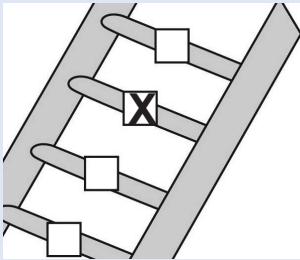


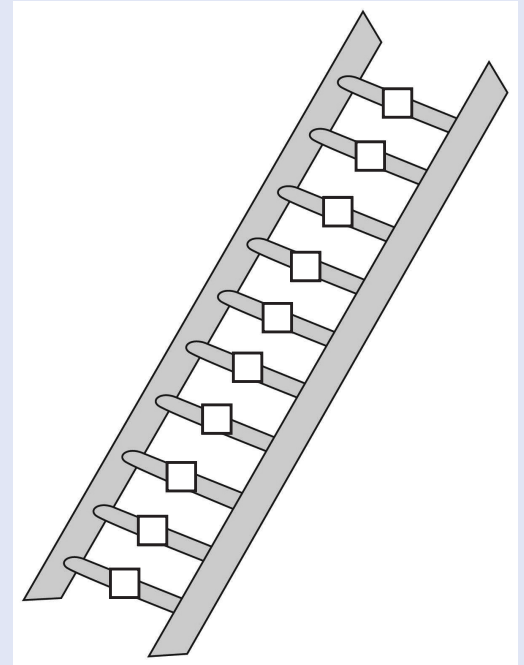
Q1

Think of this ladder as representing where people stand in our society. At the top of the ladder are the people who are the best off - those who have the most money, most education, and best jobs. At the bottom are the people who are the worst off - who have the least money, least education, and the worst jobs or no jobs. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

Example



Please mark an X on the rung on the ladder where you would place yourself. (Mark (X) one.)



Q2a

Has your position on the ladder changed within the last two years?
(Mark (X) one.)

Yes, I have moved up.

Yes, I have moved down.

No, my position has not changed.

Q2b

Now please think about the **LAST 5 YEARS** and indicate whether each of the events below occurred. If the event did happen, please indicate the year in which it happened **MOST RECENTLY**. (Mark (X) one box for each line. If "Yes", indicate year.)

	Yes	No	If Yes, what year?
Have you involuntarily lost a job for reasons other than retirement at any point in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you been unemployed and looking for work for longer than 3 months at some point in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Was anyone else in your household unemployed and looking for work for longer than 3 months in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you moved to a worse residence or neighborhood in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Were you robbed or did you have your home burglarized in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you been the victim of fraud in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q3

These next questions are about your use of modern devices. Which of the following devices do you own or have access to? (Mark (X) one box for each line.)

	YES	NO
Desktop computer	<input type="checkbox"/>	<input type="checkbox"/>
iPad or other tablet	<input type="checkbox"/>	<input type="checkbox"/>
Laptop computer	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone (such as iPhone, Android, or Blackberry)	<input type="checkbox"/>	<input type="checkbox"/>
Regular cell phone (not a smartphone)	<input type="checkbox"/>	<input type="checkbox"/>
E-reader (such as Kindle or Nook)	<input type="checkbox"/>	<input type="checkbox"/>
Wearable device (such as a Fitbit or Apple Watch)	<input type="checkbox"/>	<input type="checkbox"/>
Home assistant (such as Amazon Echo, Alexa, or Google Home)	<input type="checkbox"/>	<input type="checkbox"/>
Smart home technology or security (such as Nest, Ring, or SimpliSafe)	<input type="checkbox"/>	<input type="checkbox"/>
Smart TV or Streaming Device (such as Roku or Amazon Firestick)	<input type="checkbox"/>	<input type="checkbox"/>

Q3a

How often do you use one or more of the devices listed in Q3 (page 2) to do any of the following activities? (Mark (X) one box for each line)

