CHE	CK ITEM B-4	1	Employer 4	Employer 8
	Refer to item 35a, page 42.	0333	1 ☐ Box 1 marked in 35a — <i>ASK 35f</i> 2 ☐ All others — <i>SKIP to 36</i>	0453 1 ☐ Box 1 marked in 35a — ASK 35f 2 ☐ All others — SKIP to 36
35f.	While you were NOT working for (Employer in 30a), were you working for someone else?	0334	1 ☐ Yes 2 ☐ No	0454 1 Yes 2 No
36.	While you were WORKING for (Employer in 30a), were you also working for someone else?	0335	1 ☐ Yes — SKIP to 30a for Employer 5, page 24, and record information about simultaneous employer	0455 1 ☐ Yes — SKIP to 37a, page 44
			² □ No − GO to Check Item B-5	2 □ No − GO to Check Item B-5
СН	ECK ITEM B-5		Item 32 is —	Item 32 is —
	Refer to item 32, page 40, and R5 (Information Sheet).	0336	1 ☐ On or after date in R5 — GO to Employer 5, page 24, and record information about previous employer	0456 1 □ On or after date in R5 − GO to 37a, page 44
		 	$_2$ \square Before date entered in R5 $-$ <i>SKIP to 37a, page 44</i>	² □ Before date entered in R5 − GO to 37a, page 44
ITOV	ES			

	Section 3 — VOLUNTEER WORK						
37a.	In the past 12 months did you do any unpaid volunteer work?	0457	1 ☐ Yes — <i>SKIP to 37c</i> 2 ☐ No — <i>ASK 37b</i>				
b.	Have you given any time in the past year to activities aimed at changing social conditions, such as work with educational groups, environmental groups, landlord/tenant groups or other consumer groups, women's groups, or minority groups?	0458	1 Yes SKIP to Check Item C-1				
C.	How many weeks?	0459	Weeks				
38.	On the average, how many hours per week did you do volunteer work during these (Entry in 37c) weeks?	0460	Hours per week				
39a.	What organization did you work for? If more than one organization, ask about the one for which she worked the most hours during the past 12 months. Mark (X) only one box.	0461	1 ☐ Hospital or clinic 2 ☐ School 3 ☐ Church 4 ☐ Political organization 5 ☐ Groups such as Community Chest, United Fund, Heart Fund 6 ☐ Boy Scouts, Girl Scouts, Little League, etc. 7 ☐ Civic or community action 8 ☐ Social and welfare 9 ☐ Other — Specify				
b.	Thinking about all of your volunteer work in the past year, has any of this work involved attempts at changing social conditions such as working with educational groups, landlord/tenant groups or other consumer groups, women's groups, or minority groups?	0462	1 ☐ Yes 2 ☐ No				
СН	Refer to Household Record Card (LGT-1D).	0463	1 ☐ Respondent lives alone — SKIP to 40e, page 45 2 ☐ All others — ASK 40a				
40a.	Is anyone in your household (besides you) disabled or chronically ill?	0464	1 ☐ Yes — <i>ASK 40b</i> 2 ☐ No — <i>SKIP to 40e, page 45</i>				
b.	Which household member is this? Anyone else? Mark (X) all that apply.	0465 * 	1 Husband/Partner 2 Son or daughter 3 Respondent's parent(s) 4 Husband's parent(s) 5 Sister or brother 6 Other relative — Specify 7				
		1					

	Section 3 — VOLUNTEER WORK — Continued					
40c.	Do you regularly spend time helping or taking care of this person (these people)?	0467	1 ☐ Yes — <i>ASK 40d</i> 2 ☐ No — <i>SKIP to 40e</i>			
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			
NOTI	S					
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			·			

	Section 4 —	CHILD	CARE
1.7%	Refer to items 5 and 8a—c on the Household Record Card (LGT-1D).	0471	 Respondent has one or more children under 18 in the household — GO to Check Item D-2 All others — SKIP to Check Item E-1, page 49
СН	Refer to R8 (Information Sheet).	0472	 1 □ Respondent is in Labor Force Group A (Box 1 marked in R8) - SKIP to 44a, page 47 2 □ All others - ASK 41
41.	Did you do any work for pay in the last four weeks?	0473	1 ☐ Yes — <i>SKIP to 44a, page 47</i> 2 ☐ No — <i>ASK 42</i>
42.	Not counting kindergarten, elementary, or secondary school, in the past four weeks (has your child/have any of your children) been cared for in any regular arrangement such as a daycare center, nursery school, play group, baby sitter, relative, or some other REGULAR child care arrangement?	0474	1 ☐ Yes — ASK 43 2 ☐ No — SKIP to Check Item E-1, page 49
43.	In the past four weeks, did you REGULARLY participate in any of the following types of activities while your (child was/children were) being cared for? READ list and mark (X) all that apply.	0475	1 Going to school 2 Other instruction or training 3 Looking for work 4 Volunteer work
	TIEAD IIST AND MAIK (A) All that apply.	0476	 5 ☐ Recreational activities 6 ☐ Shopping 7 ☐ Other — Specify ⊋
			8 No regular activities
NOTE	ES .		

Section 4 — CHILD CARE — Continued							
44a. Who usually takes care of your child(ren) while you are (working/participating in your activity/activities)?	group whenever	FIELD REPRESENTATIVE: Refer to Household Record Card. Mark (X) an age group whenever the respondent has a child who is in that age group. Fill the appropriate column(s) for the youngest child in that age group.					
Mark (X) all that apply.				l –			
Do not read list of arrangements.	0-2 years old	3-5 years of	d 6-8 years old	9-11 years old	12—17 years old		
(1) In own home by relative							
(a) Father	0477 1	0485 1	0493 1	0501 1	0509 1		
(b) Older brother or sister of child(ren) .	2 🗆	2 🗆	2 🗆	2 🗆	2 🗆		
Age?		0486	0494	0502	0510		
(c) Grandparent	0479 1	0487 1	0495 1	0503 1	0511 ₁		
(d) Other relative	2 🗆	2 🗆	2 🗆	2 🗆	2 🗆		
(2) In own home by nonrelative	з 🗆	з 🗆	3 🗆	3 🗌	з 🗆		
(3) In relative's home	4 🗆	4 🗆	4 🗆	4 🗆	4 🗆		
(4) In nonrelative's home .	5 🗆	5 🗆	5 🗆	5 🗌	5 🗆		
(5) Day/Group Care Center	6 🗆	6 🗆	6 🗆	6 🗆	6 🗆		
(6) Nursery/Preschool	0480 ₇ 🗆	0488 7	0496 ₇ 🗆	0504 ₇ _	0512 ₇		
(7) Child in kindergarten, elementary, or secondary school	8 🗆	8 🗆	8 🗆	8 🗆	8 🗆		
(8) Child cares for self (without supervision).	9 🗆	9 🗆	9 🗆	9 🗆	9 🗆		
(9) Respondent's work/activity at home	0481 10	0489 10	0497 10	0505 10	0513 10		
(10) Respondent cares for child at work/activity place	0482 11	0490 11	0498 11	0506	0514		
(11) Other arrangement	O483 ₁₂ Specify _y	O491 ₁₂ Specify	Specify 7	Specify F	Specify 7		
b. About how many hours per week (is your child/are your children) usually cared for under (this/these)	0484	0492	0500	0508	0516		
arrangement(s)?	Hours	Hou	ırs Hours	Hours	Hours		
CHECK ITEM D-3		0517	1 🗆 "Yes" marked				
Refer to item 41, page 46, and (Information Sheet).	d R8	 		in Labor Force Gro — ASK 44c, page SKIP to Check Item	48		

