

THIS SURVEY IS AUTHORIZED BY JTPA TITLE IV PART D SECTION 452

**NORC-4418-01**

CASE # \_\_\_\_\_

**OMB 1205-0044  
EXP 12-31-85**

NORC  
University of Chicago

**INTERVIEWER:  
(CODE ONE)**

**Personal  
Interview .... 1**

CENTER FOR HUMAN RESOURCE RESEARCH  
Ohio State University

**Telephone  
Interview .... 2**

National Longitudinal Survey  
of  
Labor Force Behavior

ROUND SEVEN

Youth Survey, 1985

Introduction for Youth Survey Questionnaire:

We'd like to talk to you once again about your recent work experiences, education, and family life. You will receive \$10 in appreciation for your time.

[(READ IF NECESSARY) In order that your answers to our questions are not biased by anyone else's presence, it is necessary that we conduct the interview in private.]

This study is sponsored by the U.S. Department of Labor, under authority of the Job Training Partnership Act, Public Law 97-300, as amended. Your participation is vital to the success of the study, but is voluntary. All the information you give will be protected under the Privacy Act of 1974. Results of the study will be made public only in summary or statistical form so that individuals who participate cannot be identified.

NOTICE: ALL INFORMATION THAT WOULD PERMIT IDENTIFICATION OF RESPONDENTS OR THEIR HOUSEHOLDS WILL BE REGARDED AS STRICTLY CONFIDENTIAL, WILL BE USED ONLY FOR RESEARCH PURPOSES AND WILL NOT BE DISCLOSED OR RELEASED FOR ANY OTHER PURPOSE WITHOUT PRIOR CONSENT, EXCEPT AS REQUIRED BY LAW.

## SECTION 1

1. INTERVIEWER: RECORD TIME INTERVIEW BEGINS HERE:

TIME  
BEGAN: 

--	--

 AM  
PM

HR          MIN

10-13/

2. INTERVIEWER: BEFORE CONDUCTING THIS INTERVIEW:

ENTER DATE OF LAST INTERVIEW AND TODAY'S DATE ON **CALENDAR**. DRAW A VERTICAL LINE THROUGH ROWS A-E AT EACH DATE TO INDICATE THE REFERENCE PERIOD FOR THIS YEAR'S INTERVIEW.

GO TO SECTION 2
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## SECTION 2: MARITAL HISTORY

1. When we talked with you last, you said you were (READ MARITAL STATUS FROM **INFORMATION SHEET** ITEM # 1). Is that correct?

Yes ..... (ASK A) ..... 1 14/

No ..(CORRECT **INFO SHEET**, THEN ASK A) .. 0

- A. Has there been any change in your marital status since (DATE OF LAST INTERVIEW)?

Yes ..... (GO TO Q.2) ..... 1 15/

No ..... (ANSWER B) ..... 0

- B. INTERVIEWER: IF NO CHANGE IN STATUS, IS "MARRIED" CODED ON **INFO SHEET**?

Yes ..... (SKIP TO Q.5, PAGE 2-3) ..... 1 16/

No ..... (SKIP TO SECTION 3) ..... 0

	FIRST CHANGE 17/	SECOND CHANGE 23/	THIRD CHANGE 29/
2. A. Since (DATE OF LAST INTERVIEW), what was the (first/second/ETC.) change in your marital status?	Married .... 1 Separated .. 2 Divorced ... 3 Reunited ... 4 Remarried .. 5 Widowed .... 6	Separated .. 2 Divorced ... 3 Reunited ... 4 Remarried .. 5 Widowed .... 6	Separated .. 2 Divorced ... 3 Reunited ... 4 Remarried .. 5 Widowed .... 6
B. When did that happen? ENTER MONTH & YEAR.	18-19/      20-21/                            MONTH    YEAR    MONTH    YEAR	24-25/      26-27/                            MONTH    YEAR    MONTH    YEAR	30-31/      32-33/                            MONTH    YEAR    MONTH    YEAR
C. After that, was there any <u>other</u> change in your marital status?	Yes..(GO TO Q.2A FOR SECOND CHANGE) .. 1 No . (GO TO Q. 3) .... 0	Yes..(GO TO Q.2A FOR THIRD CHANGE) .. 1 No . (GO TO Q. 3) ... 0	Yes..(USE A 2ND QUESTION-NAIRE. GO TO Q. 2A, [P.2-2] FOR THE NEXT CHANGE) .... 1 No ..... 0

3. INTERVIEWER: WAS "MARRIED" OR "REMARRIED" CODED IN Q. 2A FOR THE FIRST, SECOND, OR THIRD CHANGE?

YES ..... (GO TO. Q.4, PAGE 2-3) ..... 1 35/

NO ..... (SKIP TO Q.5, PAGE 2-3) ..... 0

IF Q. 2 WAS CODED "MARRIED" OR "REMARRIED", ASK Q. 4

4. When was your (most recent) (husband/wife) born?

ENTER MONTH:        36-37/

AND YEAR: 19        38-39/

5. INTERVIEWER: [IF R IS WIDOWED OR DIVORCED, READ: Even though your (husband/wife) is no longer with you, we would like to get some information about (him/her).]

During 1984, what kind of work did your (most recent) (husband/wife) do?  
RECORD VERBATIM.

INCLUDE MILITARY DUTY AS WORK FOR SPOUSE.

IF MORE THAN ONE OCCUPATION, PROBE FOR AND RECORD WORK DONE THE LONGEST DURING THAT PERIOD.

PROBE: What were (his/her) main activities or duties?  
PROBE FOR TWO MAIN DUTIES, RECORD VERBATIM, AND GO TO Q. 6

40-42/

OR  
DID NOT WORK DURING THAT PERIOD  
(ENTER "00" IN 6A AND SKIP TO Q.7, PAGE 2-4) .....995  
OR  
NEVER WORKED  
(ENTER "00" IN 6A AND SKIP TO Q.7, PAGE 2-4) .....996  
OR  
DON'T KNOW .....998

6. A. During the 52 weeks of 1984, how many weeks did your (husband/wife) work at all jobs, either full or part time, not counting work around the house?

ENTER NUMBER OF WEEKS  
WORKED IN 1984:        43-44/

- B. In the weeks your (husband/wife) worked, how many hours did (he/she) usually work per week?

ENTER NUMBER OF HOURS:        45-46/

7. INTERVIEWER: TO FIND THE # OF WEEKS THE R'S SPOUSE WAS NOT WORKING IN 1984, SUBTRACT # OF WEEKS IN 6A FROM # OF WEEKS IN A YEAR (52) AND RECORD BELOW.

A. NUMBER OF WEEKS IN 1984: 52

B. NUMBER OF WEEKS IN 6A: -

C. ENTER NUMBER OF WEEKS NOT WORKING:     

47-48/

D. IF C = 00, GO TO SECTION 3.

IF C = 52, ASK:

You said your (husband/wife) did not work in 1984. How many weeks in 1984 was (he/she) looking for work or on layoff from a job?

OTHERWISE, ASK:

You said your (husband/wife) worked (NUMBER IN B) weeks during 1984. How many of the remaining (NUMBER ENTERED IN C) weeks was (he/she) looking for work or on layoff from a job?

ENTER NUMBER OF WEEKS LOOKING FOR WORK  
OR ON LAYOFF FROM A JOB:

    

49-50/

## SECTION 3: REGULAR SCHOOLING

Now, I would like to ask you some questions about school.

First, I would like to ask you about regular school, such as high school, college or graduate school. By regular school we mean school which can be counted toward a high school diploma or a bachelor or graduate degree. Later in the interview I'll be asking about other types of schools and training programs.

1. At any time since (DATE OF LAST INTERVIEW), have you attended or been enrolled in regular school? [READ IF NECESSARY:--that is, in an elementary school, a middle school, a high school, a college, or a graduate school?]

Yes ..... (ASK A AND B) ..... 1

10/

No .... (SKIP TO Q.8, PAGE 3-11) .... 0

- A. IF YES: Since (MONTH AND YEAR OF LAST INTERVIEW), in which months were you attending regular school? (If you were attending regular school at all during the month, count it as a month attending school.) CODE ALL THAT APPLY. (IF INTERVIEW COVERS MORE THAN ONE YEAR, ONLY CODE FOR 1984 AND 1985.)

---

1984

JANUARY .....	01	11-12/
FEBRUARY .....	02	13-14/
MARCH.....	03	15-16/
APRIL .....	04	17-18/
MAY .....	05	19-20/
JUNE .....	06	21-22/
JULY .....	07	23-24/
AUGUST .....	08	25-26/
SEPTEMBER .....	09	27-28/
OCTOBER .....	10	29-30/
NOVEMBER .....	11	31-32/
DECEMBER .....	12	33-34/

1985

JANUARY .....	13	35-36/
FEBRUARY .....	14	37-38/
MARCH .....	15	39-40/
APRIL .....	16	41-42/
MAY .....	17	43-44/
JUNE .....	18	45-46/
JULY .....	19	47-48/
AUGUST .....	20	49-50/

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## 1. (Continued)

B. Are you currently attending or enrolled in regular school?

Yes .....	(ASK C) .....	1	51/
No .....	(GO TO Q.2, PAGE 3-7) .....	0	

IF YES TO B, ASK C:

C. What grade or year of regular school are you attending or enrolled in?

1ST GRADE .....	01	52-53/
2ND GRADE .....	02	
3RD GRADE .....	03	
4TH GRADE .....	04	
5TH GRADE .....	05	
6TH GRADE .....	06	
7TH GRADE .....	07	
8TH GRADE .....	08	
9TH GRADE .....	09	
10TH GRADE .....	10	
11TH GRADE .....	11	
12TH GRADE .....	12	
1ST YEAR OF COLLEGE .....	13	
2ND YEAR OF COLLEGE .....	14	
3RD YEAR OF COLLEGE .....	15	
4TH YEAR OF COLLEGE .....	16	
5TH YEAR OF COLLEGE .....	17	
6TH YEAR OF COLLEGE .....	18	
7TH YEAR OF COLLEGE .....	19	
8TH YEAR OF COLLEGE OR MORE ....	20	
UNGRADED .....	95	

(SKIP TO Q.4, PAGE 3-9)

2. In what month and year were you last enrolled in regular school?

MONTH:

54-55/

YEAR:

56-57/

A. What is the main reason you left at that time? RECORD VERBATIM AND CODE ONE ONLY. IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason?

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RECEIVED DEGREE, COMPLETED COURSE WORK .....	01	58-59/
EXPELLED OR SUSPENDED .....	10	
GETTING MARRIED .....	02	
PREGNANCY .....	03	
SCHOOL TOO DANGEROUS .....	11	
LACK OF ABILITY, POOR GRADES .....	05	
OTHER REASONS DIDN'T LIKE SCHOOL .....	04	
HOME RESPONSIBILITIES .....	06	
OFFERED GOOD JOB, CHOSE TO WORK .....	07	
FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO ATTEND .....	08	
ENTERED MILITARY .....	09	
MOVED AWAY FROM SCHOOL .....	12	
OTHER (SPECIFY) _____	13	



3. What is the highest grade of regular school you have ever attended?

1ST GRADE ..... 01  
2ND GRADE ..... 02  
3RD GRADE ..... 03  
4TH GRADE ..... 04  
5TH GRADE ..... 05  
6TH GRADE ..... 06  
7TH GRADE ..... 07  
8TH GRADE ..... 08  
9TH GRADE ..... 09  
10TH GRADE ..... 10  
11TH GRADE ..... 11  
12TH GRADE ..... 12  
1ST YEAR OF COLLEGE ..... 13  
2ND YEAR OF COLLEGE ..... 14  
3RD YEAR OF COLLEGE ..... 15  
4TH YEAR OF COLLEGE ..... 16  
5TH YEAR OF COLLEGE ..... 17  
6TH YEAR OF COLLEGE ..... 18  
7TH YEAR OF COLLEGE ..... 19  
8TH YEAR OF COLLEGE OR MORE .... 20  
UNGRADED ..... 95

60-61/

4. What is the highest grade or year of regular school that you have completed and gotten credit for? CIRCLE ONE CODE BELOW.

1ST GRADE ..... 01  
2ND GRADE ..... 02  
3RD GRADE ..... 03  
4TH GRADE ..... 04  
5TH GRADE ..... 05  
6TH GRADE ..... 06  
7TH GRADE ..... 07  
8TH GRADE ..... 08  
9TH GRADE ..... 09  
10TH GRADE ..... 10  
11TH GRADE ..... 11  
12TH GRADE ..... 12  
1ST YEAR OF COLLEGE ..... 13  
2ND YEAR OF COLLEGE ..... 14  
3RD YEAR OF COLLEGE ..... 15  
4TH YEAR OF COLLEGE ..... 16  
5TH YEAR OF COLLEGE ..... 17  
6TH YEAR OF COLLEGE ..... 18  
7TH YEAR OF COLLEGE ..... 19  
8TH YEAR OF COLLEGE OR MORE ..... 20  
UNGRADED ..... 95

62-63/

5. INTERVIEWER: WHAT GRADE DOES R CURRENTLY ATTEND (SEE Q. 1C, PAGE 3-6) OR WHAT IS THE HIGHEST GRADE R HAS ATTENDED SINCE THE DATE OF THE LAST INTERVIEW? (SEE Q.3, PAGE 3-8)

UNGRADED (SKIP TO Q.27, PAGE 3-14) .. 1 64/

GRADES 1-8 (SKIP TO Q.27, P. 3-14) .. 2

GRADES 9-12 ..... (GO TO Q.6) ..... 3

GRADE 13 ..... (ASK A) ..... 4

GRADES 14-20 (SKIP TO Q.8, P. 3-11) . 5

- A. IF GRADE 13: Since (DATE OF LAST INTERVIEW), have you attended grade 9, 10, 11, or 12?

Yes ..... (GO TO Q.6) ..... 1 65/

No ..... (SKIP TO Q. 8) ..... 0

6. Do you feel that your high school program (is/was) largely vocational, commercial, college preparatory, or (is/was) it a general program?  
CODE ONE ONLY.

Vocational ..... (ASK A) ..... 1 66/

Commercial ..... (ASK A) ..... 2

College preparatory . (GO TO Q. 7) .. 3

General program ..... (GO TO Q. 7) .. 4

DON'T KNOW ..... (GO TO Q. 7) .. 8

- A. IF CODES 1 OR 2: For what specific job (are/were) you training?  
RECORD VERBATIM.

67-69/

7. INTERVIEWER: SEE Q.1C, PAGE 3-6. IS RESPONDENT CURRENTLY ENROLLED IN GRADES 1-12 (Q. 1C CODED 1-12)?

YES (SKIP TO Q.27, PAGE 3-14) .. 1 70/

NO ..... 0

8. INTERVIEWER: SEE **INFORMATION SHEET**, ITEM 2. DID R HAVE A HIGH SCHOOL DIPLOMA OR GED AT THE TIME OF THE LAST INTERVIEW?

YES .....(SKIP TO Q. 10)..... 1 71/  
 NO ..... 0

9. Do you have a high school diploma or have you ever passed a high school equivalency or GED test?

Yes ..... (ASK A & B) ..... 1 72/  
 No (SKIP TO Q.27, PAGE 3-14) ... 0

IF YES, ASK A & B:

- A. Which do you have, a high school diploma or a GED?

High school diploma..... 1 73/  
 GED ..... 2

IF VOL.: Both ..(ASK B REGARDING  
 HIGH SCHOOL DIPLOMA)..... 3

- B. When did you receive your (high school diploma/GED)?

MONTH:     |   |   |    74-75/  
 AND  
 YEAR: 19   |   |   |    76-77/

10. INTERVIEWER: HAS R ATTENDED GRADE 13 OR HIGHER SINCE DATE OF LAST INTERVIEW (Q. 5 IS CODED 4 OR 5)?

YES ..(GO TO Q.11, PAGE 3-12)... 1 78/  
 NO .....(ASK A)..... 0

- A. INTERVIEWER: SEE INFORMATION SHEET ITEM 4.  
 IS A TRANSCRIPT RELEASE FORM NEEDED?

YES (SKIP TO Q.26, PAGE 3-13) .. 1  
 NO (SKIP TO Q.27, PAGE 3-14) .. 0 79/

11. Now, I would like to ask you about all of the degree-granting colleges or universities you have attended since (DATE OF LAST INTERVIEW). Let's start with the most recent first.

A. <u>INTERVIEWER:</u> ASK Q.12-24 FOR MOST RECENT SCHOOL BEFORE ASKING ABOUT NEXT SCHOOL, IF ANY.	COLUMN 1 MOST RECENT SCHOOL	COLUMN 2 NEXT RECENT SCHOOL	COLUMN 3 NEXT RECENT SCHOOL
	BEGIN DECK 03 10-40/	BEGIN DECK 04 10-40/	BEGIN DECK 05 10-40/
12. What is the name of the (next) college or university you (are currently attending/have most recently attended)?	_____ _____ 41-46/	_____ _____ 41-46/	_____ _____ 41-46/
OFFICE USE ONLY			
13. INTERVIEWER: SEE <b>INFORMATION SHEET</b> ITEM <u>3</u> . IS THIS THE SAME SCHOOL AS LISTED ON THE <b>INFORMATION SHEET</b> ?	47/ YES (SKIP TO Q.17)... 1 NO ..... 0	47/ YES (SKIP TO Q.17)... 1 NO ..... 0	47/ YES (SKIP TO Q.17)... 1 NO ..... 0
14. Where is this school located? What is the town or city <u>and</u> state?	48-65/ _____ (town or city) 66-67/ _____ (state)	48-65/ _____ (town or city) 66-67/ _____ (state)	48-65/ _____ (town or city) 66-67/ _____ (state)
INTERVIEWER NOTE: IF LOCATION IS IN A FOREIGN COUNTRY, LIST COUNTRY HERE ----->			
15. (Is/Was) (NAME OF SCHOOL) a 2-year or 4-year school?	68/ 2-year ..... 1 4-year ..... 2 69-72/	68/ 2-year ..... 1 4-year ..... 2 69-72/	68/ 2-year ..... 1 4-year ..... 2 69-72/
16. When did you first attend or enroll in this (college/university)?	 MONTH YEAR 73-76/	 MONTH YEAR 73-76/	 MONTH YEAR 73-76/
17. What (is/was) your field of study at (NAME OF SCHOOL)?  RECORD VERBATIM. PROBE IF NECESSARY: What (are/were) you majoring in?	_____ _____ _____	_____ _____ _____	_____ _____ _____
18. (Does/Did) (NAME OF SCHOOL) consider you a full or part-time student? IF DON'T KNOW, PROBE: What (do/did) you consider yourself?	77/ full-time.... 1 part-time.... 2	77/ full-time ... 1 part-time ... 2	77/ full-time ... 1 part-time ... 2
19. What (is/was) the total number of credit hours you earned at (NAME OF SCHOOL)?	78-80/           # OF HOURS	78-80/           # OF HOURS	78-80/           # OF HOURS

	COLUMN 1	COLUMN 2	COLUMN 3
	MOST RECENT SCHOOL	NEXT RECENT SCHOOL	NEXT RECENT SCHOOL
20. (Do/Did) you receive a loan to cover any of the costs for your college expenses at (NAME OF SCHOOL)?	10/ Yes ..... 1 No (SKIP TO 0.22)..... 0	22/ Yes ..... 1 No (SKIP TO 0.23)..... 0	33/ Yes ..... 1 No (SKIP TO 0.23)..... 0
21. How much was the total dollar value of the loans you have ever received for your college expenses at (NAME OF SCHOOL)?	11-15/ _____, _____ DOLLARS	23-27/ _____, _____ DOLLARS	34-38/ _____, _____ DOLLARS
22. INTERVIEWER: <u>FOR COLUMN ONE - MOST RECENT SCHOOL ONLY:</u>	16/		
IS R CURRENTLY ATTENDING OR ENROLLED IN THIS SCHOOL? (0.1B IS CODED YES)	YES (SKIP TO 0.24)..1 NO (GO TO 0.23)....0		
23. When did you last attend (NAME OF SCHOOL)?	17-20/ _____, _____ MONTH YEAR	28-31/ _____, _____ MONTH YEAR	39-42/ _____, _____ MONTH YEAR
24. Have you attended any other college or university since (DATE OF LAST INTERVIEW)?	Yes (GO BACK TO 0.12 (P. 3-12) 21/ COLUMN 2)..... 1 No ...(GO TO 0.25) ..... 0	Yes (GO BACK TO 0.12 (P. 3-12) 32/ COLUMN 3)..... 1 No ...(GO TO 0.25)..... 0	Yes (GO TO 0.12, (P. 3-12) IN A NEW QUESTIONNAIRE... 1 No ...GO TO 0.25)..... 0

25. INTERVIEWER: SEE INFORMATION SHEET, ITEM 04. DO WE NEED TRANSCRIPT RELEASE FORM?

NEEDED ..... (ASK 0.26) ..... 1

BLANK ..... (ASK 0.26) ..... 2

44/

OKAY ..... (SKIP TO 0.27, PAGE 3-14 ) ..... 3

26. We are also interested in acquiring a copy of your college transcripts. Please sign this Transcript Release Form for universities or colleges you have attended. CODE ONE ONLY.

R SIGNED FORM ..... 1

45/

R REFUSED TO SIGN FORM ..... 7

27. Now, I would like to ask you about periods of time when you may have stopped going to high school or junior high school for at least one month during the regular school year and then returned.

A. Did you ever stop going to high school or junior high school that is, grades 7-12, for at least one month during the regular school year and then return?

Yes..... 1  
No.....(SKIP TO NEXT SECTION).... 0 46/

28. How many times did that happen? \_\_\_\_\_ 47-48/

29. When was the first time you left? |\_|\_|\_|\_| 49-52/  
MO. YR.

30. When did you return and attend classes? |\_|\_|\_|\_| 53-56/  
MO. YR.

INTERVIEWER NOTE IF R's RESPONSE IS "NEVER RETURNED,"  
-----> PROBE BY REASKING Q.27A.

31. In what grade were you enrolled when you left? \_\_\_\_\_ 57-58/

32. What was the main reason you left at that time? RECORD VERBATIM AND  
CODE ONE ONLY. IF MORE THAN ONE REASON GIVEN, PROBE: What is the one  
main reason? \_\_\_\_\_

EXPULSED OR SUSPENDED..... 10  
GOT MARRIED..... 02 59-60/  
PREGNANCY/BIRTH..... 03  
SCHOOL TOO DANGEROUS..... 11  
LACK OF ABILITY, POOR GRADES..... 05  
OTHER REASONS DIDN'T LIKE SCHOOL..... 04  
HOME RESPONSIBILITIES..... 06  
OFFERED GOOD JOB, CHOSE TO WORK..... 07  
FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO ATTEND.. 08  
ENTERED MILITARY..... 09  
MOVED AWAY FROM SCHOOL..... 12  
ILLNESS/HEALTH REASONS..... 13  
OTHER (SPECIFY) \_\_\_\_\_ 14

33. INTERVIEWER: IF R LEFT SCHOOL AND RETURNED MORE THAN ONE TIME, ASK Q.34. OTHERWISE SKIP TO NEXT SECTION.

34. Thinking about the last time you left for at least a month during the regular school year and then returned, and attended classes, when was the last time you left?

|\_|\_|\_|\_|

MO. YR.

61-64/

35. When did you return and attend classes? |\_|\_|\_|\_|\_|

MO. YR.

65-68/

INTERVIEWER NOTE -> IF R's RESPONSE IS "NEVER RETURNED,"  
PROBE BY ASKING, "HOW MANY TIMES DID YOU  
STOP GOING TO HIGH SCHOOL OR JUNIOR HIGH  
FOR AT LEAST A MONTH AND THEN RETURN?"  
ADJUST Q.28, PAGE 3-14, ACCORDINGLY.

36. In what grade were you enrolled when you left? \_\_\_\_\_ 69-70/

37. What was the main reason you left at that time? RECORD VERBATIM AND CODE ONE ONLY. IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason? \_\_\_\_\_

EXPULSED OR SUSPENDED.....	10	71-72/
GOT MARRIED.....	02	
PREGNANCY/BIRTH.....	03	
SCHOOL TOO DANGEROUS.....	11	
LACK OF ABILITY, POOR GRADES.....	05	
OTHER REASONS DIDN'T LIKE SCHOOL.....	04	
HOME RESPONSIBILITIES.....	06	
OFFERED GOOD JOB, CHOSE TO WORK.....	07	
FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO ATTEND..	08	
ENTERED MILITARY.....	09	
MOVED AWAY FROM SCHOOL.....	12	
ILLNESS/HEALTH REASONS.....	13	
OTHER (SPECIFY) _____	14	

GO TO SECTION 4



## SECTION 4: MILITARY

And now I'd like to ask some questions about military service. Most of these questions have been written for enlisted personnel. If you are an officer, please answer all questions the best you can.

1. INTERVIEWER: WAS R SERVING IN THE MILITARY AT TIME OF LAST INTERVIEW?  
SEE **INFORMATION SHEET**, ITEM 5.

YES ... (SKIP TO Q.16, PAGE 4-19) ...	1	10/
NO .....	0	

2. Since (DATE OF LAST INTERVIEW) have you been sworn into any branch of the Armed Services, including the National Guard, the Reserves, or a Delayed Entry Program?

Yes ... (SKIP TO Q.43, PAGE 4-25) ...	1	11/
No .....	0	

3. Since (DATE OF LAST INTERVIEW) have you taken the three-hour written test called the ASVAB that is required to enter the military?

Yes .....(ASK A).....	1	12/
No .....(SKIP TO Q.4).....	0	

- A. Where did you take it--at a military recruiting station, at your high school, or somewhere else?

Military recruiting station .....	1	13/
High school .....	2	
Somewhere else .....	3	

4. Since our last interview, have you talked to a military recruiter to get information about a branch of the military?

Yes ..... (ASK A) .....	1	14/
No ... (SKIP TO Q.10, PAGE 4-18) ....	0	

- A. IF YES, ASK:

Did you talk to a military recruiter at a military recruiting station, at your high school, or somewhere else? CODE ALL THAT APPLY.

Military recruiting station .....	1	15/
High school .....	2	16/
Somewhere else .....	3	17/

5. What branches of the armed forces did you talk to? CODE ALL THAT APPLY.

ARMY .....	01	18-19/
NAVY .....	02	20-21/
AIR FORCE .....	03	22-23/
MARINE CORPS .....	04	24-25/
ARMY RESERVES .....	05	26-27/
NAVY RESERVES .....	06	28-29/
AIR FORCE RESERVES .....	07	30-31/
MARINE CORPS RESERVES .....	08	32-33/
AIR NATIONAL GUARD .....	09	34-35/
ARMY NATIONAL GUARD .....	10	36-37/
COAST GUARD .....	11	38-39/
OTHER .....	12	40-41/

6. Since (DATE OF LAST INTERVIEW), have you taken the physical examination required to enter the military?

Yes ..... 1 42/  
 No ..... (SKIP TO Q. 9) ..... 0

7. Which service were you trying to join when you took the physical exam?  
 CODE ALL THAT APPLY.

ARMY ..... 01 43-44/  
 NAVY ..... 02 45-46/  
 AIR FORCE ..... 03 47-48/  
 MARINE CORPS ..... 04 49-50/  
 ARMY RESERVES ..... 05 51-52/  
 NAVY RESERVES ..... 06 53-54/  
 AIR FORCE RESERVES ..... 07 55-56/  
 MARINE CORPS RESERVES ..... 08 57-58/  
 AIR NATIONAL GUARD ..... 09 59-60/  
 ARMY NATIONAL GUARD ..... 10 61-62/  
 COAST GUARD ..... 11 63-64/  
 OTHER ..... 12 65-66/

- A. When did you take the physical exam?

--	--	--	--	--	--

 MONTH DAY YEAR  
 67-68/  
 69-70/  
 71-72/

8. Did you meet the physical requirements for enlisting in the (BRANCH FROM Q. 7/the service you were trying to join most recently)?

Yes ..... 1 73/  
 No .... (SKIP TO Q.11, PAGE 4-18).... 0

9. Are you still considering joining the (BRANCH FROM Q. 5 OR Q. 7/the service you were trying to join most recently)?

Yes ... (GO TO Q.10, PAGE 4-18) ..... 1 74/  
 No ..... (ASK A) ..... 0

- A. What is the main reason you did not enlist in the (BRANCH FROM Q. 5 OR Q. 7/the service you were trying to join most recently)? PROBE: What is the one main reason? CODE ONE ONLY.

HAND  
CARD  
A

A. Job I wanted wasn't available when I wanted it.. 01 75-76/  
 B. Didn't qualify for job I wanted..... 02  
 C. Wasn't eligible for the service I wanted..... 03  
 D. Specific bonus program filled..... 04  
 E. Didn't think I'd like the military..... 05  
 F. Decided to go to school..... 06  
 G. Got a better civilian job..... 07  
 H. Scored low on the ASVAB..... 08  
 I. Family responsibilities/pregnancy..... 09  
 J. Length of obligation..... 10  
 K. Didn't want to leave home..... 11  
 L. Parents or friends opposed it..... 12  
 M. Insufficient pay or benefits..... 13  
 N. Other (SPECIFY) ..... 14

10. A. Do you think for a young person to serve in the military is ...

definitely a good thing, .....	1	77/
probably a good thing, .....	2	
probably not a good thing, or.....	3	
definitely not a good thing? .....	4	
DON'T KNOW .....	8	

B. Do you think, in the future, that you will ...

definitely try to enlist, .....	1	78/
probably try to enlist, .....	2	
probably not try to enlist, or		
(GO TO Q.11) .....	3	
definitely not try to enlist in the military		
(GO TO Q.11) .....	4	

C. In which service do you think you will be most likely to enlist?

Army .....	1	79/
Navy .....	2	
Air Force .....	3	
Marines .....	4	
Reserves (any component) .....	5	
National Guard (Army or Air) .....	6	
Coast Guard .....	0	

D. Do you expect you would enter the service as an enlisted person or as an officer?

BEGIN DECK 08

Enlisted person .....	1	10/
Officer .....	2	
Don't Know .....	8	

GO TO Q.11
------------

---

11. INTERVIEWER: HAS R EVER SERVED IN ACTIVE FORCES (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD)? SEE INFORMATION SHEET, ITEM 6.

YES.....(GO TO Q.12).....	1	11/
NO..(SKIP TO SECTION 5, PAGE 5-45)...	0	

---

12. Have you worked at a civilian job for pay since leaving the military?

Yes.....	1	12/
No..(SKIP TO SECTION 5, PAGE 5-45) ..	0	

13. You had certain expectations about a civilian job when you left the military. With your most recent job in mind, would you say that your expectations have been completely met, partially met, or not met at all?

Completely met .....	1	13/
Partially met .....	2	
Not met at all .....	3	

---

14. (Are/Were) you doing the same kind of work in your most recent civilian job that you did while you were in the military?

Yes ( <b>SKIP TO SECTION 5, PAGE 5-45</b> )...	1	14/
No .....	0	

---

15. Have you used any of the job skills you learned while in the military in any of the civilian jobs you held since leaving the military?

Yes ( <b>SKIP TO SECTION 5, PAGE 5-45</b> ) ..	1	15/
No ( <b>SKIP TO SECTION 5, PAGE 5-45</b> ) ...	0	

---

16. Are you currently serving in (BRANCH FROM ITEM 5 OF **INFORMATION SHEET**)?

Yes .....	(ANSWER A) .....	1	16/
No .....	(GO TO Q.17, PAGE 4-20) ....	0	

- A. IF YES: INTERVIEWER, WAS R IN ACTIVE FORCES (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD) DURING THIS PERIOD OF SERVICE? (SEE ITEM 5 ON INFORMATION SHEET.)

YES ..	(DRAW A LINE ON ROW A OF <b>CALENDAR</b> FROM DATE OF LAST INTERVIEW TO NOW) .....	1	17/
NO .....		0	

NOW SKIP TO Q.49, PAGE 4-27
-----------------------------

17. We'd like to ask you a few questions about your service in the (BRANCH) since (DATE OF LAST INTERVIEW).

In what month and year did you separate from the (BRANCH)?

MONTH:   18-19/  
AND  
YEAR: 19   20-21/

- A. INTERVIEWER: WAS R IN ACTIVE FORCES (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD) DURING THIS PERIOD OF SERVICE? SEE ITEM 5 ON **INFORMATION SHEET.**

YES ..... (ASK B) ..... 1 22/  
NO ..... (GO TO Q. 18) ..... 0

- B. IF YES TO A, ASK:

On what day did you separate?

INTERVIEWER: ENTER DAY HERE AND RECORD DATE ON ROW A OF **CALENDAR.** DRAW A LINE FROM DATE OF LAST INTERVIEW TO DATE SEPARATED.

DAY DATE:   23-24/

- 
18. What was your pay grade when you left the (BRANCH)?

E:   25-27/  
O:    
W:

- 
19. INTERVIEWER: WAS R SERVING IN ACTIVE FORCES AT TIME OF LAST INTERVIEW? SEE ITEM 5 ON **INFORMATION SHEET.**

YES ... (SKIP TO Q.23, PAGE 4-21) ... 1 28/  
NO ..... 0

- 
20. Since (DATE OF LAST INTERVIEW), how many drills were you paid for? By drill we mean a 4-hour period of training.

ENTER # OF DRILLS:   29-30/

- 
21. In addition to weekly drills, how many weeks of active duty did you serve in the (Reserves/Guard) since (DATE OF LAST INTERVIEW), including initial training, annual training, and any mobilizations or call-ups?

ENTER # OF WEEKS:   31-32/

22. Since (DATE OF LAST INTERVIEW), have you enlisted or been sworn into any other branch of the Armed Services?

Yes .. (SKIP TO Q.43, PAGE 4-25) .... 1 33/

No ... (SKIP TO Q.116, PAGE 4-44) ... 0

---

23. When you left the (BRANCH), what was your total monthly pay before taxes and other deductions? Please include basic pay and allowances for housing or food and any special pay.

\$ | | | , | | | | 34-38/

---

24. Have you worked at a civilian job for pay since leaving the military?

Yes ..... 1 39/

No ..... (SKIP TO Q. 28) ..... 0

---

25. You had certain expectations about a civilian job when you left the (military). With your most recent job in mind, would you say that your expectations have been completely met, partially met, or not met at all?

Completely met ..... 1 40/

Partially met ..... 2

Not met at all ..... 3

---

26. (Are/Were) you doing the same kind of work in your most recent civilian job that you did while you were in the (military)?

Yes ..... (SKIP TO Q. 28) ..... 1 41/

No ..... 0

---

27. Have you used any of the job skills you learned while in the (military) in any of the civilian jobs you held since leaving the military?

Yes ..... 1 42/

No ..... 0

---

28. Since (DATE OF LAST INTERVIEW), have you received any formal school training for your Primary (MOS/RATING/AFSC)?

Yes ..... (ASK A) ..... 1 43/

No .... (GO TO Q. 29, PAGE 4-22) .... 0

A. In all, how many weeks of formal school training did you complete for your Primary (MOS/RATING/AFSC)?

ENTER # OF WEEKS: | | | 44-45/

29. Not counting basic training, since (DATE OF LAST INTERVIEW), have you received any on-the-job training for this (MOS/RATING/AFSC)?

Yes .....(ASK A).....1 46/  
 No .....(GO TO Q.30).....0

- A. Not counting basic training, since (DATE OF LAST INTERVIEW), how many weeks of on-the-job training for this (MOS/RATING/AFSC) have you received?

ENTER # OF WEEKS:   47-48/

30. Since (DATE OF LAST INTERVIEW), while you were in the (BRANCH), did you take any courses for which you received high school or college credit?

Yes ..... (ASK A) ..... 1 49/  
 No ... (SKIP TO Q.32, PAGE 4-23) .... 0

- A. Since (DATE OF LAST INTERVIEW), while you were in the (BRANCH), how many years of regular school did you complete and get credit for?

LESS THAN ONE ..... 0 50/  
 ONE YEAR ..... 1  
 TWO YEARS ..... 2  
 THREE OR MORE YEARS ..... 3

31. Since (DATE OF LAST INTERVIEW), while you were in the (BRANCH), did you receive a diploma or degree?

Yes ..... (ASK A) ..... 1 51/  
 No .... (GO TO Q. 32, PAGE 4-23) .... 0

- A. What type of diploma or degree did you receive? RECORD VERBATIM AND CODE ONE ONLY.

.....  
 .....  
 .....  
 HIGH SCHOOL DIPLOMA (OR EQUIVALENT) ..... 01 52-53/  
 ASSOCIATE/JUNIOR COLLEGE (AA) ..... 02  
 BACHELOR'S DEGREE ..... 03  
 MASTER'S DEGREE ..... 04  
 DOCTORAL DEGREE (PhD) ..... 05  
 PROFESSIONAL DEGREE (MD, LLD, DDS) ..... 06  
 OTHER (SPECIFY):

32. Since (DATE OF LAST INTERVIEW), while you were in the (BRANCH), did you participate in the Veteran's Education Assistance Program (VEAP)?

Yes ..... 1 54/  
 No ..... (SKIP TO Q. 35) ..... 0

33. When you left the (BRANCH), what was the total amount of VEAP benefits you had accumulated. Please include both your contribution and the government's.

\$           ,                55-59/

34. Are you currently using your VEAP benefits to pay for schooling?

Yes ..... 1 60/  
 No ..... 0

35. Did you leave the (BRANCH) at the end of your term of service or before the end of your term of the service?

Left at end ..... 1 61/  
 Left before end ..... 2

36. Which of the reasons on this card describe why you decided to leave the (BRANCH)? CODE ALL THAT APPLY.

HAND CARD B	A.	Low pay and allowances .....	01	62-63/
	B.	Better civilian job opportunities .....	02	64-65/
	C.	Reduction in military benefits .....	03	66-67/
	D.	Decline in quality of military personnel .....	04	68-69/
	E.	Unable to practice my job skills .....	05	70-71/
	F.	Bored with my job or occupation .....	06	72-73/
	G.	Didn't like my job or occupation .....	07	74-75/
	H.	Plan to continue my education or to use G.I./VEAP benefits .....	08	76-77/
	I.	Not eligible to reenlist .....	09	78-79/
	BEGIN DECK 09			
	J.	Disliked location of my assignments .....	10	10-11/
	K.	Didn't get desired type of training .....	11	12-13/
	L.	Had to move too often .....	12	14-15/
	M.	Disliked being separated from my family .....	13	16-17/
	N.	My family wanted me to leave the service .....	14	18-19/
	O.	Disagreed with personnel policies .....	15	20-21/
	P.	Discrimination against military personnel based on race .....	16	22-23/
	Q.	Discrimination against military personnel based on sex .....	17	24-25/
	R.	Discrimination against military personnel based on rank .....	18	26-27/
S.	Other (SPECIFY) _____	19	28-29/	
DON'T KNOW .....			98	30-31/



37. Please tell me if each of the following items is true or false.

	<u>True</u>	<u>False</u>	
A. While I was serving in the (BRANCH), I looked for a civilian job .....	1	0	32/
B. At the time I left the (BRANCH), I had been offered a civilian job .....	1	0	33/
C. At the time I left the (BRANCH), I planned to enroll in school .....	1	0	34/
D. By the time I left the (BRANCH), I had accepted a civilian job .....	1	0	35/

38. Where was your permanent post base or duty station? If on board a ship, indicate the location of your home port.

STATE OR COUNTRY (IF OUTSIDE THE U.S.)