	Daily	Several times a week	At least once a month	At least once a year	Never/ Not relevant
Play games or do puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get news and other information updates (such as sport results)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get information about local neighborhood events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search for ideas such as recipes, patterns, or tips about travel, home renovations, or repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get directions or traffic information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a home assistant such as Amazon Echo (Alexa) or Google Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch videos on sites like YouTube or Netflix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music, radio stations, or podcasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use as an alarm clock, timer, or calendar for reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write notes, take surveys, or fill out forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit websites or surf the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3b

Now please think about the following activities. How often do you use one or more of the devices listed in Q3 on page 2 to do any of the activities in the list below? (Mark (X) one box for each line)

	Daily	Several times a week	At least once a month	At least once a year	Never/ Not relevant
Make a purchase or shop online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do banking, pay bills, send or receive money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order food or groceries for pick up or delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request a ride via an app (such as Uber, Lyft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage travel or hotel stays online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy tickets (sports, movie, concert) or reserve a table at a restaurant online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take or share photos and videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track your steps, exercise, or personal fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your doctor or other medical professional, make medical appointments, order prescriptions, or receive personal health care advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply for jobs online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy or manage insurance online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send or receive instant messages, text messages, or emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or read blogs, reviews, ratings, or comments online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access a social network site like Facebook, Twitter, or Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use other social media such as LinkedIn to network with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use WhatsApp, Snapchat, or similar apps to network with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connect face-to-face with family and friends using an app (such as FaceTime, Skype)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now please pause briefly to think about **YESTERDAY**, from the morning until the end of the day. Think about where you were, what you were doing, who you were with, and how you felt.

Q4 What day of the week was it yesterday? (Mark (X) one box.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Q5 What was the date yesterday? (Please write a number in the boxes.)

Month Day

Q6 What time did you wake up yesterday? (For example, if you woke up at 4:00 AM, please write 04 in the hour boxes, 00 in the minute boxes, and mark AM (X) in the last boxes.)

Hour Minute AM
PM

Q7 What time did you go to sleep at the end of the day yesterday? (For example, if you went to sleep at 11:30 PM, please write 11 in the hour boxes, 30 in the minute boxes, and mark PM (X) in the last boxes. Remember that midnight and later times are AM.)

Hour Minute AM
PM

Q8

The next questions are about your experiences yesterday. Mark (X) in one box for each line for the extent you felt the following.

Yesterday, did you feel...	Not at all	A little	Somewhat	Quite a bit	Very
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9

Yesterday, did you feel any pain?

(Mark (X) one.)

None

A little

Some

Quite a bit

A lot

Q10

Did you feel well-rested yesterday morning (that is you slept well the night before)? (Mark (X) one box.)

Yes

No

Q11

How was your health yesterday? (Mark (X) one box.)

Was it...

Excellent

Very Good

Good

Fair

Poor

Q12

Was yesterday a normal day for you or did something unusual happen? (Mark (X) one.)

- Yes, just a normal day
- No, my day included unusual bad (stressful) things
- No, my day included unusual good things

Q13

Please think about the **THINGS YOU DID YESTERDAY**. How did you spend your time?

Yesterday, did you ...	Mark (X) one box		How much time did you spend doing this (Mark (X) one box)				
	NO	YES	Less than 1 hour	1	2 to 3	4 to 6	7 or more hours
Watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work or volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go for a walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do exercises at home, at a gym, community center, or class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do health-related activities other than walking or exercising (e.g., visit doctor, do treatments)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel or commute (e.g., by car, train, bus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialize with friends, neighbors, or family (not counting your spouse or partner)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time at home by yourself (without your spouse, partner, or anyone else present)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run errands (e.g., go shopping, get gas or supplies, pick up or deliver something)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do chores, maintenance, or gardening around the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a computer or the internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read a book, magazine, or newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do work on a hobby or project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving for an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities with grandchildren or other children (nieces, nephews, or neighbors)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a nap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend some quiet time (e.g., meditate, sit outside)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do religious or church activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14

**How well does each statement below describe you or your financial situation?
(Mark (X) one box for each line.)**

	Completely	Very well	Somewhat	Very little	Not at all
I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14a

**How often does each statement below apply to you?
(Mark (X) one box for each line.)**

	Always	Often	Sometimes	Rarely	Never
Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14b

Now, suppose you were given the choice between receiving a payment today or a payment in 6 months. Ten different choices are listed below. The payment today is always the same but the payment in 6 months is different. Please mark (X) in one box on each line to indicate if you prefer to have the payment today OR in 6 months.