	Section 4 — CHILD CARE — Continued									
44c.	In the past 12 months did you lose any days from	FIELD REPRES column below a age group.	SENTAT and fill th	NTATIVE: For each column marked in 44a, mark the same I fill the marked column(s) for the youngest child in that						
- · -	work because you had to care for your child and adequate child care was not available?	0-2 years old	3—5 ye	ars old	•	ears old	9–11	□ years old	12–1	□ 7 years old
	Yes — <i>ASK 44d</i>	0518 1	0522 1		0526 1		0530 ₁		0534	1 🗆
	No — If ''No'' in all marked columns, SKIP to 44e	2 🗆	2		2	2 🗆	2	2 🗆		2 🗆
d.	How many?	0519	0523		0527		0531		0535	
		Days		_ Days		Days		Days		Days
e.	having your child	0520	0524		0528		0532		0536	
	(children) cared for while you are working?	\$ (Dollars) (Cents)	\$ (Dollar	s) (Cents)	\$	ars) (Cents)	\$	ars) (Cents)	\$ <u>(Do</u>	llars) (Cents)
	Amount per -	 								_
	Hour	0521 1	0525 1		0529	1 🗌	0533	1 🗆	0537	1 🗆
	Day	i	_			2 🗆		2 🗆		2 🗌
	Week	1	İ			з 🗆		з 🗆		3 🗆
	Month	4 🗆				4 🗆		4 🗆		4 🗆
	No cost	1			į	5 🗆		5 🗆		5 🗆
	Other	6 ☐ Specify —	1	□ cify ₇	1	ecify 👍	1	ecify 🗾	Sp	6 □ pecify
		1								
	Don't know	7 🗆	7			7 🗆		7 🗆		7 🗆
СН	ECK ITEM D-4		ĺ	0538 ₁				d in more t	han on	e column
	Refer to item 44e above.			2		le — <i>ASK</i> thers — <i>S</i>		Check Item	E-1, p	age 49
45	What is the total cost of har children/your child) cared f working?	ving (all of your or while you are	 	0539 \$	(Dolla	rs) (Cen	per -	¥		
			 		Hou	r				
					☐ Day ☐ Wee					
				4	☐ Mon	ith				
			 		☐ No c	cost er — <i>Spec</i>	ify 🗇			
			İ	· ·	_ 0		, <i>y</i>			
			 	7	☐ Don	't know				

	Section 5 — HEALTH							
CHE	CK ITEM E-1 Refer to R8 (Information Sheet).	0541	1 ☐ Respondent in Labor Force Group A (Box 1 marked in R8) — <i>SKIP to 48a</i> 2 ☐ All others — <i>ASK 46a</i>					
6a.	Does your health or physical condition prevent you from working altogether?	0542	1 ☐ Yes — <i>ASK 46b</i> 2 ☐ No — <i>SKIP to 48a</i>					
	SHOW FLASHCARD D.	 						
b.	What is the MAIN health condition that causes your problem or limitation?	0543						
	Enter only one health condition.	1 						
C.	Are there any others?	0544	1 ☐ Yes — <i>ASK 46d</i> 2 ☐ No — <i>SKIP to 46e</i>					
	SHOW FLASHCARD D.							
d.	What are they?	0545						
	Enter up to 3 health conditions.	0546						
		0547						
e.	For your MAIN health condition, how long have you been limited in this way?	0548	Years AND/ORMonths					
1 49		i !	Wortus					
17.	When did you become unable to work altogether?	0550	Month Year — SKIP to 51a, page 51					
18a.	Do you have any health problem or condition that limits in any way the amount or kind of work you can do?	0551	1 ☐ Yes — <i>ASK 48b</i> 2 ☐ No — <i>SKIP to 49a, page 50</i>					
b.	How long have you been limited in this way?	 						
		0552	Years					
		0553	AND/OR Months					
MICT	k151 (2-21-91)	 						

	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?	0555	Years			
	Most recent if more than one.	1	AND/OR			
	·	0556	Months			
C.	When did you recover?	0557	Month Year			
		0558	1 ☐ Not yet recovered			
CHE	CK ITEM E-2		Respondent is in —			
		0559	1 ☐ Labor Force Group A (Box 1 marked in R8) — ASK 50			
	Refer to R8 (Information Sheet).	!	2 ☐ All others — SKIP to 51a, page 51			
	SHOW FLASHCARD E.	0560	1 ☐ Walk around			
50.	Which of the activities on this card do you do	*	2 ☐ Use stairs and inclines 3 ☐ Stand for long periods			
	regularly on your job?		4 Stoop, kneel, or crouch			
	Any others?	İ	 5 Lift or carry weights up to 10 pounds 6 Lift or carry heavy weights (over 10 pounds) 			
	Mark (X) all that apply.	0561	Reach for supplies, materials, etc.			
		*	Use hands and fingers to manipulate supplies, equipment, etc.			
		i	$_9\square$ Read printed documents, books, instructions, etc.			
		0562 0563	10 ☐ Hear special sounds (signals, directions, etc.) 11 ☐ Deal with people			
NOTE	ES .					
		10				
1						

	Section 5 — HEA	LTH — (Continued
51a.	SHOW FLASHCARD F. Do you ever have any difficulty performing any of the activities on this card?	0564	1 ☐ Yes — <i>ASK 51b</i> 2 ☐ No — <i>SKIP to 51c</i>
b.	Which ones?		For each activity marked, ASK 🔀
	Any others?		Can you at all?
	Mark (X) each activity mentioned.	1	Yes No
	(1) □ Walking	0565	1 🗌 2 🔲
	(2) \square Using stairs or inclines	0566	1 🗌 2 🔲
	(3) \square Standing for long periods of time	0567	1 2
	(4) Sitting for long periods	0568	1
	(5) Stooping, kneeling, or crouching	0569	1 🗌 2 🔲
	(6) \Box Lifting or carrying weights up to 10 lbs	0570	1
	(7) Lifting or carrying heavy weights (over 10 lbs)	0571	1 🗆 2 🗆
	(8) □ Reaching	0572	1 2 2
	(9) \square Using hands and fingers	0573	1 2
	(10) Seeing (even with glasses)	0574	1 2
	(11) ☐ Hearing	0575	1 🗆 2 🗆
	(12) Dealing with people	0576	1 🗆 2 🗆
	(13) □ Other − Specify →	0577	1 🗆 2 🗆
	SHOW FLASHCARD G.	0578	1 ☐ Yes <i>— ASK 51d</i>
C.	Are there any things on this card that bother you enough to be a problem?		$_2$ \square No $-$ SKIP to 51e, page 52
d.	Which ones?	0579 *	₁ ☐ Pain
	Any others?		$_2$ \square Tiring easily, no energy
	Mark (X) each problem mentioned.		3 Weakness, lack of strength
			 4 ☐ Aches, swelling, sick feeling 5 ☐ Fainting spells, dizziness
			6 Nervousness, tension, anxiety, depression
		0580	7 Shortness of breath, trouble breathing
		*	8 ☐ Other — Specify →
			,
		<u> </u>	
		ì	