OFFICE USE	

36-37/

38-40/

39. INTERVIEWER: DID R LEAVE BEFORE THE END OF TERM OF SERVICE [IS Q.35 (PAGE 4-23 CODED 2)]?

YES ... (SKIP TO Q.116, PAGE 4-44) ..	1	41/
NO .....	0	

40. At the end of your term of service, were you eligible to reenlist?

Yes .....	1	42/
No .....	0	
Don't know .....	8	

41. Did you consider reenlisting in the (BRANCH)?

Yes .....	1	43/
No .....	0	

A. Since (DATE OF LAST INTERVIEW), have you been sworn into any other branch of the Armed Services?

Yes ... (SKIP TO Q.43, PAGE 4-25) ...	1	44/
No .....	0	

42. Are you currently a member of the Selected Reserves and receiving pay for drill participation?

Yes ..... (ASK A) ..... 1 45/  
No ..... (SKIP TO Q. 116, PAGE 4-44) ..... 0

A. IF YES: In what month and year will your service in the Selected Reserves end?

MONTH:                         46-47/  
                                 AND  
YEAR:        19              48-49/

43. Which branch (were you sworn into)? CODE ONE ONLY. (IF MORE THAN ONE, PROBE FOR MOST RECENT BRANCH.)

	ARMY .....	(ASK A) .....	01	50-51/
ACTIVE	NAVY .....	(ASK A) .....	02	
FORCES	AIR FORCE .....	(ASK A) .....	03	
	MARINE CORPS .....	(ASK A) .....	04	
	COAST GUARD .....	(ASK A) .....	11	
<hr/>				
	ARMY RESERVES .....	(GO TO Q.44, PAGE 4-26)....	05	
	NAVY RESERVES .....	(GO TO Q.44, PAGE 4-26)....	06	
RESERVES	AIR FORCE RESERVES .....	(GO TO Q.44, PAGE 4-26)....	07	
	MARINE CORPS RESERVES ..	(GO TO Q.44, PAGE 4-26)....	08	
	COAST GUARD RESERVES ..	(GO TO Q.44, PAGE 4-26)....	12	
	AIR NATIONAL GUARD .....	(GO TO Q.44, PAGE 4-26)....	09	
GUARD	ARMY NATIONAL GUARD ...	(GO TO Q.44, PAGE 4-26)....	10	
	OTHER (SPECIFY BELOW, AND <b>SKIP TO <u>SECTION 5,</u></b>			
	PAGE 5-45)			

A. IF CODES 01-04 OR 11, ASK A:

Was that in the regular (BRANCH OF SERVICE), the (BRANCH) Reserves, or the (BRANCH) National Guard?

Regular .....	1	52/
Reserves ..... (ASK B) .....	2	
Guard ..... (ASK B) .....	3	
BOTH (PROBE FOR AND CODE Q. 43 FOR THE MOST RECENT BRANCH) .....	4	

B. INTERVIEWER: IF RESERVES OR GUARD IN A., IS Q. 43 CODED ACTIVE FORCES?

YES ..... (CORRECT Q.43 TO RESERVES OR GUARD) ..... 1  
NO ..... (GO TO Q.44) ..... 0

44. What is your current pay grade?

E:

53-55/

O:

W:

45. INTERVIEWER: IS R AN OFFICER (IS Q.44 CODED "O")?

YES ..... (ASK A) ..... 1

56/

NO ..... (ASK B) ..... 0

A. When you were first sworn into (MOST RECENT BRANCH) how many years (of active duty) was your term of service obligation?

ENTER # OF YEARS:   (GO TO Q.46)

57-58/

B. When you first enlisted [in the (MOST RECENT BRANCH)], how many years (of active duty) did you sign up for?

ENTER # OF YEARS:   (GO TO Q.46)

59-60/

46. INTERVIEWER: SEE Q.42 ON PREVIOUS PAGE AND CODE BELOW:

Q.42 IS CODED "Yes"... (GO TO Q.47) ..... 1

61/

Q.42 IS BLANK ..... (ASK A) ..... 2

A. IF CODED 2: Are you currently serving in the (MOST RECENT BRANCH)?

Yes ..... 1

62/

No ... (SKIP TO Q.108, PAGE 4-41) ... 0

47. In what month and year did you enter the (MOST RECENT BRANCH)?

MONTH:

63-64/

AND

YEAR: 19

65-66/

A. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (Q. 43, CODES 01-04 OR 11)

YES ..... (ASK B) ..... 1

67/

NO ..... (GO TO Q. 48) ..... 0

IF YES TO A, ASK B:

B. On what day was that? ENTER DAY HERE AND RECORD DATE ON **CALENDAR**, ROW A.  
DRAW A LINE FROM DATE ENTERED TO NOW.

DAY DATE:

68-69/

48. In what month and year will your current (enlistment/term of service obligation) end?

MONTH:

70-71/

AND

YEAR: 19

72-73/

A. INTERVIEWER: NOW SKIP TO Q.55 IN THIS SECTION ON NEXT PAGE.

49. What is your current pay grade?

E:

74-76/

O:

W:

---

50. INTERVIEWER: IS R AN OFFICER ( IS Q.49 CODED "O")?

YES ..... (SKIP TO Q.55) ..... 1

77/

NO ..... (GO TO Q.51) ..... 0

---

51. Since (DATE OF LAST INTERVIEW), did you reenlist or extend your term of service?

Yes ..... 1

78/

No ..... (SKIP TO Q. 55) ..... 0

---

52. How many years did you reenlist or extend for?

BEGIN DECK 10

ENTER # OF YEARS:

10-11/

OR

ENTER # OF MONTHS:

12-13/

---

53. Did you receive a reenlistment bonus?

Yes ..... 1

14/

No ..... (SKIP TO Q. 55) ..... 0

---

54. What was the total amount before taxes and deductions of the bonus you received?

\$   ,    .00

15-19/

---

55. INTERVIEWER: IS R CURRENTLY IN ACTIVE FORCES?

(Q.43, PAGE 4-25 = CODES 01-04 OR 11)

OR

(ITEM 5 ON **INFORMATION SHEET** WAS ACTIVE FORCE BRANCH AND Q. 16A, PAGE 4-19 = YES)

YES .... (SKIP TO Q.71, 4-30) ..... 1

20/

NO ..... 0

---

56. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], how many drills were you paid for? By drill we mean a 4-hour period of training.

ENTER # OF DRILLS:

21-22/

57. In addition to weekly drills, how many weeks of active duty did you serve in the (Reserves/Guard) since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], including initial active duty training, annual training or summer camp, and any mobilizations or call-ups?

ENTER # OF WEEKS:    23-24/  
OR

NO WEEKS ... (SKIP TO Q. 62, PAGE 4-29) ... 00

58. What were you doing most of the time the month before you entered the most recent period of active duty in the (Reserves/Guard)? Were you working full time, working part time, going to school, or something else? RECORD VERBATIM AND CODE ONE ONLY.

Working full time ..... 01 25-26/  
Working part time ..... 02  
WITH A JOB BUT NOT AT WORK BECAUSE OF  
TEMPORARY ILLNESS, VACATION, STRIKE ..... 03  
UNEMPLOYED, LAID OFF, LOOKING FOR WORK ..... 04  
Going to school ..... 05  
KEEPING HOUSE ..... 06  
Something else (SPECIFY) ..... 07

59. What were you doing most of the time the month after you completed your most recent period of active duty in the (Reserves/Guard)? RECORD VERBATIM AND CODE ONE ONLY.

WORKING FULL TIME ..... 01 27-28/  
WORKING PART TIME ..... 02  
WITH A JOB BUT NOT AT WORK BECAUSE OF  
TEMPORARY ILLNESS, VACATION, STRIKE ..... 03  
UNEMPLOYED, LAID OFF,  
LOOKING FOR WORK ... (SKIP TO Q. 62, PAGE 4-29) .. 04  
GOING TO SCHOOL ..... (SKIP TO Q. 62, PAGE 4-29) .. 05  
KEEPING HOUSE ..... (SKIP TO Q. 62, PAGE 4-29) .. 06  
OTHER (SPECIFY) ..... (SKIP TO Q. 62, PAGE 4-29) .. 07

OR

STILL IN ACTIVE DUTY

TRAINING ..... (SKIP TO Q. 62, PAGE 4-29) ..... 00

60. INTERVIEWER: DID R HAVE A JOB THE MONTH BEFORE ENTERING ACTIVE DUTY FOR TRAINING? (Q. 58 = CODES 01-03)

Yes ..... 1 29/  
No ... (SKIP TO Q. 62, PAGE 4-29) ... 0

61. After you completed your most recent period of active duty training for the (Reserves/Guard), did you return to work for the same employer you had prior to training?

Yes ..... 1 30/  
No ..... 0

62. Have you received tuition assistance for your participation in the (Reserves/Guard) as part of the Educational Tuition Assistance Plan (ETAP) since [(DATE OF LAST INTERVIEW)/you joined]?

Yes ..... 1 31/  
 No ..... (SKIP TO Q.64) ..... 0

63. Since [(DATE OF LAST INTERVIEW)/you joined], what is the total amount of ETAP tuition assistance you received?

\$ | | | , | | | | .00 32-36/  
 DON'T KNOW ..... 99998

64. Do you currently have a civilian job for pay?

Yes ..... 1 37/  
 No ..... (SKIP TO Q.66) ..... 0

65. INTERVIEWER: ASK A, B, OR C AS APPROPRIATE.

A. FOR ARMY, MARINE CORPS, AND NATIONAL GUARD AND THE RESERVES OF THESE BRANCHES:

Does your current civilian job use any skills from your most current MOS?

Yes ..... 1 38/  
 No ..... 0

B. FOR NAVY AND NAVY RESERVES; FOR COAST GUARD AND COAST GUARD RESERVES:  
 Does your current civilian job use any skills from your most current RATING?

Yes ..... 1  
 No ..... 0

C. FOR AIR FORCE AND AIR FORCE RESERVES:

Does your current civilian job use any skills from your most current AFSC?

Yes ..... 1  
 No ..... 0

66. INTERVIEWER: HAS R ENLISTED IN THIS BRANCH SINCE DATE OF LAST INTERVIEW (IS A BRANCH CODED IN Q.43)?

YES ... (GO TO Q.67, PAGE 4-30) ..... 1 39/  
 NO ... (SKIP TO Q.71, PAGE 4-30) ..... 0

67. On this card are some reasons people have for joining the (Reserves/Guard). Please tell me if each one is true for you or not true for you. READ A-I AND CODE FOR EACH.

HAND CARD C
-------------------

	<u>True</u>	<u>Not True</u>	
A. I wanted to join my friends in the unit .....	1	0	40/
B. I wanted to earn extra income .....	1	0	41/
C. I wanted to serve my country .....	1	0	42/
D. I wanted to learn a new job skill .....	1	0	43/
E. I wanted to try the military way of life .....	1	0	44/
F. I wanted to use educational benefits .....	1	0	45/
G. I couldn't get into the active force .....	1	0	46/
H. I wanted retirement or fringe benefits .....	1	0	47/
I. Service in the Reserves was part of my enlistment obligation for the Active Forces .....	1	0	48/

- A. IF MORE THAN ONE "TRUE" (CODE 1) IN Q. 67; ASK:

Which of these was your most important reason for joining the  
(Reserves/Guard)?

ENTER LETTER CORRESPONDING TO LIST ABOVE HERE:  49/

- 
68. INTERVIEWER: IS R AN OFFICER (IS Q.44 PAGE 4-26 OR Q.49 PAGE 4-27 CODED "0")?

Yes ....(SKIP TO Q.71).....	1	50/
No .....(GO TO Q.69).....	0	

- 
69. When you entered the (BRANCH), did you receive any enlistment bonuses?

Yes .....	1	51/
No ..... (SKIP TO Q. 71) .....	0	

- 
70. What was the total amount before taxes and deductions of the bonus you received?

\$    ,    .00 52-56/

- 
71. At the time you decided to enter the (MOST RECENT BRANCH), had you considered joining the (Reserves/Active Force) instead?

Yes .....	1	57/
No .....	0	

72. INTERVIEWER: IS R AN OFFICER (IS Q.44 PAGE 4-26 OR Q.49 PAGE 4-27 CODED "0")?

Yes .....(READ A)..... 1

No .....(READ B)..... 0

A. Please look at this card. Assuming that all other special pays which you currently receive are still available, how likely are you to remain in the (BRANCH) at the end of your current term of service? CODE ONE ONLY BELOW

B. Please look at this card. Assuming that no reenlistment Bonus Payments will be given, but that all other special pays which you currently receive are still available, how likely are you to reenlist at the end of your current term of service? CODE ONE ONLY BELOW

HAND
CARD
D

(0 in 10)	No chance .....	(ASK C) ...	00
(1 in 10)	Very slight possibility .....	(ASK C) ...	01
(2 in 10)	Slight possibility .....	(ASK C) ...	02
(3 in 10)	Some possibility .....	(ASK C) ...	03
(4 in 10)	Fair possibility .....	(ASK C) ...	04
(5 in 10)	Fairly good possibility .....	(ASK C) ...	05
(6 in 10)	Good possibility .....	(ASK C) ...	06
(7 in 10)	Probable .....		07
(8 in 10)	Very probable .....		08
(9 in 10)	Almost sure .....		09
(10 in 10)	Certain .....		10
	Don't know .....		98

58-59/



72. (continued)

- C. IF CODES 00-06: Military personnel may have several reasons for leaving the Armed Forces. If you do leave the service at the end of your current term, which of these would be your most important reasons for doing so?  
CODE ALL THAT APPLY.

HAND
CARD
E

- |    |   |    |               |
|----|---|----|---------------|
| A. | Low pay and allowances .....  | 01 | 60-61/        |
| B. | Better civilian job opportunities .....                             | 02 | 62-63/        |
| C. | Reduction in military benefits .....                                | 03 | 64-65/        |
| D. | Decline in quality of military personnel .....                      | 04 | 66-67/        |
| E. | Unable to practice my job skills .....                              | 05 | 68-69/        |
| F. | Bored with my job or occupation .....                               | 06 | 70-71/        |
| G. | Don't like my job or occupation .....                               | 07 | 72-73/        |
| H. | Plan to continue my education or to use<br>G.I./VEAP benefits ..... | 08 | 74-75/        |
| I. | Not eligible to reenlist .....                                      | 09 | 76-77/        |
| J. | Dislike location of my assignments .....                            | 10 | 78-79/        |
|    |   |    | BEGIN DECK 11 |
| K. | Don't get desired type of training .....                            | 11 | 10-11/        |
| L. | Have to move too often .....  | 12 | 12-13/        |
| M. | Dislike being separated from my family .....                        | 13 | 14-15/        |
| N. | My family wants me to leave the service .....                       | 14 | 16-17/        |
| O. | Disagree with personnel policies .....                              | 15 | 18-19/        |
| P. | Discrimination against military personnel<br>based on race .....    | 16 | 20-21/        |
| Q. | Discrimination against military personnel<br>based on sex .....     | 17 | 22-23/        |
| R. | Discrimination against military personnel<br>based on rank .....    | 18 | 24-25/        |
| S. | Other (SPECIFY) .....   | 19 | 26-27/        |
|    | DON'T KNOW .....  | 98 | 28-29/        |

73. Which of the following was important to you at the time you first enlisted?  
CODE ALL THAT APPLY.

HAND  
CARD  
F

L.  
FOR EACH ITEM A-J CODED, ASK:  
Was your expectation about  
(READ ITEM CODED) met?

		Yes	No	N/A		
A. Hours of work	01	1	0		30-31/	32/
B. Kind of work	02	1	0		33-34/	35/
C. Place of work	03	1	0		36-37/	38/
D. Compensation (wages, salary)	04	1	0		39-40/	41/
E. Opportunities for promotion	05	1	0		42-43/	44/
F. Training opportunities	06	1	0		45-46/	47/
G. Educational benefits	07	1	0		48-49/	50/
H. Health benefits	08	1	0		51-52/	53/
I. Retirement benefits	09	1	0	2	54-55/	56/
J. Housing allowance	10	1	0		57-58/	59/
IF VOLUNTEERED:						
K. NONE	00				60-61/	

L. INTERVIEWER: SEE INSTRUCTIONS IN BOX ABOVE.

74. Suppose a new enlistee was unhappy with military life. How easy or difficult do you think it would be for (him/her) to get out of the military before the end of the enlistment period that (he/she) signed up for? Would it be very easy, somewhat easy, somewhat difficult, very difficult, or impossible?

Very easy .....	1	62/
Somewhat easy .....	2	
Somewhat difficult .....	3	
Very difficult .....	4	
Impossible .....	5	

75. When you finally leave the (MOST RECENT BRANCH), how many total years of service do you expect to have (in your current branch)?

ENTER # OF YEARS:

63-64/

76. INTERVIEWER: IS PAY GRADE CATEGORY "O" (OFFICER) CODED IN Q.44 or Q.49?

YES ... (SKIP TO Q.78, PAGE 4-35).... 1  
 NO .....(GO TO Q.77) ..... 0

65/

77. Now I'd like to ask you about military jobs and training in the (MOST RECENT BRANCH).

INTERVIEWER: IN MAKING ENTRIES FOR THIS QUESTION, ENTER LETTER "i" as "I,"  
 LETTER "O" as "Ø."

A. FOR ARMY, MARINE CORPS, AND NATIONAL GUARD AND  
 THE RESERVES OF THESE BRANCHES:

What is your current Primary MOS?

RECORD VERBATIM IN THE MARGIN. THEN ENTER IN THE BOXES THE FIRST FIVE  
 NUMBERS OR LETTERS R GAVE YOU. FOR EXAMPLE, 11B20 WOULD BE ENTERED 11B20.

SKIP TO Q.79, PAGE 4-35

OR

DON'T KNOW .... (GO TO Q.78, PAGE 4-35) .... 99998

OR

NONE ..... (SKIP TO Q.85, PAGE 4-36) ..... 00000

B. FOR NAVY AND NAVY RESERVES; FOR COAST GUARD AND COAST GUARD RESERVES:

What is your current Primary RATING?

RECORD VERBATIM IN THE MARGIN. THEN ENTER IN THE BOXES THE FIRST FIVE  
 NUMBERS OR LETTERS R GAVE YOU.

66-70/

SKIP TO Q. 79, PAGE 4-35

OR

DON'T KNOW .... (GO TO Q.78, PAGE 4-35) .... 99998

OR

NONE ..... (SKIP TO Q. 85, PAGE 4-36) .... 00000

OFFICE USE ONLY

C. FOR AIR FORCE AND AIR FORCE RESERVES:

What is your current Primary AFSC?

RECORD VERBATIM IN THE MARGIN. THEN ENTER IN THE BOXES THE FIRST FIVE  
 NUMBERS OF R'S AFSC. DO NOT ENTER ANY LETTERS. FOR EXAMPLE, A43130C WOULD  
 BE ENTERED AS 43130.

SKIP TO Q. 79, PAGE 4-35

OR

DON'T KNOW ..... (GO TO Q.78, PAGE 4-35) ..... 99998

OR

NONE ..... (SKIP TO Q.85, PAGE 4-36) .... 00000

78. A. What (is/was) the name of the job you were trained for?

71-73/

B. What (are/were) your main activities or duties?

79. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], have you received any formal school training for your current Primary (MOS/RATING/AFSC)?

Yes ..... 1

74/

No ..... (SKIP TO Q. 81) ..... 0

80. In all, how many weeks of formal school training did you complete for your current Primary (MOS/RATING/AFSC)?

ENTER # OF WEEKS: | |

75-76/

81. Not counting basic training, [since (DATE OF LAST INTERVIEW)/you joined the (BRANCH)], have you received any on-the-job training for this (MOS/RATING/AFSC)?

Yes ..... 1

77/

No ..... (SKIP TO Q. 83) ..... 0

82. Not counting basic training, [since (DATE OF LAST INTERVIEW)/you joined the (BRANCH)], how many weeks of on-the-job training for this (MOS/RATING/AFSC) have you received?

ENTER # OF WEEKS: | |

78-79/

83. Not counting basic training, [(and) OJT (and) formal school training], how many months have you actually worked in your current (MOS/RATING/AFSC) [between (DATE OF LAST INTERVIEW) and now/since you joined the (BRANCH)]?

BEGIN DECK 12

ENTER # OF MONTHS: | |

10-11/

84. What is your total monthly pay before taxes and other deductions? Please include basic pay and allowances for housing or food and any special pays.

\$                ,                     12-16/

- A. Do you receive any special pays or bonuses, not counting an enlistment bonus?

Yes ..... (ASK B)..... 1 17/  
No ..... (GO TO Q.85)..... 0

- B. How much do you usually receive per month in special pays and bonuses?

\$                ,                     .00 per month 18-22/

- 
85. INTERVIEWER: IS R CURRENTLY IN THE ACTIVE FORCES? (Q. 55, PAGE 4-27 = YES)

YES ..... 1 23/  
NO ... (SKIP TO Q.116, PAGE 4-44) ... 0

- 
86. In addition to your current Primary (MOS/RATING/AFSC), have you received training in another (MOS/RATING/AFSC) since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)]?

Yes ..... 1 24/  
No ... (SKIP TO Q.95, PAGE 4-39) .... 0

- 
87. INTERVIEWER: IS PAY GRADE CATEGORY "O" (OFFICER) CODED IN Q.44, PAGE 4-26 OR Q.49, PAGE 4-27?

YES ... (SKIP TO Q.89, PAGE 4-38).... 1 25/  
NO .... (GO TO Q.88, PAGE 4-37) ..... 0

88. Now I'd like to ask you about your military jobs and training for this other (MOS/RATING/AFSC).

INTERVIEWER: IN MAKING ENTRIES FOR THIS QUESTION, ENTER LETTER "i" as "I,"  
LETTER "O" as "Ø."

A. FOR ARMY, MARINE CORPS:

What is your other MOS?

RECORD VERBATIM IN THE MARGIN. THEN ENTER IN THE BOXES THE FIRST FIVE NUMBERS  
OR LETTERS R GAVE YOU. FOR EXAMPLE, 11B20 WOULD BE ENTERED 11B20.

SKIP TO Q. 90, PAGE 4-38

--	--	--	--	--

OR

DON'T KNOW ..... (GO TO Q.89, PAGE 4-38) ..... 99998

B. FOR NAVY, COAST GUARD:

What is this other RATING?

ENTER FIRST FIVE NUMBERS OR LETTERS OF R'S RATING

26-30/

SKIP TO Q.90, PAGE 4-38

--	--	--	--	--

OFFICE USE ONLY

OR

DON'T KNOW ..... (GO TO Q. 89, PAGE 4-38) ..... 99998

C. FOR AIR FORCE:

What is this other AFSC?

RECORD VERBATIM IN THE MARGIN. THEN ENTER IN THE BOXES THE FIRST FIVE  
NUMBERS OF R'S AFSC. DO NOT ENTER ANY LETTERS. FOR EXAMPLE, A43130C WOULD  
BE ENTERED AS 43130.

SKIP TO Q.90, PAGE 4-38

--	--	--	--	--

OR

DON'T KNOW ..... (GO TO Q.89, PAGE 4-38) ..... 99998

89. A. What is the name of the job you were trained for?

31-33/

B. What are your main activities or duties?

90. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], have you received any formal school training for this other (MOS/RATING/AFSC)?

Yes ..... 1 34/

No ..... (SKIP TO Q. 92) ..... 0

91. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], how many weeks of formal school training did you complete for this other (MOS/RATING/AFSC)?

ENTER # OF WEEKS:    35-36/

92. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], have you received any on-the-job training for this other (MOS/RATING/AFSC)?

Yes ..... 1 37/

No ..... (SKIP TO Q. 94) ..... 0

93. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], how many weeks of on-the-job training for this other (MOS/RATING/AFSC) did you receive?

ENTER # OF WEEKS:    38-39/

94. Excluding basic training [(and) OJT (and) formal school training], how many months have you actually worked in this other (MOS/RATING/AFSC) between (DATE OF LAST INTERVIEW) and now?

ENTER # OF MONTHS:    40-41/

95. During the last 7 days, how many hours did you work at a military job? Do not include any hours you were on call but not actually working.

ENTER # OF HOURS:

42-43/

- A. How many hours per week do you usually work?

ENTER # OF HOURS:

44-45/

96. Certain military jobs carry a cash enlistment bonus. When you enlisted in the (BRANCH), did you sign up for a job which paid such a bonus?

Yes ..... 1

46/

No ..... (SKIP TO Q. 98) ..... 0

97. What was the total amount before taxes and deductions of the bonus you (received/will receive)?

\$    ,

47-51/

98. INTERVIEWER: DID R ENLIST IN BRANCH SINCE LAST INTERVIEW? (IS Q.47A, PAGE 4-26 CODED YES?)

Yes ..... 1

52/

No ... (SKIP TO Q.100, PAGE 4-40) ... 0

99. At the time you entered the (BRANCH), how many years of regular school had you completed and gotten credit for? CODE ONE ONLY.

None .....	00	1ST YEAR OF COLLEGE .....	13
1ST GRADE .....	01	2ND YEAR OF COLLEGE .....	14
2ND GRADE .....	02	3RD YEAR OF COLLEGE .....	15
3RD GRADE .....	03	4TH YEAR OF COLLEGE .....	16
4TH GRADE .....	04	5TH YEAR OF COLLEGE .....	17
5TH GRADE .....	05	6TH YEAR OF COLLEGE .....	18
6TH GRADE .....	06	7TH YEAR OF COLLEGE .....	19
7TH GRADE .....	07	8TH YEAR OF COLLEGE .....	20
8TH GRADE .....	08		
9TH GRADE .....	09		
10TH GRADE .....	10		
11TH GRADE .....	11		
12TH GRADE .....	12		

53-54/



100. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], have you taken any courses for which you received high school or college credit?

Yes ..... 1 55/  
 No ..... (SKIP TO Q. 104) ..... 0

101. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], how many years of regular school have you completed and gotten credit for?

LESS THAN ONE ..... 0 56/  
 ONE YEAR ..... 1  
 TWO YEARS..... 2  
 THREE OR MORE YEARS ..... 3

102. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], have you received a diploma or degree?

Yes ..... 1 57/  
 No ..... (SKIP TO Q. 104) ..... 0

103. What type of diploma or degree did you receive? RECORD VERBATIM AND CODE ONE ONLY

HIGH SCHOOL DIPLOMA (OR EQUIVALENT) ..... 01 58-59/  
 ASSOCIATE/JUNIOR COLLEGE (AA) ..... 02  
 BACHELOR'S DEGREE ..... 03  
 MASTER'S DEGREE ..... 04  
 DOCTORAL DEGREE (PhD) ..... 05  
 PROFESSIONAL DEGREE (MD, LLD, DDS) ..... 06  
 OTHER (SPECIFY):  
 ..... 07

104. In the Veteran's Educational Assistance Program (VEAP), if you contribute to an education fund, the Veterans Administration will add to your contribution. Since [(DATE OF LAST INTERVIEW)/you joined the (BRANCH)], have you participated in the VEAP program?

Yes ..... 1 60/  
 No ... (SKIP TO Q.106, PAGE 4-41) ... 0

105. How much money do or did you contribute to this program each month?

\$                .00 61-63/

106. INTERVIEWER: HAS R ENLISTED IN THIS BRANCH SINCE DATE OF LAST INTERVIEW (IS A BRANCH CODED IN Q.43, PAGE 4-25)?

YES ..... (GO TO Q.107) ..... 1 64/  
 NO ... (SKIP TO Q.116, PAGE 4-44) ... 0

107. On this card are some reasons people have for enlisting in the military.  
 Please tell me if each one is true for you or not true for you.

I enlisted because . . .

HAND
CARD
G

	<u>True</u>	<u>Not True</u>	
A. I was unemployed and couldn't find a job .....	1	0	65/
B. I want to give myself a chance to be away from home on my own .....	1	0	66/
C. the military will give me a chance to better myself in life .....	1	0	67/
D. I want to travel and live in different places .....	1	0	68/
E. I wanted to get away from a personal problem .....	1	0	69/
F. I want to serve my country .....	1	0	70/
G. I can earn more money than I could as a civilian .....	1	0	71/
H. it is a family tradition to serve .....	1	0	72/
I. I want to prove that I can make it .....	1	0	73/
J. I want to get trained in a skill that will help me to get a civilian job when I get out .....	1	0	74/
K. I want to obtain retirement or fringe benefits .....	1	0	75/
L. I can get money for a college education .....	1	0	76/

IF MORE THAN ONE "TRUE" (CODE 1) IN Q.107, ASK A; OTHERWISE SKIP TO Q. 116, PAGE 4-44.

A. Which of these was your most important reason for enlisting in the military?

ENTER LETTER CORRESPONDING TO LIST ABOVE HERE:  77/

SKIP TO Q.116, PAGE 4-44
--------------------------

108. Are you now in the Delayed Entry Program in the (BRANCH), that is, are you scheduled to enter basic training some time in the future?

Yes ..... 1 78/  
 No ... (SKIP TO Q.110, PAGE 4-42) ... 0

109. When will you enter active duty? MONTH:    10-11/  
 AND  
 YEAR: 19    12-13/

110. On this card are some reasons people have for enlisting in the military.  
 Please tell me if each one is true for you or not true for you.

I enlisted because . . .

HAND
CARD
G

	<u>True</u>	<u>Not True</u>	
A. I was unemployed and couldn't find a job .....	1	0	14/
B. I want to give myself a chance to be away from home on my own .....	1	0	15/
C. the military will give me a chance to better myself in life .....	1	0	16/
D. I want to travel and live in different places .....	1	0	17/
E. I wanted to get away from a personal problem .....	1	0	18/
F. I want to serve my country .....	1	0	19/
G. I can earn more money than I could as a civilian .....	1	0	20/
H. it is a family tradition to serve .....	1	0	21/
I. I want to prove that I can make it .....	1	0	22/
J. I want to get trained in a skill that will help me to get a civilian job when I get out .....	1	0	23/
K. I want to obtain retirement or fringe benefits .....	1	0	24/
L. I can get money for a college education .....	1	0	25/

111. IF MORE THAN ONE "TRUE" (CODE 1) IN Q. 110, ASK A; OTHERWISE, GO TO B.

A. Which of these was your most important reason for enlisting in the military?

ENTER LETTER CORRESPONDING TO LIST ABOVE. LETTER:  26/

B. INTERVIEWER: IS R IN A DELAYED ENTRY PROGRAM (IS Q. 108 CODED "YES")?

YES (**SKIP TO SECTION 5, PAGE 5-45**) ... 1 27/  
 NO .... (GO TO Q.112, PAGE 4-43) ..... 0

112. Did you serve any time on active duty in the (BRANCH)?

Yes ..... (ASK A) ..... 1

28/

No ..(SKIP TO **SECTION 5**, PAGE 5-45)... 0

A. On what date did you enter active duty in the (BRANCH)?

ENTER DATE HERE.

, 19    
 MONTH DAY YEAR

29-30/

31-32/

33-34/

B. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (Q. 43 PAGE 4-25,  
CODES 01-04 OR 11)

YES .. (RECORD DATE IN ROW A OF **CALENDAR**) ..... 1

35/

NO ..... 0

113. And on what date did you separate from the (BRANCH)?

ENTER DATE HERE.

, 19    
 MONTH DAY YEAR

36-37/

38-39/

40-41/

A. INTERVIEWER: WAS R IN THE ACTIVE FORCES?

YES .. (RECORD DATE IN ROW A OF **CALENDAR**.

DRAW A LINE FROM DATE ENTERED TO DATE

SEPARATED) ..... 1

42/

NO ..... 0

114. While you were on active duty, did you complete training for an  
(MOS/RATING/AFSC)?

Yes ..... (ASK A) ..... 1

43/

No ..... 0

A. IF YES: What was the (MOS/RATING/AFSC)?

RECORD VERBATIM IN THE MARGINS.

(OFFICE USE)

44-48/

115. Which of the reasons on this card describes why you decided to leave the (BRANCH)? CODE ALL THAT APPLY.

HAND CARD H
-------------------

A.	Low pay and allowances .....	01	49-50/
B.	Better civilian job opportunities .....	02	51-52/
C.	Reduction in military benefits .....	03	53-54/
D.	Decline in quality of military personnel .....	04	55-56/
E.	Unable to practice my job skills .....	05	57-58/
F.	Bored with my job or occupation .....	06	59-60/
G.	Don't like my job or occupation .....	07	61-62/
H.	Plan to continue my education or to use G.I./VEAP benefits .....	08	63-64/
I.	Not eligible to reenlist .....	09	65-66/
J.	Dislike location of my assignments .....	10	67-68/
K.	Didn't get desired type of training .....	11	69-70/
L.	Had to move too often .....	12	71-72/
M.	Dislike being separated from my family .....	13	73-74/
N.	My family wants me to leave the service .....	14	75-76/
O.	Disagree with personnel policies .....	15	77-78/
P.	Discrimination against military personnel based on race .....	16	79-80/
Q.	Discrimination against military personnel based on sex .....	17	BEGIN DECK 14 10-11/
R.	Discrimination against military personnel based on rank .....	18	12-13/
S.	Other (SPECIFY) _____ DON'T KNOW .....	19 98	14-15/ 16-17/

116. Taking all things together, how satisfied (are/were) you with the (MOST RECENT BRANCH)--very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Very satisfied .....	1	18/
Somewhat satisfied .....	2	
Somewhat dissatisfied .....	3	
Very dissatisfied .....	4	

117. INTERVIEWER: IS R CURRENTLY ON ACTIVE DUTY IN THE ACTIVE FORCES?  
(IS Q.55, PAGE 4-27 CODED "YES"?)

YES .....	(ASK A) .....	1	19/
NO ..	(GO TO SECTION 5 ON NEXT PAGE) ..	0	

A. IF YES: Now we would like to ask you some more specific questions about your current military job.

SKIP TO Q.32-- <u>SECTION 5, PAGE 5-63</u>
--

## SECTION 5: ON CURRENT LABOR FORCE STATUS (CPS QUESTIONS)

1. Now I'd like some information on what you were doing last week. What were you doing most of last week--working, going to school, or something else?  
RECORD VERBATIM AND CODE ONE ONLY.

CODE SMALLEST # MENTIONED
---------------------------------

Working .....	(SKIP TO Q. 3).....	01	20-21/
WITH A JOB BUT NOT AT WORK.....		02	
LOOKING FOR WORK.....		03	
KEEPING HOUSE.....		04	
Going to school.....		05	
UNABLE TO WORK ..	(SKIP TO Q.20, PAGE 5-57).....	06	
Other (SPECIFY) _____		07	

2. Did you do any work at all last week, not counting work around the house?  
-----> (INTERVIEWER NOTE: DO NOT INCLUDE VOLUNTEER WORK OR WORK DONE IN PRISON. IF FARM OR BUSINESS OPERATOR IN HH, ASK R ABOUT UNPAID WORK.)

Yes.....	1	22/
No ... (SKIP TO Q.8, PAGE 5-50) ..	0	

3. How many hours did you work last week at all jobs?

ENTER # OF HOURS:	<u>  </u> <u>  </u> <u>  </u>	23-24/
-------------------	-------------------------------	--------

4. INTERVIEWER: CODE FROM Q. 3. RESPONDENT WORKED:

1 - 34 HOURS .....	(ASK Q.5).....	1	25/
35 - 48 HOURS ...	(SKIP TO Q.6, PAGE 5-48) ....	2	
49 OR MORE HOURS ..	(SKIP TO Q.26, PAGE 5-61) ..	3	

ASK Q. 5 ONLY IF CODE 1 IN Q. 4.

5. Do you usually work 35 hours or more a week at this job?

Yes.....	(ASK A).....	1	26/
No.....	(ASK B).....	0	

## 5. (Continued)

A. IF YES: What is the reason you worked less than 35 hours last week?  
RECORD VERBATIM AND CODE ONE ONLY.

IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason you worked less than 35 hours last week?

---



---



---

SLACK WORK ..... 01  
 MATERIAL SHORTAGE..... 02  
 PLANT OR MACHINE REPAIR..... 03  
 NEW JOB STARTED DURING WEEK..... 04  
 JOB TERMINATED DURING WEEK..... 05  
 COULD FIND ONLY PART-TIME WORK..... 06  
 HOLIDAY--LEGAL OR RELIGIOUS..... 07  
 LABOR DISPUTE..... 08  
 BAD WEATHER..... 09  
 OWN ILLNESS..... 10  
 ILLNESS OF OTHER FAMILY MEMBER..... 11  
 ON VACATION..... 12  
 ATTENDS SCHOOL..... 13  
 TOO BUSY WITH HOUSEWORK, PERSONAL  
 BUSINESS, ETC..... 14  
 DID NOT WANT FULL-TIME WORK..... 15  
 FULL-TIME WORK WEEK UNDER 35 HOURS..... 16  
 OTHER REASON .. (SPECIFY) \_\_\_\_\_ 17

27-28/

NOW SKIP TO Q. 26, PAGE 5-61
------------------------------

## 5. (Continued)

B. IF NO: What is the reason you usually work less than 35 hours a week?  
RECORD VERBATIM AND CODE ONE ONLY.

IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason you worked less than 35 hours last week?

---



---



---

SLACK WORK ..... 01  
 MATERIAL SHORTAGE..... 02  
 PLANT OR MACHINE REPAIR..... 03  
 COULD FIND ONLY PART-TIME WORK..... 06  
 BAD WEATHER..... 09  
 OWN ILLNESS..... 10  
 ILLNESS OF OTHER FAMILY MEMBER..... 11  
 ATTENDS SCHOOL..... 13  
 TOO BUSY WITH HOUSEWORK, PERSONAL  
 BUSINESS, ETC..... 14  
 DID NOT WANT FULL-TIME WORK..... 15  
 FULL-TIME WORK WEEK UNDER 35 HOURS..... 16  
 OTHER REASON.. (SPECIFY) \_\_\_\_\_ 17

29-30/

NOW SKIP TO Q. 26, PAGE 5-61
------------------------------



ASK Q. 6 ONLY IF "35-48" HOURS IN Q.4, PAGE 5-45.

6. Did you lose any time or take any time off last week for any reason such as illness, holiday, or slack work?

Yes ..... (ASK A & B)..... 1 31/

No .... (GO TO Q.7, PAGE 5-50) ..... 0

IF YES, ASK A & B. OTHERWISE, GO TO Q. 7, PAGE 5-50.

- A. How many hours did you take off?

ENTER # OF HOURS:                   |\_|\_|                   32-33/

- B. You told me earlier that you worked (# OF HOURS IN Q.3, PAGE 5-45) hours last week. In saying that you worked (# OF HOURS IN Q. 3) hours, had you already subtracted the (# OF HOURS IN A) hours that you took off last week?

Yes (SKIP TO Q.26, PAGE 5-61)... 1 34/

No .....(ASK C & D).....0

IF "NO" TO B, ASK C & D. OTHERWISE, GO TO Q. 26, PAGE 5-61.

- C. Thinking of the (# OF HOURS IN A) hours that you took off last week, how many hours did you end up working last week, at all jobs?

ENTER # OF HOURS:                   |\_|\_|                   35-36/

- D. INTERVIEWER: CODE FROM C--RESPONDENT WORKED

1 - 34 HOURS ....(ASK E)..... 1 37/

35 OR MORE HOURS (SKIP TO Q.26,  
PAGE 5-61) ..... 2

(Continued)

E. IF "1 - 34" HOURS IN D: What is the reason you worked less than 35 hours  
last week? RECORD VERBATIM AND CODE ONE ONLY.

IF MORE THAN ONE REASON GIVEN, PROBE: What is the  
one main reason you worked less than 35 hours last  
week?

SLACK WORK..... 01

38-39/

MATERIAL SHORTAGE..... 02

PLANT OR MACHINE REPAIR..... 03

NEW JOB STARTED DURING WEEK..... 04

JOB TERMINATED DURING WEEK..... 05

COULD FIND ONLY PART-TIME WORK..... 06

HOLIDAY--LEGAL OR RELIGIOUS..... 07

LABOR DISPUTE..... 08

BAD WEATHER..... 09

OWN ILLNESS..... 10

ILLNESS OF OTHER FAMILY MEMBER..... 11

ON VACATION..... 12

ATTENDS SCHOOL..... 13

TOO BUSY WITH HOUSEWORK,  
 PERSONAL BUSINESS, ETC..... 14

DID NOT WANT FULL-TIME WORK..... 15

FULL-TIME WORK WEEK UNDER 35 HOURS.. 16

OTHER REASON ... (SPECIFY) \_\_\_\_\_ 17

NOW SKIP TO Q. 26, PAGE 5-61

7. Did you work any overtime or at more than one job last week?

Yes .....(ASK A)..... 1

40/

No (SKIP TO Q.26, PAGE 5-61) ... 0

IF "YES," ASK A. OTHERWISE, SKIP TO Q.26, PAGE 5-61.

