

ATTACHMENT 5—NEW QUESTIONS AND LINES OF INQUIRY

BLS has undertaken a continuing redesign effort to examine the current content of the NLSY79 and provide direction for changes that may be appropriate as the respondent's age. The 2018 instrument reflects a number of changes recommended by experts in various fields of social science and by our own internal review of the survey's content. The major changes are described in this attachment. Additions to the questionnaire are accompanied by deletions of previous questions so that the overall time required to complete the survey should remain about the same as compared to 2016.

Main Youth Survey

Additions/Modifications

Additions

The NLSY79 is the only U.S. data source that permits us to see a nationally representative sample over their entire working life. As the respondent's approach retirement ages, the content of the survey is being adjusted to permit the study of retirement decisions. The new questions ask about residential moves, job stress, job flexibility, work accommodation, early retirement windows, the respondent's mental and emotional health, his/her spouse's health, pain and use of painkillers, and how the respondent plans to finance his or her retirement years.

Migration: A question regarding the main reasons for any residential move since the date of last interview will be added to the migration section. The wording of the item follows that from the CPS.

Employer Supplement. Several items are added to the employer supplement to study retirement decisions. In round 28, we add questions on job stress (whether the respondent has had ongoing job stress over the past 12 months, how job affects physical health, how job affects emotional health), job flexibility (whether possible to work shorter hours, longer hours, more flexible hours), and job accommodations (whether employer does certain things to make it easier for employees to stay at work if their health begins to limit their ability to work). These items have all been included in the Health and Retirement Study (HRS) and may help explain retirement behavior. Two questions on perceived ageism at the employer, also from the HRS, have been added to the employer supplement.

In addition, one question will be added to the employer supplement that asks whether the respondent has been offered an early retirement window from the employer. This question has been asked in the NLS Mature and Young Women surveys.

Spouse Labor Supply. Round 28 will contain two new questions that ask about spouse's health. The first asks the respondent to rank spouse's physical health as excellent, very good, good, fair, or poor. In the second the respondent ranks the spouse's emotional health.

Health.

Beginning in round 28, "Military health care such as TRICARE, CHAMPUS or CHAMPVA" and "Other state-sponsored or government plan such as the Affordable Care Plan (ACA), Obama Care, Trump Care or the American Health Care act" will be added to the list of choices on the question about the source of health insurance. We will also add "prescription medication to treat or lower the risk of developing osteoporosis" to the list medications taken in Q11-GENHLTH_4D_F.

In addition, we will add two types of questions that assess cognition. The first is two questions that ask the respondent to self-rate his or her memory on a 5-point scale (excellent, very good, good, fair, poor)

and to compare his or her memory to two years ago. These were asked of NLSY79 respondents in the cognition module that was administered in the interview around each respondent's 48th birthday. The second question is the "Animal Naming Test." The respondent is asked to name as many animals as s/he can in one minute. This test is included in both the Health and Retirement Study (HRS) and the Midlife in the United States (MIDUS), both funded primarily by NIA.

Two questions on pain and three questions on use of painkillers will be added to Round 28. The questions on pain come from the National Survey of Drug Use and Health. They are "In the last 30 days, have you suffered from chronic pain from an illness or medical condition?" and "How often do you experience pain? Do you experience it...? (READ LIST) All the time, Daily, Several times a week, Approximately once a week, Several times a month, Approximately once a month, Less often than once a month. The questions on painkillers come from the American Time Use Survey, but use a reference period of 30 days as opposed to yesterday. They are "Did you take any pain medication in the last 30 days, such as Aspirin, Ibuprofen or prescription pain medication?", "Did you take a prescription medication OR did you take one you can buy over-the-counter without a prescription?", and "In the past 30 days, did you use prescribed painkillers in any way the doctor did not direct you to use them, such as for pain the doctor did not prescribe them for, in greater quantities or for longer than the doctor prescribed, or without a prescription?"