	Section 5 — HEA	LTH — Continued
	SHOW FLASHCARD H. Which of these conditions would you have trouble working under BECAUSE OF YOUR HEALTH? Any others? Mark (X) each condition mentioned.	1 Fumes, dust, or smoke (other than cigarettes) * 2 Hot places 3 Cold places 4 Damp places 5 Noise or vibrations 6 Confusion or disorder 0582 7 Cigarette smoke * 8 Working indoors 9 Working outdoors 0583 10 Other - Specify
52a.	Do you smoke cigarettes now?	1 ☐ Yes — <i>ASK 52b</i> 2 ☐ No — <i>SKIP to 52d</i>
b.	On the average, how many cigarettes do you usually smoke in a day?	0586 Cigarettes AND/OR 0587 Packs of cigarettes 0588 1 □ Refused
C.	How old were you when you FIRST started smoking regularly?	0589 Years old — <i>SKIP to 53a, page 53</i>
d.	Did you ever smoke cigarettes?	1 Yes, just a few times — SKIP to 53a, page 53 2 Yes, regularly — ASK 52e 3 No — SKIP to 53a, page 53
e.	On the average, how many cigarettes did you usually smoke in a day?	O591 Cigarettes AND/OR O592 Packs of cigarettes O593 Refused
f.	How old were you when you LAST smoked regularly?	Years old
g.	How old were you when you FIRST smoked regularly?	Years old

	Section 5— HEALTH — Continued							
	In your entire adult life, did you have at least 12 drinks of any kind of alcoholic beverage, such as beer, wine or liquor?	0596	1 ☐ Yes — <i>ASK 53b</i> 2 ☐ No — <i>SKIP to 54a</i>					
	On the average, during your adult life, how often did you drink any alcoholic beverages, such as beer, wine or liquor?	0597	1 Every day 2 3 to 6 times a week 3 1 or 2 times a week 4 1 to 3 times a month 5 Less than once a month					
C.	Have you had any alcoholic beverages, including beer, wine, or liquor, during the last 30 days?	0598	1 ☐ Yes — <i>ASK 53d</i> 2 ☐ No — <i>SKIP to 54a</i>					
d.	During the last 30 days, on HOW MANY DAYS did you drink any alcoholic beverages, including beer, wine, or liquor?	0599	Days 1 Refused					
е.	On the days THAT YOU DRINK, about HOW MANY DRINKS do you have on the average day? (By a drink we mean the equivalent of a can of beer, a glass of wine, or a shot glass of hard liquor.)	0601	Drinks					
54a.	I'm going to read you a list of medical problems that some people have. Have you ever had or do you now have —		Yes No					
	(1) Asthma, shortness of breath, or chronic cough?	0603	1 🗆 2 🗀					
	(2) Pain or pressure in your chest, palpitation or pounding heart, or heart trouble or murmur?	0604	1 🗆 2 🗆					
	(3) Low blood pressure?	. 0605	1 🗆 2 🗆					
	(4) Chronic or frequent colds, sinus problems, hay fever or allergies?	. 0606	1 🗆 2 🗆					
	(5) Frequent indigestion, stomach, liver or intestinal trouble, gall bladder trouble or gallstones?	. 0607	1 🗆 2 🗀					
	(6) Depression or excessive worry, nervous trouble of any kind?	. 0608	1 🗆 2 🗀					
	(7) Swollen or painful joints, frequent cramps in your legs, arthritis, rheumatism or bursitis?	0609	1 🗆 2 🗔					
	(8) Lameness or paralysis (including polio)?	. 0610	1 🗆 2 🗔					
	(9) Painful or "trick" shoulder or elbow, "trick" or locked knee?	. 0611	1 🗆 2 🗔					
	(10) Scarlet fever, rheumatic fever, tuberculosis, jaundice or hepatitis?	. 0612	1 🗆 2 🗆					
	(11) Frequent or severe headaches, dizziness or fainting spells?	. 0613	1 🗌 2 🔲					
	(12) Eye trouble, other than glasses or contacts?	0614	1 🗆 2 🗆					

Section 5— HEAL	LTH —	Continued	
		Yes	No
54a(13) Ear, nose, or throat trouble?	0615	1 🗆	2 🗆
(14) Severe tooth or gum trouble?	0616	1 🗆	2 🗆
(15) Head injury? Ĺ	0617	1 🗌	2 🗆
(16) Skin diseases?	0618	1 🗆	2 🗆
(17) Thyroid trouble or goiter?	0619	1 🗆	2 🗆
(18) Adverse or allergic reaction to any serum, drug, or medicine?	0620	1 🗆	2 🗆
(19) Broken bones?	0621	1 🗆	2 🗆
(20) Tumor, growth, cyst, or cancer?	0622	1 🗌	2 🗆
(21) Kidney stone or blood in urine?	0623	1 🗆	2 🗆
(22) Diabetes?	0624	1 🗆	2 🗆
(23) Bone, joint, or other deformity?	0625	1 🗆	2 🗆
(24) Loss of finger or toe?	0626	1 🗌	2 🗆
(25) Recurrent back pain?	0627	1 🗌	2 🗆
(20) Foot trouble:	0628	1 🗌	2 🗆
(27) Neuritis?	0629	1 🗆	2 🗆
(28) Epilepsy or fits?	0630	1 🗌	2 🗆
(20) Frequent trouble sleeping:	0631	1 🗌	2 🗆
(90) Trequent aimary tract infections:	0632	1 🗔	2 🗆
(31) High cholesterol?	0633	1 🗆	2 🗆
(02) riigii biood pressure:	0634	1 🗆	2 🗆
(33) Osteoporosis?	0635	1 🗆	2 🗆
(34) Ulcer?		1 🗆	2 🗆
(00) Hardening of the afteries:	0637	1 🗆	2 🗆
(36) Anemia?	0638	1 🗆	2 🗆
(37) Have you ever been treated for a female disorder?	0639	1 🗆	2 🗆
(38) Have you ever had a change in menstrual patterns?	0640	1 🗆	2 🗆
b. It's commonly accepted that a person's health is related to her height and weight.	0641	Poun	ds
What is your weight?	0642	1 Refused	
C. What is your height in your stocking feet?	0643	Feet	
	0644	Inches	

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

	Section 5 — HEA	LTH —	Continued
59a.	Do you ever need help from others in looking after your personal care, such as dressing, bathing, eating, and other daily activities?		1 ☐ Yes — <i>ASK 59b</i> 2 ☐ No — <i>SKIP to 60</i>
b.	Would you say you need this kind of help frequently, occasionally, or rarely?		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
СНІ	CK ITEM E-3 Refer to Household Record Card (LGT-1D).	0663	□ Respondent lives alone OR only with nonfamily members — SKIP to 61c □ 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 — <i>ASK 61c</i> 2 ☐ No — <i>SKIP to 61d, page 58</i>
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 → ————————————————————————————————————
NOTI	S		
		W-W	
		WW.	
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NOTES	