A. How many extra hours did you work?

ENTER # OF  
EXTRA HOURS:

| | |

(ASK B)

41-42/

OR

NO EXTRA HOURS ... (SKIP TO Q.26, PAGE 5-61)... 00

B. You told me earlier that you worked (# OF HOURS IN Q. 3, PAGE 5-45) hours last week. In saying that you worked (# OF HOURS IN Q. 3) hours, had you already included those extra hours you just told me about?

Yes (SKIP TO Q.26, PAGE 5-61)... 1

43/

No.....(ASK C)..... 0

C. IF "NO" TO B: Think of the (# OF HOURS IN A) hours that you worked extra last week. How many hours altogether, did you end up working last week?

ENTER # OF  
HOURS:

| | |

44-45/

NOW SKIP TO Q. 26, PAGE 5-61

---

ASK Q. 8 ONLY IF "NO" TO Q. 2

8. A. INTERVIEWER: LOOK AT Q.1, PAGE 5-45. WAS CATEGORY 02 "WITH A JOB BUT NOT AT WORK" CODED?

YES (GO TO Q.9, PAGE 5-51)..... 1

46/

NO .....(ASK B)..... 0

B. IF NO: Did you have a job or business from which you were temporarily absent or on layoff last week?

Yes (ASK Q.9, PAGE 5-51)..... 1

47/

No (SKIP TO Q.13, PAGE 5-53).... 0

ASK Q. 9 ONLY IF "YES" TO Q. 8A OR 8B.

9. Why were you absent from work last week? RECORD VERBATIM AND CODE ONLY ONE.

IF MORE THAN ONE REASON GIVEN, PROBE: What was the main reason why you were absent from work last week?

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OWN ILLNESS.....(SKIP TO Q.11, PAGE 5-52)..... 01

48-49/

ILLNESS OF OTHER FAMILY MEMBER  
(SKIP TO Q.11, PAGE 5-52)..... 02

ON VACATION.....(SKIP TO Q.11, PAGE 5-52)..... 03

BAD WEATHER.....(SKIP TO Q.11, PAGE 5-52)..... 04

LABOR DISPUTE.....(SKIP TO Q.11, PAGE 5-52)..... 05

NEW JOB TO BEGIN...(ASK A)..... 06

ON LAYOFF.....(GO TO Q.10, PAGE 5-52)..... 07

SCHOOL INTERFERED..(SKIP TO Q.11, PAGE 5-52)..... 08

OTHER (SPECIFY BELOW AND SKIP TO Q.11, PAGE 5-52)... 09

---

A. IF "NEW JOB TO BEGIN": Is your new job scheduled to begin within 30 days from today, or sometime after that?

Within 30 days (SKIP TO Q.15, PAGE 5-54) ..... 1

50/

Sometime after that (SKIP TO Q.13B, PAGE 5-53). 2

ASK Q. 10 IF "ON LAYOFF" IN Q. 9.

10. A. When you were laid off, were you given a definite date on which to report back to work, or were you not given such a date?

Was given a definite date to report  
back to work .....(ASK B)..... 1 51/

Was not given such a date to report  
back to work .....(GO TO C)..... 2

- B. IF "WAS GIVEN A DEFINITE DATE": Altogether, will your period of layoff last 30 days or less, or will it last more than 30 days?

30 days or less..... 1 52/

More than 30 days..... 2

- C. How many weeks ago were you laid off?

ENTER # OF WEEKS:          53-54/

- D. Is the job from which you were laid off a full-time or a part-time job?

Full-time..... 1 55/

Part-time..... 2

NOW SKIP TO Q. 19, PAGE 5-56
------------------------------

- 
11. Are you getting wages or salary for any of the time off last week?

Yes..... 1 56/

No..... 0

(IF VOLUNTEERED): SELF-EMPLOYED..... 3

- 
12. Do you usually work 35 hours or more a week at this job?

Yes..... 1 57/

No..... 0

NOW SKIP TO Q.26, PAGE 5-61
-----------------------------

ASK Q.13 ONLY IF "NO" TO Q.8B.

13. A. INTERVIEWER: SEE Q.1, PAGE 5-45. WAS CATEGORY 03, "LOOKING FOR WORK" CODED?

YES .....(GO TO Q.14)..... 1 58/

NO .....(ASK B)..... 0

IF "NO" TO Q. 13A, OR IF CODE 2 IN Q.9A PAGE 5-51, ASK B:

B. Have you been looking for work during the past 4 weeks?

Yes..... 1 59/

No (SKIP TO Q.20, PAGE 5-57).... 0

14. What have you been doing in the last 4 weeks to find work?  
RECORD VERBATIM AND CODE ALL THAT APPLY.

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NOTHING (SKIP TO Q.20,  
PAGE 5-57)..... 01 60-61/

CHECKED WITH:

STATE EMPLOYMENT AGENCY.... 02 62-63/  
PRIVATE EMPLOYMENT AGENCY.. 03 64-65/  
EMPLOYER DIRECTLY..... 04 66-67/  
FRIENDS OR RELATIVES..... 05 68-69/

PLACED OR ANSWERED ADS..... 06 70-71/

LOOKED IN THE NEWSPAPER..... 07 72-73/

SCHOOL EMPLOYMENT SERVICE..... 08 74-75/

OTHER (SPECIFY)\_\_\_\_\_ 09 76-77/

15. Why did you start looking for work? Was it because you lost or quit a job at that time (PAUSE) or was there some other reason? RECORD VERBATIM AND CODE ONE ONLY.

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LOST JOB.....	01	10-11/
QUIT JOB.....	02	
LEFT SCHOOL.....	03	
CHILDREN ARE OLDER.....	04	
ENJOY WORKING.....	05	
NEEDED MONEY TO SUPPORT MYSELF OR MY FAMILY.....	06	
WANTED TEMPORARY WORK.....	07	
HEALTH IMPROVED.....	08	
PROGRAM ENDED.....	11	
OTHER (SPECIFY)_____	12	

- 
16. INTERVIEWER: ANSWER CODED IN Q.9, PAGE 5-51 IS:

NEW JOB TO BEGIN (ASK Q.17, PAGE 5-55).....	1	12/
BLANK--Q. 9 NOT ASKED (SKIP TO Q.18, PAGE 5-56).....	2	

IF CODE 1 IN Q. 16, ASK Q. 17.

17. A. How many weeks ago did you start looking for work?

ENTER # OF WEEKS:         

13-14/

B. Is your new job a full-time or a part-time job?

Full-time..... 1

15/

Part-time..... 2

C. Is there any reason why you could not take a job last week?

Yes .....(ASK D)..... 1

16/

No (SKIP TO Q.24, PAGE 5-59) ... 0

D. IF YES TO C: What was the reason?  
RECORD VERBATIM AND CODE ONE ONLY.

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---

ALREADY HAD A JOB..... 1

17/

TEMPORARY ILLNESS..... 2

GOING TO SCHOOL..... 3

NEEDED AT HOME..... 4

OTHER (SPECIFY)

\_\_\_\_\_ 5

NOW SKIP TO Q.24, PAGE 5-59
-----------------------------



IF CODE 2 IN Q. 16 PAGE 5-54, ASK Q.18.

18. A. How many weeks have you been looking for work?

ENTER # OF WEEKS:         

18-19/

B. Have you been looking for full-time or part-time work?  
IF "BOTH," CODE "FULL-TIME."

Full-time..... 1

20/

Part-time..... 2

---

19. Is there any reason why you could not take a job last week?

Yes .....(ASK A)..... 1

21/

No (SKIP TO Q.24, PAGE 5-59).... 0

A. IF YES: What was the reason? RECORD VERRATIM AND CODE ONE ONLY.

---

---

---

ALREADY HAD A JOB..... 1

22/

TEMPORARY ILLNESS..... 2

GOING TO SCHOOL..... 3

NEEDED AT HOME..... 4

OTHER (SPECIFY BELOW)..... 5

---

NOW SKIP TO Q. 24, PAGE 5-59

20. Now I'd like you to think about the time since (DATE OF LAST INTERVIEW). (Not counting your military service,) Did you do any work for pay since (DATE OF LAST INTERVIEW)?

Yes..... 1 23/  
No..... 0

21. Do you want a regular job now, either full- or part-time?

Yes .....(ASK A)..... 1 24/  
No.....(ASK B)..... 0  
Maybe, it depends...(ASK A)..... 3  
Don't know .....(ASK B)..... 8

A. IF YES OR MAYBE:

What are the reasons you are  
not looking for work? RECORD  
VERBATIM AND CODE ALL THAT APPLY.

B. IF NO OR DON'T KNOW:

What are the reasons you do not  
want a regular job now? RECORD  
VERBATIM AND CODE ALL THAT APPLY.

BELIEVE NO WORK AVAILABLE  
IN LINE OF WORK OR AREA.... 01

COULDN'T FIND ANY WORK..... 02

LACKS NECESSARY SCHOOLING,  
TRAINING, SKILLS, OR  
EXPERIENCE..... 03

EMPLOYERS THINK TOO YOUNG.... 04

CAN'T ARRANGE CHILD CARE..... 06

FAMILY RESPONSIBILITIES..... 07

IN SCHOOL OR OTHER TRAINING.. 08

ILL HEALTH, PHYSICAL  
DISABILITY..... 09

PREGNANCY..... 10

OTHER PERSONAL HANDICAPS  
IN FINDING JOB..... 05

SPOUSE OR PARENT AGAINST  
MY WORKING..... 11

DOES NOT WANT TO WORK..... 12

CAN'T ARRANGE TRANSPORTATION 13

DON'T KNOW WHERE TO LOOK..... 14

OTHER (SPECIFY)..... 15  
OR

DON'T KNOW..... 98

BELIEVE NO WORK AVAILABLE  
IN LINE OF WORK OR AREA.....01

COULDN'T FIND ANY WORK.....02

LACKS NECESSARY SCHOOLING,  
TRAINING, SKILLS, OR  
EXPERIENCE.....03

EMPLOYERS THINK TOO YOUNG.....04

CAN'T ARRANGE CHILD CARE.....06

FAMILY RESPONSIBILITIES.....07

IN SCHOOL OR OTHER TRAINING.....08

ILL HEALTH, PHYSICAL  
DISABILITY.....09

PREGNANCY.....10

OTHER PERSONAL HANDICAPS  
IN FINDING JOBS.....05

SPOUSE OR PARENT AGAINST  
MY WORKING.....11

DOES NOT WANT TO WORK.....12

CAN'T ARRANGE TRANSPORTATION.....13

DON'T KNOW WHERE TO LOOK.....14

OTHER (SPECIFY).....15  
OR

DON'T KNOW.....98

25-26/

27-28/

29-30/

31-32/

33-34/

35-36/

37-38/

39-40/

41-42/

43-44/

45-46/

47-48/

49-50/

51-52/

53-54/

55-56/

22. Do you intend to look for work of any kind in the next 12 months?

Yes .....(ASK A)..... 1 57/  
 No .....(GO TO Q.23)..... 0  
 It depends ...(GO TO Q.23)..... 3  
 Don't Know ...(GO TO Q.23)..... 8

A. What would the wage or salary have to be for you to be willing to take it? PROBE IF NECESSARY: Is that per hour, day, week, or what?

_ _ _ _ _ _ _	.	_ _ _	Per hour.....	01	65-66/
DOLLARS		CENTS	Per day.....	02	
58-62/		63-64/	Per week.....	03	
			Bi-weekly		
			(every 2 weeks)...	04	
			Per month.....	05	
			Per year.....	06	
			Other (SPECIFY)		
			_____	07	

OR, IF VOLUNTEERED

ANY PAY..... 08

B. How many days per week (do/would) you want to work?

ENTER # OF DAYS PER WEEK: | 0 | | 67-68/

C. Now we are going to ask about hours per day.

How many hours per day (do/would) you want to work?

ENTER # OF HOURS PER DAY: | | | 69-70/

23. INTERVIEWER: HAS R WORKED FOR PAY SINCE DATE OF LAST INTERVIEW (IS Q. 20 CODED "YES")?

YES (SKIP TO Q.26, PAGE 5-61)... 1 71/  
 NO (**SKIP TO SECTION 6,**  
 PAGE 6-65) ..... 0

24. Now I'd like you to think about the time since (DATE OF LAST INTERVIEW). (Not counting your military service,) Did you do any work for pay since (DATE OF LAST INTERVIEW)?

Yes ..... 1 72/

No ..... 0

- A. INTERVIEWER: WAS R LOOKING FOR WORK LAST WEEK (IS Q.13A PAGE 5-53 CODED "1") OR HAS R BEEN LOOKING FOR WORK IN THE PAST FOUR WEEKS (IS Q.13B CODED "1")? (IF Q.13A AND Q.13B ARE BOTH BLANK, CODE "NO", BELOW).

BEGIN DECK 16

YES .....(ASK B)..... 1 10/

NO .....(GO TO Q. 25)..... 0

- B. What would the wage or salary have to be for you to be willing to take it? IF R RESPONDS "MINIMUM WAGE," RE-ASK B. PROBE IF NECESSARY: Is that per hour, day, week, or what?

|\_|\_|\_|\_|\_|\_|\_| . |\_|\_|\_| Per hour..... 01 18-19/

DOLLARS CENTS Per day..... 02

11-15/ 16-17/ Per Week..... 03

Bi-weekly  
(every 2 weeks)..... 04

Per month..... 05

Per year..... 06

Other (SPECIFY)

07

OR, IF VOLUNTEERED, ANY PAY .... 08

- C. How many days per week (do/would) you want to work?

ENTER # OF DAYS PER WEEK: | 0 | 20-21/

- D. Now we are going to ask about hours per day.  
How many hours per day (do/would) you want to work?

ENTER # OF HOURS PER DAY: | | 22-23/

25. INTERVIEWER: HAS R WORKED FOR PAY SINCE DATE OF LAST INTERVIEW (IS Q. 24 CODED "YES")?

YES (GO TO Q.26, PAGE 5-61)..... 1 24/

NO ....(SKIP TO SECTION 6,  
PAGE 6-65)..... 0

PLEASE GO ON TO NEXT PAGE ----->

26. A. For whom did you work last (week)? IF MORE THAN ONE EMPLOYER, PROBE: For whom did you work the most hours during the last week (you worked)?

25-51/

- B. INTERVIEWER: ALSO ENTER NAME OF EMPLOYER ON THE COVER OF AN EMPLOYER SUPPLEMENT.

27. What kind of business or industry is this? (FOR EXAMPLE: TV AND RADIO MFG., RETAIL SHOE STORE, STATE LABOR DEPT., FARM.)

52-54/

28. A. What kind of work were you doing for this job? RECORD VERBATIM. IF MORE THAN ONE KIND OF WORK, PROBE: What kind of work were you doing for the most hours last week?

55-57/

- B. What were your most important activities or duties? RECORD VERBATIM.

- C. Some jobs are odd jobs--that is, work done from time to time, like occasional lawnmowing or babysitting. Others are regular jobs--that is, jobs done on a more or less regular basis. Is this a job that was done on a more or less regular basis or is it an odd job?

Regular job..... 1

58/

Odd job..... 2

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Industry: | | | | |

59-61/

Occupation: | | | | |

62-64/

## 29. Were you ... (READ CATEGORIES BELOW)

HAND
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I

An employee of a <u>private</u> company business or individual for wages, salary or commission, or (GO TO Q.30).....	1	65/
A <u>government</u> employee, or ....(ASK A).....	2	
Self-employed in <u>own</u> business, professional practice, or farm, or .....(ASK B).....	3	
Working without pay in family business or farm? ... (SKIP TO Q.32, PAGE 5-63) ....	4	

IF CODE 2 IN Q. 29, ASK A:

A. Were you an employee of the federal government, state government, or local government?

Federal government employee.....	1	66/
State government employee.....	2	
Local government employee.....	3	
Don't know.....	8	

GO TO Q. 30
-------------

IF CODE 3 IN Q. 29, ASK B:

B. Is your business incorporated or unincorporated?

Business incorporated.....	1	67/
Business unincorporated.....	2	*
Don't know.....	8	*

30. A. How many hours per week (do/did) you usually work at this job?ENTER # OF HOURS:          68-69/B. INTERVIEWER: ARE Q.20, PAGE 5-57 AND Q.24, PAGE 5-59 BOTH BLANK?

YES .....	1	70/
NO (SKIP TO Q.32, PAGE 5-63) ...	0	

C. INTERVIEWER: IS ANSWER AT Q.30A, 20 HOURS OR MORE?

YES .....	1	71/
NO (SKIP TO Q.32, PAGE 5-63) ...	0	

31. INTERVIEWER: (IS/WAS) R SELF-EMPLOYED IN A BUSINESS WHICH IS UNINCORPORATED  
(Q. 29B CODED "2" OR "8")? \* \*

YES .....(GO TO Q.32)..... 1 72/

NO ..... 0

A. (Does/did) your employer make available to you (READ CATEGORY . . .)?  
CODE "YES" OR "NO" FOR EACH.

	<u>Yes</u>	<u>No</u>	
a. medical, surgical, or hospital insurance that covers injuries or major illnesses off the job	1	0	73/
b. life insurance that would cover your death for reasons not connected with your job	1	0	74/
c. sick days with full pay	1	0	75/
d. dental benefits	1	0	76/
e. paid vacation	1	0	77/
f. (maternity/paternity) leave that will allow you to go back to your old job or one that pays the same as your old job	1	0	78/

32. What shift (do/did) you usually work? (Is/was) it the regular day shift, the regular evening shift, the regular night shift, a split shift, or (does/did) your shift vary? CODE ONE ONLY.

Regular day shift.....	1	79/
Regular evening shift.....	2	
Regular night shift.....	3	
A split shift.....	4	
Shift varies.....	5	



33. How (do/did) you feel about (the job you have now/ your most recent job)?  
(Do/Did) you like it very much, like it fairly well, dislike it somewhat,  
or dislike it very much? CODE ONE ONLY.

Like it very much..... 1

80/

Like it fairly well..... 2

Dislike it somewhat..... 3

Dislike it very much..... 4

NOW SKIP TO SECTION 6
-----------------------

## SECTION 6: ON JOBS

1. INTERVIEWER: DID R HAVE A CIVILIAN JOB SINCE THE LAST INTERVIEW?  
(IF YES, YOU HAVE ENTERED NAME ON AN **EMPLOYER SUPPLEMENT**)

OR DID R SERVE IN ANY BRANCH OF THE MILITARY SINCE THE  
DATE OF THE LAST INTERVIEW? (SEE **CALENDAR**, ROW A, OR  
"YES" TO Q.2, PAGE 4-16, SECTION 4)

YES ..... 1 10/  
NO ..... (SKIP TO Q. 3) ..... 0

---

2. Besides [(the job with (EMPLOYER IN Q. 26, SECTION 5)/(and)/(your military service,)] have you done any other work for pay since (DATE OF LAST INTERVIEW)?

Yes ..... (SKIP TO Q.4) ..... 1 11/  
No .... (SKIP TO Q.6, PAGE 6-67) .... 0

---

3. Since (DATE OF LAST INTERVIEW), have you done any work at all for which you were paid?

Yes ..... 1 12/  
No .... (SKIP TO Q.6, PAGE 6-67) .... 0

---

4. Some jobs are odd jobs--that is, work done from time to time, like occasional lawnmowing or babysitting. Others are regular jobs--that is, jobs done on a more or less regular basis.

[Not counting your job with (EMPLOYER IN SEC. 5, Q. 26A, PAGE 5-61), since (DATE OF LAST INTERVIEW)], have any of the jobs you've had for pay been done on a more-or-less regular basis?

Yes .... (GO TO Q.5, PAGE 6-66) ..... 1 13/  
No .... (SKIP TO Q.6, PAGE 6-67) .... 0

5. Please give me the names of each of your employers for all regular jobs you've had for pay since (DATE OF LAST INTERVIEW) [not counting your job with (EMPLOYER IN SEC. 5, Q. 26A, PAGE 5-61)]. If you had more than one job at the same time, please tell me about each job separately. Let's start with the most recent regular job you've had and work back in time to (DATE OF LAST INTERVIEW).

LIST EMPLOYER NAMES ON THE EMPLOYER LINES BELOW AND IN Q. 1 ON THE COVERS OF THE **EMPLOYER SUPPLEMENTS**, STARTING WITH THE MOST RECENT JOB.

- A. PROBE: What was the name of your employer for the next most recent regular job you've had since (DATE OF LAST INTERVIEW)?

CONTINUE PROBING UNTIL R SAYS "NO OTHER EMPLOYER." IF R VOLUNTEERS THAT (HE/SHE) WORKED FOR MORE THAN ONE EMPLOYER FOR A JOB, ASK B.

- B. During a single month, (do/did) you generally work for one employer or more than one employer for this job?

One employer ..... [ASK (1)]

More than one employer ..... [ASK (2)]

- (1) IF ONE EMPLOYER IN B: What (is/was) the name of the (next) most recent employer you've worked for on this job?

RECORD IN Q. 1 ON THE COVER OF AN **EMPLOYER SUPPLEMENT** AND REPEAT THIS QUESTION UNTIL YOU GET "NO OTHER EMPLOYER." THEN GO BACK TO "A" ABOVE.

- (2) IF MORE THAN ONE EMPLOYER IN B: RECORD "VARIETY OF EMPLOYERS" IN Q. 1 OF THE **EMPLOYER SUPPLEMENT**. THEN GO BACK TO "A" ABOVE. CONTINUE PROBING UNTIL R SAYS "NO OTHER EMPLOYER."

#### EMPLOYERS

(ENTER HERE AND IN Q. 1 ON THE COVERS OF **EMPLOYER SUPPLEMENTS**.)

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6. INTERVIEWER: SEE ROW A OF **CALENDAR**. WAS R ON ACTIVE DUTY IN THE ACTIVE FORCES THE ENTIRE TIME FROM DATE OF THE LAST INTERVIEW UNTIL NOW?

YES ... (SKIP TO Q.11, PAGE 6-70) ... 1 14/  
 NO ..... 0

7. INTERVIEWER: HAS R BEEN ENROLLED IN REGULAR SCHOOL AT ANY TIME SINCE THE DATE OF THE LAST INTERVIEW? (DOES SECTION 3, Q.1, PAGE 3-5, = YES?)

YES ..... 1 15/  
 NO .... (SKIP TO Q.9, PAGE 6-68) .... 0

8. Some schools have cooperative work-study programs in which students work part time for pay and their schools give time off or credit for the job. Since (DATE OF LAST INTERVIEW), have you had a job for pay that was part of a work-study program? [Please tell me if (any of) the job(s) you've already told me about was this kind of job.]

Yes ..... (ASK A) ..... 1 16/  
 No ..... (GO TO Q.9, PAGE 6-68) ..... 0

- A. IF YES: What was the name of your employer for your work-study job? RECORD VERBATIM. PROBE: Any others?

FOR EACH EMPLOYER  
 NAME RECORDED IN  
 A, ANSWER B:

- B. INTERVIEWER:  
 IS THE EMPLOYER  
 NAME RECORDED  
 IN "A" ALREADY  
 ENTERED IN  
 Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER**  
**SUPPLEMENT?**

YES..(CIRCLE  
 CODE 1 ON THE  
 COVER OF THE  
**EMPLOYER**  
**SUPPLEMENT**  
 FOR THIS  
 EMPLOYER) ... 1

NO ..(RECORD  
 THIS EMPLOYER  
 AT Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER SUPP.**  
 AND CIRCLE  
 CODE 1 ON THE  
 COVER OF THAT  
 SUPPLEMENT) . 0

YES..(CIRCLE  
 CODE 1 ON THE  
 COVER OF THE  
**EMPLOYER**  
**SUPPLEMENT**  
 FOR THIS  
 EMPLOYER) ... 1

NO ..(RECORD  
 THIS EMPLOYER  
 AT Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER SUPP.**  
 AND CIRCLE  
 CODE 1 ON THE  
 COVER OF THAT  
 SUPPLEMENT) . 0

YES..(CIRCLE  
 CODE 1 ON THE  
 COVER OF THE  
**EMPLOYER**  
**SUPPLEMENT**  
 FOR THIS  
 EMPLOYER) ... 1

NO ..(RECORD  
 THIS EMPLOYER  
 AT Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER SUPP.**  
 AND CIRCLE  
 CODE 1 ON THE  
 COVER OF THAT  
 SUPPLEMENT) . 0

9. Some government programs give employers tax credits for hiring people. The names of some are: Targeted Jobs Tax Credits and WIN Tax Credit.

A. Since (DATE OF LAST INTERVIEW) have you received a certificate or voucher to show employers that you are eligible for any of these programs?

Yes ..... (ASK B) ..... 1 17/  
 No .... (GO TO Q.10, PAGE 6-69) ..... 0

B. IF YES: Since (DATE OF LAST INTERVIEW), have you had a job that was part of a tax credit program? [Please tell me if (any of) the job(s) you already told me about was this kind of job.]

Yes ..... (ASK C) ..... 1 18/  
 No .... (GO TO Q.10, PAGE 6-69) ..... 0

C. IF YES: What was the name of your employer for this job?  
 RECORD VERBATIM. PROBE: Any others?

FOR EACH EMPLOYER  
NAME RECORDED IN  
C, ANSWER D:

D. INTERVIEWER:  
 IS THE EMPLOYER  
 NAME RECORDED  
 IN "C" ALREADY  
 ENTERED IN  
 Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER**  
**SUPPLEMENT?**

YES..(CIRCLE  
 CODE 2 ON THE  
 COVER OF THE  
**EMPLOYER**  
**SUPPLEMENT**  
 FOR THIS  
 EMPLOYER) ... 1

YES..(CIRCLE  
 CODE 2 ON THE  
 COVER OF THE  
**EMPLOYER**  
**SUPPLEMENT**  
 FOR THIS  
 EMPLOYER) ... 1

YES..(CIRCLE  
 CODE 2 ON THE  
 COVER OF THE  
**EMPLOYER**  
**SUPPLEMENT**  
 FOR THIS  
 EMPLOYER) ... 1

NO ..(RECORD  
 THIS EMPLOYER  
 AT Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER SUPP.**  
 AND CIRCLE  
 CODE 2 ON THE  
 COVER OF THAT  
 SUPPLEMENT) . 0

NO ..(RECORD  
 THIS EMPLOYER  
 AT Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER SUPP.**  
 AND CIRCLE  
 CODE 2 ON THE  
 COVER OF THAT  
 SUPPLEMENT) . 0

NO ..(RECORD  
 THIS EMPLOYER  
 AT Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER SUPP.**  
 AND CIRCLE  
 CODE 2 ON THE  
 COVER OF THAT  
 SUPPLEMENT) . 0

10. Some government-sponsored programs provide students with part-time jobs during the school year. Other programs provide jobs for youths for about 10 weeks during the summer. Other programs provide jobs or on-the-job training for pay. Please take a look at this card. Since (DATE OF LAST INTERVIEW), have you had a job for pay that was sponsored by the kinds of government programs listed here? (PAUSE) [Again, please tell me if (any of) the job(s) you already told me about was part of one of these programs.]

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Yes ..... (ASK A) ..... 1  
 No .... (GO TO Q.11, PAGE 6-70) ..... 0

19/

- A. IF YES: What was the name of your employer for this job?  
 RECORD VERBATIM. PROBE: Any others?

FOR EACH EMPLOYER  
NAME RECORDED IN  
A, ANSWER B:

- B. INTERVIEWER:  
 IS THE EMPLOYER  
 NAME RECORDED  
 IN "A" ALREADY  
 ENTERED IN  
 Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER**  
**SUPPLEMENT?**

YES..(CIRCLE  
 CODE 3 ON THE  
 COVER OF THE  
**EMPLOYER**  
**SUPPLEMENT**  
 FOR THIS  
 EMPLOYER) ... 1

NO . (RECORD  
 THIS EMPLOYER  
 AT Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER SUPP.**  
 AND CIRCLE  
 CODE 3 ON THE  
 COVER OF THAT  
 SUPPLEMENT) . 0

YES..(CIRCLE  
 CODE 3 ON THE  
 COVER OF THE  
**EMPLOYER**  
**SUPPLEMENT**  
 FOR THIS  
 EMPLOYER) ... 1

NO . (RECORD  
 THIS EMPLOYER  
 AT Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER SUPP.**  
 AND CIRCLE  
 CODE 3 ON THE  
 COVER OF THAT  
 SUPPLEMENT) . 0

YES..(CIRCLE  
 CODE 3 ON THE  
 COVER OF THE  
**EMPLOYER**  
**SUPPLEMENT**  
 FOR THIS  
 EMPLOYER) ... 1

NO . (RECORD  
 THIS EMPLOYER  
 AT Q. 1 ON THE  
 COVER OF AN  
**EMPLOYER SUPP.**  
 AND CIRCLE  
 CODE 3 ON THE  
 COVER OF THAT  
 SUPPLEMENT) . 0

11. INTERVIEWER: SEE ITEM 7 ON **INFORMATION SHEET**. WAS R EMPLOYED ON DATE OF LAST INTERVIEW?

YES ..... (ASK A) ..... 1 20/  
 NO ..... (SKIP TO Q. 13) ..... 0

- A. IF YES,  
INTERVIEWER: ARE ALL OF R'S EMPLOYERS IN ITEM 7 OF **INFORMATION SHEET** NOW ENTERED AT Q. 1 ON THE COVERS OF **EMPLOYER SUPPLEMENTS**?

YES ..... (SKIP TO Q. 13) ..... 1 21/  
 NO ..... 0

12. INTERVIEWER: LIST BELOW ALL EMPLOYERS IN ITEM 7 OF **INFORMATION SHEET** THAT ARE NOT NOW ENTERED AT Q. 1 ON THE COVER OF **EMPLOYER SUPPLEMENTS**. THEN ASK A.

FOR EACH EMPLOYER  
NAME RECORDED  
ABOVE, ASK A:

- A. When we interviewed  
 you last on (DATE OF  
 LAST INTERVIEW) you  
 were working for (READ  
 EMPLOYER NAME). Have  
 you already told me  
 about (EMPLOYER) for  
 this year but called  
 it by another name?

YES ..... 1	YES ..... 1	YES ..... 1
NO . (RECORD THIS EMPLOYER AT Q. 1 ON THE COVER OF AN <b>EMPLOYER</b> <b>SUPPLEMENT</b> ) . 0	NO . (RECORD THIS EMPLOYER AT Q. 1 ON THE COVER OF AN <b>EMPLOYER</b> <b>SUPPLEMENT</b> ) . 0	NO . (RECORD THIS EMPLOYER AT Q. 1 ON THE COVER OF AN <b>EMPLOYER</b> <b>SUPPLEMENT</b> .. 0

13. INTERVIEWER: ALTOGETHER, ON HOW MANY **EMPLOYER SUPPLEMENTS** HAVE YOU RECORDED AN EMPLOYER NAME?

NONE ... (GO TO SECTION 7) ..... 00 22-23/  
 ONE OR MORE . . .  
 (SPECIFY NUMBER HERE, AND  
 ADMINISTER SUPPLEMENTS NOW.  
 START WITH THE MOST RECENT JOB)..

## SECTION 7: GAPS WHEN R WAS NOT WORKING OR IN THE MILITARY

---> (INTERVIEWER NOTE: BY NOW YOU SHOULD HAVE ADMINISTERED AN EMPLOYER SUPPLEMENT FOR EACH JOB COUNTED AT SECTION 6, Q.13)

1. INTERVIEWER: HOW MANY EMPLOYER SUPPLEMENTS HAVE YOU ADMINISTERED TO THE RESPONDENT?

ENTER NUMBER:

2. INTERVIEWER: HAVE YOU DRAWN ANY LINES ON ROW A OR B OF THE **CALENDAR**?

YES ..... (GO TO Q. 3) ..... 1 24/

NO ... (INTERVIEWER: PUT DATE OF LAST INTERVIEW AND TODAY'S DATE IN BOXES FOR PERIOD 1, Q.4A, ON THE NEXT PAGE. PUT BOTH DATES ON ROW C OF THE **CALENDAR**. DRAW A LINE TO CONNECT THESE DATES. THEN GO TO Q.4B, NEXT PAGE.) ..... 0

3. INTERVIEWER: SEE **CALENDAR** ROWS A AND B. ARE THERE ANY GAPS OF A WEEK OR MORE BETWEEN EMPLOYERS AND/OR ACTIVE DUTY SINCE DATE OF LAST INTERVIEW AND NOW?

IN OTHER WORDS, ARE THERE ANY SPACES OF A WEEK OR MORE WHERE YOU DO NOT HAVE A LINE DRAWN IN ROW A OR ROW B?  
(CHECK ALL YOUR DATES CAREFULLY. CHECK THE ENDING DATE OF EACH JOB HELD AND THE STARTING DATE OF THE NEXT JOB.)

THERE ARE SOME GAPS .... (GO TO Q. 4A, NEXT PAGE) ..... 1 25/

ALL TIME IS ACCOUNTED FOR IN LINES A AND B  
(**SKIP TO SECTION 8**) ..... 2



## GAPS BETWEEN JOBS:

**M O S T     R E C E N T ----->**

4. A. INTERVIEWER: DRAW LINES ON ROW C TO REPRESENT PERIODS DURING WHICH THERE ARE NO LINES IN ROW A OR B. USE DATES ENTERED IN ROWS A & B TO INDICATE IN ROW C DATES R BEGAN AND ENDED EACH PERIOD OF NON-EMPLOYMENT. ENTER THE DATES FOR EACH PERIOD INTO BOX A, MOST RECENT PERIOD FIRST. NOW ENTER BELOW THE TOTAL NUMBER OF SEPARATE PERIODS OF NON-EMPLOYMENT:

TOTAL # OF SEPARATE PERIODS: 11  
26-27/

FOR EACH SET OF DATES ENTERED IN A, ASK B-J:

- B. You said you were not working between (DATES OF FIRST/NEXT PERIOD). During how many of those weeks were you looking for work or on layoff from a job--during none, some, or all of those weeks?

INTERVIEWER: FOLLOW SKIP INSTRUCTIONS AT B  
IN COLUMNS.

- C. INTERVIEWER: USE WEEK **CALENDAR** TO DETERMINE  
WEEK # OF EACH DATE. CIRCLE WEEK #'S ON **CALENDAR**

- D. ENTER ENDING WEEK # IN BOX D HERE.

- E. ENTER BEGINNING WEEK # IN BOX E HERE

- F. SUBTRACT WEEK BEGAN FROM WEEK ENDED (D-E=F)  
AND ENTER THE DIFFERENCE HERE  
(# OF WEEKS IN GAP)

- G. You were not working from (DATE) to (DATE). That would be about (# IN BOX F) weeks when you were not working. For how many of these weeks were you looking for work or on layoff from a job? ENTER IN BOX G HERE.

- H. INTERVIEWER: SUBTRACT # OF WEEKS LOOKING OR  
ON LAYOFF FROM # OF WEEKS IN GAP PERIOD  
(F-G=H). ENTER DIFFERENCE IN BOX H HERE  
READ: That leaves (# IN H) weeks that you  
were not working or looking for work.

1. What would you say was the main reason that you were not looking for work during that period?  
RECORD VERBATIM AND ENTER CODE IN BOX 1 BELOW.

DID NOT WANT TO WORK ... 01	CHILD CARE PROBLEMS ..... 06
ILL, DISABLED, UNABLE	PERSONAL/FAMILY REASONS ... 07
TO WORK ..... 02	VACATION ..... 08
FOR SCHOOL EMPLOYEES:	LABOR DISPUTE/STRIKE ..... 09
<del>SCHOOL WAS NOT IN</del>	BELIEVED NO WORK AVAILABLE . 10
SESSION FOR THIS	COULD NOT FIND WORK ..... 11
PERIOD ..... 03	IN SCHOOL ..... 12
ARMED FORCES ..... 04	OTHER ..... 13
PREGNANCY ..... 05	

A.

PERIOD 1		PERIOD 2	
FROM		FROM	
MONTH	DAY	MONTH	DAY
YEAR		YEAR	
28-33/		58-63/	

  

TO		TO	
MONTH	DAY	MONTH	DAY
YEAR		YEAR	
34-39/		64-69/	

- |                            |                         |
|----------------------------|-------------------------|
| B. None ... (GO TO I) .. 1 | None ... (GO TO I) .. 1 |
| Some ... (GO TO C) .. 2    | Some ... (GO TO C) .. 2 |
| All .... (GO TO J) .. 3    | All .... (GO TO J) .. 3 |
| 40/                        | 70/                     |

- |  |  |
|--|--|
| <p>D.</p> <div style="text-align: center; margin: 10px 0;"> </div> <p>E.</p> <div style="text-align: center; margin: 10px 0;"> </div> <p>F.</p> <div style="text-align: center; margin: 10px 0;"> </div> | <p>D.</p> <div style="text-align: center; margin: 10px 0;"> </div> <p>E.</p> <div style="text-align: center; margin: 10px 0;"> </div> <p>F.</p> <div style="text-align: center; margin: 10px 0;"> </div> |
|--|--|

BEGIN DECK 18

- |   |   |
|---|---|
| <p>G.</p> <p># OF WEEKS LOOKING<br/>OR ON LAYOFF<br/>50-52/</p> | <p># OF WEEKS LOOKING<br/>OR ON LAYOFF<br/>10-12/</p> |
|---|---|

- | H. | # OF WEEKS<br>NOT LOOKING<br>53-55/ | # OF WEEKS<br>NOT LOOKING<br>13-15/ |
|----|-------------------------------------|-------------------------------------|
|    |                                     |                                     |

- | 56-57/  | 16-17/  |
|---|---|
| <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div>      | <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>     |
| <div> <div>1.</div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div>REASON</div> <div>NOT</div> <div>LOOKING</div> </div> | <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div>REASON</div> <div>NOT</div> <div>LOOKING</div> </div> |

- J. INTERVIEWER: IF THERE ARE ANY ADDITIONAL PERIODS, GO BACK TO B FOR NEXT PERIOD. OTHERWISE, GO TO SECTION 8.

## TO LEAST RECENT

BEGIN DECK 19

PERIOD 3 FROM	PERIOD 4 FROM	PERIOD 5 FROM	PERIOD 6 FROM
<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH DAY YEAR</div> <div>18-23/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH DAY YEAR</div> <div>48-53/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH DAY YEAR</div> <div>10-15/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH DAY YEAR</div> <div>40-45/</div> </div> </div>
TO	TO	TO	TO
<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH DAY YEAR</div> <div>24-29/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH DAY YEAR</div> <div>54-59/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH DAY YEAR</div> <div>16-21/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH DAY YEAR</div> <div>46-51/</div> </div> </div>
None ... (GO TO I) .. 1	None ... (GO TO I) .. 1	None ... (GO TO I) .. 1	None ... (GO TO I) .. 1
Some ... (GO TO C) .. 2	Some ... (GO TO C) .. 2	Some ... (GO TO C) .. 2	Some ... (GO TO C) .. 2
All .... (GO TO J) .. 3 30/	All .... (GO TO J) .. 3 60/	All .... (GO TO J) .. 3 22/	All .... (GO TO J) .. 3 52/
<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>WEEK PERIOD ENDED</div> <div>31-33/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>WEEK PERIOD ENDED</div> <div>61-63/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>WEEK PERIOD ENDED</div> <div>23-25/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>WEEK PERIOD ENDED</div> <div>53-55/</div> </div> </div>
-	-	-	-
<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>WEEK PERIOD BEGAN</div> <div>34-36/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>WEEK PERIOD BEGAN</div> <div>64-66/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>WEEK PERIOD BEGAN</div> <div>26-28/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>WEEK PERIOD BEGAN</div> <div>56-58/</div> </div> </div>
=	=	=	=
<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div># OF WEEKS</div> <div>37-39/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div># OF WEEKS</div> <div>67-69/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div># OF WEEKS</div> <div>29-31/</div> </div> </div>	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div># OF WEEKS</div> <div>59-61/</div> </div> </div>
# OF WEEKS LOOKING OR ON LAYOFF	# OF WEEKS LOOKING OR ON LAYOFF	# OF WEEKS LOOKING OR ON LAYOFF	# OF WEEKS LOOKING OR ON LAYOFF
40-42/	70-72/	32-34/	62-64/
# OF WEEKS NOT LOOKING	# OF WEEKS NOT LOOKING	# OF WEEKS NOT LOOKING	# OF WEEKS NOT LOOKING
43-45/	73-75/	35-37/	65-67/
REASON NOT LOOKING	REASON NOT LOOKING	REASON NOT LOOKING	REASON NOT LOOKING
46-47/	76-77/	38-39/	68-69/

## SECTION 8: ON GOVERNMENT TRAINING

1. There are certain kinds of training programs sponsored by the government in which young people receive training or assistance in a workshop or a classroom to prepare them for jobs. Examples of these kinds of training or assistance include certain CETA, JTPA, OR TAA programs and the Job Corps, but there are others.