A module of health questions will be asked of respondents who have reached age 60. This module will be included in the survey for the next 4 rounds with respondents only answering the questions in their first interview after turning age 60. The questions in the module will, for the most part, match those asked in the NLSY79 Age 40 and Age 50 Health modules. Topics included in the Age 60 Health module that were also in the Age 40 and Age 50 Health modules are depression, health of the respondent's biological parents, physical functioning, pain, health limits on daily activities, chronic conditions, functional limitations, sleep, and an open-ended question asking whether the respondent wants to report anything additional about his or her health. The Age 60 health module contains a few new additions that attempt to collect more information about emotional health. They include (1) Brief Resilience Scale (BRS), (2) Denier life satisfaction scale, and (3) a short scale for Generalized Anxiety Disorder, GAD 7-item. The BRS and the GAD 7-item have been included in MIDUS. The Denier life satisfaction scale and has been included as part of the Health and Retirement Study (HRS). In addition, questions on the diagnosis of anxiety and of sleep disorders will be added to the list of chronic conditions in the Age 60 Health module. Both appear in the Health and Retirement Study.

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.

Spitzer, R. L., Kroenke, K., Williams, J. B. W., Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Arch Intern Med*, 166, 1092-1097.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71-75.

Pavot, W., & Diener, E. (1993). Review of the satisfaction with life scale. *Psychological Assessment*, 5(2), 164-172.

Brenes, G. A., Guralnik, J. M., Williamson, J., Fried, L. P., & Penninx, B. W. J. H. (2005). Correlates of anxiety symptoms in physically disabled older women. *American Journal of Geriatric Psychiatry*, 13(1), 15-22.

Income, Reciprocity, Debt, and Assets. In Round 28, we have made some changes aimed at better collecting sources of income associated with retirement.

We will ask about Social Security income separately for the respondent and for his or her spouse/partner. This will be the first round in which Social Security income is split for the respondent and spouse/partner. We will ask about disability payments in a separate question, as opposed to bundling it with other payments. In addition, payments from Supplement Security Income will be split for the respondent and spouse. We will add instructions to questions about income from employment/military questions that tell the respondent that he/she will be asked about retirement-type income in other questions. We will also add questions that ask separately respondent and spouse/partner and separately by each asset for Individual Retirement Accounts (whether the respondent has such accounts and whether they have withdrawn and payments from them), annuities, and pensions. In previous rounds, these income sources have been bundled. As mentioned above, for these assets, parallel questions will be asked for the respondent's spouse/partner. New questions will be added that ask if the respondent received income from a disability program, which ones (Social Security Disability Income, Veteran's disability compensation, Disability insurance payments, other), and then loops through those selected to collect the amount per month and the number of months received.

Finally, in Round 28, we will add a question from the Survey of Consumer Finance on the ability to borrow \$3000 from family and friends.

Retirement Expectations. In Round 28, we will bolster the retirement expectations section in order to collect information on how the respondents plan to fund their retirement and knowledge about Social Security. We will add questions on whether, at what age, and how much per month the respondent expects to collect Social Security retirement benefits. We will ask similar questions for employer-based pensions. In addition, we will ask about balances in Individual Retirement Accounts. In all three instances, parallel questions will be asked about the spouse/partner's expected sources of income. We will also ask the estimated value of other assets the respondent might live off of during retirement and whether she expects support from family members. The questions on knowledge of Social Security benefits will ask a hypothetical question about the timing of starting retirement benefits and several true/false questions about what entitles one to Social Security retirement benefits and how the timing of claiming affects the benefits. These questions have been asked in the Understanding America Survey and were funded by the Social Security Administration.

End of Interview. We will add three questions on internet surveying: (1) If we were to offer this survey on the internet, do you have access to a computer, tablet, or smart phone where you could take the survey? (2) Would you feel comfortable taking the survey on the internet? and (3) If you could choose to take this survey on the phone or over the internet, which would you prefer?

