

Section 5 - INCOME

SHOW FLASHCARD C

**37a. In the past 12 months, what was the total income of ALL family members living here?**

Mark (X) only one box.

- 0652
- 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

**b. 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 IN THE PAST 12 MONTHS, that is, from (Present month) 1991 to (Present month) 1992.**

**In the past 12 months, did you receive any income from wages, salary, commissions, or tips?**

- 0653
- 1 ☐ Yes -ASK 37c  
2 ☐ No - SKIP to 37d(1)

**c. How much did you receive from all jobs before deductions for taxes or anything else?**

0654 \$ . 00

**d. Did you receive any-**

**(1) Income from working on your own or in a nonfarm business or professional practice?**

\$ less \$ = \$  
(Gross income) (Expenses) (Net income)

- 0655
- 2 ☐ No - ASK 37d(2)  
1 ☐ Yes - **How much?**

0656 \$ . 00

- 0657
- 1 ☐ Loss amount  
2 ☐ Broke even

ASK 37d(2)

0658 **COMPUTER USE ONLY**

**(2) Unemployment compensation?**

- 0659
- 1 ☐ Yes - ASK 37d(2)(a)  
2 ☐ No - SKIP to 37d(3)

**(a) How many weeks?**

0660 Weeks

**(b) How much did you receive per week on the average?**

0661 \$ . 00 per week

**(3) Supplemental Unemployment Benefits (SUB) from your employer?**

- 0662
- 1 ☐ Yes - ASK 37d(3)(a)  
2 ☐ No - SKIP to 37d(4)

**(a) How many weeks?**

0663 Weeks

**(b) How much did you receive per week on the average?**

0664 \$ . 00 per week

**(4) Social Security payments such as retired worker, spouse survivors benefits or Railroad Retirement benefits? Do not include disability payments.**

- 0665
- 1 ☐ Yes - ASK 37d(4)(a)  
2 ☐ No - SKIP to 37e

**(a) How many months?**

0666 Months

**(b) How much did you receive per month on the average?**

0667 \$ . 00 per month

**(c) Were these benefits based only on your work record?**

- 0668
- 1 ☐ Yes  
2 ☐ No

**e. In the past 12 months, did you receive income as a result of disability or illness such as -**

If "Yes," list amount received during the past 12 months.

- 0669
- 2 ☐ No - ASK 37e(2), page 39  
1 ☐ Yes - **How much?**

**(1) Veteran's compensation or pension?**

0670 \$ . 00

# Section 5 – INCOME – Continued

<b>37e. (2) Worker's compensation?</b>	<div>0671</div> <div>2 <input type="checkbox"/> No – ASK 37e(3)</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div> <div>0672</div> <div>\$ <div>00</div></div>
<b>(3) Social Security disability payment?</b>	<div>0673</div> <div>2 <input type="checkbox"/> No – ASK 37e(4)</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div> <div>0674</div> <div>\$ <div>00</div></div>
<b>(4) Any other disability payment? – Specify</b> ↘	<div>0675</div> <div>2 <input type="checkbox"/> No – ASK 38a</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div> <div>0676</div> <div>\$ <div>00</div></div>
<b>38a. In the past 12 months did you receive any pension income from any source other than Social Security or Railroad Retirement?</b>	<div>0677</div> <div>1 <input type="checkbox"/> Yes – ASK 38b</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item D-1</div>
<b>b. Did you receive pension income from –</b> <i>If "Yes," list amount received during the past 12 months.</i>	<div>0678</div> <div>2 <input type="checkbox"/> No – ASK 38b(2)</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div>
<b>(1) Private employer?</b>	<div>0679</div> <div>\$ <div>00</div></div>
<b>(2) Military?</b>	<div>0680</div> <div>2 <input type="checkbox"/> No – ASK 38b(3)</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div> <div>0681</div> <div>\$ <div>00</div></div>
<b>(3) Federal government (civilian)?</b>	<div>0682</div> <div>2 <input type="checkbox"/> No – ASK 38b(4)</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div> <div>0683</div> <div>\$ <div>00</div></div>
<b>(4) State or local government?</b>	<div>0684</div> <div>2 <input type="checkbox"/> No – ASK 38b(5)</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div> <div>0685</div> <div>\$ <div>00</div></div>
<b>(5) Union?</b>	<div>0686</div> <div>2 <input type="checkbox"/> No – ASK 38b(6)</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div> <div>0687</div> <div>\$ <div>00</div></div>
<b>(6) A personal plan such as IRA, KEOGH, or 401K account?</b>	<div>0688</div> <div>2 <input type="checkbox"/> No – ASK 38b(7)</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div> <div>0689</div> <div>\$ <div>00</div></div>
<b>(7) Other sources? – Specify</b> ↘	<div>0690</div> <div>2 <input type="checkbox"/> No – GO to Check Item D-1</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↘</div> <div>0691</div> <div>\$ <div>00</div></div>
<b>CHECK ITEM D-1</b> <i>Refer to item 29b, page 32.</i>	<div>0692</div> <div>1 <input type="checkbox"/> Husband or male partner listed – ASK 39a</div> <div>2 <input type="checkbox"/> All others – SKIP to 41a, page 41</div>
<b>39a. Now I would like to ask a few questions about your (husband's/partner's) income in the past 12 months.</b>  <b>PLEASE REMEMBER THE FOLLOWING QUESTIONS ONLY CONCERN YOUR (HUSBAND'S/PARTNER'S) INCOME IN THE PAST 12 MONTHS, that is, from (Present month) 1991 to (Present month) 1992.</b>  <b>Did your (husband/partner) receive any income from wages, salary, commissions, or tips?</b>	<div>0693</div> <div>1 <input type="checkbox"/> Yes – ASK 39b</div> <div>2 <input type="checkbox"/> No – SKIP to 39c(1), page 40</div>
<b>b. How much did he receive from all jobs, before deductions for taxes or anything else?</b>	<div>0694</div> <div>\$ <div>00</div></div>

