

Section 3 — VOLUNTEER WORK — Continued

40c. Do you regularly spend time helping or taking care of this person (these people)?

0467

- 1 ☐ Yes — ASK 40d
2 ☐ No — SKIP to 40e

d. About how many hours per week do you spend doing this?

0468

_____ Hours per week

e. Do you regularly spend time helping or taking care of a relative or friend who does not live in your household?

0469

- 1 ☐ Yes — ASK 40f
2 ☐ No — SKIP to Check Item D-1, page 46

f. About how many hours per week do you spend doing this?

0470

_____ Hours per week

NOTES

Section 5 — HEALTH — Continued

49a. Since (Date in R5) has your health ever prevented you from working for 6 or more months in a row?

0554

- 1 ☐ Yes — ASK 49b
2 ☐ No — SKIP to Check Item E-2

b. How long were you prevented from working?

Most recent if more than one.

0555

_____ Years

AND/OR

0556

_____ Months

c. When did you recover?

0557

Month		Year	

0558

- 1 ☐ Not yet recovered

CHECK ITEM E-2

Refer to R8 (Information Sheet).

0559

Respondent is in —

- 1 ☐ Labor Force Group A (Box 1 marked in R8) — ASK 50
2 ☐ All others — SKIP to 51a, page 51

SHOW FLASHCARD E.

50. Which of the activities on this card do you do regularly on your job?

Any others?

Mark (X) all that apply.

0560

*

- 1 ☐ Walk around
2 ☐ Use stairs and inclines
3 ☐ Stand for long periods
4 ☐ Stoop, kneel, or crouch
5 ☐ Lift or carry weights up to 10 pounds
6 ☐ Lift or carry heavy weights (over 10 pounds)

0561

*

- 7 ☐ Reach for supplies, materials, etc.
8 ☐ Use hands and fingers to manipulate supplies, equipment, etc.
9 ☐ Read printed documents, books, instructions, etc.

0562

- 10 ☐ Hear special sounds (signals, directions, etc.)

0563

- 11 ☐ Deal with people

NOTES

Section 5 — HEALTH — Continued

55a. Have you ever lived with anyone who had tuberculosis?	<div>0645</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
b. Have you ever coughed up blood?	<div>0646</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
c. Have you ever bled excessively after an injury or a tooth extraction?	<div>0647</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
d. Do you have vision in both eyes?	<div>0648</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
e. Are you hearing impaired or do you wear a hearing aid?	<div>0649</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
f. Do you wear a brace or back support?	<div>0650</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
56a. Have you ever been refused employment or been unable to hold a job or stay in school because of — Sensitivity to chemicals, dust, sunlight or other sensitivity?	<div>0651</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
b. Inability to perform certain motions?	<div>0652</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
c. Other medical reasons?	<div>0653</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
57a. Have you been in a hospital at least overnight in the past 12 months; that is, since (Present month) 1990?	<div>0654</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to 57d</div>
b. How many different times in the last 12 months?	<div>0655</div> <div>_____ Times</div>
c. Altogether, how many nights did you spend in a hospital in the past 12 months?	<div>0656</div> <div>_____ Nights</div>
d. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses?	<div>0657</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
58. Have you ever received, is there pending, or have you applied for pension or compensation for any existing disability?	<div>0658</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>

Section 5 — HEALTH — Continued

59a. Do you ever need help from others in looking after your personal care, such as dressing, bathing, eating, and other daily activities?

0659

- 1 ☐ Yes — ASK 59b
2 ☐ No — SKIP to 60

b. Would you say you need this kind of help frequently, occasionally, or rarely?

0660

- 1 ☐ Frequently
2 ☐ Occasionally
3 ☐ Rarely

60. During the past 5 years, has your health condition become better, worse, or remained about the same?

0661

- 1 ☐ Better
2 ☐ Worse
3 ☐ Same

61a. Are you (or your husband/partner), (or any other family member of this household) covered by any medical or hospital insurance like Blue Cross, Blue Shield, or Medicaid?

0662

- 1 ☐ Yes — GO to Check Item E-3
2 ☐ No — SKIP to Check Item E-4, page 60

CHECK ITEM E-3

Refer to Household Record Card (LGT-1D).