Streamlining the Content

Household Interview. In the round 28 questionnaire, if the question has been answered previously the interviewers will no longer collect whether the respondent consents to contacting government or administrative officials. In addition, the question on type of dwelling place will be replaced by two questions where the first question captures single-family house and apartment/condo/townhouse; thus, preventing the interviewer from having to read a longer list of dwelling types to most respondents.

Migration. An additional question will be asked at the beginning of the section to capture seasonal residences, so that those are not included in residential moves.

Education. The Round 28 questionnaire adds a question for any college that determines whether the attendance is for a degree. The item comes from the NLSY97. If the attendance does not involve working toward a degree, additional information about the college and the attendance period are not collected.

Spouse Labor Supply. Round 28 seeks to streamline the questions for spouse. For the recently widowed and divorced, questions about their former spouse can be difficult. In this round, we will add an item that permits the interviewer to skip spouse labor supply questions if a respondent objects to these questions or says that s/he doesn't know.

Health. We propose to streamline the exercise questions that the full sample receives in Round 28 and forward. In previous rounds, we have asked how many days respondents do vigorous, moderate, and light exercise separately. Then for each category of exercise, the survey asked how many times per week and for how many minutes on average the respondent exercised. The new questions simply ask how often the respondent participated in each category of exercise for at least 10 minutes. The new version matches the questions asked in the Health and Retirement Study.

Smoking and Alcohol Use. In Round 28, we will add a skip so that respondents who report that they have not smoked since the date of last interview will not be asked the date that they last smoked.

Questions Asked Only for Respondents Not Asked in Previous Interview

A number of question modules are slotted to be asked in round 28 only of respondents who were not interviewed in round 27 or another previous round that included the module. These include:

Business Ownership (asked only of respondents not interviewed in rounds 24, 25, 26, and 27). This extensive set of retrospective questions on lifetime business ownership was added for round 24. To collect the retrospective for all respondents, the full set of questions will be asked in round 28 for respondents not interviewed in rounds 24, 25, 26, and 27.

This retrospective identifies all businesses owned by respondents since age 18 (BUSOWN-1 to BUSOWN-22), asks about businesses owned by family members (BUSOWN-23A to BUSOWN-24B), asks about patent applications (BUSOWN-25 to BUSOWN-28B), and asks respondents if they consider themselves to be entrepreneurs (BUSOWN-29). These questions are found in the business ownership section of the instrument.

Rotter Locus of Control (asked only of respondents not interviewed in round 26 or round 27). In Round 26, respondents were asked the same eight questions that were fielded in 1979. The measure of "locus of control" or self-efficacy obtained by this scale has been widely used by researchers, many of whom have asked us to re-field the scale to determine how individuals' locus of control has changed over time. This module will be asked in round 28 only of those respondents not interviewed in round 26 or round 27.

Ten Item Personality Inventory (asked only of respondents not interviewed in round 26 or round 27). Using a scale from 1-7, respondents are asked to judge how much they agree that pairs of words representing personality characteristics apply to them. The personality characteristics are the so-called "Big Five" traits (conscientiousness, agreeableness, neuroticism, openness to new ideas, and extroversion) that are widely used by psychologists based on factor analytic evidence that a minimum of five factors is

needed to describe individuals' personalities (Costa and McCrea 1992). This module will be asked in round 28 of those respondents not interviewed in round 26 or round 27.

Highest Degree Ever Received (asked only of respondents not interviewed in rounds 23, 24, 25, 26, and 27). In round 23 (with follow-ups in rounds 24 through 27), respondents were asked to report the highest degree they had ever received. In round 28, that follow-up will continue.

Deletions

Religious preference. In rounds 25 through 27, several questions on religious preference and attendance were added. Prior to round 25 similar questions about the respondent were last fielded in 2000 (round 19). These will not be included in Round 28

Education. In round 28, we will drop the question that collects the months of school attendance.

