

THIS SURVEY IS AUTHORIZED BY TITLE 29 USC 2

CASE # _____

01-06/

NORC-4512-01

NORC
University of Chicago

OMB: 1220-0109

EXP: 12-31-90

CENTER FOR HUMAN RESOURCE RESEARCH
Ohio State University

INTERVIEWER:
(CODE ONE)
Personal
Interview 1

National Longitudinal Survey
of
Labor Market Experience

Telephone
Interview 2

ROUND TWELVE
Youth Survey, 1990

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.

The Bureau of Labor Statistics estimates that it will take an average of 60 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.

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.

HOUSEHOLD INTERVIEW

A. INTERVIEWER: CODE ONE: YOUTH RESPONDENT IS LIVING IN:

OWN DU(SKIP TO C)..... 11 09-10/
 RESPONDENT IN PARENT HOUSEHOLD(SKIP TO C)..... 19
 CONVENT, MONASTERY, OTHER RELIGIOUS INSTITUTION ..(SKIP TO Q.13, PAGE HHI-7)..... 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, PAGE HHI-7) _____
 _____ 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 14, Q.8, PAGE 14-242)..... 1
- No ..(ASK FOR CORRECT ADDRESS AND PHONE # AND ENTER THEM IN SECTION 14, Q.8, P. 14-242).. 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 PAGE HHI-2 AND CONTINUE WITH SAME HOUSEHOLD QUESTIONS 1-5)..... 1
- NO(GO TO PAGE HHI-3 AND CONTINUE WITH NEW HOUSEHOLD QUESTIONS 1-5)..... 0

FOR RESPONDENT WHO LIVES IN OPEN BAY OR 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 PAGE HHI-3)..... 1 11-12/
 Widowed(SKIP TO Q.13, PAGE HHI-7)..... 2
 Divorced(SKIP TO Q.13, PAGE HHI-7)..... 3
 Legally Separated(SKIP TO Q.13, PAGE HHI-7)..... 4
 Never Married(SKIP TO Q.13, PAGE HHI-7)..... 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 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 ON HOUSEHOLD ENUMERATION.

(SKIP TO Q.6 ON PAGE 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 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 RESIDEN (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 (YOU/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 some else?

Yes ... (ASK a) 1

No 0

- a. IF YES: Who is that? Who else?

CROSS OUT NAMES ON HOUSEHOLD ENUMERATION.

(GO TO Q.6, PAGE HHI-4)

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

13-14/

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

15-16/

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

17-18/

No (SKIP TO Q.9) 0

C. INTERVIEWER: ENTER LINE NUMBER (FROM FACE SHEET) OF PARTNER HERE: |__|__|
PROBE IF NECESSARY.

19-20/

D. In what month and year did you and your partner begin living together?

ENTER MONTH: |__|__|

21-22/

AND

YEAR: |__|__|

23-24/

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 1989, 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 HHI-1 CODED 01, 02, 03, 04, 05, OR 06).

READ: Is your home (in CITY OF PERMANENT RESIDENCE) located in a rural area?

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

Yes (ASK A) 1 25-26/

No (GO TO Q.14, PAGE HHI-7) 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, PAGE HHI-7).... 000000

OR

_____, _____ (ASK B) 27-32/

TOTAL ACREAGE

B. (HAND CARD 1). During 1989, 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.

HAND
CARD
1

- a. Nothing 01
- b. \$1 - \$49 02
- c. \$50 - \$249 03
- d. \$250 - \$999 04 33-34/
- 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

SKIP TO Q.14, PAGE HHI-7

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

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SECTION 1

- 1. INTERVIEWER: RECORD TIME INTERVIEW BEGINS HERE:

TIME BEGAN	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 40px; height: 40px;"></td></tr> </table> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 40px; height: 40px;"></td></tr> </table>			AM / MIDNIGHT PM / NOON	35-40/
	HR. MIN.				

- 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

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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). Is that correct?
- | | | | |
|-----------|--------------------|---|--------|
| Yes | (SKIP TO Q.3)..... | 1 | |
| No | (GO TO Q.2)..... | 0 | 41-42/ |
-
2. What was your marital status on (DATE OF LAST INTERVIEW)?
- | | | | |
|--------------------|--|---|--------|
| Never married..... | | 0 | |
| Married..... | | 1 | 43-44/ |
| Separated..... | | 2 | |
| Divorced..... | | 3 | |
| Widowed..... | | 6 | |
-
3. Have there been any changes to your marital status since (DATE OF LAST INTERVIEW)?
- | | | | |
|-----------|--------------------|---|--------|
| Yes | (SKIP TO Q.5)..... | 1 | |
| No | (GO TO Q.4)..... | 0 | 45-46/ |
-
4. Just to verify, your current marital status is ... (READ CATEGORIES, IF NECESSARY)?
- | | | | |
|--|--|---|--------|
| Never married...(SKIP TO SECTION 3, PAGE 3-11).... | | 0 | |
| Married.....(SKIP TO Q.8, PAGE 2-5)..... | | 1 | 47-48/ |
| Separated.....(SKIP TO SECTION 3, PAGE 3-11).... | | 2 | |
| Divorced.....(SKIP TO SECTION 3, PAGE 3-11).... | | 3 | |
| Widowed.....(SKIP TO SECTION 3, PAGE 3-11).... | | 6 | |

	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE																		
5. A. Since (DATE OF LAST INTERVIEW), what was the (first/second/ETC.) change in your marital status?	Married 1																				
	Separated..... 2	Separated..... 2	Separated..... 2																		
	Divorced..... 3	Divorced..... 3	Divorced..... 3																		
	Reunited..... 4	Reunited..... 4	Reunited..... 4																		
	Remarried..... 5	Remarried..... 5	Remarried..... 5																		
	Widowed..... 6	Widowed..... 6	Widowed..... 6																		
	49-50/	57-58/	65-66/																		
B. When did that happen? ENTER MONTH & YEAR.	<table border="0"> <tr> <td> _ _ </td> <td>19 _ _ </td> </tr> <tr> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td>51-52/</td> <td>53-54/</td> </tr> </table>	_ _	19 _ _	MONTH	YEAR	51-52/	53-54/	<table border="0"> <tr> <td> _ _ </td> <td>19 _ _ </td> </tr> <tr> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td>59-60/</td> <td>61-62/</td> </tr> </table>	_ _	19 _ _	MONTH	YEAR	59-60/	61-62/	<table border="0"> <tr> <td> _ _ </td> <td>19 _ _ </td> </tr> <tr> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td>67-68/</td> <td>69-70/</td> </tr> </table>	_ _	19 _ _	MONTH	YEAR	67-68/	69-70/
_ _	19 _ _																				
MONTH	YEAR																				
51-52/	53-54/																				
_ _	19 _ _																				
MONTH	YEAR																				
59-60/	61-62/																				
_ _	19 _ _																				
MONTH	YEAR																				
67-68/	69-70/																				
C. After that, was there any <u>other</u> change in your marital status?	Yes...(GO TO Q.5A FOR SECOND CHANGE).. 1	Yes...(GO TO Q.5A FOR THIRD CHANGE).. 1	Yes...(USE A 71-72/ 2ND QUEX. GO TO Q.5A, [P.2-4] FOR THE NEXT CHANGE)..... 1																		
	No...(GO TO Q.6).... 0	No...(GO TO Q.6).... 0	No....(GO TO Q.6)... 0																		
	55-56/	63-64/																			

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

- Married..... 1
- Separated..... 2 73-74/
- Divorced..... 3
- Widowed..... 6

B. INTERVIEWER: WAS MARRIED OR REMARRIED CODED IN Q.5A FOR THE FIRST, SECOND, OR THIRD CHANGE?

- YES....(GO TO Q.7, PAGE 2-5).... 1 75-76/
- NO....(SKIP TO Q.8, PAGE 2-5)... 0

11. 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 1989, what kind of work did your (most recent) (husband/wife) do at (his/her) principal job?

RECORD VERBATIM.

INCLUDE MILITARY DUTY AS WORK FOR SPOUSE.

IF MORE THAN ONE OCCUPATION, PROBE FOR AND RECORD WORK DONE THE LONGEST DURING 1989.

PROBE: What were (his/her) main activities or duties?
PROBE FOR TWO MAIN DUTIES, RECORD VERBATIM, AND GO TO Q.12.

21-23/

OR
DID NOT WORK DURING THAT PERIOD
(ENTER "00" IN Q.15A, PAGE 2-8, AND SKIP TO Q.16, PAGE 2-8) 995

OR
NEVER WORKED
(ENTER "00" IN Q.15A, PAGE 2-8, AND SKIP TO Q.16, PAGE 2-8) 996

OR
DON'T KNOW (GO TO Q.12) 998

12. Now, we would like to ask you a few questions concerning your (husband/wife)'s earnings at (his/her) principal job during 1989. Please include tips, overtime, and bonuses and give me the amount your (husband/wife) earned before deductions like taxes and Social Security were taken out.

Altogether, how much did your (husband/wife) usually earn at (his/her) principal job during 1989? PROBE IF NECESSARY: Was that per hour, per day, per week or what?

IF MORE THAN ONE JOB, PROBE FOR AND RECORD THE WAGE AT THE JOB THAT R'S SPOUSE WORKED AT THE LONGEST DURING 1989.

|__|__|__|,|__|__|__|.|__|__|
 DOLLARS 24-29/ CENTS 30-31/

- Per hour.....(SKIP TO Q.15)..... 01
- Per day..... (GO TO Q.13)..... 02 32-33/
- Per week..... (GO TO Q.13)..... 03
- Bi-weekly (Every 2 weeks)...(GO TO Q.13)... 04
- Bi-monthly (Twice a month)..(GO TO Q.13)... 08
- Per month.....(GO TO Q.13)..... 05
- Per year.....(GO TO Q.13)..... 06
- Other (SPECIFY) (GO TO Q.13) _____
- _____ 07

13. Was your (husband/wife) paid by the hour on this job?

- Yes.....(GO TO Q.14)..... 1 34-35/
- No.....(SKIP TO Q.15)..... 0

14. How much did (he/she) earn per hour?

|__|__|__|.|__|__|
 DOLLARS CENTS
 36-38/ 39-40/

15. A. During the 52 weeks of 1989, 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 1989: |__|__| 41-42/

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

ENTER NUMBER OF HOURS: |__|__| 43-44/

16. INTERVIEWER: TO FIND THE # OF WEEKS THAT R'S SPOUSE WAS NOT WORKING IN 1989, SUBTRACT # OF WEEKS IN Q.15A FROM # OF WEEKS IN A YEAR (52) AND RECORD BELOW.

A. NUMBER OF WEEKS IN 1989: 52

B. NUMBER OF WEEKS IN Q.15A: _____

C. ENTER NUMBER OF WEEKS NOT WORKING: |__|__| 45-46/

D. IF C = 00, GO TO Q.17.

IF C = 52, ASK:

You said your (husband/wife) did not work in 1989. How many weeks in 1989 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 1989. 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: |__|__| 47-48/

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

YES.....(GO TO Q.18)..... 1
NO.....(SKIP TO SECTION 3, PAGE 3-11)..... 0 49-50/

18. 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.20).....	01	
WITH A JOB BUT NOT AT WORK.....	02	51-52/
LOOKING FOR WORK.....	03	
Keeping house.....	04	
Going to school.....	05	
UNABLE TO WORK.....(SKIP TO Q.23).....	06	
OTHER (SPECIFY)_____	07	

19. 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	53-54/
No.....(SKIP TO Q.23).....	0	

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

ENTER TOTAL # OF HOURS: |__|__|	55-56/
--------------------------------	--------

21. INTERVIEWER: CODE FROM Q.20. R'S SPOUSE WORKED:

1 - 34 HOURS.....(ASK Q.22).....	1	57-58/
35 OR MORE HOURS.....(SKIP TO Q.24).....	2	

ASK Q.22 ONLY IF CODE 1 IN Q.21.

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

Yes.....(SKIP TO Q.24).....	1	59-60/
No.....(SKIP TO Q.24).....	0	

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

Yes.....(GO TO Q.24).....	1	61-62/
No.....(SKIP TO SECTION 3, PAGE 3-11).....	0	

24. (HAND CARD A). Which of the following categories best describes the hours your (husband/wife) (works/worked) at (his/her) principal job?

HAND
CARD
A

- Regular day shift.....(ASK Q.25)..... 01
- Regular evening day shift...(ASK Q.25)..... 02
- Regular night shift.....(ASK Q.25)..... 03
- Shift rotates (changes periodically from days to evenings or nights)(SKIP TO Q.26) 04 63-34/
- Split shift (consists of two distinct periods each day).....(SKIP TO Q.26).... 05
- Irregular schedule or hours....(ASK A)..... 06
- Other (SPECIFY) (SKIP TO SECTION 3) _____ 07

A. Who sets your (husband/wife)'s hours?

- Employer..... 1
- Spouse..... 2 65-66/
- Both spouse and employer..... 3

SKIP TO SECTION 3

25. At what time of day (does/did) your (husband/wife) usually begin and end work at (his/her) principal job?

Time usually began: _____ AM / MIDNIGHT
 _____ PM / NOON
 67-72/

Time usually ended: _____ AM / MIDNIGHT
 _____ PM / NOON
 73-78/

SKIP TO SECTION 3

BEGIN DECK 03

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

Time usually began: _____ AM / MIDNIGHT
 _____ PM / NOON
 09-14/

Time usually ended: _____ AM / MIDNIGHT
 _____ PM / NOON
 15-20/

SKIP 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)..... 1 21-22/

No(SKIP TO Q.7, PAGE 3-16)..... 0

- A. Since (MONTH AND YEAR OF LAST INTERVIEW), did you attend regular school at all during the months of 1989 or 1990?

Yes(ASK B)..... 1 23-24/

No(GO TO C)..... 0

- B. IF YES: In which months of 1989 or 1990 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 1989 AND 1990.)

1989

JANUARY	01	25-26/
FEBRUARY	02	27-28/
MARCH	03	29-30/
APRIL	04	31-32/
MAY	05	33-34/
JUNE	06	35-36/
JULY	07	37-38/
AUGUST	08	39-40/
SEPTEMBER	09	41-42/
OCTOBER	10	43-44/
NOVEMBER	11	45-46/
DECEMBER	12	47-48/

1990

JANUARY	13	49-50/
FEBRUARY	14	51-52/
MARCH	15	53-54/
APRIL	16	55-56/
MAY	17	57-58/
JUNE	18	59-60/
JULY	19	61-62/
AUGUST	20	63-64/
SEPTEMBER	21	65-66/
OCTOBER	22	67-68/
NOVEMBER.....	23	69-70/
DECEMBER.....	24	71-72/

1. (Continued)

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

Yes(ASK D)..... 1

09-10/

No(GO TO Q.2, PAGE 3-13)..... 0

IF YES TO C, ASK D:

D. 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

11-12/

7TH GRADE 07

8TH GRADE 08

9TH GRADE 09

10TH GRADE 10

11TH GRADE 11

12TH GRADE 12

1ST YEAR OF COLLEGE 13

2ND YEAR OF COLLEGE 14

3RD YEAR OF COLLEGE 15

4TH YEAR OF COLLEGE 16

5TH YEAR OF COLLEGE 17

6TH YEAR OF COLLEGE 18

7TH YEAR OF COLLEGE 19

8TH YEAR OF COLLEGE OR MORE 20

UNGRADED 95

(SKIP TO Q.4, PAGE 3-15)

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

ENTER MONTH:	|__|__|	13-14/
AND		
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 17-18/
 - 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 (SPECIFIED ABOVE) 13

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

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

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.1D, PAGE 3-12) OR WHAT IS THE HIGHEST GRADE R HAS ATTENDED SINCE THE DATE OF THE LAST INTERVIEW (SEE Q.3, PAGE 3-14)?

- UNGRADED...(SKIP TO **SECTION 4**, PG. 4-21).. 1 23-24/
- GRADES 1-8 (SKIP TO **SECTION 4**, PG. 4-21).. 2
- GRADES 9-12(GO TO Q.6)..... 3
- GRADE 13.....(SKIP TO Q.7)..... 4
- GRADE 14-20.....(SKIP TO Q.7)..... 5

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

- YES...(SKIP TO **SECTION 4**, PAGE 4-21).. 1 25-26/
- 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 27-28/
- 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 29-30/
- No...(SKIP TO **SECTION 4**, PAGE 4-21)... 0

IF YES, ASK A & B:

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

- High school diploma..... 1 31-32/
- GED..... 2
- IF VOLUNTEERED: Both..(ASK B REGARDING HIGH SCHOOL DIPLOMA)..... 3

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

- ENTER MONTH: |__|__| 33-34/
- AND
- YEAR: 19 |__|__| 35-36/

9. INTERVIEWER: HAS R BEEN ENROLLED IN SCHOOL SINCE DATE OF LAST INTERVIEW?
IS Q.1, PAGE 3-11, CODED YES?

YES(ASK Q.10)..... 1
NO(SKIP TO Q.11)..... 0
37-38/

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
39-40/

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

HAND
CARD
B

High school diploma (or equivalent) 01
Associate/Junior College (AA) 02
Bachelor of Arts Degree (BA) 03
Bachelor of Science (BS) 04
Master's Degree (MA, MBA, MS, MSW) 05
Doctoral Degree (PhD) 06
Professional Degree (MD, LLD, DDS) 07
Other (SPECIFY) _____
_____ 08
41-42/

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

ENTER MONTH: |__|__| 43-44/
AND
YEAR: 19 |__|__| 45-46/

11. INTERVIEWER: HAS R ATTENDED GRADE 13 OR HIGHER SINCE DATE OF
LAST INTERVIEW? IS Q.5, PAGE 3-16, CODED 4 OR 5?

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

NO..(SKIP TO **SECTION 4**, PAGE 4-21).. 0

47-48/

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 MOST RECENT SCHOOL	COLUMN 2 SECOND MOST RECENT SCHOOL	COLUMN 3 THIRD MOST RECENT SCHOOL
13. What is the name of the (next) college or university you (are currently attending/have most recently attended)?	_____ 49-75/ _____ BEGIN DECK 05	_____ 54-78/ _____ BEGIN DECK 06	_____ 54-78/ _____ BEGIN DECK 07
FICE CODE NUMBER (CENTRAL OFFICE USE ONLY)	|_|_|_|_|_| 09-14/	|_|_|_|_|_| 09-14/	|_|_|_|_|_| 09-14/
14. INTERVIEWER: SEE INFORMATION SHEET, ITEM 3. IS THIS THE SAME SCHOOL AS LISTED ON THE INFORMATION SHEET?	YES (SKIP TO Q.18)... 1 NO 0 15-16/	YES (SKIP TO Q.18)... 1 NO 0 15-16/	YES (SKIP TO Q.18)... 1 NO 0 15-16/
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----->	17-36/ _____ (town or city) 37-38/ _____ (state)	17-36/ _____ (town or city) 37-38/ _____ (state)	17-36/ _____ (town or city) 37-38/ _____ (state)
16. (Is/Was) (NAME OF SCHOOL) a 2-year or 4-year school?	39-40/ 2-year 1 4-year 2	39-40/ 2-year 1 4-year 2	39-40/ 2-year 1 4-year 2
17. When did you first attend or enroll in this (college/university)?	41-44/ |_|_|_|_|_| MONTH YEAR	41-44/ |_|_|_|_|_| MONTH YEAR	41-44/ |_|_|_|_|_| MONTH YEAR
18. What (is/was) your field of study at (NAME OF SCHOOL)? RECORD VERBATIM. PROBE IF NECESSARY: What (are/were) you majoring in?	45-48/ _____ _____ _____	45-48/ _____ _____ _____	45-48/ _____ _____ _____
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?	49-50/ full-time.... 1 part-time.... 2	49-50/ full-time.... 1 part-time.... 2	49-50/ full-time.... 1 part-time.... 2
20. What (is/was) the total number of credit hours you (have) ever earned at (NAME OF SCHOOL)?	51-53/ |_|_|_|_|_| # OF HOURS	51-53/ |_|_|_|_|_| # OF HOURS	51-53/ |_|_|_|_|_| # OF HOURS

	<u>COLUMN 1</u>	<u>COLUMN 2</u>	<u>COLUMN 3</u>
	MOST RECENT SCHOOL	SECOND MOST RECENT SCHOOL	THIRD MOST RECENT SCHOOL
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 54-55/	Yes 1 No (SKIP TO Q.24)..... 0 69-70/	Yes No (SKIP TO Q.24)..... 11-1
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 56-60/	|_|_|_|, |_|_|_|_| DOLLARS 71-75/	|_|_|_|, |_|_|_|_| DOLLARS 13-1
23. <u>INTERVIEWER:</u> FOR COLUMN ONE - MOST RECENT SCHOOL ONLY: IS R CURRENTLY ATTENDING OR ENROLLED IN THIS SCHOOL? (Q.1C, PAGE 3-12 IS CODED YES).	61-62/ YES (SKIP TO Q.25) 1 NO (GO TO Q.24).. 0		
24. When did you last attend (NAME OF SCHOOL)?	|_|_|_|_| MONTH YEAR 63-66/	|_|_|_|_| MONTH YEAR 76-79/	|_|_|_|_| MONTH YEAR 18-2
25. Have you attended any other college or university since (DATE OF LAST INTERVIEW)?	Yes (GO BACK TO Q.13, P. 3-19 COLUMN 2).... 1 No ...(GO TO Q.26)..... 0 67-68/	BEGIN DECK 08 Yes (GO BACK TO Q.13, P. 3-19 COLUMN 3).... 1 No ...(GO TO Q.26)..... 0 09-10/	Yes (GO TO Q.13, P. 3-19) IN A NEW QUESTIONNAIRE).. No ...(GO TO Q.26)..... 22-2
26. <u>INTERVIEWER:</u> SEE INFORMATION SHEET, ITEM 04. IS INFORMATION SHEET ITEM 04 PREPRINTED "SIGNED" INDICATING THAT R HAS PREVIOUSLY SIGNED A TRANSCRIPT RELEASE FORM? YES ---INFO SHEET PREPRINTED "SIGNED" .. (SKIP TO SECTION 4, PAGE 4-21) .....1 NO ----INFO SHEET BLANK .....(ASK Q.27)..... 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 R REFUSED TO SIGN FORM 7		

GO TO SECTION 4, PAGE 4-21

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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 |__| |__| |__| |__| | 9 | 0 |

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

SECTION 4: MILITARY

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

INTERVIEWER: SEE INFORMATION SHEET ITEM 5 TO FIND OUT WHAT BRANCH, IF ANY, THE RESPONDENT WAS SERVING IN AT THE DATE OF LAST INTERVIEW.

1. When we last talked to you on (DATE OF LAST INTERVIEW), you were [not serving in any branch of the military/serving in the (BRANCH OF THE SERVICE LISTED IN INFORMATION SHEET ITEM 5)]. Is that correct?

- Yes(SKIP TO Q.3)..... 1
 - No(GO TO Q.2)..... 0
- 28-29/

2. What branch of the military were you serving in at (DATE OF LAST INTERVIEW)?

- None..... 00
 - Army..... 01
 - Navy..... 02
 - Air Force..... 03
 - Marine Corps..... 04
 - Coast Guard..... 11
 - Army Reserves..... 05
 - Navy Reserves..... 06
 - Air Force Reserves..... 07
 - Marine Corps Reserves..... 08
 - Coast Guard Reserves..... 12
 - Air National Guard..... 09
 - Army National Guard..... 10
 - Other (SPECIFY)_____ 13
- 30-31/

A. INTERVIEWER: CORRECT BRANCH LISTED IN ITEM 5 OF THE INFORMATION SHEET BASED ON THE INFORMATION R JUST GAVE IN Q.2.

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

YES 1

32-33/

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

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

Yes (ANSWER A) 1

34-35/

No (SKIP TO Q.6, PAGE 4-23)..... 0

A. IF YES:

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

YES .. (DRAW A LINE ON ROW A OF
CALENDAR FROM DATE OF LAST
INTERVIEW TO NOW) 1

36-37/

NO 0

5. What is your current pay grade?

E: |__|__|

O: |__|__|

38-40/

W: |__|__|

A. INTERVIEWER: IS R CURRENTLY IN THE ACTIVE FORCES? (ARMY, NAVY, AIR
FORCE, MARINES, COAST GUARD) (IS Q.4A CODED "1"?)

YES.....(READ B)..... 1

41-42/

NO..(SKIP TO SECTION 5, PAGE 5-29)..... 0

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

SKIP TO SECTION 5, Q.65, PAGE 5-55

9. 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

56-57/

	ARMY RESERVES	(GO TO Q.10, PAGE 4-25)..	05
	NAVY RESERVES	(GO TO Q.10, PAGE 4-25)..	06
RESERVES	AIR FORCE RESERVES	(GO TO Q.10, PAGE 4-25)..	07
	MARINE CORPS RESERVES .	(GO TO Q.10, PAGE 4-25)..	08
	COAST GUARD RESERVES ..	(GO TO Q.10, PAGE 4-25)..	12

	AIR NATIONAL GUARD	(GO TO Q.10, PAGE 4-25)..	09
GUARD	ARMY NATIONAL GUARD ...	(GO TO Q.10, PAGE 4-25)..	10
	OTHER (SPECIFY BELOW, AND SKIP TO <u>SECTION 5</u> , PAGE 5-29)		

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.10, PAGE 4-25).....	1
Reserves	(ASK B).....	2
Guard	(ASK B).....	3
BOTH (PROBE FOR AND CODE Q.9 FOR THE MOST RECENT BRANCH).....		4

58-59/

B. INTERVIEWER: IF RESERVES OR GUARD IN A, IS Q.9 CODED ACTIVE FORCES?

YES	(CORRECT Q.9 TO RESERVES OR GUARD).....	1
NO	(GO TO Q.10, PAGE 4-25).....	0

60-61/

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

Yes 1

62-63/

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

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

ENTER MONTH: |_|_|

64-65/

AND

YEAR: 19 |_|_|

66-67/

A. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (IS Q.9 CODED 01-04 OR 11?)

YES(ASK B)..... 1

68-69/

NO(GO TO Q.14, PG. 4-26) 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: |_|_|

70-71/

SKIP TO Q.14, PAGE 4-26

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

Yes(ASK A)..... 1

72-73/

No ...(SKIP TO SECTION 5, PG. 5-29)... 0

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

ENTER DATE HERE: |__|__|__|__, 19 |__|__|
MONTH DAY YEAR

74-77/ 78-79/

B. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (Q.9, PAGE 4-24 IS CODED 01-04 OR 11?)

BEGIN DECK 09

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

09-10/

NO 0

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

ENTER DATE HERE: |__|__|__|__, 19 |__|__|
MONTH DAY YEAR

11-14/ 15-16/

A. INTERVIEWER: WAS R IN THE ACTIVE FORCES? - (Q.9, PAGE 4-24 IS CODED 01-04 OR 11?)

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

17-18/

NO 0

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

E: |__|__|

O: |__|__|

19-21/

W: |__|__|

15. INTERVIEWER: IS R CURRENTLY IN ACTIVE FORCES? (Q.9, PAGE 4-24 IS CODED 01-04 OR 11 AND Q.10 IS CODED YES.)

YES(ASK A) 1

22-23/

NO(GO TO Q.16)..... 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.65, PAGE 5-55

16. INTERVIEWER: HAS R SERVED IN AND LEFT THE ACTIVE FORCES (Q.6A, PAGE 4-23 IS CODED "1"--"YES" OR IS Q.13A CODED "1" - "YES"?

YES.....(GO TO Q.17)..... 1

24-25/

NO....(SKIP TO SECTION 5, PG. 5-29)... 0

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

Yes..... 1

26-27/

No...(SKIP TO SECTION 5, PAGE 5-29)... 0

18. (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. 5-29)... 1

28-29/

No..... 0

19. 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

30-31/

No..... 0

GO TO SECTION 5, PAGE 5-29

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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.

- Working(SKIP TO Q.3)..... 01
- WITH A JOB BUT NOT AT WORK..... 02
- LOOKING FOR WORK..... 03 32-33/
- Keeping house..... 04
- Going to school..... 05
- UNABLE TO WORK ..(SKIP TO Q.20,
PAGE 5-42)..... 06
- OTHER (SPECIFY)_____
- _____ 07

CODE
SMALLEST #
MENTIONED

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 34-35/
- No(SKIP TO Q.8, PAGE 5-35).... 0

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

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

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

- 1 - 34 HOURS (ASK Q.5)..... 1
- 35 - 48 HOURS ... (SKIP TO Q.6, PAGE 5-32) 2 38-39/
- 49 OR MORE HOURS .. (SKIP TO Q.7, PAGE 5-34) .. 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 40-41/
- 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) _____
-

42-43/

17

NOW SKIP TO Q.24, PAGE 5-44

5. (Continued)

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

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

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

44-45/

NOW SKIP TO Q.24, PAGE 5-44

ASK Q.6 ONLY IF "35-48" HOURS IN Q.4, PAGE 5-29

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 46-47/
- No(GO TO Q.7, PAGE 5-34)..... 0

IF YES, ASK A & B. OTHERWISE, GO TO Q.7, PAGE 5-34.

A. . How many hours did you take off?

ENTER # OF HOURS: |__|__| 48-49/

B. When you said earlier that you worked (# OF HOURS IN Q.3, PAGE 5-29) hours last week, had you already subtracted the (# OF HOURS IN A) hours that you took off last week?

- Yes(SKIP TO Q.24, PAGE 5-44)... 1 50-51/
- No(ASK C & D)..... 0

IF "NO" TO B, ASK C & D. OTHERWISE, GO TO Q.24, PAGE 5-44.

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: |__|__| 52-53/

D. INTERVIEWER: CODE FROM C--RESPONDENT WORKED

- 1 - 34 HOURS(ASK E)..... 1 54-55/
- 35 OR MORE HOURS (SKIP TO Q.24, PAGE 5-44) 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)_____

56-57/

17

NOW SKIP TO Q.24, PAGE 5-44

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

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

58-59/

No..(SKIP TO Q.24, PAGE 5-44).. 0

IF "YES," ASK A. OTHERWISE, SKIP TO Q.24, PAGE 5-44.

A. How many extra hours did you work?

ENTER # OF

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

60-61/

OR

NO EXTRA HOURS ..(SKIP TO Q.24, PAGE 5-44).. 00

B. When you said earlier that you worked (# OF HOURS IN Q.3, PAGE 5-29) hours last week, had you already included those extra hours you just told me about?

