

Sightlines Survey
Working Copy
June 2017

In this section, we will ask about your social connections with friends, family, co-workers, and your community. As a reminder, all responses will be kept strictly confidential and cannot be linked to any identifying information.

Are you currently...?

- Married
- Single
- In a committed relationship and living together
- In a committed relationship and living apart
- Widowed
- Divorced
- Separated
- Other: _____

How often do you and your spouse or partner have a meaningful conversation about something important to you?

- At least once a day
- A few times a week
- Once a week
- A few times a month
- Less often than that
- Don't know
- Not applicable

How often do you and your spouse or partner do something together for fun?

- At least once a day
- A few times a week
- Once a week
- A few times a month
- Less often than that
- Don't know
- Not applicable

How much can you rely on members of your family who do not live with you for help if you have a serious problem?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all
- Not applicable

Are you providing care for a loved one with a serious illness?

- Yes (please specify for whom and why): _____
- No

Display This Question:

If Are you providing care for a loved one with a serious illness? Yes (please specify for whom and why): Is Selected

To what extent does providing care for your loved one interfere with accomplishing important goals in your life related to work, family, social activities, health, and money?

- Not at all
- A little
- Somewhat
- Very much
- Extremely

Display This Question:

If Are you providing care for a loved one with a serious illness? Yes (please specify for whom and why): Is Selected

How does caring for your loved one make you feel?

	Always	Most of the time	About half the time	Sometimes	Never
Fulfilled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you spend time with any close friends?

- Several times a day
- About once a day
- Several times a week
- About once a week
- Two or three times a month
- About once a month
- Less than once a month
- Never or hardly ever
- Don't know
- Not applicable

How often do you communicate with any close friends via...?

	Always	Most of the time	About half the time	A little of the time	Never
In-person visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media posts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online/video chat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much can you rely on your close friends for help if you have a serious problem?

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

How often do you spend time with any other friends or acquaintances?

- Several times a day
- About once a day
- Several times a week
- About once a week
- Two or three times a month
- About once a month
- Less than once a month
- Never or hardly ever
- Don't know
- Not applicable

How often do you have contact with any other friends or acquaintances?

	Always	Most of the time	About half the time	A little of the time	Never
In-person visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media posts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online/video chat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much can you rely on any other friends or acquaintances for help if you have a serious problem?

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

Are you currently working for pay?

- Yes, full-time
- Yes, part-time
- Yes, gig/contract work
- No, I am working, but not for pay. Please specify: _____
- No, I am not working right now
- Other _____

How often do you have a meaningful conversation or get together socially with your co-workers?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- 4-6 times a month
- 2-3 times a month
- Once a month
- 4-6 times a year
- 2-3 times a year
- Once a year
- Never
- Not applicable

How much can you rely on your co-workers for help if you have a serious problem?

- A great deal
- A lot
- A moderate amount
- A little
- None at all
- Not applicable

How often do you have a meaningful conversation or get together socially with any of your neighbors?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- 4-6 times a year
- Once a year
- Never

How much can you rely on your neighbors for help if you have a serious problem?

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

How often do you typically attend community events or meetings (e.g., organized social group gatherings, sports clubs, organized recreational activities, local events)?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- 4-6 times a month
- 2-3 times a month
- Once a month
- 4-6 times a year
- 2-3 times a year
- Once a year
- Never

How often do you typically attend religious or spiritual services?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- 4-6 times a month
- 2-3 times a month
- Once a month
- 4-6 times a year
- 2-3 times a year
- Once a year
- Never

Over the past year, have you done any volunteer activities through or for an organization?

- Yes
- No

Over the past year, approximately how often did you volunteer for an organization?

- Daily
- Multiple times a week
- Once a week
- Several times a month
- Once a month
- Several times over the past year
- Once or twice
- Never

Please do your best to estimate the total number of hours you spent volunteering over the past year.

Please describe your volunteer activities:

In this next section, we will ask about your typical health-related behaviors. As a reminder, all responses will be kept strictly confidential and cannot be linked to any identifying information.

Over the past week, how often did you use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

Over the past week, how often did you use e-cigarettes or other methods of vaping?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

Over the past week, how often did you use any product containing marijuana?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

Over the past week, how often did you drink any alcoholic beverages?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

On a typical day when you drink alcohol, how many alcoholic drinks do you have (1 drink = 1 oz. hard liquor, 4 oz. wine, 12 oz. beer)?

Over the past year, how often did you use any illegal drugs (e.g., cocaine, heroin, methamphetamine)? (Note: your response will be kept confidential and will not be tied to any identifying information)

- Daily
- Multiple times a week
- Once a week
- Several times a month
- Once a month
- Several times over the past year
- Once or twice
- Never

How many hours do you typically spend sitting or reclining at work, home, or school each day?