Employer Supplement. Round 28 will not include the series of question on promotions. In round 28, we will not include the question on the number of pension plans at a business or employer.

Child Care. The last remaining questions in the child care section cover relationship quality. We will drop these from Round 28. There will no longer be a child care section included in the NLSY79.

Cognition. A module on cognitive function was included between rounds 22 and 25, administered by two-year birth cohorts as the respondents would have been turning 48 years of age. These questions included word recall and math logic exercises, which were asked in the 2002 Health and Retirement Study. This section was administered only to respondents who had not yet completed it so that we could obtain a cognition baseline for as many cohort members as possible in Round 26 and 27. These questions will no longer be asked in Round 28.

Health. In the health section, we will not include the childhood health retrospective or the questions on head injuries. Both sets of retrospective questions have been in Round 25, 26, and 27. All respondents were asked the questions in Round 25, but only those who had not previously answered them were asked in Rounds 26 and 27.

The item asking whether the respondent has had an electrocardiogram (EKG or ECG) or stress test in the past 24 months will be deleted from Q11-GENHLTH_4C_M and Q11-GENHLTH_4C_M.

In addition, the series on health insurance coverage and source of coverage for children of the respondent (Q11-HLTHPLN-8-CHK through Q11-88B) will be removed from Round 28.

We will drop the questions on nutritional behaviors from Round 28 to reduce respondent burden. These may be included in a future round.

Wills. In round 25 we included a new set of questions on wills (WILL_1 to WILL_16). These questions are drawn from the 2006 wave of the Health and Retirement Study, and also have overlap with questions asked in the final rounds of the NLS Women's Surveys. In Round 27 these items were asked only of respondents not interviewed in rounds 25 and 26. They will not be included in Round 28.

Financial Literacy and Practices. In round 25 we introduced eight new questions on financial literacy and practices (FIN_LIT_1 to FIN_LIT_8), to be asked of all respondents. These questions ask

respondents about their preparedness for financial emergencies, their ability to monitor financial matters, and their knowledge of core financial concepts. Three of these questions (FIN_LIT_4 to FIN_LIT_6) were originally asked in the Health and Retirement Study in 2004, and also appeared in round 11 of the NLSY97; the remaining five questions in this module are taken from the Financial Capability Study. The module was included in Round 26 and 27 and asked only of respondents not interviewed in rounds 25. These questions will not be included in Round 28.

Income, Reciprocity, Debt and Assets. The rotating assets module will not be included in Round 28. We will again include questions on debt and assets in Round 29. In addition, questions on bankruptcy will be removed from Round 28. In the future, the bankruptcy questions will be treated as part of the rotating assets module.

We will drop the questions on the Earned Income Tax Credit. We will remove separate questions on child support payments and educational benefits and include these payments in the list of examples in the question on other income.

Young Adult Survey

Changes Made to the YA 2018 Questionnaire

Many of the changes made to the Young Adult questionnaire for 2018 have been made to streamline questions and sections in order to cut down on the amount of time it takes for a respondent to complete an interview. We always take a close look at interviewer comments and for the past few rounds have listened to complete interviews for every interviewer – often multiple interviews per interviewer. This exercise has been time intensive, but we believe that the Young Adult Survey instrument has been greatly improved as a result.

In some sections we redesigned the flow of the questionnaire to reflect the greater age spread in our respondents or to improve the flow through the questionnaire. For example, YAs aged 22 and under will continue to be asked directly whether they live with their mother and/or their father with a usual residence question (HH1-1I) if the YA lives with neither parent; however, YAs 23 and older will answer a new version (HH1-1IA) of the usual residence question.