Yes.....(GO TO D).....1

62-63/

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: |__|__|

64-65/

D. Did you get paid or did you receive compensatory time (comp time) for those extra hours of work?

Paid for extra hours.....(ASK E)..... 1

Received compensatory time..(SKIP TO Q.24, P.5-44)... 2 66-67/

DID NOT GET PAID OR RECEIVE

COMP TIME.....(SKIP TO Q.24, P.5-44)... 3

E. Did you get paid at your regular rate, time and one-half, or double time? CODE ALL THAT APPLY.

Regular rate..... 1 68-69/

Time and one-half..... 2 70-71/

Double time..... 3 72-73/

Other (SPECIFY)_____ 4 74-75/

NOW SKIP TO Q.24, PAGE 5-44

ASK Q.8 ONLY IF "NO" TO Q.2, PAGE 5-29

8. A. INTERVIEWER: LOOK AT Q.1, PAGE 5-29. WAS CATEGORY 02 "WITH A JOB BUT NOT AT WORK" CODED?

YES ..(GO TO Q.9, PAGE 5-36). 1

09-10/

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 5-36)... 1

11-12/

No.(SKIP TO Q.13, PAGE 5-38). 0

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

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

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 5-37)..... 01
 - ILLNESS OF OTHER FAMILY MEMBER
(SKIP TO Q.11, PAGE 5-37)..... 02
 - ON VACATION.....(SKIP TO Q.11, PAGE 5-37)..... 03
 - BAD WEATHER.....(SKIP TO Q.11, PAGE 5-37)..... 04 13-14/
 - LABOR DISPUTE...(SKIP TO Q.11, PAGE 5-37)..... 05
 - NEW JOB TO BEGIN.....(ASK A)..... 06
 - ON LAYOFF.....(GO TO Q.10, PAGE 5-37)..... 07
 - SCHOOL INTERFERED..(SKIP TO Q.11, PAGE 5-37)..... 08
 - OTHER (SPECIFY)(SKIP TO Q.11, PAGE 5-37)_____ 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 5-39)..... 1
- Sometime after that..(SKIP TO Q.13B, PAGE 5-38)... 2 15-16/

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

17-18/

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

19-20/

More than 30 days..... 2

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

ENTER # OF WEEKS: |__|__|

21-22/

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

Full-time..... 1

23-24/

Part-time..... 2

NOW SKIP TO Q.19, PAGE 5-41

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

Yes..... 1

No..... 0

25-26/

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

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

Yes..... 1

27-28/

No..... 0

NOW SKIP TO Q.24, PAGE 5-44

ASK Q.13A ONLY IF "NO" TO Q.8B, PAGE 5-35.

13. A. INTERVIEWER: SEE Q.1, PAGE 5-29. WAS CATEGORY 03, "LOOKING FOR WORK" CODED?

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

29-30/

NO(ASK B)..... 0

IF "NO" TO Q.13A, OR IF CODE 2 IN Q.9A PAGE 5-36, ASK B:

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

Yes..... 1

31-32/

No.(SKIP TO Q.20, PAGE 5-42).. 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 5-42)..... 01

33-34/

CHECKED WITH:

PUBLIC EMPLOYMENT AGENCY..... 02

35-36/

PRIVATE EMPLOYMENT AGENCY..... 03

37-38/

EMPLOYER DIRECTLY..... 04

39-40/

FRIENDS OR RELATIVES..... 05

41-42/

PLACED OR ANSWERED ADS..... 06

43-44/

LOOKED IN THE NEWSPAPER..... 07

45-46/

SCHOOL EMPLOYMENT SERVICE..... 08

47-48/

OTHER (SPECIFY)_____

09

49-50/

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

51-52/

16. INTERVIEWER: CHECK ANSWER CODED IN Q.9, PAGE 5-36 IS:

- NEW JOB TO BEGIN (ASK Q.17, PAGE 5-40)..... 1
- BLANK--Q.9 NOT ASKED
(SKIP TO Q.18, PAGE 5-41)..... 2

53-54/

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

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

ENTER # OF WEEKS: |__|__|

55-56/

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

Full-time..... 1

57-58/

Part-time..... 2

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

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

59-60/

No...(SKIP TO Q.23, PAGE 5-43). 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

61-62/

NEEDED AT HOME..... 4

OTHER (SPECIFY)_____

_____ 5

NOW SKIP TO Q.23, PAGE 5-43

IF CODE 2 IN Q.16 PAGE 5-39, ASK Q.18.

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

ENTER # OF WEEKS: |__|__| 63-64/

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

Full-time..... 1
Part-time..... 2 65-66/

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

Yes.....(ASK A)..... 1
No...(SKIP TO Q.23, PAGE 5-43).. 0 67-68/

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 69-70/
NEEDED AT HOME..... 4
OTHER (SPECIFY) _____
_____ 5

NOW SKIP TO Q.23, PAGE 5-43

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 71-72/
 No..... 0

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

Yes(ASK A)..... 1
 No.....(ASK B)..... 0 73-74/
 MAYBE, IT DEPENDS...(ASK A)... 3
 DON'T KNOW(ASK B)... 8

A. IF YES OR MAYBE:

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

B. IF NO OR DON'T KNOW:

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

- BELIEVE NO WORK AVAILABLE IN LINE OF WORK OR AREA.... 01 75-76/
- COULDN'T FIND ANY WORK..... 02 77-78/
 BEGIN DECK 11
- LACK NECESSARY SCHOOLING, TRAINING, SKILLS,
 OR EXPERIENCE..... 03 09-10/
- EMPLOYERS THINK TOO YOUNG..... 04 11-12/
- CAN'T ARRANGE CHILD CARE..... 06 13-14/
- FAMILY RESPONSIBILITIES..... 07 15-16/
- IN SCHOOL OR OTHER TRAINING..... 08 17-18/
- ILL HEALTH, PHYSICAL DISABILITY..... 09 19-20/
- PREGNANCY..... 10 21-22/
- OTHER PERSONAL HANDICAPS IN FINDING JOB..... 05 23-24/
- SPOUSE OR PARENT AGAINST MY WORKING..... 11 25-26/
- DO NOT WANT TO WORK..... 12 27-28/
- CAN'T ARRANGE TRANSPORTATION..... 13 29-30/
- DON'T KNOW WHERE TO LOOK..... 14 31-32/
- OTHER (SPECIFY) _____ 15 33-34/
 OR
- DON'T KNOW..... 98 35-36/

22. INTERVIEWER: HAS R WORKED FOR PAY SINCE DATE OF LAST INTERVIEW (IS Q.20, PAGE 5-42, CODED "YES")?

YES.....(SKIP TO Q.24, PAGE 5-44)..... 1

37-38/

NO...(SKIP TO SECTION 6, PAGE 6-57)... 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

39-40/

No...(SKIP TO SECTION 6, PAGE 6-57)... 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.

41-70/

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

71-73/

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?

74-76/

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

77-78/

Odd job..... 2

BEGIN DECK 12

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

09-11/

12-14/

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

HAND
CARD
C

- An employee of a private company, business, or individual for wages, salary, or commission.....(GO TO Q.28)..... 1
- A government employee.....(ASK A)..... 2
- Self-employed in own business, professional practice, or farm....(ASK B)..... 3
- Working without pay in a family business or farm? ... (SKIP TO Q.65, PAGE 5-55)..... 4

15-16/

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

17-18/

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

19-20/

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

ENTER # OF HOURS: |__|__| 21-22/

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

ENTER # OF HOURS: |__|__| (ASK B) 23-24/

OR

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

B. When you said earlier 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 25-26/

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: |__|__| 27-28/

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

YES 1 29-30/

NO (SKIP TO Q.34, PAGE 5-48) 0

31. INTERVIEWER: (IS/WAS) R SELF-EMPLOYED IN A BUSINESS WHICH IS UNINCORPORATED (Q.27B, PAGE 5-45 CODED "2" OR "8")?

YES(GO TO Q.34, PAGE 5-48)..... 1 31-32/

NO 0

32. (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 33-34/
B. life insurance that would cover your death for reasons not connected with your job	1	0	8 35-36/
C. sick days with full pay	1	0	8 37-38/
D. dental benefits	1	0	8 39-40/
E. paid vacation	1	0	8 41-42/
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 43-44/
G. retirement plan other than Social Security	1	0	8 45-46/
H. employee discounts on company products and services	1	0	8 47-48/
I. flexible hours or work schedule	1	0	8 49-50/
J. profit sharing	1	0	8 51-52/
K. training or educational opportunities including tuition reimbursement	1	0	8 53-54/
L. company provided or subsidized childcare	1	0	8 55-56/
M. company paid or subsidized meals	1	0	8 57-58/
N. company provided or subsidized parking	1	0	8 59-60/

IF Q.32E "PAID VACATION" IS CODED "YES", ASK Q.33. OTHERWISE GO TO Q.34.

33. How many days of paid vacation (are/were) you entitled to each year?

OF DAYS |__|__|__|

61-63/

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

(HAND CARD D) 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	Yes.....(ASK B).....	1	
CARD			64-65/
D	No.....(GO TO C).....	0	

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

Piece rate.....	1	66-67/
Commissions.....	2	68-69/
Bonuses (based on job performance)	3	70-71/
Stock options.....	4	72-73/
Tips.....	5	74-75/
Other (SPECIFY)_____		
_____	6	76-77/

C. INTERVIEWER: (IS/WAS) R SELF-EMPLOYED IN A BUSINESS WHICH IS UNINCORPORATED (Q.27B, PAGE 5-45 CODED "2" OR "8")?

YES ....(GO TO Q.64, PAGE 5-54).....	1	
NO .....(GO TO Q.35, PAGE 5-49).....	0	78-79/

35. INTERVIEWER: DOES R WORK 30 HOURS OR MORE PER WEEK AT THIS JOB? IS Q.28, PAGE 5-46 OR Q.29C, PAGE 5-46 CODED 30 HOURS OR MORE?

YES 1 09-10/

NO ...(SKIP TO Q.64, PAGE 5-54).... 0

36. Since (DATE OF LAST INTERVIEW), (have/had) your responsibilities with (EMPLOYER) increased substantially?

Yes 1 11-12/

No 0

37. Since (DATE OF LAST INTERVIEW), (have/had) you received any promotions from this employer?

Yes 1 13-14/

No ...(SKIP TO Q.50, PAGE 5-51).... 0

38. When did you receive the promotion with (EMPLOYER)? IF MORE THAN ONE PROMOTION SINCE DATE OF LAST INTERVIEW, ASK FOR THE MOST RECENT ONE.

ENTER MONTH |__|__| 15-16/

AND

YEAR |__|__| 17-18/

39. (HAND CARD E). Which of the following categories on this card best describes the promotion that you received in (DATE IN Q.38)? CODE ONE ONLY.

H A N D	1. Your position was upgraded.....	01	
C A R D	2. You took over your old supervisor's job.....	02	
E	3. You were promoted to a higher level job in a different section.....	03	19-20/
	4. You were chosen to fill a newly created position with greater responsibilities.....	04	
	5. There was a reorganization and you were promoted...	05	
	6. You received a promotion but continued to perform basically the same duties as before.....(SKIP TO Q.41, PAGE 5-50).....	06	
	7. You made a lateral move to a different section.....	07	
	8. Other (SPECIFY) _____		

08

40. Did your responsibilities or work load increase as a direct effect of receiving this promotion?

Yes	1	21-22/
No	0	

41. Did the promotion that you received in (DATE IN Q.38) result in a pay raise?

Yes	1	23-24/
No	0	

42. To the best of your knowledge, was anyone else considered for this promotion?

Yes	1	
No	(SKIP TO Q.44)..... 0	25-26/
Don't know.....	(SKIP TO Q.44)..... 8	

43. To the best of your knowledge, who else was considered for this promotion?
CODE ALL THAT APPLY.

Other workers from the same employer at the same location.....	1	27-28/
Other workers from the same employer who are at different locations.....	2	29-30/
Other persons who do not work for this employer..	3	31-32/
No one.....	4	33-34/

44. To the best of your knowledge, who was the main person who selected you for this promotion? CODE ONE ONLY.

Your immediate supervisor.....	1	
A person other than your immediate supervisor....	2	35-36/
A group of people.....	3	
Your promotion was more or less automatic.....	4	

45. Did you report to a different supervisor as a result of the promotion that you received in (DATE IN Q.38, PAGE 5-49)?

Yes	1	37-38/
No	(SKIP TO Q.47)..... 0	

46. Did you report to a higher level of supervisor as a result of this promotion?

Yes	1	39-40/
No	0	

47. Did this new position require a higher educational degree or additional formal course work or class in some subject beyond what was required for your prior position with (EMPLOYER)? CODE ALL THAT APPLY.

Higher educational degree.....	1	41-42/
More course work or class.....	2	43-44/
Neither.....	3	45-46/

48. Did this position require more work experience or specialized training (other than more regular school) than did your prior position with (EMPLOYER)?

Yes	1	47-48/
No .....(SKIP TO Q.50).....	0	

49. (HAND CARD F). Please look at this card and tell me what kind of experience or special training was required? CODE ALL THAT APPLY.

	Trade, vocational, business, or technical school.....	01	49-50/
| HAND |	Apprenticeship.....	02	51-52/
| CARD |	Formal company training program.....	03	53-54/
| F |	On-the-job training or experience with <u>current</u> employer.....	04	55-56/
	On-the-job training or experience with <u>previous</u> employer.....	05	57-58/
	Armed Forces training program.....	06	59-60/
	Other (SPECIFY) _____		
	_____	07	61-62/

50. (Is it possible/Would it have been possible) for you to get (a/another) promotion with this employer?

Yes	1	63-64/
No ..(SKIP TO Q.53, PAGE 5-52).....	0	

51. Would you (have/have had) to get more schooling or training to get another promotion?

Yes 1

65-66/

No 0

52. In how many months (will you be/would you have been) eligible for a promotion?

NUMBER OF MONTHS |__|__|

67-68/

NO SPECIFIC AMOUNT OF TIME..... 95

| SKIP TO Q.54 |

53. What is the main reason it (is/was) not possible to get (a/another) promotion with this employer?

No further promotion potential..... 1

Would have to wait for someone above you to leave..... 2

Would need additional education or training..... 3

69-70/

Discrimination..... 4

Other (SPECIFY)_____

5

54. (Do/Did) you supervise the work of other employees, or tell them what work to do, on a day-to-day basis?

Yes 1

71-72/

No(SKIP TO Q.58)..... 0

55. About how many people (do/did) you supervise on a day-to-day basis?

NUMBER OF PEOPLE |__|__|__|

73-75/

56. (Are/Were) you responsible for deciding their rate of pay or promotion?

Yes-Full Responsibility..... 1

Yes-Partial Responsibility..... 2

76-77/

No..... 0

57. (Do/Did) any of the people that you supervise(d) supervise the work of other employees, or tell them what to do, on a day-to-day basis?

- Yes 1
 - No 0
- 09-10/

58. (HAND CARD G). To the best of your knowledge, which category on this card best describes how much education your (most recent) immediate supervisor has received?

- | | | | |
|-------------------|--|----|--------|
| | Less than a high school diploma..... | 01 | |
| | High school diploma (or equivalent)..... | 02 | |
| HAND
CARD
G | Some college..... | 03 | |
| | Bachelor's degree..... | 04 | 11-12/ |
| | MBA..... | 05 | |
| | Some other master's degree (including law)..... | 06 | |
| | Doctor's degree or Ph.D (including dentist)..... | 07 | |
| | DON'T KNOW..... | 98 | |

59. (HAND CARD H). To the best of your knowledge, what reason on this card best explains how (he/she) came to occupy (his/her) position?

- | | | | |
|-------------------|--|---|--------|
| HAND
CARD
H | Worked way up through the ranks..... | 1 | |
| | Was hired in from outside company..... | 2 | |
| | Was transferred in from a part of the same company.... | 3 | |
| | Started or owns company..... | 4 | 13-14/ |
| | Other (SPECIFY) _____ | | |
| | _____ | 5 | |
| | DON'T KNOW..... | 8 | |

60. (Is/Was) your supervisor responsible for deciding your rate of pay?

- Yes-Full Responsibility..... 1
 - Yes-Partial Responsibility..... 2
 - No 0
- 15-16/

61. (Is/Was) your supervisor responsible for determining whether you (will be/would be) promoted?

Yes..... 1 17-18/
No..... 0

62. Besides yourself, for how many other people (does/did) your supervisor also serve as the immediate supervisor on a day-to-day basis?

NUMBER OF PEOPLE |__|__|__| 19-21/
OR
NONE..... 000

63. (Does/Did) your supervisor have a supervisor?

Yes 1 22-23/
No 0

64. 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 24-25/
No 0

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

VARIES 99,995 26-30/
OR
ENTER # OF EMPLOYEES: |__|__|,|__|__|__|

IF YES TO Q.64, ASK B. OTHERWISE, GO TO Q.65.

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 31-32/
DON'T KNOW..... 8

65. (HAND CARD I). Which of the following categories best describes the hours you (work/worked) at this job?

HAND
CARD
I

- Regular day shift.....(ASK Q.66)..... 01
- Regular evening day shift...(ASK Q.66)..... 02
- Regular night shift.....(ASK Q.66)..... 03
- Shift rotates (changes periodically from days to evenings or nights) (GO TO Q.67) 04 33-34/
- Split shift (consists of two distinct periods each day).....(SKIP TO Q.67).... 05
- Irregular schedule or hours....(ASK A)..... 06
- Other (SPECIFY) (SKIP TO Q.68) _____ 07

A. Who (sets/set) your hours?

- Employer..... 1
- Respondent..... 2 35-36/
- Both respondent and employer..... 3

SKIP TO Q.68

66. At what time of day (do/did) you usually begin and end work at this job?

- Time usually began: _____ AM / MIDNIGHT
37-42/ PM / NOON
- Time usually ended: _____ AM / MIDNIGHT
43-48/ PM / NOON

SKIP TO Q.68

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

Time usually began: _____ AM / MIDNIGHT
PM / NOON
49-54/

Time usually ended: _____ AM / MIDNIGHT
PM / NOON
55-60/

68. 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

Like it fairly well..... 2

Dislike it somewhat..... 3

Dislike it very much..... 4

61-62/

NOW GO TO SECTION 6

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.8, PAGE 4-23, SECTION 4
OR SEE CALENDAR, ROW A).

YES	1	
NO	(SKIP TO Q.3)	0

63-64/

2. Besides [the job with (EMPLOYER IN Q.24A, SECTION 5, PAGE 5-44)/(and)/
(your military service,)] have you done any other work for pay since (DATE OF
LAST INTERVIEW)?

Yes	(SKIP TO Q.4)	1
No	(SKIP TO Q.5, PAGE 6-59)	0

65-66/

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

Yes	(GO TO Q.4)	1
No	(SKIP TO Q.5, PAGE 6-59)	0

67-68/

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 5-44)]. 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 06 ON **INFORMATION SHEET**. WAS R EMPLOYED ON DATE OF LAST INTERVIEW?

YES (ASK A) 1

69-70/

NO (SKIP TO Q.7) 0

A. IF YES,
INTERVIEWER: ARE ALL OF R'S EMPLOYERS IN ITEM 06 OF **INFORMATION SHEET** NOW ENTERED AT Q.1 ON THE COVERS OF **EMPLOYER SUPPLEMENTS**?

YES (SKIP TO Q.7) 1

71-72/

NO 0

6. INTERVIEWER: LIST BELOW ALL EMPLOYERS IN ITEM 06 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 7-61) ... 00

ONE OR MORE . . .

(SPECIFY NUMBER HERE, AND ADMINISTER SUPPLEMENTS NOW.

START WITH THE MOST RECENT JOB).. |__|__|

73-74/

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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 6-59).

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

ENTER NUMBER: |__|__|

09-10/

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

YES (GO TO Q.3) 1

11-12/

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

13-14/

ALL TIME IS ACCOUNTED FOR IN LINES A AND B (SKIP TO SECTION 8, PAGE 8-65) 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: |__|__| 15-16/

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 FROM 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
SCHOOL WAS NOT	LABOR DISPUTE/	TRANSPORTATION
IN SESSION	STRIKE..... 09	PROBLEMS.. 14
FOR THIS PERIOD..... 03	BELIEVED NO WORK	NEW JOB TO
ARMED FORCES..... 04	AVAILABLE..... 10	START..... 15
		OTHER..... 16

J. INTERVIEWER: ARE THERE ANY ADDITIONAL PERIODS?

M O S T R E C E N T -----> T O L E A S T R E C E N T

A.

PERIOD 1
FROM

MONTH DAY YEAR
17-22/

TO

MONTH DAY YEAR
23-28/

PERIOD 2
FROM

MONTH DAY YEAR
50-55/

TO

MONTH DAY YEAR
56-61/

PERIOD 3
FROM

MONTH DAY YEAR
19-24/

TO

MONTH DAY YEAR
25-30/

PERIOD 4
FROM

MONTH DAY YEAR
52-57/

TO

MONTH DAY YEAR
58-63/

B.

None.....(GO TO I)... 1
Some.....(GO TO C)... 2
All.....(GO TO J)... 3
29-30/

None.....(GO TO I)... 1
Some.....(GO TO C)... 2
All.....(GO TO J)... 3
62-63/

None.....(GO TO I)... 1
Some.....(GO TO C)... 2
All.....(GO TO J)... 3
31-32/

None...(GO TO I)... 1
Some...(GO TO C)... 2
All...(GO TO J)... 3
64-65/

C.

WEEK PERIOD ENDED
31-33/

WEEK PERIOD ENDED
64-66/

WEEK PERIOD ENDED
33-35/

WEEK PERIOD ENDED
66-68/

D.

WEEK PERIOD BEGAN
34-36/

WEEK PERIOD BEGAN
67-69/

WEEK PERIOD BEGAN
36-38/

WEEK PERIOD BEGAN
69-71/

E.

= # OF WEEKS
37-39/

= # OF WEEKS
70-72/
BEGIN DECK 16

= # OF WEEKS
39-41/

= # OF WEEKS
72-74/
BEGIN DECK 17

F.

OF WEEKS LOOKING
OR ON LAYOFF
40-42/

OF WEEKS LOOKING
OR ON LAYOFF
09-11/

OF WEEKS LOOKING
OR ON LAYOFF
42-44/

OF WEEKS LOOKING
OR ON LAYOFF
09-11/

G.

OF WEEKS
NOT LOOKING
43-45/

OF WEEKS
NOT LOOKING
12-14/

OF WEEKS
NOT LOOKING
45-47/

OF WEEKS
NOT LOOKING
12-14/

REASON NOT LOOKING
46-47/

REASON NOT LOOKING
15-16/

REASON NOT LOOKING
48-49/

REASON NOT LOOKING
15-16/

H.

YES..(RE-ASK B-J FOR
SECOND PERIOD).... 1
NO.(GO TO SECTION 8) 0
48-49/

YES..(RE-ASK B-J FOR
THIRD PERIOD)..... 1
NO.(GO TO SECTION 8) 0
17-18/

YES..(RE-ASK B-J FOR
FOURTH PERIOD).... 1
NO.(GO TO SECTION 8) 0
50-51/

YES..(GO TO NEW QUEX
AND RE-ASK B-J FOR
ADDITIONAL PERIOD).1
NO.(GO TO SECTION 8).0
17-18/

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SECTION 8: TRAINING

I would now like to ask you about other types of school 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.

INTERVIEWER: SEE INFORMATION SHEET ITEM 8 TO FIND OUT WHAT TRAINING PROGRAMS, IF ANY, THE RESPONDENT HAD ENROLLED IN AT THE DATE OF LAST INTERVIEW.

1. When we last talked with you on (DATE OF LAST INTERVIEW), you were [not participating in any training programs/receiving training at (1ST TRAINING AGENCY LISTED ON INFORMATION SHEET ITEM 8)]. Is that correct?

Yes(SKIP TO Q.3)..... 1

No(GO TO Q.2)..... 0

19-20/

2. (HAND CARD 0) Where were you receiving the training that you were enrolled in on (DATE OF LAST INTERVIEW)?

NONE..... 00

HAND Business school..... 01

CARD Apprenticeship program..... 03

0

A vocational or technical institute..... 04

21-22/

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

A. INTERVIEWER: CORRECT 1ST TRAINING PROGRAM LISTED AT ITEM 8 OF THE INFORMATION SHEET BASED ON THE INFORMATION THAT R JUST GAVE IN Q.2.

3. A. INTERVIEWER: SEE INFORMATION SHEET ITEM 8. WAS R PARTICIPATING IN A 2ND TRAINING PROGRAM AT THE DATE OF LAST INTERVIEW?

YES(GO TO Q.4)..... 1

23-24/

NO(SKIP TO Q.6)..... 0

4. When we last talked with you on (DATE OF LAST INTERVIEW), you were also receiving training at (2ND TRAINING AGENCY LISTED ON INFORMATION SHEET ITEM 8). Is that correct?

Yes(SKIP TO Q.6)..... 1

25-26/

No(GO TO Q.5)..... 0

5. (HAND CARD 0) Where else were you receiving the training that you were enrolled in on (DATE OF LAST INTERVIEW)?

| HAND |
| CARD |
| 0 |

NONE..... 00

Business school..... 01

Apprenticeship program..... 03

A vocational or technical institute... 04

27-28/

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

A. INTERVIEWER: CORRECT 2ND TRAINING PROGRAM LISTED AT ITEM 8 OF THE INFORMATION SHEET BASED ON THE INFORMATION THAT R JUST GAVE IN Q.5.

6 A. INTERVIEWER: SEE INFORMATION SHEET ITEM 8. WAS R RECEIVING TRAINING ON DATE OF LAST INTERVIEW?

YES(GO TO Q.B)..... 1
 NO(SKIP TO Q.16, PAGE 8-69).... 0 29-30/

B. INTERVIEWER: CODE BELOW EACH TYPE OF TRAINING PROGRAM FROM INFORMATION SHEET ITEM 8.

<u>1st Program</u>	31-32/	<u>2nd Program</u>	37-38/
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

7. Now, we would like to ask you a few questions about the training that you were receiving on (DATE OF LAST INTERVIEW) at (TYPE OF TRAINING AGENCY CODED IN Q.6B).

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

|__|__|__|__|
 Month Year
 OR 33-36/
 STILL ENROLLED
 (SKIP TO
 Q.14)... 0000

|__|__|__|__|
 Month Year
 OR 39-42
 STILL ENROLLED
 (SKIP TO
 Q.14)... 0000

	<u>1st Program</u>	<u>2nd Program</u>
8. Altogether, for how many weeks did you attend this training? (ENTER 00 IF LESS THAN ONE WEEK.)	|__|__| # OF WEEKS 43-44/	|__|__| # OF WEEKS 53-54/
9. Did you complete this training or not?	Completed.. 1 45-46/ Did not complete... 0	Completed.. 1 55-56, Did not complete... 0
10. Did you use this training on your (most recent) job?	Yes..... 1 47-48/ No..... 0	Yes..... 1 57-58, No..... 0
11. Was this training necessary to get a promotion on your job?	Yes.(SKIP TO Q.14). 1 No..(GO TO Q.12).... 0 NOT EMPLOYED 49-50/ AT TIME OF TRAINING (SKIP TO Q.13).... 2	Yes.(SKIP TO Q.14). 1 No..(GO TO Q.12).... 0 NOT EMPLOYED 59-60, AT TIME OF TRAINING (SKIP TO Q.13).... 2
12. Did this training help you get a promotion?	Yes.(SKIP TO Q.14). 1 51-52/ No..... 0	Yes.(SKIP TO Q.14). 1 61-62, No..... 0

- | | <u>1st Program</u> | <u>2nd Program</u> |
|---|---|---|
| 13. Did the training result in your getting a (different) job? | Yes..... 1
63-64/
No..... 0 | Yes..... 1
69-70/
No..... 0 |
| <hr/> | | |
| 14. How many hours per week (do/did) you usually spend in this training? | __ __ 65-66/
HOURS PER WEEK | __ __ 71-72/
HOURS PER WEEK |
| <hr/> | | |
| 15. <u>INTERVIEWER</u> : IS THERE ANOTHER TRAINING PROGRAM TO ASK ABOUT? | Yes.(REASK Q.7 THRU Q.15)... 1
67-68/
No..(GO TO Q.16)..... 0 | Yes.(GO TO NEW QUEX AND REASK Q.7 THRU Q.15). 1
73-74/
No..(GO TO Q.16)... 0 |
| <hr/> | | |
| 16. (Besides the training programs we've already talked about,) <u>Since</u> (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.17)..... 1
No.....(SKIP TO SECTION 9, PAGE 9-77) 0 | 75-76/ |

17. (HAND CARD 0). Which category on this card best describes where you received this training? (CODE ONE ONLY.) 1st Program

| HAND |
| CARD |
| 0 |

- 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 09-10/
- 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

18. (HAND CARD P). Who paid for this training program? (CODE ALL THAT APPLY.)

| HAND |
| CARD |
| P |

- Self or family 01 11-12/
- Employer 02 13-14/
- Job Training Partnership Act (JTPA) 03 15-16/
- Trade Adjustment Act (TAA) 04 17-18/
- Job Corps Program 05 19-20/
- Work Incentive Program (WIN) 06 21-22/
- Veteran's Administration 07 23-24/
- Vocational Rehabilitation 08 25-26/
- Other (SPECIFY) _____ 09 27-28/

19. When did you start this training?

|__|__| |__|__|
MONTH YEAR
29-30/ 31-32/

20. When did you finish or leave this program?

|__|__| |__|__|
MONTH YEAR
33-34/ OR 35-36/
STILL ENROLLED
(SKIP TO Q.27,
PAGE 8-72)..0000

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

|__|__| 37-38/
OF WEEKS

22. Did you complete this training or not?

Completed..... 1
Did not complete 0
39-40/

<u>2nd Program</u>	<u>3rd Program</u>	<u>4th Program</u>
..... 01 03 04 07 41-42/ 08 09 10 11 _____ 12	..... 01 03 04 07 09-10/ 08 09 10 11 _____ 12	..... 01 03 04 07 41-42/ 08 09 10 11 _____ 12
..... 01 43-44/ 02 45-46/ 03 47-48/ 04 49-50/ 05 51-52/ 06 53-54/ 07 55-56/ 08 57-58/ _____ 09 59-60/	..... 01 11-12/ 02 13-14/ 03 15-16/ 04 17-18/ 05 19-20/ 06 21-22/ 07 23-24/ 08 25-26/ _____ 09 27-28/	..... 01 43-44/ 02 45-46/ 03 47-48/ 04 49-50/ 05 51-52/ 06 53-54/ 07 55-56/ 08 57-58/ _____ 09 59-60/
|__|__| |__|__| 61-64/ MONTH YEAR	|__|__| |__|__| 29-32/ MONTH YEAR	|__|__| |__|__| 61-64/ MONTH YEAR
|__|__| |__|__| 65-68/ MONTH YEAR OR STILL ENROLLED (SKIP TO Q.27, PAGE 8-72)... 0000	|__|__| |__|__| 33-36/ MONTH YEAR OR STILL ENROLLED (SKIP TO Q.27, PAGE 8-72)... 0000	|__|__| |__|__| 65-68/ MONTH YEAR OR STILL ENROLLED (SKIP TO Q.27, PAGE 8-72)... 0000
|__|__| 69-70/ # OF WEEKS	|__|__| 37-38/ # OF WEEKS	|__|__| 69-70/ # OF WEEKS
Completed..... 1 Did not complete 0 71-72/	Completed..... 1 Did not complete 0 39-40/	Completed..... 1 Did not complete 0 71-72/

2nd Program	3rd Program	4th Program
Yes..... 1 No..... 0 19-20/	Yes..... 1 No..... 0 29-30/	Yes..... 1 No..... 0 39-40/
Yes.(SKIP TO Q.27).. 1 No...(GO TO Q.25)... 0 NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.26)..... 2 21-22/	Yes.(SKIP TO Q.27).. 1 No...(GO TO Q.25)... 0 NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.26)..... 2 31-32/	Yes.(SKIP TO Q.27).. 1 No...(GO TO Q.25)... 0 NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.26)..... 2 41-42/
Yes.(SKIP TO Q.27).. 1 No..... 0 23-24/	Yes.(SKIP TO Q.27).. 1 No..... 0 33-34/	Yes.(SKIP TO Q.27).. 1 No..... 0 43-44/
Yes..... 1 No..... 0 25-26/	Yes..... 1 No..... 0 35-36/	Yes..... 1 No..... 0 45-46/
|__|__| 27-28/ HOURS PER WEEK	|__|__| 37-38/ HOURS PER WEEK	|__|__| 47-48/ HOURS PER WEEK

1st Program

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

- Classroom training - job skill 1 49-50/
- Classroom training - basic skill 2 51-52/
(includes instruction for a GED,
English, or math)
- On-the-job training 3 53-54/
- Job search assistance 4 55-56/
- Work experience 5 57-58/
- Other (SPECIFY)

_____ 6 59-60/

29. Since (DATE OF LAST INTERVIEW), have
you attended any other training program
or on-the-job training?

- Yes..(REPEAT Q's 17-
29 FOR NEXT
PROGRAM)..... 1 61-62/
- No..(GO TO SECTION
9, PAGE 9-77). 0

2nd Program

3rd Program

4th Program

BEGIN DECK 21

..... 1 63-64/
 2 65-66/

 3 67-68/
 4 69-70/
 5 71-72/

_____ 6 73-74/

..... 1 09-10/
 2 11-12/

 3 13-14/
 4 15-16/
 5 17-18/

_____ 6 19-20/

..... 1 23-24/
 2 25-26/

 3 27-28/
 4 29-30/
 5 31-32/

_____ 6 33-34/

Yes..(REPEAT Q's 17-
 29 FOR NEXT
 PROGRAM).....1
 75-76/
 No.. (GO TO SECTION
 9, PAGE 9-77). 0

Yes..(REPEAT Q's 17-
 29 FOR NEXT
 PROGRAM)..... 1
 21-22/
 No.. (GO TO SECTION
 9, PAGE 9-77). 0

Yes.(GO TO NEW QUEX &
 REPEAT Q's 17-29
 FOR NEXT PGM)... 1
 35-36/
 No.. (GO TO SECTION
 9, PAGE 9-77).

