
OMB 1220-0109
EXP 12-31-89

INTERVIEWER:
(CODE ONE)
Personal
Interview 1

NORC
University of Chicago

Telephone
Interview 2

CENTER FOR HUMAN RESOURCE RESEARCH
Ohio State University

National Longitudinal Survey
of
Labor Market Experience

ROUND ELEVEN
Youth Survey, 1989

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 PERSONAL INTERVIEW: 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, Bureau of Labor Statistics, under authority of Title 29 USC 2. Your participation is vital to the success of the study and is voluntary. All the information you give will be held in confidence and will be used for research purposes only. 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.

The Bureau of Labor Statistics estimates that it will take an average of 43 minutes per respondent to complete this survey. If you have any comments regarding this estimate or any other aspect of the survey, including suggestions for reducing the time needed to respond, you may send them to the Bureau of Labor Statistics, Division of Management Systems (1220-0109), 441 G Street NW, Washington, D.C. 20212 and to the Office of Management and Budget, Paperwork Reduction Project (1220-0109), Washington, D.C. 20503.

HOUSEHOLD INTERVIEW

- A. INTERVIEWER: CODE ONE: YOUTH RESPONDENT IS LIVING IN: 10-11/
- OWN DU(SKIP TO C)..... 11
 - RESPONDENT IN PARENT HOUSEHOLD.....(SKIP TO C)..... 19
 - CONVENT, MONASTERY, OTHER RELIGIOUS INSTITUTION ..(SKIP TO Q.13, HHI-6)..... 15
 - OFF-BASE MILITARY FAMILY HOUSING(SKIP TO C)..... 13
 - ON-BASE MILITARY FAMILY HOUSING(SKIP TO C)..... 12
 - OTHER INDIVIDUAL QUARTERS (SPECIFY) (SKIP TO Q.13, HHI-6) _____
_____ 16
 - OPEN BAY OR TROOP BARRACKS, ABOARD SHIP.....(SKIP TO E)..... 01
 - BACHELOR ENLISTED OR OFFICER QUARTERS.....(SKIP TO E)..... 02
 - DORMITORY, FRATERNITY OR SORORITY (GO TO B)..... 03
 - JAIL.....(GO TO B)..... 05
 - HOSPITAL(GO TO B)..... 04
 - OTHER TEMPORARY INDIVIDUAL QUARTERS (SPECIFY) (GO TO B) _____
_____ 06

B. Now, I have as your permanent address and phone number (READ ADDRESS FROM FACE SHEET). Is that right?

- Yes(ENTER ADDRESS AND PHONE # IN SECTION 13, Q.2) 1
- No.(ASK FOR CORRECT ADDRESS AND PHONE # AND ENTER THEM IN SECTION 13, Q.2)..... 0

C. I'd like to ask you a few questions about the members of your household. Things change from year to year, and we need to be sure that we have accurate information for this year.

- D. INTERVIEWER: DOES RESPONDENT LIVE IN SAME HOUSEHOLD AS AT THE TIME OF THE LAST INTERVIEW?
- YES(GO TO HHI-2 AND CONTINUE WITH SAME HOUSEHOLD QUESTIONS 1-5) 1
 - NO(GO TO HHI-3 AND CONTINUE WITH NEW HOUSEHOLD QUESTIONS 1-5) 0

FOR RESPONDENT WHO LIVES IN OPEN BAY TROOP BARRACKS/BACHELOR ENLISTED OR OFFICERS QUARTERS:

E. INTERVIEWER NOTE: IF IT IS NOT ALREADY THERE, ENTER RESPONDENT'S NAME ON FACE SHEET GRID.

I'd like to ask you a few questions about the members of your household. Things change from year to year, and we need to be sure that we have accurate information for this household.

First, I'd like to ask you ...

- Are you currently married, widowed, divorced, legally separated, or have you never been married?
- Married(GO TO Q.1 HHI-3) 1 12/
 - Widowed(SKIP TO Q.13, HHI-6)..... 2
 - Divorced(SKIP TO Q.13, HHI-6)..... 3
 - Legally Separated(SKIP TO Q.13, HHI-6)..... 4
 - Never Married(SKIP TO Q.13, HHI-6)..... 5

SAME HOUSEHOLD

FOR RESPONDENT WHO WAS LIVING IN SAME HOUSEHOLD OR PERMANENT
RESIDENCE AS AT DATE OF LAST INTERVIEW.

INTERVIEWER NOTE: RECORD QS.1-7 AND QS.9-11 ON THE HOUSEHOLD ENUMERATION ON THE FACE SHEET.

I have listed as living in your household (in CITY OF PERMANENT RESIDENCE) (READ NAMES).

Have I missed . . .

ADD OTHER PERSONS ON NEXT AVAILABLE LINES AS THEY ARE NAMED BY THE RESPONDENT.

1. Any babies or small children?
- Yes ... (ASK A) 1
No 0

A. IF YES: May I please have their full names?

2. Any lodgers, boarders, or persons in (your/their) employ who live (here/there)?
- Yes ... (ASK A) 1
No 0

A. IF YES: May I please have their full names?

3. Anyone who usually lives (here/there) but is away at present traveling, at school, or in a hospital?
- Yes ... (ASK A) 1
No 0

A. IF YES: May I please have their full names?

4. Anyone else staying (here/there)?
- Yes ... (ASK A) 1
No 0

A. IF YES: May I please have their full names?

5. I have (READ LIST OF NAMES) listed as living (here/there). Do any of these persons have a usual residence somewhere else?
- Yes ... (ASK A) 1
No 0

A. IF YES: Who is that? Who else?

CROSS OUT NAMES IN HOUSEHOLD ENUMERATION.

(SKIP TO Q.6 ON HHI-4)

NEW HOUSEHOLD

FOR RESPONDENT WHO HAS A DIFFERENT HOUSEHOLD OR PERMANENT RESIDENCE SINCE DATE OF LAST INTERVIEW

INTERVIEWER NOTE: RECORD QS.1-7 AND QS.9-11 ON THE HOUSEHOLD ENUMERATION ON THE **FACE SHEET**.

1. First, may I please have the full name of the person who rents or owns your home (in CITY OF PERMANENT RESIDENCE)? (Are you/Is PERSON) currently living or staying (here/there)?

IF YES: ENTER FULL NAME OF HOUSEHOLDER ON FIRST EMPTY LINE OF HOUSEHOLD ENUMERATION. ADD OTHER PERSONS ON NEXT AVAILABLE LINES AS THEY ARE NAMED BY THE RESPONDENT.

2. Next, I would like the names of all the other persons who live [here/there, (in CITY OF PERMANENT RESIDENCE)] or who usually stay (here/there). Let's start with the persons who are related to (HOUSEHOLDER).

A. First, (do you/does HOUSEHOLDER) have a (husband/wife) living in this household?

Yes ... (ASK a) 1
No 0

a. IF YES: May I have (his/her) full name?

B. Next, (your/his/her) children who live (here/there). IF CHILDREN: May I have their full names?

C. Now any other persons living (here/there) who are related to (HOUSEHOLDER)? IF OTHERS: May I have their full names?

3. Are there any persons who usually stay (here/there) who are not related to (HOUSEHOLDER)?

Yes ... (ASK A) 1
No 0

A. IF YES: May I have their full names?

4. Have I missed anyone, such as new babies or small children, roomers or boarders, or other relatives staying (here/there)?

Yes ... (ASK A) 1
No 0

A. IF YES: May I have their full names?

5A. Are there any other persons who usually stay (here/there) but who are away now on vacation or a business trip, at school, or in the hospital? IF R NOT LISTED READ: Don't forget to include yourself.

Yes ... (ASK a) 1
No 0

a. IF YES: May I have their full names?

5B. I have (READ LIST OF NAMES) listed as living (here/there). Do any of these people have a usual residence somewhere else?

Yes ... (ASK a) 1
No 0

a. IF YES: Who is that? Who else?
CROSS OUT NAMES IN HOUSEHOLD ENUMERATION.

6. FOR EACH PERSON: IF NOT OBVIOUS, ASK SEX.

7. FOR EACH PERSON (EXCEPT YOUTH RESPONDENT), ASK: What is (PERSON'S) relationship to you?

8. INTERVIEWER: IS R'S SPOUSE LISTED ON HOUSEHOLD ENUMERATION?

YES (SKIP TO Q.9) 1

13/

NO (GO TO A) 0

A. INTERVIEWER: IS THERE AT LEAST ONE PERSON OF THE OPPOSITE SEX NOT RELATED TO THE RESPONDENT LISTED ON THE HOUSEHOLD ENUMERATION?

YES (ASK B) 1

14/

NO (SKIP TO Q.9) 0

B. IF YES TO A: Are you currently living as a partner with someone of the opposite sex?

Yes (ASK C) 1

15/

No (SKIP TO Q.9) 0

C. INTERVIEWER: ENTER LINE NUMBER (FROM FACE SHEET) OF PARTNER HERE: ! ! ! 16-17/
PROBE IF NECESSARY.

9. FOR EACH PERSON, ASK: What was (your/PERSON'S) age on (your/his/her) last birthday?

10. A. FOR THE SAME HOUSEHOLD AS LAST YEAR, ASK:

1) FOR AGE 25 AND OLDER, ASK: From last year, we have (GRADE/YEAR) as the highest grade or year of regular school that (you have/PERSON has) completed. Has there been any change in that over the last year?

2) FOR AGES 5-24, ASK: What was the highest grade or year of regular school (you have/PERSON has) ever completed?

B. FOR NEW HOUSEHOLD, FOR AGE 5 OR OLDER, ASK: What was the highest grade or year of regular school (you have/PERSON has) ever completed?

11. FOR AGE 14 OR OLDER, ASK: At any time in 1988, did (you/PERSON) work either full or part-time -- not counting work around the house?

12. INTERVIEWER: IF RESPONDENT IS LIVING IN TEMPORARY QUARTERS (Q.A, PAGE 1 CODED 01, 02, 03, 04, 05, OR 06)

READ: Is your home (in CITY OF PERMANENT RESIDENCE) located on a farm?

OTHERWISE, INTERVIEWER: IS THIS PLACE LOCATED IN A RURAL AREA?

Yes (ASK A) 1

18/

No (GO TO Q.14, HHI-6)..... 0

A. IF YES: How many acres do you and (READ NAMES OF ALL PERSONS AGE 14 OR OLDER WHO ARE RELATED TO YOUTH RESPONDENT) own or rent (here/there)?

LESS THAN ONE ACRE ...(GO TO Q.14, HHI-6).... 000000

OR

! _ ! _ ! _ ! _ , ! _ ! _ ! _ (ASK B)

19-24/

TOTAL ACREAGE

B. (HAND CARD 1) During 1988, how much did the sale of crops, livestock, or other farm products amount to--that is, total sales before expenses? Just tell me the letter.

- a. Nothing 01
b. \$1 - \$49 02
c. \$50 - \$249 03
d. \$250 - \$999 04
e. \$1,000 - \$2,500 05
f. \$2,501 - \$5,000 06
g. \$5,001 - \$10,000 07
h. \$10,001 - \$20,000 08
i. \$20,001 - \$40,000 09
j. \$40,001 - \$60,000 10
k. \$60,001 - \$80,000 11
l. \$80,001 - 100,000 12
m. \$100,001 or more 13

25-26/

HAND CARD 1

SKIP TO Q.14, HHI-6

IF RESPONDENT IS LIVING IN A RELIGIOUS INSTITUTION OR OTHER INDIVIDUAL QUARTERS:

13. INTERVIEWER: IF IT IS NOT ALREADY THERE, ENTER RESPONDENT'S NAME ON FACE SHEET GRID.
DELETE ALL OTHER NAMES THERE.

-
14. These are all the questions in this short first part of the interview. Now let's begin the main questionnaire.

BEGIN MAIN QUESTIONNAIRE

SECTION 1

1. INTERVIEWER: RECORD TIME INTERVIEW BEGINS HERE:

TIME BEGAN	<input type="text"/>	<input type="text"/>	AM/MIDNIGHT PM/NOON	31/
	HR	MIN		
	27-28/	29-30/		

2. INTERVIEWER: BEFORE CONDUCTING THIS INTERVIEW:

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

GO TO SECTION 2

INTENTIONALLY BLANK

SECTION 2: MARITAL HISTORY

1. When we last talked with you on (DATE OF LAST INTERVIEW), you said you were (READ MARITAL STATUS FROM INFORMATION SHEET ITEM # 1).

A. Have there been any changes in your marital status since (DATE OF LAST INTERVIEW)?

Yes (GO TO Q.2, PAGE 2-4) 1

32/

No (ASK B) 0

B. Just to verify, your current marital status is ... (READ CATEGORIES)?

Never married....(SKIP TO SECTION 3, PAGE 3-9)..... 0

Married.....(SKIP TO Q.5, PAGE 2-5)..... 1

33/

Separated.....(SKIP TO SECTION 3, PAGE 3-9)..... 2

Divorced.....(SKIP TO SECTION 3, PAGE 3-9)..... 3

Widowed.....(SKIP TO SECTION 3, PAGE 3-9)..... 6

	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE
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
	34/	40/	46/
B. When did that happen? ENTER MONTH & YEAR.	! _ ! _ ! 19 ! _ ! _ ! MONTH YEAR 35-36/ 37-38/	! _ ! _ ! 19 ! _ ! _ ! MONTH YEAR 41-42/ 43-44/	! _ ! _ ! 19 ! _ ! _ ! MONTH YEAR 47-48/ 49-50/
C. After that, was there any other 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 QUEX. GO TO Q.2A, [P.2-4] FOR THE NEXT CHANGE)..... 1 No....(GO TO Q.3)... 0
	39/	45/	51/

3. A. Just to verify, your current marital status is ... (READ CATEGORIES)?

Married..... 1
 Separated..... 2
 Divorced..... 3
 Widowed..... 6

52/

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

YES....(GO TO Q.4, PAGE 2-5).... 1
 NO....(SKIP TO Q.5, PAGE 2-5)... 0

53/

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

ENTER MONTH: |_|_| 54-55/

AND YEAR: 19 |_|_| 56-57/

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 1988, 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.

58-60/

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

OR
DID NOT WORK DURING THAT PERIOD
(ENTER "00" IN 6A AND SKIP TO Q.7, PAGE 2-6) 995

OR
NEVER WORKED
(ENTER "00" IN 6A AND SKIP TO Q.7, PAGE 2-6) 996

OR
DON'T KNOW 998

6. A. During the 52 weeks of 1988, how many weeks did your (most recent) (husband/wife) work at all jobs, either full-time or part-time, not counting work around the house?

ENTER NUMBER OF WEEKS

WORKED IN 1988: 61-62/

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

ENTER NUMBER OF HOURS: 63-64/

7. INTERVIEWER: TO FIND THE # OF WEEKS THE R'S SPOUSE WAS NOT WORKING IN 1988, SUBTRACT # OF WEEKS IN 6A FROM # OF WEEKS IN A YEAR (52) AND RECORD BELOW.