How many minutes per week do you engage in vigorous physical activity (e.g., running)?

How many minutes per week do you engage in moderate physical activity (e.g., brisk walking)?

How many minutes per week do you engage in light physical activity (e.g., gardening)?

How tall are you in inches (5 feet = 60 inches)?

How much do you weigh in pounds right now?

How much did you weigh in pounds approximately six months ago?

How much did you weigh in pounds approximately one year ago?

How much did you weigh in pounds approximately two years ago?

In a typical week, how often do you eat fruits and vegetables (do not include juices from concentrate or those with added sugars)?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

On a typical day when you eat fruits and vegetables, how many servings (e.g., 1 serving = 1 cup green leafy vegetables, 1/2 cup other vegetables, 1/2 cup of vegetable juice, 1 medium-sized piece of fruit) do you have?

In a typical week, what proportion of your plate would you say consists of fruits and/or vegetables for the following meals?

	All or nearly all of my plate	About $\frac{3}{4}$ of my plate	About half of my plate	About $\frac{1}{4}$ of my plate	Very little or none of my plate
Breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In a typical week, how often do you eat meat?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

How often do you usually eat each of the following kinds of meat?

	Never	Occasionally	Sometimes	Somewhat often	Very often
Beef	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poultry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In a typical week, how often do you go out to eat, order take out, or pick up prepared food for dinner?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

How many hours of sleep do you usually get each night on a typical weekday or workday?

How often do you have trouble falling and/or staying asleep?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Less than once a week
- Never

Did you get a flu shot last year?

- Yes
- No

Do you have a primary doctor you go to for regular check-ups?

- Yes
- No

In the past year, how many times did you go to a hospital emergency room or urgent care facility?

How many prescription medications do you take daily?

How many prescription medications do you take that are "controlled substances" (e.g., painkillers like oxycodone, anti-anxiety medications like Xanax)?

In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

To what extent does your workplace environment (including co-workers and organizational policies) encourage the following behaviors?

	Not at all	Slightly	Moderately	Very much	Extremely	Not applicable
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting sufficient rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining a healthy weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting for prolonged periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning about health and wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing health care (e.g., getting flu shot)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this section, we will ask about your finances and retirement. Please provide your best estimates. All responses will be kept strictly confidential and cannot be linked to any identifying information.

What is your annual household income?

What is the total amount of debt you currently have?

What year did you start your first full-time, paying job after graduating/leaving Stanford?

What was the approximate salary of that first job?

Are you able to cover at least \$3000 in expenses in case of an emergency?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Do you and/or your spouse/partner have any money in the following accounts?

	Yes	No	Don't know
Personal checking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Savings, money market account	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The US savings bond	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mutual fund (excluding retirement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certificate of deposits (CDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stock shares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your best estimate of the total dollar amount combining all accounts above. Providing this information is completely voluntary and any responses will be kept confidential.

Do you and/or your spouse/partner have any money in employer-sponsored retirement plans, such as 401k, 403b, 457, or cash balance plans?

- Yes
- No
- Don't know

Display This Question:

If Do you and/or your spouse/partner have any money in employer-sponsored retirement plans, such as... Yes Is Selected

What % of your income do you contribute to this plan?

	Please write % up to 2 decimal places below. Leave blank if you do not know.
% contributed by you	
% contributed by spouse/partner	
% matching contribution by employer	

Do you and/or your spouse/partner participate in a traditional defined benefit pension plan?

- Yes
- No
- Don't know

Do you and/or your spouse/partner have any money in the following tax-advantaged accounts?

	Yes	No	Don't know
Traditional IRAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roth IRAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keoghs; SIMPLE IRAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variable annuities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverdell; 529 plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other plans:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your best estimate of the total dollar amount combining all retirement and pension plans described above. Providing this information is completely voluntary and any responses will be kept confidential.

Do you and/or your spouse/partner owe money on any credit card accounts, such as Visa, American Express, or short-term/payday loans?

- Yes
- No
- Don't know

Display This Question:

If Do you and/or your spouse/partner owe money on any credit card accounts, such as Visa, American Express, or short-term/payday loans? Yes Is Selected

Or Do you and/or your spouse/partner owe money on any credit card accounts, such as Visa, American Express, or short-term/payday loans? Don't know Is Selected

After the most recent payment, what was the balance still owed on all of these accounts together?

- \$ _____
- Don't know

Are you and/or your spouse/partner responsible for making payments on any student loans?

- Yes
- No

Display This Question:

If Are you and/or your spouse/partner responsible for making payments on any student loans? Yes Is Selected

Who is the beneficiary of these loans? (Check all that apply)

- Spouse/partner
- Self
- Child

Display This Question:

If Are you and/or your spouse/partner responsible for making payments on any student loans? Yes Is Selected

How much do you owe today on all these student loans?