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RECORD TIME:

			AM / MIDNIGHT
			PM / NOON
HR.	MIN.		41-42/
37-38/	39-40/		

SECTION 9: FERTILITY

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

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

1. INTERVIEWER: SEE **INFORMATION SHEET** ITEM 09. WAS R INTERVIEWED IN 1988?

YES...(USE DATE OF THE 1988
 INTERVIEW FROM **INFO SHEET**
 ITEM 09 FOR THE
 REFERENCE DATE IN
 THE FERTILITY SECTION)..... 1

43-44/

NO....(SEE **INFORMATION SHEET**
 ITEM 10 AND USE THE DATE OF
 THE 1986 OR PRIOR INTERVIEW
 FOR THE REFERENCE DATE IN
 THE FERTILITY SECTION)..... 0

We are now asking detailed questions every other year about any children that you have had. We last asked you detailed questions relating to children during your interview on (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW). We are first going to verify information on children that you have had, if any, prior to (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW). Then, we are going to ask you some questions about children that you have had, if any, since (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW). So, for the rest of the questions in this section, we would like you to please think of the interview date that we read in the questions when you give us your answers.

VERIFICATION OF BIOLOGICAL CHILDREN USING CHILDREN'S RECORD FORM, PART A.

2. INTERVIEWER: ARE ANY CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A: LIST OF BIOLOGICAL CHILDREN?

YES.....(GO TO Q.3)..... 1
 NO.....(SKIP TO Q.6)..... 0 45-46/

3. Our records from our interview on (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW) show that you have (had/given birth to)(a child/children) named (READ FULL NAMES OF CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A) as of (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW). Is this correct?

Yes--information is correct..(SKIP TO Q.14, PAGE 9-80).. 1
 No--information is incorrect.....(GO TO Q.4)..... 0 47-48/

4. INTERVIEWER: DOES R HAVE CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A THAT SHOULD NOT BE LISTED THERE?

YES....(READ FULL NAME FOR EACH CHILD PREPRINTED THERE. CROSS OFF NAME, SEX, AND BIRTH DATE FOR EACH CHILD R SAYS SHOULD NOT BE LISTED. THEN GO TO Q.5)..... 1
 NO.....(GO TO Q.5)..... 0 49-50/

5. INTERVIEWER: DOES R HAVE CHILDREN WHO WERE BORN BEFORE THE DATE OF THE 1988 OR 1986 OR PRIOR INTERVIEW WHO ARE NOT PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A THAT SHOULD BE LISTED THERE?

YES.....(SKIP TO Q.7)..... 1
 NO.....(SKIP TO Q.13, PAGE 9-80)..... 0 51-52/

6. Our records show that you had not (had/given birth to) any children of your own as of (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW). Is that correct?

Yes--Information is correct....(SKIP TO Q.18, P.9-82)... 1
 No--Information is incorrect.....(GO TO Q.7)..... 0 53-54/

7. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, PART A, BEGINNING WITH FIRST UNASSIGNED ID #.

	BIOLOGICAL FIRST CHILD 55-56/ ID: |__|__|	BIOLOGICAL SECOND CHILD 61-62/ ID: |__|__|	BIOLOGICAL THIRD CHILD 67-68/ ID: |__|__|
8. What is the name of the (first/next) child that you have (had/given birth to) as of (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW) (who we do not have listed)?	RECORD ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	RECORD ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	RECORD ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .
9. Is (CHILD) a boy or girl?	RECORD SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	RECORD SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	RECORD SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .
10. When was (CHILD) born?	RECORD BIRTH DATE ON APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	RECORD BIRTH DATE ON APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	RECORD BIRTH DATE ON APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .
11. <u>INTERVIEWER:</u> COMPARE CHILD'S BIRTH DATE WITH THE (1988 <u>OR</u> 1986 OR PRIOR INTERVIEW DATE). WAS THIS CHILD BORN BEFORE THE 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW DATE? A. VERIFY CHILD'S BIRTHDATE WITH R. IF THE CHILD'S BIRTHDATE IS AFTER THE DATE OF THE 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW, EXPLAIN TO THE RESPONDENT THAT RIGHT NOW WE ARE ONLY COLLECTING INFORMATION ABOUT CHILDREN THAT WERE BORN <u>PRIOR</u> TO THE 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW DATE. DELETE INFORMATION FROM CHILDREN'S RECORD FORM FOR THIS CHILD AND GO TO Q.12.	57-58/ YES...(GO TO Q.12). 1 NO...(GO TO A).... 0	63-64/ YES...(GO TO Q.12). 1 NO...(GO TO A)..... 0	69-70/ YES...(GO TO Q.12). 1 NO...(GO TO A)..... 0
12. Did you have another child that was born <u>prior</u> to (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW) who we do not have listed?	59-60/ Yes...(REASK Q.7 TO Q.12)..... 1 No...(GO TO Q.13).. 0	65-66/ Yes...(REASK Q.7 TO Q.12).... 1 No...(GO TO Q.13).. 0	71-72/ YES...(GO TO NEW QUEX AND REASK Q.7 TO Q.12)..... 1 No...(GO TO Q.13)... 0

13. INTERVIEWER: DOES R HAVE ANY CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A?

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

09-10/

NO.....(SKIP TO Q.18, PAGE 9-82)..... 0

14. INTERVIEWER: BEGINNING WITH FIRST CHILD PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A, RECORD ID# AND NAME FOR EACH CHILD.

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
	ID: |__|__| 11-12/ NAME: _____	ID: |__|__| 25-26/ NAME: _____	ID: |__|__| 39-40/ NAME: _____
15. I'd like to read the information about (CHILD) from our (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW) interview. As of (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW), our records show that (READ FULL NAME OF FIRST/NEXT CHILD) is a (SEX) and was born on (BIRTH DATE). Is that correct?	Yes--Information is Correct.(SKIP TO Q.17)..... 1 No--Information is Not Correct (MAKE CORRECTIONS IN <u>PART A</u> OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.16) 0 13-14/	Yes...(SKIP TO Q.17)..... 1 No...(GO TO Q.16). 0 27-28/	Yes...(SKIP TO Q.17)..... 1 No...(GO TO Q.16). 0 41-42/
16. <u>INTERVIEWER:</u> WHAT INFORMATION WAS JUST CHANGED ON THE CHILDREN'S RECORD FORM, <u>PART A</u> FOR THIS CHILD? CODE ALL THAT APPLY.	BIRTHDATE..... 1 15-16/ NAME..... 4 17-18/ SEX..... 5 19-20/ OTHER (SPECIFY) _____ _____ 6 21-22/	BIRTHDATE..... 1 29-30/ NAME..... 4 31-32/ SEX..... 5 33-34/ OTHER (SPECIFY) _____ _____ 6 35-36/	BIRTHDATE..... 1 43-44/ NAME..... 4 45-46/ SEX..... 5 47-48/ OTHER (SPECIFY) _____ _____ 6 49-50/
17. <u>INTERVIEWER:</u> IS THERE ANOTHER CHILD PREPRINTED ON THE CHILDREN'S RECORD FORM, <u>PART A</u> ?	YES...(REASK Q.14 THRU Q.17 FOR NEXT CHILD)..... 1 NO...(GO TO Q.18).. 0 23-24/	YES...(REASK Q.14 THRU Q.17 FOR NEXT CHILD)..... 1 NO...(GO TO Q.18). 0 37-38/	YES...(REASK Q.14 THRU Q.17 FOR NEXT CHILD)..... 1 NO...(GO TO Q.18). 0 51-52/

BEGIN DECK 23

<p>BIOLOGICAL FOURTH CHILD</p> <p>ID: |__|__| 53-54/ NAME: _____</p>	<p>BIOLOGICAL FIFTH CHILD</p> <p>ID: |__|__| 09-10/ NAME: _____</p>	<p>BIOLOGICAL SIXTH CHILD</p> <p>ID: |__|__| 23-24/ NAME: _____</p>	<p>BIOLOGICAL SEVENTH CHILD</p> <p>ID: |__|__| 37-38/ NAME: _____</p>	<p>BIOLOGICAL EIGHTH CHILD</p> <p>ID: |__|__| 51-52/ NAME: _____</p>
<p>Yes--Information is Correct.(SKIP TO Q.17)..... 1</p> <p>No--Information is Not Correct (MAKE CORRECTIONS IN PART A OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.16)..... 0 55-56/</p>	<p>Yes...(SKIP TO Q.17)..... 1</p> <p>No...(GO TO Q.16). 0 11-12/</p>	<p>Yes...(SKIP TO Q.17)..... 1</p> <p>No...(GO TO Q.16). 0 25-26/</p>	<p>Yes...(SKIP TO Q.17)..... 1</p> <p>No...(GO TO Q.16). 0 39-40/</p>	<p>Yes...(SKIP TO Q.17)...1</p> <p>No(GO TO Q.16) 0 53-54/</p>
<p>BIRTHDATE..... 1 57-58/ NAME..... 4 59-60/ SEX..... 5 61-62/ OTHER (SPECIFY) _____ _____ 6 63-64/</p>	<p>BIRTHDATE..... 1 13-14/ NAME..... 4 15-16/ SEX..... 5 17-18/ OTHER (SPECIFY) _____ _____ 6 19-20/</p>	<p>BIRTHDATE..... 1 27-28/ NAME..... 4 29-30/ SEX..... 5 31-32/ OTHER (SPECIFY) _____ _____ 6 33-34/</p>	<p>BIRTHDATE..... 1 41-42/ NAME..... 4 43-44/ SEX..... 5 45-46/ OTHER (SPECIFY) _____ _____ 6 47-48/</p>	<p>BIRTHDATE..... 1 55-56/ NAME..... 4 57-58/ SEX..... 5 59-60/ OTHER (SPECIFY) _____ _____ 6 61-62/</p>
<p>YES...(REASK Q.14 THRU Q.17 FOR NEXT CHILD)..... 1</p> <p>NO...(GO TO Q.18).. 0 65-66/</p>	<p>YES...(REASK Q.14 THRU Q.17 FOR NEXT CHILD)..... 1</p> <p>NO...(GO TO Q.18). 0 21-22/</p>	<p>YES...(REASK Q.14 THRU Q.17 FOR NEXT CHILD)..... 1</p> <p>NO...(GO TO Q.18). 0 35-36/</p>	<p>YES...(REASK Q.14 THRU Q.17 FOR NEXT CHILD).... 1</p> <p>NO...(GO TO Q.18). 0 49-50/</p>	<p>YES...(GO TO NEW QUEX AND REASK Q.14 THRU Q.17 FOR NEXT CHILD).. 1</p> <p>NO(GO TO Q.18) 0 63-64/</p>

VERIFICATION OF NON-BIOLOGICAL CHILDREN USING CHILDREN'S RECORD FORM, PART B.

18. INTERVIEWER: ARE ANY CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART B: LIST OF NON-BIOLOGICAL CHILDREN (ADOPTED OR STEP CHILDREN)?
- YES.....(GO TO Q.19)..... 1 09-10/
 NO.....(SKIP TO Q.22)..... 0
-
19. Our records from our interview on (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW) show that you had (an) adopted or step (child/children) named (READ FULL NAMES OF CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART B) as of (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW). Is that correct?
- Yes--Information is Correct..(SKIP TO Q.29, P.9-84).. 1 11-12/
 No--Information is Not Correct..(GO TO Q.20)..... 0
-
20. INTERVIEWER: DOES R HAVE CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART B THAT SHOULD NOT BE LISTED THERE?
- YES...(READ NAME FOR EACH CHILD PREPRINTED THERE. CROSS OFF NAME, SEX, AND BIRTH DATE FOR EACH CHILD R SAYS SHOULD NOT BE LISTED, THEN GO TO Q.21)..... 1 13-14/
 NO.....(GO TO Q.21)..... 0
-
21. INTERVIEWER: DOES R HAVE ANY ADOPTED OR STEP CHILDREN WHO ARE NOT PREPRINTED ON THE CHILDREN'S RECORD FORM, PART B THAT SHOULD BE LISTED THERE?
- YES.....(SKIP TO Q.23)..... 1 15-16/
 NO.....(SKIP TO Q.28, P.9-84)..... 0
-
22. Our records show that you did not have any adopted or step children as of (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW). Is that correct?
- Yes--Information is Correct..(SKIP TO Q.32, P.9-86).... 1 17-18/
 No--Information is Not Correct..(GO TO Q.23)..... 0

23. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, PART B, BEGINNING WITH THE FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, PART B.

	NON-BIOLOGICAL FIRST CHILD	NON-BIOLOGICAL SECOND CHILD	NON-BIOLOGICAL THIRD CHILD
24. What is the name of the (first/next) adopted or step child that you had as of (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW) that we do not have listed?	ID: |__|__| 19-20/ RECORD ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	ID: |__|__| 23-24/ RECORD ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	ID: |__|__| 27-28 RECORD ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .
25. Is (CHILD) a boy or girl?	RECORD SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .
26. When was (CHILD) born?	RECORD BIRTH DATE ON THE APPROPRIATE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD BIRTH DATE ON THE APPROPRIATE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD BIRTH DATE ON THE APPROPRIATE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .
27. Did you have another adopted or step child as of (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW) that we do not have listed?	Yes..(REASK Q.23 TO Q.27 FOR NEXT CHILD).. 1 No...(GO TO Q.28).. 0 21-22/	Yes..(REASK Q.23 TO Q.27 FOR NEXT CHILD).. 1 No...(GO TO Q.28).. 0 25-26/	Yes..(GO TO NEW QUEX AND REASK Q.23-27 FOR NEXT CHILD).. 1 No...(GO TO Q.28).. 0 29-30/

28. INTERVIEWER: DOES R HAVE ANY CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART B?

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

31-32/

NO.....(SKIP TO Q.32, PAGE 9-86)..... 0

	NON-BIOLOGICAL FIRST CHILD	NON-BIOLOGICAL SECOND CHILD	NON-BIOLOGICAL THIRD CHILD
	ID: |__|__| 33-34/ NAME: _____	ID: |__|__| 39-40/ NAME: _____	ID: |__|__| 45-46 NAME: _____
29. <u>INTERVIEWER</u> : BEGINNING WITH FIRST CHILD PREPRINTED ON <u>THE CHILDREN'S RECORD FORM, PART B</u> , RECORD ID# AND NAME FOR EACH CHILD.			
30. I'd like to read the information about your <u>ADOPTED OR STEP</u> (child/children) from our (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW) interview. As of (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW), our records show that (READ FULL NAME OF FIRST/NEXT CHILD) is a (SEX) and was born on (BIRTH DATE). Is that correct?	Yes--Information is Correct (GO TO Q.31)..... 1 No--Information is Not correct.. (MAKE CORRECTIONS IN <u>PART B</u> OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.31)..... 0 35-36/	Yes--Information is Correct (GO TO Q.31)..... 1 No--Information is Not correct.. (MAKE CORRECTIONS IN <u>PART B</u> OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.31)..... 0 41-42/	Yes--Information is Correct (GO TO Q.31)..... 1 No--Information is Not correct.. (MAKE CORRECTIONS IN <u>PART B</u> OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.31)..... 0 47-48/
31. <u>INTERVIEWER</u> : IS THERE ANOTHER CHILD PREPRINTED ON THE CHILDREN'S RECORD FORM, <u>PART B</u> ?	YES..(REASK Q.30 & Q.31 FOR NEXT CHILD)..... 1 NO..(GO TO Q.32).. 0 37-38/	YES..(REASK Q.30 & Q.31 FOR NEXT CHILD)..... 1 NO..(GO TO Q.32).. 0 43-44/	YES..(REASK Q.30 & Q.31 FOR NEXT CHILD). 1 NO..(GO TO Q.32).. 0 49-50/

<p>NON-BIOLOGICAL FOURTH CHILD</p> <p>ID: |__|__| 51-52/</p> <p>NAME: _____</p>	<p>NON-BIOLOGICAL FIFTH CHILD</p> <p>ID: |__|__| 57-58/</p> <p>NAME: _____</p>	<p>NON-BIOLOGICAL SIXTH CHILD</p> <p>ID: |__|__| 63-64/</p> <p>NAME: _____</p>
<p>Yes--Information is Correct (GO TO Q.31)..... 1</p> <p>No--Information is Not correct..(MAKE CORRECTIONS IN <u>PART B</u> OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.31)..... 0</p> <p style="text-align: right;">53-54/</p>	<p>Yes--Information is Correct (GO TO Q.31)..... 1</p> <p>No--Information is Not correct..(MAKE CORRECTIONS IN <u>PART B</u> OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.31)..... 0</p> <p style="text-align: right;">59-60/</p>	<p>Yes--Information is Correct (GO TO Q.31)..... 1</p> <p>No--Information is Not correct..(MAKE CORRECTIONS IN <u>PART B</u> OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.31)..... 0</p> <p style="text-align: right;">65-66/</p>
<p>YES..(REASK Q.30 & Q.31 FOR NEXT CHILD)..... 1</p> <p>NO.....(GO TO Q.32)..... 0</p> <p style="text-align: right;">55-56/</p>	<p>YES..(REASK Q.30 & Q.31 FOR NEXT CHILD)..... 1</p> <p>NO.....(GO TO Q.32)..... 0</p> <p style="text-align: right;">61-62/</p>	<p>YES..(GO TO NEXT QUEX AND REASK Q.30 & Q.31 FOR NEXT CHILD)..... 1</p> <p>NO.....(GO TO Q.32)..... 0</p> <p style="text-align: right;">67-68/</p>

32. Do you have any adopted or step children (that we have not talked about already)?

YES.....(GO TO Q.33)..... 1

09-10

NO.....(SKIP TO Q.38)..... 0

	NON-BIOLOGICAL FIRST CHILD ID: |__|__| 11-12/	NON-BIOLOGICAL SECOND CHILD ID: |__|__| 15-16/	NON-BIOLOGICAL THIRD CHILD ID: |__|__| 19-20/
33. <u>INTERVIEWER</u> : RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, <u>PART B</u> , BEGINNING WITH THE FIRST AVAILABLE ID #.			
34. What is the name of the (first/ next) adopted or step child that you have (who we do not have listed already)?	RECORD ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .
35. Is (CHILD) a boy or girl?	RECORD SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .
36. When was (CHILD) born?	RECORD BIRTH DATE ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD BIRTH DATE ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	RECORD BIRTH DATE ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .
37. Do you have another adopted or step child (that we have not already talked about)?	Yes..(REASK Q.33- Q.37)..... 1 No..(GO TO Q.38).. 0 13-14/	Yes..(REASK Q.33- Q.37)..... 1 No..(GO TO Q.38).. 0 17-18/	Yes..(GO TO NEW QUE) AND REASK Q.33-Q.37).. 1 No..(GO TO Q.38).. 0 21-22/

38. INTERVIEWER: ARE ANY CHILDREN LISTED ON THE CHILDREN'S RECORD FORM, PART B?

YES.....(GO TO Q.39)..... 1

23-24/

NO..(SKIP TO Q.45, PAGE 9-90)..... 0

39. INTERVIEWER: ENTER NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. USE THE CHILDREN'S RECORD FORM, PART B. USE A SECOND QUESTIONNAIRE IF NECESSARY.

	NON-BIOLOGICAL FIRST CHILD	NON-BIOLOGICAL SECOND CHILD	NON-BIOLOGICAL THIRD CHILD
	ID: |__|__| 25-26/ _____ NAME	ID: |__|__| 39-40/ _____ NAME	ID: |__|__| 53-54/ _____ NAME
40. <u>INTERVIEWER</u> : IS STATUS OF CHILD PREPRINTED DECEASED?	Yes..(SKIP TO Q.44) 1 No..(GO TO Q.41).. 0 27-28/	Yes..(SKIP TO Q.44) 1 No..(GO TO Q.41).. 0 41-42/	Yes..(SKIP TO Q.44) 1 No..(GO TO Q.41).. 0 55-56/
41. Is (CHILD) your adopted or step child?	Adopted..... 1 Step..... 2 29-30/	Adopted..... 1 Step..... 2 43-44/	Adopted..... 1 Step..... 2 57-58/
42. Where does (CHILD) usually live? (CODE AT RIGHT)	31-32/	45-46/	59-60/
1) IN THIS HOUSEHOLD..... <u>NOT IN THIS HOUSEHOLD</u>	...(GO TO Q.44).. 01	...(GO TO Q.44).. 01	...(GO TO Q.44).. 01
2) WITH (HIS/HER) (FATHER/MOTHER)	...(GO TO Q.44).. 02	...(GO TO Q.44).. 02	...(GO TO Q.44).. 02
3) WITH OTHER RELATIVE(S) (SPECIFY) _____	...(GO TO Q.44).. 03	...(GO TO Q.44).. 03	...(GO TO Q.44).. 03
4) WITH FOSTER CARE.....	...(GO TO Q.44).. 04	...(GO TO Q.44).. 04	...(GO TO Q.44).. 04
5) WITH ADOPTIVE PARENTS.....	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD. GO TO Q.44)..... 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD. GO TO Q.44)..... 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD. GO TO Q.44)..... 05
6) LONG TERM CARE INSTITUTION....	...(GO TO Q.44).. 06	...(GO TO Q.44).. 06	...(GO TO Q.44).. 06
7) AWAY AT SCHOOL.....	...(GO TO Q.44).. 07	...(GO TO Q.44).. 07	...(GO TO Q.44).. 07
8) DECEASED.....	(RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD THEN GO TO Q.43)..... 08	(RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD THEN GO TO Q.43)..... 08	(RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD THEN GO TO Q.43)..... 08
9) OTHER (SPECIFY) (SKIP TO Q.44) _____	...(SKIP TO Q.44). _____ 09	...(SKIP TO Q.44). _____ 09	...(SKIP TO Q.44). _____ 09
43. <u>IF DECEASED CODED IN Q.42, ASK:</u> When did (CHILD) die?	MONTH YEAR |__|__| |__|__| 33-34/ 35-36/	MONTH YEAR |__|__| |__|__| 47-48/ 49-50/	MONTH YEAR |__|__| |__|__| 61-62/ 63-64/
44. <u>INTERVIEWER</u> : IS THERE A (2ND/3RD/ ETC.) NON-BIOLOGICAL CHILD LISTED?	YES..(REASK Q.40 TO Q.44)... 1 NO..(GO TO Q.45). 0 37-38/	YES..(REASK Q.40 TO Q.44)... 1 NO..(GO TO Q.45). 0 51-52/	YES..(REASK Q.40 TO Q.44)... 1 NO..(GO TO Q.45). 0 65-66/

NON-BIOLOGICAL FOURTH CHILD	NON-BIOLOGICAL FIFTH CHILD	NON-BIOLOGICAL SIXTH CHILD
ID: |__|__| 09-10/	ID: |__|__| 23-24/	ID: |__|__| 37-38/
NAME	NAME	NAME
Yes..(SKIP TO Q.44) 1 No..(GO TO Q.41).. 0	Yes..(SKIP TO Q.44) 1 No..(GO TO Q.41).. 0	Yes..(SKIP TO Q.44) 1 No..(GO TO Q.41).. 0
11-12/	25-26/	39-40/
Adopted..... 1 Step..... 2	Adopted..... 1 Step..... 2	Adopted..... 1 Step..... 2
13-14/	27-28/	41-42/
...(GO TO Q.44).. 01	...(GO TO Q.44).. 01	...(GO TO Q.44).. 01
...(GO TO Q.44).. 02	...(GO TO Q.44).. 02	...(GO TO Q.44).. 02
...(GO TO Q.44).. 03	...(GO TO Q.44).. 03	...(GO TO Q.44).. 03
...(GO TO Q.44).. 04	...(GO TO Q.44).. 04	...(GO TO Q.44).. 04
(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD. GO TO Q.44)..... 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD. GO TO Q.44)..... 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD. GO TO Q.44)..... 05
...(GO TO Q.44).. 06	...(GO TO Q.44).. 06	...(GO TO Q.44).. 06
...(GO TO Q.44).. 07	...(GO TO Q.44).. 07	...(GO TO Q.44).. 07
(RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD THEN GO TO Q.43)..... 08	(RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD THEN GO TO Q.43)..... 08	(RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD THEN GO TO Q.43)..... 08
..(SKIP TO Q.44).	..(SKIP TO Q.44).	..(SKIP TO Q.44).
09	09	09
15-16/	29-30/	43-44/
MONTH YEAR |__|__| |__|__| 17-18/ 19-20/	MONTH YEAR |__|__| |__|__| 31-32/ 33-34/	MONTH YEAR |__|__| |__|__| 45-46/ 47-48/
YES..(REASK Q.40 TO Q.44)..... 1	YES..(REASK Q.40 TO Q.44)..... 1	YES..(GO TO NEW QUEX AND REASK Q.40 TO Q.44). 1
NO..(GO TO Q.45). 0	NO..(GO TO Q.45). 0	NO..(GO TO Q.45).. 0
21-22/	35-36/	49-50/

45. INTERVIEWER: WHAT SEX IS THE RESPONDENT?

MALE(GO TO Q.46) 1 51-52/
 FEMALE (SKIP TO Q.77, PAGE 9-100) 2

ASK MEN ONLY:

46. Please tell me if you have had any children since (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW)?

Yes (ASK Q.47) 1 53-54/
 No (SKIP TO Q.48) 0

47. How many children have you had since (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW), not counting any babies who were dead at birth?