	Section 5 — HEALTH — Continued						
61d.	SHOW FLASHCARD I. Which of the family members of this household are covered by hospital or medical insurance?	SHOW FLASHCARD J. For each box marked in 61d, ASK 61e. 61e. Who provides this insurance for (Reference person(s) in 61d)? Mark main source only.					
	Mark (X) all that apply.	Provided by a group policy at your CURRENT job	Provided by a group policy at your husband's/partner's CURRENT job	Bought directly from a medical insurance company	Provided through Medicaid		
		(1)	(2)	(3)	(4)		
	0666 1 ☐ Respondent	0667 1	2 🗆	з 🗆	4 🗆		
	0668 2 Husband/Partner	0669 1 🗆	2 🗆	з 🗆	4 🗆		
	0670 з Сhildren	0671 1 🗆	2 🗆	з 🗆	4 🗆		
	0672 4 ☐ Children under own policies	0673 1	2 🗆	з 🗆	4 🗆		
	0674 ₅ ☐ Respondent's parents	0675 1	2 🗆	з 🗆	4 🗆		
	0676 6 Husband's parents	0677 1	2 🗆	з 🗆	4 🗆		
	0678 7 ☐ Grandchildren	0679 1	2 🗆	3 🗆	4 🗆		
	0680 8 Other family members	0681 1	2 🗆	з 🗆	4 🗆		
NOT	ES						

Provided through /eteran's benefits	Provided by a group policy at your FORMER job	Provided by a group policy at your husband's/partner's FORMER job	Provided by job of other family member	Provided through Medicare	Provided through any other source — Specify F		
(5)	(6)	(7)	(8)	(9)	(10)		
5 🗆	6 🗆	7 🗆	8 🗆	9 🗆	10 🗆		
5 🗆	6 🗆	7 🗆	8 🗆	9 🗆	10 🗆		
5 🗆	 6	 7	 8	9 🗆	10 🗆		
5 🔲	6 🗆	7 🗆	8 🗆	9 🗆	10 🗆		
5 🗆	6 🗆	7 🗆	8 🗆	9 🗆	10 🗆		
5 🗌	6 🗆	7 🗆	8 🗆	9 🗆	10 🗆		
5 🗌	6	7 🗆	8 🗆	9 🗆	10 🗆		
5 🗆	6 🗆	7	8	9 🗌	10 🗆		
NOTES							
-							

	Section 5 — HEALTH — Continued						
CHE	CK ITEM E-4 Refer to item 5 on Household Record Card (LGT-1D).	0682	□ Respondent's mother lives in household — SKIP to Check Item E-5 □ All others — ASK 62a				
62a.	Now I'd like to ask you some questions about your parents. Is your mother living?	0683	1 ☐ Yes — <i>ASK 62b</i> 2 ☐ No — <i>SKIP to 62c</i> 3 ☐ Don't know — <i>SKIP to Check Item E-5</i>				
b.	How old is your mother today?	0684	Years old SKIP to Check Item E-5				
C.	How old was your mother when she died?	0686	Years old 1 Don't know				
d.	What was the main cause of her death?	0688	Heart disease (rheumatic heart disease, heart attack) Cancer (neoplasm, malignancy, leukemia) Stroke Accident, industrial Cancer (neoplasm, malignancy, leukemia) Cancer (neoplasm, malignancy, leukemia) Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia) Stroke Cancer (neoplasm, malignancy, leukemia)				
СН	Refer to item 5 on Household Record Card (LGT-1D).	0689	Respondent's father lives in household — SKIP to 63a, page 62 □ All others — ASK 62e				
62e.	(Now I'd like to ask you some questions about your father.) Is your father living?	0690	1 ☐ Yes — <i>ASK 62f</i> 2 ☐ No — <i>SKIP to 62g, page 61</i> 3 ☐ Don't know — <i>SKIP to 63a, page 62</i>				
f.	How old is your father today?	0691	Years old SKIP to 63a, page 62				

	Section 5 — HEA	LTH -	Continued
62g.	How old was your father when he died?	0693	Years old 1 □ Don't know
h.	What was the main cause of his death?	0695	Heart disease (rheumatic heart disease, heart attack) ☐ Cancer (neoplasm, malignancy, leukemia) ☐ Stroke ☐ Accident, industrial ☐ Accident, other ☐ Diabetes ☐ Emphysema, chronic bronchitis, asthma ☐ Homicide ☐ Suicide ☐ Other — Specify →
	OFFICE	USE O	NLY
	Total number of family members		
	0696		
	Total number of household members		
	0697		
NOT	ES		
-			
_			

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.

7	RANSCRIBE FROM RECORD CARD.						
63a. Line No.	b. Name	EXAMPLE: Husband, son, mother, father-in-law, brother, housekeeper, boarder, partner, etc.		d. Date of birth Enter two digits each for the month, day, and year. Month Day Year		e. How old is today?	
						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	1	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	g. In the past	If perso	on worked at all in the past 12 months, ASK 63h and 63i.					
any work at all last week? Circle 1 — Yes 2 — No	12 months, how many weeks did work either full or part time (NOT counting work around the house)?	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 n	nonths?				
				OFFICE USE 1960 codes				
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					

FORM LGT-4151 (2-21-91)

	Section 7 — HUSBAN	D AND	EMPLOYMENT
CHE	CK ITEM F-1	0812	1 ☐ Husband or male partner listed — ASK 64
	Refer to item 63c, page 62.	 	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
CH	ECK ITEM F-2	0814	1 ☐ Husband or male partner worked 52
	Refer to item 63g, page 62.		weeks — SKIP to 66, page 65 2 All others — Complete Workspace 2, then ASK 65a
WOR	KSPACE 2	I I	52
	Subtract entry in 63g from 52 to obtain answer.	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.	0817	Weeks
	How many of the (remaining) (Answer in Workspace 2) weeks was he looking for work or on layoff from a job?	0818	Weeks 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
NOTE	S		