Choice	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$309 in 6 months
F	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$309 in 6 months
2	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$327 in 6 months
3	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$345 in 6 months
4	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$364 in 6 months
5	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$382 in 6 months
6	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$400 in 6 months
7	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$418 in 6 months
8	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$436 in 6 months
9	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$455 in 6 months
10	<input type="checkbox"/> \$303 today	OR	<input type="checkbox"/> \$473 in 6 months

Q14c

Now, suppose you were given the choice between receiving a payment in 6 months or a payment in 12 months. Ten different choices are listed below. The payment in 6 months is always the same but the payment in 12 months is different. Please mark (X) in one box on each line to indicate if you prefer to have the payment in 6 months OR in 12 months.

Choice	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$313 in 12 months
F	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$313 in 12 months
2	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$332 in 12 months
3	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$350 in 12 months
4	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$368 in 12 months
5	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$387 in 12 months
6	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$405 in 12 months
7	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$424 in 12 months
8	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$442 in 12 months
9	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$461 in 12 months
10	<input type="checkbox"/> \$307 in 6 months	OR	<input type="checkbox"/> \$479 in 12 months

Q15 Are you currently working? (Mark (X) one.)

Yes Continue to Question **Q16**
No → Go to Question **Q55** on page 36

Please answer these questions **ONLY** if you are currently working.

Q16 Right now, would you like to leave work altogether, but plan to keep working because... (Mark (X) one box for each line.)

You need the money? Yes No
You need health insurance? Yes No

Q17 For the following questions, please think about your work on **YOUR CURRENT MAIN JOB**. Assume that your work ability at its best has a value of 10 points. How many points would you give your **CURRENT ABILITY TO WORK**? (0 means that you cannot currently work at all; 10 means your work ability is currently at its lifetime best.)

Unable to work (Mark (X) one number.) Work ability at its best
0 1 2 3 4 5 6 7 8 9 10

Thinking about the **PHYSICAL DEMANDS** of your job, how do you rate your current ability to meet those demands?

Unable to work (Mark (X) one number.) Work ability at its best
0 1 2 3 4 5 6 7 8 9 10

Thinking about the **MENTAL DEMANDS** of your job, how do you rate your current ability to meet those demands?

Unable to work (Mark (X) one number.) Work ability at its best
0 1 2 3 4 5 6 7 8 9 10

Thinking about the **INTERPERSONAL DEMANDS** of your job, how do you rate your current ability to meet those demands?

Unable to work (Mark (X) one number.) Work ability at its best
0 1 2 3 4 5 6 7 8 9 10

Please answer these questions **ONLY** if you are currently working.

Q18

Please use the scale below to answer the next set of questions.
(Mark (X) one box for each line.)

	Rarely	Some times	Often	Most of the time
My work schedule makes it difficult to fulfill personal responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my job, I don't have the energy to do things with my family or other important people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job worries or problems distract me when I am not at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My home life keeps me from getting work done on time on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family or personal life drains me of the energy I need to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am preoccupied with personal responsibilities while I am at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work leaves me enough time to attend to my personal responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work gives me energy to do things with my family and other important people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my job, I am in a better mood at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal responsibilities leave me enough time to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family or personal life gives me energy to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am in a better mood at work because of my family or personal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19

Please say how much you agree or disagree with the following statement.

	Strongly disagree	Disagree	Agree	Strongly agree	Does not apply
All things considered, I am satisfied with my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>