ENTER NUMBER OF CHILDREN: |__|__| 55-56/
 (SKIP TO Q.49, PAGE 9-91)

48. INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

YES ... (SKIP TO Q.54, PAGE 9-92) 1 57-58/
 NO (SKIP TO Q.68, PAGE 9-98) 0

	FIRST CHILD (SINCE 1988 OR PRIOR INTERVIEW)	SECOND CHILD (SINCE 1988 OR PRIOR INTERVIEW)	THIRD CHILD (SINCE 1988 OR PRIOR INTERVIEW)
49. <u>INTERVIEWER</u> : RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, <u>PART A</u> .	ID: | | | | 59-60/	ID: | | | | 63-64/	ID: | | | | 67-68/
50. What did you name the (first/next) baby?	(RECORD NAME IN <u>PART A</u> OF CHILDREN'S RECORD FORM)	(RECORD NAME IN <u>PART A</u> OF CHILDREN'S RECORD FORM)	(RECORD NAME IN <u>PART A</u> OF CHILDREN'S RECORD FORM)
51. Was the baby a boy or a girl?	(RECORD SEX IN <u>PART A</u> OF CHILDREN'S RECORD FORM.)	(RECORD SEX IN <u>PART A</u> OF CHILDREN'S RECORD FORM.)	(RECORD SEX IN <u>PART A</u> OF CHILDREN'S RECORD FORM.)
52. When was your child born?	(RECORD BIRTH DATE IN <u>PART A</u> OF CHILDREN'S RECORD FORM. THEN GO TO Q.53)	(RECORD BIRTH DATE IN <u>PART A</u> OF CHILDREN'S RECORD FORM. THEN GO TO Q.53)	(RECORD BIRTH DATE IN <u>PART A</u> OF CHILDREN'S RECORD FORM. THEN GO TO Q.53)
53. <u>INTERVIEWER</u> : HAS R HAD ANOTHER CHILD?	YES.(GO TO Q.49 FOR NEXT CHILD).. 1 NO.(GO TO Q.54).. 0 61-62/	(GO TO Q.49 FOR NEXT CHILD).. 1 (GO TO Q.54).. 0 65-66/	(GO TO NEW QUEX Q.49, PG.9-91). 1 (GO TO Q.54)... 0 69-70/

54. INTERVIEWER: ARE ANY CHILDREN LISTED ON THE CHILDREN'S RECORD FORM, PART A?

YES (GO TO Q.55)..... 1 09-10/
 NO (SKIP TO Q.68, PAGE 9-98) 0

55. INTERVIEWER: ENTER NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. LISTED ON CRF, PART A.

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
	ID: |__|__| 11-12/	ID: |__|__| 21-22/	ID: |__|__| 31-32/
	NAME	NAME	NAME
56. <u>INTERVIEWER:</u> SEE CHILDREN'S RECORD FORM, <u>PART A</u> . IS STATUS OF CHILD PREPRINTED DECEASED OR ADOPTED OUT?	Yes..(SKIP TO Q.67).. 1 No...(GO TO Q.57).. 0 13-14/	Yes..(SKIP TO Q.67).. 1 No...(GO TO Q.57).. 0 23-24/	Yes..(SKIP TO Q.67).. 1 No...(GO TO Q.57).. 0 33-34/
57. Where does (CHILD) usually live? (CODE AT RIGHT)	15-16/	25-26/	35-36/
1) IN THIS HOUSEHOLD..... <u>NOT IN THIS HOUSEHOLD</u>	...(GO TO Q.59)... 01	...(GO TO Q.59)... 01	...(GO TO Q.59)... 01
2) WITH (HIS/HER) MOTHER.....	...(GO TO Q.64)... 02	...(GO TO Q.64)... 02	...(GO TO Q.64)... 02
3) WITH OTHER RELATIVE(S) (SPECIFY) _____	...(GO TO Q.64)... 03	...(GO TO Q.64)... 03	...(GO TO Q.64)... 03
4) WITH FOSTER CARE.....	...(GO TO Q.64)... 04	...(GO TO Q.64)... 04	...(GO TO Q.64)... 04
5) WITH ADOPTIVE PARENTS.....	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> FOR CHILD & SKIP TO Q.67).. 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> FOR CHILD & SKIP TO Q.67).. 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> FOR CHILD & SKIP TO Q.67).. 05
6) LONG TERM CARE INSTITUTION.....	...(GO TO Q.64)... 06	...(GO TO Q.64)... 06	...(GO TO Q.64)... 06
7) AWAY AT SCHOOL.....	...(GO TO Q.64)... 07	...(GO TO Q.64)... 07	...(GO TO Q.64)... 07
8) DECEASED.....	(RECORD DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> AND THEN GO TO Q.58). 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> AND THEN GO TO Q.58). 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> AND THEN GO TO Q.58). 08
<u>OTHER LIVING ARRANGEMENTS</u>			
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH MOTHER.....	...(SKIP TO Q.67).. 09	...(SKIP TO Q.67).. 09	...(SKIP TO Q.67).. 09
10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON.....	...(SKIP TO Q.67).. 10	...(SKIP TO Q.67).. 10	...(SKIP TO Q.67).. 10
11) OTHER (SPECIFY) _____ _____	__(SKIP TO Q.64).. 11	__(SKIP TO Q.64).. 11	__(SKIP TO Q.64).. 11
58. <u>IF DECEASED CODED IN Q.57, ASK:</u> When did (CHILD) die?	MONTH YEAR |__|__| |__|__| (SKIP TO Q.67) 17-18/ 19-20/	MONTH YEAR |__|__| |__|__| (SKIP TO Q.67) 27-28/ 29-30/	MONTH YEAR |__|__| |__|__| (SKIP TO Q.67) 37-38/ 39-40/

BEGIN DECK 28

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
ID: |__|__| 41-42/	ID: |__|__| 51-52/	ID: |__|__| 61-62/	ID: |__|__| 09-10/	ID: |__|__| 19-20/
NAME	NAME	NAME	NAME	NAME
Yes.(SKIP TO Q.67). 1 No...(GO TO Q.57).. 0	Yes.(SKIP TO Q.67). 1 No...(GO TO Q.57).. 0	Yes.(SKIP TO Q.67). 1 No...(GO TO Q.57).. 0	Yes.(SKIP TO Q.67). 1 No...(GO TO Q.57).. 0	Yes.(SKIP TO Q.67) 1 No...(GO TO Q.57). 0
43-44/	53-54/	63-64/	11-12/	21-22/
45-46/	55-56/	65-66/	13-14/	23-24/
...(GO TO Q.59)... 01	...(GO TO Q.59)... 01	...(GO TO Q.59)... 01	...(GO TO Q.59)... 01	...(GO TO Q.59).. 01
...(GO TO Q.64)... 02	...(GO TO Q.64)... 02	...(GO TO Q.64)... 02	...(GO TO Q.64)... 02	...(GO TO Q.64).. 02
...(GO TO Q.64)... 03	...(GO TO Q.64)... 03	...(GO TO Q.64)... 03	...(GO TO Q.64)... 03	...(GO TO Q.64).. 03
...(GO TO Q.64)... 04	...(GO TO Q.64)... 04	...(GO TO Q.64)... 04	...(GO TO Q.64)... 04	...(GO TO Q.64).. 04
(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> FOR CHILD & SKIP TO Q.67).. 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> FOR CHILD. & SKIP TO Q.67).. 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> FOR CHILD. & SKIP TO Q.67).. 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> FOR CHILD. & SKIP TO Q.67).. 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> FOR CHILD. & SKIP TO Q.67). 05
...(GO TO Q.64)... 06	...(GO TO Q.64)... 06	...(GO TO Q.64)... 06	...(GO TO Q.64)... 06	...(GO TO Q.64).. 06
...(GO TO Q.64)... 07	...(GO TO Q.64)... 07	...(GO TO Q.64)... 07	...(GO TO Q.64)... 07	...(GO TO Q.64).. 07
(RECORD DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> AND THEN GO TO Q.58). 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> AND THEN GO TO Q.58). 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> AND THEN GO TO Q.58). 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> AND THEN GO TO Q.58). 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> AND THEN GO TO Q.58). 08
...(SKIP TO Q.67). 09	...(SKIP TO Q.67). 09	...(SKIP TO Q.67). 09	...(SKIP TO Q.67). 09	...(SKIP TO Q.67). 09
...(SKIP TO Q.67). 10	...(SKIP TO Q.67). 10	...(SKIP TO Q.67). 10	...(SKIP TO Q.67). 10	...(SKIP TO Q.67). 10
__(SKIP TO Q.64). 11	__(SKIP TO Q.64). 11	__(SKIP TO Q.64). 11	__(SKIP TO Q.64). 11	__(SKIP TO Q.64). 11
MONTH YEAR |__|__| |__|__| (SKIP TO Q.67) 47-48/ 49-50/	MONTH YEAR |__|__| |__|__| (SKIP TO Q.67) 57-58/ 59-60/	MONTH YEAR |__|__| |__|__| (SKIP TO Q.67) 67-68/ 69-70/	MONTH YEAR |__|__| |__|__| (SKIP TO Q.67) 15-16/ 17-18/	MONTH YEAR |__|__| |__|__| (SKIP TO Q.67) 25-26/ 27-28/

	<u>BIOLOGICAL FIRST CHILD</u>	<u>BIOLOGICAL SECOND CHILD</u>	<u>BIOLOGICAL THIRD CHILD</u>
59. Does (FIRST CHILD/NEXT CHILD)'s natural mother live in this household?	Yes.(SKIP TO Q.67). 1 No....(ASK Q.60)... 0 29-30/	Yes (SKIP TO Q.67) 1 No...(ASK Q.60)... 0 39-40/	Yes.(SKIP TO Q.67). 1 No....(ASK Q.60)... 0 49-50/
60. Is (CHILD)'s mother living?	Yes ..(ASK Q.61)... 1 No..(SKIP TO Q.67). 0 31-32/	Yes .(ASK Q.61)... 1 No (SKIP TO Q.67). 0 41-42/	Yes..(ASK Q.61).... 1 No.(SKIP TO Q.67).. 0 51-52/ 53-54/
61. About how far from you does (CHILD)'s mother live? Is it. . . [HAND CARD Q]	within 1 mile..... 1 33-34/ 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 miles 5	..... 1 43-44/ 2 3 4 5	..... 1 2 3 4 5
62. In the past 12 months, about how often has (CHILD) seen (his/her) mother? IF SEPARATION IS MORE RECENT THAN PAST 12 MONTHS, ASK: Since (CHILD) has been separated from (his/her) mother, about how often has (CHILD) seen (his/her) mother? [HAND CARD R]	Almost every day.. 01 35-36/ 2-5 times a week.. 02 About once a week..... 03 1-3 times a month..... 04 7-11 times in the past 12 months... 05 2-6 times in the past 12 months... 06 Once in the past 12 months..... 07 Never (SKIP TO Q.67)... 00	..... 01 45-46/ 02 03 04 05 06 07 07 (SKIP TO Q.67)... 00	..... 01 02 03 04 05 06 07 07 (SKIP TO Q.67).... 00
63. How long do these visits usually last? (RECORD IN DAYS).	Less than 1 day... 00 OR |_|_| # OF DAYS (SKIP TO Q.67) 37-38/	Less than 1 day.. 00 OR |_|_| # OF DAYS (SKIP TO Q.67) 47-48/	Less than 1 day... 00 OR |_|_| # OF DAYS (SKIP TO Q.67) 57-58/

BEGIN DECK 29

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
Yes..(SKIP TO Q.67) 1 No....(ASK Q.60).. 0 59-60/	Yes..(SKIP TO Q.67) 1 No....(ASK Q.60).. 0 09-10/	Yes..(SKIP TO Q.67) 1 No....(ASK Q.60).. 0 19-20/	Yes..(SKIP TO Q.67) 1 No....(ASK Q.60).. 0 29-30/	Yes(SKIP TO Q.67)1 No..(ASK Q. 60). 0 39-40
Yes...(ASK Q.61).. 1 No..(SKIP TO Q.67) 0 61-62/	Yes...(ASK Q.61).. 1 No..(SKIP TO Q.67) 0 11-12/	Yes..(ASK Q.61)... 1 No..(SKIP TO Q.67) 0 21-22/	Yes..(ASK Q.61)... 1 No..(SKIP TO Q.67) 0 31-32/	Yes.(ASK Q.61).. 1 No..(SKIP TO Q.67)0 41-42
within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 miles5 63-64/	..... 1 2 3 4 5 13-14/	..... 1 2 3 4 5 23-24/	..... 1 2 3 4 5 33-34/	..... 1 2 3 4 5 43-44
65-66/ Almost every day. 01 2-5 times a week. 02 About once a week..... 03 1-3 times a month..... 04 7-11 times in the past 12 months. 05 2-6 times in the past 12 months. 06 Once in the past 12 months. 07 Never (SKIP TO Q.67)... 00	15-16/ 01 02 03 04 05 06 07 .(SKIP TO Q.67).. 00	25-26/ 01 02 03 04 05 06 07 .(SKIP TO Q.67).. 00	35-36/ 01 02 03 04 05 06 07 .(SKIP TO Q.67).. 00	45-46 01 02 03 04 05 06 07 .(SKIP TO Q.67) 00
Less than 1 day.. 00 OR |_|_| 67-68/ # OF DAYS (SKIP TO Q.67)	Less than 1 day.. 00 OR |_|_| 17-18/ # OF DAYS (SKIP TO Q.67)	Less than 1 day.. 00 OR |_|_| 27-28/ # OF DAYS (SKIP TO Q.67)	Less than 1 day.. 00 OR |_|_| 37-38/ # OF DAYS (SKIP TO Q.67)	Less than 1 day 00 OR |_|_| 47-48 # OF DAYS (SKIP TO Q.67)

	<u>BIOLOGICAL FIRST CHILD</u>	<u>BIOLOGICAL SECOND CHILD</u>	<u>BIOLOGICAL THIRD CHILD</u>
<p>64. About how far from you does (CHILD'S NAME) live? Is it. . .</p> <p>[HAND CARD Q]</p>	<p>within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 miles 5 49-50/</p>	<p>..... 1 2 3 4 5 57-58/</p>	<p>..... 1 2 3 4 5 65-66/</p>
<p>65. In the past 12 months, about how often have you seen (CHILD)? IF SEPARATION IS MORE RECENT THAN PAST 12 MONTHS, ASK: Since (CHILD) has not been living with you, about how often have you seen (CHILD)?</p> <p>[HAND CARD R]</p>	<p>51-52/ Almost every day.. 01 2-5 times a week.. 02 About once a week..... 03 1-3 times a month..... 04 7-11 times in the past 12 months... 05 2-6 times in the past 12 months... 06 Once in the past 12 months..... 07 Never (SKIP TO Q.67)... 00</p>	<p>59-60/ 01 02 03 04 05 06 07 (SKIP TO Q.67)... 00</p>	<p>67-68/ 01 02 03 04 05 06 07 (SKIP TO Q.67)... 00</p>
<p>66. How long do these visits usually last? (RECORD IN DAYS).</p>	<p>Less than 1 day... 00 OR |_|_| 53-54/ # OF DAYS</p>	<p>Less than 1 day.. 00 OR |_|_| 61-62/ # OF DAYS</p>	<p>Less than 1 day.. 00 OR |_|_| 69-70/ # OF DAYS</p>
<p>67. <u>INTERVIEWER</u>: IS THERE A (2ND/3RD/ETC.) CHILD LISTED?</p>	<p>YES.(REASK Q.56-Q.67 FOR NEXT CHILD). 1 NO..(GO TO Q.68 PAGE 9-98).... 0 55-56/</p>	<p>YES.(REASK Q.56-Q.67 FOR NEXT CHILD). 1 NO..(GO TO Q.68 PAGE 9-98)... 0 63-64/</p>	<p>YES.(REASK Q.56-Q.67 FOR NEXT CHILD). 1 NO..(GO TO Q.68 PAGE 9-98)... 0 71-72/</p>

64.

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
..... 1	..... 1	..... 1	..... 1	..... 1
..... 2	..... 2	..... 2	..... 2	..... 2
..... 3	..... 3	..... 3	..... 3	..... 3
..... 4	..... 4	..... 4	..... 4	..... 4
..... 5	..... 5	..... 5	..... 5	..... 5
09-10/	17-18/	25-26/	33-34/	41-42/
11-12/	19-20/	27-28/	35-36/	43-44/
..... 01	..... 01	..... 01	..... 01	..... 01
..... 02	..... 02	..... 02	..... 02	..... 02
..... 03	..... 03	..... 03	..... 03	..... 03
..... 04	..... 04	..... 04	..... 04	..... 04
..... 05	..... 05	..... 05	..... 05	..... 05
..... 06	..... 06	..... 06	..... 06	..... 06
..... 07	..... 07	..... 07	..... 07	..... 07
(SKIP TO Q.67)... 00	(SKIP TO Q.67)... 00	(SKIP TO Q.67)... 00	(SKIP TO Q.67)... 00	(SKIP TO Q.67) 00
Less than 1 day.. 00 OR |_|_| 13-14/ # OF DAYS	Less than 1 day.. 00 OR |_|_| 21-22/ # OF DAYS	Less than 1 day.. 00 OR |_|_| 29-30/ # OF DAYS	Less than 1 day.. 00 OR |_|_| 37-38/ # OF DAYS	Less than 1 day 00 OR |_|_| 45-46/ # OF DAYS
YES.(REASK Q.56-Q.67 FOR NEXT CHILD). 1	YES.(REASK Q.56-Q.67 FOR NEXT CHILD). 1	YES.(REASK Q.56-Q.67 FOR NEXT CHILD). 1	YES.(REASK Q.56-Q.67 FOR NEXT CHILD). 1	YES.(GO TO NEW QUEX AND REASK Q.56- Q.67 FOR NEXT CHILD)..... 1
NO..(GO TO Q.68 PAGE 9-98)... 0 15-16/	NO..(GO TO Q.68 PAGE 9-98)... 0 23-24/	NO..(GO TO Q.68 PAGE 9-98)... 0 31-32/	NO..(GO TO Q.68 PAGE 9-98)... 0 39-40/	NO..(GO TO Q.68 PAGE 9-98). 0 47-48/

68. Altogether, how many (more) children do you expect to have?

(INCLUDE ANY CURRENT PREGNANCIES)

ENTER NUMBER OF CHILDREN:	|__|__|	49-50/
OR		
NONE ... (SKIP TO Q.70).....	00	

69. In how many months or years do you expect to have your (first/next) child?

ENTER NUMBER OF MONTHS:	|__|__|	51-52/
OR		
NUMBER OF YEARS:	|__|__|	53-54/

70. INTERVIEWER: HAS RESPONDENT HAD ANY CHILDREN SINCE DATE OF 1988 OR 1986 OR PRIOR INTERVIEW? [IS Q.46, PAGE 9-90 CODED "YES" OR IS R EXPECTING A CHILD (IS NUMBER OF MONTHS IN Q.69 LESS THAN "09"?)?]

YES.....(ASK Q.71).....	1	55-56/
NO.....(SKIP TO Q.72).....	0	

71. When your (partner/spouse) became pregnant with (MOST RECENT CHILD) were you and she trying to have a baby or trying not to have a baby? (CODE MALE'S INTENTION IF THERE WAS DISAGREEMENT BETWEEN MALE AND PARTNER.)

Trying to have a baby.....	1	
Trying not to have a baby.....	2	57-58/
Neither.....	3	

72. INTERVIEWER: IS (PARTNER/SPOUSE) CURRENTLY PREGNANT? (IS Q.69 CODED LESS THAN 09 MONTHS?)

YES....(SKIP TO Q.76, PAGE 9-99).....	1	59-60/
NO.....(ASK Q.73).....	0	

73. During the last month, have you or your (partner/spouse) used any form of birth control? By birth control we mean methods such as those listed on this card.

HAND CARD S	Yes.....(ASK Q.74).....	1	
	No.....(SKIP TO Q.76, PAGE 9-99).....	0	61-62/
	R's partner is currently pregnant (SKIP TO Q.76, PAGE 9-99).....	2	

74. In the past month, how often have you or your (partner/spouse) used birth control? Would you say it was always, sometimes, or almost never?

- Always..... 1
- Sometimes..... 2 09-10/
- Almost never..... 3

75. Please look at this card. What methods have you or your (partner/spouse) used in the last month? Just tell me the number. CODE ALL THAT APPLY.

HAND CARD S	1. Pill.....	01	11-12/
	2. Condom, Rubber.....	02	13-14/
	3. Foam.....	03	15-16/
	4. Jelly or Cream Alone.....	04	17-18/
	5. Suppository or Insert.....	05	19-20/
	6. Diaphragm With or Without Jelly or Cream.....	06	21-22/
	7. Douching After Intercourse.....	07	23-24/
	8. IUD, Coil, Loop.....	08	25-26/
	9. Operation--Female Sterilization, Tubes Ties.....	09	27-28/
	10. Operation--Male Sterilization, Vasectomy.....	10	29-30/
	11. Natural Family Planning, Safe Period By Temperature or Cervical Mucous Test.....	11	31-32/
	12. Rhythm or Safe Period By Calendar.....	12	33-34/
	13. Withdrawal/Pulling Out.....	13	35-36/
	14. Contraceptive Sponge.....	14	37-38/
	15. Abstinence.....	15	39-40/
	16. Other Method (SPECIFY) _____	16	41-42/

76. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN (AGE 3 AND UNDER), WHEN YOU ASKED THE QUESTIONS IN SECTION 9?

- YES..... 1
- NO..... 0 43-44/
- TELEPHONE INTERVIEW..... 2

RECORD TIME: | | | AM / MIDNIGHT
 | | | PM / NOON
 HR MIN
 45-46/ 47-48/ 49-50/

SKIP TO SECTION 11, PAGE 11-193

77. INTERVIEWER: WAS RESPONDENT PREGNANT AT DATE OF 1988 OR 1986 OR PRIOR INTERVIEW? SEE INFORMATION SHEET ITEM 11.

YES..... (SKIP TO Q.88, PAGE 9-102).....	1	
NO .....(ASK Q.78)	0	51-52/
MISSING .....(ASK Q.78)	2	

78. Have you been pregnant since (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW)?

-----> INTERVIEWER NOTE: INCLUDE CURRENT PREGNANCY.

Yes .....(ASK Q.79)	1	53-54/
No (SKIP TO Q.80)	0	

79. How many times?

ENTER NUMBER: |__|	55-56/
(SKIP TO Q.81)	

80. Are you pregnant now?

Yes (ASK Q.81)	1	
No (SKIP TO Q.128, Page 9-110)	0	57-58/
Don't know . (SKIP TO Q.128, Page 9-110) ..	8	

81. When did (that/the first) pregnancy begin? What month and year?

ENTER MONTH: 59-60/

AND YEAR: 61-62/

82. (HAND CARD S) Just before you became pregnant that time, did you use any methods such as the ones listed on this card to keep from getting pregnant?

HAND	Yes.....(GO TO Q.83).....	1	
CARD			63-64/
S	No.....(SKIP TO Q.84).....	0	

83. Had you stopped all methods before you became pregnant?

Yes.....(GO TO Q.84)..... 1
 No.....(SKIP TO Q.85)..... 0
 65-66/

84. Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?

Yes.....(SKIP TO Q.86)..... 1
 No.....(GO TO Q.85)..... 0
 67-68/

85. Just before you became pregnant that time, did you want to become pregnant when you did? IF NO, PROBE: Did you want (a/another) baby but not at that time, or did you want (none/no more) at all?

Yes..... 1
 Didn't matter..... 2
 No--not at that time..... 3
 No--(none/no more) at all..... 4
 69-70/

86. And what about your husband or partner when you became pregnant that time-- did he want you to have (a/another) baby? IF NO PROBE: Did he want you to have (a/another) baby but not at that time, or did he want you to have (none/no more) at all?

Yes..... 1
 Didn't matter..... 2
 No--not at that time..... 3
 No--(none/no more at all)..... 4
 Don't know..... 8
 71-72/

87. (HAND CARD T). Please look at this card. What was the result of that pregnancy? Just tell me the number. CODE IN Q.88 BELOW. THEN GO TO Q.89.

-----> INTERVIEWER NOTE: IF R WAS PREGNANT AT DATE OF 1988 OR 1986 OR PRIOR INTERVIEW, ASK:

88. According to our records, you were pregnant at the date of our (DATE OF 1988 OR 1986 OR PRIOR INTERVIEW) interview. Please look at this card. What was the result of that pregnancy? Just tell me the number. CODE BELOW.

- | | | | |
|------|--|---|--------|
| HAND | 1. Live birth (ASK Q.89-92)..... | 1 | |
| CARD | 2. Miscarriage .. (SKIP TO Q.94, PAGE 9-103).. | 2 | |
| T | 3. Stillbirth ... (SKIP TO Q.94, PAGE 9-103).. | 3 | 09-10/ |
| | 4. Abortion (SKIP TO Q.94, PAGE 9-103).. | 4 | |
| | 5. Still pregnant (SKIP TO Q.127, P.9-109).... | 5 | |

INTERVIEWER: IF R VOLUNTEERS SHE WAS NOT PREGNANT, CHANGE Q.77, PAGE 9-100, TO "NO" AND INFORMATION SHEET ITEM 11 TO "NO", THEN ASK Q.78.

89. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, PART A.

ID NUMBER: |__| | 11-12/

90. What did you name the baby?

RECORD FULL NAME IN PART A OF CHILDREN'S RECORD FORM.

91. Was the baby a boy or a girl? RECORD SEX IN PART A OF CHILDREN'S RECORD FORM.

92. When was the baby born? ENTER BIRTHDATE IN PART A OF CHILDREN'S RECORD FORM. THEN ASK Q.93.

93. Were you pregnant another time after that pregnancy?

- | | | |
|---|---|--------|
| Yes (SKIP TO Q.97, PAGE 9-103)..... | 1 | |
| No (SKIP TO Q.128, PAGE 9-110)..... | 0 | 13-14/ |

94. When did that pregnancy end? |__|__| |__|__| |__|__| 15-20/
 MONTH DAY YEAR

95. How many months pregnant were you when that happened?
 ENTER NUMBER OF MONTHS: |__|__| 21-22/

96. Were you pregnant another time after that pregnancy?
 Yes (GO TO Q.97) 1 23-24/
 No (SKIP TO Q.128, PAGE 9-110)..... 0

97. When did the second pregnancy begin? What month and year?
 ENTER MONTH: |__|__| 25-26/
 AND YEAR: |__|__| 27-28/

98. (HAND CARD S) Just before you became pregnant that time, did you use any methods such as the ones listed on this card to keep from getting pregnant?

HAND	Yes.....(GO TO Q.99).....	1	
CARD			29-30/
S	No.....(SKIP TO Q.100).....	0	

99. Had you stopped all methods before you became pregnant?

Yes.....(GO TO Q.100).....	1	
		31-32/
No.....(SKIP TO Q.101).....	0	

100. Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?

Yes.....(SKIP TO Q.102).....	1	
		33-34/
No.....(GO TO Q.101).....	0	

101. Just before you became pregnant that time, did you want to become pregnant when you did? IF NO, PROBE: Did you want (a/another) baby but not at that time, or did you want (none/no more) at all?

Yes.....	1	
Didn't matter.....	2	35-36/
No--not at that time.....	3	
No--(none/no more) at all.....	4	

102. And what about your husband or partner when you became pregnant that time-- did he want you to have (a/another) baby? IF NO PROBE: Did he want you to have (a/another) baby but not at that time, or did he want you to have (none/no more) at all?

Yes.....	1	
Didn't matter.....	2	37-38/
No--not at that time.....	3	
No--(none/no more at all).....	4	
Don't know.....	8	

103. Please look at this card. What was the result of that pregnancy? Just tell me the number. CODE BELOW

HAND	1. Live birth (ASK Q104-Q.107) 1	
CARD	2. Miscarriage .. (SKIP TO Q.109, P.9-106)... 2	
T	3. Stillbirth ... (SKIP TO Q.109, P.9-106)... 3	39-40/
	4. Abortion (SKIP TO Q.109, P.9-106)... 4	
	5. Still pregnant (SKIP TO Q.127, P.9-109)... 5	

104. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, PART A.

ID NUMBER: 41-42/

105. What did you name the baby?

RECORD FULL NAME IN PART A OF CHILDREN'S RECORD FORM.

106. Was the baby a boy or a girl? RECORD SEX IN PART A OF CHILDREN'S RECORD FORM.

107. When was the baby born? ENTER BIRTHDATE IN PART A OF CHILDREN'S RECORD FORM. THEN GO TO Q.108.

108. Were you pregnant another time after that pregnancy?

Yes (SKIP TO Q.112, PAGE 9-106)..... 1

No (SKIP TO Q.128, PAGE 9-110)..... 0

43-44/

113. (HAND CARD S) Just before you became pregnant that time, did you use any methods such as the ones listed on this card to keep from getting pregnant?

HAND	Yes.....(GO TO Q.114).....	1	
CARD			59-60/
S	No.....(SKIP TO Q.115).....	0	

114. Had you stopped all methods before you became pregnant?

Yes.....(GO TO Q.115).....	1	
No.....(SKIP TO Q.116).....	0	61-62/

115. Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?

Yes.....(SKIP TO Q.117).....	1	
No.....(GO TO Q.116).....	0	63-64/

116. Just before you became pregnant that time, did you want to become pregnant when you did? IF NO, PROBE: Did you want (a/another) baby but not at that time, or did you want (none/no more) at all?

Yes.....	1	
Didn't matter.....	2	65-66/
No--not at that time.....	3	
No--(none/no more) at all.....	4	

117. And what about your husband or partner when you became pregnant that time-- did he want you to have (a/another) baby? IF NO PROBE: Did he want you to have (a/another) baby but not at that time, or did he want you to have (none/no more) at all?

Yes.....	1	
Didn't matter.....	2	67-68/
No--not at that time.....	3	
No--(none/no more at all).....	4	
Don't know.....	8	

118. Please look at this card. What was the result of that pregnancy? Just tell me the number. CODE BELOW

HAND CARD T	1. Live birth (ASK Q.119-Q122) 1	
	2. Miscarriage .. (SKIP TO Q.124, P.9-109).... 2	
	3. Stillbirth ... (SKIP TO Q.124, P.9-109).... 3	09-10/
	4. Abortion (SKIP TO Q.124, P.9-109).... 4	
	5. Still pregnant (SKIP TO Q.127, P.9-109).... 5	

119. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, PART A. ID NUMBER: |__|__| 11-12/

120. What did you name the baby?

RECORD FULL NAME IN PART A OF CHILDREN'S RECORD FORM.

121. Was the baby a boy or a girl? RECORD SEX IN PART A OF CHILDREN'S RECORD FORM.

122. When was the baby born? ENTER BIRTHDATE IN PART A OF CHILDREN'S RECORD FORM. THEN ASK Q.123.

123. Were you pregnant another time after that pregnancy?

Yes (GO TO NEW QUEX, Q.81, PAGE 9-101)..... 1

No (SKIP TO Q.128, PAGE 9-110)..... 0

13-14/

124. When did that pregnancy end? |__|__| |__|__| |__|__| 15-20/
 MONTH DAY YEAR

125. How many months pregnant were you when that happened?
 ENTER NUMBER OF MONTHS: |__|__| 21-22/

126. Were you pregnant another time after that pregnancy?
 Yes (GO TO NEW QUEX, Q.81, PAGE 9-101)..... 1 23-24/
 No (SKIP Q.128) 0

127. IF CURRENTLY PREGNANT, ASK: When do you expect the baby to be born?
 ENTER DATE HERE: |__|__| |__|__| |__|__| 25-30/
 MONTH DAY YEAR

IF R VOLUNTEERS THAT PREGNANCY WILL BE TERMINATED,
 CHECK BOX HERE: |__| 31-32/

128. Altogether, how many (more) children do you expect to have?
IF R IS PREGNANT, ADD: Please include your current pregnancy.

ENTER NUMBER OF CHILDREN: |__|__| 33-34/

OR

NONE.....(SKIP TO Q.130)..... 00

129. In how many months or years do you expect to have your (first/next) child?

ENTER # OF MONTHS: |__|__| 35-36/

OR

OF YEARS: |__|__| 37-38/

130. INTERVIEWER: IS R CURRENTLY PREGNANT? (IS Q.127 CODED?)

YES.....(SKIP TO Q.134, PAGE 9-111).... 1 39-40/

NO.....(ASK Q.131)..... 0

131. During the last month, have you used any form of birth control? By birth control we mean methods such as those listed on this card.

HAND	Yes.....	1	
CARD			41-42/
S	No...(SKIP TO Q.134, PAGE 9-111).....	0	

132. In the past month, how often have you or your (partner/spouse) used birth control? Would you say it was always, sometimes, or almost never?

Always..... 1

Sometimes..... 2 43-44/

Almost never..... 3

133. (HAND CARD S) Please look at this card. What methods have you or your (partner/spouse) used in the last month? Just tell me the number. CODE ALL THAT APPLY.