Questions asking for an amount and a time unit have been restructured so that both questions appear on one screen to make administration of the questionnaire more streamlined. Examples include Q3-51A-A and Q3-51A-B which ask how long the respondent has been dating their current boy/girlfriend, Q12-165AA and Q12-165BB which ask how old this child was when the respondent quit breastfeeding, and Q12-ML6AA and Q12-ML6BB which ask how old this child was when the respondent returned to work. Other series of questions, such as those on financial aid and on health insurance, have been reordered and streamlined to decrease the total number of questions while still collecting the information. After reviewing the way our drug use items have been used by researchers, we did a major restructuring of this section to reduce the overall number of questions while still collecting the information used by researchers.

In some questions, we reduced the verbiage. For example, QES-89 was changed from “How (do/did) you feel about your job with (employer name)? (Do/Did) you like it very much, like it fairly well, dislike it somewhat, or dislike it very much?” to “(Do/Did) you like your job with (employer name) very much, like it fairly well, dislike it somewhat, or dislike it very much?” We removed “Now I would like to ask

you about any BIOLOGICAL children you have had, if any, SINCE (date of the LAST interview).” and changed “Please tell me if you have...” to “Have you...” in Q12-22B.

Additions

Physical and Mental Health and Well-Being

We are adding questions that expand our understanding of both physical and mental/emotional health and well-being such as gender identity and sexual orientation, resiliency, loneliness and social isolation, self-worth, and social cognition.

We are adding 6 questions about gender identity and sexual orientation. With growing openness about and awareness of these issues and how they might affect the lives of our respondents across multiple domains, and in direct response to requests from researchers, we are adding items on this topic beginning in 2018. Sexual and gender minorities, particularly those transitioning into adulthood, are at a significantly increased risk of mortality and morbidity (e.g. substance use, mental health conditions), and thus understanding the key determinants of health among sexual and gender minorities is a fundamental and imperative research aim for ameliorating health disparities at large. Although gender identity and sexual orientation have sometimes been combined into a single survey question, after reviewing question wording in several large national studies and in published research (Betts, 2009; GenIUSS, 2014; Miller and Ryan, 2011; Redford and Van Wagen, 2012), we plan to ask about gender identity separately from sexual orientation. Several large studies, such as the National Survey of Family Growth (NSFG), the National Health and Nutrition Examination Study (NHANES), and the General Social Survey (GSS), have included sexual orientation and/or gender identity questions in their surveys. The Center for Disease Control (CDC) has done cognitive testing on gender identity and sexual orientation questions for inclusion in the National Health Interview Survey (NHIS) and the National Center for Health Statistics (NCHS) surveys. The question about current gender identity we are using is recommended by the Center of Excellence for Transgender Health at the University of California at San Francisco, followed by two questions to evaluate gender conformity/non-conformity from research done by Wylie, et al., (2010). The proposed sexual orientation questions are modelled after those used in the National Health Interview Survey (NHIS) questionnaire. The NHIS questionnaire, however, had separate questions for males and females so the answer categories for the initial question differed. Our initial question, while using the 2014 NHIS question wording, uses the answer categories used in studies done by the Fenway Institute for questions addressed to all genders. The follow-up questions are from the NHIS.

Resiliency, or the capacity to ‘bounce back’ or recover from various challenges, difficulties and stress, has received increasing interest from researchers, practitioners and policy makers over the past couple of decades, especially in relation to its possible impact on health and well-being. We have identified the Brief Resilience Scale (BRS) as the best option for the YA survey due to its focus on resiliency, non-clinical application, and short administration time. Smith and colleagues (2008) designed the BRS with six items, each measured on a 5-point scale (ranging from 1 = strong disagree to 5 = strong agree) to explicitly measure the ability to ‘bounce back’. They examined the scale’s psychometric characteristics in four samples and report that it computes as a unitary, reliable construct. They also suggest that the BRS may mediate the effects of resilience resources (i.e. optimism, social support, faith) on health outcomes and highlight that including the BRS in longitudinal studies will help to evaluate its ability to predict recovery from important stressors – both health and non-health related. The BRS will also be included in the main NLSY79 Round 28 questionnaire.