2. INTERVIEWER: SEE **INFORMATION SHEET**, ITEM 9. IS A GOVERNMENT TRAINING PROGRAM FROM LAST YEAR'S INTERVIEW LISTED THERE?

YES ..... (READ A) ..... 1 70/  
 NO ..... (GO TO Q. 3) ..... 0

IF YES TO Q. 2, ASK A:

- A. Our records show that at our last interview (DATE OF LAST INTERVIEW), you were receiving this kind of training at (NAME OF SCHOOL OR AGENCY FROM **INFORMATION SHEET**). We would like to ask some questions about your participation in this program since (DATE OF LAST INTERVIEW). ENTER IN Q. 8 (ON NEXT PAGE) THE NAME OF THE SCHOOL OR AGENCY FROM ITEM 9 OF **INFORMATION SHEET**. THEN GO TO Q. 5.

IF NO TO Q. 2, ASK Q. 3:

3. (Besides the jobs you already told me about,) Since (DATE OF LAST INTERVIEW), have you received training or assistance from any of these kinds of government-sponsored programs?

HAND  
CARD  
0

Yes ..... 1 71/  
 No ..... (**SKIP TO SECTION 9**) ..... 0

4. Thinking of the (first/next) training program that you attended since (DATE OF LAST INTERVIEW), what is the name of the school or agency where you've received this training? RECORD IN Q. 8, NEXT PAGE, AND GO ON TO Q. 5.  
 (IF NECESSARY, USE A SECOND QUESTIONNAIRE.)

5. What is the name of the government program that sponsors this training? RECORD IN Q. 9, NEXT PAGE, AND GO ON TO Q. 6.

6. (Besides the job(s) you already told me about,) Since (DATE OF LAST INTERVIEW), have you received any other training or assistance [either from (NAME OF SCHOOL OR AGENCY FROM **INFORMATION SHEET**, ITEM 9) or] from any of these kinds of government-sponsored training programs?

HAND  
CARD  
0

IF YES, GO BACK TO Q. 4  
 FOR THE NEXT PROGRAM ..... 1 72/  
 IF NO, GO TO Q. 7 ..... 0

7. INTERVIEWER: IF THERE ARE ANY PROGRAMS ENTERED IN QS. 8 & 9 BELOW, ASK QS. 10-32 NOW. OTHERWISE, SKIP TO SECTION 9, PAGE 9-82.

	COLUMN #1 BEGIN DECK 20 10-34/ _____	COLUMN #2 54-78/ _____
8. ENTER NAME OF SCHOOL OR AGENCY WHERE R RECEIVED TRAINING.	_____	_____
9. ENTER NAME OF THE GOVERNMENT PROGRAM THAT SPONSORS THIS TRAINING.	35-36/ _____	79-80/ _____
10. You told me that you received training or assistance at (ENTRY IN Q. 8) through the (ENTRY IN Q. 9).		BEGIN DECK 21
A. <u>INTERVIEWER</u> : WAS THIS TRAINING PROGRAM LISTED ON ITEM 9 OF <b>INFO SHEET</b> ? (DID YOU ENTER IN Q. 8 FOR THIS PROGRAM THE NAME OF THE SCHOOL OR AGENCY FROM ITEM 9 OF INFO SHEET?)	YES .. (ENTER THE DATE OF THE LAST INTERVIEW IN "B" BELOW AND GO TO Q. 11) ... 1 NO ... (ASK B) ..... 0	YES .. (ENTER THE DATE OF THE LAST INTERVIEW IN "B" BELOW AND GO TO Q. 11) ... 1 NO ... (ASK B) ..... 0
B. IF NO TO A: When did you start participating in this program?	38-43/ <div style="display: flex; justify-content: space-around;"> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> </div> MONTH DAY YEAR	11-16/ <div style="display: flex; justify-content: space-around;"> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> </div> MONTH DAY YEAR
11. Are you currently participating in this program?	44/ Yes . (SKIP TO Q. 13) ..... 1 No ..... 0	17/ Yes . (SKIP TO Q. 13) ..... 1 No ..... 0
12. When did you stop participating in this program? PROBE FOR AND RECORD MONTH, DAY, AND YEAR.	45-50/ <div style="display: flex; justify-content: space-around;"> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> </div> MONTH DAY YEAR	18-23/ <div style="display: flex; justify-content: space-around;"> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> </div> </div> MONTH DAY YEAR
13. For a variety of reasons, people often do not participate in their programs some of the time. Between (DATE IN Q. 10) and (now/DATE IN Q. 12), were there any periods of a <u>full week</u> or more during which you did not participate in this program?	51/ Yes ... (ASK A) ..... 1 No .. (GO TO Q.14 PAGE 8-76) .... 0	24/ Yes ... (ASK A) ..... 1 No .. (GO TO Q.14 PAGE 8-76) .... 0
A. IF YES: Between (DATE IN Q. 10) and (now/DATE IN Q. 12), for how many weeks, altogether, did you <u>not</u> participate in this program?	# WEEKS <div style="display: flex; justify-content: space-around;"> <div> </div> <div> </div> <div> </div> <div> </div> </div> 52-53/	# WEEKS <div style="display: flex; justify-content: space-around;"> <div> </div> <div> </div> <div> </div> <div> </div> </div> 25-26/

	<u>COLUMN #1</u>	<u>COLUMN #2</u>
14. How many hours a week (do/did) you usually spend in the program? ENTER # OF HOURS	# HOURS <u>   </u> <u>   </u> <u>   </u> 27-28/	# HOURS <u>   </u> <u>   </u> <u>   </u> 35-36/
15. How many hours a day (do/did) you usually spend in the program? ENTER # OF HOURS	# HOURS <u>   </u> <u>   </u> <u>   </u> 29-30/	# HOURS <u>   </u> <u>   </u> <u>   </u> 37-38/
16. A. As far as you know, (is/was) this training part of a CETA, JTPA, or TAA program?	<div style="text-align: right;">31/</div> Yes ..... 1 No ..... 0	<div style="text-align: right;">39/</div> Yes ..... 1 No ..... 0
B. As far as you know, (is/was) this training (also) part of a WIN program?	<div style="text-align: right;">32/</div> Yes ..... 1 No ..... 0	<div style="text-align: right;">40/</div> Yes ..... 1 No ..... 0
17. Why did you decide to enter this training program?  RECORD VERBATIM.  <u>IF MORE THAN ONE</u> <u>REASON GIVEN, PROBE:</u> What was the <u>one</u> <u>main</u> reason? CODE ONE ONLY.	<hr/> <hr/> <hr/> <hr/> <div style="text-align: right;">33-34/</div> TO GET MONEY ..... 01 TO GET A BETTER JOB THAN COULD GET ON MY OWN ..... 02 TO GET A JOB ..... 03 TO GET JOB TRAINING OR EXPERIENCE ..... 04 TO HAVE SOMETHING TO DO ..... 05 THE TRAINING SOUNDED INTERESTING ..... 06 OTHER (SPECIFY) ..... 07 <hr/>	<hr/> <hr/> <hr/> <hr/> <div style="text-align: right;">41-42/</div> TO GET MONEY ..... 01 TO GET A BETTER JOB THAN COULD GET ON MY OWN ..... 02 TO GET A JOB ..... 03 TO GET JOB TRAINING OR EXPERIENCE ..... 04 TO HAVE SOMETHING TO DO ..... 05 THE TRAINING SOUNDED INTERESTING ..... 06 OTHER (SPECIFY) ..... 07 <hr/>

	COLUMN #1	COLUMN #2																		
18. <u>INTERVIEWER</u> , IS R CURRENTLY PARTICIPATING IN THIS PROGRAM? ("YES" TO Q. 11)	43/ YES .(SKIP TO Q. 20) . 1 NO ..... 0	49/ YES .(SKIP TO Q. 20) . 1 NO ..... 0																		
19. Did you <u>complete</u> this training program or not?	44/ Completed this program (GO TO Q. 20) ..... 1 Did not complete this program . (ASK A) .. 0	50/ Completed this program (GO TO Q. 20) ..... 1 Did not complete this program . (ASK A) .. 0																		
A. <u>IF CODE 0:</u> Why did you leave this program? RECORD VERBATIM. <u>IF MORE THAN ONE</u> <u>REASON GIVEN,</u> <u>PROBE:</u> What was the main reason? CODE ONE ONLY.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>																		
	45-46/ EXPELLED FROM PROGRAM .. 01 QUIT BECAUSE FOUND A JOB ..... 02 TRANSFERRED TO ANOTHER PROGRAM ..... 03 DISSATISFIED WITH PAY .. 04 UNSATISFACTORY CONDITIONS ..... 05 LOST INTEREST ..... 06 TOO DIFFICULT ..... 07 PROBLEMS WITH TRANSPORTATION ..... 08 TOO MUCH TIME INVOLVED . 09 PREGNANCY ..... 10 OWN ILLNESS OR DISABILITY ..... 11 OTHER PERSONAL OR FAMILY REASONS ..... 12 MOVED ..... 13 OTHER (SPECIFY) ..... 14	51-52/ EXPELLED FROM PROGRAM . 01 QUIT BECAUSE FOUND A JOB ..... 02 TRANSFERRED TO ANOTHER PROGRAM ..... 03 DISSATISFIED WITH PAY . 04 UNSATISFACTORY CONDITIONS ..... 05 LOST INTEREST ..... 06 TOO DIFFICULT ..... 07 PROBLEMS WITH TRANSPORTATON..... 08 TOO MUCH TIME INVOLVED. 09 PREGNANCY ..... 10 OWN ILLNESS OR DISABILITY ..... 11 OTHER PERSONAL OR FAMILY REASONS ..... 12 MOVED ..... 13 OTHER (SPECIFY) ..... 14																		
20. We would like to know more about the kinds of services the program provided you. (First/Next) (does/did) this program provide you with ... (READ CATEGORIES A & B AND CODE "YES" OR "NO" FOR EACH)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>47/</td> </tr> <tr> <td>1</td> <td>0</td> <td>48/</td> </tr> </tbody> </table>	Yes	No		1	0	47/	1	0	48/	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>53/</td> </tr> <tr> <td>1</td> <td>0</td> <td>54/</td> </tr> </tbody> </table>	Yes	No		1	0	53/	1	0	54/
Yes	No																			
1	0	47/																		
1	0	48/																		
Yes	No																			
1	0	53/																		
1	0	54/																		

	COLUMN #1	COLUMN #2
21. (Does/did) this program provide you with other classroom training in reading, writing, or arithmetic?  A. <u>IF YES:</u> Was that classroom training part of a program of English as a second language-- that is, a program for people who grew up speaking a language <u>other</u> than English?	55/ Yes .... (ASK A) ..... 1 No .. (GO TO Q. 22) .. 0       56/ Yes ..... 1 No ..... 0	63/ Yes ..... (ASK A) ..... 1 NO .. (GO TO Q. 22) .. 0       64/ Yes ..... 1 No ..... 0
22. (Does/did) this program provide you with <u>classroom</u> training in other skills needed for certain types of jobs?  A. <u>IF YES:</u> What kind of job were you being trained for? RECORD VERBATIM.	57/ Yes .... (ASK A) ..... 1 No .. (GO TO Q. 23) .. 0  58-60/ _____ _____ _____ _____	65/ Yes .... (ASK A) ..... 1 No .. (GO TO Q. 23) .. 0  66-68/ _____ _____ _____ _____
23. <u>INTERVIEWER:</u> IS R CURRENTLY PARTICIPATING IN THIS PROGRAM? ("YES" TO Q.11)	61/ YES (SKIP TO Q.26 PAGE 8-79) ..... 1 NO .... (ASK Q.24) ... 0	69/ YES (SKIP TO Q.26 PAGE 8-79) ..... 1 NO .. (ASK Q.24) ..... 0
24. Were you placed in a job as part of your training, for example; on-the-job training or work experience?	62/ Yes ..... 1 No ..... 0	70/ Yes ..... 1 No ..... 0

	COLUMN #1			COLUMN #2		
25. After completion of training, were you placed in a job by this program?	<div style="text-align: right;">71/</div> Yes ..... 1 No ..... 0			<div style="text-align: right;">79/</div> Yes ..... 1 No ..... 0		
26. (Does/did) this program provide you with (READ CATEGORIES AND CODE "YES" OR "NO" FOR EACH)				BEGIN DECK 22		
	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
A. Extra help preparing for college?	1	0	72/	1	0	10/
B. Health care or medical services?	1	0	73/	1	0	11/
C. Childcare?	1	0	74/	1	0	12/
D. Transportation or bus tokens?	1	0	75/	1	0	13/
E. Lodging?	1	0	76/	1	0	14/
F. Meals?	1	0	77/	1	0	15/
27. (Does/did) this program provide you with any <u>other</u> kinds of services?	<div style="text-align: right;">78/</div> Yes .... (ASK A) ..... 1 No .. (GO TO Q.28, PAGE 8-80) ..... 0			<div style="text-align: right;">16/</div> Yes .... (ASK A) ..... 1 No .. (GO TO Q.28, PAGE 8-80) ..... 0		
A. <u>IF YES:</u> What other kinds of services?	_____			_____		
RECORD VERBATIM.	_____			_____		
	_____			_____		



28. Besides any money you may (presently receive/ have received) through public assistance or Unemployment Compensation (do/while you were in the program, did) you receive any money for participating in this program?

A. IF YES: How much money (do/did) you usually receive for participating in this program? Please give me the amount you receive(d) before any deductions like taxes and social security (are/were) taken out.  
PROBE IF NECESARY: (Is/Was) that per hour, per day, per week, or what?

COLUMN #1

17/  
Yes .... (ASK A) ..... 1  
No .. (GO TO Q. 29) .. 0

18-22/ 23-24/  
\_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_  
DOLLARS CENTS

25-26/  
Per hour ..... 01  
Per day ..... 02  
Per week ..... 03  
Bi-Weekly (every 2 weeks) ..... 04  
Per month ..... 05  
Per year ..... 06  
OTHER (SPECIFY)

07

COLUMN #2

28/  
Yes .... (ASK A) ..... 1  
No .. (GO TO Q. 29) .. 0

29-33/ 34-35/  
\_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_  
DOLLARS CENTS

36-37/  
Per hour ..... 01  
Per day ..... 02  
Per week ..... 03  
Bi-Weekly (every 2 weeks) ..... 04  
Per month ..... 05  
Per year ..... 06  
OTHER (SPECIFY)

07

29. How (does/did) the training or experience you received in this program affect your chances of getting a good job--do you feel that your chances of getting a good job (are/ were) improved or not improved?

27/  
Improved ..... 1  
Not improved ..... 2

38/  
Improved ..... 1  
Not improved ..... 2

	<u>COLUMN #1</u>	<u>COLUMN #2</u>
30. <u>INTERVIEWER:</u> SEE ROW B ON <u>CALENDAR</u> . HAS R HAD A JOB SINCE LEAVING THIS PROGRAM?	39/ YES .. (ASK Q. 31) ... 1 NO . (SKIP TO Q. 32) . 0	43/ YES ..(ASK Q. 31) .... 1 NO . (SKIP TO Q. 32) . 0
31. After you left the pro- gram, did the training or experience you received in this program <u>help</u> you or not help you in performing any job you have held?	40/ Helped ..... 1 Did not help ..... 2	44/ Helped ..... 1 Did not help ..... 2
32. Thinking back over your entire experience in this program, how satisfied or dissatisfied are you with it overall-- very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	41/ Very satisfied ..... 1 Somewhat satisfied ... 2 Somewhat dissatisfied. 3 Very dissatisfied .... 4	45/ Very satisfied ..... 1 Somewhat satisfied ... 2 Somewhat dissatisfied. 3 Very dissatisfied .... 4
33. <u>INTERVIEWER:</u> ARE THERE ANY ADDITIONAL PROGRAMS RECORDED IN COLUMN HEADINGS (Qs 8 AND 9) NOT YET ASKED ABOUT?	42/ YES .. (RE-ASK Q.10-33 FOR THE NEXT PROGRAM ..... 1  NO .. ( <b>SKIP TO</b> <b>SECTION 9</b> ) ..... 0	46/ YES .. (USING THE SECOND QUESTIONNAIRE, ASK Q.10-33 FOR THE NEXT PROGRAM ..... 1  NO .. ( <b>SKIP TO</b> <b>SECTION 9</b> ) ..... 0

## SECTION 9: OTHER TRAINING

1. I would now like to ask you about other types of schooling and training you may have had, excluding regular schooling, military training, and government training we have already talked about.

2. INTERVIEWER: SEE **INFORMATION SHEET**, ITEM 10. IS AN "OTHER TRAINING PROGRAM" FROM LAST YEAR'S INTERVIEW LISTED THERE?

YES ..... (ASK Q. 3) ..... 1

47/

NO .... (GO TO Q.4, PAGE 9-83) ..... 0

IF YES TO Q. 2, ASK Q. 3:

3. A. INTERVIEWER: CODE BELOW EACH TYPE OF TRAINING AGENCY FROM **INFORMATION SHEET**, ITEM 10.

	1st PROGRAM		2nd PROGRAM
1) BUSINESS COLLEGE	..... 01	48-49/	..... 01 57-58/
2) A NURSE'S PROGRAM	..... 02		..... 02
3) AN APPRENTICESHIP PROGRAM	..... 03		..... 03
4) A VOCATIONAL OR TECHNICAL INSTITUTE	..... 04		..... 04
5) BARBER OR BEAUTY SCHOOL	..... 05		..... 05
6) FLIGHT SCHOOL	..... 06		..... 06
7) A CORRESPONDENCE COURSE	..... 07		..... 07
8) COMPANY TRAINING	..... 08		..... 08
9) OTHER (SPECIFY) _____	..... 09		..... 09

FOR EACH TYPE OF TRAINING AGENCY IN A, ASK B-E.

- B. Our records show that on our last interview on (DATE OF LAST INTERVIEW), you were receiving training at (TYPE OF TRAINING AGENCY). We would (also) like to ask you a few questions about that training. First, what job were you being trained for?

50-52/

59-61/

53-56/

62-65/

- C. When did you finish or leave the training?

| | | |  
MONTH YEAR

OR

STILL ENROLLED (GO  
TO E) ..... 0001

| | | |  
MONTH YEAR

OR

STILL ENROLLED (GO  
TO E) ..... 0001

3. (continued)

D. Did you complete this training or not?

Completed training

..... 1 66/

Did not complete training

..... 0

2nd PROGRAM

..... 1 69/

..... 0

E. How many hours per week (did/do) you usually spend ...

IF APPRENTICESHIP:

In all your apprenticeship activities?

IF CORRESPONDENCE COURSE:

working on these materials?

ALL OTHERS: in this training?

ENTER HOURS/WEEK:

|\_|\_|

67-68/

|\_|\_|

70-71/

4. (Besides the training we've already talked about) Since (DATE OF LAST INTERVIEW), have you received training from any (other) source, such as the kinds of places listed on this card? For example, training in a business college, nurses program, an apprenticeship program, a vocational-technical institute, or any of these other kinds of sources?

HAND
CARD
P

Yes .....1

72/

No (SKIP TO SECTION 10, PAGE 10-86) . ~~1~~ 0

5. Did you receive training from any of these sources for one month or more?

Yes .....1

73/

No (SKIP TO SECTION 10, PAGE 10-86) ...0

6. Now I would like to ask you some questions about each kind of training in which you were enrolled for at least a month since (DATE OF LAST INTERVIEW). Let's begin with the first program in which you were enrolled since (DATE OF LAST INTERVIEW).

BEGIN DECK 23

	1st PROGRAM	2nd PROGRAM	3rd PROGRAM
A. What job were you being trained for?	_____ 74-76/ _____	_____ 10-12/ _____	_____ 15-17/ _____
B. <u>HAND CARD P.</u> Which category on this card best describes where you received this training?	77-78/	13-14/	18-19/
1) Business college	..... 01	..... 01	..... 01
2) A nurses program	..... 02	..... 02	..... 02
3) An apprenticeship program	..... 03	..... 03	..... 03
4) A vocational or technical institute	..... 04	..... 04	..... 04
5) Barber or beauty school	..... 05	..... 05	..... 05
6) Flight school	..... 06	..... 06	..... 06
7) A correspondence course	..... 07	..... 07	..... 07
8) Company training	..... 08	..... 08	..... 08
9) Other (SPECIFY)	..... 09	..... 09	..... 09
	_____	_____	_____
	_____	_____	_____

6. (continued)

C. When did you start the training?

1st PROGRAM

20-23/

Month				Year

2nd PROGRAM

32-35/

Month				Year

3rd PROGRAM

44-47/

Month				Year

D. When did you finish or leave the training?

24-27/

Month				Year

36-39/

Month				Year

48-51/

Month				Year

OR

OR

OR

STILL ENROLLED

( GO TO F ) ..... 0001

STILL ENROLLED

( GO TO F ) ..... 0001

STILL ENROLLED

( GO TO F ) ..... 0001

E. Did you complete this training or not?

28/

Completed training

..... 1

40/

..... 1

52/

..... 1

Did not complete training?

..... 0

..... 0

..... 0

F. How many hours per week (did/do) you usually spend . . .

IF APPRENTICESHIP:

In all your apprenticeship activities?

IF CORRESPONDENCE

COURSE: working on these materials?

ALL OTHERS: In this training?

ENTER HOURS/WEEK:

--	--	--	--

29-30/

--	--	--	--

41-42/

--	--	--	--

53-54/

G. Since (DATE OF LAST INTERVIEW) have you received for at least one month any kind of training from another of these sources?

31/

Yes (GO BACK TO Q.6A, P. 9-84)..1

No ... (GO TO SECTION 10)....0

43/

Yes (GO BACK TO Q.6A, P. 9-84)...1

No ... (GO TO SECTION 10)....0

55/

Yes .. (GO TO A NEW QUEX Q.6A, P. 9-84).....1

No ... (GO TO SECTION 10) .... 0

## SECTION 10: FERTILITY

In order to make future plans for schools, housing, hospitals, and medical care, information is needed about the number of children people plan to have.

We know that some of these questions may not apply to you, but we need to ask the same questions of all our respondents in order to be complete.

First I would like to verify our records from last year.

VERIFICATION OF BIOLOGICAL CHILDREN - USING <b>CHILDREN'S RECORD FORM, PART A</b>
---

1. INTERVIEWER: ARE CHILDREN LISTED IN PART A: LIST OF BIOLOGICAL CHILDREN?

Yes .....	(ASK A) .....	1	10/
No .....	(GO TO B) .....	0	

- A. I'd like to read information about your (child/children) from our last interview to check our records. As of (DATE OF LAST INTERVIEW), our records show that you have (had/given birth to) . . . (READ EACH CHILD'S FULL NAME, SEX AND BIRTHDATE, AND IF APPLICABLE STATUS. REFER TO HOUSEHOLD ENUMERATION ON FACE SHEET FOR LAST NAME OR ASK R FOR CHILD'S LAST NAME AND MIDDLE INITIAL). Is that correct?  
RECORD FIRST AND LAST NAME AND MIDDLE INITIAL IN PART A WHEN NECESSARY.

IF INFORMATION IS CORRECT (GO TO Q.2, PAGE 10-87) .....	1	11/
IF INFORMATION IS INCORRECT MAKE CORRECTIONS IN <u>PART A</u> (THEN GO TO Q.2, PAGE 10-87) .....	2	

<u>INTERVIEWER NOTE:</u> IF CORRECTION IS THAT <u>NO</u> CHILDREN SHOULD BE LISTED AT <u>PART A</u> , CROSS OFF NAME, SEX, AND BIRTHDATE (THEN SKIP TO Q.3, P.10-89) ...	3
--	---

- B. Our records show that you had not (had/given birth to) any children of your own as of (DATE OF LAST INTERVIEW). Is that correct?

IF INFORMATION IS CORRECT (GO TO Q.3, PAGE 10-89) .....	1	12/
IF INFORMATION IS INCORRECT, ASK FOR (CHILD/CHILDREN)'S FULL NAME, SEX, AND BIRTHDATE AND RECORD BEGINNING AT LINE 01 ON <b>CHILDREN'S</b> <b>RECORD FORM, PART A</b> (THEN GO TO Q.2, PAGE 10-87) .....	2	

2. INTERVIEWER: ASK THIS QUESTION FOR EACH CHILD LISTED ON THE **CHILDREN'S RECORD FORM PART A**. BEGIN WITH FIRST CHILD AND RECORD ID #.

INTERVIEWER NOTE: IF STATUS PREPRINTED ON **CHILDREN'S RECORD FORM** IS "DECEASED," DO NOT ASK WHERE CHILD IS CURRENTLY LIVING (Q.2) AND DO NOT ASK WHEN CHILD DIED (Q.2a). IF "DECEASED" STATUS IS PREPRINTED, YOU SHOULD CODE "08--DECEASED" ONLY.

Where does (NAME OF 1ST CHILD/NAME OF 2ND CHILD, ETC.) usually live?

BIOLOGICAL  
FIRST CHILD

13-14/

ID:

NAME

15-16/

1) IN THIS HOUSEHOLD ..... 01

NOT IN THIS HOUSEHOLD

2) WITH (HIS/HER) (FATHER/MOTHER) ..... 02

3) WITH OTHER RELATIVE(S) ..... 03

(SPECIFY) ..... 03

4) WITH FOSTER CARE ..... 04

5) WITH ADOPTIVE PARENTS ..... 05

6) LONG TERM CARE ..... 06

INSTITUTION ..... 06

7) AWAY AT SCHOOL ..... 07

8) DECEASED ..... (ASK a) ..... 08

9) OTHER (SPECIFY) ..... 09

BIOLOGICAL  
SECOND CHILD

21-22/

ID:

NAME

23-24/

.....01

.....02

.....03

.....04

.....05

.....06

.....07

(ASK a) .08

.....09

BIOLOGICAL  
THIRD CHILD

29-30/

ID:

NAME

31-32/

.....01

.....02

.....03

.....04

.....05

.....06

.....07

(ASK a) .08

.....09

IF "DECEASED" IS PREPRINTED ON **CHILDREN'S RECORD FORM, PART A**, DO NOT READ. OTHERWISE,

a. IF DECEASED, ASK:  
When did (CHILD) die?

MONTH

YEAR

17-18/

19-20/

MONTH

YEAR

25-26/

27-28/

MONTH

YEAR

33-34/

35-36/

INTERVIEWER: IF MORE THAN 3 CHILDREN, CONTINUE AT Q.2A, PAGE 10-88. OTHERS GO TO Q.3, PAGE 10-89.



2A. Where does (NAME OF  
FOURTH CHILD, ETC.)  
usually live?

BIOLOGICAL  
FOURTH CHILD

BIOLOGICAL  
FIFTH CHILD

BIOLOGICAL  
SIXTH CHILD

37-38/

45-46/

53-54/

ID: ID: ID: 

NAME

NAME

NAME

39-40/

47-48/

55-56/

1) IN THIS HOUSEHOLD ..... 01

.....01

.....01

NOT IN THIS HOUSEHOLD

2) WITH (HIS/HER) (FATHER/MOTHER) ..... 02

.....02

.....02

3) WITH OTHER RELATIVE(S)  
(SPECIFY) ..... 03

.....03

.....03

4) WITH FOSTER CARE ..... 04

.....04

.....04

5) WITH ADOPTIVE PARENTS ..... 05

.....05

.....05

6) LONG TERM CARE  
INSTITUTION ..... 06

.....06

.....06

7) AWAY AT SCHOOL ..... 07

.....07

.....07

8) DECEASED ..... (ASK a) ..... 08

(ASK a) .08

(ASK a) .08

9) OTHER (SPECIFY) ..... 09

.....09

.....09

IF "DECEASED" IS PREPRINTED ON CHILDREN'S RECORD FORM, PART A, DO NOT READ.  
OTHERWISE,

a. IF DECEASED, ASK:  
When did (CHILD) die?

MONTH YEAR  
     
41-42/ 43-44/

MONTH YEAR  
     
49-50/ 51-52/

MONTH YEAR  
     
57-58/ 59-60/

INTERVIEWER: IF MORE THAN 6 CHILDREN, CONTINUE AT Q.2B, PAGE 10-89. OTHERS GO TO Q.3,  
PAGE 10-89.

2B. Where does (NAME OF SEVENTH CHILD, ETC.) usually live?

BIOLOGICAL SEVENTH CHILD  
ID:   61-62/

BIOLOGICAL EIGHTH CHILD  
ID:   69-70/

NAME

63-64/

NAME

71-72/

1) IN THIS HOUSEHOLD ..... 01

.....01

NOT IN THIS HOUSEHOLD

2) WITH (HIS/HER) (FATHER/MOTHER) ..... 02

.....02

3) WITH OTHER RELATIVE(S)  
(SPECIFY) ..... 03

.....03

4) WITH FOSTER CARE ..... 04

.....04

5) WITH ADOPTIVE PARENTS ..... 05

.....05

6) LONG TERM CARE  
INSTITUTION ..... 06

.....06

7) AWAY AT SCHOOL ..... 07

.....07

8) DECEASED ..... (ASK a) ..... 08

(ASK a) .08

9) OTHER (SPECIFY) ..... 09

.....09

IF "DECEASED" IS PREPRINTED ON **CHILDREN'S RECORD FORM, PART A**, DO NOT READ. OTHERWISE,

a. IF DECEASED, ASK:

When did (CHILD) die?

MONTH

YEAR

65-66/

67-68/

MONTH

YEAR

73-74/

75-76/

GO TO Q.3

VERIFICATION OF NON-BIOLOGICAL CHILDREN - USING **CHILDREN'S RECORD FORM, PART B**

3. INTERVIEWER: ARE CHILDREN LISTED IN PART B: LIST OF NON-BIOLOGICAL CHILDREN (ADOPTED OR STEPCHILDREN)?

YES ..... (ASK A) ..... 1 77/

NO ..... (GO TO Q.5, PAGE 10-92) ..... 0

A. Our records also show that you had (a) step or (an) adopted (child/children) living in your household as of (DATE OF LAST INTERVIEW) . . . (READ EACH CHILD'S FULL NAME AND SEX). Is that correct? RECORD FIRST AND LAST NAME AND MIDDLE INITIAL IN PART B, WHEN NECESSARY. THEN ASK FOR BIRTHDATE AND RECORD IN PART B.

Yes ..... 1 78/

No (CORRECT NAME OR SEX FOR EACH CHILD, THEN  
ASK BIRTHDATE(S) AND RECORD IN PART B) ..... 0

NOW GO TO Q.4, PAGE 10-90

INTERVIEWER NOTE: IF CORRECTION IS THAT NO CHILDREN SHOULD BE LISTED AT PART B, CROSS OFF NAME AND SEX,  
THEN SKIP TO Q.5, PAGE 10-92 ..... 2

CODING OF NON-BIOLOGICAL CHILDREN'S CURRENT LIVING LOCATION
---

4. INTERVIEWER:
- RECORD EACH CHILD'S ID # AND FIRST NAME FROM PART B OF **CHILDREN'S RECORD FORM**.
  - FOR EACH CHILD ALSO LISTED ON HOUSEHOLD ENUMERATION OF **FACE SHEET**, ALSO CODE "IN THIS HOUSEHOLD ... 01".
  - FOR EACH CHILD NOT LISTED ON HOUSEHOLD ENUMERATION OF **FACE SHEET**, ASK:

Where does (CHILD) usually live? (CODE BELOW)

NON-BIOLOGICAL FIRST CHILD		NON-BIOLOGICAL SECOND CHILD		NON-BIOLOGICAL THIRD CHILD	
10-11/		18-19/		26-27/	
ID: <input type="text"/>		ID: <input type="text"/>		ID: <input type="text"/>	
NAME <input type="text"/>		NAME <input type="text"/>		NAME <input type="text"/>	
12-13/		20-21/		28-29/	
1) IN THIS HOUSEHOLD ..... 01		..... 01		..... 01	
<u>NOT IN THIS HOUSEHOLD</u>					
2) WITH (HIS/HER) (FATHER/MOTHER) .. 02		..... 02		..... 02	
3) WITH OTHER RELATIVE(S) (SPECIFY) ..... 03		..... 03		..... 03	
4) WITH FOSTER CARE ..... 04		..... 04		..... 04	
5) WITH ADOPTIVE PARENTS ..... 05		..... 05		..... 05	
6) LONG TERM CARE INSTITUTION ..... 06		..... 06		..... 06	
7) AWAY AT SCHOOL ..... 07		..... 07		..... 07	
8) DECEASED ..... (ASK a) .... 08		.....(ASK a) 08		.....(ASK a) 08	
9) OTHER (SPECIFY) ..... 09		..... 09		..... 09	
a. <u>IF DECEASED, ASK:</u>					
When did (CHILD) die? <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14-15/	16-17/	22-23/	24-25/	30-31/	32-33/

<u>INTERVIEWER:</u> IF MORE THAN 3 CHILDREN, CONTINUE AT Q.4A ON NEXT PAGE. OTHERS SKIP TO Q.5, PAGE 10-92.
--

4A. Where does (CHILD) usually live? (CODE BELOW)

NON-BIOLOGICAL FOURTH CHILD		NON-BIOLOGICAL FIFTH CHILD		NON-BIOLOGICAL SIXTH CHILD	
34-35/		42-43/		50-51/	
ID: <input type="text"/> <input type="text"/> <input type="text"/>		ID: <input type="text"/> <input type="text"/> <input type="text"/>		ID: <input type="text"/> <input type="text"/> <input type="text"/>	
NAME		NAME		NAME	
36-37/		44-45/		52-53/	
1) IN THIS HOUSEHOLD ..... 01		..... 01		..... 01	
NOT IN THIS HOUSEHOLD					
2) WITH (HIS/HER) (FATHER/MOTHER) .. 02		..... 02		..... 02	
3) WITH OTHER RELATIVE(S)					
(SPECIFY) ..... 03		..... 03		..... 03	
4) WITH FOSTER CARE ..... 04		..... 04		..... 04	
5) WITH ADOPTIVE PARENTS ..... 05		..... 05		..... 05	
6) LONG TERM CARE					
INSTITUTION ..... 06		..... 06		..... 06	
7) AWAY AT SCHOOL ..... 07		..... 07		..... 07	
8) DECEASED ..... (ASK a) .... 08		(ASK a) ..... 08		(ASK a) ..... 08	
9) OTHER (SPECIFY) ..... 09		..... 09		..... 09	
a. IF DECEASED, ASK:					
When did (CHILD) die? MONTH YEAR		MONTH YEAR		MONTH YEAR	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
38-39/ 40-41/		46-47/ 48-49/		54-55/ 56-57/	

INTERVIEWER: WHEN DATA HAS BEEN COLLECTED FOR ALL CHILDREN IN PART B, GO TO Q.5, P.10-92.

5. INTERVIEWER: SEE HOUSEHOLD ENUMERATION OF **FACE SHEET**. ARE THERE ANY SONS, DAUGHTERS, STEP OR ADOPTED SONS OR DAUGHTERS LISTED THERE BUT ARE NOT LISTED ON **CHILDREN'S RECORD FORM, PART A AND B?**

YES ..... (GO TO Q.6) ..... 1

58/

NO ..... (SKIP TO Q.7) ..... 0

6. INTERVIEWER: FOR EACH CHILD NOT LISTED ON **CHILDREN'S RECORD FORM**, ASK:

Is (CHILD'S FULL NAME) your own biological child or is (he/she) an adopted or stepchild?

---> IF BIOLOGICAL:

INTERVIEWER: WAS CHILD BORN SINCE DATE OF LAST INTERVIEW? (YOU HAVE RECORDED NEW CHILD ON HOUSEHOLD ENUMERATION AND CHILD'S AGE IS LESS THAN YEAR(S) SINCE LAST INTERVIEW)

YES .... (ASK ABOUT NEXT CHILD  
OR SKIP TO Q.7)..... 1

59/

NO ..... (GO TO A) ..... 0

- A. INTERVIEWER:
- RECORD FULL NAME AND SEX ON FIRST AVAILABLE LINE IN PART A OF **CHILDREN'S RECORD FORM**.
  - THEN ASK: What is (his/her) birthdate?  
RECORD IN PART A FOR EACH CHILD.
  - RECORD ID # HERE FOR EACH BIOLOGICAL CHILD JUST COLLECTED.

NEXT BIOLOGICAL  
CHILD

|\_|\_|\_|  
ID #

60-61/

NEXT BIOLOGICAL  
CHILD

|\_|\_|\_|  
ID #

62-63/

NEXT BIOLOGICAL  
CHILD

|\_|\_|\_|  
ID #

64-65/

(ASK ABOUT NEXT CHILD OR GO TO Q.7)

---> IF ADOPTED OR STEPCHILD:

- B. INTERVIEWER:
- RECORD FULL NAME AND SEX ON FIRST AVAILABLE LINE IN PART B OF **CHILDREN'S RECORD FORM**.
  - THEN ASK: What is (his/her) birthdate?  
RECORD IN PART B FOR EACH CHILD.
  - RECORD ID # HERE FOR EACH NON-BIOLOGICAL CHILD JUST COLLECTED.