Display This Question:

If Are you and/or your spouse/partner responsible for making payments on any student loans? Yes Is Selected

What year do you expect to pay off these loans?

Are you and/or your spouse/partner responsible for making payments on any student loans that you had for someone else's education, such as a child or other beneficiary?

- Yes
- No

Display This Question:

If Are you and/or your spouse/partner responsible for making payments on any student loans that you had for someone else's education, such as a child or other beneficiary? Yes Is Selected

Who is the beneficiary of these loans? (Check all that apply)

- Spouse/partner
- Self

Display This Question:

If Are you and/or your spouse/partner responsible for making payments on any student loans that you had for someone else's education, such as a child or other beneficiary? Yes Is Selected

How much do you owe today on these student loans?

Display This Question:

If Are you and/or your spouse/partner responsible for making payments on any student loans that you had for someone else's education, such as a child or other beneficiary? Yes Is Selected

What year do you expect to pay off these loans?

Do you and/or your spouse/partner have any other debt (such as car loan, borrowing from friends/relatives, unpaid bills to doctor's office, etc.) that we haven't mentioned above?

- Yes: _____
- No

Display This Question:

If Do you and/or your spouse/partner have any other debt (such as car loan, borrowing from friends/r... Yes: Is Selected

What is the total amount of these other debts?

What is your current living situation?

- Renting (from landlord, family member, etc.)
- Own (including with spouse/partner)
- Living with someone else, but not paying rent
- Other: _____

Display This Question:

If What is your current living situation? Own (including with spouse/partner) Is Selected

When did you purchase the apartment/house?

Display This Question:

If What is your current living situation? Own (including with spouse/partner) Is Selected

What was the sale price?

Display This Question:

If What is your current living situation? Own (including with spouse/partner) Is Selected

What is the estimated market value today?

Display This Question:

If What is your current living situation? Own (including with spouse/partner) Is Selected

What is the amount of mortgage and back taxes you still owe today?

Display This Question:

If What is your current living situation? Own (including with spouse/partner) Is Selected

What is the amount of other loans related to buying this apartment/house?

Who currently lives with you? (please indicate the number of people in each category in the adjacent boxes)

- Spouse/partner _____
- Children _____
- Parents _____
- Grandparents _____
- Siblings _____
- Extended family (e.g., aunts/uncles, cousins) _____
- Roommates _____
- Boarders/Renters _____
- Others, please specify number and their relationship to you: _____
- I live alone

Display This Question:
 If Who currently lives with you? (please indicate the number of people in each category in the adjac... Spouse/partner Is Greater Than 0

Please indicate the age of your child(ren) in the boxes below. If you have more than six children, please let us know at the end of this survey.

	Age in years
Child #1	
Child #2	
Child #3	
Child #4	
Child #5	
Child #6	

Other than your primary residence, do you own any other real estate properties?

- Yes
- No

Display This Question:
 If Other than your primary residence, do you own any other real estate properties? Yes Is Selected

What is the approximate net worth (i.e., equity) of all other real estate properties?

Do you have health insurance?

- Yes
- No
- Don't know

Display This Question:

If Do you have health insurance? Yes Is Selected

How do you obtain your health insurance? (Check all that apply)

- I get it through my employer, union, or school
- I pay for my own on the private market (excluding Obamacare/Affordable Care Act)
- I pay for my own through Obamacare/Affordable Care Act
- I use a government-sponsored plan (i.e., Medicaid, Medicare, VA)
- Other: _____

Display This Question:

If How do you obtain your health insurance? (Check all that apply) I pay for my own through Obamacare/Affordable Care Act Is Selected

What year did you obtain coverage through Obamacare/Affordable Care Act?

Display This Question:

If Do you have health insurance? Yes Is Selected

Does this health insurance cover any dependents (such as children, spouse/partner, etc.)?

- Yes (please specify): _____
- No

Display This Question:

If Do you have health insurance? Yes Is Selected

What is the annual premium you pay out of pocket?

- \$ _____
- Don't know

Display This Question:

If Do you have health insurance? Yes Is Selected

What is the deductible?

- \$ _____
- Don't know

Do you have long-term disability insurance either through a private or workplace sponsor?

- Yes
- No
- Don't know

Do you and/or your spouse/partner have term or whole life insurance either through a private or workplace sponsor?

- Yes
- No
- Don't know

Are you retired?

- Yes
- No
- Other (please specify): _____

Display This Question:

If Are you retired? Yes Is Selected

At what age did you retire?

Display This Question:

If Are you retired? No Is Selected

Or Are you retired? Other (please specify): Is Selected

At what age do you expect to retire?

- Age: _____
- Never