A. NUMBER OF WEEKS IN 1988: 52

B. NUMBER OF WEEKS IN 6A:

C. ENTER NUMBER OF WEEKS NOT WORKING: 65-66/

D. IF C = 00, GO TO Q.8.

IF C = 52, ASK:

You said your (husband/wife) did not work in 1988. How many weeks in 1988 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 1988. 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: 67-68/

8. INTERVIEWER: DOES R HAVE A SPOUSE CURRENTLY LISTED ON THE HOUSEHOLD ENUMERATION ON THE FACE SHEET?

YES.....(GO TO Q.9)..... 1 69/

NO.....(SKIP TO SECTION 3, PAGE 3-9)..... 0

9. Now I'd like some information on what your (husband/wife) was doing last week. What was your (husband/wife) doing most of last week--working, keeping house, going to school, or something else? RECORD VERBATIM AND CODE ONE ONLY.
-
-

CODE SMALLEST # MENTIONED

Working.....(SKIP TO Q.11).....	01	
WITH A JOB BUT NOT AT WORK.....	02	
LOOKING FOR WORK.....	03	70-71/
Keeping house.....	04	
Going to school.....	05	
UNABLE TO WORK.....(SKIP TO Q.14).....	06	
OTHER (SPECIFY) _____	07	

10. Did your (husband/wife) 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 THAT SPOUSE DID.)

Yes.....	1	72/
No.....(SKIP TO Q.14).....	0	

11. How many hours did your (husband/wife) work last week at all jobs?

ENTER # OF HOURS: |__|__|	73-74/
--------------------------	--------

12. INTERVIEWER: CODE FROM Q.11. R'S SPOUSE WORKED:

1 - 34 HOURS.....(ASK Q.13).....	1	75/
35 OR MORE HOURS...(SKIP TO Q.15).....	2	

ASK Q.13 ONLY IF CODE 1 IN Q.12.

13. Does your (husband/wife) usually work 35 hours or more a week at this job?

Yes.....(SKIP TO Q.15).....	1	76/
No.....(SKIP TO Q.15).....	0	

14. Did your (husband/wife) do any work for pay in the last 4 weeks?

Yes.....(GO TO Q.15).....	1	77/
No....(SKIP TO SECTION 3, PAGE 3-9).....	0	

15. At what time of day did your (husband/wife) usually begin and end work at (his/her) principal job most days [last week/the most recent week that (he/she) worked?]

IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: 10/

INTERVIEWER RECORD:

Time usually began: _____ AM / MIDNIGHT
PM / NOON
(CIRCLE ONE)
11-15/

Time usually ended: _____ AM / MIDNIGHT
PM / NOON
(CIRCLE ONE)
16-20/

16. (Does/Did) your (husband/wife) 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 21/

Shift rotates..... 2

GO TO SECTION 3

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 22/

No (SKIP TO Q.7, PAGE 3-14) 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 1988 AND 1989.)

1988

JANUARY	01	23-24/
FEBRUARY	02	25-26/
MARCH	03	27-28/
APRIL	04	29-30/
MAY	05	31-32/
JUNE	06	33-34/
JULY	07	35-36/
AUGUST	08	37-38/
SEPTEMBER	09	39-40/
OCTOBER	10	41-42/
NOVEMBER	11	43-44/
DECEMBER	12	45-46/

1989

JANUARY	13	47-48/
FEBRUARY	14	49-50/
MARCH	15	51-52/
APRIL	16	53-54/
MAY	17	55-56/
JUNE	18	57-58/
JULY	19	59-60/
AUGUST	20	61-62/
SEPTEMBER	21	63-64/
OCTOBER	22	65-66/
NOVEMBER	23	67-68/
DECEMBER	24	69-70/

1. (Continued)

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

Yes (ASK C) 1

10/

No (GO TO Q.2, PAGE 3-11) 0

IF YES TO B, ASK C:

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

1ST GRADE 01

2ND GRADE 02

3RD GRADE 03

4TH GRADE 04

5TH GRADE 05

6TH GRADE 06

7TH GRADE 07

8TH GRADE 08

11-12/

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 3-13)

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

MONTH: |__| |__| | 13-14/

YEAR: |__| |__| | 15-16/

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?

-
- RECEIVED DEGREE, COMPLETED COURSE WORK 01
 - 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

17-18/

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

19-20/

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

21-22/

5. INTERVIEWER: WHAT GRADE DOES R CURRENTLY ATTEND (SEE Q.1C, PAGE 3-10) OR WHAT IS THE HIGHEST GRADE R HAS ATTENDED SINCE THE DATE OF THE LAST INTERVIEW (SEE Q.3, PAGE 3-12)?

- UNGRADED...(SKIP TO SECTION 4, PG. 4-19).. 1
- GRADES 1-8 (SKIP TO SECTION 4, PG. 4-19).. 2
- GRADES 9-12 (GO TO Q.6) 3 23/
- GRADE 13.....(SKIP TO Q.7) 4
- GRADE 14-20.....(SKIP TO Q.7) 5

6. INTERVIEWER: SEE Q.1C, PAGE 3-10. IS RESPONDENT CURRENTLY ENROLLED IN GRADES 9-12 (Q.1C CODED 9-12)?

- YES (SKIP TO SECTION 4, PAGE 4-19) .. 1 24/
- NO 0

7. 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.9) 1 25/
- NO..... 0

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

- Yes (ASK A & B) 1 26/
- No. (SKIP TO SECTION 4, PAGE 4-19) .. 0

IF YES, ASK A & B:

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

- High school diploma..... 1
- GED 2 27/
- IF VOLUNTEERED: Both..(ASK B REGARDING HIGH SCHOOL DIPLOMA)..... 3

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

MONTH: |__| |__| | 28-29/
 AND
 YEAR: 19 |__| |__| | 30-31/

9. A. INTERVIEWER: WAS RESPONDENT'S LAST INTERVIEW IN 1988?

YES(GO TO B)..... 1

NO ...(GO TO Q.10B AND ASK ABOUT HIGHEST DEGREE EVER RECEIVED)..... 0 32/

B. INTERVIEWER: HAS R BEEN ENROLLED IN SCHOOL SINCE DATE OF LAST INTERVIEW? IS Q.1, PAGE 3-9, CODED YES?

YES(ASK Q.10)..... 1

NO(SKIP TO Q.11)..... 0 33/

10. A. Since (DATE OF LAST INTERVIEW), have you obtained any kind of academic degree, for example, an associate's degree or any other type of college degree?

Yes(ASK B)..... 1

No(SKIP TO Q.11)..... 0 34/

B. (HAND CARD A) What is the name of the highest degree you have (ever) received [since (DATE OF LAST INTERVIEW)]? (CODE ONE ONLY.)

High school diploma (or equivalent) 01

Associate/Junior College (AA) 02

Bachelor of Arts Degree (BA) 03

Bachelor of Science (BS) 04 35-36/

Master's Degree (MA, MBA, MS, MSW) 05

Doctoral Degree (PhD) 06

Professional Degree (MD, LLD, DDS) 07

Other (SPECIFY) _____ 08

HAND CARD A

C. In what month and year did you complete that degree?

ENTER MONTH: |__|__| 37-38/

AND

YEAR: 19 |__|__| 39-40/

11. INTERVIEWER: HAS R ATTENDED GRADE 13 OR HIGHER SINCE DATE OF
LAST INTERVIEW? IS Q.5, PAGE 3-14, CODED 4 OR 5?

YES.....(GO TO Q.12)..... 1

NO..(SKIP TO SECTION 4, PAGE 4-19).. 0

41/

12. 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. INTERVIEWER: ASK Q.13-25 FOR MOST RECENT SCHOOL BEFORE ASKING ABOUT NEXT SCHOOL, IF ANY.

COLUMN 1

COLUMN 2

COLUMN 3

MOST RECENT SCHOOL

NEXT RECENT SCHOOL

NEXT RECENT SCHOOL

BEGIN DECK 04

BEGIN DECK 05

BEGIN DECK 06

13. What is the name of the (next) college or university you (are currently attending/have most recently attended)?

10-34/

10-34/

10-34/

OFFICE USE ONLY

! ! ! ! ! ! !

! ! ! ! ! ! !

! ! ! ! ! ! !

35-40/

35-40/

35-40/

14. INTERVIEWER: SEE INFORMATION SHEET ITEM 4. IS THIS THE SAME SCHOOL AS LISTED ON THE INFORMATION SHEET?

YES (SKIP TO Q.18)... 1
NO 0 41/

YES (SKIP TO Q.18)... 1
NO 0 41/

YES (SKIP TO Q.18)... 1
NO 0 41/

15. Where is this school located? What is the town or city and state?

INTERVIEWER NOTE: IF LOCATION IS IN A FOREIGN COUNTRY, LIST COUNTRY HERE----->

(town or city)
42-61/

(town or city)
42-61/

(town or city)
42-61/

(state)
62-63/

(state)
62-63/

(state)
62-63/

16. (Is/Was) (NAME OF SCHOOL) a 2-year or 4-year school?

2-year 1
4-year 2 64/

2-year 1
4-year 2 64/

2-year 1
4-year 2 64/

17. When did you first attend or enroll in this (college/university)?

! ! ! ! !
MONTH YEAR
65-66/ 67-68/

! ! ! ! !
MONTH YEAR
65-66/ 67-68/

! ! ! ! !
MONTH YEAR
65-66/ 67-68/

69-72/

69-72/

69-72/

18. What (is/was) your field of study at (NAME OF SCHOOL)?
RECORD VERBATIM. PROBE IF NECESSARY:
What (are/were) you majoring in?

19. (Does/Did) (NAME OF SCHOOL) consider you a full-time or part-time student? IF DON'T KNOW, PROBE: What (do/did) you consider yourself?

full-time.... 1
part-time.... 2 73/

full-time.... 1
part-time.... 2 73/

full-time.... 1
part-time.... 2 73/

20. What (is/was) the total number of credit hours you (have) earned at (NAME OF SCHOOL)?

! ! ! ! !
OF HOURS
74-76/

! ! ! ! !
OF HOURS
74-76/

! ! ! ! !
OF HOURS
74-76/

	<u>COLUMN 1</u>	<u>COLUMN 2</u>	<u>COLUMN 3</u>
	MOST RECENT SCHOOL	NEXT MOST RECENT SCHOOL	NEXT MOST RECENT SCHOOL
	10/	22/	33/
21. Since (DATE OF LAST INTERVIEW), (do/did) you receive a loan to cover any of the costs for your college expenses at (NAME OF SCHOOL)?	Yes 1 No (SKIP TO Q.23)..... 0	Yes 1 No (SKIP TO Q.24)..... 0	Yes 1 No (SKIP TO Q.24)..... 0
22. How much was the total dollar value of all the loans you have received for your college expenses at (NAME OF SCHOOL) since (DATE OF LAST INTERVIEW)?	! ! !, ! ! ! ! DOLLARS 11-15/	! ! !, ! ! ! ! DOLLARS 23-27/	! ! !, ! ! ! ! DOLLARS 34-38/
23. <u>INTERVIEWER:</u> FOR COLUMN ONE - MOST RECENT SCHOOL ONLY:			
	16/		
IS R CURRENTLY ATTENDING OR ENROLLED IN THIS SCHOOL? (Q.1B,PAGE 3-10 IS CODED YES)	YES.(SKIP TO Q.25).1 NO..(GO TO Q.24)...0		
24. When did you last attend (NAME OF SCHOOL)?	! ! ! ! ! MONTH YEAR 17-18/ 19-20/	! ! ! ! ! MONTH YEAR 28-29/ 30-31/	! ! ! ! ! MONTH YEAR 39-40/ 41-42/
25. Have you attended any other college or university since (DATE OF LAST INTERVIEW)?	Yes (GO BACK TO Q.13 (P. 3-17) COLUMN 2).... 1 21/ No ...(GO TO Q.26)..... 0	Yes (GO BACK TO Q.13 (P. 3-17) COLUMN 3).... 1 32/ No ...(GO TO Q.26)..... 0	Yes (GO TO Q.13, P. 3-17) IN A NEW QUES- TIONNAIRE).. 1 43/ No ..(GO TO Q.26)..... 0

26. <u>INTERVIEWER:</u> SEE INFORMATION SHEET, ITEM 03. DO WE NEED A TRANSCRIPT RELEASE FORM SIGNED?		
	BLANK (ASK Q.27)	1 44/
	OKAY (SKIP TO SECTION 4, PAGE 4-19)	0

27. We are also interested in acquiring a copy of your college transcripts. Please sign this Transcript Release Form (FORM IS ON NEXT PAGE) for the universities or colleges you have attended. CODE ONE ONLY.		
	R SIGNED FORM	1 45/
	R REFUSED TO SIGN FORM	7

GO TO SECTION 4, PAGE 4-19

NLS TRANSCRIPT RELEASE FORM

This form is to request your signed permission to have your college give us a copy of your transcript. The information will be used solely for purposes of this survey. We wish to thank you in advance for your cooperation.

Please provide the National Longitudinal Survey of Labor Market Experience a copy of my college transcript.

Signature _____

PRINT NAME

Street Address _____

City/State/Zip Code _____

Date | | | | | 8 | 9 |

Case Id | | | | | | |

FOR OFFICE USE ONLY

| | | | - | | | - | | | |

DATES OF ATTENDANCE

FROM: | | | | | | | |
MONTH YEAR

TO: | | | | | | | |
MONTH YEAR

FROM: | | | | | | | |
MONTH YEAR

TO: | | | | | | | |
MONTH YEAR

FROM: | | | | | | | |
MONTH YEAR

TO: | | | | | | | |
MONTH YEAR

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SECTION 4: MILITARY

And now I'd like to ask some questions about military service.

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

YES 1 46/
NO(SKIP TO Q.6, PAGE 4-20)..... 0

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

Yes(ANSWER A)..... 1 47/
No(SKIP TO Q.4, PAGE 4-20)..... 0

A. IF YES:

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

YES .. (DRAW A LINE ON ROW A OF
CALENDAR FROM DATE OF LAST
INTERVIEW TO NOW) 1 48/
NO 0

3. What is your current pay grade?

E: |__|__|
O: |__|__| 49-51/
W: |__|__|

- A. INTERVIEWER: IS R CURRENTLY IN THE ACTIVE FORCES? (ARMY, NAVY, AIR FORCE, MARINES, OR COAST GUARD) (IS Q.2A CODED "1"?)

YES.....(READ B)..... 1 52/
NO.....(SKIP TO Q.14, PAGE 4-24).... 0

- B. Now we would like to ask you some more specific questions about your current military job.