NEXT NON-BIOLOGICAL  
CHILD

|\_|\_|\_|  
ID #

66-67/

NEXT NON-BIOLOGICAL  
CHILD

|\_|\_|\_|  
ID #

68-69/

NEXT NON-BIOLOGICAL  
CHILD

|\_|\_|\_|  
ID #

70-71/

(ASK ABOUT NEXT CHILD OR GO TO Q.7)

7. INTERVIEWER: WHAT SEX IS THE RESPONDENT?

MALE (CONTINUE WITH Q.8) ..... 1

72/

FEMALE (SKIP TO Q.30, PAGE 10-101) ... 2

---

ASK MEN ONLY:

## 8. Please tell me if you have had any children since (DATE OF LAST INTERVIEW)?

Yes ..... (ASK A) ..... 1

73/

No ..... (ASK B) ..... 0

## A. How many children have you had since (DATE OF LAST INTERVIEW), not counting any babies who were dead at birth?

ENTER NUMBER OF CHILDREN:   
(GO TO Q.9, PAGE 10-94)

74-75/

B. INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

YES ... (SKIP TO Q.14, PAGE 10-95) ... 1

76/

NO .... (SKIP TO Q.16, PAGE 10-98) ... 0

	FIRST CHILD (SINCE LAST INTERVIEW)	SECOND CHILD (SINCE LAST INTERVIEW)	THIRD CHILD (SINCE LAST INTERVIEW)
9. <u>INTERVIEWER:</u> RECORD ID # CONSECUTIVE TO NUMBERS ON <b>CHILDREN'S</b> <b>RECORD FORM</b> <u>PART A.</u>	10-11/ ID: <input type="text"/>	19-20/ ID: <input type="text"/>	28-29/ ID: <input type="text"/>
10. What did you name the (first/next) baby?	(RECORD NAME IN <u>PART A</u> OF <b>CHILDREN'S</b> <b>RECORD FORM</b>	(RECORD NAME IN <u>PART A</u> OF <b>CHILDREN'S</b> <b>RECORD FORM</b>	(RECORD NAME IN <u>PART A</u> OF <b>CHILDREN'S</b> <b>RECORD FORM</b>
11. Was the baby a boy or a girl?	12/R (RECORD SEX IN <u>PART A</u> )	21/R (RECORD SEX IN <u>PART A</u> )	30/R (RECORD SEX IN <u>PART A</u> )
12. When was your (first, second, ETC.) child born?	(RECORD BIRTH- DATE IN <u>PART A</u> OF <b>CHILDREN'S</b> <b>RECORD FORM</b> , THEN ASK Q.13)	(RECORD BIRTH- DATE IN <u>PART A</u> OF <b>CHILDREN'S</b> <b>RECORD FORM</b> , THEN ASK Q.13)	(RECORD BIRTH- DATE IN <u>PART A</u> OF <b>CHILDREN'S</b> <b>RECORD FORM</b> , THEN ASK Q.13)
13. Where does (CHILD/NEXT CHILD) usually live? (CODE BELOW)	13-14/	22-23/	31-32/
1) IN THIS HOUSEHOLD ..... 01	.....01	.....01	.....01
NOT IN THIS HOUSEHOLD			
2) WITH (HIS/HER) MOTHER ..... 02	.....02	.....02	.....02
3) WITH OTHER RELATIVE(S) (SPECIFY) ..... 03	.....03	.....03	.....03
4) WITH FOSTER CARE ..... 04	.....04	.....04	.....04
5) WITH ADOPTIVE PARENTS ..... 05	.....05	.....05	.....05
6) LONG TERM CARE INSTITUTION ..... 06	.....06	.....06	.....06
7) AWAY AT SCHOOL ..... 07	.....07	.....07	.....07
8) DECEASED ..... (ASK A) ..... 08	(ASK A) .08	(ASK A) .08	(ASK A) .08
9) OTHER (SPECIFY) ..... 09	.....09	.....09	.....09
A. IF DECEASED, ASK: When did (CHILD) die? MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 15-16/ 17-18/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 24-25/ 26-27/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 33-34/ 35-36/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 33-34/ 35-36/

REPEAT QS.10-13 FOR EACH LIVE BIRTH SINCE DATE OF  
LAST INTERVIEW, THEN GO TO Q.14, P.10-95.

14. INTERVIEWER: DO ANY OF R'S OWN CHILDREN NOT LIVE IN THE HOUSEHOLD? (DO NOT COUNT DECEASED OR ADOPTED-OUT CHILDREN) (ARE THERE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM PART A**, WHO ARE NOT LISTED ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**)?

YES ..... (ASK A-F) ..... 1

37/

NO ..... (GO TO Q.15, PAGE 10-96) ..... 0

- A. INTERVIEWER: ENTER NAME AND ID # OF OLDEST CHILD, NEXT OLDEST CHILD, ETC. NOT LIVING IN HOUSEHOLD HERE: (USE ANOTHER QUESTIONNAIRE IF MORE THAN 3 CHILDREN NOT IN HOUSEHOLD).

FIRST  
CHILD NOT IN HH

ID:   38-39/

NAME

SECOND  
CHILD

ID:   46-47/

NAME

THIRD  
CHILD

ID:   54-55/

NAME

- B. INTERVIEWER: ASK C-F FOR EACH CHILD NOT IN THIS HOUSEHOLD. START WITH OLDEST CHILD.

- C. INTERVIEWER: READ INTRODUCTORY STATEMENT FOR OLDEST CHILD ONLY:

Now I would like to ask you some questions about your (child/children) who (is/are) not living in this household.

About how far from you does (CHILD'S NAME) live? Is it ...

40/  
within 1 mile ..... 1  
1-10 miles ..... 2  
11-100 miles ..... 3  
more than 100 miles.. 4

48/  
..... 1  
..... 2  
..... 3  
..... 4

56/  
..... 1  
..... 2  
..... 3  
..... 4

- D. In the past 12 months [or since (CHILD) has not been living with you, whichever is most recent] about how often have you seen (CHILD)?

41-42/  
almost every day .... 01  
2-5 times a week .... 02  
about once a week ... 03  
1-3 times a month ... 04  
7-11 times in the past 12 months..... 05  
2-6 times in the past 12 months..... 06  
once in the past 12 months ..... 07  
never ..(SKIP TO F).. 00

49-50/  
..... 01  
..... 02  
..... 03  
..... 04  
..... 05  
..... 06  
..... 07  
.....(SKIP TO F)..... 00

57-58/  
..... 01  
..... 02  
..... 03  
..... 04  
..... 05  
..... 06  
..... 07  
.....(SKIP TO F)..... 00

- E. How long do these visits usually last? RECORD IN DAYS.

43-44/  
less than 1 day..... 00  
   
# DAYS

51-52/  
less than 1 day..... 00  
   
# DAYS

59-60/  
less than 1 day ... 00  
   
# DAYS

- F. INTERVIEWER: IS THERE A (2ND/ 3RD/ETC.) CHILD?

YES ...(RE-ASK C-F FOR NEXT OLDEST CHILD) ..... 1  
NO ...(GO TO Q.15, PAGE 10-96).... 0

53/  
..... 1  
.....(GO TO Q.15, PAGE 10-96)..... 0

61/  
(GO TO NEW QUEX, Q.14C, PAGE 10-95). 1  
.....(GO TO Q.15, PAGE 10-96).... 0

HAND  
CARD  
Q

HAND  
CARD  
R



15. INTERVIEWER: DO ANY OF R'S OWN CHILDREN LIVE IN THIS HOUSEHOLD (ARE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM PART A**, AND ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**)?

YES ..... (GO TO A) ..... 1

62/

NO ..... (GO TO Q.16, PAGE 10-98) ..... 0

A. INTERVIEWER: ENTER NAME AND ID # OF OLDEST CHILD, NEXT OLDEST CHILD, ETC. LIVING IN THIS HOUSEHOLD HERE.

FIRST  
CHILD IN HH  
ID:   63-64/  
NAME

SECOND  
CHILD  
ID:   73-74/  
NAME

THIRD  
CHILD  
ID:   13-14/  
NAME

B. INTERVIEWER: ASK Q.15C FOR EACH CHILD LIVING IN THIS HOUSEHOLD. START WITH OLDEST CHILD.

C. Does (OLDEST CHILD/NEXT OLDEST CHILD)'s natural mother live in this household? 65/ 75/ 15/

Yes ..(SKIP TO H).... 1 Yes ..(SKIP TO H).... 1 Yes ..(SKIP TO H).... 1  
No .....(ASK D)..... 0 No .....(ASK D)..... 0 No .....(ASK D)..... 0

D. Is (CHILD)'s mother living? 66/ 76/ 16/

Yes ....(ASK E)..... 1 Yes ....(ASK E)..... 1 Yes ....(ASK E)..... 1  
No ... (SKIP TO H).... 0 No ... (SKIP TO H).... 0 No ... (SKIP TO H).... 0

E. About how far from you does (CHILD'S) mother live? 67/ 77/ 17/

within 1 mile ..... 1 ..... 1 ..... 1  
1-10 miles ..... 2 ..... 2 ..... 2  
11-100 miles ..... 3 ..... 3 ..... 3  
more than 100 miles.. 4 ..... 4 ..... 4

HAND  
CARD  
Q

F. In the past 12 months [or since (CHILD) has been separated from (his/her) mother whichever is most recent] about how often has (CHILD) seen (his/her) mother? 68-69/ 78-79/ 18-19/

almost every day .... 01 ..... 01 ..... 01  
2-5 times a week .... 02 ..... 02 ..... 02  
about once a week ... 03 ..... 03 ..... 03  
1-3 times a month ... 04 ..... 04 ..... 04  
7-11 times in the  
past 12 months..... 05 ..... 05 ..... 05  
2-6 times in the  
past 12 months..... 06 ..... 06 ..... 06  
once in the past  
12 months ..... 07 ..... 07 ..... 07  
never (SKIP TO H).... 00 ..... (SKIP TO H).... 00 ..... (SKIP TO H).... 00

HAND  
CARD  
R

G. How long do these visits usually last? RECORD IN DAYS. 70-71/ BEGIN DECK 27 10-11/ 20-21/

less than 1 day ..... 00 less than 1 day .... 00 less than 1 day ... 00

# DAYS

# DAYS

# DAYS

H. INTERVIEWER: IS THERE A (2ND/ 3RD/ETC.) CHILD LISTED? 72/ 12/ 22/

YES ..(RE-ASK C FOR NEXT OLDEST CHILD) .... 1 .....(RE-ASK C)..... 1 .....(RE-ASK C)..... 1  
NO ... (GO TO Q.16, PAGE 10-98).... 0 NO ... (GO TO Q.16, PAGE 10-98)... 0 NO ... (GO TO Q.16, PAGE 10-98).. 0

15. (continued)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD
ID: <u>   </u> <u>   </u> 23-24/	ID: <u>   </u> <u>   </u> 33-34/	ID: <u>   </u> <u>   </u> 43-44/	ID: <u>   </u> <u>   </u> 53-54/	ID: <u>   </u> <u>   </u> 63-64/
<u>          </u> NAME	<u>          </u> NAME	<u>          </u> NAME	<u>          </u> NAME	<u>          </u> NAME
25/ Yes ..(SKIP TO H)... 1 No .....(ASK D)..... 0	35/ Yes ... (SKIP TO H)... 1 No .....(ASK D)..... 0	45/ Yes ... (SKIP TO H)... 1 No .....(ASK D)..... 0	55/ Yes ... (SKIP TO H)... 1 No .....(ASK D)..... 0	65/ Yes ... (SKIP TO H)... 1 No .....(ASK D)..... 0
26/ Yes ... (ASK E) .... 1 No ..(SKIP TO H) ... 0	36/ Yes ... (ASK E) ..... 1 No .. (SKIP TO H) ... 0	46/ Yes ... (ASK E) ..... 1 No .. (SKIP TO H) ... 0	56/ Yes ... (ASK E) ..... 1 No .. (SKIP TO H) ... 0	66/ Yes ... (ASK E) ..... 1 No .. (SKIP TO H) ... 0
27/ within 1 mile ..... 1 1-10 miles ..... 2 11-100 miles ..... 3 more than 100 miles. 4	37/ ..... 1 ..... 2 ..... 3 ..... 4	47/ ..... 1 ..... 2 ..... 3 ..... 4	57/ ..... 1 ..... 2 ..... 3 ..... 4	67/ ..... 1 ..... 2 ..... 3 ..... 4
28-29/ almost every day ...01 2-5 times a week ...02 about once a week ..03 1-3 times a month ..04 7-11 times in the past 12 months ...05 2-6 times in the past 12 months....06 once in the past 12 months .....07 never (SKIP TO H)...00	38-39/ .....01 .....02 .....03 .....04 .....05 .....06 .....07 .....(SKIP TO H)....00	48-49/ .....01 .....02 .....03 .....04 .....05 .....06 .....07 .....(SKIP TO H)....00	58-59/ .....01 .....02 .....03 .....04 .....05 .....06 .....07 .....(SKIP TO H)....00	68-69/ .....01 .....02 .....03 .....04 .....05 .....06 .....07 .....(SKIP TO H)....00
30-31/ less than 1 day ....00	40-41/ less than 1 day ....00	50-51/ less than 1 day ....00	60-61/ less than 1 day ....00	70-71/ less than 1 day ....00
<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS
YES (RE-ASK Q.15C 32/ FOR NEXT OLD- EST CHILD ..... 1	42/ .....(RE-ASK C)..... 1	52/ .....(RE-ASK C)..... 1	62/ .....(RE-ASK C)..... 1	72/ (GO TO NEW QUEX, Q.15C, P. 10-96). 1
NO ..(GO TO Q.16, PAGE 10-98).... 0	NO ..(GO TO Q.16, PAGE 10-98).... 0	NO ..(GO TO Q.16, PAGE 10-98).... 0	NO ..(GO TO Q.16, PAGE 10-98).... 0	NO ..(GO TO Q.16, PAGE 10-98).... 0

16. Altogether, how many (more) children do you expect to have?

(INCLUDE ANY CURRENT PREGNANCIES)

ENTER NUMBER OF CHILDREN:             

73-74/

OR

, NONE ... (SKIP TO Q.18) ..... 00

---

17. In how many months or years do you expect to have your (first/next) child?

ENTER NUMBER OF MONTHS:             

75-76/

OR

NUMBER OF YEARS:             

77-78/

---

18. INTERVIEWER: HAS RESPONDENT HAD ANY CHILDREN SINCE DATE OF LAST INTERVIEW (IS Q.8, PAGE 10-93 CODED "YES") OR IS R EXPECTING A CHILD (IS NUMBER OF MONTHS IN Q.17 LESS THAN "09")?

YES ..... (ASK A) ..... 1

79/

NO ..... (GO TO Q.19) ..... 0

A. When your (partner/spouse) became pregnant with (MOST RECENT CHILD) were you and she trying to have a baby or trying not to have a baby? (CODE MALE'S INTENTION IF THERE WAS DISAGREEMENT BETWEEN MALE AND PARTNER.)

Trying to have a baby ..... 1

80/

Trying not to have a baby ..... 2

Neither ..... 3

BEGIN DECK 28

---

19. INTERVIEWER: SEE **INFORMATION SHEET** ITEM NUMBER 13. FOLLOW SKIP INSTRUCTIONS RECORDED THERE.

---

20. INTERVIEWER: HAS RESPONDENT EVER HAD ANY CHILDREN (**CHILDREN'S RECORD FORM, PART A** AND Q.8, PAGE 10-93) OR IS R EXPECTING A CHILD? (NUMBER OF MONTHS IN Q.17 LESS THAN "09"?)

YES ..... (SKIP TO Q.22) ..... 1

10/

NO ..... (GO TO Q.21)..... 0

---

21. Have you ever had sexual intercourse?

Yes ..... (GO TO Q.22) ..... 1

11/

No ... (SKIP TO Q.28, PAGE 10-100) .. 0

---

22. How old were you when you first had sexual intercourse?

ENTER AGE             

12-13/

Now we have a few questions about family planning.

23. How many times did you have sexual intercourse in the past month?

ENTER NUMBER:

14-15/

Never (SKIP TO Q.28, PAGE 10-100) ... 00

24. INTERVIEWER: IS PARTNER CURRENTLY PREGNANT? (IS Q.17, PAGE 10-98 CODED LESS THAN 09 MONTHS?)

YES .. (SKIP TO Q.28, PAGE 10-100) .. 1

16/

NO ..... (ASK Q.25) ..... 0

25. During the last month, have you or your partner used any form of birth control?  
By birth control we mean methods such as those listed on this card.

HAND  
CARD  
S

Yes ..... (ASK Q.26) ..... 1

17/

No ... (SKIP TO Q.28, PAGE 10-100) .. 0

R's partner is currently pregnant  
(SKIP TO Q.28, PAGE 10-100) ..... 2

26. In the past month, how often have you or your partner used birth control. Would you say it was always, sometimes, or almost never?

always ..... 1

18/

sometimes ..... 2

almost never ..... 3

27. Please look at this card. What methods have you or your partner used in the last month? Just tell me the number. CODE ALL THAT APPLY

HAND  
CARD  
S

- |   |    |        |
|---|----|--------|
| 1. Pill .....   | 01 | 19-20/ |
| 2. Condom, rubber .....   | 02 | 21-22/ |
| 3. Foam .....   | 03 | 23-24/ |
| 4. Jelly or cream alone .....   | 04 | 25-26/ |
| 5. Suppository or insert .....  | 05 | 27-28/ |
| 6. Diaphragm with or without jelly or cream..   | 06 | 29-30/ |
| 7. Douching after intercourse .....   | 07 | 31-32/ |
| 8. IUD, coil, loop .....  | 08 | 33-34/ |
| 9. Operation--Female sterilization,<br>tubes tied .....                                 | 09 | 35-36/ |
| 10. Operation--Male sterilization, vasectomy..  | 10 | 37-38/ |
| 11. Natural family planning, safe period by<br>temperature of cervical mucus test ..... | 11 | 39-40/ |
| 12. Rhythm or safe period by calendar.....  | 12 | 41-42/ |
| 13. Withdrawal/pulling out .....  | 13 | 43-44/ |
| 14. Contraceptive sponge .....  | 14 | 45-46/ |
| 15. Other method (SPECIFY) .....  | 15 | 47-48/ |

28. INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

YES ..... 1  
NO ..... 0

49/

29. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN, WHEN YOU ASKED THE QUESTIONS IN SECTION 10?

YES ..... 1  
NO ..... 0  
TELEPHONE INTERVIEW..... 2

50/

<b>SKIP TO SECTION 11, PAGE 11-134</b>
--

## ASK FEMALES ONLY:

30. INTERVIEWER: SEE **CHILDREN'S RECORD FORM, PART A.** DOES R HAVE CHILDREN FOR WHOM IMMUNIZATION ("SHOTS") INFORMATION IS NEEDED? (NOTE: IF STATUS IS "DECEASED" OR "ADOPTED-OUT", CODE "0")

YES--"NEED" .....(ASK A-C)..... 1

51/

NO--"OKAY" (GO TO Q.31, P.10-102).... 0

R HAS NO CHILDREN ... (GO TO Q.31,  
PAGE 10-102).... 2

- A. Children are given a series of DPT shots (that is diphtheria, pertussis, tetanus) and oral polio vaccine during their first year of life. We would like to ask some questions about DPT shots for (CHILDREN LISTED ON **CHILDREN'S RECORD FORM, PART A** FOR WHOM SHOT INFORMATION IS NEEDED).

INTERVIEWER: ENTER ID # AND NAME FOR EACH CHILD IN PART A, WITH "NEED" LISTED UNDER "SHOTS." THEN ASK B AND C FOR EACH CHILD.

BEGIN DECK 29

B. Has (1ST CHILD, 2ND CHILD, ETC.) had . . .	1st CHILD 52-53/ ID # <input type="text"/> AND NAME <input type="text"/>	2nd CHILD 59-60/ <input type="text"/>	3rd CHILD 66-67/ <input type="text"/>	4th CHILD 73-74/ <input type="text"/>	5th CHILD 10-11/ <input type="text"/>	6th CHILD 17-18/ <input type="text"/>
the first set of immunizations usually given when 2 months old?						
54/ Yes ..... 1 No ..... 0	61/ .... 1 .... 0	68/ .... 1 .... 0	75/ .... 1 .... 0	12/ .... 1 .... 0	19/ .... 1 .... 0	
the second set of immunizations usually given when 4 months old?						
55/ Yes ..... 1 No ..... 0	62/ .... 1 .... 0	69/ .... 1 .... 0	76/ .... 1 .... 0	13/ .... 1 .... 0	20/ .... 1 .... 0	
the third set of immunizations usually given when 6 months old?						
56/ Yes ..... 1 No ..... 0	63/ .... 1 .... 0	70/ .... 1 .... 0	77/ .... 1 .... 0	14/ .... 1 .... 0	21/ .... 1 .... 0	
C. <u>INTERVIEWER:</u> READ INTRODUCTORY STATEMENT ONLY FOR OLDEST CHILD.						
(Babies often get a measles shot when they are older, usually after their 1st birthday).						
Has (OLDEST CHILD, NEXT OLDEST, ETC.) had a measles shot?						
57/ Yes ..... 1 No ..... 0	64/ .... 1 .... 0	71/ .... 1 .... 0	78/ .... 1 .... 0	15/ .... 1 .... 0	22/ .... 1 .... 0	
D. <u>INTERVIEWER:</u> IS THERE ANOTHER CHILD FOR WHOM IMMUNIZATION INFORMATION IS MISSING?						
58/ YES ... (ASK B & C) .... 1 NO .... (GO TO Q.31, PAGE 10-102) .... 0	65/ .... 1 .... 0	72/ .... 1 .... 0	79/ .... 1 .... 0	16/ .... 1 .... 0	23/ (NEW QUEX Q.30, P.10-101) ..1 (Q.31, P.10-102) ..0	

31. INTERVIEWER: WAS RESPONDENT PREGNANT AT DATE OF LAST INTERVIEW?  
SEE **INFORMATION SHEET** ITEM 11.

YES (RECORD DATE OF LAST INTERVIEW ON  
**CALENDAR** IN ROW D, SKIP TO Q.33A) ... 1 24/  
NO ..... (ASK A) ..... 0  
MISSING ..... (ASK A) ..... 2

A. Have you been pregnant since (DATE OF LAST INTERVIEW)?

-----> INTERVIEWER NOTE: INCLUDE CURRENT PREGNANCY.

Yes ..... (ASK B) ..... 1 25/  
No ..... (SKIP TO Q.44, PAGE 10-107) ..... 0

B. How many times?

ENTER NUMBER:

26/

32. When did (that/the first) pregnancy begin? What month and year?

ENTER MONTH:   27-28/

AND YEAR:   29-30/

RECORD DATE IN ROW D ON **CALENDAR**.

33. Did that pregnancy result in a live birth; in a miscarriage, stillbirth, or abortion; or are you still pregnant? CODE IN A BELOW.

-----> INTERVIEWER NOTE: IF R WAS PREGNANT AT DATE OF LAST INTERVIEW, ASK:

A. According to our records, you were pregnant at the date of our last interview. Did that pregnancy result in a live birth; in a miscarriage, stillbirth, or abortion; or are you still pregnant? CODE BELOW.

Live birth ..... (Ask B-G) ..... 1 31/  
Miscarriage .. (GO TO Q.34, PAGE 10-103).. 2  
Stillbirth ... (GO TO Q.34, PAGE 10-103).. 3  
Abortion ..... (GO TO Q.34, PAGE 10-103).. 4  
Still pregnant (SKIP TO Q.44A, P.10-107).. 5  
Not pregnant last interview ...  
(CHANGE Q.31 TO "NO" AND ASK Q.31A)..... 6

B. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD FORM, PART A.**

ID NUMBER:

32-33/

C. What did you name the baby?

RECORD FULL NAME IN PART A OF **CHILDREN'S RECORD FORM**.

D. Was the baby a boy or a girl? RECORD SEX IN PART A.

E. When was the baby born?

ENTER BIRTHDATE IN PART A. RECORD DATE IN ROW D ON **CALENDAR**. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY. THEN ASK Q.33F.

33. (continued)

F. Where does (CHILD) usually live?

- 1) IN THIS HOUSEHOLD ..... 01 34-35/  
 NOT IN THIS HOUSEHOLD  
 2) WITH (HIS/HER) FATHER ..... 02  
 3) WITH OTHER RELATIVE(S)  
     (SPECIFY) ..... 03  
 4) WITH FOSTER CARE ..... 04  
 5) WITH ADOPTIVE PARENTS ..... 05  
 6) LONG TERM CARE  
     INSTITUTION ..... 06  
 7) AWAY AT SCHOOL ..... 07  
 8) DECEASED ..... (ASK a) ..... 08  
 9) OTHER (SPECIFY) .....  
     ..... 09

a. IF DECEASED, ASK: When did (CHILD) die?

\_\_\_\_\_ 36-39/  
                     MO           YR

G. Were you pregnant another time after that pregnancy?

Yes .... (SKIP TO Q.36, PAGE 10-104) ..... 1 40/  
 No ..... (SKIP TO Q.44, PAGE 10-107) ..... 0

34. When did that pregnancy end?

\_\_\_\_\_ 41-46/  
                     MO           DA           YR

RECORD DATE IN ROW D ON **CALENDAR**. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY.

35. How many months pregnant were you when that happened?

ENTER NUMBER OF MONTHS: \_\_\_\_\_ 47-48/

A. Were you pregnant another time after that pregnancy?

Yes ..... (GO TO Q.36, PAGE 10-104) ..... 1 49/  
 No ..... (SKIP TO Q.44, PAGE 10-107) ..... 0

<p><u>INTERVIEWER:</u> IF R HAD MORE THAN ONE PRFGNANCY SINCE DATE OF LAST INTERVIEW, GO TO Q.36, PAGE 10-104. OTHERS SKIP TO Q.44, PAGE 10-107.</p>
--



36. When did the second pregnancy begin? What month and year?

ENTER MONTH:

50-51/

AND YEAR:

52-53/

RECORD DATE IN ROW D ON **CALENDAR**.

37. Did that pregnancy result in a live birth; in a miscarriage, stillbirth, or abortion; or are you still pregnant?

Live birth .....	(ASK A-F) .....	1	54/
Miscarriage ..	(GO TO Q.38, P.10-105) ....	2	
Stillbirth ...	(GO TO Q.38, P.10-105) ....	3	
Abortion .....	(GO TO Q.38, P.10-105) ....	4	
Still pregnant	(SKIP TO Q.44A, P.10-107) ..	5	

A. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD FORM, PART A**.

ID NUMBER:

55-56/

B. What did you name the baby?

RECORD FULL NAME IN PART A OF **CHILDREN'S RECORD FORM**.

C. Was the baby a boy or a girl? RECORD SEX IN PART A.

D. When was the baby born?

ENTER BIRTHDATE IN PART A. RECORD DATE IN ROW D ON **CALENDAR**. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY. THEN ASK Q.37E BELOW.

E. Where does (CHILD) usually live?

1) IN THIS HOUSEHOLD .....	01	57-58/
<u>NOT IN THIS HOUSEHOLD</u>		
2) WITH (HIS/HER) FATHER .....	02	
3) WITH OTHER RELATIVE(S)		
(SPECIFY) .....	03	
4) WITH FOSTER CARE .....	04	
5) WITH ADOPTIVE PARENTS .....	05	
6) LONG TERM CARE		
INSTITUTION .....	06	
7) AWAY AT SCHOOL .....	07	
8) DECEASED .....	(ASK a) 08	
9) OTHER (SPECIFY) .....		
.....	09	

a. IF DECEASED, ASK: When did (CHILD) die?

MO YR

59-62/

F. Were you pregnant another time after that pregnancy?

Yes ....	(SKIP TO Q.40, PAGE 10-105) .....	1	63/
No .....	(SKIP TO Q.44, PAGE 10-107) .....	0	

38. When did that pregnancy end?

MO		DA		YR	

64-69/

RECORD DATE IN ROW D ON **CALENDAR**. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY.

39. How many months pregnant were you when that happened?

ENTER NUMBER OF MONTHS: 

--	--	--

70-71/

A. Were you pregnant another time after that pregnancy?

Yes ..... (GO TO Q.40) ..... 1

72/

No ..... (SKIP TO Q.44, PAGE 10-107) ..... 0

<u>INTERVIEWER:</u>	IF R HAD MORE THAN TWO PREGNANCIES SINCE DATE OF INTERVIEW, GO TO Q.40. OTHERS SKIP TO Q.44, P.10-107.
---------------------	--

40. When did the third pregnancy begin? What month and year?

ENTER MONTH: 

--	--	--

73-74/

AND YEAR: 

--	--	--

75-76/

RECORD DATE IN ROW D ON **CALENDAR**.

41. Did that pregnancy result in a live birth; in a miscarriage, stillbirth, or abortion; or are you still pregnant?

Live birth ..... (ASK A-F) ..... 1

77/

Miscarriage .. (GO TO Q.42, P.10-106) .... 2

Stillbirth ... (GO TO Q.42, P.10-106) .... 3

Abortion ..... (GO TO Q.42, P.10-106) .... 4

Still pregnant (SKIP TO Q.44A, P.10-107).. 5

A. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD FORM, PART A.**

ID NUMBER: 

--	--	--

78-79/

B. What did you name the baby?

RECORD FULL NAME IN PART A, OF **CHILDREN'S RECORD FORM**.

C. Was the baby a boy or a girl? RECORD SEX IN PART A.

D. When was the baby born?

ENTER BIRTHDATE IN PART A. RECORD IN ROW D ON **CALENDAR**. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY. THEN ASK Q.41E ON NEXT PAGE.

41. (continued)

E. Where does (CHILD) usually live?

1) IN THIS HOUSEHOLD ..... 01

10-11/

NOT IN THIS HOUSEHOLD

2) WITH (HIS/HER) FATHER ..... 02

3) WITH OTHER RELATIVE(S)

(SPECIFY) ..... 03

4) WITH FOSTER CARE ..... 04

5) WITH ADOPTIVE PARENTS ..... 05

6) LONG TERM CARE

INSTITUTION ..... 06

7) AWAY AT SCHOOL ..... 07

8) DECEASED ..... (ASK a) ..... 08

9) OTHER (SPECIFY) .....

09

a. IF DECEASED, ASK: When did (CHILD) die?

MO		YR	

12-15/

F. Were you pregnant another time after that pregnancy?

Yes (GO TO NEW QUEX, Q.32, PAGE 10-102) .. 1

16/

No ..... (SKIP TO Q.44, PAGE 10-107) ..... 0

42. When did that pregnancy end?

MO		DA		YR	

17-22/

RECORD IN ROW D ON **CALENDAR**. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY.

43. How many months pregnant were you when that happened?

ENTER NUMBER OF MONTHS: 

--	--	--

23-24/

A. Were you pregnant another time after that pregnancy?

Yes (GO TO NEW QUEX, Q.32, PAGE 10-102) .. 1

25/

No ..... (ASK Q.44, PAGE 10-107) ..... 0

Yes .....	(ASK A) .....	1	26/
No .....	(GO TO Q.45) .....	0	
Don't know ....	(GO TO Q.45) .....	8	

ENTER DATE HERE: 

MO	DA	YR	

 27-32/

CHECK BOX HERE:

33/

YES (GO TO Q.46, PAGE 10-108)... 1 36/  
NO (SKIP TO Q.54, PAGE 10-111).. 0

## PREGNANCY INTERVALS SINCE DATE OF LAST INTERVIEW

46. INTERVIEWER: DETERMINE PREGNANCY INTERVALS BETWEEN PREGNANCIES AND FROM DATE OF LAST INTERVIEW TO A PREGNANCY SINCE LAST INTERVIEW.

SEE ROW D OF THE **CALENDAR** FOR BEGINNING AND ENDING DATES OF PREGNANCIES.

DRAW LINES IN ROW E BETWEEN PREGNANCIES AND FROM DATE OF LAST INTERVIEW TO BEGINNING OF PREGNANCY SINCE DATE OF LAST INTERVIEW. ASK QUESTIONS 47-52 FOR THESE PREGNANCY INTERVALS.

---

47. Now I would like to ask you some questions about your (pregnancy/pregnancies) since the last time we talked with you.

HAND CARD S
-------------------

Between (DATE) and (DATE), did you ever use any methods such as the ones listed on this card to keep from getting pregnant?

---

48. Had you stopped all methods before you became pregnant?
- 

49. Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?
- 

50. Just before you became pregnant the (first, second, third, ETC.) time, did you want to become pregnant when you did? IF "NO," PROBE: Did you want a(nother) baby but not at that time, or did you want (none/no more) at all?
- 

51. And what about your husband or partner when you became pregnant the (first second, third, ETC.) time, did he want you to become pregnant when you did? IF "NO," PROBE: Did he want you to have (a/another) baby but not at that time, or did he want you to have (none/no more) at all?
- 

52. INTERVIEWER: IS THERE ANOTHER PREGNANCY INTERVAL?

## INTERVIEWER NOTE:

-----&gt; USE CALENDAR TO DETERMINE PREGNANCY INTERVAL DATES.

1ST INTERVAL	2ND INTERVAL	3RD INTERVAL	4TH INTERVAL
37/ Yes ... 1 (Q.48) No ... 0 (Q.49)	43/ ... 1 (Q.48) ... 0 (Q.49)	49/ ... 1 (Q.48) ... 0 (Q.49)	55/ ... 1 (Q.48) ... 0 (Q.49)
38/ Yes ... 1 (Q.49) No ... 0 (Q.50)	44/ ... 1 (Q.49) ... 0 (Q.50)	50/ ... 1 (Q.49) ... 0 (Q.50)	56/ ... 1 (Q.49) ... 0 (Q.50)
39/ Yes ... 1 (Q.51) No ... 0 (Q.50)	45/ ... 1 (Q.51) ... 0 (Q.50)	51/ ... 1 (Q.51) ... 0 (Q.50)	57/ ... 1 (Q.51) ... 0 (Q.50)
40/ Yes..... 1 Didn't matter... 2 No--not at that time..... 3 (Q.51) No--(none/no more) at all.. 4	46/ ... 1 ... 2 ... 3 (Q.51) ... 4	52/ ... 1 ... 2 ... 3 (Q.51) ... 4	58/ ... 1 ... 2 ... 3 (Q.51) ... 4
41/ Yes ..... 1 Didn't matter... 2 No--not at that time .... 3 (Q.52) No--(none/no more) at all.. 4 Don't know..... 8	47/ ... 1 ... 2 ... 3 (Q.52) ... 4 ... 8	53/ ... 1 ... 2 ... 3 (Q.52) ... 4 ... 8	59/ ... 1 ... 2 ... 3 (Q.52) ... 4 ... 8
42/ Yes ..... 1 (REPEAT QS.47-52) No ..... 0 (Q.53, P.10-110)	48/ ... 1 (REPEAT QS.47-52) ... 0 (Q.53, P.10-110)	54/ ... 1 (REPEAT QS.47-52) ... 0 (Q.53, P.10-110)	60/ ... 1 (GO TO NEW QUEX, Q.46, P.10-108) ... 0 (Q.53, P.10-110)

53. INTERVIEWER: HAS R HAD ANY PREGNANCIES SINCE DATE OF LAST INTERVIEW?  
(SEE QS.31 AND 31A, PAGE 10-102)

YES ..... (SKIP TO C) ..... 1 61/  
NO ..... (ASK A) ..... 0

- A. INTERVIEWER: HAS R EVER HAD ANY LIVE BIRTHS? (SEE **CHILDREN'S RECORD FORM, PART A**)

YES ..... (ASK B) ..... 1 62/  
NO (SKIP TO Q.99, PAGE 10-130).. 0

- B. INTERVIEWER: DO WE NEED TO ASK FEEDING QUESTIONS FOR ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM, PART A**?

YES (SKIP TO Q.85, P.10-123).... 1 63/  
NO (SKIP TO Q.97, PAGE 10-127).. 0

- C. INTERVIEWER: IS R CURRENTLY PREGNANT? (Q.44, PAGE 10-107, IS CODED "1"-- YES OR Q.44A IS CODED).

YES ..... (ANSWER D) ..... 1 64/  
NO (GO TO Q.54, PAGE 10-111).... 0

- D. INTERVIEWER: HAS R HAD OTHER PREGNANCIES SINCE DATE OF LAST INTERVIEW BESIDES THIS CURRENT PREGNANCY? (SEE QS.31 AND 31A, PAGE 10-102)

YES (GO TO Q.54, PAGE 10-111)... 1 65/  
NO ..... (ANSWER E) ..... 0

- E. INTERVIEWER: SEE **CHILDREN'S RECORD FORM, PART A**. ARE QS.87, 89 OR 91 LISTED UNDER "FEEDING QUESTIONS"?

YES (SKIP TO Q.85A, P.10-123)... 1 66/  
NO (SKIP TO Q.96, PAGE 10-127).. 0

54. Now I'd like to ask you some questions about your (pregnancy/pregnancies) since (DATE OF LAST INTERVIEW).

--->INTERVIEWER NOTE: FILL IN DATES OF PREGNANCIES SINCE DATE OF LAST INTERVIEW (Qs.32, PAGE 10-102; 36, PAGE 10-104; 40, PAGE 10-105) DO NOT INCLUDE CURRENT PREGNANCY. IF MORE THAN 2 PREGNANCIES, USE ANOTHER QUESTIONNAIRE.

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

DATE BEGAN:

MO YR

67-70/

(NAME)

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

BEGIN DECK 31

DATE BEGAN:

MO YR

10-13/

(NAME)

55. (First/Next), during your pregnancy (with CHILD/that began DATE), did you make any visits to a doctor or nurse for prenatal care, that is to be examined or talk about your pregnancy?

A. IF YES, ASK: When did you first visit a doctor or nurse for prenatal care, during which month of your pregnancy? ENTER MONTH NUMBER

Yes (ASK A)..... 1 71/

No (GO TO Q.56).. 0

MONTH

72-73/

Yes (ASK A)..... 1 14/

No (GO TO Q.56)... 0

MONTH

15-16/

56. Did you drink any alcoholic beverages, including beer, wine, or liquor, during the 12 months before [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?

A. How often did you usually drink alcoholic beverages during (your/that) pregnancy? Did you drink . . . (READ CATEGORIES) . . . CODE ONE ONLY

HAND  
CARD  
T

Yes (ASK A)..... 1 74/

No (GO TO Q.57).. 0

Everyday.....07 75-76/  
 Nearly everyday..06  
 3 or 4 days  
 a week.....05  
 1 or 2 days  
 a week.....04  
 3 or 4 days  
 a month.....03  
 About once  
 a month.....02  
 Less than  
 once a month...01  
 Never .....00

Yes (ASK A)..... 1 17/

No (GO TO Q.57)... 0

Everyday.....07 18-19/  
 Nearly everyday ..06  
 3 or 4 days  
 a week.....05  
 1 or 2 days  
 a week.....04  
 3 or 4 days  
 a month.....03  
 About once  
 a month.....02  
 Less than  
 once a month...01  
 Never .....00

57. Did you smoke tobacco cigarettes at all during the 12 months before [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?

A. On the average, how many cigarettes did you smoke during (your/that) pregnancy? Did you smoke 2 or more packs a day? Did you smoke 1 pack or more but less than 2 packs a day, or less than 1 pack a day? (IF VOLUNTEERED)

Yes (ASK A) ..... 1 77/  
 No (GO TO 58,  
 P.10-112)..... 0

2 or more packs 78/  
 a day..... 3  
 1 or more but  
 less than 2.... 2  
 Less than 1  
 pack a day..... 1  
 Did not smoke  
 during that  
 period..... 0

Yes (ASK A)..... 1 20/  
 No (GO TO 58,  
 P.10-112)..... 0

2 or more packs 21/  
 a day..... 3  
 1 or more but  
 less than 2 .... 2  
 Less than 1  
 pack a day..... 1  
 Did not smoke  
 during that  
 period..... 0



58. During that pregnancy, did you have any x-rays taken, even dental x-rays?

A. IF YES, ASK: What kind of x-rays were they?  
RECORD VERBATIM AND  
CODE ALL THAT APPLY?

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

Yes (ASK A)..... 1 22/  
No (GO TO Q.59).... 0

DENTAL X-RAYS..... 1 23/  
CHEST X-RAYS..... 2 24/  
PELVIS..... 3 25/  
OTHER (SPECIFY)

4 26/

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

Yes (ASK A)..... 1 6  
No (GO TO Q.59).... 0

DENTAL X-RAYS..... 1 6  
CHEST X-RAYS..... 2 7  
PELVIS..... 3 7  
OTHER (SPECIFY)

4 7/

59. Ultrasound or sonogram is a way of taking a picture of the baby through sound waves while the baby is still in the womb. Did you have this test when you were pregnant [with (1ST CHILD/2ND CHILD)]? (DO NOT PROBE A "DON'T KNOW" RESPONSE)

A. IF YES, ASK: On this card are some reasons ultrasound is used. Could you tell me why ultrasound was used during your pregnancy [with (1ST CHILD/2ND CHILD)]? CODE ALL THAT APPLY

Yes (ASK A-D)..... 1 27/  
No (GO TO Q.60,  
P.10-113)..... 0  
Don't Know  
(GO TO Q.60,  
P.10-113)..... 8

To see if there were twins.....01 28-29/

To find out the due date.....02 30-31/

To prepare for a procedure called amniocentesis.....03 32-33/

To look for defects in the baby .....04 34-35/

To find out if the baby was still alive.....05 36-37/

To find out if the baby was growing normally .....06 38-39/

To find out what position the baby was in.....07 40-41/

Other (SPECIFY)

08 42-43/

Don't know.....98 44-45/

46-47/  
NUMBER OF TIMES

2nd month or less..02 48-49/

3rd month .....03 50-51/

4th month .....04 52-53/

5th month .....05 54-55/

6th month .....06 56-57/

7th month .....07 58-59/

8th month .....08 60-61/

9th month .....09 62-63/

Don't know .....98 64-65/

More than 9

months .....96 66-67

Yes (ASK A-D)..... 1 7/  
No (GO TO Q.60,  
P.10-113)..... 0  
Don't Know  
(GO TO Q.60,  
P.10-113)..... 8

To see if there were twins.....01 74-75/

To find out the due date.....02 76-77/

To prepare for a procedure called amniocentesis.....03 78-79/

To look for defects in the baby .....04 10-11/

To find out if the baby was still alive.....05 12-13/

To find out if the baby was growing normally .....06 14-15/

To find out what position the baby was in.....07 16-17/

Other (SPECIFY)

08 18-19/

Don't know.....98 20-21/

22-23/  
NUMBER OF TIMES

2nd month or less..02 24-25/

3rd month .....03 26-27/

4th month .....04 28-29/

5th month .....05 30-31/

6th month .....06 32-33/

7th month .....07 34-35/

8th month .....08 36-37/

9th month .....09 38-39/

Don't know .....98 40-41/

More than 9

months .....96 42-43/

HAND  
CARD  
U

B. How many times were sonograms done during (your/that) pregnancy?

C. How many months pregnant were you when it was performed? CODE ALL THAT APPLY.

DECK 3

59. (continued)

HAND  
CARD  
V

D. Here is a card that shows you the different things that doctors can find out from sonograms. Please tell me all the things the doctor found out from your sonogram(s). CODE ALL THAT APPLY.

