marks, bruises, burns, blood, broken bones or teeth, or death?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
22. Have you ever personally witnessed <i>someone with whom you were very close</i> <u>deliberately attack another family member</u> so severely as to result in marks, bruises, burns, blood, broken bones or teeth?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
23. Have you ever personally witnessed or learned of <u>your own child's experience of unwanted sexual contact</u> , sexual abuse, physical or psychological abuse?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> before age 18 <input type="radio"/> age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
24. Have you ever experienced the <u>death of a spouse</u> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> before age 18 <input type="radio"/> age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
25. Have you ever experienced the <u>death of your child</u> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> before age 18 <input type="radio"/> age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot





	NO	YES	a. IF YES, this happened... (Mark all that apply.)	b. Regardless of when this happened, how much distress or anxiety has this caused you in the <b>past 4 weeks?</b>
26. Have you ever experienced the <u>death of a sibling?</u>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
27. Have you ever experienced the <u>death of a parent?</u>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
28. Have you ever experienced the <u>death of a close personal friend?</u>	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
29. Have you ever <u>personally experienced a major illness</u> (life threatening or severely disabling to you)?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot

30a. Thinking about breast cancer in some of your blood relatives, how old were you when you had a sister diagnosed with breast cancer? (Mark all that apply.)

- Age 12 or younger
- Age 13 to age 17
- Age 18 to last year
- In the past 12 months

30b. Regardless of when this happened, how much distress or anxiety has this caused you in the **past 4 weeks?**

- None
- A little
- A moderate amount
- A lot



	NO	YES	a. IF YES, this happened... (Mark all that apply.)	b. Regardless of when this happened, how much distress or anxiety has this caused you in the <i>past 4 weeks</i> ?
31. Have you ever experienced <u>your mother getting breast cancer</u> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
32. Have you ever experienced a <u>daughter of yours getting breast cancer</u> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
33. Have you ever experienced a <u>major illness</u> other than breast cancer (life threatening or severely disabling) <i>in someone close to you</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
34. Have you ever experienced a <u>major change in, or serious difficulty with a personal relationship</u> (such as a divorce, or child custody issues)?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
35. Have you ever experienced <u>serious financial or legal troubles</u> such as arrest or bankruptcy (either you or another family member whose troubles would directly affect you)?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
36. Have you ever experienced <u>serious family problems related to alcohol, drug, or other substance abuse, or mental illness</u> (either you or another family member whose troubles would directly affect you)?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot
37. Have you ever experienced a <u>seriously traumatic event not already covered</u> in any of these questions?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> at age 12 or younger <input type="radio"/> at age 13 to age 17 <input type="radio"/> at age 18 to last year <input type="radio"/> in the past 12 months	<input type="radio"/> none <input type="radio"/> a little <input type="radio"/> a moderate amount <input type="radio"/> a lot



38. People may be frightened of being a victim of violence due to where they live or work. About how often were you afraid of being personally attacked or injured...

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. ...as a child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...as a teen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...as an adult?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Please choose the answer that best describes how you feel about safety these days.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Nowadays, I worry about my personal safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Nowadays, I feel heightened tension when I am in crowded places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am afraid of a terror strike harming me or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use a ballpoint pen for this form



	NO	YES	a. IF YES, has this happened in the <i>past five years?</i>
40. Have you ever been <u>treated unfairly in home renting, buying, or mortgage</u> due to your <i>race or ethnicity</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
41. Have you ever been <u>treated unfairly in being stopped, searched, or threatened by police</u> due to your <i>race or ethnicity</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
42. Have you ever been <u>treated unfairly in receiving service at a store or restaurant</u> due to your <i>race or ethnicity</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
43. Have you ever been <u>treated as though you were less intelligent, worthy, or honest</u> than others due to your <i>race or ethnicity</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
44. Have you ever experienced <u>people acting as if they are afraid of you</u> due to your <i>race or ethnicity</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
45. Have you ever <u>felt discriminated against</u> because of your <i>sexual orientation</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
46. Have you ever been <u>treated unfairly in home renting, buying, or mortgage</u> due to your <i>sexual orientation</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
47. Have you ever been <u>treated unfairly in receiving service at a store, restaurant or other place of business</u> due to your <i>sexual orientation</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes

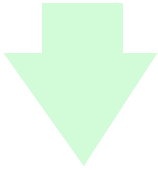


The following questions are about how you have been treated at work.

48. Have you **ever** held a full-time or part-time job other than homemaking that took at least 10 hours per week, where you worked for one year or longer?

No → GO TO END, PAGE 16

Yes



	NO	YES	a. IF YES, has this happened in the past five years?
49. Have you ever been <u>treated unfairly in job hiring, promotion or firing</u> due to your <b>sex</b> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
50. Have you ever been <u>treated unfairly in job hiring, promotion or firing</u> due to your <b>age</b> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
51. Have you ever been <u>treated unfairly in job hiring, promotion or firing</u> due to your <b>race or ethnicity</b> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
52. Have you ever been <u>treated unfairly in job hiring, promotion or firing</u> due to your <b>sexual orientation</b> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
53. Have you ever been <u>treated unfairly in job hiring, promotion or firing</u> due to <b>an illness or medical condition</b> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes

Please use a ballpoint pen for this form



54. The following questions are about possible mistreatment at work.

	No	Yes	Not applicable
a. <i>In the past 12 months</i> , have you been repeatedly mistreated, harassed, or otherwise prevented from doing your job successfully?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been repeatedly mistreated, harassed, or otherwise prevented from doing your job successfully <i>at any other time in your working life</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you <i>ever</i> lost, quit, or otherwise changed your job as a result of being mistreated or harassed on the job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you <i>ever</i> had to seek medical or professional help as a result of being mistreated or harassed on the job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



The next questions are about your current or most recent jobs, not including volunteer work.

55. Thinking about your *current (or most recent) job(s)*, indicate how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. My job requires that I learn new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My job requires me to be creative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My job requires working very fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My job requires working very hard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My job involves a lot of repetitive work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My job allows me to make a lot of decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My job requires a lot of skill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. On my job I have very little freedom to decide how to do my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I get to do a variety of things on my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I have a lot of say about what happens on my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I have an opportunity to develop my own special abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I am not asked to do an excessive amount of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I have enough time to get my job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I am free from conflicting demands that others make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. My job security is good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. My prospects for career development and promotions are good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. In five years my skills will still be valuable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Not applicable
56. In the <i>past 12 months</i> , how often have the demands of your job interfered with your family life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. In the <i>past 12 months</i> , how often have the demands of your family life interfered with your work on the job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. In the *past 12 months*, have you had to quit, reduce your hours, or change your job in order to meet the needs of your family life?

- No
- Yes
- Not applicable

Please check to see that all questions are answered.

Thank you for completing this questionnaire and for your continued participation in the Sister Study.

Please mail this form to us at the address below.  
A postage-paid envelope is provided.

The Sister Study, 1009 Slater Road, Suite 120, Durham, NC 27703  
phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org