SKIP TO SECTION 5, Q.40, PAGE 5-47

IF Q.2 IS CODED 0:

4. 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: |_|_| 53-54/

AND

YEAR: 19 |_|_| 55-56/

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

YES(ASK B)..... 1 57/

NO(GO TO Q.5)..... 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: |_|_| 58-59/

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

E: |_|_|

O: |_|_| 60-62/

W: |_|_|

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

Yes..... 1 63/

No...(SKIP TO Q.14, PG.4-24).... 0

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

	ARMY	(ASK A).....	01
ACTIVE	NAVY	(ASK A).....	02
FORCES	AIR FORCE	(ASK A).....	03
	MARINE CORPS	(ASK A).....	04
	COAST GUARD	(ASK A).....	11

	ARMY RESERVES	(GO TO Q.8, PAGE 4-22)...	05	64-65/
	NAVY RESERVES	(GO TO Q.8, PAGE 4-22)...	06	
RESERVES	AIR FORCE RESERVES	(GO TO Q.8, PAGE 4-22)...	07	
	MARINE CORPS RESERVES	(GO TO Q.8, PAGE 4-22)...	08	
	COAST GUARD RESERVES	(GO TO Q.8, PAGE 4-22)...	12	
	AIR NATIONAL GUARD	(GO TO Q.8, PAGE 4-22)...	09	
GUARD	ARMY NATIONAL GUARD	(GO TO Q.8, PAGE 4-22)...	10	
	OTHER (SPECIFY BELOW, AND SKIP TO <u>SECTION 5</u> , PAGE 5-25)			

13

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	(GO TO Q.8, PAGE 4-22).....	1	66/
Reserves	(ASK B).....	2	
Guard	(ASK B).....	3	
BOTH (PROBE FOR AND CODE Q.7 FOR THE MOST RECENT BRANCH)		4	

B. INTERVIEWER: IF RESERVES OR GUARD IN A., IS Q.7 CODED ACTIVE FORCES?

YES	(CORRECT Q.7 TO RESERVES OR GUARD)....	1	67/
NO	(GO TO Q.8).....	0	

8. Are you currently serving in the (MOST RECENT BRANCH)?

Yes	1	68/
No .....(SKIP TO Q.10).....	0	

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

MONTH:	|_|_|	69-70/
	AND	
YEAR:	19 |_|_|	71-72/

A. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (IS Q.7 CODED 01-04 OR 11?)

YES	(ASK B).....	1	73/
NO	(GO TO Q.12, PG. 4-23).....	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:	|_|_|	74-75/
-----------	-----	--------

SKIP TO Q.12, PAGE 4-23

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

Yes(ASK A)..... 1 10/

No ..(SKIP TO SECTION 5, PG. 5-25)... 0

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

ENTER DATE HERE: |__|__|__|__, 19 |__|__|
MONTH DAY YEAR
11-12/ 13-14/ 15-16/

B. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (Q.7, PAGE 4-21 IS CODED 01-04 OR 11?)

YES ...(RECORD DATE IN ROW A OF CALENDAR).... 1 17/

NO 0

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

ENTER DATE HERE: |__|__|__|__, 19 |__|__|
MONTH DAY YEAR
18-19/ 20-21/ 22-23/

A. INTERVIEWER: WAS R IN THE ACTIVE FORCES? - (Q.7, PAGE 4-21 IS CODED 01-04 OR 11?)

YES ...(RECORD DATE IN ROW A OF CALENDAR. DRAW A LINE FROM DATE ENTERED TO DATE SEPARATED) 1 24/

NO 0

12. What (is/was) your (current) pay grade [when you left the (BRANCH)?]

E: |__|__|
O: |__|__| 25-27/
W: |__|__|

13. INTERVIEWER: IS R CURRENTLY IN ACTIVE FORCES? (Q.7, PAGE 4-21 IS CODED 01-04 OR 11 AND Q.8 = YES).

YES(ASK A)..... 1 28/

NO(GO TO Q.14)..... 0

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

SKIP TO SECTION 5, Q.40, PAGE 5-47

14. INTERVIEWER: HAS R SERVED IN AND LEFT THE ACTIVE FORCES (Q.4A, PAGE 4-20 IS CODED "1"--"YES" OR IS INFORMATION SHEET ITEM 6 CODED "YES"?

YES.....(GO TO Q.15)..... 1 29/

NO....(SKIP TO SECTION 5, PG. 5-25).. 0

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

Yes..... 1 30/

No..(SKIP TO SECTION 5, PAGE 5-25)... 0

16. (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 SECTION 5, PG. 5-25)... 1 31/

No 0

17. 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 32/

No 0

GO TO SECTION 5, PG. 5-25

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, keeping house, going to school, or something else? RECORD VERBATIM AND CODE ONE ONLY.

<hr/>		
<hr/>		
	Working .....(SKIP TO Q.3).....	01
	WITH A JOB BUT NOT AT WORK.....	02
	LOOKING FOR WORK.....	03
CODE SMALLEST # MENTIONED	Keeping house.....	04
	Going to school.....	05
	UNABLE TO WORK ..(SKIP TO Q.20, PAGE 5-37).....	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	35/
No (SKIP TO Q.8, PAGE 5-30)...	0	

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

ENTER # OF HOURS: |__|__| 36-37/

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

1 - 34 HOURS .....(ASK Q.5).....	1	38/
35 - 48 HOURS ....(SKIP TO Q.6, PAGE 5-28).....	2	
49 OR MORE HOURS ...(SKIP TO Q.24, PAGE 5-39)..	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	39/
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)_____

40-41/

17

NOW SKIP TO Q.24, PAGE 5-39

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) _____

42-43/

17

NOW SKIP TO Q.24, PAGE 5-39

ASK Q.6 ONLY IF "35-48" HOURS IN Q.4, PAGE 5-25

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 44/
 No (GO TO Q.7, PAGE 5-30) 0

IF YES, ASK A & B. OTHERWISE, GO TO Q.7, PAGE 5-30.

A. How many hours did you take off?

ENTER # OF HOURS: |__| | 45-46/

B. You told me earlier that you worked (# OF HOURS IN Q.3, PAGE 5-25) 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.24, PAGE 5-39)... 1 47/
 No(ASK C & D)..... 0

IF "NO" TO B, ASK C & D. OTHERWISE, GO TO Q.24, PAGE 5-39.

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: |__| | 48-49/

D. INTERVIEWER: CODE FROM C--RESPONDENT WORKED

1 - 34 HOURS(ASK E)..... 1 50/
 35 OR MORE HOURS (SKIP TO Q.24,
 PAGE 5-39) 2

6. (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
- 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)_____

51-52/

17

NOW SKIP TO Q.24, PAGE 5-39

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

Yes(ASK A)..... 1

53/

No .(SKIP TO Q.24, PAGE 5-39). 0

IF "YES," ASK A. OTHERWISE, SKIP TO Q.24, PAGE 5-39.

A. How many extra hours did you work?

ENTER # OF

EXTRA HOURS: |__| |__| (ASK B)

54-55/

OR

NO EXTRA HOURS ..(SKIP TO Q.24, PAGE 5-39).. 00

B. You told me earlier that you worked (# OF HOURS IN Q.3, PAGE 5-25) 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.24, PAGE 5-39).. 1

56/

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: |__| |__|

57-58/

NOW SKIP TO Q.24, PAGE 5-39

ASK Q.8 ONLY IF "NO" TO Q.2, PAGE 5-25

8. A. INTERVIEWER: LOOK AT Q.1, PAGE 5-25. WAS CATEGORY 02 "WITH A JOB BUT NOT AT WORK" CODED?

YES (GO TO Q.9, PAGE 5-31)... 1

59/

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 5-31)..... 1

60/

No (SKIP TO Q.13, PAGE 5-33). 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?

- OWN ILLNESS.....(SKIP TO Q.11, PAGE 5-32)..... 01
 - ILLNESS OF OTHER FAMILY MEMBER
.....(SKIP TO Q.11, PAGE 5-32)..... 02
 - ON VACATION.....(SKIP TO Q.11, PAGE 5-32)..... 03
 - BAD WEATHER.....(SKIP TO Q.11, PAGE 5-32)..... 04
 - LABOR DISPUTE.....(SKIP TO Q.11, PAGE 5-32)..... 05 61-62/
 - NEW JOB TO BEGIN.....(ASK A)..... 06
 - ON LAYOFF.....(GO TO Q.10, PAGE 5-32)..... 07
 - SCHOOL INTERFERED..(SKIP TO Q.11, PAGE 5-32)..... 08
 - OTHER (SPECIFY)....(SKIP TO Q.11, PAGE 5-32)_____
-
- 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 5-34)..... 1 63/
- Sometime after that...(SKIP TO Q.13B, PAGE 5-33). 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	64/
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	65/
More than 30 days.....	2	

C. How many weeks ago were you laid off?

ENTER # OF WEEKS: <input type="text"/> <input type="text"/>	66-67/
---	--------

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

Full-time.....	1	68/
Part-time.....	2	

NOW SKIP TO Q.19, PAGE 5-36

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

Yes.....	1	69/
No.....	0	

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

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

Yes.....	1	70/
No.....	0	

NOW SKIP TO Q.24, PAGE 5-39

ASK Q.13A ONLY IF "NO" TO Q.8B, PAGE 5-30.

13. A. INTERVIEWER: SEE Q.1, PAGE 5-25. WAS CATEGORY 03, "LOOKING FOR WORK" CODED?
- YES(GO TO Q.14)..... 1 71/
- NO(ASK B)..... 0

IF "NO" TO Q.13A, OR IF CODE 2 IN Q.9A PAGE 5-31, ASK B:

- B. Have you been looking for work during the past 4 weeks?
- Yes..... 1 72/
- No.(SKIP TO Q.20, PAGE 5-37).. 0

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

- NOTHING (SKIP TO Q.20, PAGE 5-37)..... 01 BEGIN DECK 09
10-11/
- CHECKED WITH:
- STATE EMPLOYMENT AGENCY..... 02 12-13/
- PRIVATE EMPLOYMENT AGENCY..... 03 14-15/
- EMPLOYER DIRECTLY..... 04 16-17/
- FRIENDS OR RELATIVES..... 05 18-19/
- PLACED OR ANSWERED ADS..... 06 20-21/
- LOOKED IN THE NEWSPAPER..... 07 22-23/
- SCHOOL EMPLOYMENT SERVICE..... 08 24-25/
- OTHER (SPECIFY) _____
- _____ 09 26-27/

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.

- LOST JOB..... 01
- 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

28-29/

16. INTERVIEWER: CHECK ANSWER CODED IN Q.9, PAGE 5-31 IS:

- NEW JOB TO BEGIN (ASK Q.17, PAGE 5-35)..... 1
- BLANK--Q.9 NOT ASKED
(SKIP TO Q.18, PAGE 5-36)..... 2

30/

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

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

ENTER # OF WEEKS: |__| |__| | 31-32/

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

Full-time..... 1 33/

Part-time..... 2

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

Yes(ASK D)..... 1 34/

No .(SKIP TO Q.23, PAGE 5-38).. 0

D. IF YES TO C: What was the reason?

RECORD VERBATIM AND CODE ONE ONLY.

ALREADY HAD A JOB..... 1

TEMPORARY ILLNESS..... 2

GOING TO SCHOOL..... 3 35/

NEEDED AT HOME..... 4

OTHER (SPECIFY) _____

_____ 5

NOW SKIP TO Q.23, PAGE 5-38

IF CODE 2 IN Q.16 PAGE 5-34, ASK Q.18.

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

ENTER # OF WEEKS: |__| |__|

36-37/

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

Full-time..... 1

38/

Part-time..... 2

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

Yes(ASK A)..... 1

39/

No (SKIP TO Q.23, PAGE 5-38).... 0

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

ALREADY HAD A JOB..... 1

TEMPORARY ILLNESS..... 2

GOING TO SCHOOL..... 3

40/

NEEDED AT HOME..... 4

OTHER (SPECIFY)_____

_____ 5

NOW SKIP TO Q.23, PAGE 5-38

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 41/
 No..... 0

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

Yes(ASK A)..... 1 42/
 No.....(ASK B)..... 0
 MAYBE, IT DEPENDS...(ASK A)... 3
 DON'T KNOW(ASK B)... 8

A. IF YES OR MAYBE:

B. IF NO OR DON'T KNOW:

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

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 43-44/
- COULDN'T FIND ANY WORK..... 02 45-46/
- LACKS NECESSARY SCHOOLING, TRAINING, SKILLS,
OR EXPERIENCE..... 03 47-48/
- EMPLOYERS THINK TOO YOUNG..... 04 49-50/
- CAN'T ARRANGE CHILD CARE..... 06 51-52/
- FAMILY RESPONSIBILITIES..... 07 53-54/
- IN SCHOOL OR OTHER TRAINING..... 08 55-56/
- ILL HEALTH, PHYSICAL DISABILITY..... 09 57-58/
- PREGNANCY..... 10 59-60/
- OTHER PERSONAL HANDICAPS IN FINDING JOB..... 05 61-62/
- SPOUSE OR PARENT AGAINST MY WORKING..... 11 63-64/
- DOES NOT WANT TO WORK..... 12 65-66/
- CAN'T ARRANGE TRANSPORTATION..... 13 67-68/
- DON'T KNOW WHERE TO LOOK..... 14 69-70/
- OTHER (SPECIFY) _____ 15 71-72/
- OR
- DON'T KNOW..... 98 73-74/

22. INTERVIEWER: HAS R WORKED FOR PAY SINCE DATE OF LAST INTERVIEW (IS Q.20, PAGE 5-37, CODED "YES")?
- YES (SKIP TO Q.24, PAGE 5-39)..... 1 10/
- NO (SKIP TO SECTION 6, PAGE 6-49)..... 0
-
23. 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.....(GO TO Q.24)..... 1 11/
- No.....(SKIP TO SECTION 6, PAGE 6-49)..... 0

24. 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)?

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

12-41/

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

42-44/

26. 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?

45-47/

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. Others are regular jobs--that is, jobs done on a more or less regular basis. (Is/Was) this a job that (is/was) done on a more or less regular basis or (is/was) it an odd job?

Regular job..... 1

48/

Odd job..... 2

FOR OFFICE USE ONLY: A.I.I.O 1980	
Industry:	| | | | |
Occupation:	| | | | |

49-51/

52-54/

27. Were you ... (READ CATEGORIES BELOW)

HAND
CARD
B

An employee of a private company,
business, or individual for wages,
salary, or commission, or (GO TO Q.28)..... 1

A government employee, or(ASK A)..... 2

Self-employed in own business,
professional practice, or farm, or
.....(ASK B)..... 3

55/

Working without pay in a family business
or farm?(SKIP TO Q.40, PAGE 5-47)..... 4

IF CODE 2 IN Q.27, ASK A:

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

Federal government employee..... 1

State government employee..... 2

Local government employee..... 3

DON'T KNOW..... 8

56/

GO TO Q.28

IF CODE 3 IN Q.27, ASK B:

B. Is your business incorporated or unincorporated?

Business incorporated..... 1

Business unincorporated..... 2

DON'T KNOW..... 8

57/

28. How many hours per week (do/did) you usually work at this job?

ENTER # OF HOURS: |__|__|

58-59/

29. A. How many hours per week (do/did) you usually work at this job at home?

ENTER # OF HOURS: |__|__| (ASK B)

60-61/

OR

NONE(SKIP TO Q.30)..... 00

B. You told me earlier that you usually (work/worked) (# OF HOURS IN Q.28) hours per week at this job. In saying that you usually (work/worked) (# OF HOURS IN Q.28) hours per week, had you already included the (# OF HOURS IN Q.29A) hours per week that you usually (work/worked) at home?