	Section 8 — ASSETS AND INCOME							
66.	Do you (or your husband/partner) have any money in savings or checking accounts, savings and loan companies, money market funds, or credit unions?	0820	2 □ No − ASK 67a 1 □ Yes − How much altogether? ¬ \$					
67a.	Do you (or your husband/partner) have any rights to an estate or an investment trust?	0822	1 ☐ Yes — <i>ASK 67b</i> 2 ☐ No — <i>SKIP to 67c</i>					
b.	What is the total value of the estate or the investment trust that you (or your husband/partner) will receive?	0823	\$					
C.	During 1990, did you (or your husband/partner) receive any property or money, even if only a small amount, from any estates, trusts, inheritances, or gifts from relatives?	0824	1 ☐ Yes — <i>ASK 67d</i> 2 ☐ No — <i>SKIP to 67e</i>					
d.	What was the total market value or amount that you (or your husband/partner) received during 1990 from these sources?	0825	\$ 00 1					
e.	Now, did you (or your husband/partner) ever receive any property or money, even if only a small amount, from any estates, trusts, inheritances, or gifts from relatives at any time BEFORE 1990?	0827	1 ☐ Yes — <i>ASK 67f</i> 2 ☐ No — <i>SKIP to 68a</i>					
f.	What was the total market value or amount that you (or your husband/partner) received before 1990 from these sources?	0828	\$ 00 1					
g.	In what year did you receive all or most of this inheritance or gift?	0830	Year 1 9 1 Equally distributed over a number of years					
	SHOW FLASHCARD K. In the past 12 months, what was the total income of ALL family members living here? Mark (X) only one box. Now I would like to ask a few questions about your income in the past 12 months. PLEASE REMEMBER THE FOLLOWING QUESTIONS ONLY CONCERN YOUR INCOME	0832	1 \$ 0-\$3,999 2 4,000- 5,999 3 6,000- 7,499 4 7,500- 9,999 5 10,000-14,999 6 15,000-17,499 7 17,500-19,999 8 20,000-24,999 9 25,000-34,999 10 35,000-49,999 11 50,000-74,999 12 75,000-99,999 13 100,000 and over 14 Nothing 15 Don't know 16 Refused 1 Yes - ASK 68c 2 No - SKIP to 68d(1), page 66					
	IN THE PAST 12 MONTHS. In the past 12 months, did you receive any income from wages, salary, commissions, or tips?	: 						
c.	How much did you receive from all jobs before deductions for taxes or anything else?	0834	\$ 00					

ORM LGT-4151 (2-21-91) Page 65

	Section 8 — ASSETS AN	DINCOM	ЛЕ — Continued
68d.	Did you receive any —	0835	2 □ No − <i>ASK 68d(2)</i> 1 □ Yes − How much? ¬
· #s	(1) Income from working on your own or in business or professional practice?	0836	\$ ASK 68d(2)
	\$ less \$ = \$ (Net income)	0837	1 ☐ Loss amount 2 ☐ Broke even
		0838	COMPUTER USE ONLY
	(2) Unemployment compensation?	0839	1 ☐ Yes — <i>ASK 68d(2)(a)</i> 2 ☐ No — <i>SKIP to 68d(3)</i>
	(a) How many weeks?	0840	Weeks
	(b) How much did you receive per week on the average?	0841	\$ per week
	(3) Supplemental Unemployment Benefits (SUB) from your employer?	0842	1 ☐ Yes — <i>ASK 68d(3)(a)</i> 2 ☐ No — <i>SKIP to 68d(4)</i>
	(a) How many weeks?	0843	Weeks
	(b) How much did you receive per week on the average?	0844	\$ per week
	(4) Social Security payments such as retired worker, spouse survivors benefits or Railroad Retirement benefits? (Do not include disability payments.)	0845	1 ☐ Yes — <i>ASK 68d(4)(a)</i> 2 ☐ No — <i>SKIP to 68e</i>
	(a) How many months?	0846	Months
	(b) How much did you receive per month on the average?	0847	\$ per month
e.	In the past 12 months, did you receive income as a result of disability or illness such as —	1	
	If ''Yes,'' list amount received during the past 12 months.	0848	₂ ☐ No − <i>ASK 68e(2)</i>
	(1) Veteran's compensation or pension?		1 Yes — How much?
		0849	\$ 00
	(2) Worker's compensation?	0850	2 ☐ No — <i>ASK 68e(3)</i> 1 ☐ Yes — How much?
		0851	\$
	(3) Social Security disability payment?	0852	2 ☐ No — <i>ASK 68e(4)</i> 1 ☐ Yes — How much?
		0853	\$ 00
	(4) Any other disability payment? — Specify	0854	2 ☐ No — GO to Check Item G-1, page 67 1 ☐ Yes — How much?
		0855	\$

	Section 8 — ASSETS AI	ND INCOME — Continued
CHE	CK ITEM G-1	
	Refer to item 63c, page 62.	0856 1 ☐ Husband or male partner listed — ASK 69a 2 ☐ All others — SKIP to 70a, page 68
69a.	Now I would like to ask a few questions about your (husband's/partner's) income in the past 12 months.	
	PLEASE REMEMBER THE FOLLOWING QUESTIONS ONLY CONCERN YOUR (HUSBAND'S/PARTNER'S) INCOME IN THE PAST 12 MONTHS.	
	Did your (husband/partner) receive any income from wages, salary, commissions, or tips?	0857 1 ☐ Yes — ASK 69b 2 ☐ No — SKIP to 69c(1)
b.	How much did he receive from all jobs, before deductions for taxes or anything else?	0858 \$
C.	Did your (husband/partner) receive any —	
	(1) Income from working on his own or in a business or professional practice?	1 ☐ Yes — How much? 2 ☐ No — <i>ASK 69c(2)</i> 1 ☐ Yes — How much?
		0860 \$ 00 ASK 69c(2)
	\$ less \$ = \$ (Gross income) (Expenses) (Net income)	0861 1 ☐ Loss amount 2 ☐ Broke even
		0862 COMPUTER USE ONLY
	(2) Unemployment compensation?	0863 1 ☐ Yes — ASK 69c(2)(a) 2 ☐ No — SKIP to 69c(3)
	(a) How many weeks?	Weeks
	(b) How much did he receive per week on the average?	0865 \$ per week
	(3) Supplemental Unemployment Benefits (SUB) from his employer?	0866 1 ☐ Yes — <i>ASK 69c(3)(a)</i> 2 ☐ No — <i>SKIP to 69c(4)</i>
	(a) How many weeks?	Weeks
	(b) How much did he receive per week on the average?	0868 \$ per week
	(4) Social Security payments such as retired worker, spouse survivors benefits or Railroad Retirement benefits? (Do not include disability payments.)	0869 1
	(a) How many months?	Months
	(b) How much per month on the average?	9871 \$ per month

	Section 8 — ASSETS AN	D INCOM	ME — Continued
69d.	In the past 12 months, did your (husband/ partner) receive income as a result of disability or illness such as —	 	
· -x	If ''Yes,'' list amount received during the past 12 months.	0872	2 □ No − <i>ASK 69d(2)</i>
	(1) Veteran's compensation or pension?		1 ☐ Yes — How much?
		0873	\$ 00
	(2) Worker's compensation?	0874	2 ☐ No — <i>ASK 69d(3)</i> 1 ☐ Yes — How much? →
		0875	\$ 00
	(3) Social Security disability payment?	0876	2 ☐ No — <i>ASK 69d(4)</i> 1 ☐ Yes — How much?
		0877	\$ 00
	(4) Any other disability payment? $-$ Specify $_{\overrightarrow{F}}$	0878	² □ No − <i>ASK 70a</i> ¹ □ Yes − How much?
		0879	\$ <mark>00</mark>
70a.	In the past 12 months, did you (or your husband/partner) receive —	0880	2 □ No − <i>ASK 70b</i> 1 □ Yes − How much? ¬
	Any income from operating a farm?	0881	. 00
	\$ less \$ = \$ (Net income)	0882	\$
		0883	COMPUTER USE ONLY
b.	Any rental income from roomers and boarders, an apartment in this house or another building, or other real estate?	0884	2 ☐ No — <i>ASK 70c</i> 1 ☐ Yes — How much?
	of other real estate:	0885	\$ 00
	\$ less \$ = \$ (Net income)	0886	ASK 70c 1 Loss amount 2 Broke even
		0887	COMPUTER USE ONLY
C.	Any interest or dividends on savings, stocks, bonds, or income from estates or trusts?	0888	2 □ No − <i>ASK 71a</i> 1 □ Yes − How much? 7
		0889	\$ 00
71a.	In the past 12 months, did you (or your husband/partner) receive any food stamps under the Government's Food Stamp Plan?	0890	1 \square Yes $-$ ASK 71b 2 \square No $-$ SKIP to 72a, page 69
b.	In how many months did you (or your husband/partner) receive stamps?	0891	Months
C.	In the most recent month food stamps were received, what was the total face value of the food stamps received?	0892	\$ 00 per month