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

Twins were present.....01 44-45/  
Twins were not present....02 46-47/  
Baby's due date...03 48-49/  
Birth defect was present....04 50-51/  
Birth defect was not present....05 52-53/  
Baby was alive...06 54-55/  
Baby was growing normally.....07 56-57/  
Baby was not growing normally.....08 58-59/  
What position baby was in....09 60-61/  
Other (SPECIFY)  
\_\_\_\_\_ 10 62-63/  
Don't know.....98 64-65/

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

Twins were present.....01 74-75/  
Twins were not present....02 76-77/  
Baby's due date...03 78-79/  
Birth defect BEGIN DECK 33  
was present....04 10-11/  
Birth defect was not present....05 12-13/  
Baby was alive...06 14-15/  
Baby was growing normally.....07 16-17/  
Baby was not growing normally.....08 18-19/  
What position baby was in....09 20-21/  
Other (SPECIFY)  
\_\_\_\_\_ 10 22-23/  
Don't know.....98 24-25/

60. Amniocentesis is a procedure during which a long needle is used to collect some of the fluid that surrounds the baby while it is in the womb. Was amniocentesis done while you were pregnant [with (1ST CHILD/2ND CHILD)]?

A. IF YES, ASK: On this card are some reasons amniocentesis is used. Could you tell me why amniocentesis was used during your pregnancy [with (1ST CHILD/2ND CHILD)]? CODE ALL THAT APPLY

HAND  
CARD  
W

Yes (ASK A-D).... 1 66/  
No (GO TO Q.61, P.10-115).... 0  
To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease..... 1 67/  
To find out how far along the baby was..... 2 68/  
To find out if the baby's lungs were mature..... 3 69/  
Other (SPECIFY)  
\_\_\_\_\_ 4 70/  
Don't know ..... 8 71/

Yes (ASK A-D).... 1 26/  
No (GO TO Q.61, P.10-115).... 0  
To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease..... 1 27/  
To find out how... far along the baby was..... 2 28/  
To find out if the baby's lungs were mature..... 3 29/  
Other (SPECIFY)  
\_\_\_\_\_ 4 30/  
Don't know ..... 8 31/

B. How many times was amniocentesis done during (your/that) pregnancy?

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| 72-73/  
NUMBER OF TIMES

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| 32-33/  
NUMBER OF TIMES

60. (continued)

C. How many months pregnant were you when it was performed? CODE ALL THAT APPLY.

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

3rd month or less	.03	34-35/
4th month .....	.04	36-37/
5th month .....	.05	38-39/
6th month .....	.06	40-41/
7th month .....	.07	42-43/
8th month .....	.08	44-45/
9th month .....	.09	46-47/
More than 9 months .....	.96	48-49/

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

3rd month or less	.03	57-58/
4th month .....	.04	59-60/
5th month .....	.05	61-62/
6th month .....	.06	63-64/
7th month .....	.07	65-66/
8th month .....	.08	67-68/
9th month .....	.09	69-70/
More than 9 months .....	.96	71-72/

D. Here is a card that shows you the different things that doctors can find out from amniocentesis. Please tell me all the things the doctor found out when you had amniocentesis during (your/that) pregnancy. CODE ALL THAT APPLY.

HAND
CARD
X

Baby's lungs  
were mature..... 1      50/

Baby's lungs  
were mature..... 1      73/

Baby's lungs  
were not  
mature ..... 2      51/

Baby's lungs  
were not  
mature ..... 2      74/

Genetic or  
birth defect  
was present..... 3      52/

Genetic or  
birth defect  
was present..... 3      75/

Genetic or  
birth defect  
was not  
present..... 4      53/

Genetic or  
birth defect  
was not  
present..... 4      76/

Baby was  
normal ..... 5      54/

Baby was  
normal ..... 5      77/

Other (SPECIFY)

Other (SPECIFY)

----- 6      55/

----- 6      78/

Don't know ..... 8      56/

Don't know ..... 8      79/

61. A. During (your/that) pregnancy, did you . . . (CODE YES OR NO FOR EACH ITEM) . . .

Take a vitamin/mineral supplement?

Yes No N/A

1 0 10/

Cut down on the amount of calories in the food you ate?

1 0 11/

Cut down on the amount of salt you used?

1 0 12/

Use diuretics (fluid or water pills) to help eliminate water?

1 0 13/

Reduce or stop your smoking?

1 0 4 14/

Reduce or stop your alcohol intake?

1 0 4 15/

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

Yes No N/A

1 0 25/

1 0 26/

1 0 27/

1 0 28/

1 0 4 29/

1 0 4 30/

B. INTERVIEWER: FOR EACH YES IN A, ASK:  
Did you (REPEAT ITEM IN A) based on a doctor's or nurse's suggestion?  
CODE IN APPROPRIATE ITEMS BELOW.

Take a vitamin/mineral supplement

1 0 16/

Cut down on the amount of calories in the food you ate

1 0 17/

Cut down on the amount of salt you used

1 0 18/

Use diuretics (fluid or water pills) to help eliminate water

1 0 19/

Reduce or stop your smoking

1 0 20/

Reduce or stop your alcohol intake

1 0 21/

1 0 31/

1 0 32/

1 0 33/

1 0 34/

1 0 35/

1 0 36/

62. INTERVIEWER: DID THIS PREGNANCY END IN A LIVE BIRTH?

YES (GO TO Q.63). 1 22/  
NO (ASK A)..... 0

YES (GO TO Q.63).. 1 37/  
NO (ASK A)..... 0

A. INTERVIEWER: IS THERE ANOTHER PREGNANCY AFTER DATE OF LAST INTERVIEW?

YES (GO BACK TO Q.55, P.10-111).... 1 23/

YES (GO TO NEW QUEX, Q.55, P.10-111).... 1 38/

NO (SKIP TO Q.85, P.10-123).... 0

NO (SKIP TO Q.85, P.10-123)..... 0

63. Based on either your last menstrual period date or your doctor's or clinic's information, was (1ST CHILD/ 2ND CHILD) born within a week of the expected (due) date?

Yes (GO TO Q.64, P.10-116).... 1 24/

Yes (GO TO Q.64, P.10-116).... 1 39/

No (ASK A & B P. 10-116).... 0

No (ASK A & B P. 10-116).... 0

63. (continued)

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW	2ND PREGNANCY SINCE DATE OF LAST INTERVIEW
A. Was the baby born early or late?	Early..(GO TO B).. 1 40/ Late..(GO TO B).. 2	Early..(GO TO B).. 1 5 Late...(GO TO B).. 2
B. How many weeks was the baby (early/late)? IF "ONE WEEK", PROBE BY RE-ASKING Q.63. IF "1 1/2 WEEKS", ROUND UP TO "2".	<u>  </u> <u>  </u> <u>  </u> 41-42/ NUMBER OF WEEKS:	<u>  </u> <u>  </u> <u>  </u> 58-5 NUMBER OF WEEKS:
64. Was a cesarean section done? IF NECESSARY, PROBE: Was the baby delivered by an incision in your abdomen?	Yes ..(ASK A).... 1 43/ No (GO TO Q.65).. 0	Yes ...(ASK A).... 1 6 No (GO TO Q.65)... 0
A. IF YES, ASK: Was this your first cesarean section, or did you have one before?	First cesarean section ..... 1 44/ Had cesarean(s) before ..... 0	First cesarean section ..... 1 6 Had cesarean(s) before ..... 0
65. A. What was your weight just before you delivered?	<u>  </u> <u>  </u> <u>  </u> <u>  </u> 45-47/ WEIGHT AT TIME OF DELIVERY	<u>  </u> <u>  </u> <u>  </u> <u>  </u> 62-64 WEIGHT AT TIME OF DELIVERY
B. What was your weight just before you became pregnant with (1ST CHILD/ 2ND CHILD)?	<u>  </u> <u>  </u> <u>  </u> <u>  </u> 48-50/ WEIGHT BEFORE PREGNANCY	<u>  </u> <u>  </u> <u>  </u> <u>  </u> 65-67 WEIGHT BEFORE PREGNANCY
C. INTERVIEWER: SUBTRACT B FROM A TO GET NUMBER OF POUNDS (GAINED/LOST) DURING PREGNANCY.	<u>  </u> <u>  </u> <u>  </u> 51-52/ ENTER NUMBER OF POUNDS GAINED/LOST	<u>  </u> <u>  </u> <u>  </u> 68-69 ENTER NUMBER OF POUNDS GAINED/LOST
D. Does that mean you (gained/lost) (NUMBER IN C) pounds during your pregnancy?	Yes (GO TO Q.66). 1 53/ No (ASK R HOW MANY POUNDS SHE (GAINED/ LOST) DURING PREGNANCY. RECORD IN C. ADJUST A AND B WITH R ACCORDINGLY... 0	Yes (GO TO Q.66).. 1 70 No (ASK R HOW MANY POUNDS SHE (GAINED/ LOST) DURING PREGNANCY. RECORD IN C. ADJUST A AND B WITH R ACCORDINGLY.... 0
66. What was (1ST/CHILD/2ND CHILD)'s length at birth?	<u>  </u> <u>  </u> <u>  </u> 54-55/ NUMBER OF INCHES	<u>  </u> <u>  </u> <u>  </u> 71-72 NUMBER OF INCHES
A. INTERVIEWER: DID R INDICATE THAT THE LENGTH OF THE BABY WAS AN ESTIMATE?	YES ..... 1 56/ NO ..... 0	YES ..... 1 73 NO ..... 0

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW
67. How long did your baby stay in the hospital?	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>NUMBER OF DAYS</div> </div> <div>74-75/</div>		<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>NUMBER OF DAYS</div> </div> <div>42-43/</div>
	(Baby/Respondent) did not stay in hospital (GO TO Q.68).....00		(Baby/Respondent) did not stay in hospital (GO TO Q.68).....00
A. Did you leave the hospital at the same time as your baby or did you leave earlier or later?	<div>Same time (SKIP TO Q.68)... 1</div> <div>76/</div> <div>Earlier (ASK B).. 2</div> <div>Later (ASK B).... 3</div>		<div>Same time (SKIP TO Q.68).... 1</div> <div>44/</div> <div>Earlier (ASK B)... 2</div> <div>Later (ASK B)..... 3</div>
B. How many days (earlier/later)?	<div> <div> <div></div> <div></div> <div></div> </div> <div>77-78/</div> </div>		<div> <div> <div></div> <div></div> <div></div> </div> <div>45-46/</div> </div>
68. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured?	<div>Yes..(GO TO Q.69) 1</div> <div>79/</div> <div>No (SKIP TO 80, P.10-120).... 0</div>		<div>Yes..(GO TO Q.69). 1</div> <div>47/</div> <div>No (SKIP TO 80, P.10-120)..... 0</div>
69. A. When you took (1ST CHILD/2ND CHILD) to a clinic, hospital, or doctor the first time because (he/she) was sick or injured, what was the nature of (his/her) illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury?	<div>BEGIN DECK 35</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div>		
INTERVIEWER: ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN B BELOW.	<div> <div> <div></div> <div></div> <div></div> </div> <div>A. CODE</div> </div> <div>10-11/</div>		<div> <div> <div></div> <div></div> <div></div> </div> <div>A. CODE</div> </div> <div>48-49/</div>
B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED IN A ABOVE.	<div>B. Fever..... 01</div> <div>12-13/</div> <div>Cold.....02</div> <div>14-15/</div> <div>Sore throat.....03</div> <div>16-17/</div> <div>Pneumonia.....04</div> <div>18-19/</div> <div>Ear infection....05</div> <div>20-21/</div> <div>Vomitting, diarrhea, or dehydration...06</div> <div>22-23/</div> <div>Rash.....07</div> <div>24-25/</div> <div>Accident or poisoning.....08</div> <div>26-27/</div> <div>Convulsions.....09</div> <div>28-29/</div> <div>Jaundice.....10</div> <div>30-31/</div> <div>Feeding problems (food allergy, formula toler- ance, etc.)....11</div> <div>32-33/</div> <div>Meningitis.....12</div> <div>34-35/</div> <div>Asthma or bronchitis....13</div> <div>36-37/</div> <div>Other (SPECIFY)</div> <div>_____</div> <div>14</div> <div>38-39/</div> <div>None .....00</div> <div>40-41/</div>		<div>B. .... 01</div> <div>50-51/</div> <div>.....02</div> <div>52-53/</div> <div>.....03</div> <div>54-55/</div> <div>.....04</div> <div>56-57/</div> <div>.....05</div> <div>58-59/</div> <div>.....06</div> <div>60-61/</div> <div>.....07</div> <div>62-63/</div> <div>.....08</div> <div>64-65/</div> <div>.....09</div> <div>66-67/</div> <div>.....10</div> <div>68-69/</div> <div>.....11</div> <div>70-71/</div> <div>.....12</div> <div>72-73/</div> <div>.....13</div> <div>74-75/</div> <div>_____</div> <div>14</div> <div>76-77/</div> <div>None .....00</div> <div>78-79/</div>

HAND  
CARD  
Y

70. How many months old was (1ST CHILD/  
2ND CHILD) when you took (him/her)  
to a clinic, hospital, or doctor the  
first time for this (ILLNESS/INJURY)?

\_\_\_\_\_  
NUMBER OF MONTHS 10-11/

\_\_\_\_\_  
NUMBER OF MONTHS 34-35/

---> INTERVIEWER NOTE: 1 DAY TO 4 WEEKS = 01 MONTH.  
MORE THAN 4 WEEKS--DIVIDE BY  
4 AND ROUND UP.  
EX: 36 WEEKS = 09 MONTHS

71. In (1ST CHILD/2ND CHILD)'s first year,  
altogether how many visits were made to  
a clinic, hospital, or doctor because  
(he/she) had (ILLNESS OR INJURY NAMED  
IN Q.69A, PAGE 10-117)?

Once (GO TO Q.72). 01

Once (GO TO Q.72). 01

OR 12-13/

OR 36-37/

\_\_\_\_\_  
NUMBER OF TIMES  
(ASK A)

\_\_\_\_\_  
NUMBER OF TIMES  
(ASK A)

A. In (1ST CHILD/2ND CHILD)'s first  
year, how many months old was  
(he/she) the last time you took  
(him/her) to a clinic or doctor  
for (ILLNESS/INJURY FROM Q.69A,  
PAGE 10-117)?

\_\_\_\_\_  
NUMBER OF MONTHS 14-15/

\_\_\_\_\_  
NUMBER OF MONTHS 38-39/

72. Please look at this card. In (1ST CHILD/  
2ND CHILD)'s first year, when you took  
(him/her) to a clinic, hospital or doctor  
because (he/she) had (ILLNESS/INJURY FROM  
Q.69A, PAGE 10-117), where did you take  
(him/her)? CODE ALL THAT APPLY

Private			
doctor's			
office.....01	16-17/	.....01	40-41/
Public clinic....02	18-19/	.....02	42-43/
Private clinic...03	20-21/	.....03	44-45/
Health Mainte-			
nance Organi-			
zation (HMO)...04	22-23/	.....04	46-47/
Hospital			
clinic, walk-			
in clinic.....05	24-25/	.....05	48-49/
Community			
health			
center.....06	26-27/	.....06	50-51/
Emergency room			
out-patient....07	28-29/	.....07	52-53/
Other (SPECIFY)			
_____		_____	
_____ 08	30-31/	_____ 08	54-55/
Hospital			
admission.....09	32-33/	.....09	56-57/

HAND  
CARD  
Z

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW	2ND PREGNANCY SINCE DATE OF LAST INTERVIEW
73. INTERVIEWER: WAS HOSPITAL ADMISSION (09) CODED IN Q.72?	YES (ASK A & B).. 1 58/ NO..(GO TO Q.74). 0	...(ASK A & B).... 1 28/ ...(GO TO Q.74).... 0
A. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?	Yes ..... 1 59/ No ..... 0	..... 1 29/ ..... 0
B. Did you have to take time off from work?	Yes ..... 1 60/ No ..... 0 Not working..... 2	..... 1 30/ ..... 0 ..... 2
74. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or in- jured with a <u>different illness or injury</u> than the one we have just talked about?	Yes (GO TO Q.75). 1 61/ No (SKIP TO Q.80, P.10-120).... 0	Yes (GO TO Q.75).. 1 31/ No (SKIP TO Q.80, P.10-120)..... 0
75. A. What was the nature of this <u>other</u> illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury?	_____ _____ _____	_____ _____ _____
INTERVIEWER: ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJU- RIES MENTIONED IN B BELOW.	<u>  </u> <u>  </u> <u>  </u> CODE 62-63/	<u>  </u> <u>  </u> <u>  </u> CODE 32-33/
B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED ABOVE.	B. Fever..... 01 64-65/ Cold.....02 66-67/ Sore throat.....03 68-69/ Pneumonia.....04 70-71/ Ear infection....05 72-73/ Vomitting, diarrhea, or dehydration....06 74-75/ Rash.....07 76-77/ Accident or BEGIN DECK 37 poisoning.....08 10-11/ Convulsions.....09 12-13/ Jaundice.....10 14-15/ Feeding problems (food allergy, formula toler- ance, etc.)....11 16-17/ Meningitis.....12 18-19/ Asthma or bronchitis.....13 20-21/ Other (SPECIFY) _____ _____ 14 22-23/ None .....00 24-25/	B. .... 01 34-35/ .....02 36-37/ .....03 38-39/ .....04 40-41/ .....05 42-43/ .....06 44-45/ .....07 46-47/ .....08 48-49/ .....09 50-51/ .....10 52-53/ .....11 54-55/ .....12 56-57/ .....13 58-59/ _____ 14 60-61/ None .....00 62-63/
76. How many months old was (1ST CHILD/ 2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the <u>first time</u> for this (ILLNESS/INJURY)?	<u>  </u> <u>  </u> <u>  </u> NUMBER OF MONTHS 26-27/	<u>  </u> <u>  </u> <u>  </u> NUMBER OF MONTHS 64-65/

HAND  
CARD  
Y



77. In (1ST CHILD/2ND CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.75A, PAGE 10-119)?

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

Once (GO TO Q.78).. 01

OR 66-67/

NUMBER OF TIMES  
(ASK A)

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

Once (GO TO Q.78)..01

OR 24-25/

NUMBER OF TIMES  
(ASK A)

A. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the last time you took (him/her) to a clinic or doctor for (ILLNESS/INJURY FROM Q.75A, PAGE 10-119)?

NUMBER OF MONTHS 68-69/

NUMBER OF MONTHS 26-27/

78. Please look at this card. Where did you take (1ST CHILD/2ND CHILD) when (he/she) was sick or injured? CODE ALL THAT APPLY

HAND  
CARD  
Z

Private doctor's  
office.....01 70-71/  
Public clinic....02 72-73/  
Private clinic...03 74-75/  
Health Maintenance Organi-  
zation (HMO)...04 76-77/  
Hospital  
clinic, walk- BEGIN DECK 38  
in clinic.....05 10-11/  
Community health  
center.....06 12-13/  
Emergency room  
out-patient....07 14-15/  
Other (SPECIFY)

.....01 28-29/  
.....02 30-31/  
.....03 32-33/

.....04 34-35/

.....05 36-37/

.....06 38-39/

.....07 40-41/

.....08 16-17/

.....08 42-43/

Hospital  
admission.....09 18-19/

.....09 44-45/

79. INTERVIEWER: WAS HOSPITAL ADMISSION (09) CODED IN Q.78?

YES (ASK A & B).. 1 20/  
NO (GO TO Q.80).. 0

...(ASK A & B).... 1 46/  
...(GO TO Q.80).... 0

A. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?

Yes ..... 1 21/  
No ..... 0

..... 1 47/  
..... 0

B. Did you have to take time off from work?

Yes ..... 1 22/  
No ..... 0  
Not working..... 2

..... 1 48/  
..... 0  
..... 2

80. In (1ST CHILD, 2ND CHILD)'s first year, did you take (him/her) to a clinic or a doctor for well baby care when (he/she) was not sick?

Yes (GO TO Q.81,  
P.10-121).... 1 23/  
No (SKIP TO Q.83,  
P.10-121).... 0

Yes (GO TO Q.81,  
P.10-121).... 1 49/  
No (SKIP TO Q.83,  
P.10-121).... 0

Now we are going to discuss well baby care.

81. How many months old was (1ST CHILD, 2ND CHILD) when you took (him/her) to a clinic or doctor for well baby care the first time? . . . How old was (he/she) the next time?

-----> INTERVIEWER NOTE: CONTINUE TO ASK  
UNTIL THE LAST  
TIME IS CODED.  
THEN GO TO Q.82.

1ST PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

MONTH PLACE  
(Q.81) (Q.82)

01	<input type="text"/>	50-53/
02	<input type="text"/>	54-57/
03	<input type="text"/>	58-61/
04	<input type="text"/>	62-65/
05	<input type="text"/>	66-69/
06	<input type="text"/>	70-73/
07	<input type="text"/>	74-77/
08	<input type="text"/>	10-13/
09	<input type="text"/>	14-17/
10	<input type="text"/>	18-21/
11	<input type="text"/>	22-25/
12	<input type="text"/>	26-29/

Don't know  
(SKIP TO Q.83)...98 30-31/

2ND PREGNANCY  
SINCE DATE OF  
LAST INTERVIEW

MONTH PLACE  
(Q.81) (Q.82)

01	<input type="text"/>	60-63/
02	<input type="text"/>	64-67/
03	<input type="text"/>	68-71/
04	<input type="text"/>	72-75/
05	<input type="text"/>	76-79/
06	<input type="text"/>	10-13/
07	<input type="text"/>	14-17/
08	<input type="text"/>	18-21/
09	<input type="text"/>	22-25/
10	<input type="text"/>	26-29/
11	<input type="text"/>	30-33/
12	<input type="text"/>	34-37/

BEGIN DECK 40

...(SKIP TO Q.83)...98 38-39/

82. When you took (1ST CHILD, 2ND CHILD) for well baby care when (he/she) was (1ST MONTH NAMED IN Q.81/2ND MONTH NAMED), where did you take (him/her)? Was it a . . . READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO MONTH IN Q.81 ABOVE.

HAND  
CARD  
AA

CARD AA

- 01 Private doctor's office
- 02 Public clinic
- 03 Private clinic
- 04 Health Maintenance Organization (HMO)
- 05 Hospital clinic, walk-in clinic
- 06 Community health center
- 07 Emergency room out-patient
- 08 Other (SPECIFY) \_\_\_\_\_

83. Children are given a series of DPT shots and oral polio vaccine during the first year of life. During which months did (1ST CHILD/2ND CHILD) have those immunizations? CODE ALL THAT APPLY

1st month .....01	32-33/	.....01	40-41/
2nd month .....02	34-35/	.....02	42-43/
3rd month .....03	36-37/	.....03	44-45/
4th month .....04	38-39/	.....04	46-47/
5th month .....05	40-41/	.....05	48-49/
6th month .....06	42-43/	.....06	50-51/
7th month .....07	44-45/	.....07	52-53/
8th month .....08	46-47/	.....08	54-55/
9th month .....09	48-49/	.....09	56-57/
10th month .....10	50-51/	.....10	58-59/
11th month .....11	52-53/	.....11	60-61/
12th month .....12	54-55/	.....12	62-63/
None .....00	56-57/	.....00	64-65/
Don't know			
(ASK A) .....98	58-59/	.... (ASK A) .....98	66-67/

83. (continued)

A. IF DON'T KNOW, ASK: Even if you  
can't remember the exact time, do  
you remember if your child had . . .  
(CODE YES OR NO FOR EACH ITEM) . . .

The first set of immunizations?

Yes ..... 1 68/  
No ..... 0

..... 1 75/  
..... 0

The second set of immunizations?

Yes ..... 1 69/  
No ..... 0

..... 1 76/  
..... 0

The third set of immunizations?

Yes ..... 1 70/  
No ..... 0

..... 1 77/  
..... 0

84. Babies often get a measles shot  
when they are a little older.  
Has (1ST CHILD/2ND CHILD) had  
a measles shot?

Yes (ASK A) ..... 1 71/  
No (ASK B) ..... 0  
Don't know  
(ASK B) ..... 8

.... (ASK A) ..... 1 78/  
.... (ASK B) ..... 0  
.... (ASK B) ..... 8

BEGIN DECK 41

A. About how many months old was  
(he/she) at the time of the  
measles shot?

         72-73/  
NUMBER OF MONTHS  
Don't know ..... 98

         10-11/  
NUMBER OF MONTHS  
..... 98

B. INTERVIEWER: IS THERE ANOTHER  
PREGNANCY?

YES (GO BACK  
TO Q.55,  
P.10-111) ... 1 74/

YES (GO TO NEW  
QUESTION-  
NAIRE Q.55,  
P.10-111) .... 1 12/

NO (GO TO Q.85,  
P.10-123) .... 0

NO (GO TO Q.85,  
P.10-123) ..... 0

85. INTERVIEWER: DO WE NEED TO ASK FEEDING QUESTIONS FOR ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM, PART A** (ARE Qs.87, 89, OR 91, LISTED UNDER "FOOD")?

YES ..... (READ A) ..... 1                      13/  
NO ..... (ASK B) ..... 0

A. NOTE THE FOLLOWING INSTRUCTIONS BEFORE BEGINNING THE FEEDING QUESTIONS:

- ENTER NAME AND ID NUMBER FOR EACH CHILD LISTED ON **CHILDREN'S RECORD FORM, PART A** FOR WHOM WE NEED TO ASK FEEDING QUESTIONS ON TOP OF COLUMNS FOR QS. 86-95.
- FOLLOW SKIP PATTERN INDICATED ON **CHILDREN'S RECORD FORM, PART A** FOR EACH CHILD FOR WHOM WE NEED TO ASK FEEDING QUESTIONS.
- ALWAYS ASK FEEDING QUESTIONS FOR EACH CHILD BORN SINCE DATE OF LAST INTERVIEW. (SEE **CHILDREN'S RECORD FORM, PART A**)

B. INTERVIEWER: WAS THERE A LIVE BIRTH SINCE DATE OF LAST INTERVIEW?

YES .... (RECORD IN Q.86, PAGE 10-124,  
AND ASK QS.87-95) ..... 1 14/  
NO ..... (SKIP TO Q.96, PAGE 10-127) ..... 0

86. INTERVIEWER: SEE **CHILDREN'S RECORD FORM**, PART A. ENTER NAME AND ID NUMBER FOR EACH CHILD NEEDING FEEDING QUESTIONS. START WITH OLDEST CHILD FIRST. USE A 2ND QUESTIONNAIRE IF NECESSARY.

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
	ID: <u>   </u> <u>   </u> <u>   </u> 15-16/  NAME <u>                    </u>	ID: <u>   </u> <u>   </u> <u>   </u> 33-34/  NAME <u>                    </u>	ID: <u>   </u> <u>   </u> <u>   </u> 51-52/  NAME <u>                    </u>
87. How much did (NAME OF 1ST CHILD, ETC.) weigh at birth?  A. IF Q.87 IS DON'T KNOW, ASK A: Did (he/she) weigh more than 5 1/2 pounds or less?	ENTER POUNDS: <u>   </u> <u>   </u> <u>   </u> 17-18/ AND OUNCES: <u>   </u> <u>   </u> <u>   </u> 19-20/ OR DON'T KNOW (ASK A)... 9898  More..... 1 21/ Less..... 2 DON'T KNOW ..... 8	<u>   </u> <u>   </u> <u>   </u> 35-36/  <u>   </u> <u>   </u> <u>   </u> 37-38/  (ASK A)... 9898  ..... 1 39/ ..... 2 ..... 8	<u>   </u> <u>   </u> <u>   </u> 53-54/  <u>   </u> <u>   </u> <u>   </u> 55-56/  (ASK A) ... 9898  ..... 1 57/ ..... 2 ..... 8
<u>BREAST FEEDING:</u>			
88. When (CHILD) was an infant, did you breast feed (him/her) at all?	Yes.....(GO TO Q. 89)..... 1 22/  No.....(SKIP TO Q. 90)..... 0	..(Q. 89).. 1 40/  ..(Q. 90).. 0	..(Q. 89).. 1 58/  ..(Q. 90).. 0
89. How many weeks old was (he/she) when you quit breast feeding (him/her) altogether?	ENTER NUMBER OF WEEKS OLD: <u>   </u> <u>   </u> <u>   </u> 23-24/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 25-27/ 1/2 MONTH (.5): <u>   </u> <u>   </u> <u>   </u> . <u>   </u>  Still breastfeeding ..... 000 OR DON'T KNOW..... 998	<u>   </u> <u>   </u> <u>   </u> 41-42/  <u>   </u> <u>   </u> <u>   </u> 43-45/  ..... 000 ..... 998	<u>   </u> <u>   </u> <u>   </u> 59-60/  <u>   </u> <u>   </u> <u>   </u> 61-63/  ..... 000 ..... 998
<u>FORMULA FEEDING:</u>			
90. How many weeks old was (CHILD) when you began feeding (him/her) formula on a daily basis?	ENTER NUMBER OF WEEKS OLD: <u>   </u> <u>   </u> <u>   </u> 28-29/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 30-32/ 1/2 MONTH (.5): <u>   </u> <u>   </u> <u>   </u> . <u>   </u> OR From birth..... 000 OR (Do/Did) not formula feed (SKIP TO Q.92, P.10-125)... 995 OR DON'T KNOW ..... 998	<u>   </u> <u>   </u> <u>   </u> 46-47/  <u>   </u> <u>   </u> <u>   </u> 48-50/  ..... 000 (Q. 92, P.10-125) .... 995 ..... 998	<u>   </u> <u>   </u> <u>   </u> 64-65/  <u>   </u> <u>   </u> <u>   </u> 66-68/  ..... 000 (Q. 92, P.10-125) ... 995 ..... 998

	1ST CHILD	2ND CHILD	3RD CHILD
91. How many weeks old was (CHILD) when you stopped feeding (him/her) formula on a daily basis?	ENTER NUMBER OF WEEKS OLD: <u>   </u> <u>   </u> <u>   </u> 69-70/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 71-73/ 1/2 MONTH (.5): <u>   </u> <u>   </u> <u>   </u> . <u>   </u> OR Still feeding formula ..... 000 OR DON'T KNOW ..... 998	BEGIN DECK 42 <u>   </u> <u>   </u> <u>   </u> 10-11/  <u>   </u> <u>   </u> <u>   </u> . <u>   </u> 12-14/  ..... 000 ..... 998	<u>   </u> <u>   </u> <u>   </u> 21-22/  <u>   </u> <u>   </u> <u>   </u> . <u>   </u> 23-25/  ..... 000 ..... 998
COW'S MILK: 92. How many weeks old was (CHILD) when (he/she) began drinking cow's milk on a daily basis?	ENTER NUMBER OF WEEKS OLD: <u>   </u> <u>   </u> <u>   </u> 74-75/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 76-78/ 1/2 MONTH (.5): <u>   </u> <u>   </u> <u>   </u> . <u>   </u> OR From birth..... 000 OR Has not begun yet..... 995 OR DON'T KNOW..... 998	<u>   </u> <u>   </u> <u>   </u> 15-16/  <u>   </u> <u>   </u> <u>   </u> . <u>   </u> 17-19/  ..... 000 ..... 995 ..... 998	<u>   </u> <u>   </u> <u>   </u> 26-27/  <u>   </u> <u>   </u> <u>   </u> . <u>   </u> 28-30/  ..... 000 ..... 995 ..... 998
93. <u>INTERVIEWER:</u> SEE Q.88, 90, AND 92.  • IF Q.88 IS CODED "YES", OR IS BLANK, SKIP TO Q.94 OR • IF Q.90 IS CODED "FROM BIRTH" (000), OR IS BLANK, SKIP TO Q.94 OR • IF Q.92 IS CODED "FROM BIRTH" (000), SKIP TO Q.94 OR • OTHERWISE, <u>ASK A</u>  A. How (was/is) (CHILD) fed at birth?	          ..... 79/ Intravenous feeding..... 1 Evaporated milk..... 2 Other (SPECIFY) _____ ..... 3	          ..... 20/ ..... 1 ..... 2 ..... ..... 3	          ..... 31/ ..... 1 ..... 2 ..... ..... 3

SOLID FOOD:94. INTERVIEWER: READ INTRO-  
DUCTORY STATEMENT ONLY  
FOR FIRST CHILD:

(Now we would like you  
to think about solid  
food. Solid food is any  
food other than milk or  
formula, like cereal or  
fruit whether it is  
commercially prepared,  
like Gerbers, or prepared  
at home).

How many weeks old was  
(CHILD) when (he/she)  
first ate solid food  
on a daily basis?

ENTER NUMBER OF 32-33/  
WEEKS OLD:              
OR  
ENTER NUMBER OF MONTHS OLD:  
AND USE THIRD BOX FOR 34-36/  
1/2 MONTH (.5):             .          
From birth..... 000  
OR  
Has not begun yet..... 995  
OR  
DON'T KNOW..... 998

38-39/  
           

40-42/  
            .        

..... 000

..... 995

..... 998

44-45/  
           

46-48/  
            .        

..... 000

..... 995

..... 998

37/

43/

49/

95. INTERVIEWER: DOES  
RESPONDENT HAVE ANOTHER  
CHILD FOR WHOM WE NEED  
TO ASK FEEDING QUESTIONS?

YES.....(ASK A)..... 1  
NO (GO TO Q.96,  
PAGE 10-127)..... 0

(ASK A)..... 1  
NO (GO TO Q.96,  
P.10-127).. 0

(GO TO NEW  
QUEX, Q.86,  
P.10-124) ..... 1  
NO (GO TO Q.96,  
P.10-127)... 0

A. Now I would like to ask  
about (NAME OF NEXT CHILD)  
REPEAT QS. 86-95 BEGINNING  
ON PAGE 10-124, FOR NEXT  
CHILD.

96. INTERVIEWER: HAS R EVER HAD ANY LIVE BIRTHS?

YES ..... (GO TO Q.97) ..... 1  
 NO ..... (SKIP TO Q.99, PAGE 10-130) ..... 0

50/

97. INTERVIEWER: DO ANY OF R'S OWN CHILDREN NOT LIVE IN THE HOUSEHOLD? (DO NOT COUNT DECEASED OR ADOPTED-OUT CHILDREN) (ARE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM, PART A**, WHO ARE NOT LISTED ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**?)

YES ..... (ASK A-F) ..... 1  
 NO ..... (GO TO Q.98, PAGE 10-128) ..... 0

51/

A. INTERVIEWER: ENTER NAME AND ID # OF OLDEST CHILD, NEXT OLDEST CHILD, ETC. NOT LIVING IN HOUSEHOLD HERE:  
 (USE ANOTHER QUESTIONNAIRE IF MORE THAN 3 CHILDREN NOT IN HOUSEHOLD).

FIRST  
CHILD NOT IN HH

ID:         52-53/

NAME

SECOND  
CHILD

ID:         60-61/

NAME

THIRD  
CHILD

ID:         68-69/

NAME

B. INTERVIEWER: ASK C-F FOR EACH CHILD NOT IN THIS HOUSEHOLD. START WITH OLDEST CHILD.

C. INTERVIEWER: READ INTRODUCTORY STATEMENT FOR OLDEST CHILD ONLY:

Now I would like to ask you some questions about your (child/children) who (is/are) not living in this household.

	54/	62/	70/
About how far from you does (CHILD'S NAME) live? Is it ...	within 1 mile ..... 1	..... 1	..... 1
	1-10 miles ..... 2	..... 2	..... 2
	11-100 miles ..... 3	..... 3	..... 3
	more than 100 miles.. 4	..... 4	..... 4

HAND  
CARD  
BB

	55-56/	63-64/	71-72/
D. In the past 12 months [or since (CHILD) has not been living with you, whichever is most recent] about how often have you seen (CHILD)?	almost every day ....01	.....01	.....01
	2-5 times a week ....02	.....02	.....02
	about once a week ....03	.....03	.....03
	1-3 times a month ....04	.....04	.....04
	7-11 times in the past 12 months.....05	.....05	.....05
	2-6 times in the past 12 months.....06	.....06	.....06
	once in the past 12 months .....07	.....07	.....07
	never ..(SKIP TO F)....00	....(SKIP TO F)....00	....(SKIP TO F)....00

HAND  
CARD  
CC

	57-58/	65-66/	73-74/
E. How long do these visits usually last? RECORD IN DAYS.	less than 1 day.....00	less than 1 day.....00	less than 1 day ....00
	<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS

	59/		
F. <u>INTERVIEWER:</u> IS THERE A (2ND/3RD/ETC.) CHILD)?	YES ...(RE-ASK C-F FOR NEXT OLDEST CHILD) ..... 1	67/	(GO TO NEW QUEX, 75/ Q.97C, P.10-127)... 1
	NO ...(GO TO Q.98)... 0	....(GO TO Q.98).... 0	....(GO TO Q.98).... 0



98. INTERVIEWER: DO ANY OF R'S OWN CHILDREN LIVE IN THIS HOUSEHOLD (ARE ANY CHILDREN LISTED ON THE CHILDREN'S RECORD FORM, PART A, AND ON THE HOUSEHOLD ENUMERATION OF THE FACE SHEET?

YES ..... (GO TO A) ..... 1

76/

NO ..... (GO TO Q.99, PAGE 10-130) ..... 0

A. INTERVIEWER: ENTER NAME AND ID # OF OLDEST CHILD, NEXT OLDEST CHILD, ETC. LIVING IN THIS HOUSEHOLD HERE.

FIRST  
CHILD IN HH

ID:         77-78/

NAME

SECOND  
CHILD

ID:         18-19/

NAME

THIRD  
CHILD

ID:         28-29/

NAME

B. INTERVIEWER: ASK Q.98C FOR EACH CHILD LIVING IN THIS HOUSEHOLD. START WITH OLDEST CHILD.

BEGIN DECK 43

C. Does (OLDEST CHILD/NEXT OLDEST CHILD)'s natural father live in this household?

10/  
Yes ..(SKIP TO H).... 1  
No .....(ASK D)..... 0

20/  
Yes ..(SKIP TO H).... 1  
No .....(ASK D)..... 0

30/  
Yes ..(SKIP TO H).... 1  
No .....(ASK D)..... 0

D. Is (CHILD)'s father living?

11/  
Yes ... (ASK E) ..... 1  
No ..(SKIP TO H) .... 0

21/  
Yes ... (ASK E) ..... 1  
No ..(SKIP TO H).... 0

31/  
Yes ... (ASK E) .... 1  
No ..(SKIP TO H).... 0

E. About how far from you does (CHILD'S) father live?  
Is it . . .

12/  
within 1 mile ..... 1  
1-10 miles ..... 2  
11-100 miles ..... 3  
more than 100 miles.. 4

22/  
..... 1  
..... 2  
..... 3  
..... 4

32/  
..... 1  
..... 2  
..... 3  
..... 4

HAND  
CARD  
BB

F. In the past 12 months [or since (CHILD) has been separated from (his/her) father whichever is most recent] about how often has (CHILD) seen (his/her) father?