Yes(GO TO Q.30)..... 1

62/

No(ASK C)..... 0

C. Thinking of the number of hours per week that you usually (work/worked) at home and the number of hours per week that you usually (work/worked) at your place of employment, altogether how many hours per week (do/did) you usually work at this job?

ENTER # OF HOURS PER WEEK: |__|__|

63-64/

30. INTERVIEWER: IS THE ANSWER IN Q.28 OR IN Q.29C 20 HOURS OR MORE?

YES 1

65/

NO(SKIP TO Q.32, PAGE 5-43) 0

31. INTERVIEWER: (IS/WAS) R SELF-EMPLOYED IN A BUSINESS WHICH IS UNINCORPORATED (Q.27B, PAGE 5-40 CODED "2" OR "8")?

YES(GO TO Q.32A)..... 1 66/
 NO 0

A. (Does/did) your employer make available to you...(READ CATEGORIES a-n)?

CODE "YES", "NO" OR "DON'T KNOW" FOR EACH.

	<u>Yes</u>	<u>No</u>	<u>DON'T KNOW</u>	
a. medical, surgical, or hospital insurance that covers injuries or major illnesses off the job	1	0	8	67/
b. life insurance that would cover your death for reasons not connected with your job	1	0	8	68/
c. sick days with full pay	1	0	8	69/
d. dental benefits	1	0	8	70/
e. paid vacation	1	0	8	71/
f. (maternity/paternity) leave that will allow you to go back to your old job or one that pays the same as your old one	1	0	8	72/
g. retirement plan other than Social Security	1	0	8	73/
h. employee discounts on company products and services	1	0	8	74/
i. flexible hours or work schedule	1	0	8	75/
j. profit sharing	1	0	8	76/
k. training or educational opportunities including tuition reimbursement	1	0	8	77/
l. company provided or subsidized childcare	1	0	8	78/
m. company paid or subsidized meals	1	0	8	79/
n. company provided or subsidized parking	1	0	8	80/

32. A. The earnings on some jobs are based all or in part on how a person performs the job.

(HAND CARD C) On this card are some examples of earnings that are based on job performance. Please tell me if any of the earnings on your job (are/were) based on any of these types of compensation. Please do not include profit sharing or employee stock purchase plans.

HAND
CARD
C

Yes.....(ASK B).....	1	10/
No.....(GO TO Q.33).....	0	

B. (IF YES TO A, ASK:) Which ones? (CODE ALL THAT APPLY.)

Piece rate.....	1	11/
Commissions.....	2	12/
Bonuses (based on job performance)	3	13/
Stock options.....	4	14/
Tips.....	5	15/
Other (SPECIFY)_____		
_____	6	16/

33. Many companies or organizations have employees at more than one location. Besides the place where you (work/worked), [(does/did) (EMPLOYER)/do you] have any employees working at any other location, (as far as you know)?

Yes 1 17/
No..... 0

A. At the place where you (work/worked), how many employees [(does/did) (EMPLOYER)/do you] have?

ENTER # OF EMPLOYEES: |_|_|,|_|_|_| 18-22/

IF YES TO Q.33, ASK B. OTHERWISE, GO TO Q.34

B. As far as you know, about how many employees [(does/did) (EMPLOYER)/do you] have working at all of (its/your) other locations -- under 1,000 employees or 1,000 employees or more?

Under 1,000 employees..... 1
1,000 employees or more..... 2 23/
DON'T KNOW..... 8

34. A. (Do/Did) you supervise the work of other employees, or tell them what work to do?

Yes.....(ASK B)..... 1 24/
No.....(GO TO Q.35)..... 0

B. For about how many people (are/were) you the immediate supervisor?

NUMBER OF PEOPLE: |_|_|_|_| 25-28/

C. (Do/Did) you have any say about their pay or promotion?

Yes..... 1 29/
No..... 0

Now we have a few questions about the kind of education and training necessary for your job [with (EMPLOYER)].

35. (HAND CARD D) First, please look at this card and tell me which category best describes how much regular schooling, if any, is required to get a job like the one that you (have/had) [with (EMPLOYER)]?

HAND
CARD
D

- None 0
- Grade School - 1-8 grades..... 1
- Some high school - 9-11 grades..... 2
- High school - 12 grades..... 3 30/
- Some college or associate degree..... 4
- College degree - B.A. or B.S..... 5
- Graduate or professional degree..... 6
- DON'T KNOW..... 8

36. (Do/Did) you (also) have to have some work experience or special training to get (this/that) job?

- Yes.....(ASK Q.37)..... 1 31/
- No.....(SKIP TO Q.38, PAGE 5-46)..... 0

37. (HAND CARD E) Please look at this card and tell me what kinds of experience or special training that (is/was)? CODE ALL THAT APPLY.

HAND
CARD
E

- Trade, vocational, business, or technical school... 01 32-33/
- Apprenticeship..... 02 34-35/
- Formal company training program..... 03 36-37/
- On-the-job training or experience with
 current employer..... 04 38-39/
- On-the-job training or experience with
 a previous employer..... 05 40-41/
- Armed forces training program..... 06 42-43/
- Other (SPECIFY) _____ 07 44-45/

38. Excluding any regular schooling you may have received, how long would it take the average new person to become fully trained and qualified to do a job like (this/that)?

LESS THAN ONE MONTH..... 9595

OR

NUMBER OF MONTHS |__|__| 46-47/

OR

NUMBER OF YEARS |__|__| 48-49/

OR

NEVER FULLY TRAINED..... 9696

39. How long (have you had this/did you have that) position [with (EMPLOYER)]?

LESS THAN ONE MONTH..... 0000

OR

NUMBER OF MONTHS |__|__| 50-51/

OR

NUMBER OF YEARS |__|__| 52-53/

40. At what time of the day (do/did) you usually begin and end work at this job (last week/the most recent week that you worked)?

IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: |__| . 54/

INTERVIEWER RECORD:

Time usually began: _____ AM / MIDNIGHT
PM / NOON 55-59/
(CIRCLE ONE)

Time usually ended: _____ AM / MIDNIGHT
PM / NOON 60-64/
(CIRCLE ONE)

A. (Do/Did) you usually work the same or fixed shift, or (does/did) your shift rotate (for example from days to evenings or nights)?

Same or fixed shift..... 1
Shift rotates..... 2 65/

41. 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 66/
Like it fairly well..... 2
Dislike it somewhat..... 3
Dislike it very much..... 4

NOW GO TO SECTION 6

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SECTION 6: ON JOBS

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

OR

DID R SERVE IN ANY BRANCH OF THE MILITARY SINCE THE DATE
OF THE LAST INTERVIEW? ("YES" TO Q.6, PAGE 4-20, SECTION 4
OR SEE CALENDAR, ROW A)

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

2. Besides [(the job with (EMPLOYER IN Q.24A, SECTION 5, PAGE 5-39)/(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.5, PAGE 6-51)..... 0

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

Yes(GO TO Q.4)..... 1 12/
No(SKIP TO Q.5, PAGE 6-51)..... 0

4. Please give me the names of each of your employers for all jobs you've had for pay since (DATE OF LAST INTERVIEW) [not counting your job with (EMPLOYER IN SECTION 5, Q.24A, PAGE 5-39)]. 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 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 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.)

5. INTERVIEWER: SEE ITEM 07 ON INFORMATION SHEET. WAS R EMPLOYED ON DATE OF LAST INTERVIEW?

YES(ASK A)..... 1 13/
NO(SKIP TO Q.7)..... 0

A. IF YES,
INTERVIEWER:

ARE ALL OF R'S EMPLOYERS IN ITEM 07 OF INFORMATION SHEET NOW ENTERED AT Q.1 ON THE COVERS OF EMPLOYER SUPPLEMENTS?

YES(SKIP TO Q.7)..... 1 14/
NO 0

6. INTERVIEWER: LIST BELOW ALL EMPLOYERS IN ITEM 07 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 EMPLOYER SUPPLEMENT). 0 No.. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT). 0 No.. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT). 0

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

NONE ...(GO TO SECTION 7, PAGE 7-53).... 00

ONE OR MORE . . .

(SPECIFY NUMBER HERE, AND ADMINISTER SUPPLEMENTS NOW.

START WITH THE MOST RECENT JOB).. | | | 15-16/

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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.7, PAGE 6-51**).

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

ENTER NUMBER:

17-18/

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

YES (GO TO Q.3) 1 19/

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 20/

ALL TIME IS ACCOUNTED FOR IN LINES A AND B
(SKIP TO **SECTION 8, PAGE 8-57**) 2

GAPS BETWEEN JOBS

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. (GO TO A **NEW QUEX** IF NECESSARY.) NOW ENTER BELOW THE TOTAL NUMBER OF SEPARATE PERIODS OF NON-EMPLOYMENT:

TOTAL # OF SEPARATE PERIODS: | | | 21-22/

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.

- I. 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 I BELOW.

DID NOT WANT TO WORK... 01	PREGNANCY..... 05	COULD NOT
ILL, DISABLED, UNABLE	CHILD CARE PROBLEMS.... 06	FIND WORK. 11
TO WORK..... 02	PERSONAL/FAMILY REASONS 07	IN SCHOOL... 12
<u>FOR SCHOOL EMPLOYEES:</u>	VACATION..... 08	IN JAIL..... 13
<u>SCHOOL WAS NOT</u>	LABOR DISPUTE/	TRANSPOR-
<u>IN SESSION</u>	STRIKE..... 09	TATION
<u>FOR THIS PERIOD..... 03</u>	BELIEVED NO WORK	PROBLEMS.. 14
ARMED FORCES..... 04	AVAILABLE..... 10	NEW JOB TO
		START.... 15
		OTHER..... 16

- J. INTERVIEWER: ARE THERE ANY ADDITIONAL PERIODS?

MOST RECENT -----> TO LEAST RECENT

	<u>PERIOD 1</u> FROM	<u>PERIOD 2</u> FROM	<u>PERIOD 3</u> FROM	<u>PERIOD 4</u> FROM
A.	<u>! ! ! ! ! ! ! !</u> MONTH DAY YEAR 23-28/ TO <u>! ! ! ! ! ! ! !</u> MONTH DAY YEAR 29-34/	<u>! ! ! ! ! ! ! !</u> MONTH DAY YEAR 54-59/ TO <u>! ! ! ! ! ! ! !</u> MONTH DAY YEAR 60-65/	<u>! ! ! ! ! ! ! !</u> MONTH DAY YEAR 19-24/ TO <u>! ! ! ! ! ! ! !</u> MONTH DAY YEAR 25-30/	<u>! ! ! ! ! ! ! !</u> MONTH DAY YEAR 50-55/ TO <u>! ! ! ! ! ! ! !</u> MONTH DAY YEAR 56-61/
B.	None.....(GO TO I)... 1 Some.....(GO TO C)... 2 All.....(GO TO J)... 3	None....(GO TO I)... 1 Some....(GO TO C)... 2 All.....(GO TO J)... 3	None....(GO TO I)... 1 Some....(GO TO C)... 2 All.....(GO TO J)... 3	None...(GO TO I)... 1 Some...(GO TO C)... 2 All....(GO TO J)... 3
D.	<u>! ! ! ! !</u> WEEK PERIOD ENDED 36-38/	<u>! ! ! ! !</u> WEEK PERIOD ENDED 67-69/	<u>! ! ! ! !</u> WEEK PERIOD ENDED 32-34/	<u>! ! ! ! !</u> WEEK PERIOD ENDED 63-65/
E.	- <u>! ! ! ! !</u> WEEK PERIOD BEGAN 39-41/	- <u>! ! ! ! !</u> WEEK PERIOD BEGAN 70-72/	- <u>! ! ! ! !</u> WEEK PERIOD BEGAN 35-37/	- <u>! ! ! ! !</u> WEEK PERIOD BEGAN 66-68/
F.	= <u>! ! ! ! !</u> # OF WEEKS 42-44/	= <u>! ! ! ! !</u> # OF WEEKS 73-75/ BEGIN DECK 13	= <u>! ! ! ! !</u> # OF WEEKS 38-40/	= <u>! ! ! ! !</u> # OF WEEKS 69-71/
G.	<u>! ! ! ! !</u> # OF WEEKS LOOKING OR ON LAYOFF 45-47/	<u>! ! ! ! !</u> # OF WEEKS LOOKING OR ON LAYOFF 10-12/	<u>! ! ! ! !</u> # OF WEEKS LOOKING OR ON LAYOFF 41-43/	<u>! ! ! ! !</u> # OF WEEKS LOOKING OR ON LAYOFF 72-74/
H.	<u>! ! ! ! !</u> # OF WEEKS NOT LOOKING 48-50/	<u>! ! ! ! !</u> # OF WEEKS NOT LOOKING 13-15/	<u>! ! ! ! !</u> # OF WEEKS NOT LOOKING 44-46/	<u>! ! ! ! !</u> # OF WEEKS NOT LOOKING 75-77/
I.	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	<u>! ! ! ! !</u> REASON NOT LOOKING 51-52/	<u>! ! ! ! !</u> REASON NOT LOOKING 16-17/	<u>! ! ! ! !</u> REASON NOT LOOKING 47-48/	<u>! ! ! ! !</u> REASON NOT LOOKING 78-79/
J.	YES..(RE-ASK B-J FOR SECOND PERIOD).... 1 53/ NO (GO TO SECTION 8) 0	YES..(RE-ASK B-J FOR THIRD PERIOD)..... 1 18/ NO (GO TO SECTION 8) 0	YES..(RE-ASK B-J FOR FOURTH PERIOD)..... 1 49/ NO (GO TO SECTION 8). 0	YES..(GO TO NEW QUEX AND REASK B-J FOR ADDITIONAL PERIOD).1 80/ NO (GO TO SECTION 8).0

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SECTION 8: TRAINING

I would now like to ask you about other types of schooling and training you may have had, excluding regular schooling we have already talked about. Some sources of occupational training programs include government training programs, business schools, apprenticeship programs, vocational or technical institutes, correspondence courses, company or military training, seminars, and adult education courses.

1. INTERVIEWER: SEE INFORMATION SHEET ITEM 9. IS A TRAINING PROGRAM FROM THE 1988 INTERVIEW LISTED THERE?

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

~~11~~
10

No(SKIP TO Q.10, NEXT PAGE)..... 0

2. INTERVIEWER: CODE BELOW EACH TYPE OF TRAINING PROGRAM FROM INFORMATION SHEET ITEM 9?

	11-12 <u>1st Program</u>	17-18 <u>2nd Program</u>
Business school	..... 01	..... 01
Apprenticeship program	..... 03	..... 03
A vocational or technical institute	..... 04	..... 04
A correspondence course	..... 07	..... 07
Formal company training run by employer or military training (excluding basic training)	..... 08	..... 08
Seminars or training programs at work run by someone other than employer	..... 09	..... 09
Seminars or training programs outside of work	..... 10	..... 10
Vocational rehabilitation center	..... 11	..... 11
Other (SPECIFY)	_____	_____
	_____ 12	_____ 12

3. Our records show that on our last interview on (DATE OF LAST INTERVIEW), you were receiving training at (TYPE OF TRAINING AGENCY CODED IN Q.2). We would like to ask you a few questions about that training.