	Section 8 — ASSETS AN	D INCOM	IE — Continued
72a.	During the past 12 months, did you (or your husband/partner) receive any income from Aid to Families with Dependent Children (AFDC)?		1 ☐ Yes — <i>ASK 72b</i> 2 ☐ No — <i>SKIP to 73a</i>
b.	How many months?	0894	Months
C.	How much did you receive per month on the average?	0895	\$ per month
73a.	Did you (or your husband/partner) receive any Supplemental Security Income or any other public assistance from the local, State, or Federal Government?	0896	1 □ Yes — <i>ASK 73b</i> 2 □ No — <i>SKIP to 74a</i>
b.	How many months?	0897	Months
C.	How much did you receive per month on the average?	0898	\$ per month
74a.	Did you (or your husband/partner) receive any alimony?	0899	2 ☐ No — <i>ASK 74b</i> 1 ☐ Yes — How much?
		0900	\$ <mark>00</mark>
b.	Did you (or your husband/partner) PAY money to anyone for alimony?	0901	2 □ No − <i>ASK 75a</i> 1 □ Yes − How much? →
		0902	\$
75a.	Did you (or your husband/partner) receive any child support?	0903	2 □ No − <i>ASK 75b</i> 1 □ Yes − How much?
		0904	\$ 00
b.	Did you (or your husband/partner) PAY any money to anyone for child support for any child not living in (this/your) household?	0905	2 □ No − <i>ASK 76</i> 1 □ Yes − How much?
		0906	\$
76.	In the past 12 months, did you (or your husband/partner) receive any other type of income; for example, royalties, annuities,	0907	² □ No − <i>ASK 77</i> ¹ □ Yes − How much?
	contributions from family members living elsewhere, pensions or Social Security survivors benefits?	0908	\$00
77.	So far as your overall financial position is concerned, would you say you (and your husband/partner) are better off, about the same, or worse off now than you were at this time last year?	0909	1 ☐ Better off 2 ☐ Same 3 ☐ Worse off
СНЕ	CK ITEM G-2 Refer to items 63c and 63d, page 62.	0910	 Only respondent (and husband/partner and their children under 14) listed — SKIP to 79, page 71 Other family members listed — ASK 78, page 70

	Section 8 — ASSETS AN	ND INCOME — Continued
78.	SHOW FLASHCARD K. In the past 12 months, what was the total	10911 1 \$ 0-\$3,999 2 4,000 - 5,999
· - s	income of ALL family members living here, OTHER THAN you (and your husband/partner)?	3 ☐ 6,000 — 7,499 4 ☐ 7,500 — 9,999 5 ☐ 10,000 — 14,999
	Mark (X) one box only.	6 □ 15,000−17,499 7 □ 17,500−19,999 8 □ 20,000−24,999
		9 □ 25,000−34,999 10 □ 35,000−49,999
		11
		14 ☐ Nothing 15 ☐ Don't know
NOT:	<u> </u>	16 ☐ Refused
NOTE	:5	
		<u> </u>
		·
-		

	Section 9 — MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND											
79.	Have you had any cha since (Date in R5)? Tha married, widowed, di remarried, or reunited	at is, have you been vorced, separated,	0912 1 ☐ Yes — <i>SKIP to 80a</i> 1 2 ☐ No — <i>GO to Check Item H-1</i>									
CHE	CK ITEM H-1	A setting of the second	0913 1 \square Box 1 or 2 marked in R3 $-$ SKIP to 81, page 72									
	Refer to R3 (Informatio	n Sheet).		$ \begin{array}{c c} \hline & 1 & Box & 1 \text{ or } 2 \text{ marked in R3} - SKIP to 81, page 72 \\ \hline & 2 & All others - SKIP to 83, page 72 \end{array} $								
80a.	Since (Date in R5), what was the (first/	FIRST CHANGE	SEC	OND CHANGE	THIRD CHANGE	FOURTH CHANGE						
	second/third/fourth) change in your marital status?	1 ☐ Married 2 ☐ Widowed 3 ☐ Divorced 4 ☐ Separated 5 ☐ Remarried 6 ☐ Reunited	2	Married Widowed Divorced Separated Remarried Reunited	og20 1 ☐ Married 2 ☐ Widowed 3 ☐ Divorced 4 ☐ Separated 5 ☐ Remarried 6 ☐ Reunited	1 ☐ Married 2 ☐ Widowed 3 ☐ Divorced 4 ☐ Separated 5 ☐ Remarried 6 ☐ Reunited						
b.	When did that	0915	0918		0921	0924						
	happen? Enter month and year.	Month Year	Mor	nth Year	Month Year	Month Year						
C.	After that, was	0916	0919		0922	0925						
	there any OTHER change in your marital status?	1 ☐ Yes — GO to next column 2 ☐ No — GO to Check Item H-2	2 🗆	Yes — GO to next column No — GO to Check Item H-2	1 ☐ Yes — GO to next column 2 ☐ No — GO to Check Item H-2	1 ☐ Yes — ASK 80a — c, enter information in NOTES; then, GO to Check Item H-2 2 ☐ No — GO to Check item H-2						
СНЕ	CK ITEM H-2 Refer to LAST column and NOTES section.	filled in item 80a above	Current marital status is — 1 Married 2 Widowed 3 Divorced 4 Separated 5 Remarried 6 Reunited									
80d.	From what you have your current marital seem H-2). Is this correct?	just told me, I have status as (Read entry in	1	1 Yes — GO to Check Item H-3, page 72 2 No — Check to see why incorrect. Correct entry(ies), then GO to Check Item H-3, page 72								
NOTE	S			1								
			r									

