“Now I have some questions about your relationships with your family and others.”

1a. First, are you married, separated, divorced, widowed or have you never been married? …………………………… ...Married M
       Separated S
       Divorced D
       Widowed W
       Never been married N  — Go to Item 2

1b. How long have you been (married, separated, divorced, widowed)? …………………………………………………… ...years
       [0- 6 months = 00
       7- 12 months = 01]

2. Are you currently living with your spouse or another person in an intimate relationship? …………………………………………………... ...Yes Y
       No N  — Go to Item 5

3. How much does (did) your (husband/ wife/ partner/ person you live with) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all?
   [RC #1] …………………………………………………………………………… A great deal A
       Quite a bit B
       Some C
       A little D
       Not at all E
4. How much do you feel (he/she) (makes/made) too many 
demands on you? Would you say a great deal, quite a bit, 
some, a little, or not at all? [RC #1] ................................. A great deal A

                       Quite a bit B
                       Some C
                       A little D
                       Not at all E

5. How many close friends do you have (people you feel 
at ease with, can talk to about private matters, and can 
call on for help)? [RC #2] ................................. None A

                       1 or 2 B
                       3 to 5 C
                       6 to 9 D
                       10 or more E

6. How many relatives do you have that you feel close to? 
[RC #2] ................................. None A

                       1 or 2 B
                       3 to 5 C
                       6 to 9 D
                       10 or more E

7. How many of these friends or relatives do you see at least 
one per month? [RC #2] ................................. None A

                       1 or 2 B
                       3 to 5 C
                       6 to 9 D
                       10 or more E

8a. Do you belong to any social, recreational, work, church 
or other community groups? (For example, social clubs, 
groups, ball clubs, exercise groups, PTA, scouts, charity 
or community service) ................................................. Yes Y

                       No N – Go to Item 9

8b. What is the total number of groups to which 
you belong? .................................................................
**ADMINISTRATIVE INFORMATION**

9. Date of data collection: ..........................  
   mm dd yyyy

10. Code number of person completing this form: ..........................