First, when did you finish or leave this training program?

13-16

_ _ _ _
Month Year
OR
STILL ENROLLED (GO TO Q.8).... 0000

19-22

_ _ _ _
Month Year
OR
STILL ENROLLED (GO TO Q.8).... 0000

	<u>1st Program</u>	<u>2nd Program</u>
4. Altogether, for how many weeks did you attend this training? (ENTER 00 IF LESS THAN ONE WEEK.)	|__|__| 23-24/ # OF WEEKS	|__|__| 31-32/ # OF WEEKS
5. Did you complete this training or not?	Completed.. 1 25/ Did not complete. 0	Completed.. 1 33/ Did not complete. 0
6. (Do/Did) you use this training on your (most recent) job?	Yes..... 1 26/ No..... 0	Yes..... 1 34/ No..... 0
7. Did the training result in getting a different job?	Yes..... 1 27/ No..... 0	Yes..... 1 35/ No..... 0
8. How many hours per week (do/did) you usually spend in this training?	|__|__| 28-29/ HOURS PER WEEK	|__|__| 36-37/ HOURS PER WEEK
9. <u>INTERVIEWER</u> : IS THERE ANOTHER TRAINING PROGRAM FROM THE 1988 INTERVIEW TO ASK ABOUT?	YES..(RE-ASK 3 THRU 9)..... 1 30/ NO.(GO TO Q.10).0	YES..(GO TO NEW QUEX . AND RE-ASK 3 THRU 9)..... 1 38/ NO.(GO TO Q.10).. 0
10. (Besides the training programs we've already talked about), Since (DATE OF LAST INTERVIEW), did you attend any (other) training program or any on-the-job training designed to help people find a job, improve job skills, or learn a new job?	Yes.....(GO TO Q.11)..... 1 No.....(SKIP TO SECTION 9 , PAGE 9-65)..... 0	39/

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11. Which category on this card best describes where you received this training? (CODE ONE ONLY.)

1st Program

HAND CARD J

- Business school 01
- Apprenticeship program 03
- A vocational or technical institute 04
- A correspondence course 07
- Formal company training run by employer or military training (excluding basic training) 08
- Seminars or training programs at work run by someone other than employer 09
- Seminars or training programs outside of work 10
- Vocational rehabilitation center 11
- Other (SPECIFY) _____ 12

12. Who paid for this training program? (CODE ALL THAT APPLY.)

HAND CARD K

- Self or family 01 42-43/
- Employer 02 44-45/
- Job Training Partnership Act (JTPA) 03 46-47/
- Trade Adjustment Act (TAA) 04 48-49/
- Job Corps Program 05 50-51/
- Work Incentive Program (WIN) 06 52-53/
- Veteran's Administration 07 54-55/
- Vocation Rehabilitation 08 56-57/
- Other (SPECIFY) _____ 09 58-59/

13. When did you start this training?

____|____| ____|____|
MONTH YEAR
60-61/ 62-63

14. When did you finish or leave this program?

____|____| ____|____|
MONTH YEAR
64-65/ OR 66-67/
STILL ENROLLED
(SKIP TO Q.19,
PAGE 8-62)... 0000

15. Altogether, for how many weeks did you attend this training? (ENTER 00 IF LESS THAN ONE WEEK.)

____|____| 68-69/
OF WEEKS

16. Did you complete this training or not?

Completed..... 1
Did not complete 0 70/

2nd Program

3rd Program

4th Program

..... 01
 03 ~~43-44~~
 04 71-72
 07

 08

 09

 10
 11
 _____ 12

..... 01
 03 ~~74-75~~
 04 39-40
 07

 08

 09

 10
 11
 _____ 12

..... 01
 03 ~~39-40~~
 04 70-71
 07

 08

 09

 10
 11
 _____ 12

BEGIN DECK 1

~~REMOVED~~

BEGIN DECK 16

..... 01 ~~45-46/10-11~~
 02 ~~47-48/12-13~~
 03 ~~49-50/14-15~~
 04 ~~51-52/16-17~~
 05 ~~53-54/18-19~~
 06 ~~55-56/20-21~~
 07 ~~57-58/22-23~~
 08 ~~59-60/24-25~~
 _____ 09 ~~61-62/26-27~~

..... 01 ~~10-11/41-42~~
 02 ~~12-13/43-44~~
 03 ~~14-15/45-46~~
 04 ~~16-17/47-48~~
 05 ~~18-19/49-50~~
 06 ~~20-21/51-52~~
 07 ~~22-23/53-54~~
 08 ~~24-25/55-56~~
 _____ 09 ~~26-27/57-58~~

..... 01 ~~41-42/10-11~~
 02 ~~43-44/12-13~~
 03 ~~45-46/14-15~~
 04 ~~47-48/16-17~~
 05 ~~49-50/18-19~~
 06 ~~51-52/20-21~~
 07 ~~53-54/22-23~~
 08 ~~55-56/24-25~~
 _____ 09 ~~57-58/26-27~~

~~63-66/~~
 | | | | 28-31
 MONTH YEAR

~~28-31/~~
 | | | | 59-62
 MONTH YEAR

~~59-62/~~
 | | | | 28-31
 MONTH YEAR

~~67-70/~~
 | | | | 32-35
 MONTH YEAR
 OR
 STILL ENROLLED
 (SKIP TO Q.19,
 PAGE 8-62)... 0000

~~32-35/~~
 | | | | 63-66
 MONTH YEAR
 OR
 STILL ENROLLED
 (SKIP TO Q.19,
 PAGE 8-62)... 0000

~~63-66/~~
 | | | | 32-35
 MONTH YEAR
 OR
 STILL ENROLLED
 (SKIP TO Q.19,
 PAGE 8-62).. 0000

| | | | ~~71-72/~~
 # OF WEEKS 36-37

| | | | ~~36-37/~~
 # OF WEEKS 67-68

| | | | ~~67-68/~~
 # OF WEEKS 36-37

Completed 1
 Did not complete 0
 73/
 38

Completed..... 1
 Did not complete 0
 38/
 69

Completed..... 1
 Did not complete 0
 69/
 38

1st Program

17. (Do/Did) you use this training on your (most recent) job? Yes..... 1 39/
No..... 0

18. Did the training result in getting a different job? Yes..... 1 40/
No..... 0

19. How many hours per week (do/did) you usually spend in this training? |__|__| 41-42/
HOURS PER WEEK

20. What type of training program (is/was) this? (RECORD VERBATIM AND CODE ALL THAT APPLY.)

Classroom training - job skill 1 43/
Classroom training - basic skill 2 44/
On-the-job training 3 45/
Job search assistance 4 46/
Work experience 5 47/
Other (SPECIFY) _____
_____ 6 48/

21. Since (DATE OF THE LAST INTERVIEW), have you attended any other training program or on-the-job training? Yes..(REPEAT Q's 11-21 FOR NEXT PROGRAM)..... 1 49/
No..(GO TO SECTION 9, PAGE 9-65). 0

<u>2nd Program</u>	<u>3rd Program</u>	BEGIN DECK 17 <u>4th Program</u>
Yes..... 1 50/ No..... 0	Yes..... 1 61/ No..... 0	Yes..... 1 10/ No..... 0

Yes..... 1 51/ No..... 0	Yes..... 1 62/ No..... 0	Yes..... 1 11/ No..... 0
--------------------------------	--------------------------------	--------------------------------

<u> | | | 52-53/ HOURS PER WEEK</u>	<u> | | | 63-64 HOURS PER WEEK</u>	<u> | | | 12-13/ HOURS PER WEEK</u>
---	--	---

..... 1 54/ 2 55/ 3 56/ 4 57/ 5 58/ 6 59/ 1 65/ 2 66/ 3 67/ 4 68/ 5 69/ 6 70/ 1 14/ 2 15/ 3 16/ 4 17/ 5 18/ 6 19/
--	--	--

Yes..(REPEAT Q's 11-21 FOR NEXT PROGRAM).....1 60/ No.. (GO TO SECTION 9, PAGE 9-65). 0	Yes..(REPEAT Q's 11-21 FOR NEXT PROGRAM)..... 1 71/ No.. (GO TO SECTION 9, PAGE 9-65). 0	Yes.(GO TO NEW QUEX & ASK Q's 11-21 FOR NEXT PGM)... 1 20/ No.. (GO TO SECTION 9, PAGE 9-65). 0
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SECTION 9: FERTILITY

Now we have a few questions about children and family size.

1. INTERVIEWER: ARE CHILDREN LISTED ON THE CHILDREN'S RECORD FORM?

- Yes(GO TO A)..... 1
 - No(GO TO B)..... 0
- 21/

A. Our records from our last interview show that you have (had/given birth to) (NUMBER OF CHILDREN LISTED ON THE CHILDREN'S RECORD FORM) (child/children) as of (DATE OF LAST INTERVIEW). Is that correct?

- YES - INFORMATION IS CORRECT (GO TO Q.2).... 1
 - NO - INFORMATION IS INCORRECT (READ NAME, SEX, AND BIRTHDATE FOR EACH CHILD LISTED. CROSS OFF NAME, SEX, AND BIRTHDATE FOR EACH CHILD R SAYS SHOULD NOT BE LISTED THEN GO TO Q.2) 2
- 22/

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?

- YES - INFORMATION IS CORRECT . (GO TO Q.3, PAGE 9-68).... 1
 - NO - INFORMATION IS INCORRECT ..(ASK FOR CHILD/CHILDREN)'S FULL NAME, SEX, AND BIRTHDATE AND RECORD BEGINNING AT LINE 01 ON CHILDREN'S RECORD FORM. THEN GO TO Q.2)..... 2
- 23/

2. INTERVIEWER: ASK A-C FOR EACH CHILD LISTED ON THE CHILDREN'S RECORD FORM. BEGIN WITH FIRST CHILD AND RECORD ID NUMBER.

INTERVIEWER NOTE: IF STATUS PREPRINTED ON CHILDREN'S RECORD FORM IS "DECEASED," DO NOT ASK WHERE CHILD IS CURRENTLY LIVING (Q.2A) AND DO NOT ASK WHEN CHILD DIED (Q.2B). IF "DECEASED" STATUS IS PREPRINTED, YOU SHOULD CODE "08--DECEASED" ONLY AND GO TO NEXT CHILD OR GO TO Q.3.

	<u>BIOLOGICAL FIRST CHILD</u>	<u>BIOLOGICAL SECOND CHILD</u>	<u>BIOLOGICAL THIRD CHILD</u>	
A.	Where does (NAME OF 1ST CHILD/NAME OF 2ND CHILD, ETC.) usually live?	ID: ! ! ! 24-25/ NAME	ID: ! ! ! 33-34/ NAME	ID: ! ! ! 42-43/ NAME
	1) IN THIS HOUSEHOLD	(GO TO C) 01 26-27/	(GO TO C) 01 35-36/	(GO TO C) 01 44-45/
	<u>NOT IN THIS HOUSEHOLD</u>			
	2) WITH (HIS/HER) FATHER/MOTHER..	(GO TO C) 02	(GO TO C) 02	(GO TO C) 02
	3) WITH OTHER RELATIVE(S) (SPECIFY) _____	(GO TO C) 03	(GO TO C) 03	(GO TO C) 03
	4) WITH FOSTER CARE	(GO TO C) 04	(GO TO C) 04	(GO TO C) 04
	5) WITH ADOPTIVE PARENTS	(GO TO C) 05	(GO TO C) 05	(GO TO C) 05
	6) LONG TERM CARE INSTITUTION ...	(GO TO C) 06	(GO TO C) 06	(GO TO C) 06
	7) AWAY AT SCHOOL	(GO TO C) 07	(GO TO C) 07	(GO TO C) 07
	8) DECEASED	(GO TO B) 08	(GO TO B) 08	(GO TO B) 08
	<u>OTHER LIVING ARRANGEMENTS</u>			
	9) CHILD LIVES PART-TIME WITH R PART-TIME WITH OTHER PARENT.	(GO TO C) 09	(GO TO C) 09	(GO TO C) 09
	10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON.	(GO TO C) 10	(GO TO C) 10	(GO TO C) 10
	11) OTHER (SPECIFY BELOW AND GO TO C) _____	(GO TO C) _____ 11	(GO TO C) _____ 11	(GO TO C) _____ 11
	<u>INTERVIEWER:</u> IF "DECEASED" IS PREPRINTED ON CHILDREN'S RECORD FORM GO DIRECTLY TO "C" AND DO NOT ASK "B." OTHERWISE,			
B.	<u>IF DECEASED, ASK:</u> When did (CHILD) die?	MONTH YEAR ! ! ! ! ! 28-29/ 30-31/	MONTH YEAR ! ! ! ! ! 37-38/ 39-40/	MONTH YEAR ! ! ! ! ! 46-47/ 48-49/
C.	<u>INTERVIEWER:</u> IS THERE ANOTHER CHILD?	YES (RE-ASK A-C FOR THE NEXT CHILD) 1 32/	YES (RE-ASK A-C FOR THE NEXT CHILD) 1 41/	YES (RE-ASK A-C FOR THE NEXT CHILD) 1 50/
		NO (GO TO Q.3, PG. 9-68) .. 0	NO (GO TO Q.3, PG. 9-68) ... 0	NO (GO TO Q.3, PG. 9-68) ... 0

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BEGIN DECK 18 BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
ID: !__!__! 51-52/	ID: !__!__! 60-61/	ID: !__!__! 69-70/	ID: !__!__! 10-11/	ID: !__!__! 19-20/
NAME	NAME	NAME	NAME	NAME
(GO TO C) 01 53-54/	(GO TO C) 01 62-63/	(GO TO C) 01 71-72/	(GO TO C) 01 12-13/	(GO TO C) 01 21-22/
(GO TO C) 02 (GO TO C) 03	(GO TO C) 02 (GO TO C) 03	(GO TO C) 02 (GO TO C) 03	(GO TO C) 02 (GO TO C) 03	(GO TO C) 02 (GO TO C) 03
(GO TO C) 04 (GO TO C) 05 (GO TO C) 06 (GO TO C) 07 (GO TO B) 08	(GO TO C) 04 (GO TO C) 05 (GO TO C) 06 (GO TO C) 07 (GO TO B) 08	(GO TO C) 04 (GO TO C) 05 (GO TO C) 06 (GO TO C) 07 (GO TO B) 08	(GO TO C) 04 (GO TO C) 05 (GO TO C) 06 (GO TO C) 07 (GO TO B) 08	(GO TO C) 04 (GO TO C) 05 (GO TO C) 06 (GO TO C) 07 (GO TO B) 08
(GO TO C) 09	(GO TO C) 09	(GO TO C) 09	(GO TO C) 09	(GO TO C) 09
(GO TO C) 10	(GO TO C) 10	(GO TO C) 10	(GO TO C) 10	(GO TO C) 10
(GO TO C) 11	(GO TO C) 11	(GO TO C) 11	(GO TO C) 11	(GO TO C) 11
MONTH YEAR !__!__! !__!__! 55-56/ 57-58/	MONTH YEAR !__!__! !__!__! 64-65/ 66-67/	MONTH YEAR !__!__! !__!__! 73-74/ 75-76/	MONTH YEAR !__!__! !__!__! 14-15/ 16-17/	MONTH YEAR !__!__! !__!__! 23-24/ 25-26/
YES (RE-ASK A-C FOR THE NEXT CHILD)..... 1	YES (RE-ASK A-C FOR THE NEXT CHILD)..... 1	YES (RE-ASK A-C FOR THE NEXT CHILD)..... 1	YES (RE-ASK A-C FOR THE NEXT CHILD)..... 1	YES (GO TO NEW QUEX, Q.2, PAGE 9-66).. 1
NO (GO TO Q.3, 59/ PG. 9-68).... 0	NO (GO TO Q.3, 68/ PG. 9-68).... 0	NO (GO TO Q.3, 77/ PG. 9-68).... 0	NO (GO TO Q.3, 18/ PG. 9-68).... 0	NO (GO TO Q.3, 27/ PG. 9-68).... 0