13-14/  
almost every day ....01  
2-5 times a week ....02  
about once a week ...03  
1-3 times a month ...04  
7-11 times in the  
past 12 months.....05  
2-6 times in the  
past 12 months.....06  
once in the past  
12 months .....07  
never (SKIP TO H)....00

23-24/  
.....01  
.....02  
.....03  
.....04  
.....05  
.....06  
.....07  
....(SKIP TO H)....00

33-34/  
.....01  
.....02  
.....03  
.....04  
.....05  
.....06  
.....07  
....(SKIP TO H)....00

HAND  
CARD  
CC

G. How long do these visits usually last? RECORD IN DAYS.

15-16/  
less than 1 day ..... 00  
         
# DAYS

25-26/  
less than 1 day .... 00  
         
# DAYS

35-36/  
less than 1 day ... 00  
         
# DAYS

H. INTERVIEWER: IS THERE A (2ND/ 3RD/ETC.) CHILD LISTED?

YES ..(RE-ASK C 17/  
FOR NEXT OLD-  
EST CHILD) .... 1

27/  
....(RE-ASK C)..... 1

37/  
....(RE-ASK C)..... 1

NO ... (GO TO Q.99,  
P.10-130)..... 0

... (GO TO Q.99,  
P.10-130)..... 0

... (GO TO Q.99,  
P.10-130)..... 0

8. (continued)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD
ID: <u>   </u> <u>   </u> 38-39/	ID: <u>   </u> <u>   </u> 48-49/	ID: <u>   </u> <u>   </u> 58-59/	ID: <u>   </u> <u>   </u> 68-69/	ID: <u>   </u> <u>   </u> 78-79/
NAME <u>                    </u>	NAME <u>                    </u>	NAME <u>                    </u>	NAME <u>                    </u>	NAME <u>                    </u>
BEGIN DECK 44				
40/ es ..(SKIP TO H)... 1 o .....(ASK D)..... 0	50/ Yes ..(SKIP TO H).... 1 No .....(ASK D)..... 0	60/ Yes ..(SKIP TO H).... 1 No .....(ASK D)..... 0	70/ Yes ..(SKIP TO H).... 1 No .....(ASK D)..... 0	10/ Yes ..(SKIP TO H)... 1 No .....(ASK D)..... 0
41/ es ... (ASK E) .... 1 o ..(SKIP TO H).... 0	51/ Yes ... (ASK E) .... 1 No ..(SKIP TO H).... 0	61/ Yes ... (ASK E) .... 1 No ..(SKIP TO H).... 0	71/ Yes ... (ASK E) .... 1 No ..(SKIP TO H).... 0	11/ Yes ... (ASK E) .... 1 No ..(SKIP TO H).... 0
42/ ithin 1 mile ..... 1 -10 miles ..... 2 1-100 miles ..... 3 ore than 100 miles. 4	52/ ..... 1 ..... 2 ..... 3 ..... 4	62/ ..... 1 ..... 2 ..... 3 ..... 4	72/ ..... 1 ..... 2 ..... 3 ..... 4	12/ ..... 1 ..... 2 ..... 3 ..... 4
43-44/ lmost every day ...01 -5 times a week ...02 bout once a week ..03 -3 times a month ..04 -11 times in the past 12 months....05 -6 times in the past 12 months....06 ice in the past 12 months .....07 ver (SKIP TO H)...00	53-54/ .....01 .....02 .....03 .....04 .....05 .....06 .....07 ...(SKIP TO H)....00	63-64/ .....01 .....02 .....03 .....04 .....05 .....06 .....07 ...(SKIP TO H)....00	73-74/ .....01 .....02 .....03 .....04 .....05 .....06 .....07 ...(SKIP TO H)....00	13-14/ .....01 .....02 .....03 .....04 .....05 .....06 .....07 ...(SKIP TO H)....00
45-46/ ass than 1 day .... 00	55-56/ less than 1 day ..... 00	65-66/ less than 1 day ..... 00	75-76/ less than 1 day ..... 00	15-16/ less than 1 day ..... 00
<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS	<u>   </u> <u>   </u> <u>   </u> # DAYS
IS (RE-ASK Q.98C 47/ FOR NEXT OLD- EST CHILD ..... 1	57/ .....(C)..... 1	67/ .....(C)..... 1	77/ .....(C)..... 1	17/ (GO TO NEW Q.98C, P.10-128) ..... 1
) ... (GO TO Q.99, P.10-130)..... 0	... (GO TO Q.99, P.10-130)..... 0	... (GO TO Q.99, P.10-130)..... 0	... (GO TO Q.99, P.10-130)..... 0	... (GO TO Q.99, P.10-130)..... 0

99. Altogether, how many (more) children do you expect to have?  
IF R IS PREGNANT, ADD: Please include your current pregnancy.

ENTER NUMBER OF CHILDREN:        18-19/

OR

NONE ... (SKIP TO Q.101) ..... 00

---

100. In how many months or years do you expect to have your (first/next) child?

ENTER # OF MONTHS:        20-21/

OR

# OF YEARS:        22-23/

---

101. INTERVIEWER: SEE **INFORMATION SHEET** ITEM 12, FOLLOW SKIP INSTRUCTIONS RECORDED THERE.
- 

102. How old were you when you had your first menstrual period?

AGE:        (GO TO A) 24-25/

OR

NEVER HAD PERIOD (SKIP TO Q.103)...00

- A. INTERVIEWER: USE BIRTHDATE ON **INFORMATION SHEET** TO COMPUTE YEAR OF FIRST MENSTRUAL PERIOD. (ADD AGE FROM Q. ABOVE TO BIRTHDATE)

ENTER YEAR: 19        (ASK B) 26-27/

- B. That means you had your first period in (YEAR FROM A). Is that correct?

Yes .....(ASK C)..... 1

No ..(CORRECT YEAR AND ASK C)... 2

- C. In what month in (YEAR FROM A) did you have your first period?

ENTER MONTH:        28-29/

OR

Don't Know..... 98

---

103. INTERVIEWER: SEE **INFORMATION SHEET** ITEM 13.  
FOLLOW SKIP INSTRUCTIONS RECORDED THERE.

104. INTERVIEWER: HAS R EVER HAD ANY PREGNANCIES? (SEE **CHILDREN'S RECORD FORM, PART A,** AND Q.31 AND 31A, PAGE 10-102).

YES ..... (SKIP TO Q.106) ..... 1 30/  
NO .....(GO TO Q.105)..... 0

---

105. Have you ever had sexual intercourse?

Yes ..... (GO TO Q.106) ..... 1 31/  
No (SKIP TO Q.112, PAGE 10-133) ..... 0

---

106. How old were you the first time you had sexual intercourse?

AGE:       (GO TO A) 32-33/

A. INTERVIEWER: USE BIRTHDATE ON INFORMATION SHEET TO COMPUTE YEAR OF FIRST SEXUAL INTERCOURSE. (ADD AGE FROM QUESTION ABOVE TO BIRTHDATE.)

ENTER YEAR: 19       (ASK B) 34-35/

B. That means you had sexual intercourse for the first time in (YEAR FROM A). Is that correct?

Yes .....(ASK C)..... 1  
No ..(CORRECT YEAR AND ASK C)... 0

C. In what month in (YEAR FROM A) did you have sexual intercourse for the first time?

ENTER MONTH:       36-37/

OR

Don't Know.....98

Now we have a few questions about family planning.

107. How many times did you have sexual intercourse in the past month?

ENTER NUMBER:

38-39/

Never (SKIP TO Q.112, PAGE 10-133)... 00

108. INTERVIEWER: IS R CURRENTLY PREGNANT? (IS Q.44, P.10-107, CODED YES OR IS Q.44A CODED)

YES (SKIP TO Q.112, PAGE 10-133) .... 1

40/

NO ..... (ASK Q.109) ..... 0

109. During the last month, have you used any form of birth control? By birth control we mean methods such as those listed on this card.

HAND  
CARD  
DD

Yes ..... 1

41/

No (SKIP TO Q.112, PAGE 10-133) ..... 0

110. In the past month, how often have you or your partner used birth control. Would you say it was always, sometimes, or almost never?

always ..... 1

42/

sometimes ..... 2

almost never ..... 3

111. Please look at this card. What methods have you used in the last month? Just tell me the number. CODE ALL THAT APPLY

HAND  
CARD  
DD

- |   |    |        |
|---|----|--------|
| 1. Pill .....   | 01 | 43-44/ |
| 2. Condom, rubber .....   | 02 | 45-46/ |
| 3. Foam .....   | 03 | 47-48/ |
| 4. Jelly or cream alone .....   | 04 | 49-50/ |
| 5. Suppository or insert .....  | 05 | 51-52/ |
| 6. Diaphragm with or without jelly or cream..   | 06 | 53-54/ |
| 7. Douching after intercourse .....   | 07 | 55-56/ |
| 8. IUD, coil, loop .....  | 08 | 57-58/ |
| 9. Operation--Female sterilization,<br>tubes tied .....                                 | 09 | 59-60/ |
| 10. Operation--Male sterilization, vasectomy..  | 10 | 61-62/ |
| 11. Natural family planning, safe period by<br>temperature of cervical mucus test ..... | 11 | 63-64/ |
| 12. Rhythm or safe period by calendar.....  | 12 | 65-66/ |
| 13. Withdrawal/pulling out .....  | 13 | 67-68/ |
| 14. Contraceptive sponge .....  | 14 | 69-70/ |
| 15. Other method (SPECIFY) .....  | 15 | 71-72/ |

112. INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

YES ..... 1  
NO ..... 0

---

73/

113. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN, WHEN YOU ASKED THE  
QUESTIONS IN SECTION 10?

YES ..... 1  
NO ..... 0  
TELEPHONE INTERVIEW ..... 2

74/

## SECTION 11: CHILDCARE

1. INTERVIEWER: ARE ANY OF RESPONDENT'S OWN, ADOPTED, OR STEP-CHILDREN NOW LISTED ON THE HOUSEHOLD ENUMERATION ON THE **FACE SHEET**?

YES ..... 1 10/  
 NO .. (SKIP TO SECTION 12 PAGE, 12-149) .. 0

2. INTERVIEWER: IS R CURRENTLY ENROLLED IN A REGULAR SCHOOL?  
 (IS SECTION 3, Q. 1B, PAGE 3-6 CODED "YES"?)

YES ..... 1 11/  
 NO ..... 0

3. INTERVIEWER: IS R CURRENTLY ENROLLED IN A TRAINING PROGRAM (IS SECTION 8, Q. 11, PAGE 8-75 CODED "YES" OR SECTION 9, Q. 3C, PAGE 9-82 OR Q. 6D, PAGE 9-85 "STILL ENROLLED")?

YES ..... 1 12/  
 NO ..... 0

4. INTERVIEWER: IS R CURRENTLY EMPLOYED  
 OR  
 IS R ON ACTIVE DUTY (SEE **CALNDAR**, ROWS A & B)?

YES ..... (ASK A) ..... 1 13/  
 NO ..... (GO TO Q. 5) ..... 0

- A. You told me earlier that you are working. At what time of the day did you usually begin and end work at your principal job most days last week?  
 (IF R DID NOT WORK LAST WEEK, ASK FOR TIMES FOR THE MOST RECENT WEEK R WAS WORKING.)

INTERVIEWER RECORD:

Time usually began: ----- AM / MIDNIGHT 14-17/  
 PM / NOON  
 (CIRCLE ONE)

Time usually ended: ----- AM / MIDNIGHT 18-21/  
 PM / NOON  
 (CIRCLE ONE)

OR IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: ☐ 22/

5. INTERVIEWER: IS ANY "YES" CODED IN Q. 2, Q. 3, OR Q. 4?

YES ..... [GO TO Q.6 AND ASK  
ABOUT CHILDCARE WHILE  
R IS (IN SCHOOL/IN  
TRAINING/WORKING)]..... 1 23/

NO .. (SKIP TO Q.57, PAGE 11-147) ... 0

6. INTERVIEWER: SEE **CHILDREN'S RECORD FORM**. IS THE CHILD WITH AN "\*" IN THE COLUMN MARKED "CARE" ON THE **CHILDREN'S RECORD FORM** (INDICATING THE YOUNGEST CHILD AT ROUND 6) CURRENTLY LIVING IN THE HOUSEHOLD (SEE HOUSEHOLD ENUMERATION ON THE **FACE SHEET**)?

YES ..... (GO TO A) ..... 1 24/

NO ..... (GO TO B) ..... 0

IF THERE IS NO "\*" IN THE COLUMN MARKED "CARE" ON THE **CHILDREN'S RECORD FORM**, THEN GO TO 6B.

A. IF YES:

RECORD CHILD'S NAME FROM  
**CHILDREN'S RECORD FORM**

-----  
CHILD'S NAME

RECORD CHILD'S ID #  
FROM **CHILDREN'S RECORD FORM**

| | | | 25-26/  
ID #

B. IF NO:

RECORD NAME OF YOUNGEST  
CHILD CURRENTLY LIVING  
IN HOUSEHOLD FROM THE  
HOUSEHOLD ENUMERATION  
OF THE **FACE SHEET**

-----  
CHILD'S NAME

RECORD CHILD'S ID #  
FROM **CHILDREN'S RECORD FORM**

| | | | 27-28/  
ID #

7. INTERVIEWER: IS THE AGE OF THE CHILD IN Q.6 LISTED AS 5 YEARS OF AGE OR OLDER ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**? (SEE HOUSEHOLD ENUMERATION OF **FACE SHEET**).

YES ..... 1 29/

NO ..... (SKIP TO Q.9) ..... 0



8. Is (CHILD) currently enrolled in elementary school or higher?

Yes ..... (GO TO Q.8A) ..... 1 30/  
 No ..... (GO TO Q.9) ..... 0

A. At what time of the day does (CHILD) usually begin and end school?

INTERVIEWER RECORD:

Time usually begins \_\_\_\_\_ AM 31-34/  
 PM / NOON  
 (CIRCLE ONE)  
 Time usually ends \_\_\_\_\_ AM 35-38/  
 PM / NOON  
 (CIRCLE ONE)

9. Parents use different types of childcare such as a day care center or care provided by a relative while they are (in school/in training/working) and the child is not in regular school.

[(READ ONLY IF CHILD IS LISTED IN Q.6A)]

Last year you told us about the care arrangements for (CHILD IN Q.6). We would like to know about the arrangements you have made for (him/her) this year].

[READ FOR ALL]:

In the past 4 weeks (or in the most recent month that you have worked), how many different types of childcare arrangements did you use for (CHILD IN Q.6) while you were (in school/in training/working) and (he/she) was not in elementary school (or higher)?

1 type ..... 1 39/  
 2 types ..... 2  
 3 types or more ..... 3  
 R (goes to school/is in training/  
 works) only when child is in elemen-  
 tary school or higher and cares for  
 child after school (SKIP TO Q. 51  
 PAGE 11-145) ..... 4

10. INTERVIEWER: IF MORE THAN ONE TYPE OF CHILDCARE IS CODED IN 0.9, FIRST ASK QS.10-26 FOR MAIN CARE PROVIDER.

	MAIN CARE PROVIDER	SECONDARY CARE PROVIDER
(Who/Who else) provided most of the care for (CHILD) while you were (in school/training/working) and (he/she) was not in school during the past 4 weeks, or in the most recent month that you have worked/gone to school/been in training? <u>RECORD VERBATIM AND CODE ONLY ONE PER COLUMN.</u>	_____	_____
A. CHILD'S OTHER PARENT/STEP-PARENT	.....01 40-41/	.....01 43-44/
B. CHILD'S BROTHER/SISTER	.....02	.....02
C. CHILD'S GRANDMOTHER	.....03	.....03
D. CHILD'S GRANDFATHER	.....04	.....04
E. OTHER RELATIVE OF CHILD	.....05	.....05
F. RESPONDENT'S PARTNER	.....11	.....11
G. NON-RELATIVE OF CHILD	.....06	.....06
H. R WATCHES CHILD AT (SCHOOL/ TRAINING/WORK)	.....08	.....08
I. R (GOES TO SCHOOL/TRAINS/WORKS) AT HOME	.....09	.....09
J. CHILD CARES FOR SELF	.....10	.....10
11. <u>INTERVIEWER:</u> 0.10 IS CODED . . .	A - G .. (GO TO Q.12)....1 42/  H - J .. (SKIP TO Q.26, PAGE 11-141).. 2	A - G .. (GO TO Q.12).... 1 45/  H - J .. (SKIP TO Q.27, PAGE 11-141).. 2

	MAIN CARE PROVIDER	SECONDARY CARE PROVIDER
12. Where was this care usually provided? RECORD VERBATIM AND CODE ONLY ONE PER COLUMN.		
A. CHILD'S HOME	..... 1 46/	..... 1 54/
B. OTHER PRIVATE HOME	..... 2	..... 2
C. NURSERY, PRESCHOOL, OR KINDERGARTEN	..... 3	..... 3
D. DAY/GROUP CARE CENTER AT R'S WORKPLACE	..... 4	..... 4
E. DAY/GROUP CARE CENTER NOT AT R'S WORKPLACE	..... 5	..... 5
F. OTHER ARRANGEMENTS (SPECIFY)	..... 6	..... 6
IF NO OTHER CHILDREN, CODE "00" AND GO TO Q.14		
13. How many of <u>your</u> other children are cared for in this arrangement?	<u>  </u> <u>  </u> <u>  </u> 47-48/ ENTER NUMBER	<u>  </u> <u>  </u> <u>  </u> 55-56/ ENTER NUMBER
14. How many hours per week was this care usually provided for (CHILD)? Include care-time only while <u>you</u> were (in school/in training/working). Please include your travel time after drop-off and to pick-up of child.	<u>  </u> <u>  </u> <u>  </u> 49-50/ NUMBER OF HOURS PER WEEK	<u>  </u> <u>  </u> <u>  </u> 57-58/ NUMBER OF HOURS PER WEEK
15. <u>INTERVIEWER:</u> IS 0,10 CODED 01, OR 11?	YES .. (SKIP TO Q.26, PAGE 51/ 11-141).. 1  NO ... (GO TO Q.16) ... 0	YES .. (SKIP TO Q.26, PAGE 59/ 11-141)... 1  NO ... (GO TO Q.16)..... 0
16. Did you or someone else in your family usually pay for this (main/secondary) care either in cash or in a noncash arrangement such as providing meals, transportation, or exchanging other services or both? PROBE: Noncash arrangements would be provid- ing meals, room, transportation, or babysitting.	Yes (ASK Q.17) .. 1 52/  No ... (SKIP TO Q.18) ... 0	Yes (ASK Q.17) ... 1 60/  No ... (SKIP TO Q.18) .... 0
17. What type of payment was it . . . (READ CATEGORIES)		
Cash payment only	(SKIP TO Q.20, PAGE 11-140).... 1 53/	(SKIP TO Q.20, PAGE 11-140)..... 1 61/
Both cash and noncash	(SKIP TO Q.20, PAGE 11-140).... 2	(SKIP TO Q.20, PAGE 11-140)..... 2
Noncash arrangement only	(SKIP TO Q.23, PAGE 11-140).... 3	(SKIP TO Q.23, PAGE 11-140)..... 3

	MAIN CARE PROVIDER	SECONDARY CARE PROVIDER
18. <u>INTERVIEWER:</u> IS NON-RELATIVE OF CHILD, 'G', CODED IN Q.10?	YES .. (GO TO Q.19) ... 1 62/  NO ... (SKIP TO Q.24, PAGE 11-141)... 0	YES .. (GO TO Q.19) .... 1 65/  NO ... (SKIP TO Q.24, PAGE 11-141).... 0
19. What was the <u>most important</u> reason there was no cost for this (main/secondary) care?		
Child was in Headstart	..... 1 63/	..... 1 66/
Care was provided free by social service or welfare agency	..... 2	..... 2
Other reason, (PLEASE SPECIFY)	_____ ..... 3	_____ ..... 3
A. What was the next most important reason there was no cost for this (main/secondary) care?		
Child was in Headstart	..... 1 64/	..... 1 67/
Care was provided free by social service or welfare agency	..... 2	..... 2
Other reason, (PLEASE SPECIFY)	_____ ..... 3	_____ ..... 3
<u>INTERVIEWER:</u> SKIP TO Q.26, PAGE 11-141.		

	MAIN CARE PROVIDER	SECONDARY CARE PROVIDER
20. How much money do you actually pay for the (main/secondary) arrangement? (INCLUDE ALL CASH EXPENDITURES, BUT NOT THE VALUE OF NONCASH CONTRIBUTIONS)	68-72/ \$       .	BEGIN DECK 46 10-14/ \$       .
A. Is that amount per hour, per day, per week, per month, or what?	Hour ..... 1 73/ Day ..... 2 Week ..... 3 Month ..... 4 Other (SPECIFY) _____ 5	Hour ..... 1 15/ Day ..... 2 Week ..... 3 Month ..... 4 Other (SPECIFY) _____ 5
CODE YES IF ONLY 1 CHILD AND GO TO Q.21		
B. Is this amount for one child only?	Yes .. (GO TO Q.21) ... 1 74/ No .. (ASK Q.20C) .. 0	Yes .. (GO TO Q.21) .... 1 16/ No .. (ASK Q.20C) .. 0
C. How many children does this amount cover?	75-76/ RECORD # OF CHILDREN	17-18/ RECORD # OF CHILDREN
21. Do you plan to take an income tax credit for this (main/secondary) arrangement?	Yes ..... 1 77/ No ..... 0	Yes ..... 1 19/ No ..... 0
22. <u>INTERVIEWER:</u> IS Q.17, PAGE 11-138 CODED "1"? (CASH PAYMENT ONLY)	YES .. (SKIP TO Q.24) ... 1 78/ NO ... (GO TO Q.23) ... 0	YES .. (SKIP TO Q.24) .... 1 20/ NO ... (GO TO Q.23) .... 0
23. In this non-cash arrangement, which of the following do you provide to the (main/secondary) caregiver? CODE ALL THAT APPLY.	Meals..... 1 79/ Room..... 2 Transportation .. 3 Babysitting..... 4 Other (SPECIFY) _____ 5	Meals..... 1 21/ Room..... 2 Transportation ... 3 Babysitting..... 4 Other (SPECIFY) _____ 5

	MAIN CARE PROVIDER	SECONDARY CARE PROVIDER
24. Does anyone else outside your household usually help pay for this (main/secondary) childcare arrangement?	Yes .. (GO TO Q.25) ... 1 22/ No ... (SKIP TO Q.26) ... 0	Yes .. (GO TO Q.25) .... 1 26/ No ... (SKIP TO Q.26) .... 0
25. Who provides this assistance for your (main/secondary) care?		
Social service or welfare agency	..... 1 23/	..... 1 27/
Employer	..... 2	..... 2
Relative of child (SPECIFY)	..... 3	..... 3
(OFFICE USE ONLY, RELATIONSHIP CODE _____)		
Other (SPECIFY)	..... 4 24-25/	..... 4 28-29/

26. INTERVIEWER: DOES R USE MORE THAN ONE TYPE OF CHILDCARE (IS Q.9, PAGE 11-136 CODED "2" OR "3")?

YES (RE-ASK Q.10-26 FOR SECONDARY CARE) ..... 1 30/ (GO TO Q.27)

NO (GO TO Q.27).. 0

27. Now I would like to ask some additional questions about just the (MAIN CARE PROVIDER) you use for (CHILD AT Q.6, PAGE 11-135).

When did you begin using your main care arrangement for (CHILD)?  
What was the month and year?

ENTER MONTH AND YEAR: 

MO		YR	

 31-34/

28. How many times have you ever changed your main child care arrangement for (CHILD)?

0 times ..... (SKIP TO Q.31) ..... 0 35/  
 1-2 times ..... 1  
 3-4 times ..... 2  
 5-6 times ..... 3  
 6 or more times ..... 4

29. What was the last type of care you were using before you changed to the care you are using now?

HAND  
CARD  
EE

Relative in child's home .....	01	36-37/
Relative in other's home .....	02	
Non-relative in child's home .....	03	
Non-relative in other's home .....	04	
Day Care Center .....	05	
Nursery, Preschool or Kindergarten .....	06	
Self-care .....	07	
Other (SPECIFY) .....	08	

30. What was the main reason you changed your main childcare arrangement at that time? RECORD VERBATIM AND CODE ONLY ONE.

RELIABILITY OF ARRANGEMENT .....	01	38-39/
COST .....	02	
ARRANGEMENT WAS NO LONGER AVAILABLE .....	03	
CONVENIENCE .....	04	
QUALITY .....	05	
CHILD OUTGREW ARRANGEMENT .....	06	
ARRANGEMENT NOT RIGHT FOR MY CHILD .....	07	
OTHER (SPECIFY) .....	08	

31. Do you want to change from your present main childcare arrangement?

Yes .....	(GO TO Q.32) .....	1	40/
No .....	(SKIP TO Q.34) .....	0	

32. What type of childcare arrangement would you like to be using?

HAND  
CARD  
EE

Relative in child's home .....	01	41-42/
Relative in other's home .....	02	
Non-relative in child's home .....	03	
Non-relative in other's home .....	04	
Day Care Center .....	05	
Nursery, Preschool or Kindergarten .....	06	
Self-care .....	07	
Other (SPECIFY) .....	08	

33. What is the main reason you would like to change (your/the) main childcare arrangement at this time? RECORD VERBATIM AND CODE ONLY ONE.

RELIABILITY OF ARRANGEMENT .....	01	43-44/
COST .....	02	
ARRANGEMENT WAS NO LONGER AVAILABLE .....	03	
CONVENIENCE .....	04	
QUALITY .....	05	
CHILD OUTGREW ARRANGEMENT .....	06	
ARRANGEMENT NOT RIGHT FOR MY CHILD .....	07	
OTHER (SPECIFY) .....	08	

YES ..... (SKIP TO Q.42) ..... 1 45/  
NO ..... (GO TO Q.35) ..... 0

ENTER NUMBER OF CHILDREN:   |   |   |                      46-47/

ENTER NUMBER OF ADULTS:     |     |     |     48-49/

```
YES ..... (SKIP TO Q.39) ..... 1          50/
NO ..... (GO TO Q.38) ..... 0
```

Yes .....	1	51/
No .....	0	
Don't know .....	8	

```
R HAS ONLY ONE CHILD ... (SKIP TO Q.42) .. 1 52/

R HAS MORE THAN ONE
CHILD ..... (GO TO Q.40) ..... 2
```

\$                          .                          53-56/  
57-58/

INTERVIEWER: IF NO PAYMENT, RECORD 0's ABOVE AND SKIP TO Q.42, PAGE 11-144.



41. Was that amount per week, per month, or per year?

Week .....	1	59/
Month .....	2	
Year .....	3	

---

42. INTERVIEWER: IS R CURRENTLY EMPLOYED OR IN THE ACTIVE FORCES?  
(SEE **CALENDAR** ROWS A AND B)

YES .....	(ASK Q.43)	1	60/
NO .....	(SKIP TO Q.50)	0	

---

43. Would you like to work more hours than you presently work?

Yes .....	1	61/
No .....	(SKIP TO Q.50)	0

---

44. How many more hours per week would you like to work?

ENTER # OF HOURS PER WEEK:	<input type="text"/>	62-63/
----------------------------	----------------------	--------

---

45. If you worked more hours, could you still use the main childcare arrangement that you now have for (CHILD IN Q.6, PAGE 11-135)?

Yes .....	1	64/
No .....	(SKIP TO Q.48)	0

---

46. How much more would it cost?

\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(GO TO Q.47)	65-67/ 68-69/
No more .....	(SKIP TO Q.50).	1				70/
Depends on the number of additional hours ..	(SKIP TO Q.50).	2				

---

47. Would that amount be per week, per month or per year?

Week .....	1	71/
Month .....	2	
Year .....	3	

(SKIP TO Q.50)

48. What arrangement do you think you would use?

HAND CARD EE	Relative in child's home .....	01	72-73/
	Relative in other's home .....	02	
	Non-relative in child's home .....	03	
	Non-relative in other's home .....	04	
	Day Care Center .....	05	
	Nursery, Preschool or Kindergarten .....	06	
	Self-care .....	07	
	Other (SPECIFY) .....	08	
NONE AVAILABLE (use as last resort) (SKIP TO Q.50)..		09	

49. How much do you think it would cost? 74-77/

\$  .

78-79/

INTERVIEWER: IF NO COST, RECORD 0's ABOVE AND GO TO Q.50.

A. Would that amount be, per week, per month, or per year?

Week .....	1	80/
Month .....	2	
Year .....	3	

50. How long does it take you to travel from your home to the home of the related person living nearest to you (not in your home)?

Less than 10 minutes .....	1	BEGIN DECK 47 10/
Between 10 and 19 minutes .....	2	
between 20 and 29 minutes .....	3	
30 minutes or more .....	4	
R has no relatives outside the household .....	5	

51. INTERVIEWER: <sup>OR Q6B</sup> IS CHILD IN Q.6A, PAGE 11-135, YOUNGEST CHILD IN HOUSEHOLD?  
(SEE CHILDREN'S AGES ON **FACE SHEET**)?

YES .. (SKIP TO Q.57, PAGE 11-147) ..	1	11/
NO ..... (GO TO Q.52) .....	0	

52. INTERVIEWER: RECORD NAME OF YOUNGEST CHILD FROM HOUSEHOLD ENUMERATION ON THE **FACE SHEET** AND ID # FROM **CHILDREN'S RECORD FORM**.

<span style="border-bottom: 1px solid black; display: inline-block; width: 200px; height: 1em; vertical-align: middle;"></span>	<span style="border-bottom: 1px solid black; display: inline-block; width: 50px; height: 1em; vertical-align: middle;"></span>	12-13/
FROM HOUSEHOLD ENUMERATION	ID # FROM CHILDREN'S RECORD FORM	

	MAIN CARE PROVIDER	SECONDARY CARE PROVIDER
53. (Who/Who else) provided most of the care for your <u>youngest</u> child while you were (in school/training/working) and (he/she) was not in elementary school or higher during the past 4 weeks, or in the most recent month that you have worked. RECORD VERBATIM AND CODE ONLY ONE PER COLUMN.		
A. CHILD'S OTHER PARENT/STEPPARENT	.....01 14-15/	.....01 18-19/
B. CHILD'S BROTHER/SISTER	.....02	.....02
C. CHILD'S GRANDMOTHER	.....03	.....03
D. CHILD'S GRANDFATHER	.....04	.....04
E. OTHER RELATIVE OF CHILD	.....05	.....05
F. RESPONDENT'S PARTNER	.....11	.....11
G. NON-RELATIVE OF CHILD	.....06	.....06
H. R WATCHES CHILD AT (SCHOOL/TRAINING/WORK)	.....08	.....08
I. R (GOES TO SCHOOL/TRAINS/WORKS) AT HOME	.....09	.....09
J. CHILD CARES FOR SELF	.....10	.....10
54. <u>INTERVIEWER:</u> Q.53 IS CODED . . .	A - G .. (GO TO Q.55) .. 1 16/  H - J .. (SKIP TO Q.56) .. 2	A - G .. (GO TO Q.55) .. 1 20/  H - J .. (SKIP TO Q.56) .. 2
55. <u>Where</u> was this care usually provided? RECORD VERBATIM AND CODE ONLY ONE PER COLUMN.		
A. CHILD'S HOME	..... 1 17/	..... 1 21/
B. OTHER PRIVATE HOME	..... 2	..... 2
C. NURSERY, PRESCHOOL, OR KINDERGARTEN	..... 3	..... 3
D. DAY/GROUP CARE CENTER AT R'S WORKPLACE	..... 4	..... 4
E. DAY/GROUP CARE CENTER <u>NOT</u> AT R'S WORKPLACE	..... 5	..... 5
F. OTHER ARRANGEMENTS (SPECIFY)	..... 6	..... 6
		(SKIP TO Q.57)

56. Do you use more than one type of childcare for (YOUNGEST CHILD)?

Yes ..... (RF-ASK Qs.53-55 FOR  
SECOND CARE PROVIDER) ..... 1 22/  
No ..... (GO TO Q.57) ..... 0

57. INTERVIEWER: DOES R HAVE A SPOUSE OR PARTNER CURRENTLY LISTED ON THE HOUSEHOLD  
ENUMERATION ON THE **FACE SHEET**?

YES ..... (ASK A) ..... 1  
NO... (**SKIP TO SECTION 12, PAGE 12-149**)... 0

A. Did your (husband/wife/partner) do any work for pay in the last 4 weeks?

Yes ..... (GO TO Q.58) ..... 1 23/  
No ... (**SKIP TO SECTION 12, PAGE 12-149**).. 0

58. At what time of the day did your (husband/wife/partner) usually begin and end  
work at (his/her) principal job most days last week? (IF SPOUSE OR PARTNER DID  
NOT WORK LAST WEEK, ASK FOR TIME FOR THE MOST RECENT WEEK SPOUSE OR PARTNER WAS  
WORKING).

INTERVIEWER RECORD:

Time usually began \_\_\_\_\_ AM / MIDNIGHT 24-27/  
PM / NOON  
(CIRCLE ONE)  
Time usually ended \_\_\_\_\_ AM / MIDNIGHT 28-31/  
PM / NOON  
(CIRCLE ONE)

OR IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: ☐ 32/

59. Does your (husband/wife/partner) usually work the same or fixed shift, or does  
(his/her) shift rotate (for example from days to evenings or nights)?

same or fixed shift ..... 1 33/  
shift rotates ..... 2

60. When you are not working, does your (husband/wife/partner) work any hours?

Yes ..... (GO TO Q.61) ..... 1 34/  
No ... (**SKIP TO SECTION 12, PAGE 12-149**).. 0

61. When you were not working but your (husband/wife/partner) was, who provided the most care for (YOUNGEST CHILD) during those hours in the past 4 weeks?  
RECORD VERBATIM AND CODE ONE ONLY.

---

A. RESPONDENT .....	01	35-36/
B. CHILD'S BROTHER/SISTER .....	02	
C. CHILD'S GRANDMOTHER .....	03	
D. CHILD'S GRANDFATHER .....	04	
E. OTHER RELATIVE OF CHILD .....	05	
F. NON-RELATIVE OF CHILD .....	06	

---

G. SPOUSE/PARTNER WORKS ONLY WHEN CHILD IS IN ELEMENTARY SCHOOL AND CARES FOR CHILD AFTER SCHOOL .....	07	
H. SPOUSE/PARTNER WATCHES CHILD AT WORK....	08	
I. SPOUSE/PARTNER WORKS AT HOME.....	09	
J. CHILD CARES FOR SELF.....	10	

---

62. INTERVIEWER: Q.61 IS CODED . . .

A - F .....	(GO TO Q.63) .....	1	37/
G - J .....	(SKIP TO SECTION 12, PAGE 12-149)...	2	

---

63. Where was this care usually provided? RECORD VERBATIM AND CODE ONLY ONE.

---

A. CHILD'S HOME .....	1	38/
B. OTHER PRIVATE HOME .....	2	
C. NURSERY, PRESCHOOL, OR KINDERGARTEN .....	3	
D. DAY/GROUP CARE CENTER AT SPOUSE'S WORK PLACE .....	4	
E. DAY/GROUP CARE CENTER <u>NOT</u> AT SPOUSE'S WORK PLACE .....	5	
F. OTHER ARRANGEMENTS (SPECIFY) .....	6	

---



---

## SECTION 13: ALCOHOL USE

1. Next I'd like to ask you some questions about drinking alcoholic beverages, including beer, wine, and liquor. Have you ever had a drink of an alcoholic beverage?

Yes ..... 1 60/  
 No .. (SKIP TO Q.14, PAGE 13-154) ... 0

2. Have you had any alcoholic beverages, including beer, wine, or liquor, during the last 30 days?

Yes ..... (GO TO Q.3) ..... 1 61/  
 No ..... (ASK A AND B) ..... 0

- A. Has drinking ever interfered with your school work?

Yes ..... 1 62/  
 No ..... 0

- B. Has drinking ever interfered with your work on a job?

Yes ..... 1 63/  
 No ..... 0

SKIP TO Q.14, PAGE 13-154

3. During the last 30 days, on how many days did you drink any alcoholic beverages, including beer, wine, or liquor?

ENTER # OF DAYS:   64-65/

4. Of the (NUMBER OF DAYS IN Q.3) days you mentioned, on how many of those days did you have only 1 drink? On how many of those days did you have only 2 drinks? (REPEAT QUESTION FOR ALL CATEGORIES AS NECESSARY)

HAND  
CARD  
FF

... only 1 drink?	ENTER # OF DAYS:	<input type="text"/>	66-67/
... only 2 drinks?	ENTER # OF DAYS:	<input type="text"/>	68-69/
... only 3 drinks?	ENTER # OF DAYS:	<input type="text"/>	70-71/
... only 4 drinks?	ENTER # OF DAYS:	<input type="text"/>	72-73/
... only 5 drinks?	ENTER # OF DAYS:	<input type="text"/>	74-75/
... 6 or more drinks?	ENTER # OF DAYS:	<input type="text"/>	76-77/
		+	

TOTAL # OF DAYS =   78-79/

- A. INTERVIEWER: DOES TOTAL # OF DAYS OF Q.3 = # OF DAYS IN Q. 4?

YES..... 1  
 NO...(RECHECK Q.3 AND Q.4 WITH R)... 0

5. How tall are you?

|   |   |   |  
 FEET   INCHES

48-50/

6. How much do you weigh?

|   |   |   |  
 POUNDS

51-53/

7. What is your natural hair color?

light blond.....01  
 blond.....02  
 light brown.....03  
 brown.....04  
 black.....05  
 red.....06  
 grey.....07

54-55/

8. What color are your eyes?

light blue.....01  
 blue.....02  
 light brown.....03  
 brown.....04  
 black.....05  
 green.....06  
 hazel.....07  
 grey.....08  
 other (specify)\_\_\_\_\_ 09

56-57/

9. Thinking about when you were 6 years old, would you describe yourself as:

extremely shy.....1  
 somewhat shy.....2  
 somewhat outgoing.....3  
 extremely outgoing.....4

58/

10. Thinking about yourself as an adult, would you describe yourself as:

extremely shy.....1  
 somewhat shy.....2  
 somewhat outgoing.....3  
 extremely outgoing.....4

59/

## SECTION 13: ALCOHOL USE

1. Next I'd like to ask you some questions about drinking alcoholic beverages, including beer, wine, and liquor. Have you ever had a drink of an alcoholic beverage?

Yes ..... 1 60/  
 No .. (SKIP TO Q.14, PAGE 13-154) ... 0

2. Have you had any alcoholic beverages, including beer, wine, or liquor, during the last 30 days?

Yes ..... (GO TO Q.3) ..... 1 61/  
 No ..... (ASK A AND B) ..... 0

- A. Has drinking ever interfered with your school work?

Yes ..... 1 62/  
 No ..... 0

- B. Has drinking ever interfered with your work on a job?

Yes ..... 1 63/  
 No ..... 0

SKIP TO Q.14, PAGE 13-154

3. During the last 30 days, on how many days did you drink any alcoholic beverages, including beer, wine, or liquor?

ENTER # OF DAYS:   64-65/

4. Of the (NUMBER OF DAYS IN Q.3) days you mentioned, on how many of those days did you have only 1 drink? On how many of those days did you have only 2 drinks? (REPEAT QUESTION FOR ALL CATEGORIES AS NECESSARY)

... only 1 drink? ENTER # OF DAYS:   66-67/  
 ... only 2 drinks? ENTER # OF DAYS:   68-69/  
 ... only 3 drinks? ENTER # OF DAYS:   70-71/  
 ... only 4 drinks? ENTER # OF DAYS:   72-73/  
 ... only 5 drinks? ENTER # OF DAYS:   74-75/  
 ... 6 or more drinks? ENTER # OF DAYS:   76-77/  
 +

TOTAL # OF DAYS =   78-79/

HAND  
CARD  
FF

- A. INTERVIEWER: DOES TOTAL # OF DAYS OF Q.3 = # OF DAYS IN Q. 4?