0663

- 1 ☐ Respondent lives alone OR only with nonfamily members — SKIP to 61c
2 ☐ All others — ASK 61b

b. Are you (and your husband/partner) (and all other family members of this household) covered under the same medical or hospital insurance plan?

0664

- 1 ☐ Yes — ASK 61c
2 ☐ No — SKIP to 61d, page 58

c. Is this medical insurance provided by a group policy on your job, (a group policy on your husband's/partner's job), or do you buy it directly from a medical insurance company?

0665

- 1 ☐ Own job
2 ☐ Husband's/Partner's job
3 ☐ Bought directly from company
4 ☐ Other — Specify

} SKIP to
Check Item
E-4, page 60

NOTES

NOTES

Lined area for notes.

Section 6 — HOUSEHOLD MEMBERS

FIELD REPRESENTATIVE: Refer to Household Record Card. Transcribe for all current household members the line number (in 63a), name (in 63b), relationship to respondent (in 63c), and date of birth (in 63d). Then ask items 63e through 63i, as applicable, but SKIP 63f—63i for the respondent. If respondent lives alone, ask 63e of the respondent; then SKIP to item 66, page 65.

Now, I have a few questions about the WORK EXPERIENCE of ALL persons living here.

TRANSCRIBE FROM RECORD CARD.

63a. Line No.	b. Name	c. Relationship to respondent	d. Date of birth	e. How old is ... today?		
		EXAMPLE: Husband, son, mother, father-in-law, brother, housekeeper, boarder, partner, etc.	Enter two digits each for the month, day, and year.			
			OFFICE USE			
			Month	Day	Year	Age
		Respondent		0698		0699
			0700	0701		0702
			0707	0708		0709
			0714	0715		0716
			0721	0722		0723
			0728	0729		0730
			0735	0736		0737
			0742	0743		0744
			0749	0750		0751
			0756	0757		0758
			0763	0764		0765
			0770	0771		0772
			0777	0778		0779
			0784	0785		0786
			0791	0792		0793
			0798	0799		0800
			0805	0806		0807

Section 6 — HOUSEHOLD MEMBERS — Continued

PERSONS 14 YEARS OLD AND OLDER

f. Did . . . do any work at all last week? <i>Circle</i> 1 — Yes 2 — No	g. In the past 12 months, how many weeks did . . . work either full or part time (NOT counting work around the house)?	<i>If person worked at all in the past 12 months, ASK 63h and 63i.</i>		OFFICE USE 1960 codes
		h. In the weeks that . . . worked, how many hours did . . . usually work per week?	i. What kind of work was . . . doing in the past 12 months? <i>If more than one, record the work done longest.</i>	
0703 1 2	0704	0705	0706	
0710 1 2	0711	0712	0713	
0717 1 2	0718	0719	0720	
0724 1 2	0725	0726	0727	
0731 1 2	0732	0733	0734	
0738 1 2	0739	0740	0741	
0745 1 2	0746	0747	0748	
0752 1 2	0753	0754	0755	
0759 1 2	0760	0761	0762	
0766 1 2	0767	0768	0769	
0773 1 2	0774	0775	0776	
0780 1 2	0781	0782	0783	
0787 1 2	0788	0789	0790	
0794 1 2	0795	0796	0797	
0801 1 2	0802	0803	0804	
0808 1 2	0809	0810	0811	

Section 7 – HUSBAND AND EMPLOYMENT

CHECK ITEM F-1

Refer to item 63c, page 62.

0812

- 1 ☐ Husband or male partner listed — ASK 64
 2 ☐ All others — SKIP to 66, page 65

64. What was your (husband/partner) doing most of LAST WEEK — working, looking for work, or something else?

0813

- 1 ☐ WK — Working
 2 ☐ J — With a job but not at work
 3 ☐ LK — Looking for work
 4 ☐ S — Going to school
 5 ☐ KH — Keeping house
 6 ☐ U — Unable to work
 7 ☐ R — Retired
 8 ☐ OT — Other — Specify

CHECK ITEM F-2

Refer to item 63g, page 62.