3. Please tell me if you have had any children since (DATE OF LAST INTERVIEW)?

Yes.....(ASK A).....	1	
		28/
No.....(GO TO 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: |__|__|	29-30/
(GO TO Q.4, PAGE 9-69)	

B. INTERVIEWER: HAS R EVER HAD ANY CHILDREN? (ARE ANY CHILDREN LISTED ON THE CHILDREN'S RECORD FORM?)

YES.....(SKIP TO Q.10, PAGE 9-70).....	1	
		31/
NO.....(SKIP TO Q.11, PAGE 9-72).....	0	

	FIRST CHILD BORN (SINCE LAST INTERVIEW)	SECOND CHILD BORN (SINCE LAST INTERVIEW)	THIRD CHILD BORN (SINCE LAST INTERVIEW)
4. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM.	ID: !__!__! 32-33/	ID: !__!__! 41-42/	ID: !__!__! 50-51/
5. What did you name the (first/next) baby?	(RECORD NAME ON CHILDREN'S RECORD FORM)	(RECORD NAME ON CHILDREN'S RECORD FORM)	(RECORD NAME ON CHILDREN'S RECORD FORM)
6. Was the baby a boy or girl?	(RECORD SEX ON CRF)	(RECORD SEX ON CRF)	(RECORD SEX ON CRF)
7. When was (CHILD) born?	(RECORD BIRTH- DATE ON CHILDREN'S RECORD FORM, THEN GO TO Q.8.)	(RECORD BIRTH- DATE ON CHILDREN'S RECORD FORM, THEN GO TO Q.8.)	(RECORD BIRTH- DATE ON CHILDREN'S RECORD FORM, THEN GO TO Q.8.)
8.A. Where does (CHILD) usually live?			
1) IN THIS HOUSEHOLD	(GO TO Q.9) 34-35/	(GO TO Q.9) 01 43-44/	(GO TO Q.9) 01 52-53/
<u>NOT IN THIS HOUSEHOLD</u>			
2) WITH (HIS/HER) FATHER/MOTHER..	(GO TO Q.9) 02	(GO TO Q.9) 02	(GO TO Q.9) 02
3) WITH OTHER RELATIVE(S) (SPECIFY)	(GO TO Q.9) 03	(GO TO Q.9) 03	(GO TO Q.9) 03
4) WITH FOSTER CARE	(GO TO Q.9) 04	(GO TO Q.9) 04	(GO TO Q.9) 04
5) WITH ADOPTIVE PARENTS	(GO TO Q.9) 05	(GO TO Q.9) 05	(GO TO Q.9) 05
6) LONG TERM CARE INSTITUTION ...	(GO TO Q.9) 06	(GO TO Q.9) 06	(GO TO Q.9) 06
7) AWAY AT SCHOOL	(GO TO Q.9) 07	(GO TO Q.9) 07	(GO TO Q.9) 07
8) DECEASED	(GO TO B) 08	(GO TO B) 08	(GO TO B) 08
<u>OTHER LIVING ARRANGEMENTS</u>			
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PARENT.	(GO TO Q.9) 09	(GO TO Q.9) 09	(GO TO Q.9) 09
10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON ..	(GO TO Q.9) 10	(GO TO Q.9) 10	(GO TO Q.9) 10
11) OTHER (SPECIFY BELOW AND GO TO Q.9)	(GO TO Q.9) 11	(GO TO Q.9) 11	(GO TO Q.9) 11
B. When did (CHILD) die?	!__!__!__! MO YR 36-37/ 38-39/	!__!__!__! MO YR 45-46/ 47-48/	!__!__!__! MO YR 54-55/ 56-57/
9. INTERVIEWER: HAS R HAD ANOTHER CHILD SINCE LAST INTERVIEW?	YES (RE-ASK Qs.4-8 FOR THE NEXT CHILD) 1 NO (GO TO Q.10). 0	YES (RE-ASK Qs.4-8 FOR THE NEXT CHILD) 1 NO (GO TO Q.10). 0	YES (GO TO NEW QUEX, Q.4, PAGE 9-69)..... 1 NO (GO TO Q.10). 0

10. INTERVIEWER: DO ANY OF R'S OWN CHILDREN LIVE IN THE HOUSEHOLD (ARE ANY CHILDREN LISTED ON THE CHILDREN'S RECORD FORM AND ON THE HOUSEHOLD ENUMERATION OF THE FACE SHEET)?

YES 1
 NO (GO TO Q.11, PAGE 9-72) 0

A. INTERVIEWER: ENTER NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. LIVING IN THIS HOUSEHOLD.

FIRST CHILD IN HH	SECOND CHILD	THIRD CHILD
ID: ! ! ! 60-61/	ID: ! ! ! 64-65/	ID: ! ! ! 68-69/
NAME	NAME	NAME

B. INTERVIEWER: ASK C FOR EACH CHILD LIVING IN THIS HOUSEHOLD. START WITH FIRST CHILD LISTED.

C. Does (FIRST CHILD/NEXT CHILD)'s natural (mother/father) live in this household?	Yes..... 1	Yes..... 1	Yes..... 1
	No..... 0	No..... 0	No..... 0

D. <u>INTERVIEWER:</u> IS THERE A (2ND/3RD/ ETC.) CHILD LISTED?	YES (RE-ASK C FOR NEXT CHILD)... 1	YES (RE-ASK C FOR NEXT CHILD)..... 1	YES (RE-ASK C FOR NEXT CHILD).. 1
	NO...(GO TO Q.11)..... 0	NO...(GO TO Q.11)..... 0	NO...(GO TO Q.11)..... 0

10. (continued)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD
ID: !__!__! 10-11/	ID: !__!__! 14-15/	ID: !__!__! 18-19/	ID: !__!__! 22-23/	ID: !__!__! 26-27/
NAME	NAME	NAME	NAME	NAME
Yes..... 1 12/ No..... 0	Yes..... 1 16/ No..... 0	Yes..... 1 20/ No..... 0	Yes..... 1 24/ No..... 0	Yes..... 1 28/ No..... 0
Yes.(RE-ASK C FOR NEXT CHILD)... 1 13/ No..(GO TO Q.11)... 0	Yes.(RE-ASK C FOR NEXT CHILD)... 1 17/ No..(GO TO Q.11)... 0	Yes.(RE-ASK C FOR NEXT CHILD)... 1 21/ No..(GO TO Q.11)... 0	Yes.(RE-ASK C FOR NEXT CHILD)... 1 25/ No..(GO TO Q.11)... 0	Yes.(GO TO NEW QUEX Q.10A, P.9-70 FOR NEXT CHILD)... 1 29/ No..(GO TO Q.11)... 0

11. INTERVIEWER: SEE HOUSEHOLD ENUMERATION ON FACE SHEET. ARE ANY OF RESPONDENT'S OWN, ADOPTED, OR STEP-CHILDREN UNDER THE AGE OF 14 NOW LISTED THERE?

YES.....(GO TO Q.12)..... 1
 NO...(SKIP TO SECTION 10, PAGE 10-73)... 0

30/

12. INTERVIEWER: SEE CALENDAR ROWS A AND B. HAS RESPONDENT WORKED OR BEEN ON ACTIVE DUTY IN THE PAST 4 WEEKS?

YES.....(ASK Q.13)..... 1
 NO.....(SKIP TO Q.14)..... 0

31/

13. In the past four weeks, have there been any problems with any of the regular child care arrangements for your (child/children) that caused you to ...(READ CATEGORIES AND CODE "YES" OR "NO" FOR EACH ONE.)

	<u>YES</u>	<u>NO</u>	
A. Get to work late?	1	0	32/
B. Leave work early?	1	0	33/
C. Miss a day or more of work?	1	0	34/
D. Take your (child/children) to work with you?	1	0	35/

14. INTERVIEWER: DO WE NEED TO ADMINISTER A CHILD CARE SUPPLEMENT TO THIS RESPONDENT?

YES.....(ADMINISTER CHILD CARE SUPPLEMENT)..... 1
 NO.....(GO TO SECTION 10)..... 0

36/

SECTION 10: ON HEALTH

1. INTERVIEWER: DID R HAVE A JOB LAST WEEK? (ARE Q.20, PAGE 5-37 AND Q.23, PAGE 5-38, SECTION 5 BOTH BLANK?)

OR WAS R ON ACTIVE DUTY IN THE ACTIVE FORCES LAST WEEK?
(SEE ROW A ON CALENDAR)

YES(GO TO Q.2)..... 1 37/
NO(ASK A)..... 0

- A. IF NO: Would your health keep you from working on a job for pay now?

Yes(SKIP TO Q.4)..... 1 38/
No 0

2. A. (Are you/Would you be) limited in the kind of work you (could) do on a job for pay because of your health?

Yes 1 39/
No 0

- B. (Are you/Would you be) limited in the amount of work you (could) do because of your health?

Yes 1 40/
No 0

3. INTERVIEWER: SEE QS. 2A & 2B. IS ANY "YES" ANSWER CODED IN THESE QUESTIONS?

YES 1 41/
NO(SKIP TO Q.5)..... 0

4. Since what month and year have you had this limitation?

ENTER MONTH: |__|__| 42-43/

AND

YEAR: 19 |__|__| 44-45/

OR

IF VOLUNTEERED: ALL MY LIFE..... 0000

5. How much do you weigh?

ENTER NUMBER OF POUNDS: |__|__|__| 46-48/

6. INTERVIEWER: HAVE YOU ADMINISTERED ANY **EMPLOYER SUPPLEMENTS** TO THE RESPONDENT?

YES(GO TO Q.7)..... 1 49/

NO(SKIP TO Q.30, PAGE 10-81)..... 0

7. Now, I would like to ask you a few questions about any injuries and illnesses you might have received or gotten while you were working on a job.

A. First, since (DATE OF LAST INTERVIEW), have you had an incident at any job we previously discussed that resulted in an injury or illness to you?

Yes(ASK B)..... 1 50/

No(SKIP TO Q.30, PAGE 10-81)..... 0

B. What is the name of the employer you were working for when the most recent incident that resulted in an injury or illness to you occurred?

EMPLOYER NAME: _____

C. INTERVIEWER: DOES EMPLOYER NAME MATCH AN EMPLOYER NAME ON AN **EMPLOYER SUPPLEMENT**?

YES 1

NO(ASK R WHICH EMPLOYER LISTED ON AN **EMPLOYER SUPPLEMENT** IS THE SAME AS THE ONE FOR WHICH R IS REPORTING A WORK-RELATED INJURY OR ILLNESS AND CORRECT EMPLOYER NAME IN B AS NECESSARY)..... 0 51/

<p>FOR OFFICE USE ONLY</p> <p>|_|_|</p> <p>EMPLOYER NUMBER</p>
--

52-53/

D. In what month and year did the most recent incident occur that resulted in an injury or illness to you?

ENTER MONTH: |_|_| 54-55/

AND

YEAR: 19 |_|_| 56-57/

16. Have you collected any worker's compensation benefits for this (injury/illness)?

Yes(SKIP TO Q.18)..... 1 26/
No 0

17. Is there a worker's compensation claim pending for this (injury/illness)?

Yes 1 27/
No 0

18. Is the (injury/illness) we've just discussed the most severe injury or illness that you have received or gotten since (DATE OF LAST INTERVIEW) while you were working at any job we have already talked about?

Yes(GO TO Q.30, PAGE 10-81)..... 1 28/
No (ASK QS. 19-29 FOR THE MOST SEVERE INJURY/ILLNESS) .. 0

19. A. What is the name of the employer you were working for when the incident that resulted in the most severe injury or illness to you occurred?

EMPLOYER NAME: _____

B. INTERVIEWER: DOES EMPLOYER NAME MATCH AN EMPLOYER NAME ON AN EMPLOYER SUPPLEMENT?

YES 1
NO(ASK R WHICH EMPLOYER LISTED ON AN EMPLOYER SUPPLEMENT IS THE SAME AS THE ONE FOR WHICH R IS REPORTING A WORK-RELATED INJURY OR ILLNESS AND CORRECT EMPLOYER NAME IN B AS NECESSARY)..... 0 29/

FOR OFFICE USE ONLY
|_|_|
EMPLOYER NUMBER

30-31/

C. In what month and year did the incident occur that resulted in the most severe injury or illness to you?

ENTER MONTH: |_|_| 32-33/
AND
YEAR: 19 |_|_| 34-35/

20. (HAND CARD L) Which one category on this card best describes the activity you were engaged in at the time of the incident? (CODE ONE ONLY.)

HAND
CARD
L

- Employer-directed travel 01
- Employer-directed training 02
- Meal break 03
- Rest break 04 36-37/
- Personal business 05
- Normal work activity 06
- Other activity (SPECIFY)
- _____ 07

21. Did the incident result in an injury or an illness?

- Injury 1 38/
- Illness 2

22. A. What part of the body was hurt or affected? PROBE: What other part of the body was hurt or affected? RECORD IN A.

B. INTERVIEWER: FOR EACH PART OF THE BODY LISTED IN A, ASK: What kind of (injury/illness) was it? RECORD IN B.

A. PART(S) OF THE BODY	B. KIND OF INJURY/ILLNESS
(1) _____	(1) _____ 39-44/
(2) _____	(2) _____ 45-50/
(3) _____	(3) _____ 51-56/

23. A. Did the (injury/illness) cause you to miss one or more scheduled days of work, not counting the day of the incident?

- Yes(ASK B)..... 1 57/
- No(GO TO Q.24, NEXT PAGE)..... 0
- DON'T KNOW ...(GO TO Q.24, NEXT PAGE).. 8

B. Not counting the day of the incident, how many days was this?

ENTER NUMBER OF DAYS: |_|_|_| 58-60/

28. Have you collected any worker's compensation benefits for this (injury/illness)?

Yes(SKIP TO Q.30, PAGE 10-81)..... 1 73/

No 0

29. Is there a worker's compensation claim pending for this (injury/illness)?

Yes 1 74/

No 0

Now, we have a few questions about health care and hospitalization plans.

30. First, are you, [or your (husband/wife)], [or your (child/children)] covered by any kind of private or government health or hospitalization plans or health maintenance organization (HMO) plans?

PROBE IF NECESSARY: Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services).