HAND CARD S	1. Pill.....	01	45-46/
	2. Condom, rubber.....	02	47-48/
	3. Foam.....	03	49-50/
	4. Jelly or cream alone.....	04	51-52/
	5. Suppository or insert.....	05	53-54/
	6. Diaphragm with or without jelly or cream.....	06	55-56/
	7. Douching after intercourse.....	07	57-58/
	8. IUD, coil, loop.....	08	59-60/
	9. Operation--Female sterilization, tubes tied.....	09	61-62/
	10. Operation--Male sterilization, vasectomy.....	10	63-64/
	11. Natural family planning, safe period by temperature or cervical mucous test.....	11	65-66/
	12. Rhythm or safe period by calendar.....	12	67-68/
	13. Withdrawal/pulling out.....	13	69-70/
	14. Contraceptive sponge.....	14	71-72/
	15. Abstinence.....	15	73-74/
	16. Other method (SPECIFY)_____	16	75-76/

134. INTERVIEWER: SEE INFORMATION SHEET ITEM 09. WAS R INTERVIEWED IN 1988?

YES... (WRITE DATE OF 1988 INTERVIEW IN Q.1 ON SELF-ADMINISTERED ABORTION CARD)..... 1
77-78/

NO.. (WRITE "JANUARY 1, 1988" IN Q.1 ON SELF-ADMINISTERED ABORTION CARD AND CROSS OUT REFERENCE TO DATE OF 1988 INTERVIEW)..... 0

A. Now please fill out this card and seal it in the envelope. Thank you.

HAND SELF- ADMINISTERED CARD

135. INTERVIEWER: HAS R HAD ANY PREGNANCIES SINCE DATE OF 1988 OR 1986 OR PRIOR INTERVIEW? IS Q.88, PAGE 9-102 CODED?
- YES(SKIP TO Q.137)..... 1
29-30/
NO(ASK Q.136)..... 0
-
136. INTERVIEWER: HAS R EVER HAD ANY LIVE BIRTHS? (SEE CHILDREN'S RECORD FORM, PART A).
- YES(SKIP TO Q.218, PAGE 9-132)... 1
31-32/
NO(SKIP TO Q.258, PAGE 9-150)... 0
-
137. INTERVIEWER: IS R CURRENTLY PREGNANT? (IS Q.127, PAGE 9-109 CODED)?
- YES (ANSWER Q.138) 1
33-34/
NO(GO TO Q.139, PAGE 9-113).... 0
-
138. INTERVIEWER: HAS R HAD OTHER PREGNANCIES SINCE 1988 OR 1986 OR PRIOR INTERVIEW BESIDES THIS CURRENT PREGNANCY? (IS Q.93, PAGE 9-102 CODED YES OR IS Q.96, PAGE 9-103 CODED YES?)
- YES (GO TO Q.139, PAGE 9-113)..... 1
35-36/
NO(SKIP TO Q.218, PAGE 9-132).... 0

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
<p>139. Now I'd like to ask you some questions about your (pregnancy/pregnancies) since (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW.)</p>		
<p>140. FILL IN DATES OF PREGNANCIES SINCE DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW (Q.81, PAGE 9-101; Q.97, PAGE 9-103, Q.112, PAGE 9-106. <u>DO NOT INCLUDE</u> CURRENT PREGNANCY. IF MORE THAN 2 PREGNANCIES, USE ANOTHER QUESTIONNAIRE. FOR 1ST PREGNANCY ONLY: IF R WAS PREGNANT AT DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW (Q.77, PAGE 9-100, IS CODED YES), ASK: You were pregnant at the date of our interview on (DATE OF 1988 <u>OR</u> 1986 OR PRIOR INTERVIEW). When did that pregnancy begin?</p>	<p>DATE BEGAN: |_|_|_|_| 37-40/ MO YR</p>	<p>DATE BEGAN: |_|_|_|_| 49-52/ MO YR</p>
<p>141. CODE RESULT OF PREGNANCIES (Q.88, PAGE 9-102, Q.103, PAGE 9-105, Q.118, PAGE 9-108).</p>	<p>41-42/ LIVE BIRTH (GO TO Q.142). 1 MISCARRIAGE (GO TO Q.144) 2 STILLBIRTH (GO TO Q.144). 3 ABORTION..(GO TO Q.144).. 4</p>	<p>53-54/ LIVE BIRTH (GO TO Q.142) 1 MISCARRIAGE (GO TO Q.144)2 STILLBIRTH (GO TO Q.144).3 ABORTION..(GO TO Q.144). 4</p>
<p>142. IF PREGNANCIES RESULTED IN A LIVE BIRTH, RECORD CHILD'S ID NUMBER FROM Q.89, PAGE 9-102, Q.104, PAGE 9-105, OR Q.119, PAGE 9-108.</p>	<p>ID # |_|_| 43-44/</p>	<p>ID # |_|_| 55-56/</p>
<p>143. RECORD CHILD'S NAME FROM CHILDREN'S RECORD FORM, <u>PART A</u>.</p>	<p>----- NAME</p>	<p>----- NAME</p>
<p>144. (First/Next), during your pregnancy (with CHILD/that began DATE), did you make any visits to a doctor or nurse for prenatal care, that is, to be examined or talk about your pregnancy?</p>	<p>Yes..(ASK Q.145)... 1 No.(SKIP TO Q.146). 0 45-46/</p>	<p>Yes..(ASK Q.145)... 1 No..(SKIP TO Q.146). 0 57-58/</p>
<p>145. <u>IF YES TO Q.144, ASK:</u> When did you first visit a doctor or nurse for prenatal care--during which month of your pregnancy. ENTER MONTH NUMBER.</p>	<p>|_|_| 47-48/ MONTH</p>	<p>|_|_| 59-60/ MONTH</p>

BEGIN DECK 35

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
146. Did you drink any alcoholic beverages, including beer, wine, or liquor, during the <u>12 months before</u> [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?	Yes...(ASK Q.147).. 1 No...(SKIP TO Q.148). 0 61-62/	Yes...(ASK Q.147)... 1 No...(SKIP TO Q.148). 0 09-10/
147. (HAND CARD U) How often did you usually drink alcoholic beverages <u>during</u> (your/that) pregnancy? Did you drink...(READ CATEGORIES)...CODE ONE ONLY.	63-64/ Every day..... 07 Nearly every day.. 06 3 or 4 days a week..... 05 1 or 2 days a week..... 04 3 or 4 days a month..... 03 About once a month..... 02 Less than once a month..... 01 Never..... 00	11-12/ Every day..... 07 Nearly every day.. 06 3 or 4 days a week..... 05 1 or 2 days a week..... 04 3 or 4 days a month..... 03 About once a month..... 02 Less than once a month..... 01 Never..... 00
148. Did you smoke tobacco cigarettes at all during the <u>12 months before</u> [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?	65-66/ Yes...(ASK Q.149).... 1 No...(SKIP TO Q.150). 0	13-14/ Yes...(ASK Q.149).... 1 No...(SKIP TO Q.150). 0
149. On the average, how many cigarettes did you smoke <u>during</u> (your/that) pregnancy? Did you smoke 2 or more packs a day? Did you smoke 1 pack or more but less than 2 packs a day, or less than 1 pack a day?	67-68/ 2 or more packs a day..... 3 1 or more but less than 2..... 2 Less than 1 pack a day..... 1 (IF VOLUNTEERED) DID NOT SMOKE DURING THAT PERIOD..... 0	15-16/ 2 or more packs a day..... 3 1 or more but less than 2..... 2 Less than 1 pack a day..... 1 (IF VOLUNTEERED) DID NOT SMOKE DURING THAT PERIOD..... 0

HAND
CARD
U

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
150. Did you use marijuana or hashish at all during the <u>12 months before</u> [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?	Yes..... 1 No...(SKIP TO Q.152)... 0 17-18/	Yes..... 1 No...(SKIP TO Q.152)... 0 25-26/
151. (HAND CARD U) On the average, how many times did you usually use marijuana or hashish <u>during</u> (your/that) pregnancy? Did you use it...(READ CATEGORIES)? CODE <u>ONE</u> ONLY.	19-20/ Every day..... 07 Nearly every day..... 06 3 or 4 days a week.... 05 1 or 2 days a week.... 04 3 or 4 days a month... 03 About once a month.... 02 Less than once a month 01 Never..... 00	27-28/ Every day..... 07 Nearly every day..... 06 3 or 4 days a week.... 05 1 or 2 days a week.... 04 3 or 4 days a month... 03 About once a month.... 02 Less than once a month 01 Never..... 00
152. Did you use cocaine at all during the <u>12 months before</u> [(1ST CHILD/2ND CHILD) was born/your pregnancy loss?] <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 10px auto;"> HAND CARD U </div>	21-22/ Yes..... 1 No...(SKIP TO Q.154)... 0	29-30/ Yes..... 1 No...(SKIP TO Q.154)... 0
153. (HAND CARD U) On the average, how many times did you usually use cocaine <u>during</u> (your/that) pregnancy? Did you use it...(READ CATEGORIES)? CODE ONE ONLY.	23-24/ Every day..... 07 Nearly every day..... 06 3 or 4 days a week.... 05 1 or 2 days a week.... 04 3 or 4 days a month... 03 About once a month.... 02 Less than once a month 01 Never..... 00	31-32/ Every day..... 07 Nearly every day..... 06 3 or 4 days a week.... 05 1 or 2 days a week.... 04 3 or 4 days a month... 03 About once a month.... 02 Less than once a month 01 Never..... 00

BEGIN DECK 36

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
154. Ultrasound or sonogram is a way of taking a picture of the baby through sound waves while the baby is still in the womb. Did you have this test when you were pregnant [with (1ST CHILD/2ND CHILD)]? (DO NOT PROBE A "DON'T KNOW" RESPONSE.)	Yes..(ASK Q.155- Q.158) 1 No..(SKIP TO Q.159, PAGE 9-117)... 0 33-34/ Don't Know (SKIP TO Q.159, PAGE 9-117)..... 8	Yes..(ASK Q.155- Q.158)..... 1 No..(SKIP TO Q.159, PAGE 9-117).. 0 09-10/ Don't Know (SKIP TO Q.159, PAGE 9-117).... 8
155. IF YES TO Q.154, ASK: (HAND CARD V). On this card are some reasons a sonogram or ultrasound is used. Could you tell me why ultrasound or sonogram was used during your pregnancy [with (1ST CHILD/2ND CHILD)]? CODE ALL THAT APPLY.	To see if there were twins..... 01 35-36/ To find out the due date..... 02 37-38/ To prepare for a procedure called amnio-centesis..... 03 39-40/ To look for defects in the baby..... 04 41-42/ To find out if the baby was still alive..... 05 43-44/ To find out if the baby was growing normally..... 06 45-46/ To find out what position the baby was in..... 07 47-48/ Other (SPECIFY) _____ _____ 08 49-50/ Don't know..... 98 51-52/	To see if there were twins..... 01 11-12/ To find out the due date..... 02 13-14/ To prepare for a procedure called amnio-centesis..... 03 15-16/ To look for defects in the baby..... 04 17-18/ To find out if the baby was still alive..... 05 19-20/ To find out if the baby was growing normally..... 06 21-22/ To find out what position the baby was in..... 07 23-24/ Other (SPECIFY) _____ _____ 08 25-26/ Don't know..... 98 27-28/
156. How many times were sonograms or ultrasounds done during (your/that) pregnancy?	|__|__| NUMBER OF TIMES 53-54/	|__|__| NUMBER OF TIMES 29-30/
157. How many months pregnant were you when (it was/they were) performed? CODE ALL THAT APPLY.	2nd month or less. 02 55-56/ 3rd month..... 03 57-58/ 4th month..... 04 59-60/ 5th month..... 05 61-62/ 6th month..... 06 63-64/ 7th month..... 07 65-66/ 8th month..... 08 67-68/ 9th month..... 09 69-70/ Don't know..... 98 71-72/ More than 9 months..... 96 73-74/	2nd month or less. 02 31-32/ 3rd month..... 03 33-34/ 4th month..... 04 35-36/ 5th month..... 05 37-38/ 6th month..... 06 39-40/ 7th month..... 07 41-42/ 8th month..... 08 43-44/ 9th month..... 09 45-46/ Don't know..... 98 47-48/ More than 9 months..... 96 49-50/

HAND
 CARD
 V

158. (HAND CARD W). Here is a card that shows you the different things that doctors can find out from your sonogram(s) or ultrasound(s). Please tell me all the things the doctor found out from your sonogram(s) or ultrasound(s). CODE ALL THAT APPLY.

HAND
CARD
W

1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
Twins were present..... 01 51-52/	Twins were present..... 01 21-22/
Twins were not present..... 02 53-54/	Twins were not present..... 02 23-24/
Baby's due date..... 03 55-56/	Baby's due date.... 03 25-26/
Birth defect was present..... 04 57-58/	Birth defect was present..... 04 27-28/
Birth defect was not present..... 05 59-60/	Birth defect was not present..... 05 29-30/
Baby was alive..... 06 61-62/	Baby was alive..... 06 31-32/
Baby was growing normally..... 07 63-64/	Baby was growing normally..... 07 33-34/
Baby was not growing normally.. 08 65-66/	Baby was not growing normally. 08 35-36/
What position the baby was in..... 09 67-68/	What position the baby was in..... 09 37-38/
Other (SPECIFY) _____	Other (SPECIFY) _____
_____ 10 69-70/	_____ 10 39-40/
Don't know..... 98 71-72/	Don't know..... 98 41-42/

159. Amniocentesis is a procedure during which a long needle is used to collect some of the fluid that surrounds the baby while it is in the womb. Was amniocentesis done while you were pregnant [with (1ST CHILD/2ND CHILD)]?

BEGIN DECK 37	
Yes...(ASK Q.160-Q.163)..... 1 09-10/	Yes...(ASK Q,160-Q.163)..... 1 43-44/
No...(SKIP TO Q.164, PAGE 9-119).. 0	No...(SKIP TO Q.164, PAGE 9-119).. 0

160. IF YES TO Q.159, ASK: (HAND CARD X). On this card are some reasons amniocentesis is used. Could you tell me why amniocentesis was used during your pregnancy [with (1ST CHILD/2ND CHILD)]? CODE ALL THAT APPLY.

HAND
CARD
X

To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease..... 1 11-12/	To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease..... 1 45-46/
To find out how far along the baby was..... 2 13-14/	To find out how far along the baby was..... 2 47-48/
To find out if the baby's lungs were mature..... 3 15-16/	To find out if the baby's lungs were mature..... 3 49-50/
Other (SPECIFY) _____	Other (SPECIFY) _____
_____ 4 17-18/	_____ 4 51-52/
Don't know..... 8 19-20/	Don't know..... 8 53-54/

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW |_|_| 55-56/ NUMBER OF TIMES	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW |_|_| 23-24/ NUMBER OF TIMES
161. How many times was amniocentesis done during (your/that) pregnancy?		
	BEGIN DECK 38	
162. How many months pregnant were you when (it was/they were) performed? CODE ALL THAT APPLY.	3rd month or less.. 03 57-58/ 4th month..... 04 59-60/ 5th month..... 05 61-62/ 6th month..... 06 63-64/ 7th month..... 07 65-66/ 8th month..... 08 67-68/ 9th month..... 09 69-70/ Don't know..... 98 71-72/ More than 9 months..... 96 73-74/	3rd month or less.. 03 25-26/ 4th month..... 04 27-28/ 5th month..... 05 29-30/ 6th month..... 06 31-32/ 7th month..... 07 33-34/ 8th month..... 08 35-36/ 9th month..... 09 37-38/ Don't know..... 98 39-40/ More than 9 months..... 96 41-42/
163. (HAND CARD Y). Here is a card that shows you the different things that doctors find out from amniocentesis. Please tell me all the things the doctor found out when you had amniocentesis during (your/that) pregnancy. CODE ALL THAT APPLY.	Baby's lungs were mature..... 1 09-10/ Baby's lungs were not mature..... 2 11-12/ Genetic or birth defect was present..... 3 13-14/ Genetic or birth defect was not present..... 4 15-16/ Baby was normal..... 5 17-18/ Other (SPECIFY) _____ 6 19-20/ Don't know..... 8 21-22/	Baby's lungs were mature..... 1 43-44/ Baby's lungs were not mature..... 2 45-46/ Genetic or birth defect was present..... 3 47-48/ Genetic or birth defect was not present..... 4 49-50/ Baby was normal..... 5 51-52/ Other (SPECIFY) _____ 6 53-54/ Don't know..... 8 55-56/

HAND
CARD
Y

164. During (your/that) pregnancy, did you... (CODE YES OR NO FOR EACH ITEM)...	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW			2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW		
	Yes	No	N/A	Yes	No	N/A
Take a vitamin/mineral supplement?	1	0	57-58/	1	0	25-26/
Cut down on the amount of calories in the food you ate?	1	0	59-60/	1	0	27-28/
Cut down on the amount of salt you used?	1	0	61-62/	1	0	29-30/
Use diuretics (fluid or water pills) to help eliminate water?	1	0	63-64/	1	0	31-32/
Reduce or stop your smoking?	1	0	4 65-66/	1	0	4 33-34/
Reduce or stop your alcohol intake?	1	0	4 67-68/	1	0	4 35-36/
<hr/>						
165. <u>INTERVIEWER:</u> FOR EACH YES IN Q.164, ASK: Did you (REPEAT ITEM IN Q.164) based on a doctor's or nurse's suggestion? CODE IN APPROPRIATE ITEMS BELOW.	BEGIN DECK 39					
Take a vitamin/mineral supplement	1	0	09-10/	1	0	37-38/
Cut down on the amount of calories in the food you ate	1	0	11-12/	1	0	39-40/
Cut down on the amount of salt you used	1	0	13-14/	1	0	41-42/
Use diuretics (fluid or water pills) to eliminate water	1	0	15-16/	1	0	43-44/
Reduce or stop your smoking	1	0	17-18/	1	0	45-46/
Reduce or stop your alcohol intake	1	0	19-20/	1	0	47-48/
<hr/>						
166. <u>INTERVIEWER:</u> DID THIS PREGNANCY END IN A LIVE BIRTH?	YES..(SKIP TO Q.168). 1 21-22/ NO...(GO TO Q.167)... 0			YES..(SKIP TO Q.168). 1 49-50/ NO...(GO TO Q.167)... 0		
<hr/>						
167. <u>INTERVIEWER:</u> IS THERE ANOTHER PREGNANCY AFTER DATE OF 1988 OR 1986 OR PRIOR INTERVIEW?	YES..(GO BACK TO Q.144, PAGE 9-113)..... 1 23-24/ NO...(SKIP TO Q.218, PAGE 9-132).... 0			YES..(GO TO NEW QUEx, Q.144, PAGE 9-113)..... 1 51-52/ NO...(SKIP TO Q.218, PAGE 9-132)... 0		

BEGIN DECK 40

Now I would like to ask about the daily division of housework and childcare during (your/that) pregnancy.

168. (HAND CARD Z). First, which one category on this card describes how much of the child care at home, including helping with the children, you yourself did during (your/that) pregnancy? (CODE ONE ONLY).

HAND
CARD
Z

1ST PREGNANCY
SINCE DATE OF
1988 OR PRIOR
INTERVIEW

Less than half the child care..... 1
About half of the child care..... 2
More than half but not all of the child care..... 3
All of the child care..(SKIP TO Q.170) 4
No child care needed(SKIP TO Q.170).. 5

2ND PREGNANCY
SINCE DATE OF
1988 OR PRIOR
INTERVIEW

Less than half the child care..... 1
About half of the child care..... 2
More than half but not all of the child care..... 3
All of the child care..(SKIP TO Q.170) 4
No child care needed(SKIP TO Q.170).. 5

169. Who else usually helped with the child care at home during (your/that) pregnancy? (CODE ONE ONLY.)

Husband/partner..... 1
Other relative..... 2
Hired help..... 3
Other (SPECIFY)_____ 4

Husband/partner..... 1
Other relative..... 2
Hired help..... 3
Other (SPECIFY)_____ 4

170. (HAND CARD AA) Which one category listed on this card best describes how much of the housework at home you yourself did during (your/that) pregnancy? (CODE ONE ONLY.)

HAND
CARD
AA

Less than half of the housework..... 1
About half of the housework..... 2
More than half but not all of the housework..... 3
All of the housework ..(SKIP TO Q.172).... 4

Less than half of the housework..... 1
About half of the housework..... 2
More than half but not all of the housework..... 3
All of the housework ..(SKIP TO Q.172)... 4

171. Who else usually helped with the housework at home during (your/that) pregnancy? CODE ONE ONLY.

Husband/partner..... 1
Other relative..... 2
Hired help..... 3
Other (SPECIFY)_____ 4

Husband/partner..... 1
Other relative..... 2
Hired help..... 3
Other (SPECIFY)_____ 4

172. (HAND CARD BB) Please tell me which of the activities listed on this card you did on most days during the three months before (your/that) pregnancy. CODE ALL THAT APPLY.

HAND
CARD
BB

Climbed 3 or more flights of stairs each day..... 1
Stood for more than 3 hours at a time.... 2
Took a rest and relaxed when tired... 3
Carried loads of more than 20 pounds.. 4
Engaged in strenuous household activities for at least one hour each day..... 5
NONE OF THE ABOVE..... 6

Climbed 3 or more flights of stairs each day..... 1
Stood for more than 3 hours at a time... 2
Took a rest and relaxed when tired.. 3
Carried loads of more than 20 pounds. 4
Engaged in strenuous household activities for at least one hour each day..... 5
NONE OF THE ABOVE..... 6

BEGIN DECK 41

173. (HAND CARD BB) Now, please tell me about the 1st thru 3rd month of (your/that) pregnancy. CODE ALL THAT APPLY.

HAND
CARD
BB

1ST PREGNANCY
SINCE DATE OF
1988 OR PRIOR
INTERVIEW

Climbed 3 or more flights of stairs each day..... 1 29-30/
Stood for more than 3 hours at a time... 2 31-32/
Took a rest and relaxed when tired.. 3 33-34/
Carried loads of more than 20 pounds. 4 35-36/
Engaged in strenuous household activities for at least one hour each day..... 5 37-38/
NONE OF THE ABOVE..... 6 39-40/

2ND PREGNANCY
SINCE DATE OF
1988 OR PRIOR
INTERVIEW

Climbed 3 or more flights of stairs each day..... 1 09-10/
Stood for more than 3 hours at a time... 2 11-12/
Took a rest and relaxed when tired.. 3 13-14/
Carried loads of more than 20 pounds. 4 15-16/
Engaged in strenuous household activities for at least one hour each day..... 5 17-18/
NONE OF THE ABOVE..... 6 19-20/

174. (HAND CARD BB) Next, please tell me about the 4th thru 6th month of (your/that) pregnancy. CODE ALL THAT APPLY.

HAND
CARD
BB

Climbed 3 or more flights of stairs each day..... 1 41-42/
Stood for more than 3 hours at a time... 2 43-44/
Took a rest and relaxed when tired.. 3 45-46/
Carried loads of more than 20 pounds. 4 47-48/
Engaged in strenuous household activities for at least one hour each day..... 5 49-50/
NONE OF THE ABOVE..... 6 51-52/

Climbed 3 or more flights of stairs each day..... 1 21-22/
Stood for more than 3 hours at a time... 2 23-24/
Took a rest and relaxed when tired.. 3 25-26/
Carried loads of more than 20 pounds. 4 27-28/
Engaged in strenuous household activities for at least one hour each day..... 5 29-30/
NONE OF THE ABOVE..... 6 31-32/

175. (HAND CARD BB) Next, please tell me about the 7th thru 9th month of (your/that) pregnancy. CODE ALL THAT APPLY.

HAND
CARD
BB

Climbed 3 or more flights of stairs each day..... 1 53-54/
Stood for more than 3 hours at a time... 2 55-56/
Took a rest and relaxed when tired.. 3 57-58/
Carried loads of more than 20 pounds. 4 59-60/
Engaged in strenuous household activities for at least one hour each day..... 5 61-62/
NONE OF THE ABOVE..... 6 63-64/

Climbed 3 or more flights of stairs each day..... 1 33-34/
Stood for more than 3 hours at a time... 2 35-36/
Took a rest and relaxed when tired.. 3 37-38/
Carried loads of more than 20 pounds. 4 39-40/
Engaged in strenuous household activities for at least one hour each day..... 5 41-42/
NONE OF THE ABOVE..... 6 43-44/

BEGIN DECK 42

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
176. Were you employed at any time during (your/that) pregnancy?	Yes..(GO TO Q.177).. 1 No.(SKIP TO Q.178).. 0	Yes..(GO TO Q.177).. 1 No.(SKIP TO Q.178).. 0
	45-46/	09-10/
177. While you were working at your job during (your/that) pregnancy...READ CATEGORIES AND CODE YES OR NO FOR EACH ONE. IF R HAD MORE THAN ONE JOB DURING PREGNANCY, ASK ABOUT JOB R HAD CLOSEST TO THE END OF THE PREGNANCY.		
A. Were you able to take a rest break at work when you felt tired?	Yes..... 1 47-48/ No..... 0	Yes..... 1 11-12/ No..... 0
B. Did you work on an assembly line?	Yes..... 1 49-50/ No..... 0	Yes..... 1 13-14/ No..... 0
C. Did you work with machinery which produces vibrations?	Yes..... 1 51-52/ No..... 0	Yes..... 1 15-16/ No..... 0
D. Were you required to do repetitive tasks at work?	Yes..... 1 53-54/ No..... 0	Yes..... 1 17-18/ No..... 0
E. Did you consider your work outside the home boring?	Yes..... 1 55-56/ No..... 0	Yes..... 1 19-20/ No..... 0
F. Was there a lot of noise at work?	Yes..... 1 57-58/ No..... 0	Yes..... 1 21-22/ No..... 0
G. Did you work in an uncomfortably hot area?	Yes..... 1 59-60/ No..... 0	Yes..... 1 23-24/ No..... 0
H. Did you work in an uncomfortably cold area?	Yes..... 1 61-62/ No..... 0	Yes..... 1 25-26/ No..... 0

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
178. Based on either your last menstrual period date or your doctor's or clinic's information, was (1ST CHILD/2ND CHILD) born <u>within</u> one week of the expected (due) date?	Yes...(GO TO Q.181).. 1 27-28/ No...(ASK Q179-Q.180) 0	Yes...(GO TO Q.181)... 1 48-49/ No...(ASK Q.179-Q.180) 0
179. Was the baby born early or late?	Early..... 1 29-30/ Late..... 2	Early..... 1 50-51/ Late..... 2
180. How many weeks (early/late) was the baby? IF "1 1/2 WEEKS" ROUND UP TO "2".	|_|_| NUMBER OF WEEKS 31-32/	|_|_| NUMBER OF WEEKS 52-53/
181. Was a cesarean section done? IF NECESSARY, PROBE: Was the baby delivered by an incision in your abdomen?	Yes....(ASK Q.182).. 1 33-34/ No...(GO TO Q.183).. 0	Yes..(ASK Q.182).... 1 54-55/ No...(GO TO Q.183).. 0
182. IF YES IN Q.181, ASK: Was this your first cesarean section, or did you have one before?	First cesarean section..... 1 Had cesarean(s) before..... 0 35-36/	First cesarean section..... 1 Had cesarean(s) before..... 0 56-57/
183. What was your weight just before you delivered?	|_|_|_| WEIGHT AT TIME OF DELIVERY 37-39/	|_|_|_| WEIGHT AT TIME OF DELIVERY 58-60/
184. What was your weight just before you became pregnant with (1ST CHILD/2ND CHILD)?	|_|_|_| WEIGHT BEFORE PREGNANCY 40-42/	|_|_|_| WEIGHT BEFORE PREGNANCY 61-63/
185. INTERVIEWER: SUBTRACT Q.184 FROM Q.183 TO GET NUMBER OF POUNDS (GAINED/LOST) DURING PREGNANCY.	|_|_|_| ENTER NUMBER OF POUNDS (GAINED/LOST) 43-45/	|_|_|_| ENTER NUMBER OF POUNDS (GAINED/LOST) 64-66/
186. Does that mean you (gained/lost) (NUMBER IN Q.185) pounds during your pregnancy?	Yes....(GO TO Q.187)..... 1 No.(ASK R HOW MANY POUNDS SHE (GAINED/LOST) DURING PREGNANCY. RECORD IN Q.185. ADJUST Q.183 AND Q.184 WITH R ACCORDINGLY)..... 0 46-47/	Yes....(GO TO Q.187)..... 1 No.(ASK R HOW MANY POUNDS SHE (GAINED/LOST) DURING PREGNANCY. RECORD IN Q.185. ADJUST Q.183 AND Q.184 WITH R ACCORDINGLY)..... 0 67-68/

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
187. What was (1ST CHILD/2ND CHILD)'s length at birth?	|_|_| 09-10/ NUMBER OF INCHES	|_|_| 23-24/ NUMBER OF INCHES
188. <u>INTERVIEWER</u> : DID R INDICATE THAT THE LENGTH OF THE BABY WAS AN ESTIMATE?	YES..... 1 11-12/ NO..... 0	YES..... 1 25-26/ NO..... 0
189. How long did your baby stay in the hospital?	|_|_|_| 13-15/ NUMBER OF DAYS (BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (SKIP TO Q.192)..... 000	|_|_|_| 27-29/ NUMBER OF DAYS (BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (SKIP TO Q.192)..... 000
190. Did you leave the hospital at the same time as your baby or did you leave earlier or later?	Same time (GO TO Q.192)..... 1 16-17/ Earlier (ASK Q.191) 2 Later (ASK Q.191).. 3 BABY STILL IN HOSPITAL (SKIP TO Q.217, PG. 9-131)..... 4 BABY DIED IN HOSPITAL (SKIP TO Q.217, PG.9-131)..... 5	Same time (GO TO Q.192)..... 1 30-31/ Earlier (ASK Q.191) 2 Later (ASK Q.191).. 3 BABY STILL IN HOSPITAL (SKIP TO Q.217, PG. 9-131)..... 4 BABY DIED IN HOSPITAL (SKIP TO Q.217, PG.9-131)..... 5
191. How many days (earlier/later)?	|_|_|_| 18-20/	|_|_|_| 32-34/
192. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured?	Yes.(GO TO Q.193).. 1 No..(SKIP TO Q.212, 21-22/ PG.9-129)..... 0	Yes.(GO TO Q.193).. 1 No..(SKIP TO Q.212, 35-36/ PG.9-129)..... 0

BEGIN DECK 44

193. When you took (1ST CHILD/2ND CHILD) to a clinic, hospital, or doctor the first time because (he/she) was sick or injured, what was the nature of (his/her) illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury?

1ST PREGNANCY
SINCE DATE OF
1988 OR PRIOR
INTERVIEW

2ND PREGNANCY
SINCE DATE OF
1988 OR PRIOR
INTERVIEW

INTERVIEWER: ENTER CODE FROM Q.194 (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN Q.194, BELOW.

_____|_____|_____|
CODE 37-38/

A. _____|_____|_____| 09-10/
CODE

194. (HAND CARD CC). Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED IN Q.193 ABOVE.

_____|_____|
HAND
_____|_____|
CARD
_____|_____|
CC

Fever..... 01 39-40/
Cold..... 02 41-42/
Sore throat..... 03 43-44/
Pneumonia..... 04 45-46/
Ear infection.... 05 47-48/
Vomiting,
diarrhea, or
dehydration.... 06 49-50/
Rash..... 07 51-52/
Accident or
poisoning..... 08 53-54/
Convulsions..... 09 55-56/
Jaundice..... 10 57-58/
Feeding problems
(food allergy,
formula toler-
ance, etc.)... 11 59-60/
Meningitis..... 12 61-62/
Asthma or
bronchitis..... 13 63-64/
Other (SPECIFY)

_____ 14 65-66/
None..... 00 67-68/

Fever..... 01 11-12/
Cold..... 02 13-14/
Sore throat..... 03 15-16/
Pneumonia..... 04 17-18/
Ear infection.... 05 19-20/
Vomiting,
diarrhea, or
dehydration.... 06 21-22/
Rash..... 07 23-24/
Accident or
poisoning..... 08 25-26/
Convulsions..... 09 27-28/
Jaundice..... 10 29-30/
Feeding problems
(food allergy,
formula toler-
ance, etc.)... 11 31-32/
Meningitis..... 12 33-34/
Asthma or
bronchitis..... 13 35-36/
Other (SPECIFY)

_____ 14 37-38/
None..... 00 39-40/

195. How many months old was (1ST CHILD/2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the first time for this (ILLNESS/INJURY)?