We are including a 3-item scale in the YA survey to measure loneliness. Focusing on the UCLA Loneliness Scale (ULS), Hughes, et al. (2004) used factor analysis to develop a three-item measure of perceived loneliness which was then tested in the Health and Retirement Survey and the Chicago Health,

Aging, and Social Relations Study. While this scale was initially developed for an older age group than the YA respondents, it has been used in research covering diverse age ranges in a variety of disciplines (Matthews, et al, 2016; Rico-Uribe, et al, 2016; Doyle and Molix, 2015; Phelan, et al, 2015).

Social isolation can be seen as the converse of social connectedness, and both concepts have been assessed in a variety of studies (Valtorta, et al, 2016; Zavaleta, et al, 2016; Sansoni, et al, 2010). To assess perceived practical support, we therefore recommend adding 2 items, derived from the National Social Life, Health, and Aging Project, adjusted to parallel existing items in the current YA survey. We will also add two items, used in the National Longitudinal Study of Adolescent to Adult Health (with updated wording to include texting and messaging), to measure the number of and frequency of interactions with close friends. Additionally, we will add 3 items, adapted from the Current Population Survey, where the first two questions are modified to include friends and family as well as neighbors, to assess actual support and reciprocity, both of which are important components of social isolation/connectedness (Zavaleta, et al., 2014; 2016).

We are adding 4 subscales to measure nurturance, physical appearance, intimate relationships and intelligence, plus a global self-worth scale, from the revised Self-Perception Profile for Adults (Messer and Harter, 2012). Since the NLSY79 Child Study began in 1986, children have been asked 12 questions from the Self-Perception Profile for Children (SPPC). A significant body of research has used the SPPC in the NLSY79 Child study as inputs (e.g., Crockett et al. 2006), mediators (e.g. Christie-Mizell, 2003) and outcomes (e.g. Baydar et al., 1997; Colen and Ramey, 2014). Including questions from the SPP for Adults will open up significant new avenues of research linking self-worth and perceived scholastic competence in childhood and early adolescence to these various perceptions of self in young adulthood and beyond for a large, national sample, enabling these associations to be examined by, for example, race/ethnicity, gender, maternal age at birth of the child, health problems, discrimination or socioeconomic status.

References:

- Baydar, Nazli, Patricia Hyle and Jeanne Brooks-Gunn. "A Longitudinal Study of the Effects of the Birth of a Sibling During Preschool and Early Grade School Years." *Journal of Marriage and Family* 59,4 (November 1997): 957-965.
- Betts, Peter. "Developing survey questions on sexual identity: Cognitive/in-depth interviews." Office for National Statistics, July 2009.
- Christie-Mizell, C. André. "Bullying: The Consequences of Interparental Discord and Child's Self-Concept." *Family Process* 42,2 (Summer 2003): 237-251
- Colen, Cynthia G. and David Ramey. "Is Breast Truly Best? Estimating the Effects of Breastfeeding on Long-term Child Health and Wellbeing in the United States Using Sibling Comparisons." *Social Science and Medicine* 109 (May 2014): 55-65.
- Crockett, Lisa J., Kristin L. Moilanen, Marcela Raffaelli and Brandy A. Randall. "Psychological Profiles and Adolescent Adjustment: A Person-Centered Approach." *Development and Psychopathology* 18,1 (Winter 2006): 195-214.
- Doyle, D. M., & Molix, L. (2015). Perceived Discrimination and Social Relationship Functioning among Sexual Minorities: Structural Stigma as a Moderating Factor. *Analyses of Social Issues and Public Policy* : ASAP, 15(1), 357–381.
- The GenIUSS Group. "Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys." J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute, 2014.
- Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004). A Short Scale for Measuring Loneliness in Large Surveys: Results from Two Population-Based Studies. *Research on Aging*, 26(6), 655–672.