Section 9 — MARITAL HISTORY, FERTILITY, A	ND OTHER FAMILY BACKGROUND — Continued
CHECK ITEM H-3	0928 1 ☐ Box 1, 5, or 6 marked in Check
Refer to Check Item H-2, page 71.	Item H-2 $-$ ASK 81 ² \square All others $-$ SKIP to 83
81. What is the highest grade or year of regular school that your husband has completed and gotten credit for?	Elementary 1 2 3 4 5 6 7 8 0929
Mark (X) the appropriate box.	<u> </u>
	High school 1 2 3 4 0930
	College 1 2 3 4 5 6+
	0931
	Never attended
	$\begin{array}{c c} & 1 \\ \hline 0932 & $
82. What is the highest academic diploma or degree that your husband has earned?	1 High school diploma 2 GED 3 Associate (2 or 3 year course) 4 Bachelor's (BA, BS, AB) 5 Master's (MA, MS, MBA) 6 Doctorate (PhD, MD, LLB, JD) 7 Other — Specify
	8 No diploma or degree received
83. How many children have ever been born to you?	0934 Children — <i>ASK 84</i> 0935
84. How many of these children have been born to you since (Date in R5)?	Children — <i>ASK 85</i> Children — <i>ASK 85</i> 1 □ None — <i>SKIP to 86a, page 73</i>
85. What (is this child's/are these children's) date(s) of birth?	Month Day Year Child 1 Child 2 Child 3 Child 4 Child 4
0 70	FORM LGT-4151 (2-21-91

_	Section 9 — MARITAL HISTORY, FERTILITY, AI	ND OTHE	R FAMILY BACKGROUND — Continued
86a.	Altogether, how many (more) children do you actually expect to have?	0942	Children — <i>ASK 86b</i> 1 None — <i>SKIP to 87a</i>
b.	When do you expect to have your next child? Read answer categories.	0944	 1 ☐ Within the next 12 months 2 ☐ 13-24 months from now 3 ☐ More than 24 months but less than 5 years from now
87a.	Since (Date in R5), have you ever adopted any children or had any children not born to you come to live with you?	0945	1 ☐ Yes — <i>ASK 87b</i> 2 ☐ No — <i>SKIP to 88a</i>
b.	How many children?	0946	Children
88a.	How many persons, not counting yourself (and your husband/partner), are dependent upon you (and your husband/partner) for at least one-half of their support?	0947	Persons — <i>ASK 88b</i> 1 None — <i>SKIP to 88d, page 74</i>
b.	Do any of these dependents live somewhere else other than here at home with you?	0949	1 □ No − SKIP to 88d, page 74 2 □ Yes − How many? 7 Dependents − ASK 88c
C.	What is their relationship to you?	0951 0952 0953 0954 0955 0956 0957 0958 0959 0960 0961	Son — How many? 7 Daughter — How many? 7 Respondent's mother Respondent's father Respondent's spouse's mother Respondent's spouse's father Respondent's spouse's father How many? 7 How many? 7

	Do you have any children who have attended college during the past 12 months?	0963		No			, page y? 7	75									
	What are their names?		FIRST CHILD			SECOND CHILD			THIRD CHILD			FOURTH CHILD			FIFTH CHILD		
	Enter the name of each child at the top of a column in 88e. Beginning with the ''First Child'' column, complete items 88f—i for each child listed.	Name	•		Nam	9		Name			Name			Name			
f.	What is (Read name	0965			0969		0973			0977			0981				
	of child) 's date of birth?	Mo.	Day	Year	Mo.	Day	Year	Mo.	Day	Year	Mo.	Day 	Year	Mo.	Day 	Yea	
g.	Did (Read name of child) live at home while attending college?	0966	1 🗆	Yes No	0970		Yes No	0974	1 🗌 2 🔲		0978	1 🗌	Yes No	0982	1 🗆		
h.	Did you (or your husband/partner) contribute more than half of (his/her) support?	0967		Yes No	0971		Yes No	0975	1 🔲	Yes No	0979	1 🗌 2 🔲	Yes No	0983	1		
i.	How much (do/did) you (or your husband/partner) pay toward (his/her) college expenses per year?	\$	Per ye	<mark>00</mark> ear	\$	Per ye	<mark>00</mark> ear	-	Per yea	. <u>00</u> ar	, , —	Per ye	. 00 ar	\$	Per ye	o ar	
TE	S																
			47.														

	Section 10 — EDUCA	TION AN	ID TRAINING
89a.	Now I have some questions about your education. Are you attending or enrolled in regular school?	0985	1 □ Yes — <i>ASK 89b</i> 2 □ No — <i>SKIP to 90a</i>
b.	Are you enrolled full time or part time?	0986	1 ☐ Full time 2 ☐ Part time
C.	What grade are you attending?	0987	High school 1 2 3 4 □ □ □ □ − SKIP to 90c College 1 2 3 4 5 6 + □ □ □ □ □ □ − SKIP to Check Item I-1 7 □ Nonacademic degree or diploma educational program − SKIP to 90b
90a.	Have you attended regular school since (Date in R5)?	0990	1 \square Yes $-$ ASK 90b 2 \square No $-$ SKIP to Check Item I-2, page 76
b.	What is the highest grade of regular school you have completed?	0991	High school 1 2 3 4
C.	Have you received a high school diploma or GED since (Date in R5)?	0994	1 \square Yes $-$ ASK 90d 2 \square No $-$ SKIP to Check Item I-2, page 76
d.	Which do you have, a high school diploma or a GED?	0995	1 ☐ High school diploma 2 ☐ GED 3 ☐ Both SKIP to Check Item I-2, page 76
СН	Refer to items 89c and 90b above.	0996	$_1$ \square Completed or attending college 2 + $-$ ASK 91a $_2$ \square All others – SKIP to Check Item I-2, page 76
91a.	Have you received a college degree since (Date in R5)?	0997	$_1$ Yes $-$ ASK 91b $_2$ No $-$ SKIP to Check Item I-2, page 76
b.	What degree was it?	0998	1 ☐ Associate (2 or 3 year course)
	Mark (X) most advanced degree received; do not read list.		Bachelor's (BA, BS, AB) Master's (MA, MS, MBA) Doctorate (PhD, MD, LLB, JD) Other — Specify
С	When did you receive this degree?	0999	Month Year
d	. What was your major field of study?	1000	

	Section 10 — EDUCATION AND TRAINING — Continued							
CHE	CK ITEM I-2	4004						
	Refer to R6 (Information Sheet).	1001	1 ☐ Box 8 or 9 marked in R6 — <i>SKIP to 93a</i> 2 ☐ Box 1–7 marked in R6 — <i>ASK 92a</i>					
92a.	At our last interview on (Date in R5), you were enrolled in (Type of training in R6). Did you complete the program?	1002	1 ☐ Yes 2 ☐ No, dropped out 3 ☐ No, still attending					
b.	Since (Date in R5), how long (have you been attending/did you attend) this course or program?	1003	Weeks o Less than one week					
93a.	(Not counting the training you just told me about) — Since (Date in R5), have you taken any on-the-job training courses?	1004	1 ☐ Yes — ASK 93b 2 ☐ No — SKIP to Check Item I-3					
b.	Did you complete this training?	1005	1 ☐ Yes 2 ☐ No, dropped out 3 ☐ No, still attending					
C.	What job (are/were) you being trained for?	1006	1980 code 1 Same job as in item 9f, page 6					
		1007						
d.	Why did you decide to take this program? Mark (X) only one; do not read list.	1008	1 ☐ To obtain work 2 ☐ To improve job or professional skills 3 ☐ To get better or different job					
			4 ☐ Required by employer for present job 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 ☐					
e.	Since (Date in R5), how many weeks have you spent in on-the-job training courses?	1009	Weeks o □ Less than one week					
f.	How many hours per week (are you spending/have you spent) in this training?	1010	Hours per week o Less than one hour					
CH	Refer to items 89c and 90b, page 75.	1011	 Box 7 marked in 89c or 90b — SKIP to 94b, READ phrase in parentheses All others — ASK 94a 					
94a.	Since (Date in R5), have you taken any other training or educational programs OTHER THAN on-the-job or regular school (that you just told me about)?	1012	1 ☐ Yes — ASK 94b, OMIT phrase in parentheses 2 ☐ No — SKIP to Check Item J-1, page 80					
94b	(Now I'd like to ask you some questions about the regular school that you told me about.) Did you complete this training or educational program?	1013	1 ☐ Yes 2 ☐ No, dropped out 3 ☐ No, still attending					
	If more than one, ask about most recent.	1	o in two, our according					