Yes 1 75/

No ..(SKIP TO SECTION 11, PAGE 11-83).. 0

31. INTERVIEWER: IS R CURRENTLY MARRIED AND IS R'S SPOUSE LISTED ON THE HOUSEHOLD ENUMERATION OR DOES R HAVE ANY CHILDREN LISTED ON THE HOUSEHOLD ENUMERATION?

YES(ASK Q.32)..... 1 76/

NO (CIRCLE CODE 1 IN Q.32 WITHOUT ASKING)..... 0

	Respondent	Spouse	Child/ Children
32. Who is covered by a health or hospitalization plan--you, [your (husband/wife)], [your (child/children)], or (all/both) of you? CODE ALL THAT APPLY	1 77/	2 78/	3 79/

33. FOR EACH PERSON CODED IN Q.32 ASK:

HAND
CARD
M

(HAND CARD M) What is the source of the health or hospitalization plan for (PERSON CODED IN Q.32)? Is it from a policy from your current or previous employer, [a policy from your (husband/wife)'s current or previous employer], a policy bought directly from a medical insurance company, is it (Medicaid/ Medi-Cal/ Medical Assistance/Welfare/Medical Services), or is it from some other source. READ CATEGORIES AS NECESSARY AND CIRCLE CODE IN COLUMN UNDER EACH PERSON CODED IN Q.32 ABOVE. CODE ALL THAT APPLY.

BEGIN DECK 21

Policy from your <u>current</u> employer	01 10-11/	01 26-27/	01 42-43/
Policy from a <u>previous</u> employer	02 12-13/	02 28-29/	02 44-45/
Policy from husband/wife's <u>current</u> employer	03 14-15/	03 30-31/	03 46-47/
Policy from husband/wife's <u>previous</u> employer	04 16-17/	04 32-33/	04 48-49/
Policy bought directly from medical insurance company	05 18-19/	05 34-35/	05 50-51/
Medicaid/Medi-Cal/Medical Assistance/ Welfare/Medical Services	06 20-21/	06 36-37/	06 52-53/
Other (SPECIFY) _____	07 22-23/	07 38-39/	07 54-55/
NONE.	00 24-25/	00 40-41/	00 56-57/

SECTION 11: ALCOHOL USE

Now, We'd like to ask you some questions about drinking alcoholic beverages, including beer, wine, and liquor. Remember, as is true with all portions of this interview, the answers you give will remain strictly confidential and will not be associated with your name in any way.

We also have a legal certificate of confidentiality that protects you. Authorities cannot gain access to your replies.

1. First, have you ever had a drink of an alcoholic beverage?

Yes	1	58/
No .....(SKIP TO Q.7, PAGE 11-86)....	0	

2. Have you had any alcoholic beverages, including beer, wine, or liquor, during the last 30 days?

Yes .....(GO TO Q.3).....	1	59/
No .....(SKIP TO Q.7, PAGE 11-86)....	0	

3. (HAND CARD N) 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
N

10 or more times	6	
8 or 9 times	5	
6 or 7 times	4	
4 or 5 times	3	60/
2 or 3 times	2	
Once	1	
Never	0	

4. During the last 30 days, on how many days did you drink any alcoholic beverages, including beer, wine, or liquor?

ENTER # OF DAYS: |__| | 61-62/

5. On the days that you drink, about how many drinks do you have on the average day? (BY A DRINK WE MEAN THE EQUIVALENT OF A CAN OF BEER, A GLASS OF WINE, OR A SHOT GLASS OF HARD LIQUOR.)

NUMBER OF DRINKS: |__| | 63-64/

6. Now we would like to ask you some questions about experiences that many people have had with drinking. (HAND CARD 0) We would like you to tell us if any of these things have happened to you 3 or more times in the past year, 2 times in the past year, 1 time in the past year, happened in your lifetime other than in the past year, or never happened to you. First, how often have you...(READ EACH CATEGORY)

HAND CARD 0

	HAPPENED 3 OR MORE TIMES IN THE PAST YEAR	HAPPENED 2 TIMES IN PAST YEAR	HAPPENED 1 TIME IN PAST YEAR	HAPPENED IN LIFETIME OTHER THAN PAST YEAR	NEVER HAPPENED	
A. Had a strong desire or urge to drink?	1	2	3	4	5	65/
B. Ended up drinking much more than you intended to? . . .	1	2	3	4	5	66/
C. Found it difficult to stop drinking once you have started?	1	2	3	4	5	67/
D. Driven a car after having had too much to drink?	1	2	3	4	5	68/
E. Been sick or vomited after drinking, or the morning after?	1	2	3	4	5	69/
F. Done things when drinking that could have caused you or someone else to be hurt?	1	2	3	4	5	70/
G. Kept on drinking for a longer period of time than you intended to?	1	2	3	4	5	71/
H. Found that the same amount of alcohol had less effect than before?	1	2	3	4	5	72/
I. Had a spouse or someone you lived with threaten to leave you or actually leave you because of your drinking?	1	2	3	4	5	73/
J. Wanted to or actually tried to cut down or stop drinking and found you couldn't do it?	1	2	3	4	5	74/
K. Found yourself sweating heavily or shaking after drinking, or the morning after?	1	2	3	4	5	75/
L. Given up or cut down on activities or interests like sports or associations with friends, in order to drink?	1	2	3	4	5	76/
M. Needed a drink so badly you couldn't think of anything else?	1	2	3	4	5	77/

6. (continued)

HAND CARD 0

	HAPPENED 3 OR MORE TIMES IN THE PAST YEAR	HAPPENED 2 TIMES IN PAST YEAR	HAPPENED 1 TIME IN PAST YEAR	HAPPENED IN LIFETIME OTHER THAN PAST YEAR	NEVER HAPPENED
N. Found that you had to drink more than you once did to get the same effect? 1	2		3	4	5 10/
O. Stayed away from work or gone to work late because of drinking or a hangover?. 1	2		3	4	5 11/
P. Lost ties with or drifted apart from a family member or friend because of your drinking? 1	2		3	4	5 12/
Q. Gotten drunk instead of doing the things you were supposed to do? 1	2		3	4	5 13/
R. Continued to drink alcohol even though it was a threat to your health?. 1	2		3	4	5 14/
S. Have your chances for promotion, raises, or better jobs been hurt by your drinking?. 1	2		3	4	5 15/
T. Spent a lot of time drinking, or getting over the effects of drinking?. 1	2		3	4	5 16/
U. Been so hungover that it interfered with doing things you were supposed to do?. 1	2		3	4	5 17/
V. Kept drinking even though it caused you emotional problems? 1	2		3	4	5 18/
W. Heard or seen things that weren't really there after drinking, or the morning after? 1	2		3	4	5 19/
X. Taken a drink to keep yourself from shaking or feeling sick either after drinking, or the morning after?. 1	2		3	4	5 20/
Y. Kept drinking even though it caused you problems at home, work, or school?. 1	2		3	4	5 21/

SECTION 12: ON ASSETS AND INCOME

1. Now I would like to ask you some questions about your income in 1988.

A. During 1988, did you receive any income from service in the military?

Yes(ASK B)..... 1 23/
No(GO TO Q.2)..... 0

B. IF YES:And how much total income did you receive during 1988 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

\$ | | | | , | | | | .00 24-29/

2. IF R EARNED ANY MONEY FROM THE MILITARY IN 1988, READ A. OTHERWISE GO TO B.

A. Not counting any money you received from your military service . . .

B. During 1988, how much did you receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$ | | | | , | | | | .00
OR
NONE 000000 30-35/

3. (Excluding any income you already have mentioned) During 1988, did you receive any money in income . . .

A. from your own farm?

Yes 1 36/
No 0

B. from your own non-farm business, partnership, or professional practice?

Yes 1 37/
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 38-43/
OR
NONE 000000
OR
DON'T KNOW 999998

4. During 1988, did you receive any unemployment compensation?

- Yes(ASK A-C)..... 1 44/
- No(GO TO Q.5)..... 0

IF YES, ASK A-C:

A. **SHOW R CALENDAR.** ASK: In which months of 1988 did you receive unemployment compensation? CODE ALL THAT APPLY.

- JANUARY 01 45-46/
- FEBRUARY 02 47-48/
- MARCH 03 49-50/
- APRIL 04 51-52/
- MAY 05 53-54/
- JUNE 06 55-56/
- JULY 07 57-58/
- AUGUST 08 59-60/
- SEPTEMBER 09 61-62/
- OCTOBER 10 63-64/
- NOVEMBER 11 65-66/
- DECEMBER 12 67-68/

B. How many weeks in 1988 did you receive unemployment compensation?

ENTER NUMBER OF WEEKS: 69-70/

C. How much did you receive per week on the average?

\$.00 71-73/

5. INTERVIEWER: IS R CURRENTLY MARRIED AND IS R'S SPOUSE LISTED ON THE HOUSEHOLD ENUMERATION?

- YES(GO TO Q.6)..... 1 74/
- NO ...(SKIP TO Q.10, PAGE 12-92)..... 0

6. IF R IS CURRENTLY MARRIED AND R'S SPOUSE IS LISTED ON THE HOUSEHOLD ENUMERATION, ASK:

A. During 1988, did your (husband/wife) receive any income from service (he/she) performed in the military?

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

No(GO TO Q.7)..... 0

B. IF YES: And how much total income did your (husband/wife) receive during 1988 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

\$ | | | | , | | | | .00 11-16/

7. IF SPOUSE EARNED ANY MONEY FROM THE MILITARY IN 1988, READ A. OTHERWISE, GO TO B.

A. Not counting any money your (husband/wife) received from (his/her) military service ...

B. During 1988, 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 17-22/

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 1988, did your (husband/wife) receive any money in income ...

A. from (his/her) own farm?

Yes	1	23/
No	0	
DON'T KNOW	8	

B. from (his/her) own non-farm business, partnership, or professional practice?

Yes	1	24/
No	0	
DON'T KNOW	8	

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q.9. BEGIN DECK 24

C. IF YES TO A OR B: How much did (he/she) receive after expenses?

\$ | | | | , | | | | .00 25-30/

OR

NONE 000000

OR

DON'T KNOW 999998

9. During 1988, did your (husband/wife) receive any unemployment compensation?

Yes(ASK A-C)..... 1 31/
 No(GO TO Q.10, NEXT PAGE)..... 0

IF YES, ASK A-C:

A. **SHOW R CALENDAR.** ASK: In which months of 1988 did your (husband/wife) receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY 01 32-33/
 FEBRUARY 02 34-35/
 MARCH 03 36-37/
 APRIL 04 38-39/
 MAY 05 40-41/
 JUNE 06 42-43/
 JULY 07 44-45/
 AUGUST 08 46-47/
 SEPTEMBER 09 48-49/
 OCTOBER 10 50-51/
 NOVEMBER 11 52-53/
 DECEMBER 12 54-55/

B. During how many weeks in 1988 did your (husband/wife) receive unemployment compensation?

ENTER NUMBER OF WEEKS: | | | | 56-57/

OR

DON'T KNOW 98

C. How much did (he/she) receive per week on the average?

\$ | | | | .00 58-60/

OR

DON'T KNOW 998

10. INTERVIEWER: HAS R EVER BEEN MARRIED, SEPARATED, DIVORCED, OR WIDOWED?
(SEE SECTION 2, Q.2A, PAGE 2-4 AND INFORMATION SHEET, ITEM 1).

YES(ASK A)..... 1 61/

NO(GO TO Q.11)..... 0

A. During 1988, did you [or your (husband/wife)] receive any money from someone living outside (this/your) household (in CITY OF PERMANENT RESIDENCE) for alimony?

Yes(ASK B)..... 1 62/

No(GO TO Q.11)..... 0

B. How much did you [or your (husband/wife)] receive for alimony during 1988?

\$ | | | | , | | | | .00 63-68/

11. A. During 1988, did you [or your (husband/wife)] receive any money from someone living outside (this/your) household (in CITY OF PERMANENT RESIDENCE) for child support?

Yes(ASK B)..... 1 69/

No(GO TO Q.13)..... 0

B. How much did you [or your (husband/wife)] receive for child support during 1988?

\$ | | | | , | | | | .00 70-75/

12. DELETED

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 1988, did you [or your (husband/wife)] receive any payments from Aid to Families with Dependent Children--AFDC?

Yes(ASK C & D)..... 1 76/
No(GO TO Q.14, NEXT PAGE)..... 0

IF YES, ASK C & D:

C. In which months of 1988 did you [or your (husband/wife)] receive AFDC payments? CODE ALL THAT APPLY.

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

D. During 1988, how much did you [or your (husband/wife)] receive per month on the average from AFDC?

\$, . 00 34-37/

OR

DON'T KNOW 9998

14. During 1988, did you [or your (husband/wife)] receive any food stamps under the government's Food Stamp Plan?

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

38/

No(GO TO Q.15, NEXT PAGE)..... 0

IF YES, ASK A & B:

A. In which months of 1988 did you [or your (husband/wife)] receive food stamps? 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/

B. How many dollars worth of food stamps did you [or your (husband/wife)] receive during (MOST RECENT MONTH CODED IN A)?

\$, .00

63-66/

15. [Besides the (AFDC) (and) (food stamps),] During 1988, 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 67/
 No(GO TO Q.16, NEXT PAGE)..... 0

IF YES, ASK A & B:

A. In which months of 1988 did you [or your (husband/wife)] receive any Supplemental Security Income or any public assistance or welfare payments? 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	BEGIN DECK 25 10-11/
JULY	07	12-13/
AUGUST	08	14-15/
SEPTEMBER	09	16-17/
OCTOBER	10	18-19/
NOVEMBER	11	20-21/
DECEMBER	12	22-23/

B. And how much did you [or your (husband/wife)] receive per month, on the average, during 1988?

\$ | | , | | | | .00 24-27/

OR

DON'T KNOW 9998

16. A. During 1988, did you [or your (husband/wife)] receive any educational benefits for veterans under the G.I. Bill or V.E.A.P.?
- Yes 1 28/
 No 0
- B. During 1988, did you [or your (husband/wife)] receive any (other kinds of) scholarships, fellowships, or grants?
- Yes 1 29/
 No 0
- C. INTERVIEWER: IS ANY "YES" CODED IN Q.16 A OR B?
- YES(GO TO Q.17)..... 1 30/
 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
 Respondent's spouse only ..(ASK A, COLUMN 2 ONLY)..... 2 31/
 Respondent and spouse(ASK A, COLUMNS 1 & 2)..... 3

COLUMN 1 FOR RESPONDENT

COLUMN 2 FOR R'S SPOUSE

A. What was the total dollar value of the assistance you received from these sources during 1988?

What was the total dollar value of the assistance your (husband/wife) received from these sources during 1988?

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

\$ | | | , | | | .00
 OR 37-41/
 DON'T KNOW 99998

18. During 1988, did you [or your (husband/wife)] receive any (other) veterans benefits, worker's compensation, disability payments, or payments from Social Security?
- Yes(ASK A)..... 1 42/
 No(GO TO Q.19, NEXT PAGE)..... 0

A. IF YES: What was the total amount of these (other) veterans benefits, worker's compensation, disability payments, or payments from Social Security you [and your (husband/wife)] received during 1988?