- Matthews, T., Danese, A., Wertz, J., Odgers, C. L., Ambler, A., Moffitt, T. E., & Arseneault, L. (2016). Social isolation, loneliness and depression in young adulthood: a behavioural genetic analysis. *Social Psychiatry and Psychiatric Epidemiology*, *51*, 339–348.
- Messer, Bonnie and Susan Harter. 2012 The Self-Perception Profile for Adults: Manual and Questionnaires Revision of the 1986 manual.
- Miller, Kristen and J. Michael Ryan. “Design, Development and Testing of the NHIS Sexual Identity Question.” National Center for Health Statistics, October 2011.
- Phelan, S. M., Burgess, D. J., Puhl, R., Dyrbye, L. N., Dovidio, J. F., Yeazel, M., ... van Ryn, M. (2015). The Adverse Effect of Weight Stigma on the Well-Being of Medical Students with Overweight or Obesity: Findings from a National Survey. *Journal of General Internal Medicine*, *30*(9), 1251–1258.
- Redford, Jeremy and Aimee Van Wagen. “Measuring Sexual Orientation Identity and Gender Identity in a Self-Administered Survey: Results from Cognitive Research with Older Adults.” Presented: San Francisco, CA, Population Association of America Meetings, May 2012.
- Rico-Urbe, L. A., Caballero, F. F., Olaya, B., Tobiasz-Adamczyk, B., Koskinen, S., Leonardi, M., ... Miret, M. (2016). Loneliness, Social Networks, and Health: A Cross-Sectional Study in Three Countries. *PLoS ONE*, *11*(1), e0145264.
- Sansoni J, Marosszeky N, Sansoni E, Fleming G (2010) Final Report: Effective Assessment of Social Isolation. Centre for Health Service Development, University of Wollongong
- Smith, Bruce W, Jeanne Dalen, Kathryn Wiggins, Erin Tooley, Paulette Christopher and Jennifer Bernard. 2008 “The Brief Resilience Scale: Assessing the Ability to Bounce Back.” *International Journal of Behavioral Medicine*, *15*: 194-200.
- Valtorta NK, Kanaan M, Gilbody S, et al. Loneliness, social isolation and social relationships: what are we measuring? A novel framework for classifying and comparing tools. *BMJ Open* 2016;6:e010799. doi:10.1136/bmjopen-2015- 010799
- Zavaleta, D., Samuel, K. & Mills, C.T. Measures of Social Isolation. *Social Indicators Research* (2016).
- Zavaleta, D., Samuel, K., and Mills, C. (2014). “Social Isolation: A Conceptual and Measurement Proposal.” *OPHI Working Papers* 67, University of Oxford.
- Young Adult’s Perception of Mother’s Health and Well-Being*

We are adding four questions to the YA survey that ask the YAs about their perceptions of their mothers’ health and well-being.

Young Adult’s Attitude towards internet surveying

We are adding the same question series about respondent attitude towards completing our survey on line to our locating section that the NLSY79 is adding to theirs.

Deletions

To allow for the addition of new items, we have carefully reviewed our existing items, looking at answer distribution, Field Interviewer comments, and usage in research. In the migration sequence, we reduced the number of fields asked for, eliminating county and zip code as a way to save time. The ideal relationship questions from the Dating and Relationship History section have been removed. We deleted most of the detailed questions about teacher behavior in the classroom and homework in school and out of school for YAs still in secondary school. We removed the series of questions about parental cooperation because they were time-consuming and many respondents felt they were redundant when asked for each child. We also eliminated the questions about spouse/partner’s children from other relationships, and reduced the number of questions in the maternal employment series. Q14A-7A through Q14A-16, the

detailed questions about asthma attacks and treatment, have been eliminated, although the core questions about asthma remain. We also eliminated the two questions about reading nutritional labels and ingredient lists on new products as well as the detailed questions about accidents and injuries requiring hospitalization. We removed the detailed questions about how and where child support agreements were reached. We have eliminated the questions about what type of organizations the respondent does volunteer work for.