	Section 10 — EDUCATION A	AND TR	AIN	ING — 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.	1014	1 🗆	Professional, technical
	Mark (X) only one category; do not read list.	 	2 🗌	Managerial SKIP to 94e
		 	з 🗌	Clerical
				Skilled manual — ASK 94d
		 	5 🗌	Sales
				Services
		•		Other — Specify > SKIP to 94e
		PGM 8→	,	
		1)
d.	(Is/Was) this part of an apprenticeship program?	PGM 9 ¥		
		1015	1	Yes
		i I	2	No
		İ		
e.	What kind of school or organization (provides/	1016	1 🗆	Business college, technical institute
	provided) instruction for this training course or educational program?	1010		Company training classes offered by employer
				Correspondence school
	Mark (X) only one category; do not read list.			High school (including night school)
		1		2-year college
				4-year college or university
		1		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
		1 1 1	10 🗆	Federal, State, or local government agency including military reserve, Manpower, JTPA
		1	11 🗆	Other place — <i>Specify ₇</i>
		l I		
		1		
		1		
f.	What kind of work (are/were) you being trained for?	 	19	80 code
		1017		
] None
		1018		
		1	2 L	Same job as in item 9f, page 6
a	Did you enroll in this training or educational	1000		
J	program because your employer required it?	1019] Yes — <i>SKIP to 941, page 76</i>] No — <i>ASK 94h, page 78</i>
		i	2 ∟	TNO — MON 3411, page 10
Í		i		

	Section 10 — EDUCATION A	ND TR	AINING — 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 □ □ Less than one week
j.	How many hours per week (do/did) you spend on this training?	1022	Hours per week Under the Less than one hour
	ECK ITEM I-4 Refer to R9 (Information Sheet).	1023	$_1 \square$ Box 3 marked in R9 $-$ <i>SKIP to 95b</i> $_2 \square$ All others $-$ <i>ASK 95a</i>
95a.	Since (Date in R5), have you used this training on the job?	1024	ı □ Yes 2 □ No
b.	Did you receive a certificate for this training?	1025	$_1$ \square Yes $-$ <i>ASK 95c</i> $_2$ \square No $-$ <i>SKIP to Check Item J-1, page 80</i>
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 → ————————————————————————————————————

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Section 11 — GEOGRAPHIC MOBILITY				
СНЕ	Refer to R7 (Information sheet). Is place or residence recorded in R7 the same (city/town/county) as respondent's current residence?		1 \square Yes $-$ ASK 96a 2 \square No $-$ SKIP to 96b, READ phrase in parentheses	
96a.	Our records show that when we talked with you on (Date entered in R5), you were living in the same (city/town/county) as you are now. Since (Date entered in R5), have you ever moved from (Residence in R7) and then returned here again?	1028	1 ☐ Yes — ASK 96b, OMIT phrase in parentheses 2 ☐ No — SKIP to 97, page 81	
96b.	(Our records show that when we talked with you on (Date entered in R5), you were living in (Residence in R7).) What month and year did you move (back) here?	1029	Month Year	
C.	Where did you live just before moving to this (town/city/county)?	1030 Number	per and street	
		Place	ZIP Code	
d.	How many miles is it to your residence in	County		
e.	How long had you lived in (Entry in 96c) before you moved here?	1031	Miles 1 All my life Years	
_		1034	AND/OR Months 1 Health reasons	
	SHOW FLASHCARD L. Why did you leave (Entry in 96c)? Any other reason? Mark (X) all that apply.	1035 * 1036 * 1037 1038 1039 1040 1041	2 You and/or husband/partner retired 3 To be nearer relatives and friends 4 Husband/partner received transfer and/or promotion 5 You received transfer and/or promotion 6 Husband/partner lost job and new location offered better re-employment opportunities 7 You lost your job and new location offered better re-employment opportunities 8 New location offered generally better employment opportunities 9 Divorce or marriage led to relocation 10 Other family reasons 11 Other employment-related reasons 12 New location generally more desirable 13 No particular reason 14 Other reason — Specify ✓	

Page 80 FORM LGT-4151 (2-21-91)

	Section 12 — ATTITUDES AND CONTACT PERSONS		
97.	We are interested in the way people are these days.	feeling 1042	1 ☐ Very happy
	Taking things altogether, would you say very happy, somewhat happy, somewhat	you're It	2 ☐ Somewhat happy 3 ☐ Somewhat unhappy
	unhappy, or very unhappy these days? Mark (X) only one category.	 	4 ☐ Very unhappy
98.	Please give us the names and addresses	of two persons wh	o would always know
	where you could be reached even if you	moved away.	•
	Enter the information in items 14 and 15 of		
	AA (A)	OFFICE USE ON	ILY
	Mover/Nonmover		
	State code		
	1044		
	County code		
	1045		
NOT	ΓES		
-			
			
		741 F	
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INFORMATION SHEET		
Part A — FIELD REPRESENTATIVE TRANSCRIPTION ITEM	Part C — 1991 QUESTIONNAIRE TRANSCRIPTION	
Transcribe from Household Record Card (LGT-1D), item 7. R3. Current marital status 1046 1	R8. Current labor force group 1 A ("WK" or "J" in 1 or "Yes" in 2a or 3a) 2 B ("LK" in 1 or "Yes" in 4a) 3 C (All others) R9. Date last worked	
Part B — PAST TRANSCRIPTION ITEMS R4. Employer at time of last interview	1051 2 Date is on or after date in R5 3 Date is before date in R5 or "Never" is marked in 5, page 5	
(Employer's name) 1 □ Not employed at time of last interview 2 □ Employed — No name given R5. Date of 1988 interview OR date of last interview, if noninterview in 1988	R10. Class of worker 1052 1 P (Private) 2 G (Government) 6 O (Own business) 9 WP (Working without pay)	
R6. Type of training enrolled in as of 1988 interview 1049 1 Professional, technical 2 Managerial 3 Clerical 4 Skilled manual (including apprenticeship) 5 Sales 6 Services 7 Other — Specify 8 Not enrolled in training 9 Noninterview in 1988 R7. Town/city (county) and State of residence in 1988 (last residence if noninterview in 1988)	R11. Fringe benefits 1	