0814

- 1 ☐ Husband or male partner worked 52 weeks — SKIP to 66, page 65
 2 ☐ All others — Complete Workspace 2, then ASK 65a

WORKSPACE 2

Subtract entry in 63g from 52 to obtain answer.

52

0815

— (Entry in 63g)

0816

— (Answer)

65a. You said your (husband/partner) (worked (Entry in 63g) weeks/did not work) in the last 12 months.

How many of the (remaining) (Answer in Workspace 2) weeks was he looking for work or on layoff from a job?

0817

_____ Weeks

0818

- 1 ☐ None

b. As a result of your (husband's/partner's) not working, did you start working or looking for work?

0819

- 1 ☐ Yes
 2 ☐ No

NOTES

Section 10 — EDUCATION AND TRAINING — Continued

94c. What kind of training course or educational program (are you taking/did you take)?

Specify name of training class on line provided and then mark (X) the appropriate box.

Mark (X) only one category; do not read list.

1014

- 1 ☐ Professional, technical . . . }
 2 ☐ Managerial } *SKIP to 94e*
 3 ☐ Clerical }

- 4 ☐ Skilled manual — *ASK 94d*
 5 ☐ Sales }
 6 ☐ Services } *SKIP to 94e*
 7 ☐ Other — *Specify*

PGM 8 →

d. (Is/Was) this part of an apprenticeship program?

PGM 9 ↓

1015

- 1 ☐ Yes
 2 ☐ No

e. What kind of school or organization (provides/ provided) instruction for this training course or educational program?

Mark (X) only one category; do not read list.

1016

- 1 ☐ Business college, technical institute
 2 ☐ Company training classes offered by employer
 3 ☐ Correspondence school
 4 ☐ High school (including night school)
 5 ☐ 2-year college
 6 ☐ 4-year college or university
 7 ☐ Area vocational school
 8 ☐ Community organization (e.g., church, temple, synagogue, YMCA, Red Cross, neighborhood association, etc.)
 9 ☐ Nursing school, hospital, medical school or college
 10 ☐ Federal, State, or local government agency including military reserve, Manpower, JTPA
 11 ☐ Other place — *Specify*

f. What kind of work (are/were) you being trained for?

1980 code

1017

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1018

- 1 ☐ None
 2 ☐ Same job as in item 9f, page 6

g. Did you enroll in this training or educational program because your employer required it?

1019

- 1 ☐ Yes — *SKIP to 94i, page 78*
 2 ☐ No — *ASK 94h, page 78*

Section 10 — EDUCATION AND TRAINING — Continued

94h. Why did you decide to take this program?

Mark (X) only one category; do not read list.

1020

- 1 ☐ To obtain work
- 2 ☐ To improve job or professional skills
- 3 ☐ To get a better or different job
- 4 ☐ Encouraged by employer
- 5 ☐ To improve current job situation
- 6 ☐ To improve basic skills like reading, writing, or arithmetic
- 7 ☐ For general education
- 8 ☐ For personal development or pleasure
- 9 ☐ Had extra time; bored staying at home
- 10 ☐ Other reason — Specify

i. Since (Date in R5), how long (have you been attending/did you attend) this training?

1021

- Weeks
- 0 ☐ Less than one week

j. How many hours per week (do/did) you spend on this training?

1022

- Hours per week
- 0 ☐ Less than one hour

CHECK ITEM I-4

Refer to R9 (Information Sheet).

1023

- 1 ☐ Box 3 marked in R9 — SKIP to 95b
- 2 ☐ All others — ASK 95a

95a. Since (Date in R5), have you used this training on the job?

1024

- 1 ☐ Yes
- 2 ☐ No

b. Did you receive a certificate for this training?

1025

- 1 ☐ Yes — ASK 95c
- 2 ☐ No — SKIP to Check Item J-1, page 80

c. What kind?

Mark (X) only one category; do not read list.

1026

- 1 ☐ Certificate
- 2 ☐ License
- 3 ☐ Journeyworker's card
(Formerly Journeyman's card)
- 4 ☐ Other — Specify

GO to
Check
Item J-1,
page 80