\$ | | | , | | | .00 43-47/

19. During 1988, did you [or your (husband/wife)] receive any property or money, valued at over \$100, from any estates, trusts, inheritances, or gifts from relatives or friends?

Yes(ASK A)..... 1 48/
No(GO TO Q.20)..... 0

A. IF YES: What was the total market value or amount that you [or your (husband/wife)] received during 1988 from these sources?

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/THEIR PRESENT CONDITION: NOT THE ORIGINAL PRICE PAID FOR THE ITEM(S).

\$ | | , | | | | , | | | | .00 49-55/
OR
DON'T KNOW 9999998

20. (HAND CARD P) (Aside from the things you have already told me about) During 1988, did you [or your (husband/wife)] receive any money, even if only a small amount, from any other source such as interest on savings or bonds, dividends, pensions or annuities, net rental income, royalties, or any other regular or periodic source of income?

HAND
CARD
P

Yes(ASK A)..... 1 56/
No(GO TO Q.21, NEXT PAGE)..... 0

A. IF YES: How much altogether?

\$ | | , | | | | , | | | | .00 57-63/

21. INTERVIEWER: DOES RESPONDENT LIVE WITH ANY RELATIVE OTHER THAN RESPONDENT'S SPOUSE AND CHILDREN? (SEE HOUSEHOLD ENUMERATION).

YES(GO TO Q.22)..... 1 64/

NO(SKIP TO Q.26, NEXT PAGE)..... 0

22. The next few questions are about the income received during 1988 by the other persons who live [here/in your household (in CITY OF PERMANENT RESIDENCE)] 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 1988, 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	65/
B. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	66/
C. Unemployment compensation or worker's compensation?	1	0	8	67/
D. Veteran's benefits?	1	0	8	68/

23. INTERVIEWER: IS ANY ITEM IN Q.22 CODED YES "1"?

YES(GO TO Q.24)..... 1 69/

NO(SKIP TO Q.25, NEXT PAGE).... 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 1988 - before taxes and other deductions?

\$ | | | | , | | | | .00 70-75/

OR

DON'T KNOW 999998

25. And did any of these persons receive in 1988 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
No.....(GO TO Q.26)..... 0 10/
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 1988 - before taxes and other deductions?

\$ | | | | , | | | | .00 11-16/

OR
DON'T KNOW 999998

26. INTERVIEWER: DOES RESPONDENT CURRENTLY LIVE WITH A PARTNER OF THE OPPOSITE SEX (Q.8B ON HOUSEHOLD INTERVIEW, PAGE HHI-4, CODED "YES")?

YES(ASK Q.27)..... 1 17/
NO(SKIP TO Q.29, NEXT PAGE)..... 0

27. (HAND CARD Q) During 1988, 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
Q

Yes.....(GO TO Q.28)..... 1
No.....(SKIP TO Q.29, NEXT PAGE)..... 0 18/
DON'T KNOW.....(SKIP TO Q.29, NEXT PAGE)..... 8

IF YES TO Q.27, ASK:

28. What was the total income received by (PARTNER) from all sources listed above during 1988--before taxes and other deductions?

\$ | | | | , | | | | .00 19-24/

OR
DON'T KNOW 999998

29. Did you [or your (husband/wife)] file a federal income tax return for 1988?

Yes.....(ASK Q.30)..... 1 25/

No....(SKIP TO Q.31, NEXT PAGE).... 0

30. A. (HAND CARD R) What was your filing status on your 1988 federal income tax return? Did you file as ...(READ CATEGORIES)?

A single taxpayer..... 1 26/

HAND
CARD
R

Married, filing a joint return..... 2

Married, filing separate..... 3

Unmarried head of household..... 4

Qualifying widow(er) with
dependent child..... 5

B. What were the total number of exemptions claimed on (both) your [and your (husband/wife)'s] 1988 federal income tax return(s)?

|__|__| TOTAL NUMBER OF EXEMPTIONS 27-28/

31. During any part of 1988, 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 29/
 No 0

32. Is this (house/apartment) owned or being bought by you (or your husband/wife)?

Yes(ASK A-C)..... 1 30/
 No(GO TO Q.33, NEXT PAGE)..... 0

A. IF YES: About how much do you think this property would sell for on today's market?

\$ |__|,|__|__|__|,|__|__|__|.00 31-37/

B. About how much do you (and your husband/wife) owe on this property, for mortgages, back taxes, home improvement loans, etc.?

\$ |__|,|__|__|__|,|__|__|__|.00 38-44/

C. How much other debt do you have on this property, such as assessments, home repair bills, etc.?

\$ |__|,|__|__|__|,|__|__|__|.00 45-51/

33.- A. (HAND CARD S) Do you [or your (husband/wife)] have any cash you keep in a safe place at home or elsewhere, any money in savings or checking accounts, money market funds, credit unions, U.S. savings bonds, individual retirement accounts (IRA or Keogh), certificates of deposit, personal loans to others or mortgages you hold (money owed to you by other people)?

HAND CARD S

Yes(ASK B)..... 1 52/
 No(GO TO C)..... 0

B. IF YES: How much altogether?

\$ |__|, |__|__|__|, |__|__|__|.00 53-59/

C. [Not counting any individual retirement accounts (IRA or Keogh) you may have already told me about)] Do you [or your (husband/wife)] have any common stock, preferred stock, stock options, corporate or government bonds, or mutual funds?

Yes(ASK D)..... 1 60/
 No(GO TO E)..... 0

D. Altogether, what is the current market value of these stocks, bonds, or mutual funds that you [or your (husband/wife)] have invested in?

\$ |__|, |__|__|__|, |__|__|__|.00 61-67

E. Do you [or your (husband/wife)] have any rights to an estate or an investment trust?

Yes(ASK F)..... 1 68/
 No(GO TO Q.34, NEXT PAGE)..... 0

F. What is the total value of the estate or the investment trust that you [or your (husband/wife)] will receive?

\$ |__|, |__|__|__|, |__|__|__|.00 69-75/

34. A. Considering all of the money you [or your (husband/wife)] have set aside for savings, did you [or your (husband/wife)] put more money in or take more money out of your savings since (DATE OF LAST INTERVIEW)?

Put more money in.....(READ B)..... 1 76/
 Took more money out.....(READ C)..... 2
 NO CHANGE..(SKIP TO Q.35, NEXT PAGE).. 3
 NO SAVINGS..(SKIP TO Q.35, NEXT PAGE). 4

IF Q.34A IS CODED "1", R PUT MORE MONEY IN, READ B:

BEGIN DECK 27

- B. Since (DATE OF LAST INTERVIEW), how much more money have you [or your (husband/wife)] put into your savings than you took out?

\$|_|_|,|_|_|_|_|,|_|_|_|_|.00 10-16/

IF Q.34A IS CODED "2", R TOOK MORE MONEY OUT, READ C:

- C. Since (DATE OF LAST INTERVIEW), how much more money have you [or your (husband/wife)] taken out of your savings than you put in?

\$|_|_|,|_|_|_|_|,|_|_|_|_|.00 17-23/

35.. Do you (or your husband/wife) 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 24/
- No(GO TO Q.36, NEXT PAGE).... 0

A. IF YES: Which ones? (CODE ALL THAT APPLY.)

- Farm 1 25/
- Business 2 26/
- Other real estate 3 27/

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/THEIR PRESENT CONDITION: NOT THE ORIGINAL PRICE THE RESPONDENT PAID FOR THE ITEM(S).

\$|_|_|,|_|_|_|_|_|,|_|_|_|_|_|.00 28-34/

C. What is the total amount of debts or liabilities you (or your husband/wife) owe on this operation or property? Include any unpaid mortgages. (Do not include any commodity credit loans.)

\$|_|_|,|_|_|_|_|_|,|_|_|_|_|_|.00 35-41/

36. Do you (or your husband/wife) own any motor vehicles that are primarily for personal use, including cars, motorcycles, trucks, a motor home or trailer?

Yes(ASK A)..... 1 42/
No(GO TO Q.37)..... 0

A. Do you (or your husband/wife) owe any money on (this/these) vehicle(s)?

Yes(ASK B)..... 1
No(SKIP TO C)..... 0 43/
DON'T KNOW ...(SKIP TO C)..... 8

B. How much altogether?

\$|_|_|_|_|,|_|_|_|_|.00 44-49/

(INTERVIEWER: RECORD AMOUNT AND GO TO C)

OR

DON'T KNOW(GO TO C)..... 999998

C. How much would (this/these) vehicle(s) sell for on today's market?

\$|_|_|_|_|,|_|_|_|_|.00 50-55

(INTERVIEWER: RECORD AMOUNT AND GO TO Q.37)

OR

DON'T KNOW ... (GO TO Q.37) 999998

37. (HAND CARD T) Aside from the things we've already talked about, do you (or your husband/wife) own any other items each worth more than \$500? For example, a piece of furniture, appliance, boat, jewelry, stereo system, a valuable collection for investment purposes, etc.

HAND
CARD
T

Yes(ASK A)..... 1 56/
No(SKIP TO Q.38, NEXT PAGE)..... 0

A. What is their total market value, rounding to the nearest hundred dollars?

\$|_|_|,|_|_|_|_|,|_|_|_|_|.00 57-63/

OR

DON'T KNOW 999998

38. (Aside from any debts you have already mentioned,) do you (or your husband/wife) now owe over \$500 to any stores, doctors, hospitals, banks, or anyone else, excluding 30-day charge accounts?

Yes(ASK A)..... 1

64/

No(GO TO Q.39)..... 0

A. IF YES: Rounding to the nearest hundred dollars, how much do you owe altogether?

\$|_|_|_|_|,|_|_|_|_|.00

65-70/

OR

DON'T KNOW 999998

39. INTERVIEWER: RECORD TIME INTERVIEW ENDED HERE:

TIME ENDED

[] []

HOURL
71-72

[] []

MINUTE
73-74

AM / MIDNIGHT
PM / NOON

75/

GO TO SECTION 13, PAGE 13-107

SECTION 13: LOCATING INFORMATION

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.

|_____| 11-35/
 LAST NAME

|_____| 36-60/
 FIRST NAME

|_____| 61-75/
 MIDDLE NAME

|_____| BEGIN LOCATOR DECK 02
 10-34/
 MAIDEN 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 |__| 35/
 OTHERWISE, ENTER FULL STREET ADDRESS BELOW.

|_____| 36-65/
 (STREET ADDRESS 1) BEGIN LOCATOR DECK 03

|_____| 10-39/
 (STREET ADDRESS 2)

- 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.

|_____| 41-59/
 (CITY)

|_____| 60-61/
 (STATE) |_____| 62-66/
 (ZIP)

NOTE: IF ANY CHANGES, ALSO ASK FOR COUNTY: _____ 67-80/

NOTE: IF R LIVES OUTSIDE THE USA, RECORD COUNTRY: BEGIN LOCATOR DECK 04

|_____| 10-29/
 COUNTRY

(continued, next page)

9. (Continued)

B. Where do you expect to move?

PROBE FOR DETAILS, SPECIFIC ADDRESS IF POSSIBLE.

36-65/

(STREET ADDRESS)	(APT. #)
------------------	----------

BEGIN LOCATOR DECK 18

10-39/

(CITY)	(STATE)	(ZIP)
--------	---------	-------

10. Do you have a driver's license?

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

40/

No..(GO TO Q.11)...2

A. What is your license number?

41-65/

LICENSE NUMBER

B. What state issued your license? |__|__|

66-67/

11. NOW PAY RESPONDENT FOR INTERVIEW AND HAVE HIM/HER SIGN THE RECEIPT.

12. IF CURRENT MAILING ADDRESS IS NOT A REGULAR STREET ADDRESS OR IF DU IS DIFFICULT TO LOCATE, GIVE DU DESCRIPTION AND DIRECTIONS HERE:

13. OTHER COMMENTS ON LOCATING R:

THIS PAGE INTENTIONALLY BLANK

INTERVIEWER REMARKS

INTERVIEWER: Complete these remarks as soon as you have finished the questionnaire.

1. Length of the interview: | | | | | 10-12/
(Section 1, p. 1 to MINUTES
Section 12, p.12-106)

2. Date of interview: | | | | 8 | 9 |
MONTH DAY YEAR
13-14/ 15-16/ 17-18/

3. Race of Respondent:
White..... 1
Black..... 2 19/
Other..... 3

4. Sex of Respondent:
Male..... 1 20/
Female..... 2

5. In what language was this interview conducted?
English 1 21/
Spanish 2
Other (SPECIFY)
_____ 3

6. In general, what was the respondent's attitude toward the interview?
Friendly and interested 1
Cooperative but not
particularly interested 2 22/
Impatient and restless 3
Hostile 4

7. In general, was the respondent's understanding of the questions . . .

Good?	1	23/
Fair?	2	
Poor?	3	

8. Was anyone else present other than small children during any portion of the interview?

Yes	(ANSWER A).... 1	24/
No	(GO TO Q.9)... 0	
TELEPHONE INTERVIEW ...	(GO TO Q.9)... 8	

A. IF YES: Who was present? CODE ALL THAT APPLY.

Spouse/Partner	5	25/
R's parent(s)	1	26/
Other members(s) of R's household	2	27/
R's friend(s)	3	28/
Other (SPECIFY) _____	4	29/

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	(GO TO Q.10)..... 0	30/
------------	---------------------	-----

or

	Section	Question
A.	_____ 31-32/	_____ 33-35/
B.	_____ 36-37/	_____ 38-40/
C.	_____ 41-42/	_____ 43-45/

Describe Problem: _____ 46/

10. List questions with skip errors, questions that were confusing to you, or questions that otherwise didn't work. EXPLAIN.

None(GO TO Q.11)..... 0 47/
 or

Section	or	Question
A. _____	48-49/	_____ 50-52/
B. _____	53-54/	_____ 55-57/
C. _____	58-59	_____ 60-62/

Describe Problem: _____ 63/

11. A. Did the respondent have any of the special characteristics that could affect his/her ability to answer any portion of this questionnaire?

Yes(ANSWER B)..... 1 64/

No(SKIP TO Q.12)..... 0

B. CODE ALL CHARACTERISTICS THAT APPLY.

Respondent deaf..... 01 65-66/

Respondent blind..... 02 67-68/

Respondent mentally
 handicapped or retarded..... 03 69-70/

Respondent's English is very poor..... 04 71-72/

Respondent cannot read..... 05 73-74/

Respondent physically handicapped
 (SPECIFY HANDICAP)_____ 06 75-76/

Other (SPECIFY)_____ 07 77-78/

12. INTERVIEWER: TRANSFER HERE THE LAST LINE OF THE RECORD OF CALLS.

Try #	Day #	Date		Time	Type P = 1 Tel = 2	Outcome Code
		Month	Day			
10-11/	12-13/	14-15/	16-17/	18-22/ A P	23/	24-25/

13. Please record your interview ID #: | | | | | | | | 26-31/

14. Please sign your name here: _____

15. Please affix label with your supervisor's name and ID # here:

OFFICE USE ONLY

CODER ID # | | | | |

32-34/