_____|_____|_____|
NUMBER OF MONTHS 69-70/

_____|_____|_____| 41-42/
NUMBER OF MONTHS

→ INTERVIEWER NOTE: 1 DAY TO 4 WKS=01 MO. MORE THAN 4 WKS--DI-VIDE BY 4 AND ROUND UP EX: 36 WKS=09 MONTHS

BEGIN DECK 45

	<p>1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW</p> <p>Once.(GO TO Q.198).. 01</p> <p>OR</p> <p> |_|_| 43-44/ NUMBER OF TIMES (ASK Q.197)</p>	<p>2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW</p> <p>Once.(GO TO Q.198). 01</p> <p>OR</p> <p> |_|_| 09-10/ NUMBER OF TIMES (ASK Q.197)</p>
<p>196. In (1ST CHILD/2ND CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.193, P. 9-125)?</p>		

HAND
CARD
DD

BEGIN DECK 46

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
202. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured with a <u>different</u> illness or injury than the one we have just talked about?	Yes..(GO TO Q.203). 1 37-38/ No..(SKIP TO Q.212, P.9-129)..... 0	Yes..(GO TO Q.203). 1 09-10/ No..(SKIP TO Q.212, P.9-129)..... 0
203. What was the nature of this <u>other</u> illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury? <u>INTERVIEWER:</u> ENTER CODE FROM Q.204 (BELOW) FOR MAIN ILLNESS OR INJURY.	_____ _____ _____ |__|__| 39-40/ CODE	_____ _____ _____ |__|__| 11-12/ CODE
204. (HAND CARD CC). Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED ABOVE IN Q.203. _____ | HAND | | CARD | | CC |	Fever..... 01 41-42/ Cold..... 02 43-44/ Sore throat..... 03 45-46/ Pneumonia..... 04 47-48/ Ear infection... 05 49-50/ Vomiting, diarrhea, or dehydration... 06 51-52/ Rash..... 07 53-54/ Accident or poisoning..... 08 55-56/ Convulsions..... 09 57-58/ Jaundice..... 10 59-60/ Feeding problems (food allergy, formula toler- ance, etc.)... 11 61-62/ Meningitis..... 12 63-64/ Asthma or bronchitis.... 13 65-66/ Other (SPECIFY) _____ 14 67-68/ None..... 00 69-70/	Fever..... 01 13-14/ Cold..... 02 15-16/ Sore throat..... 03 17-18/ Pneumonia..... 04 19-20/ Ear infection... 05 21-22/ Vomiting, diarrhea, or dehydration... 06 23-24/ Rash..... 07 25-26/ Accident or poisoning..... 08 27-28/ Convulsions..... 09 29-30/ Jaundice..... 10 31-32/ Feeding problems (food allergy, formula toler- ance, etc.)... 11 33-34/ Meningitis..... 12 35-36/ Asthma or bronchitis.... 13 37-38/ Other (SPECIFY) _____ 14 39-40/ None..... 00 41-42/

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
205. How many months old was (1ST CHILD/2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the <u>first</u> time for this (ILLNESS/INJURY)?	|__|__| 43-44/ NUMBER OF MONTHS	|__|__| 49-50/ NUMBER OF MONTHS
206. In (1ST CHILD/2ND CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.203, PAGE 9-127)?	Once (GO TO Q.208) 01 OR |__|__| 45-46/ NUMBER OF TIMES (GO TO Q.207)	Once (GO TO Q.208) 01 OR |__|__| 51-52/ NUMBER OF TIMES (GO TO Q.207)
207. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the <u>last</u> time you took (him/her) to a clinic, hospital, or doctor for (ILLNESS/INJURY FROM Q.203, PAGE 9-127)?	|__|__| 47-48/ NUMBER OF MONTHS	|__|__| 53-54/ NUMBER OF MONTHS

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
<p>208. (HAND CARD DD). Please look at this card. In (1ST CHILD/2ND CHILD)'s first year when you took (him/her) to a clinic, hospital or doctor because (he/she) had (ILLNESS/INJURY FROM Q.203, PAGE 9-127), where did you take (him/her)? CODE <u>ALL</u> THAT APPLY.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>HAND CARD DD</p> </div>	<p>Private doctor's office..... 01 55-56/ Public clinic..... 02 57-58/ Private clinic..... 03 59-60/ Health Maintenance Organization (HMO)..... 04 61-62/ Hospital clinic, walk-in clinic.... 05 63-64/ Community health center..... 06 65-66/ Emergency room out-patient..... 07 67-68/ Other (SPECIFY) _____ _____ 08 69-70/ Hospital admission..... 09 71-72/</p>	<p>Private doctor's office..... 01 17-18/ Public clinic..... 02 19-20/ Private clinic..... 03 21-22/ Health Maintenance Organization (HMO)..... 04 23-24/ Hospital clinic, walk-in clinic.... 05 25-26/ Community health center..... 06 27-28/ Emergency room out-patient..... 07 29-30/ Other (SPECIFY) _____ _____ 08 31-32/ Hospital admission..... 09 33-34/</p>
<p>209. <u>INTERVIEWER</u>: WAS HOSPITAL ADMISSION (09) CODED IN Q.208?</p>	<p style="text-align: center;">BEGIN DECK 47</p> <p>YES (ASK Q.210-Q.211) 1 09-10/ NO...(GO TO Q.212)... 0</p>	<p>YES (ASK Q.210-Q.211) 1 35-36/ NO...(GO TO Q.212)... 0</p>
<p>210. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?</p>	<p>Yes..... 1 11-12/ No..... 0</p>	<p>Yes..... 1 37-38/ No..... 0</p>
<p>211. Did you have to take time off from work?</p>	<p>Yes..... 1 13-14/ No..... 0 Not working..... 2</p>	<p>Yes..... 1 39-40/ No..... 0 Not working..... 2</p>
<p>Now we are going to discuss well baby care.</p> <p>212. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic or doctor for well baby care when (he/she) was <u>not</u> sick?</p>	<p>Yes...(GO TO Q.213, PAGE 9-130).... 1 15-16/ No...(SKIP TO Q.215, PAGE 9-131)..... 0</p>	<p>Yes...(GO TO Q.213, PAGE 9-130).... 1 41-42/ No...(SKIP TO Q.215, PAGE 9-131)..... 0</p>

213. How many months old was (1ST CHILD/2ND CHILD) when you took (him/her) to a clinic or doctor for well baby care the first time?...How old was (he/she) the next time?

(CODE ALL THAT APPLY.)

1ST PREGNANCY
SINCE DATE OF
1988 OR PRIOR
INTERVIEW

98 |__|__| 43-46/
(DON'T KNOW)
(SKIP TO Q.214A)

2ND PREGNANCY
SINCE DATE OF
1988 OR PRIOR
INTERVIEW

98 |__|__| 29-32/
(DON'T KNOW)
(GO TO Q.214A)

MONTH (Q.213)	PLACE (Q.214)
01	|__|__| 47-50/
02	|__|__| 51-54/
03	|__|__| 55-58/
04	|__|__| 59-62/
05	|__|__| 63-66/
06	|__|__| 67-70/
07	|__|__| 71-74/ BEGIN DECK 48
08	|__|__| 09-12/
09	|__|__| 13-16/
10	|__|__| 17-20/
11	|__|__| 21-24/
12	|__|__| 25-28/

MONTH (Q.213)	PLACE (Q.214)
01	|__|__| 33-36/
02	|__|__| 37-40/
03	|__|__| 41-44/
04	|__|__| 45-48/
05	|__|__| 49-52/
06	|__|__| 53-56/
07	|__|__| 57-60/
08	|__|__| 61-64/
09	|__|__| 65-68/ BEGIN DECK 49
10	|__|__| 09-12/
11	|__|__| 13-16/
12	|__|__| 17-20/

→ INTERVIEWER NOTE: CONTINUE TO ASK UNTIL THE LAST TIME IS CODED. THEN GO TO Q.214.

214. (HAND CARD DD). When you took (1ST CHILD/2ND CHILD) for well baby care when (he/she) was (1ST MONTH NAMED IN Q.213/2ND MONTH NAMED), where did you take (him/her)? Was it a...
[DD] READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO MONTH IN Q.213 ABOVE.

A. (HAND CARD DD). ASK ONLY IF Q.213 IS CODED "DON'T KNOW": Where did you usually take (1ST CHILD/2ND CHILD) for well baby care? Was it a...(READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO "DON'T KNOW" IN Q.213 ABOVE:

CARD DD	
01	Private doctor's office
02	Public clinic
03	Private clinic
04	Health Maintenance Organization (HMO)
05	Hospital clinic, walk-in clinic
06	Community health center
07	Emergency room out-patient
08	Other (SPECIFY) _____

	1ST PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1988 OR PRIOR INTERVIEW
215. Children are given a series of DPT shots, that is, diphtheria, pertussis, tetanus, and oral polio vaccine during the first year of life. During which months did (1ST CHILD/2ND CHILD) have those immunizations? CODE <u>ALL</u> THAT APPLY.	Don't know (ASK Q.216)..... 98 21-22/ 1st month..... 01 23-24/ 2nd month..... 02 25-26/ 3rd month..... 03 27-28/ 4th month..... 04 29-30/ 5th month..... 05 31-32/ 6th month..... 06 33-34/ 7th month..... 07 35-36/ 8th month..... 08 37-38/ 9th month..... 09 39-40/ 10th month..... 10 41-42/ 11th month..... 11 43-44/ 12th month..... 12 45-46/ None..... 00 47-48/ GO TO Q.217	Don't know (ASK Q.216)..... 98 57-58/ 1st month..... 01 59-60/ 2nd month..... 02 61-62/ 3rd month..... 03 63-64/ 4th month..... 04 65-66/ 5th month..... 05 67-68/ 6th month..... 06 69-70/ BEGIN DECK 50 7th month..... 07 09-10/ 8th month..... 08 11-12/ 9th month..... 09 13-14/ 10th month..... 10 15-16/ 11th month..... 11 17-18/ 12th month..... 12 19-20/ None..... 00 21-22/ GO TO Q.217
216. <u>IF DON'T KNOW IN Q.215, ASK:</u> Even if you can't remember the exact time, do you remember if your child had...(CODE YES OR NO FOR EACH ITEM)...		
The first set of immunizations?	Yes..... 1 49-50/ No..... 0	Yes..... 1 23-24/ No..... 0
The second set of immunizations?	Yes..... 1 51-52/ No..... 0	Yes..... 1 25-26/ No..... 0
The third set of immunizations?	Yes..... 1 53-54/ No..... 0	Yes..... 1 27-28/ No..... 0
217. <u>INTERVIEWER:</u> IS THERE ANOTHER PREGNANCY?	YES...(GO BACK TO Q.144, PAGE 9-113)..... 1 NO...(GO TO Q.218, PAGE 9-132).. 0	YES...(GO TO NEW QUEX Q.144, PAGE 9-113)..... 1 NO...(GO TO Q.218, PAGE 9-132).. 0

218. INTERVIEWER: DO ANY CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A HAVE Q.224, Q.227, Q.229, OR Q.232 PREPRINTED IN THE FOOD COLUMN?

YES (RECORD ID # AND NAME IN Q.221, PAGE 9-133 AND CIRCLE PREPRINTED QUESTION # FOR EACH CHILD WITH A PREPRINTED QUESTION # IN Q.223, PAGE 9-133 THEN GO TO Q.219) ... 1 31-32/

NO (GO TO Q.219) 0

219. INTERVIEWER: DID R HAVE ANY LIVE BIRTHS SINCE DATE OF 1988 OR 1986 OR PRIOR INTERVIEW? (REFER TO CHILDREN'S RECORD FORM, PART A).

YES (RECORD ID # AND NAME FOR EACH CHILD BORN SINCE DATE OF 1988 OR 1986 OR PRIOR INTERVIEW IN Q.221, PAGE 9-133 AND CIRCLE Q.224 IN Q.223, PAGE 9-133, THEN GO TO Q.220)..... 1 33-34/

NO (GO TO Q.220) 0

220. INTERVIEWER: DID YOU RECORD A YES IN Q.218 OR Q.219?

YES (GO TO Q.221) 1 35-36/

NO (SKIP TO Q.235, PAGE 9-138)..... 0

221. INTERVIEWER: LIST CHILDREN IN ID # ORDER. IF MORE THAN 3 CHILDREN NEED FEEDING QUESTIONS, USE ADDITIONAL QUESTIONNAIRE.

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
	ID: |__|__| 37-38/	ID: |__|__| 47-48/	ID: |__|__| 57-58/
	NAME	NAME	NAME
222. <u>INTERVIEWER</u> : BEGIN WITH QUESTION INDICATED IN Q.223 AND SKIP TO THE QUESTION NUMBER CODED.			
223. <u>INTERVIEWER</u> : CIRCLE APPROPRIATE QUESTION NUMBER FROM Q.218 OR Q.219.	39-40/ QUESTION NUMBER TO SKIP TO: Q.224..... 1 Q.227..... 2 Q.229..... 3 Q.232..... 4	49-50/ QUESTION NUMBER TO SKIP TO: Q.224..... 1 Q.227..... 2 Q.229..... 3 Q.232..... 4	59-60/ QUESTION NUMBER TO SKIP TO: Q.224..... 1 Q.227..... 2 Q.229..... 3 Q.232..... 4
224. How much did (NAME OF 1ST CHILD, ETC.) weigh at birth?	ENTER POUNDS: |__|__| AND 41-42/ OUNCES: |__|__| SKIP TO Q.226 43-44/ OR DON'T KNOW (ASK Q.225)... 9898	POUNDS: |__|__| 51-52/ OUNCES: |__|__| SKIP TO Q.226 53-54/ OR DON'T KNOW (ASK Q.225)..... 9898	POUNDS: |__|__| 61-62/ OUNCES: |__|__| SKIP TO Q.226 63-64/ OR DON'T KNOW (ASK Q.225).. 9898
225. IF Q.224 CODED DON'T KNOW, ASK: Did (CHILD) weigh more than 5 1/2 pounds or less?	More..... 1 Less..... 2 Don't Know..... 8 45-46/	More..... 1 Less..... 2 Don't Know..... 8 55-56/	More..... 1 Less..... 2 Don't Know..... 8 65-66/

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
BREAST FEEDING:			
226. When (CHILD) was an infant, did you breast feed (him/her) at all?	Yes....(GO TO Q.227).... 1	Yes.(GO TO Q.227). 1	Yes.(GO TO Q.227). 1
	No.....(GO TO Q.228).... 0 09-10/	No..(GO TO Q.228). 0 21-22/	No..(GO TO Q.228). 0 33-34/
227. How many weeks old was (CHILD) when you quit breast feeding (him/her) altogether?	ENTER NUMBER OF WEEKS OLD: |_|_| 11-12/	|_|_| 23-24/	|_|_| 35-36/
	OR Still breast feeding... 00	..... 00	..... 00
	OR Don't know..... 98	..... 98	..... 98
	OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 1/2 MONTH (.5): |_|_| . |_| 13-15/	|_|_| . |_| 25-27/	|_|_| . |_| 37-39/
FORMULA FEEDING			
228. How many weeks old was (CHILD) when you began feeding (him/her) formula on a daily basis?	ENTER NUMBER OF WEEKS OLD: |_|_| 16-17/	|_|_| 28-29/	|_|_| 40-41/
	OR From birth..... 00	..... 00	..... 00
	OR (Do/Did) not formula feed (SKIP TO Q.230, P.9-135).. 95	(Q.230, P. 9-135)..... 95	(Q.230, P. 9-135)..... 95
	OR DON'T KNOW..... 98	..... 98	..... 98
OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 1/2 MONTH (.5): |_|_| . |_| 18-20/	|_|_| . |_| 30-32/	|_|_| . |_| 42-44/	

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
229. How many weeks old was (CHILD) when you stopped feeding (him/her) formula on a daily basis?	ENTER NUMBER OF WEEKS OLD: |_|_| 45-46/ OR Still feeding formula..... 00 OR DON'T KNOW..... 98 OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 1/2 MONTH (.5): |_|_| . |_| 47-49/	|_|_| 55-56/ 00 98 |_|_| . |_| 57-59/	BEGIN DECK 52 |_|_| 09-10/ 00 98 |_|_| . |_| 11-13/
<u>COW'S MILK</u>			
230. How many weeks old was (CHILD) when (he/she) began drinking cow's milk on a regular basis?	ENTER NUMBER OF WEEKS OLD: |_|_| 50-51/ OR From birth..... 00 OR Has not begun yet..... 95 OR DON'T KNOW..... 98 OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 1/2 MONTH (.5): |_|_| . |_| 52-54/	|_|_| 60-61/ 00 95 98 |_|_| . |_| 62-64/	|_|_| 14-15/ 00 95 98 |_|_| . |_| 16-18/

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
231. INTERVIEWER: SEE QS.226, 228, AND 230.	19-20/	27-28/	35-36/
A. IS <u>Q.226</u> CODED "YES", OR BLANK?	YES ..(GO TO Q.232). 1 NO.....(ASK B)..... 0	YES ..(GO TO Q.232). 1 NO.....(ASK B)..... 0	YES ..(GO TO Q.232). 1 NO.....(ASK B). ... 0
B. IS <u>Q.228</u> CODED "FROM BIRTH" OR BLANK?	21-22/ YES ..(GO TO Q.232). 1 NO.....(ASK C)..... 0	29-30/ YES ..(GO TO Q.232). 1 NO.....(ASK C)..... 0	37-38/ YES ..(GO TO Q.232). 1 NO.....(ASK C)..... 0
C. IS <u>Q.230</u> CODED "FROM BIRTH"?	23-24/ YES ..(GO TO Q.232). 1 NO.....(ASK D)..... 0	31-32/ YES ..(GO TO Q.232). 1 NO.....(ASK D)..... 0	39-40/ YES ..(GO TO Q.232). 1 NO.....(ASK D)..... 0
D. How (was/is) (CHILD) fed (at birth)?	25-26/ Intravenous feeding. 1 Evaporated milk..... 2 Other (SPECIFY) _____ 3 (GO TO Q.232)	33-34/ Intravenous feeding. 1 Evaporated milk..... 2 Other (SPECIFY) _____ 3 (GO TO Q.232)	41-42/ Intravenous feeding 1 Evaporated milk.... 2 Other (SPECIFY) _____ 3 (GO TO Q.232)

<u>SOLID FOOD:</u>	<u>1ST CHILD</u>	<u>2ND CHILD</u>	<u>3RD CHILD</u>
<p>232. <u>INTERVIEWER:</u> READ INTRODUCTORY STATEMENT FOR FIRST CHILD ONLY: (Now we would like you to think about solid food. Solid food is any food other than milk or formula, like cereal or fruit whether it is commercially prepared, like Gerbers, or prepared at home).</p> <p>How many weeks old was (CHILD) when (he/she) first ate solid food on a daily basis?</p>	<p>ENTER NUMBER OF WEEKS OLD: |_|_| 43-44/ OR From birth..... 00</p> <p>OR Has not begun yet..... 95</p> <p>OR DON'T KNOW..... 98</p> <p>OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 1/2 MONTH (.5): |_|_| . |_| 45-47/</p>	<p>|_|_| 50-51/ 00</p> <p>..... 95</p> <p>..... 98</p> <p>|_|_| . |_| 52-54/</p>	<p>|_|_| 57-58/ 00</p> <p>..... 95</p> <p>..... 98</p> <p>|_|_| . |_| 59-61/</p>
<p>233. <u>INTERVIEWER:</u> DOES RESPONDENT HAVE ANOTHER CHILD FOR WHOM WE NEED TO ASK FEEDING QUESTIONS?</p>	<p>YES.....(ASK Q.234)..... 1 48-49/</p> <p>NO...(GO TO Q.235, PAGE 9-138)..... 0</p>	<p>YES..(ASK Q.234). 1 55-56/</p> <p>NO (GO TO Q.235, P.9-138)..... 0</p>	<p>YES (GO TO NEW QUEX, Q.223, 62-63/ P.9-134)..... 1</p> <p>NO (GO TO Q.235, P.9-138).. 0</p>
<p>234. Now I would like to ask about (NAME OF 2ND/3RD CHILD). REPEAT QS.223-233 BEGINNING ON PAGE 9-133, FOR NEXT CHILD.</p>			

235. INTERVIEWER: SEE CHILDREN'S RECORD FORM, PART A. DOES R HAVE CHILDREN FOR WHOM IMMUNIZATION ("SHOTS") INFORMATION IS PREPRINTED AS "NEED"?

YES--"NEED".....(ASK Q.236-Q.239)..... 1 09-10/
 NO.....(GO TO Q.240, P. 9-140)..... 0
 R HAS NO CHILDREN..(GO TO Q.240, PAGE 9-140)..... 2

236. Children are given a series of DPT shots (that is, diphtheria, pertussis, tetanus) and oral polio vaccine during their first year of life. We would like to ask some questions about DPT shots for (CHILDREN LISTED ON CHILDREN'S RECORD FORM, PART A FOR WHOM SHOT INFORMATION IS PREPRINTED AS "NEED".)

237. INTERVIEWER: ENTER ID # AND NAME FOR EACH CHILD IN PART A, OF CHILDREN'S RECORD FORM WITH "NEED" LISTED UNDER "SHOTS." THEN ASK Q.238 & Q.239 FOR EACH CHILD. USE ANOTHER QUESTIONNAIRE IF NECESSARY.

	1st CHILD	2nd CHILD	3rd CHILD	4th CHILD	5th CHILD	6th CHILD
	ID # |__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
	AND 11-12/	21-22/	31-32/	41-42	51-52/	61-62/
	NAME _____	_____	_____	_____	_____	_____
238. Has (1ST CHILD, 2ND CHILD ETC.) had. . .						
A. the first set of immunizations, often given when 2 months old?						
Yes..... 1	..... 1	..... 1	..... 1	..... 1	..... 1	..... 1
No..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
	13-14/	23-24/	33-34/	43-44/	53-54/	63-64/
B. the second set of immunizations, often given when 4 months old?						
Yes..... 1	..... 1	..... 1	..... 1	..... 1	..... 1	..... 1
No..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
	15-16/	25-26/	35-36/	45-46/	55-56/	65-66/
C. the third set of immunizations, often given when 6 months old?						
Yes..... 1	..... 1	..... 1	..... 1	..... 1	..... 1	..... 1
No..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
	17-18/	27-28/	37-38/	47-48/	57-58/	67-68/
239. <u>INTERVIEWER</u> : IS THERE ANOTHER CHILD FOR WHOM IMMUNIZATION INFORMATION IS MISSING?						.(NEW QUEX Q.238 P.9- 138). 1
Yes....(REASK Q.238)..... 1	..... 1	..... 1	..... 1	..... 1	..... 1	..... 1
No.....(GO TO Q.240)..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
	19-20/	29-30/	39-40/	49-50/	59-60/	69-70/

PLEASE GO TO NEXT PAGE 

240. INTERVIEWER: ARE ANY CHILDREN LISTED ON THE CHILDREN'S RECORD FORM, PART A?

YES.....(GO TO Q.241)..... 1 09-10/

NO.....(SKIP TO Q.258, PAGE 9-150)..... 0

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241. INTERVIEWER: ENTER NAME AND ID # OF FIRST CHILD, LISTED ON THE CHILDREN'S RECORD FORM, PART A. USE A SECOND QUESTIONNAIRE IF NECESSARY.

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
	ID: |__|__| 11-12/	ID: |__|__| 21-22/	ID: |__|__| 31-32/
242. <u>INTERVIEWER:</u> SEE CHILDREN'S RECORD FORM, <u>PART A.</u> IS ADOPTED OUT OR DECEASED PREPRINTED FOR THIS CHILD IN THE STATUS COLUMN?	NAME	NAME	NAME
	13-14/	23-24/	33-34/
YES--ADOPTED OUT.....	...(SKIP TO Q.256).. 1	...(SKIP TO Q.256).. 1	...(SKIP TO Q.256).. 1
YES--DECEASED.....	...(SKIP TO Q.256).. 2	...(SKIP TO Q.256).. 2	...(SKIP TO Q.256).. 2
NO.....	...(GO TO Q.243)... 0	...(GO TO Q.243)... 0	...(GO TO Q.243)... 0
243. Where does (CHILD) usually live? (CODE AT RIGHT)			
	15-16/	25-26/	35-36/
1) IN THIS HOUSEHOLD.....	...(SKIP TO Q.245).. 01	...(SKIP TO Q.245).. 01	...(SKIP TO Q.245).. 01
<u>NOT IN THIS HOUSEHOLD</u>			
2) WITH (HIS/HER) FATHER.....	...(GO TO Q.251)... 02	...(GO TO Q.251)... 02	...(GO TO Q.251)... 02
3) WITH OTHER RELATIVE(S) (SPECIFY)	...(GO TO Q.251)... 03	...(GO TO Q.251)... 03	...(GO TO Q.251)... 03
4) WITH FOSTER CARE.....	...(GO TO Q.251)... 04	...(GO TO Q.251)... 04	...(GO TO Q.251)... 04
5) WITH ADOPTIVE PARENTS.....	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD. SKIP TO Q.254)... 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD. SKIP TO Q.254)... 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD. SKIP TO Q.254)... 05
6) LONG TERM CARE INSTITUTION.....	...(GO TO Q.251)... 06	...(GO TO Q.251)... 06	...(GO TO Q.251)... 06
7) AWAY AT SCHOOL.....	...(GO TO Q.251)... 07	...(GO TO Q.251)... 07	...(GO TO Q.251)... 07
8) DECEASED.....	(RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD, THEN GO TO Q.244) 08	(RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD, THEN GO TO Q.244) 08	(RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD, THEN GO TO Q.244) 08
<u>OTHER LIVING ARRANGEMENTS</u>			
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH FATHER.....	...(SKIP TO Q.250). 09	...(SKIP TO Q.250). 09	...(SKIP TO Q.250). 09
10) CHILD LIVES PART-TIME WITH R AND PART TIME WITH OTHER PERSON.....	...(SKIP TO Q.250). 10	...(SKIP TO Q.250). 10	...(SKIP TO Q.250). 10
11) OTHER (SPECIFY BELOW) _____	(SKIP TO Q.251)	(SKIP TO Q.251)	(SKIP TO Q.251)
	_____ 11	_____ 11	_____ 11
244. <u>IF DECEASED CODED IN Q.243, ASK:</u> When did (CHILD) die?	|__|__| |__|__| MONTH YEAR (SKIP TO Q.256) 17-18/ 19-20/	|__|__| |__|__| MONTH YEAR (SKIP TO Q.256) 27-28/ 29-30/	|__|__| |__|__| MONTH YEAR (SKIP TO Q.256) 37-38/ 39-40/

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
ID: |__|__| 41-42/	ID: |__|__| 51-52/	ID: |__|__| 61-62/	ID: |__|__| 09-10/	ID: |__|__| 19-20/
NAME	NAME	NAME	NAME	NAME
43-44/	53-54/	63-64/	11-12/	21-22/
..(SKIP TO Q.256).. 1 ..(SKIP TO Q.256).. 2 ...(GO TO Q.243)... 0	..(SKIP TO Q.256).. 1 ..(SKIP TO Q.256).. 2 ...(GO TO Q.243)... 0	..(SKIP TO Q.256).. 1 ..(SKIP TO Q.256).. 2 ...(GO TO Q.243)... 0	..(SKIP TO Q.256).. 1 ..(SKIP TO Q.256).. 2 ...(GO TO Q.243)... 0	..(SKIP TO Q.256).. 1 ..(SKIP TO Q.256).. 2 ...(GO TO Q.243).. 0
45-46/	55-56/	65-66/	13-14/	23-24/
.(SKIP TO Q.245).. 01	.(SKIP TO Q.245).. 01	.(SKIP TO Q.245).. 01	.(SKIP TO Q.245).. 01	.(SKIP TO Q.245).. 01
..(GO TO Q.251)... 02 ..(GO TO Q.251)... 03	..(GO TO Q.251)... 02 ..(GO TO Q.251)... 03	..(GO TO Q.251)... 02 ..(GO TO Q.251)... 03	..(GO TO Q.251)... 02 ..(GO TO Q.251)... 03	..(GO TO Q.251).. 02 ..(GO TO Q.251).. 03
..(GO TO Q.251)... 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD SKIP TO Q.254)... 05 ..(GO TO Q.251)... 06 ..(GO TO Q.251)... 07 (RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD, THEN GO TO Q.244) 08	..(GO TO Q.251)... 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD SKIP TO Q.254)... 05 ..(GO TO Q.251)... 06 ..(GO TO Q.251)... 07 (RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD, THEN GO TO Q.244) 08	..(GO TO Q.251)... 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD SKIP TO Q.254)... 05 ..(GO TO Q.251)... 06 ..(GO TO Q.251)... 07 (RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD, THEN GO TO Q.244) 08	..(GO TO Q.251)... 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD SKIP TO Q.254)... 05 ..(GO TO Q.251)... 06 ..(GO TO Q.251)... 07 (RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD, THEN GO TO Q.244) 08	..(GO TO Q.251).. 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR THIS CHILD SKIP TO Q.254).. 05 ..(GO TO Q.251).. 06 ..(GO TO Q.251).. 07 (RECORD DECEASED IN STATUS COLUMN OF CRF FOR THIS CHILD THEN GO TO Q.244)08
..(SKIP TO Q.250). 09	..(SKIP TO Q.250). 09	..(SKIP TO Q.250). 09	..(SKIP TO Q.250). 09	..(SKIP TO Q.250) 09
..(SKIP TO Q.250). 10 (SKIP TO Q.251)	..(SKIP TO Q.250). 10 (SKIP TO Q.251)	..(SKIP TO Q.250). 10 (SKIP TO Q.251)	..(SKIP TO Q.250). 10 (SKIP TO Q.251)	..(SKIP TO Q.250) 10 (SKIP TO Q.251)
11	11	11	11	11
|__|__| |__|__| MONTH YEAR (SKIP TO Q.256) 47-48/ 49-50/	|__|__| |__|__| MONTH YEAR (SKIP TO Q.256) 57-58/ 59-60/	|__|__| |__|__| MONTH YEAR (SKIP TO Q.256) 67-68/ 69-70/	|__|__| |__|__| MONTH YEAR (SKIP TO Q.256) 15-16/ 17-18/	|__|__| |__|__| MONTH YEAR (SKIP TO Q.256) 25-26/ 27-28/