YES..... 1  
 NO...(RECHECK Q.3 AND Q.4 WITH R)... 0



5. How often have you had 6 or more drinks on one occasion during the last 30 days? Would you say it was . . . (READ CATEGORIES) . . .?

HAND
CARD
GG

10 or more times .....	6	10/
8 or 9 times .....	5	
6 or 7 times .....	4	
4 or 5 times .....	3	
2 or 3 times .....	2	
Once .....	1	
Never .....	0	

6. During the last 30 days, on how many days have you had a hangover that interfered with your activities the next day?

ENTER # OF DAYS:          11-12/

Never ..... 00

Next, I'd like some information about drinking alcoholic beverages, including beer, wine, and liquor, during the past week.

7. During the last seven days ending with yesterday, on how many days did you drink alcoholic beverages?

1 day .....	01	13-14/
2 days .....	02	
3 days .....	03	
4 days .....	04	
5 days .....	05	
6 days .....	06	
7 days .....	07	
None ..... (SKIP TO Q.11) .....	00	

8. During the last seven days, how many cans or bottles of beer did you have?

ENTER NUMBER OF CANS OR BOTTLES:          15-16/

None ..... 00

9. During the last seven days, how many glasses of wine did you have?

ENTER NUMBER OF GLASSES:          17-18/

None ..... 00

10. During the last seven days, how many drinks did you have containing liquor, such as whiskey, vodka, gin, brandy, etc.?

ENTER NUMBER OR DRINKS:          19-20/

None ..... 00

11. A. Has drinking ever interfered with your school work?

Yes ..... 1 21/

No ..... 0

B. Has drinking ever interfered with your work on a job?

Yes ..... 1 22/

No ..... 0

12. Now I would like to ask you some questions about experiences that many people have had with drinking. During the past year . . .

	<u>YES</u>	<u>NO</u>	
A. Have you felt aggressive or angry while drinking?	1	0	23/
B. Have you gotten into a heated argument while drinking?	1	0	24/
C. Have you gotten into a fight while drinking?	1	0	25/
D. Have you deliberately tried to cut down or quit drinking, but didn't manage to do so?	1	0	26/
E. Were you afraid you might be an alcoholic or that you might become one?	1	0	27/
F. Once you started drinking, was it difficult for you to stop before you became completely intoxicated?	1	0	28/
G. Have you awakened the next day not being able to remember things you had done while drinking?	1	0	29/
H. Have you often taken a drink the first thing when you got up in the morning?	1	0	30/
I. Have your hands shaken a lot the morning after drinking?	1	0	31/
J. Have you sometimes gotten drunk when drinking by yourself?	1	0	32/
K. Have you sometimes kept on drinking after promising yourself not to?	1	0	33/

13. INTERVIEWER: HAS R WORKED IN THE PAST YEAR (HAVE LINES BEEN DRAWN IN ROWS A OR B OF THE **CALENDAR**)?

Yes ..... (ASK A-E) ..... 1 34/  
 No ..... (GO TO Q.14) ..... 0

	<u>YES</u>	<u>NO</u>	
A. Have you stayed away from work because of a hangover?	1	0	35/
B. Have you gotten drunk when on the job?	1	0	36/
C. Have you lost a job, or nearly lost one, because of drinking?	1	0	37/
D. Has drinking led to your quitting a job?	1	0	38/
E. Has drinking hurt your chances for promotion or raises or a better job?	1	0	39/

---

14. INTERVIEWER: WAS ANYONE ELSE PRESENT OTHER THAN SMALL CHILDREN WHEN YOU ASKED THE QUESTIONS IN SECTION 13?

YES ..... 1 40/  
 NO ..... 0  
 PHONE INTERVIEW ..... 2

## SECTION 14: ON ASSETS AND INCOME

1. Now I would like to ask you some questions about your income in 1984.

A. During 1984, did you receive any income from service in the military?

Yes ..... (ASK B) ..... 1 41/  
 No ..... (GO TO Q.2) ..... 0

B. IF YES: And how much total income did you receive during 1984 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

\$                     ,                     .00 42-47/

2. IF R EARNED ANY MONEY FROM THE MILITARY IN 1984, READ A. OTHERWISE, GO TO B.

A. Not counting any money you received from your military service . . .

B. During 1984, how much did you receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$                     ,                     .00 48-53/

OR

NONE ..... 000000

3. (Excluding any income you already have mentioned) During 1984, did you receive any money in income . . .

A. from your own farm?

Yes ..... 1 54/  
 No ..... 0

B. from your own non-farm business, partnership or professional practice?

Yes ..... 1 55/  
 No ..... 0

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q. 4.

C. IF YES TO A OR B: How much did you receive after expenses?

\$                     ,                     .00 56-61/

OR

NONE ..... 000000

OR

DON'T KNOW ..... 999998

4. During 1984, did you receive any unemployment compensation?

Yes ..... (ASK A-C) ..... 1 62/

No ..... (GO TO Q.5) ..... 0

IF YES, ASK A-C:

A. SHOW R **CALENDAR**. ASK: In which months of 1984 did you receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY .....	01	63-64/
FEBRUARY .....	02	65-66/
MARCH .....	03	67-68/
APRIL .....	04	69-70/
MAY .....	05	71-72/
JUNE .....	06	73-74/
JULY .....	07	75-76/
AUGUST .....	08	77-78/
BEGIN DECK 49		
SEPTEMBER .....	09	10-11/
OCTOBER .....	10	12-13/
NOVEMBER .....	11	14-15/
DECEMBER .....	12	16-17/

B. How many weeks in 1984 did you receive unemployment compensation?

ENTER NUMBER OF WEEKS:                18-19/

C. How much did you receive per week on the average?

\$           ,                     .00 20-23/

5. INTERVIEWER: IS R CURRENTLY MARRIED AND IS R'S SPOUSE LISTED ON THE HOUSEHOLD ENUMERATION?

YES ..... (GO TO Q.6) ..... 1 24/

NO .. (SKIP TO Q.10, PAGE 14-158) ... 0

6. IF R IS CURRENTLY MARRIED AND R'S SPOUSE IS LISTED ON THE HOUSEHOLD ENUMERATION, ASK:

A. During 1984, did your (husband/wife) receive any income from service (he/she) performed in the military?

Yes ..... (ASK B) ..... 1 25/

No ..... (GO TO Q.7) ..... 0

B. IF YES: And how much total income did your (husband/wife) receive during 1984 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

\$                     ,                     .00 26-31/

7. IF SPOUSE EARNED ANY MONEY FROM THE MILITARY IN 1984, READ A. OTHERWISE, GO TO B.

- A. Not counting any money your (husband/wife) received from (his/her) military service ...
- B. During 1984, how much did your (husband/wife) receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$                     ,                     .00

32-37/

OR

NONE ..... 000000

OR

DON'T KNOW ..... 999998

8. [Now, please exclude any income you already have mentioned earned by your (husband/wife)]. (In addition to the income you received from your farm or your business, partnership, or professional practice,) During 1984, did your (husband/wife) receive any money in income ...

- A. from (his/her) own farm?

Yes .....	1	38/
No .....	0	
DON'T KNOW .....	8	

- B. from (his/her) own nonfarm business, partnership, or professional practice?

Yes .....	1	39/
No .....	0	
DON'T KNOW .....	8	

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q. 9.

- C. IF YES TO A OR B: How much did (he/she) receive after expenses?

\$                     ,                     .00

40-45/

OR

NONE ..... 000000

OR

DON'T KNOW ..... 999998

9. During 1984, did your (husband/wife) receive any unemployment compensation?

Yes .....	(ASK A-C) .....	1	46/
No .....	(GO TO Q. 10) .....	0	

9. (Continued)

IF YES, ASK A-C:

A. SHOW R **CALENDAR** AND ASK: In which months of 1984 did your (husband/wife) receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY .....	01	47-48/
FEBRUARY .....	02	49-50/
MARCH .....	03	51-52/
APRIL .....	04	53-54/
MAY .....	05	55-56/
JUNE .....	06	57-58/
JULY .....	07	59-60/
AUGUST .....	08	61-62/
SEPTEMBER .....	09	63-64/
OCTOBER .....	10	65-66/
NOVEMBER .....	11	67-68/
DECEMBER .....	12	69-70/

B. During how many weeks in 1984 did your (husband/wife) receive unemployment compensation?

ENTER NUMBER OF WEEKS:                71-72/  
OR  
DON'T KNOW ..... 98

C. How much did (he/she) receive per week on the average?

\$                ,                     .00 73-76/  
OR  
DON'T KNOW ..... 9998

10. INTERVIEWER: HAS R EVER BEEN MARRIED, SEPARATED, DIVORCED, OR WIDOWED?  
(SEE SECTION 2, Q. 1, PAGE 2-2 AND **INFORMATION SHEET**, ITEM 1)?

YES ..... (ASK A) ..... 1 77/  
NO ..... (GO TO Q.11) ..... 0

A. During 1984, did you [or your (husband/wife)] receive any money from someone living outside this household for alimony?

Yes ..... (ASK B) ..... 1 78/  
No ..... (GO TO C) ..... 0

B. How much did you [or your (husband/wife)] receive for alimony during 1984?

\$                ,                     .00 BEGIN DECK 50  
10-15/

C. During 1984, did you [or your (husband/wife)] pay any money to anyone for alimony?

Yes ..... (ASK D) ..... 1 16/  
No ..... (GO TO Q.11) ..... 0

D. How much did you [or your (husband/wife)] pay in 1984 for alimony?

\$                ,                     .00 17-22/

-----> INTERVIEWER NOTE: IN QS.11-21, REFER TO R'S SPOUSE ONLY IF R IS CURRENTLY MARRIED AND SPOUSE IS LISTED ON **HOUSEHOLD ENUMERATION**.

11. INTERVIEWER: HAS R EVER (HAD/GIVEN BIRTH TO) A CHILD (SEE **SECTION 10** QS.28, PAGE 10-100 OR Q.112, PAGE 10-133).

YES ..... (ASK A)..... 1 23/  
NO ..... (GO TO Q.12)..... 0

A. During 1984, did you [or your (husband/wife)] receive any money from someone living outside this household for child support?

Yes ..... (ASK B) ..... 1 24/  
No ..... (GO TO Q.12) ..... 0

B. How much did you [or your (husband/wife)] receive for child support during 1984?

\$                ,                .00 25-30/

12. During 1984, did you [or your (husband/wife)] pay any money to anyone for child support for any child not living in this household?

Yes ..... (ASK A) ..... 1 31/  
No ..... (GO TO Q.13)..... 0

A. How much did you [or your (husband/wife)] pay for child support during 1984?

\$                ,                .00 32-37/

13. INTERVIEWER: IF ANYONE OTHER THAN R'S SPOUSE AND CHILDREN IS LISTED IN HOUSEHOLD ENUMERATION, READ A BELOW. OTHERWISE, GO TO B.

A. For these next few questions, we are interested in different kinds of payments that might have been made directly to you [or your (husband/wife)]. For these questions, please do not include any payments that were made to your parents or to other members of your family, even if the payments were used to help pay for your support.

B. During 1984, did you [or your (husband/wife)] receive any payments from Aid to Families with Dependent Children--AFDC?

Yes ..... (ASK C & D) ..... 1 38/  
No ..... (GO TO Q.14) ..... 0

IF YES, ASK C & D:

C. In which months of 1984 did you [or your (husband/wife)] receive AFDC payments? CODE ALL THAT APPLY.

JANUARY .....	01	39-40/
FEBRUARY .....	02	41-42/
MARCH .....	03	43-44/
APRIL .....	04	45-46/
MAY .....	05	47-48/
JUNE .....	06	49-50/
JULY .....	07	51-52/
AUGUST .....	08	53-54/
SEPTEMBER .....	09	55-56/
OCTOBER .....	10	57-58/
NOVEMBER .....	11	59-60/
DECEMBER .....	12	61-62/

D. During 1984, how much did you [or your (husband/wife)] receive per month on the average from AFDC?

\$                ,                .... 00 63-66/

OR

DON'T KNOW ....9998



14. During 1984, did you [or your (husband/wife)] receive any food stamps under the government's Food Stamp Plan?

Yes ..... (ASK A & B) ..... 1 67/  
 No ..... (GO TO Q.15) ..... 0

IF YES, ASK A & B:

- A. In which months of 1984 did you [or your (husband/wife)] receive food stamps? CODE ALL THAT APPLY.

JANUARY .....	01	68-69/
FEBRUARY .....	02	70-71/
MARCH .....	03	72-73/
APRIL .....	04	74-75/
MAY .....	05	76-77/
JUNE .....	06	78-79/
		BEGIN DECK 51
JULY .....	07	10-11/
AUGUST .....	08	12-13/
SEPTEMBER .....	09	14-15/
OCTOBER .....	10	16-17/
NOVEMBER .....	11	18-19/
DECEMBER .....	12	20-21/

- B. How many dollars worth of food stamps did you [or your (husband/wife)] receive during (MOST RECENT MONTH CODED IN A)?

\$       ,                .00 22-25/

15. [Besides the (AFDC) (and) (food stamps),] During 1984, did you [or your (husband/wife)] receive any Supplemental Security Income or any public assistance or welfare payments from the local, state, or federal government?

Yes ..... (ASK A & B) ..... 1 26/  
 No ..... (GO TO Q.16) ..... 0

IF YES, ASK A & B:

(CODE ALL THAT APPLY)

- A. In which months of 1984 did you [or your (husband/wife)] receive any Supplemental Security Income or any public assistance or welfare payments?

JANUARY .....	01	27-28/
FEBRUARY .....	02	29-30/
MARCH .....	03	31-32/
APRIL .....	04	33-34/
MAY .....	05	35-36/
JUNE .....	06	37-38/
JULY .....	07	39-40/
AUGUST .....	08	41-42/
SEPTEMBER .....	09	43-44/
OCTOBER .....	10	45-46/
NOVEMBER .....	11	47-48/
DECEMBER .....	12	49-50/

- B. And how much did you [or your (husband/wife)] receive per month, on the average, during 1984?

\$       ,                .00 51-54/

OR

DON'T KNOW ..... 9998

16. A. During 1984, did you [or your (husband/wife)] receive any educational benefits for veterans under the G.I. Bill or V.F.A.P.?

Yes ..... 1 55/  
No ..... 0

- B. During 1984, did you [or your (husband/wife)] receive any (other kinds of) scholarships, fellowships, or grants?

Yes ..... 1 56/  
No ..... 0

- C. INTERVIEWER: IS ANY "YES" CODED IN Q.16 A OR B?

YES ..... (GO TO Q.17) ..... 1 57/  
NO ..... (SKIP TO Q.18) ..... 0

IF NOT CURRENTLY MARRIED, CIRCLE CODE "1" IN Q.17 WITHOUT ASKING.

OTHERWISE, ASK Q.17.

17. Who received these benefits--you, your (husband/wife), or both of you?

Respondent only ..... (ASK A, COLUMN 1 ONLY) ..... 1 58/  
Respondent's spouse only . (ASK A, COLUMN 2 ONLY) ..... 2  
Respondent and spouse .... (ASK A, COLUMNS 1 & 2) ..... 3

COLUMN 1 FOR RESPONDENT

- A. What was the total dollar value of the assistance you received from these sources during 1984?

\$                ,                .00  
OR 59-63/  
DON'T KNOW ..... 99998

COLUMN 2 FOR R'S SPOUSE

What was the total dollar value of the assistance your (husband/wife) received from these sources during 1984?

\$                ,                .00  
OR 64-68/  
DON'T KNOW ..... 99998

18. During 1984, did you [or your (husband/wife)] receive any (other) veterans benefits, worker's compensation, or disability payments?

Yes ..... (ASK A) ..... 1 69/  
No ..... (GO TO Q.19) ..... 0

- A. IF YES: What was the total amount of these other veterans benefits, worker's compensation, or disability payments you [or your (husband/wife)] received during 1984?

\$                ,                .00 70-74/

19. (Aside from the things you have already told me about,) During 1984, did you [or your (husband/wife)] receive any money, even if only a small amount, from any other source such as the ones on this card? For example: things like interest on savings, payments from Social Security, net rental income, or any other regular or periodic sources of income.

Yes ..... (ASK A) ..... 1 75/

No ..... (GO TO Q.20) ..... 0

HAND
CARD
HH

- A. IF YES: Altogether, how much did you [or your (husband/wife)] receive from these sources of income?

\$                ,                .00 76-80/

OR  
DON'T KNOW ..... 99998

BEGIN DECK 52

20. INTERVIEWER: DID YOU DO THE HOUSEHOLD ENUMERATION WITH A ...

VERSION A (YELLOW).. [SKIP TO Q.29, PAGE 14-165] ..... 1 10/

VERSION B (CREAM)... [SKIP TO Q.29, PAGE 14-165] ..... 2

VERSION C (TAN)..... 3

21. INTERVIEWER: **IF VERSION C**, DOES RESPONDENT LIVE WITH ANY RELATIVE OTHER THAN RESPONDENT'S SPOUSE AND CHILDREN?

YES ..... (GO TO Q.22) ..... 1 11/

NO ... (SKIP TO Q.26, PAGE 14-164) ... 0

22. The next few questions are about the income received during 1984 by the other persons who live here who are related to you--that is,... (READ NAMES OF ALL PERSONS IN HOUSEHOLD WHO ARE RELATED TO RESPONDENT OTHER THAN R's SPOUSE AND CHILDREN.)

During 1984, did any of these persons receive (READ ITEMS). CODE "YES" OR "NO" FOR EACH ITEM.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
A. payments from Aid to families with Dependent Children? Please include any payments which these persons may have received to help pay for your (or your husband's/wife's) support.	1	0	8	12/
B. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	13/
C. unemployment compensation or worker's compensation?	1	0	8	14/
D. Veterans Benefits?	1	0	8	15/

23. INTERVIEWER: IS ANY ITEM IN Q. 22 CODED YES (1)?

YES ..... (GO TO Q.24) ..... 1 16/  
 NO ..... (SKIP TO Q.25) ..... 0

IF YES TO Q. 23, ASK:

24. What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED TO R OTHER THAN R'S SPOUSE AND CHILDREN) from (READ ALL SOURCES CODED "YES" ABOVE IN Q.22) during 1984 - before taxes and other deductions?

\$                     ,                     .00

17-22/

OR

DON'T KNOW .....999998

25. And did any of these persons receive in 1984 any income from a full-time or part-time job, net income from their own farm, net income from their non-farm business or professional practice, income from Social Security or pensions, or any income from any other regular or periodic sources?

Yes.....(ASK A).....1 23/  
No.....(GO TO Q.26).....0  
Don't Know...(GO TO Q.26).....8

A. IF YES, ASK:

What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED TO R OTHER THAN R'S SPOUSE AND CHILDREN) from all sources mentioned above during 1984 - before taxes and other deductions?

\$                     ,                     .00 24-29/  
OR  
DON'T KNOW ..... 999998

- 
26. INTERVIEWER: DOES RESPONDENT CURRENTLY LIVE WITH A PARTNER OF THE OPPOSITE SEX (Q. 7B ON HOUSEHOLD INTERVIEW CODED "YES")?

YES ..... (ASK Q.27) ..... 1 30/  
NO ..... (SKIP TO Q.29) ..... 0

- 
27. During 1984, did ...(READ NAME OF PARTNER ON HH ENUMERATION) ...receive income from a full-time or part-time job, net income from (his/her) own farm, net income from (his/her own non-farm business, partnership, or professional practice, payments from Aid to Families with Dependent Children, Supplemental Security Income, or any other public assistance or welfare from the local, state or federal government, unemployment compensation or worker's compensation, income from Social Security or pensions, or income from any other regular or periodic sources?

HAND  
CARD  
II

Yes.....(GO TO Q.28).....1 31/  
No.....(SKIP TO Q.29).....0  
Don't Know...(SKIP TO Q.29)....8

---

IF YES TO Q. 27, ASK:

28. What was the total income received by (PARTNER) from all sources listed above during 1984--before taxes and other deductions?

\$                     ,                     .00 32-37/  
OR  
DON'T KNOW ..... 999998

**NOTE:**

IN QS.29-37,  
REFER TO R'S  
SPOUSE ONLY  
IF R IS  
CURRENTLY  
MARRIED AND  
SPOUSE IS  
LISTED ON  
HOUSEHOLD  
ENUMERATION

29. During 1984, did anyone [other than your (husband/wife)] pay at least half of your living expenses?

Yes ..... 1 38/

No ..... (SKIP TO Q.30) ..... 0

- A. INTERVIEWER: IS R LIVING IN A MILITARY BARRACK, ABOARD SHIP, OR IN BACHELOR ENLISTED OR OFFICER QUARTERS?

YES ..... (SKIP TO C) ..... 1 39/

NO ..... 0

- B. Does this person live [here in this household/in your home at (CITY OF PERMANENT RESIDENCE)]?

Yes ..... (GO TO Q.30) ..... 1 40/

No ..... 0

- C. What is this person's relationship to you?

RELATIONSHIP TO RESPONDENT: \_\_\_\_\_                41-42/  
OFFICE  
USE

- D. During 1984, what was the total income of (SOURCE OF SUPPORT) and all family members living with (him/her) before taxes or other deductions?

\$                ,                .00 43-48/  
OR

DON'T KNOW ..... 999998

30. Do you [or your (husband/wife)] pay at least half of the living expenses of any other person [including your (child/children) but] not counting (yourself/ yourselves)?

Yes ..... (ASK A) ..... 1 49/

No ..... (GO TO Q.31) ..... 0

- A. IF YES: Not counting (yourself/yourselves), how many persons are dependent upon you [or your (husband/wife)] for at least one-half of their support?

NUMBER OF DEPENDENTS:                50-51/

31. During any part of 1984, did you live in public housing or did you (IF R LIVES WITH RELATIVES: and your family) receive a rent subsidy or pay a lower rent because the federal, state, or local government was paying part of the cost?

Yes..... 1 52/

No..... 0

32. Is this (house/apartment) owned or being bought by you (or your spouse)?

Yes.....(ASK A-C).....1

53/

No.....(GO TO Q.33).....0

A. IF YES: About how much do you think this property would sell for on today's market?

\$|\_|\_|,|\_|\_|\_|\_|\_|,|\_|\_|\_|\_|\_|.00

54-60/

B. About how much do you (and your spouse) owe on this property, for mortgages, back taxes, home improvement loans, etc.?

\$|\_|\_|,|\_|\_|\_|\_|\_|,|\_|\_|\_|\_|\_|.00

61-67/

C. How much other debt do you have on this property, such as assessments, unpaid amounts of home improvement loans, or home repair bills, etc.?

\$|\_|\_|\_|\_|\_|,|\_|\_|\_|\_|\_|.00

68-73/

33. Do you (and your spouse) have any money in savings or checking accounts, savings and loan companies, money market funds, credit unions, U.S. savings bonds, individual retirement accounts (IRA or KEOGH), or certificates of deposit, common stock, stock options, bonds, mutual funds, rights to an estate or investment trust, or personal loans to others or mortgages you hold (money owed to you by other people)?

Yes.....(ASK A).....1

74/

No.....(GO TO Q.34).....0

HAND  
CARD  
JJ

BEGIN DECK 53

A. IF YES: How much altogether?

\$|\_|\_|,|\_|\_|\_|\_|\_|,|\_|\_|\_|\_|\_|.00

10-16/

34. Do you (and your spouse) own or have an investment in a farm operation, a business or professional practice, or any other real estate, (not counting the property on which you are living)?

Yes.....(ASK A-C).....1

17/

No.....(GO TO Q.35).....0

A. IF YES: Which ones? (CODE ALL THAT APPLY.)

Farm.....1

18/

Business.....2

19/

Other real estate.....3

20/

34. (Continued)

- B. What is the total market value of all of the (real estate) (assets in the business, including tools and equipment) (farm operation, including value of land, buildings, house, and the equipment, livestock, stored crops, and other assets)? IF FARM: Do not include crops held under commodity credit loans.

INTERVIEWER: "MARKET VALUE" IS DEFINED AS "HOW MUCH THE RESPONDENT WOULD REASONABLY EXPECT SOMEONE ELSE TO PAY IF THE ITEM(S) WERE SOLD TODAY IN ITS PRESENT CONDITION: NOT THE ORIGINAL PRICE THE RESPONDENT PAID FOR THE ITEM(S).

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ .00

21-27/

- C. What is the total amount of debts or liabilities you (and your spouse) owe on this operation or property? Include any unpaid mortgages. (Do not include any commodity credit loans.)

\$ | | , | | | , | | | | .00 28-34/

35. Do you (and your spouse) own anything on wheels, including cars, motorcycles, trucks, a motor home or trailer?

Yes.....(ASK A).....1 35/

No.....(GO TO Q.36).....0

- A. Do you (and your spouse) owe any money on this (these) vehicle(s)?

Yes.....(ASK B).....1 36/

No.....(SKIP TO C).....0

Don't Know..(SKIP TO C).....8

- B. How much altogether?

\$ | | | , | | | .00 37-42/

(INTERVIEWER: RECORD AMOUNT AND GO TO C)

OR

Don't Know.....(GO TO C).....8

- C. How much would this (these) vehicle(s) sell for on today's market?

\$ | | | , | | | .00 43-48/

(INTERVIEWER: RECORD AMOUNT AND GO TO Q.36)

OR

Don't Know.....(GO TO D).....8



D. IF DON'T KNOW IN C: What is (are) the year(s), make(s), and model(s)?

	Model Year	19				49-50/
Make & Model	<hr/>					51-80/
					BEGIN DECK 54	
	Model Year	19				10-11/
Make & Model	<hr/>					12-41/
	Model Year	19				42-43/
Make & Model	<hr/>					44-73/

BEGIN DECK 55

10/

HAND  
CARD  
KK

Thinking about each of the items worth more than \$500, together what is their total market value?

\$ | | | | | | | | | | .00 11-17/

18/

15-169).....0

\$ | | | | , | | | .00 19-24/

HR	MIN

AM  
PM

INTERVIEWER: PLEASE PRINT CLEARLY. VERIFY SPELLING.

That's all the survey questions I have, but (as you know) we would like to keep in touch with you. So, let me be certain that we have your correct name, address, and phone number.

1. A. Am I correct that your full name is (READ NAME FROM FACE SHEET)? Let me confirm the spelling.

BEGIN LOCATOR DECK 01

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT ..... ☐ 10/  
OTHERWISE, ENTER FULL NAME OF PERSON BELOW.

\_\_\_\_\_ 11-28/  
LAST NAME

\_\_\_\_\_ 29-46/  
FIRST NAME MIDDLE NAME

- B. And the street address where you are presently living is . . . (READ STREET ADDRESS FROM FACE SHEET)? Is that right?

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT ..... ☐ 47/  
OTHERWISE, ENTER FULL STREET ADDRESS BELOW.

(STREET ADDRESS) \_\_\_\_\_

BEGIN LOCATOR DECK 02

10-39/  
 (STREET ADDRESS - CONTINUED)

- C. And your city, state, and zip code are . . . (READ FROM FACE SHEET)  
Is that correct?

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT ..... ☐ 40/  
OTHERWISE, ENTER FULL INFORMATION BELOW.

\_\_\_\_\_ (CITY) 41-60/

61-62/  
| | | | | | | | | |  
(STATE)

63-67/  
| | | | |

NOTE: IF ANY CHANGES, ALSO ASK FOR COUNTY:

68/

NOTE: IF R LIVES OUTSIDE THE USA, RECORD COUNTRY:

(continued, next page)

1. (Continued)

D. Finally, we have your telephone number as (READ PHONE FROM **FACE SHEET**)?  
Is that correct?

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT ..... ☐ 69/  
OTHERWISE, ENTER PHONE BELOW.

(AREA CODE) \_\_\_\_\_ (PHONE NUMBER) \_\_\_\_\_ 70-79/

OR

BEGIN LOCATOR DECK 03

No phone .....	(SKIP TO Q.2) .....	0	10/
Refused .....		7	

E. IF RESPONDENT HAS NEW PHONE: In whose name is the phone listed?

RESPONDENT'S NAME ... (SKIP TO Q.2) ..... 1 11/  
Other ..... (SPECIFY BELOW) .... 2

12-41/

\_\_\_\_\_

(LAST), (FIRST) (MIDDLE)

GO TO Q.2

FOR OFFICE USE ONLY:

GEO CODE:   |   |   |   |   |   42-46/   PSU:   |   |   |   |   47-49/   MLA:   |   |   50/

42-71/

(LAST) (FIRST) (MIDDLE)

3. Thinking of all the people you know, either around here or elsewhere, who would be the one person you keep in touch with who would be most likely to know where you are? ENTER FULL NAME OF PERSON BELOW AND ASK A-D.

BEGIN LOCATOR DECK 06

10-39/

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
(LAST),										(FIRST)										(MIDDLE)																																																																															

A. What is (PERSON'S) relationship to you? \_\_\_\_\_ 40-41/

B. Where does (PERSON) live?

42-71/

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
(STREET ADDRESS)																																			(APT. #)																																																																

BEGIN LOCATOR DECK 07

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
(CITY)															10-34/										(STATE)										35-39/										(ZIP)																																																						

C. What is (PERSON'S) telephone number?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
(AREA CODE)										/										(PHONE NUMBER)										40-49/																																																																					

No phone .....(SKIP TO Q.4)..... 0 50/

Refused ..... 7

D. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name ..(SKIP TO Q.4). 1 51/

Other (SPECIFY BELOW) ..... 2

BEGIN LOCATOR DECK 08

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
(LAST),										(FIRST)										(MIDDLE)																																																																															

40/

41 /

(MIDDLE)

A. Is your mother currently living?

No ..... (SKIP TO Q.6) ..... 0

43-72/

a. Where does she live?

Other (SPECIFY BELOW) ..... 2

10-39/

40-64/                      65-69/

b. What is her telephone number?

BEGIN LOCATOR DECK 12

Refused ..... 7

Father's name .....(SKIP TO Q.6)..... 2

12-41/

6. Which of your other relatives are you in touch with most frequently? PROBE FOR TWO RELATIVES. ENTER FULL NAMES BELOW AND ASK a-d FOR EACH.

FIRST RELATIVE'S NAME:

\_\_\_\_\_ 42-71/  
 (LAST), (FIRST) (MIDDLE)

a. What is (RELATIVE'S) relationship to you? \_\_\_\_\_ 72-73/

b. Where does (RELATIVE) live? \_\_\_\_\_ BEGIN LOCATOR DECK 13

\_\_\_\_\_ 10-39/  
 (STREET ADDRESS) (APT. #)

\_\_\_\_\_ 40-64/ 65-69/  
 (CITY) (STATE) (ZIP)

c. What is (RELATIVE'S) telephone number?

\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
 (AREA CODE) (PHONE NUMBER) 70-79/  
 BEGIN LOCATOR DECK 14

No phone ..(SKIP TO 2ND RELATIVE Q.7)... 0 10/  
 Refused ..... 7

d. IF RELATIVE HAS PHONE: In whose name is the phone listed?

(RELATIVE'S) name ....(GO TO Q.7)..... 1 11/  
 Other (SPECIFY BELOW) ..... 2

\_\_\_\_\_ 12-41/  
 (LAST), (FIRST) (MIDDLE)

7. SECOND RELATIVE'S NAME

\_\_\_\_\_ 42-71/  
 (LAST), (FIRST) (MIDDLE)

a. What is (RELATIVE'S) relationship to you? \_\_\_\_\_ 72-73/

b. Where does (RELATIVE) live? \_\_\_\_\_ BEGIN LOCATOR DECK 15

\_\_\_\_\_ 10-39/  
 (STREET ADDRESS) (APT. #)

\_\_\_\_\_ 40-64/ 65-69/  
 (CITY) (STATE) (ZIP)

c. What is (RELATIVE'S) telephone number?

\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
 (AREA CODE) (PHONE NUMBER) 70-79/  
 BEGIN LOCATOR DECK 16

No phone .....(SKIP TO Q.8)..... 0 10/  
 Refused ..... 7

d. IF RELATIVE HAS PHONE: In whose name is the phone listed?

(RELATIVE'S) name ...(GO TO Q.8)..... 1 11/  
 Other (SPECIFY BELOW) ..... 2

\_\_\_\_\_ 12-41/  
 (LAST), (FIRST) (MIDDLE)



8. Which of your friends do you visit or talk with most frequently? PROBE FOR TWO FRIENDS. ENTER FULL NAMES BELOW AND ASK a-c FOR EACH.

FIRST FRIEND'S NAME:

\_\_\_\_\_ 42-71/  
 (LAST), (FIRST) (MIDDLE)

- a. Where does (FRIEND) live?

BEGIN LOCATOR DECK 17

\_\_\_\_\_ 10-39/  
 (STREET ADDRESS) (APT. #)

\_\_\_\_\_ 40-64/ 65-69/  
 (CITY) (STATE) (ZIP)

- b. What is (FRIEND'S) telephone number?

\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
 (AREA CODE) (PHONE NUMBER) 70-79/  
 BEGIN LOCATOR DECK 18

No phone ...(SKIP TO 2ND FRIEND Q.9).. 0 10/

Refused ..... 7

- c. IF FRIEND HAS PHONE: In whose name is the phone listed?

(FRIEND'S) name .....(GO TO Q.9).... 1 11/

Other (SPECIFY BELOW) ..... 2

\_\_\_\_\_ 12-41/  
 (LAST), (FIRST) (MIDDLE)

9. SECOND FRIEND'S NAME

\_\_\_\_\_ 42-71/  
 (LAST), (FIRST) (MIDDLE)

- a. Where does (FRIEND) live?

BEGIN LOCATOR DECK 19

\_\_\_\_\_ 10-39/  
 (STREET ADDRESS) (APT. #)

\_\_\_\_\_ 40-64/ 65-69/  
 (CITY) (STATE) (ZIP)

- b. What is (FRIEND'S) telephone number?

\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
 (AREA CODE) (PHONE NUMBER) 70-79/  
 BEGIN LOCATOR DECK 20

No phone .....(SKIP TO Q.10)..... 0 10/

Refused ..... 7

- c. IF FRIEND HAS PHONE: In whose name is the phone listed?

(FRIEND'S) name ..(GO TO Q.10).. 1 11/

Other (SPECIFY BELOW) ..... 2

\_\_\_\_\_ 12-41/  
 (LAST), (FIRST) (MIDDLE)

10. When you are not spending your spare time at home, where do you usually go? PROBE FOR NAME, ADDRESS, AND PHONE NUMBER OF PLACE SUCH AS NEIGHBORHOOD GATHERING PLACE, ETC.

**2-9**

Person is already listed in Q. ~~XXXXXXXXXX~~ ... (GO TO Q.11) .. 1 42/  
 Other (SPECIFY BELOW) ..... 2

(NAME OF PLACE--"HANGOUT")	43-72/ BEGIN LOCATOR DECK 21
(KIND OF PLACE)	10-39/
(STREET ADDRESS)	40-69/
(CITY)	40-69/
(STATE)	40-69/
(ZIP)	40-69/
(AREA CODE)	40-69/
(PHONE NUMBER)	40-69/

11. Do you have a nickname or some name other than your legal one by which most of your friends, neighbors, or relatives know you?

Yes ..... (ASK A) ..... 1 50/  
 No ..... (GO TO Q.12) ..... 0

A. IF YES: What is it?

(NICKNAME)	51-70/
------------	--------

12. FOR MARRIED WOMEN: What is your maiden name? BEGIN LOCATOR DECK 23

(MAIDEN NAME)	10-29/
---------------	--------

13. Do you expect to move at any time in the next year?

Yes ..... (ASK A & B) ..... 1 30/  
 No ..... (GO TO Q.14) ..... 0

IF YES:

A. Approximately when do you think that will happen? PROBE FOR MONTH AND YEAR.

(MONTH)	(YEAR)	31-34/
---------	--------	--------

B. Where do you expect to move?

PROBE FOR DETAILS, SPECIFIC ADDRESS IF POSSIBLE.

(STREET ADDRESS)	35-64/
(CITY)	35-64/
(STATE)	35-64/
(ZIP)	35-64/

14. NOW PAY RESPONDENT AND HAVE HIM/HER SIGN THE RECEIPT.

---

15. IF CURRENT MAILING ADDRESS IS NOT A REGULAR STREET ADDRESS OR IF DU IS  
DIFFICULT TO LOCATE, GIVE DU DESCRIPTION AND DIRECTIONS HERE:

40/

---

16. OTHER COMMENTS ON LOCATING R:

41/

## INTERVIEWER REMARKS

INTERVIEWER: Complete these remarks as soon as you have finished the questionnaire.

1. Length of the interview: | | | | 29-31/  
 (Section 1, p. 1 Through MINUTES  
 Section 14)

---

2. Date of interview: | | | | 8 | 5 | 32-37/  
MONTH DAY YEAR

---

3. Race of Respondent:

White .....	1	38/
Black .....	2	
Other .....	3	

---

4. Sex of respondent:

Male .....	1	39/
Female .....	2	

---

5. In what language was this interview conducted?

English .....	1	40/
Spanish .....	2	
Other (SPECIFY)		
	3	

---

6. In general, what was the respondent's attitude toward the interview?

Friendly and interested .....	1	41/
Cooperative but not particularly interested .....	2	
Impatient and restless .....	3	
Hostile .....	4	

---

7. In general, was the respondent's understanding of the questions . . .

Good? .....	1	42/
Fair? .....	2	
Poor? .....	3	

8. Was anyone else present other than small children during any portion of the youth's interview?

Yes .....(ANSWER A)..... 1 43/  
 No .....(GO TO Q.9).... 0  
 TELEPHONE INTERVIEW ..(GO TO Q.9).... 8

A. IF YES: Who was present? CODE ALL THAT APPLY.

R's parent(s) ..... 1 44/  
 Other member(s) of  
 R's household ..... 2 45/  
 R's friend(s) ..... 3 46/  
 Other (SPECIFY)  
 ..... 4 47/

9. List questions that confused, angered, or caused discomfort to the respondent or questions that you feel the respondent did not answer truthfully. EXPLAIN.

None ..... 0 48/

or

	Section	Question	
A.	_____ 49-50/	_____ 51-53/	
B.	_____ 54-55/	_____ 56-58/	
C.	_____ 59-60/	_____ 61-63/	
			64/

Describe Problem: \_\_\_\_\_

10. List questions with skip errors, questions that were confusing to you, or questions that otherwise didn't work. EXPLAIN.

BEGIN DECK 56

None ..... 0 10/

or

	Section	Question	
A.	_____ 11-12/	_____ 13-15/	
B.	_____ 16-17/	_____ 18-20/	
C.	_____ 21-22/	_____ 23-25/	
			26/

Describe Problem: \_\_\_\_\_

11. INTERVIEWER: TRANSFER HERE THE LAST LINE OF THE RECORD OF CALLS.

Try #	Day #	Date		Time	Type P = 1 Tel = 2	Outcome Code
		Month	Day			
27-28/ _____	29-30/ _____	31-32/ _____	33-34/ _____	35-38/ _____	39/ _____	40-41/ _____
				A P		

12. Please record your interview ID #: \_\_\_\_\_ 42-47/

13. Please sign your name here: \_\_\_\_\_

14. Please affix label with your supervisor's name and ID # here: \_\_\_\_\_

OFFICE USE ONLY

CODER ID # \_\_\_\_\_

48-50/

KEY PUNCH ID # \_\_\_\_\_

51-53/

PASS 1 CODER ID # \_\_\_\_\_

54-56/

PASS 2 CODER ID # \_\_\_\_\_

57-59/