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
245. Does (FIRST CHILD/NEXT CHILD)'s natural father live in this household?	Yes...(SKIP TO Q.250) 1 No...(ASK Q.246)... 0 29-30/	Yes...(SKIP TO Q.250) 1 No...(ASK Q.246)... 0 41-42/	Yes...(SKIP TO Q.250) 1 No...(ASK Q.246)... 0 53-54/
246. Is (CHILD)'s father living?	Yes...(ASK Q.247).. 1 No...(SKIP TO Q.250). 0 31-32/	Yes...(ASK Q.247).. 1 No...(SKIP TO Q.250). 0 43-44/	Yes...(ASK Q.247).. 1 No...(SKIP TO Q.250). 0 55-56/
247. About how far from you does (CHILD'S) father live? Is it... <div style="border: 1px dashed black; padding: 5px; display: inline-block; text-align: center;"> HAND CARD Q </div>	Within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 miles 5 33-34/	Within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 miles 5 45-46/	Within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 miles 5 57-58/
248. In the past 12 months about how often has (CHILD) seen (his/her) father? IF SEPARATION IS MORE RECENT THAN PAST 12 MONTHS, ASK: Since (CHILD) has been separated from (his/her) father, about how often has (CHILD) seen (his/her) father? <div style="border: 1px dashed black; padding: 5px; display: inline-block; text-align: center;"> HAND CARD R </div>	35-36/ Almost every day.. 01 2-5 times a week.. 02 About once a week. 03 1-3 times a month. 04 7-11 times in the past 12 months.. 05 2-6 times in the past 12 months.. 06 Once in the past 12 months..... 07 Never...(SKIP TO Q.250) ... 00	47-48/ Almost every day.. 01 2-5 times a week.. 02 About once a week. 03 1-3 times a month. 04 7-11 times in the past 12 months.. 05 2-6 times in the past 12 months.. 06 Once in the past 12 months..... 07 Never...(SKIP TO Q.250) ... 00	59-60/ Almost every day.. 01 2-5 times a week.. 02 About once a week. 03 1-3 times a month. 04 7-11 times in the past 12 months.. 05 2-6 times in the past 12 months.. 06 Once in the past 12 months..... 07 Never...(SKIP TO Q.250) ... 00
249. How long do these visits usually last? (RECORD IN DAYS).	Less than 1 day... 00 OR |_|_| 37-38/ # OF DAYS	Less than 1 day... 00 OR |_|_| 49-50/ # OF DAYS	Less than 1 day... 00 OR |_|_| 61-62/ # OF DAYS
250. <u>INTERVIEWER:</u> A. SEE FACE SHEET SAMPLE ID. IS R's SAMPLE ID PREPRINTED "N"? B. GET A CHILD SUPPLEMENT AND FACE SHEET FOR THIS CHILD.	39-40/ YES...(SKIP TO Q.256) 1 NO....(GO TO B).... 0 B. RECORD THE ID # ON THE COVER OF A CHILD SUPPLEMENT. IF NECESSARY, RECORD THE ID #, NAME, AND BIRTH DATE ON A CHILD FACE SHEET FOR THAT CHILD. (SKIP TO Q.256)	51-52/ YES...(SKIP TO Q.256) 1 NO....(GO TO B).... 0 B. RECORD THE ID # ON THE COVER OF A CHILD SUPPLEMENT. IF NECESSARY, RECORD THE ID #, NAME, AND BIRTH DATE ON A CHILD FACE SHEET FOR THAT CHILD. (SKIP TO Q.256)	63-64/ YES...(SKIP TO Q.256) 1 NO....(GO TO B).... 0 B. RECORD THE ID # ON THE COVER OF A CHILD SUPPLEMENT. IF NECESSARY, RECORD THE ID #, NAME, AND BIRTH DATE ON A CHILD FACE SHEET FOR THAT CHILD. (SKIP TO Q.256)

BEGIN DECK 56

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
Yes..(SKIP TO Q.250) 1 No...(ASK Q.246)... 0 65-66/	Yes..(SKIP TO Q.250) 1 No...(ASK Q.246)... 0 09-10/	Yes..(SKIP TO Q.250) 1 No...(ASK Q.246)... 0 21-22/	Yes(SKIP TO Q.250) 1 No...(ASK Q.246).. 0 33-34/	Yes(SKIP TO Q.250) 1 No...(ASK Q.246).. 0 45-46/
Yes...(ASK Q.247).. 1 No..(SKIP TO Q.250). 0 67-68/	Yes...(ASK Q.247).. 1 No..(SKIP TO Q.250). 0 11-12/	Yes...(ASK Q.247).. 1 No..(SKIP TO Q.250). 0 23-24/	Yes..(ASK Q.247).. 1 No..(SKIP TO Q.250) 0 35-36/	Yes..(ASK Q.247).. 1 No..(SKIP TO Q.250) 0 47-48/
Within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 miles 5 69-70/	Within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 miles 5 13-14/	Within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 miles 5 25-26/	Within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 mls. 5 37-38/	Within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 More than 200 mls. 5 49-50/
71-72/ Almost every day.. 01 2-5 times a week.. 02 About once a week. 03 1-3 times a month. 04 7-11 times in the past 12 months.. 05 2-6 times in the past 12 months.. 06 Once in the past 12 months..... 07 Never..(SKIP TO Q.250) ....00	15-16/ Almost every day.. 01 2-5 times a week.. 02 About once a week. 03 1-3 times a month. 04 7-11 times in the past 12 months.. 05 2-6 times in the past 12 months.. 06 Once in the past 12 months..... 07 Never..(SKIP TO Q.250).... 00	27-28/ Almost every day.. 01 2-5 times a week.. 02 About once a week. 03 1-3 times a month. 04 7-11 times in the past 12 months.. 05 2-6 times in the past 12 months.. 06 Once in the past 12 months..... 07 Never..(SKIP TO Q.250).... 00	39-40/ Almost every day. 01 2-5 times a week. 02 About once a week 03 1-3 times a month 04 7-11 times in the past 12 months. 05 2-6 times in the past 12 months. 06 Once in the past 12 months..... 07 Never..(SKIP TO Q.250)... 00	51-52/ Almost every day. 01 2-5 times a week. 02 About once a week 03 1-3 times a month 04 7-11 times in the past 12 months. 05 2-6 times in the past 12 months. 06 Once in the past 12 months..... 07 Never..(SKIP TO Q.250)... 00
Less than 1 day... 00 OR |_|_| 73-74/ # OF DAYS	Less than 1 day... 00 OR |_|_| 17-18/ # OF DAYS	Less than 1 day... 00 OR |_|_| 29-30/ # OF DAYS	Less than 1 day.. 00 OR |_|_| 41-42/ # OF DAYS	Less than 1 day.. 00 OR |_|_| 53-54/ # OF DAYS
75-76/ YES..(SKIP TO Q.256).1 NO....(GO TO B).....0 B. RECORD THE ID # ON THE COVER OF A CHILD SUPPLEMENT. IF NECESSARY, RECORD THE ID #, NAME, AND BIRTH DATE ON A CHILD FACE SHEET FOR THAT CHILD. (SKIP TO Q.256)	19-20/ YES..(SKIP TO Q.256) 1 NO....(GO TO B).... 0 B. RECORD THE ID # ON THE COVER OF A CHILD SUPPLEMENT. IF NECESSARY, RECORD THE ID #, NAME, AND BIRTH DATE ON A CHILD FACE SHEET FOR THAT CHILD. (SKIP TO Q.256)	31-32/ YES..(SKIP TO Q.256) 1 NO....(GO TO B).... 0 B. RECORD THE ID # ON THE COVER OF A CHILD SUPPLEMENT. IF NECESSARY, RECORD THE ID #, NAME, AND BIRTH DATE ON A CHILD FACE SHEET FOR THAT CHILD. (SKIP TO Q.256)	43-44/ YES(SKIP TO Q.256) 1 NO....(GO TO B)... 0 B. RECORD THE ID # ON THE COVER OF A CHILD SUPPLEMENT. IF NECESSARY, RECORD THE ID #, NAME, AND BIRTH DATE ON A CHILD FACE SHEET FOR THAT CHILD. (SKIP TO Q.256)	55-56/ YES(SKIP TO Q.256) 1 NO....(GO TO B)... 0 B. RECORD THE ID # ON THE COVER OF A CHILD SUPPLEMENT. IF NECESSARY, RECORD THE ID #, NAME, AND BIRTH DATE ON A CHILD FACE SHEET FOR THAT CHILD. (SKIP TO Q.256)

BEGIN DECK 57

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
251. About how far from you does (CHILD'S NAME) live? Is it... <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> HAND CARD Q </div>	57-58/ within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 more than 200 miles 5	09-10/ 1 2 3 4 5	21-22/ 1 2 3 4 5
252. In the past 12 months, about how often have you seen (CHILD)? IF SEPARATION IS MORE RECENT THAN 12 MONTHS, ASK: Since (CHILD) has not been living with you, about how often have you seen (CHILD)? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> HAND CARD R </div>	59-60/ Almost every day.. 01 2-5 times a week.. 02 About once a week. 03 1-3 times a month. 04 7-11 times in the past 12 months.. 05 2-6 times in the past 12 months.. 06 Once in the past 12 months..... 07 Never. (GO TO Q.254)00	11-12/ 01 02 03 04 05 06 07 ..(GO TO Q.254).. 00	23-24/ 01 02 03 04 05 06 07 ..(GO TO Q.254).. 00
253. How long do these visits usually last? (RECORD IN DAYS).	Less than 1 day... 00 OR |__|__| 61-62/ # OF DAYS	Less than 1 day.. 00 OR |__|__| 13-14/ # OF DAYS	Less than 1 day.. 00 OR |__|__| 25-26/ # OF DAYS
254. When did (CHILD) last live with you?	|__|__| |__|__|63-66/ MONTH YEAR (GO TO Q.255) or NEVER LIVED WITH R 0000 (SKIP TO Q.256)	|__|__| |__|__|15-18/ MONTH YEAR (GO TO Q.255) or NEVER LIVED WITH R 0000 (SKIP TO Q.256)	|__|__| |__|__|27-30/ MONTH YEAR (GO TO Q.255) or NEVER LIVED WITH R 0000 (SKIP TO Q.256)
255. (Were/Was) there any period(s) of more than three consecutive months when (CHILD) did not live with you before that time?	Yes..... 1 No..... 0 CHILD IS LESS THAN 3 MONTHS OLD.... 2 67-68/	Yes..... 1 No..... 0 CHILD IS LESS THAN 3 MONTHS OLD.... 2 19-20/	Yes..... 1 No..... 0 CHILD IS LESS THAN 3 MONTHS OLD.... 2 31-32/

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
33-34/ 1 2 3 4 5	45-46/ 1 2 3 4 5	57-58/ 1 2 3 4 5	09-10/ 1 2 3 4 5	21-22/ 1 2 3 4 5
35-36/ 01 02 03 04 05 06 07 ..... ..(GO TO Q.254).. 00	47-48/ 01 02 03 04 05 06 07 ..... ..(GO TO Q.254).. 00	59-60/ 01 02 03 04 05 06 07 ..... ..(GO TO Q.254).. 00	11-12/ 01 02 03 04 05 06 07 ..... ..(GO TO Q.254).. 00	23-24/ 01 02 03 04 05 06 07 ..... ..(GO TO Q.254).. 00
Less than 1 day.. 00 OR |_|_| 37-38/ # OF DAYS	Less than 1 day.. 00 OR |_|_| 49-50/ # OF DAYS	Less than 1 day.. 00 OR |_|_| 61-62/ # OF DAYS	Less than 1 day.. 00 OR |_|_| 13-14/ # OF DAYS	Less than 1 day.. 00 OR |_|_| 25-26/ # OF DAYS
|_|_| |_|_| 39-42/ MONTH YEAR (GO TO Q.255) or NEVER LIVED WITH R 0000 (SKIP TO Q.256)	|_|_| |_|_| 51-54/ MONTH YEAR (GO TO Q.255) or NEVER LIVED WITH R 0000 (SKIP TO Q.256)	|_|_| |_|_| 63-66/ MONTH YEAR (GO TO Q.255) or NEVER LIVED WITH R 0000 (SKIP TO Q.256)	|_|_| |_|_| 15-18/ MONTH YEAR (GO TO Q.255) or NEVER LIVED WITH R 0000 (SKIP TO Q.256)	|_|_| |_|_| 27-30/ MONTH YEAR (GO TO Q.255) or NEVER LIVED WITH R 0000 (SKIP TO Q.256)
Yes..... 1 No..... 0 CHILD IS LESS THAN 3 MONTHS OLD.... 2 43-44/	Yes..... 1 No..... 0 CHILD IS LESS THAN 3 MONTHS OLD.... 2 55-56/	Yes..... 1 No..... 0 CHILD IS LESS THAN 3 MONTHS OLD.... 2 67-68/	Yes..... 1 No..... 0 CHILD IS LESS THAN 3 MONTHS OLD.... 2 19-20/	Yes..... 1 No..... 0 CHILD IS LESS THAN 3 MONTHS OLD.... 2 31-32/

256. INTERVIEWER: IS THERE A
2ND/3RD/ETC)
CHILD LISTED?

BIOLOGICAL
FIRST CHILD

YES...(REASK Q.242-
Q.256 FOR
NEXT CHILD).1

NO...(GO TO Q.257). 0
33-34/

BIOLOGICAL
SECOND CHILD

YES...(REASK Q.242-
Q.256)..... 1

NO...(GO TO Q.257). 0
35-36/

BIOLOGICAL
THIRD CHILD

YES...(REASK Q.242-
Q.256)..... 1

NO...(GO TO Q.257). 0
37-38/

<u>BIOLOGICAL FOURTH CHILD</u>	<u>BIOLOGICAL FIFTH CHILD</u>	<u>BIOLOGICAL SIXTH CHILD</u>	<u>BIOLOGICAL SEVENTH CHILD</u>	<u>BIOLOGICAL EIGHTH CHILD</u>
YES...(REASK Q.242- Q.256)..... 1	YES...(REASK Q.242- Q.256)..... 1	YES...(REASK Q.242- Q.256)..... 1	YES...(REASK Q.242- Q.256)..... 1	YES...(GO TO NEW QUEX AND REASK Q.242- Q.256)..... 1
NO..(GO TO Q.257). 0 39-40/	NO..(GO TO Q.257). 0 41-42/	NO..(GO TO Q.257). 0 43-44/	NO..(GO TO Q.257). 0 45-46/	NO..(GO TO Q.257). 0 47-48/

257. INTERVIEWER: ON HOW MANY CHILD SUPPLEMENTS, FOR CHILDREN LIVING IN THIS HOUSEHOLD, HAVE YOU RECORDED A CHILD ID #, NAME, AND BIRTH DATE?

NUMBER OF CHILD SUPPLEMENTS: |__|__| 49-50/

PROCEED WITH CHILD SUPPLEMENTS AFTER COMPLETING RESPONDENT'S INTERVIEW.

258. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN (AGE 3 AND UNDER), WHEN YOU ASKED THE QUESTIONS IN SECTION 9?

YES..... 1

NO..... 0 51-52/

TELEPHONE INTERVIEW..... 2

259. RECORD TIME: AM/MIDNIGHT
PM/NOON

HR MIN

53-54/ 55-56/

57-58/

GO TO SECTION 11

SECTION 10 (CHILD CARE) PAGES 10-151 THROUGH 10-192
HAS BEEN DELETED

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SECTION 11: ON HEALTH

1. INTERVIEWER: DID R HAVE A JOB LAST WEEK? (ARE Q.20, PAGE 5-42 AND Q.23, PAGE 5-43, 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 59-60/
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 61-62/
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 63-64/
No 0

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

Yes 1 65-66/
No 0

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

YES 1 67-68/
NO ... (SKIP TO Q.5) 0

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

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

OR

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

5. How much do you weigh?

ENTER NUMBER OF POUNDS: |__|__|__| 73-75/

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

YES (GO TO Q.7) 1 09-10/

NO(SKIP TO Q.30, PAGE 11-201) 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 11-12/

No(SKIP TO Q.30, PAGE 11-201) 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 13-14/

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

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

15-16/

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

ENTER MONTH: |__|__| 17-18/
AND

YEAR: 19 |__|__| 19-20/

8. (HAND CARD HH). 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
HH

- Employer-directed travel 01 21-22/
- Employer-directed training 02
- Meal break 03
- Rest break 04
- Personal business 05
- Normal work activity 06
- Other activity (SPECIFY) _____
- _____ 07

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

- Injury 1 23-24/
- Illness 2

10. 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) _____	25-30/
(2) _____	(2) _____	31-36/
(3) _____	(3) _____	37-42/

11. 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 43-44/
- No ... (GO TO Q.12, NEXT PAGE) 0
- DON'T KNOW .. (GO TO Q.12, NEXT PAGE) . 8

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

ENTER NUMBER OF DAYS: |__|__|__| 45-47/

12. A. Did the (injury/illness) cause you... (READ CATEGORIES)?

CODE YES OR NO FOR EACH ONE

	<u>YES</u>	<u>NO</u>	
to be assigned to another job on a temporary basis?	1	0	48-49/
to work at your regular job less than full time?	1	0	50-51/
to work at your regular job, but be unable to perform all of the normal duties of the job?	1	0	52-53/

IF YES IS CODED IN ANY CATEGORY IN A, ASK B. OTHERWISE GO TO Q.13.

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

ENTER NUMBER OF DAYS: |__|__|__| 54-56/

13. Did the (injury/illness) (also) cause you... (READ CATEGORIES)?

CODE YES OR NO FOR EACH ONE

	<u>YES</u>	<u>NO</u>	
to be laid off?	1	0	57-58/
to quit?	1	0	59-60/
to be fired?	1	0	61-62/
to change occupations?	1	0	63-64/

14. Did you lose any wages because of the (injury/illness)?

Yes	1	65-66/
No	0	

15. Did you or your employer fill out a worker's compensation form for this (injury/illness)?

Yes	1	67-68/
No .....(SKIP TO Q.18, NEXT PAGE)	0	

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

Yes (SKIP TO Q.18) 1 09-10/
No 0

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

Yes 1 11-12/
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 11-201) 1 13-14/
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 15-16/
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

FOR OFFICE USE ONLY	17-18/
|__|__| EMPLOYER NUMBER	

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

ENTER MONTH: |__|__| 19-20/
AND
YEAR: 19 |__|__| 21-22/

20. (HAND CARD HH). 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
HH

- Employer-directed travel 01 23-24/
- Employer-directed training 02
- Meal break 03
- Rest break 04
- Personal business 05
- Normal work activity 06
- Other activity (SPECIFY) _____
- _____ 07

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

- Injury 1 25-26/
- 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) _____	27-32/
(2) _____	(2) _____	33-38/
(3) _____	(3) _____	39-44/

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 45-46/
- No (GO TO Q.24) 0
- DON'T KNOW .. (GO TO Q.24) 8

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

ENTER NUMBER OF DAYS: |__|__|__| 47-49/

24. A. Did the (injury/illness) cause you ... (READ CATEGORIES)?

CODE YES OR NO FOR EACH ONE

	<u>YES</u>	<u>NO</u>	
to be assigned to another job on a temporary basis?	1	0	50-51/
to work at your regular job less than full time?	1	0	52-53/
to work at your regular job, but be unable to perform all of the normal duties of the job?	1	0	54-55/

IF YES IS CODED IN ANY CATEGORY IN A, ASK B. OTHERWISE GO TO Q.25.

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

ENTER NUMBER OF DAYS: |__|__|__| 56-58/

25. Did the (injury/illness) (also) cause you... (READ CATEGORIES)?

CODE YES OR NO FOR EACH ONE

	<u>YES</u>	<u>NO</u>	
to be laid off?	1	0	59-60/
to quit?	1	0	61-62/
to be fired?	1	0	63-64/
to change occupations?	1	0	65-66/

26. Did you lose any wages because of the (injury/illness)?

Yes	1	67-68/
No	0	

27. Did you or your employer fill out a worker's compensation form for this (injury/illness)?

Yes 1 09-10/

No (SKIP TO Q.30, PAGE 11-201).... 0

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

Yes .(SKIP TO Q.30, PAGE 11-201)..... 1 11-12/

No 0

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

Yes 1 13-14/

No 0

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

30. First, are you 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 15-16/
No ..(SKIP TO Q.32, PAGE 11-202)..... 0

31. (HAND CARD II). What is the source of your health or hospitalization plan? 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 CODE ALL THAT APPLY.

HAND CARD II

Policy from your current employer..... 01 17-18/
Policy from a previous employer..... 02 19-20/
Policy from husband/wife's current employer..... 03 21-22/
Policy from husband/wife's previous employer..... 04 23-24/
Policy bought directly from medical insurance company... 05 25-26/
Medicaid/Medi-Cal/Medical Assistance/Welfare/
Medical Services..... 06 27-28/
Other (SPECIFY)_____ 07 29-30/

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

YES(ASK Q.33)..... 1 31-32/
 NO.....(SKIP TO Q.35, NEXT PAGE)..... 0

33. Is your (husband/wife) 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 33-34/
 No ...(SKIP TO Q.35, NEXT PAGE)..... 0

34. (HAND CARD II). What is the source of your (husband/wife)'s health or hospitalization plan? 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 CODE ALL THAT APPLY.

	Policy from your <u>current</u> employer.....	01	35-36/
HAND CARD II	Policy from a <u>previous</u> employer.....	02	37-38/
	Policy from husband/wife's <u>current</u> employer.....	03	39-40/
	Policy from husband/wife's <u>previous</u> employer.....	04	41-42/
	Policy bought directly from medical insurance company....	05	43-44/
	Medicaid/Medi-Cal/Medical Assistance/Welfare/ Medical Services.....	06	45-46/
	Other (SPECIFY)_____	07	47-48/

35. INTERVIEWER: DOES R HAVE ANY CHILDREN LISTED ON THE HOUSEHOLD ENUMERATION?

- YES(ASK Q.36)..... 1 49-50/
- NO ..(SKIP TO SECTION 12, P. 12-205)... 0

36. (Is/Are) 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 51-52/
- No ...(SKIP TO SECTION 12, P. 12-205).. 0

37. (HAND CARD II). What is the source of your (child/children)'s health or hospitalization plan? 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 CODE ALL THAT APPLY.

HAND
CARD
II

- Policy from your current employer..... 01 53-54/
- Policy from a previous employer..... 02 55-56/
- Policy from husband/wife's current employer..... 03 57-58/
- Policy from husband/wife's previous employer..... 04 59-60/
- Policy bought directly from medical insurance company.... 05 61-62/
- Medicaid/Medi-Cal/Medical Assistance/Welfare/
Medical Services..... 06 63-64/
- Other (SPECIFY)_____ 07 65-66/

GO TO SECTION 12

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SECTION 12: ON ASSETS AND INCOME

We now have some questions about your income, assets, and household spending. We appreciate that our questions are difficult to answer and sometimes seem intrusive. However, the spending and saving patterns of Americans are of national importance, and your answers to these questions provide us with the most reliable figures on your generation's spending and saving habits. As with other questions in this survey, we want to reassure you that the information you provide to us is kept confidential.

1. Now I would like to ask you some questions about your income in 1989.

A. During 1989, did you receive any income from service in the military?

Yes(ASK B)..... 1 09-10/
No(GO TO Q.2)..... 0

B. IF YES: And how much total income did you receive during 1989 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

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

2. IF R EARNED ANY MONEY FROM THE MILITARY IN 1989, READ A. OTHERWISE GO TO B.

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

B. During 1989, 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 17-22/

3. (Excluding any income you already have mentioned) During 1989, did you receive any money in income . . .

A. from your own farm?

Yes 1 23-24/

No 0

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

Yes 1 25-26/

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 27-32/

OR

NONE 000000

OR

DON'T KNOW 999998

4. During 1989, did you receive any unemployment compensation?

- Yes(ASK A-C)..... 1 33-34/
- No(GO TO Q.5)..... 0

IF YES, ASK A-C:

A. SHOW R CALENDAR. ASK: In which months of 1989 did you receive unemployment compensation? CODE ALL THAT APPLY.

- JANUARY 01 35-36/
- FEBRUARY 02 37-38/
- MARCH 03 39-40/
- APRIL 04 41-42/
- MAY 05 43-44/
- JUNE 06 45-46/
- JULY 07 47-48/
- AUGUST 08 49-50/
- SEPTEMBER 09 51-52/
- OCTOBER 10 53-54/
- NOVEMBER 11 55-56/
- DECEMBER 12 57-58/

B. How many weeks in 1989 did you receive unemployment compensation?

ENTER NUMBER OF WEEKS: | | | | 59-60/

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

\$ | | | | .00 61-63/

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

- YES(GO TO Q.6)..... 1 64-65/
- NO ... (SKIP TO Q.10, PAGE 12-211).... 0

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

A. During 1989, did your (husband/wife) receive any income from service (he/she) performed in the military?

Yes(ASK B)..... 1 09-10/

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

B. IF YES: And how much total income did your (husband/wife) receive during 1989 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 1989, READ A. OTHERWISE, GO TO B.

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

B. During 1989, 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 1989, did your (husband/wife) receive any money in income ...

A. from (his/her) own farm?

Yes 1 23-24/
 No 0
 DON'T KNOW 8

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

Yes 1 25-26/
 No 0
 DON'T KNOW 8

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

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

\$ |__|__|__| , |__|__|__| .00 27-32/

OR

NONE 000000

OR

DON'T KNOW 999998

9. During 1989, did your (husband/wife) receive any unemployment compensation?

- Yes(ASK A-C)..... 1 33-34/
- No(GO TO Q.10, NEXT PAGE)..... 0

IF YES, ASK A-C:

A. **SHOW R CALENDAR.** ASK: In which months of 1989 did your (husband/wife) receive unemployment compensation? CODE ALL THAT APPLY.

- JANUARY 01 35-36/
- FEBRUARY 02 37-38/
- MARCH 03 39-40/
- APRIL 04 41-42/
- MAY 05 43-44/
- JUNE 06 45-46/
- JULY 07 47-48/
- AUGUST 08 49-50/
- SEPTEMBER 09 51-52/
- OCTOBER 10 53-54/
- NOVEMBER 11 55-56/
- DECEMBER 12 57-58/

B. During how many weeks in 1989 did your (husband/wife) receive unemployment compensation?

ENTER NUMBER OF WEEKS: |__|__| 59-60/

OR

DON'T KNOW 98

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

\$ |__|__|__| .00 61-63/

OR

DON'T KNOW 998

10. INTERVIEWER: HAS R EVER BEEN MARRIED, SEPARATED, DIVORCED, OR WIDOWED?

(SEE SECTION 2, Q.4, PAGE 2-3 OR Q.6A, PAGE 2-4).

YES(ASK A)..... 1 64-65/

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

A. During 1989, 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 66-67/

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

B. How much did you [or your (husband/wife)] receive for alimony during 1989?

\$ |__|__|__| , |__|__|__| .00 68-73/

BEGIN DECK 64

11. A. During 1989, 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 09-10/

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

B. How much did you [or your (husband/wife)] receive for child support during 1989?

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

12. 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 1989, did you [or your (husband/wife)] receive any payments from Aid to Families with Dependent Children--AFDC?

- Yes(ASK C & D)..... 1 17-18/
- No(GO TO Q.13, NEXT PAGE)..... 0

IF YES, ASK C & D:

C. In which months of 1989 did you [or your (husband/wife)] receive AFDC payments? CODE ALL THAT APPLY.

- JANUARY 01 19-20/
- FEBRUARY 02 21-22/
- MARCH 03 23-24/
- APRIL 04 25-26/
- MAY 05 27-28/
- JUNE 06 29-30/
- JULY 07 31-32/
- AUGUST 08 33-34/
- SEPTEMBER 09 35-36/
- OCTOBER 10 37-38/
- NOVEMBER 11 39-40/
- DECEMBER 12 41-42/

D. During 1989, how much did you [or your (husband/wife)] receive per month on the average from AFDC?

\$ |__| , |__|__|__| . 00 43-46/

OR

DON'T KNOW 9998

13. During 1989, did you [or your (husband/wife)] receive any food stamps under the government's Food Stamp Plan?

- Yes(ASK A & B)..... 1 47-48/
- No(GO TO Q.14)..... 0

IF YES, ASK A & B:

A. In which months of 1989 did you [or your (husband/wife)] receive food stamps? CODE ALL THAT APPLY.

- JANUARY 01 49-50/
- FEBRUARY 02 51-52/
- MARCH 03 53-54/
- APRIL 04 55-56/
- MAY 05 57-58/
- JUNE 06 59-60/
- JULY 07 61-62/
- AUGUST 08 63-64/
- SEPTEMBER 09 65-66/
- OCTOBER 10 67-68/
- NOVEMBER 11 69-70/
- DECEMBER 12 71-72/

BEGIN DECK 65

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

\$ |__| , |__|__|__| .00 09-12/

14. Did you [or your (husband/wife)] receive any government food stamps last month?

- Yes(ASK Q.15)..... 1 13-14/
- No(SKIP TO Q.18)..... 0

15. How many dollars' worth of food stamps did you [or your (husband/wife)] receive last month?

\$ |__| , |__|__|__| .00

15-18/

16. In addition to what you [or your (husband/wife)] bought with food stamps, did you (or your husband/wife) spend any money on food that you used at home last month?

Yes (ASK Q.17) 1
No(SKIP TO Q.19)..... 0

19-20/

17. How much? PROBE IF NECESSARY: Is that per week or per month?

\$ |__| , |__|__|__| .00

21-24/

Per week..... 1
Per month..... 2

25-26/

(SKIP TO Q.19)

18. How much do you [or your (husband/wife)] spend on food that you use at home in an average week? PROBE IF NECESSARY: Is that per week or per month?

\$ |__| , |__|__|__| .00

27-30/

Per week..... 1
Per month..... 2

31-32/

19. Do you [or your (husband/wife)] have any food delivered to the door which isn't included in the amount you just gave me?

Yes (ASK Q.20) 1
No (SKIP TO Q.21) 0

33-34/

20. How much did you [or your (husband/wife)] spend on that food? PROBE IF NECESSARY: Is that per week or per month?

\$ |__| , |__|__|__| .00

35-38/

Per week..... 1
Per month..... 2

39-40/

21. About how much do you [or your (husband/wife)] spend eating out, not counting meals at work or at school? PROBE IF NECESSARY: Is that per week or per month?

\$ |__| , |__|__|__| .00

41-44/

Per week..... 1
Per month..... 2

45-46/

22. [Besides the (AFDC) (and) (food stamps),] During 1989, 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 47-48/
- No(GO TO Q.23, NEXT PAGE)..... 0

IF YES, ASK A & B:

A. In which months of 1989 did you [or your (husband/wife)] receive any Supplemental Security Income or any public assistance or welfare payments? CODE ALL THAT APPLY.

- JANUARY 01 49-50/
- FEBRUARY 02 51-52/
- MARCH 03 53-54/
- APRIL 04 55-56/
- MAY 05 57-58/
- JUNE 06 59-60/
- JULY 07 61-62/
- AUGUST 08 63-64/
- SEPTEMBER 09 65-66/
- OCTOBER 10 67-68/
- NOVEMBER 11 69-70/
- DECEMBER 12 71-72/

B. And how much did you [or your (husband/wife)] receive per month, on the average, during 1989?

BEGIN DECK 66

\$ |__| , |__|__|__| .00 09-12/

OR

DON'T KNOW 9998

23. Did you [or your (husband/wife) (or your children)] receive any WIC benefits in 1989?

Yes 1 13-14/
No 0

24. A. During 1989, did you [or your (husband/wife)] receive any educational benefits for veterans under the G.I. Bill or V.E.A.P.?

Yes 1 15-16/
No 0

B. During 1989, did you [or your (husband/wife)] receive any (other kinds of) scholarships, fellowships, or grants?

Yes 1 17-18/
No 0

C. INTERVIEWER: IS ANY "YES" CODED IN Q.24 A OR B?

YES(GO TO Q.25)..... 1 19-20/
NO(SKIP TO Q.26)..... 0

IF NOT CURRENTLY MARRIED, CIRCLE CODE "1" IN Q.25 WITHOUT ASKING. OTHERWISE, ASK Q.25.

25. 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 21-22/
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 1989?

What was the total dollar value of the assistance your (husband/wife) received from these sources during 1989?

\$ |__|__|, |__|__|__| .00

\$ |__|__|, |__|__|__| .00

OR 23-27/

OR 28-32/

DON'T KNOW 99998

DON'T KNOW 99998

26. During 1989, 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
33-34/
No(GO TO Q.27)..... 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 [or your (husband/wife)] received during 1989?

\$ |__|__| , |__|__|__| .00 35-39/

27. During 1989, 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
40-41/
No(GO TO Q.28)..... 0

A. IF YES: What was the total market value or amount that you [or your (husband/wife)] received during 1989 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 42-48/

OR

DON'T KNOW 9999998

28. (HAND CARD JJ). (Aside from the things you have already told me about) During 1989, 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	Yes .....(ASK A)..... 1	49-50/
CARD	No .....(GO TO Q.29, NEXT PAGE)..... 0	
JJ		

A. IF YES: How much altogether?

\$ |__| , |__|__|__| , |__|__|__| .00 51-57/

29. Did you [or your (husband/wife)] file a federal income tax return for 1989?

Yes.....(ASK Q.30)..... 1 58-59/

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

30. A. (HAND CARD KK). What was your filing status on your 1989 federal income tax return? Did you file as ...(READ CATEGORIES)?

a single taxpayer..... 1

HAND
CARD
KK married, filing a joint return..... 2 60-61/

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 (self, spouse, children or other dependents) on (both) your [and your (husband/wife)'s] 1989 federal income tax return(s)?

|__|__| TOTAL NUMBER OF EXEMPTIONS 62-63/

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

YES(GO TO Q.32)..... 1
 NO(SKIP TO Q.36A, PAGE 12-220)... 0
 09-10/

32. The next few questions are about the income received during 1989 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 1989, did any of these persons receive... (READ ITEMS)? CODE "YES" OR "NO" FOR EACH ITEM.

	<u>YES</u>	<u>NO</u>	<u>DON'T</u>	
			<u>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	11-12/
B. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	13-14/
C. Unemployment compensation or worker's compensation?	1	0	8	15-16/
D. Veteran's benefits?	1	0	8	17-18/

33. INTERVIEWER: IS ANY ITEM IN Q.32 CODED YES "1"?

YES(GO TO Q.34)..... 1
 NO ... (SKIP TO Q.35A, PAGE 12-220).. 0
 19-20/

IF YES TO Q.33, ASK:

34. 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.32) during 1989 - before taxes and other deductions?

\$ |__|__|__| , |__|__|__| .00
 OR
 DON'T KNOW 999998
 GO TO Q.35A, PAGE 12-220
 21-26/

35. A. And did any of these persons receive in 1989, 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 B)..... 1
 No(GO TO Q.36)..... 0 27-28/
 DON'T KNOW..(GO TO Q.36)..... 8

B. 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 1989 - before taxes and other deductions?

\$ |__|__|__| , |__|__|__| .00 29-34/

OR

DON'T KNOW 999998

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

YES(ASK Q.37A)..... 1 35-36/
 NO(SKIP TO Q.43, PAGE 12-223)..... 0

37. A. During 1989, did (READ NAME OF PARTNER ON HH ENUMERATION) receive any income from service (he/she) performed in the military?

Yes(ASK B)..... 1 37-38/
 No(GO TO Q.38)..... 0

- B. IF YES: And how much total income did (READ NAME OF PARTNER ON HH ENUMERATION) receive during 1989 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

\$ |__|__|__| , |__|__|__| .00 39-44/

38. IF PARTNER EARNED ANY MONEY FROM THE MILITARY IN 1989, READ A. OTHERWISE, GO TO B.

- A. Not counting any money (PARTNER) received from (his/her) military service ...
- B. During 1989, how much did (PARTNER) receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$ |__|__|__| , |__|__|__| .00 45-50/

OR

NONE 000000

OR

DON'T KNOW 999998

39. [Now, please exclude any income you already have mentioned earned by (PARTNER)]. (In addition to the income you received from your farm or business, partnership, or professional practice.) During 1989, did (PARTNER) receive any money in income ...

- A. from (his/her) own farm?

Yes 1

No 0

51-52/

DON'T KNOW 8

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

Yes 1

No 0

53-54/

DON'T KNOW 8

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q.40.

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

\$ |__|__|__| , |__|__|__| .00 55-60/

OR

NONE 000000

OR

DON'T KNOW 999998

40. During 1989, did ..(READ NAME OF PARTNER ON HH ENUMERATION)...receive (READ CATEGORIES)..... CODE "YES" OR "NO" FOR EACH ITEM.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
A. Payment from Aid to Families with Dependent Children?	1	0	8	61-62/
B. Supplemental Security Income or any other public assistance or welfare from the local, state, or federal government?	1	0	8	63-64/
C. Unemployment compensation or worker's compensation?	1	0	8	65-66/
D. Income from Social Security or pension?	1	0	8	67-68/
E. Income from any other regular or periodic sources?	1	0	8	69-70/

41. INTERVIEWER: IS ANY ITEM IN Q.40 CODED "YES" (1)? BEGIN DECK 68/

Yes(ASK Q.42)..... 1 09-10/

No(SKIP TO Q.43, NEXT PAGE).... 0

IF YES TO Q.41, ASK:

42. Counting the income from all of these sources--that is, ..(READ ALL SOURCE CODED "YES" ABOVE IN Q.40) what was the total income received by (PARTNER) during 1989--before taxes and other deductions?

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

OR

DON'T KNOW..... 999998

43. During any part of 1989, 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 17-18/
No 0

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

Yes(ASK A-C)..... 1 19-20/
No(GO TO Q.45, NEXT PAGE)..... 0

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

\$ |__|,|__|__|__|,|__|__|__|.00 21-27/

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

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

OR

NONE..... 0000000

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

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

OR

NONE..... 0000000

45. A. (HAND CARD LL). 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), 401K, or pre-tax annuities, certificates of deposit, personal loans to others or mortgages you hold (money owed to you by other people)?

HAND	Yes	(ASK B).....	1	
CARD				42-43/
LL	No	(GO TO C).....	0	

B. IF YES: How much altogether?

\$ |__|, |__|__|__|, |__|__|__|.00 44-50/

C. [Not counting any individual retirement accounts (IRA or Keogh), 401K, or pre-tax annuities 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	
			51-52/
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 53-59/

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

Yes	(ASK F).....	1	
			60-61/
No	(GO TO Q.46, 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 62-68/

46. 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 09-10/
- No(GO TO Q.47, NEXT PAGE).... 0

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

- Farm 1 11-12/
- Business 2 13-14/
- Other real estate 3 15-16/

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 17-23/

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 24-30/

47. 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 31-32/
No(GO TO Q.48)..... 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 33-34/
DON'T KNOW ...(SKIP TO C)..... 8

B. How much altogether?

\$|_|_|_|_|,|_|_|_|_|.00 35-40/

(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 41-46/

(INTERVIEWER: RECORD AMOUNT AND GO TO Q.47)

OR

DON'T KNOW(GO TO Q.48)..... 999998

48. (HAND CARD MM). 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 | Yes(ASK A)..... 1 47-48/
| CARD |
| MM | No(SKIP TO Q.49, NEXT PAGE)..... 0

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

\$|_|_|,|_|_|_|_|,|_|_|_|_|.00 49-55/

OR

DON'T KNOW 9999998

49. (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

56-57/

No(GO TO Q.50)..... 0

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

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

58-63/

OR

DON'T KNOW 999998

50. Suppose you [and your (husband/wife)] were to sell all of your major possessions (including your home), turn all of your investments and other assets into cash, and pay all of your debts. Would you have something left over, break even, or be in debt?

Have something left over.(ASK Q.51)..... 1

64-65/

Break even...(SKIP TO SECTION 13, PAGE 13-229)... 2

Be in Debt...(SKIP TO SECTION 13, PAGE 13-229)... 3

51. A. How much would you have left over?

|_|_|,|_|_|_|_|_|,|_|_|_|_|_|

66-72/

(GO TO SECTION 13, PAGE 13-229)

OR

REFUSED.....(ASK B)..... 9999997

DON'T KNOW.....(ASK B)..... 9999998

B. Would it amount to \$10,000 or more?

Yes(ASK D)..... 1

No(ASK C)..... 0

73-74/

REFUSED.....(GO TO SECTION 13, PAGE 13-229)... 7

DON'T KNOW..(GO TO SECTION 13, PAGE 13-229)... 8

C. Would it amount to \$1,000 or more?

BEGIN DECK 70

Yes(GO TO SECTION 13, P.13-229)..... 1

09-10/

No(GO TO SECTION 13, P.13-229)..... 0

D. Would it amount to \$50,000 or more?

Yes 1

11-12/

No 0

GO TO SECTION 13

SECTION 13: IMMIGRATION

1. Were you born in the U.S, its territories, or Puerto Rico?

Yes.....(SKIP TO Q.24, PAGE 13-236)..... 1

13-14/

No.....(GO TO Q.2)..... 0

2. When did you first enter the U.S. to live for six months or more?

ENTER MONTH: |__|__|

15-16/

AND

YEAR: |__|__|

17-18/

NEVER ENTERED U.S. WITH INTENTION TO LIVE HERE..... 9595

3. A. At the time you arrived in the U.S. in (DATE IN Q.2), were you entering as a principal entrant or immigrant?

Yes.....(GO TO Q.4, PAGE 13-230)..... 1

19-20/

No.....(ASK B)..... 0

B. Were you the spouse, the child, or other relative of the principal entrant or immigrant?

Spouse..... 1

Child..... 2

21-22/

Other relative (SPECIFY)_____

_____ 3

4. (HAND CARD NN). Which of the following categories listed on this card best describes (your/the principal entrant or immigrant's) visa or immigration status in (DATE IN Q.2)?

- Refugee/asylee.....(SKIP TO Q.8)..... 01
- | HAND | Diplomat.....(SKIP TO Q.8)..... 02
- | CARD |
- | NN | Entry on a temporary visa.....(GO TO Q.5)..... 03
- Entry for permanent residence,
sponsored by a relative in U.S. (RELATIVE
DOES NOT NEED TO RESIDE IN U.S. AT TIME OF
APPLICATION).....(SKIP TO Q.6)..... 04
- Entry for permanent residence,
sponsored by an employer.....(SKIP TO Q.8)..... 05
- Entry for permanent residence, with
labor certification, but not
sponsored by employer.....(SKIP TO Q.8)..... 06
- Other entry for permanent residence
(SPECIFY)(SKIP TO Q.8) _____ 07
- _____
- Entry without permission.....(SKIP TO Q.8)..... 08
- Other (SPECIFY)(SKIP TO Q.8) _____ 09
- _____
- DON'T KNOW.....(SKIP TO Q.8)..... 98

23-24/

5. (HAND CARD OO). What form of temporary visa did (you/the principal entrant or immigrant) have?

- Worker visa..... 1
- | HAND | Student visa..... 2
- | CARD |
- | OO | Visitor's visa..... 3
- Other (SPECIFY) _____ 4
- _____
- DON'T KNOW..... 8

25-26/

| SKIP TO Q.8 |

6. At the time of your entry in (DATE IN Q.2, PAGE 13-229), was the sponsoring relative a U.S. citizen or a permanent resident alien?

- U.S. Citizen..... 1
- Permanent resident alien..... 2 27-28/
- DON'T KNOW..... 8

7. How was this sponsoring individual related to (you/the principal entrant or immigrant with whom you came)?

- A spouse..... 1
- A parent..... 2
- An adoptive parent..... 3 29-30/
- A brother or sister..... 4
- A child..... 5
- Other (SPECIFY)_____
- _____ 6
- DON'T KNOW..... 8

8. Please tell me what country (you were/the principal entrant or immigrant with whom you entered was) a citizen of at the time of your entry in (DATE IN Q.2, PAGE 13-229).

31-33/

COUNTRY

9. Has your visa or immigration status changed, other than by naturalization, since you first entered the U.S. in (DATE IN Q.2, PAGE 13-229)?

- Yes.....(GO TO Q.10)..... 1 34-35/
- No.....(SKIP TO Q.18, PAGE 13-235)..... 0

10. Did you leave the U.S. and return under a different visa or immigration status or did you stay in the U.S. and change your visa or immigration status?

Left the U.S. & returned under a different visa or immigration status..... 1

36-37/

Stayed in the U.S. & changed visa or immigration status..... 2

11. When did you (enter the U.S. to live for six months more/change your visa or immigration status) the most recent time?

ENTER MONTH: |__|__|

38-39/

AND

YEAR: |__|__|

40-41/

NEVER ENTERED U.S. WITH INTENTION TO LIVE..... 9595

12. A. At the time you (arrived in the U.S./changed your visa or immigration status) in (DATE IN Q.11), were you the principal entrant or immigrant?

Yes.....(GO TO Q.13)..... 1

42-43/

No.....(ASK B)..... 0

B. Were you the spouse, the child, or other relative of the principal entrant or immigrant?

Spouse..... 1

Child..... 2

44-45/

Other relative (SPECIFY) _____

3

13. (HAND CARD NN). Which of the following categories listed on this card best describes (your/the principal entrant or immigrant's) visa or immigration status in (DATE IN Q.11)?

- Refugee/asylee.....(SKIP TO Q.17, PAGE 13-234)..... 01
- | HAND | Diplomat.....(SKIP TO Q.17, PAGE 13-234)..... 02
- | CARD |
- | NN | Entry on a temporary visa.....(GO TO Q.14)..... 03
- Entry for permanent residence,
sponsored by a relative in U.S. (RELATIVE
DOES NOT NEED TO RESIDE IN U.S. AT TIME OF
APPLICATION).....(SKIP TO Q.15, PAGE 13-234)..... 04
- Entry for permanent residence,
sponsored by an employer..(SKIP TO Q.17, P.13-234).. 05
- Entry for permanent residence, with
labor certification, but not
sponsored by employer..(SKIP TO Q.17, P.13-234).... 06
- Other entry for permanent residence
(SPECIFY)(SKIP TO Q.17, P.13-234)_____ 07
- _____
- Entry without permission...(SKIP TO Q.17, P.13-234).. 08
- Other (SPECIFY)(SKIP TO Q.17, P.13-234)_____ 09
- _____
- DON'T KNOW.....(SKIP TO Q.17, P.13-234)..... 98

46-47/

14. (HAND CARD OO). What form of temporary visa did (you/the principal entrant or immigrant) have then?

- Worker visa..... 1
- | HAND |
- | CARD | Student visa..... 2
- | OO |
- Visitor's visa..... 3
- Other (SPECIFY)_____ 4
- _____
- DON'T KNOW..... 8

48-49/

SKIP TO Q.17, P.13-234

15. At the time you (arrived in the U.S./changed your immigration status) in (DATE IN Q.11, PAGE 13-232), was the sponsoring relative a U.S. citizen or a permanent resident alien?

- U.S. Citizen..... 1
- Permanent resident alien..... 2 50-51/
- DON'T KNOW..... 8

16. How was this sponsoring individual related to (you/the principal entrant or immigrant)?

- A spouse..... 1
- A parent..... 2
- An adoptive parent..... 3 52-53/
- A brother or sister..... 4
- A child..... 5
- Other (SPECIFY) _____
- _____ 6
- DON'T KNOW..... 8

17. Please tell me what country (you were/the principal entrant or immigrant was) a citizen of at the time of your (entry/change of visa or immigration status) in (DATE IN Q.11, PAGE 13-232).

54-56/

COUNTRY

18. (HAND CARD PP). Which of the following categories listed on this card best describes your current status? You can read me the number. CODE ALL THAT APPLY.

Citizen, born abroad of U.S. parents....(GO TO Q.19).... 01 57-58/

MONTH YEAR

Naturalized citizen..... 02 |__|__| |__|__| 59-64/

| HAND |
| CARD |
| PP |

Applicant for naturalization..... 03 |__|__| |__|__| 65-70/

BEGIN DECK 71

Lawful permanent resident of the U.S..... 04 |__|__| |__|__| 09-14/

Applicant for legal permanent residence under the 1986 Immigration Reform and Control Act (IRCA)..... 05 |__|__| |__|__| 15-20/

Other applicant for legal permanent residence..... 06 |__|__| |__|__| 21-26/

Refugee/asylee..... 07 |__|__| |__|__| 27-32/

On temporary visa..... 08 |__|__| |__|__| 33-38/

Living in U.S. without permission..... 09 |__|__| |__|__| 39-44/

Working in U.S. without permission..... 10 |__|__| |__|__| 45-50/

Other (SPECIFY)_____

_____ 11 |__|__| |__|__| 51-56/

FOR EACH CATEGORY CODED 2 THRU 11 IN Q.18, ASK:

A. When did you [become (a/an)/begin] (READ EACH CATEGORY CODED IN Q.18 ABOVE AND ENTER MONTH AND YEAR NEXT TO EACH CATEGORY)?

19. INTERVIEWER: IS THE RESPONDENT CURRENTLY LIVING OUTSIDE OF THE U.S.?

YES.....(GO TO Q.20, PAGE 13-236)..... 1

NO.....(SKIP TO Q.21, PAGE 13-236)..... 0

57-58/

20. Do you expect to return to the U.S. to live permanently at some time in the future?

Yes.....(SKIP TO Q.23).....	1	
		59-60/
No.....(SKIP TO Q.23).....	0	

21. Do you expect to eventually return to the country where you were born to live permanently at some time in the future?

Yes.....	1	
		61-62/
No.....	0	

22. Have you left the U.S. to live elsewhere for six months or more since the time of your initial arrival in (DATE IN Q.2, PAGE 13-229)?

Yes.....	1	
		63-64/
No.....(SKIP TO Q.24).....	0	

23. Altogether, how many years have you spent outside the U.S. since your initial entry in the U.S. in (DATE IN Q.2, PAGE 13-229)?

Less than 1 year.....	0	
		65-66/
1 year.....	1	
2 years.....	2	
3 years.....	3	
4 years.....	4	
5 years.....	5	
6 or more years.....	6	

24. RECORD TIME: | | | AM / MIDNIGHT
 | | | PM / NOON
 HRS MINS 71-72/
 67-68/ 69-70/

GO TO SECTION 14

2. INTERVIEWER: DOES RESPONDENT CURRENTLY WORK? BEGIN LOCATOR DECK 05
 YES.....(ASK A)..... 1 09-10/
 NO.....(GO TO Q.3)..... 0

A. Where do you work? 11-40/
 |-----|
 (PLACE OF EMPLOYMENT)

B. What is the address of (PLACE OF EMPLOYMENT)? 41-70/
 |-----|
 (STREET ADDRESS) (APT. #)
BEGIN LOCATOR DECK 16
09-38/
 |-----|
 (CITY) (STATE) (ZIP)

C. What is your work phone number? 39-48/
 |-----| - |-----|
 (AREA CODE) (PHONE NUMBER)

IF R LIVES OUTSIDE THE U.S.A., RECORD PHONE # BELOW.

|-----| |-----| |-----| 54-63/
 (ACCESS CODE) 49-51/ COUNTRY CODE 52-53/ (PHONE NUMBER)

D. Is it okay for us to call you at work?
 Yes 1 64-65/
 No 0

3. Do you have a nickname or some name other than your legal one by which most of your friends, neighbors, or relatives know you? BEGIN LOCATOR DECK 07
 Yes (ASK A) 1 09-10/
 No(GO TO Q.4)..... 0

A. IF YES: What is it? 11-30/
 |-----|
 (NICKNAME)

9. Thinking of all the people you know, (either around here or elsewhere,) who would be the one person you keep in touch with who would be most likely to know where you are?

ENTER FULL NAME OF PERSON BELOW AND ASK A-D.

BEGIN LOCATOR DECK 13

09-38/

_ _ _ _	_ _ _ _	_ _ _ _
(LAST),	(FIRST)	(MIDDLE)

39-40/

A. What is (PERSON'S) relationship to you? _____

B. What is (PERSON'S) address?

41-70/

_ _ _ _	_ _ _ _
(STREET ADDRESS)	(APT. #)

BEGIN LOCATOR DECK 14

09-38/

_ _ _ _	_ _ _ _	_ _ _ _
(CITY)	(STATE)	(ZIP)

C. What is (PERSON'S) telephone number?

_ _ _ _	/	_ _ _ _
(AREA CODE)		(PHONE NUMBER)

39-48/

IF OUTSIDE THE U.S.A, RECORD PHONE # BELOW.

_ _ _ _	_ _ _	_ _ _ _
(ACCESS CODE) 49-51/	COUNTRY CODE 52-53/	(PHONE NUMBER)

54-63/

No phone(SKIP TO Q.10).... 0

Refused 7

64-65/

D. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name ..(GO TO Q.10).. 1

Other (SPECIFY BELOW) 2

BEGIN LOCATOR DECK 15

09-38/

_ _ _ _	_ _ _ _	_ _ _ _
(LAST),	(FIRST)	(MIDDLE)

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

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

15. 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: |_|_|_|_| 09-11/
 (Section 1, p. 1 to MINUTES
 Section 13, p.236).

A. Please enter the total length |_|_|_|_| 12-14/
 of Section 9, 9-77 and 9-150 MINUTES
 (in minutes).

2. Date of interview: |_|_|_|_| 9 | 0 |
MONTH DAY YEAR
15-16/ 17-18/ 19-20/

3. Race of Respondent:

White.....	1	
Black.....	2	21-22/
Other.....	3	

4. Sex of Respondent:

Male.....	1	23-24/
Female.....	2	

5. In what language was this interview conducted?

English	1	
Spanish	2	25-26/
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	27-28/
Impatient and restless	3	
Hostile	4	

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

Good?	1	29-30/
Fair?	2	
Poor?	3	

8. Was anyone else present other than small children (AGE 3 AND UNDER) during any portion of the interview?

Yes	(ANSWER A)....	1	31-32/
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	33-34/
R's parent(s)	1	35-36/
Other member(s) of R's household.....	2	37-38/
R's friend(s)	3	39-40/
Other (SPECIFY) _____		
_____	4	41-42/

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	43-44/
------------	-------------------	---	--------

or

	Section		Question
A.	_____ 45-46/	_____	47-49/
B.	_____ 50-51/	_____	52-54/
C.	_____ 55-56/	_____	57-59/

Describe Problem: _____ 60-61/

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

None(GO TO Q.11A)..... 0 62-63/
or

Section Question BEGIN DECK 73

A. _____ 09-10/ _____ 11-13/

B. _____ 14-15/ _____ 16-18/

C. _____ 19-20 _____ 21-23/

Describe Problem: _____ 24-25/

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 26-27/

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

B. CODE ALL CHARACTERISTICS THAT APPLY.

Respondent deaf..... 01 28-29/

Respondent blind..... 02 30-31/

Respondent mentally
handicapped or retarded..... 03 32-33/

Respondent's English is very poor..... 04 34-35/

Respondent cannot read..... 05 36-37/

Respondent physically handicapped
(SPECIFY HANDICAP)_____ 06 38-39/

Other (SPECIFY)_____
_____ 07 40-41/

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

Try #	Day #	Date		Time	Type	Outcome Code
		Month	Day		P = 1 Tel = 2	
_____	_____	_____	_____	_____	_____	_____
42-43/	44-45/	46-47/	48-49/	50-55/	56-57/	58-59/

13. Please record your interviewer ID #: |__|__|__|__|__|__| 60-65/

14. Please sign your name here: _____

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

OFFICE USE ONLY

CODER ID # |__|__|__|

66-68/



ROUND 12 1990 YOUTH SURVEY INFORMATION SHEET

=====

DATE OF LAST INTERVIEW: MONTH: R33060.
DAY: R33061.
YEAR: R33062.

ITEM 01 MARITAL STATUS: R33063.

ITEM 02 HIGH SCHOOL DIPLOMA OR GED: R33064.

ITEM 03 UNIVERSITY LAST ATTENDED: R33065.

ITEM 04 TRANSCRIPT RELEASE FORM: R33066.

ITEM 05 MILITARY STATUS AT LAST INTERVIEW: R33067.

ITEM 06 EMPLOYERS AT DATE OF LAST INTERVIEW:
#1 R33068.
#2 R33069.
#3 R33070.
#4 R33071.

ITEM 07 EMPLOYERS PREVIOUS TO DATE OF LAST INTERVIEW:
#1 R33072.
#2 R33073.
#3 R33074.
#4 R33075.
#5 R33076.

ITEM 08 TRAINING PROGRAMS AT DATE OF LAST INTERVIEW:
#1 R33077.
#2 R33078.
#3 R33079.

ITEM 09 DATE OF 1988 INTERVIEW: MONTH: R33081.
DAY: R33082.
YEAR: R33083.

ITEM 10 DATE OF 1986 OR PRIOR INTERVIEW: MONTH: R33084.
DAY: R33085.
YEAR: R33086.

ITEM 11 R PREGNANT AT 1988 OR PRIOR INTERVIEW: R33087.

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ROUND 12 1990 YOUTH HOUSEHOLD ENUMERATION

	<u>LINE</u> <u>NUMBER</u>	<u>FAMILY</u> <u>UNIT</u> <u>NUMBER</u>	<u>SEX</u> <u>1=MALE</u> <u>2=FEMALE</u>	<u>RELATION-</u> <u>SHIP TO</u> <u>YOUTH</u>	<u>AGE</u>	<u>HIGHEST</u> <u>GRADE</u> <u>COMPLETED</u>	<u>WORKED</u> <u>IN 1989?</u>
1.	R33089.	R33090.	R33091.	R33092.	R33093.	R33094.	R33095.
2.	R33096.	R33097.	R33098.	R33099.	R33100.	R33101.	R33102.
3.	R33103.	R33104.	R33105.	R33106.	R33107.	R33108.	R33109.
4.	R33110.	R33111.	R33112.	R33113.	R33114.	R33115.	R33116.
5.	R33117.	R33118.	R33119.	R33120.	R33121.	R33122.	R33123.
6.	R33124.	R33125.	R33126.	R33127.	R33128.	R33129.	R33130.
7.	R33131.	R33132.	R33133.	R33134.	R33135.	R33136.	R33137.
8.	R33138.	R33139.	R33140.	R33141.	R33142.	R33143.	R33144.
9.	R33145.	R33146.	R33147.	R33148.	R33149.	R33150.	R33151.
10.	R33152.	R33153.	R33154.	R33155.	R33156.	R33157.	R33158.
11.	R33159.	R33160.	R33161.	R33162.	R33163.	R33164.	R33165.
12.	R33166.	R33167.	R33168.	R33169.	R33170.	R33171.	R33172.
13.	R33173.	R33174.	R33175.	R33176.	R33177.	R33178.	R33179.
14.	R33180.	R33181.	R33182.	R33183.	R33184.	R33185.	R33186.
15.	R33187.	R33188.	R33189.	R33190.	R33191.	R33192.	R33193.

ROUND 12 1990 BIOLOGICAL CHILDREN'S RECORD FORM

	<u>CHILD ID</u> <u>NUMBER</u>	<u>SEX OF CHILD</u> <u>1=MALE</u> <u>2=FEMALE</u>	<u>CHILD'S</u> <u>BIRTH</u> <u>MONTH</u>	<u>CHILD'S</u> <u>BIRTH</u> <u>DAY</u>	<u>CHILD'S</u> <u>BIRTH</u> <u>YEAR</u>	<u>STATUS</u> <u>OF CHILD</u>	<u>IMMUNIZATION</u> <u>INFORMATION</u> <u>NEEDED</u>	<u>FEEDING</u> <u>INFORMATION</u> <u>NEEDED</u>
1.	R33194.	R33195.	R33196.	R33197.	R33198.	R33199.	R33200.	R33201.
2.	R33202.	R33203.	R33204.	R33205.	R33206.	R33207.	R33208.	R33209.
3.	R33210.	R33211.	R33212.	R33213.	R33214.	R33215.	R33216.	R33217.
4.	R33218.	R33219.	R33220.	R33221.	R33222.	R33223.	R33224.	R33225.
5.	R33226.	R33227.	R33228.	R33229.	R33230.	R33231.	R33232.	R33233.
6.	R33234.	R33235.	R33236.	R33237.	R33238.	R33239.	R33240.	R33241.
7.	R33242.	R33243.	R33244.	R33245.	R33246.	R33247.	R33248.	R33249.
8.	R33250.	R33251.	R33252.	R33253.	R33254.	R33255.	R33256.	R33257.

ROUND 12 1990 NON-BIOLOGICAL CHILDREN'S RECORD FORM

	<u>CHILD ID</u> <u>NUMBER</u>	<u>SEX OF CHILD</u> <u>1=MALE</u> <u>2=FEMALE</u>	<u>CHILD'S</u> <u>BIRTH</u> <u>MONTH</u>	<u>CHILD'S</u> <u>BIRTH</u> <u>DAY</u>	<u>CHILD'S</u> <u>BIRTH</u> <u>YEAR</u>	<u>STATUS</u> <u>OF CHILD</u>
1.	R33266.	R33267.	R33268.	R33269.	R33270.	R33271.
2.	R33272.	R33273.	R33274.	R33275.	R33276.	R33277.
3.	R33278.	R33279.	R33280.	R33281.	R33282.	R33283.
4.	R33284.	R33285.	R33286.	R33287.	R33288.	R33289.
5.	R33290.	R33291.	R33292.	R33293.	R33294.	R33295.
6.	R33296.	R33297.	R33298.	R33299.	R33300.	R33301.

NLS MAIN SURVEY
SELF-ADMINISTERED CONFIDENTIAL CARD

Please answer these questions.

1. Have you had an abortion since _____, the date of your 1988 interview?

Yes 1 09-10/

No 0

IF YOU ANSWERED YES, PLEASE ANSWER A AND B.
IF YOU ANSWERED NO, PLEASE GO TO QUESTION 2.

IF YES:

A. How many times have you had an abortion since the date written in Question 1?

RECORD NUMBER: |__|__| 11-12/

B. Please record the date of each abortion you have had since the date written in Question 1.

|__|__| |__|__|
MONTH YEAR
13-14/ 15-16/

|__|__| |__|__|
MONTH YEAR
17-18/ 19-20/

|__|__| |__|__|
MONTH YEAR
21-22/ 23-24/

|__|__| |__|__|
MONTH YEAR
25-26/ 27-28/

2. Please insert card in envelope and seal it. Give to the interviewer.
Thank you.