# Section 5 – INCOME – Continued

## 39c. Did your (husband/partner) receive any –

(1) Income from working on his own or in a nonfarm business or professional practice?

0695

- 2 ☐ No – ASK 39c(2)  
1 ☐ Yes – How much? ↗

0696

\$ . 00

ASK 39c(2)

\$ less \$ = \$  
(Gross income) (Expenses) (Net income)

0697

- 1 ☐ Loss amount  
2 ☐ Broke even

0698

COMPUTER USE ONLY

(2) Unemployment compensation?

0699

- 1 ☐ Yes – ASK 39c(2)(a)  
2 ☐ No – SKIP to 39c(3)

(a) How many weeks?

0700

Weeks

(b) How much did he receive per week on the average?

0701

\$ . 00 per week

(3) Supplemental Unemployment Benefits (SUB) from his employer?

0702

- 1 ☐ Yes – ASK 39c(3)(a)  
2 ☐ No – SKIP to 39c(4)

(a) How many weeks?

0703

Weeks

(b) How much did he receive per week on the average?

0704

\$ . 00 per week

(4) Social Security payments such as retired worker, spouse survivors benefits or Railroad Retirement benefits? Do not include disability payments.

0705

- 1 ☐ Yes – ASK 39c(4)(a)  
2 ☐ No – SKIP to 39d

(a) How many months?

0706

Months

(b) How much per month on the average?

0707

\$ . 00 per month

d. In the past 12 months, did your (husband/partner) receive income as a result of disability or illness such as –

If "Yes," list amount received during the past 12 months.

0708

- 2 ☐ No – ASK 39d(2)  
1 ☐ Yes – How much? ↗

(1) Veteran's compensation or pension?

0709

\$ . 00

(2) Worker's compensation?

0710

- 2 ☐ No – ASK 39d(3)  
1 ☐ Yes – How much? ↗

0711

\$ . 00

(3) Social Security disability payment?

0712

- 2 ☐ No – ASK 39d(4)  
1 ☐ Yes – How much? ↗

0713

\$ . 00

(4) Any other disability payment? – Specify ↗

0714

- 2 ☐ No – ASK 40a  
1 ☐ Yes – How much? ↗

0715

\$ . 00

40a. In the last 12 months, did your (husband/partner) receive any pension income from any source other than Social Security or Railroad Retirement?

0716

- 1 ☐ Yes – ASK 40b  
2 ☐ No – SKIP to 41a, page 41

b. Did your (husband/partner) receive pension income from –

If "Yes," list amount received during last 12 months.

0717

- 2 ☐ No – ASK 40b(2), page 41  
1 ☐ Yes – How much? ↗

(1) Private employer?

0718

\$ . 00

# Section 5 – INCOME – Continued

<b>40b.(2) Military?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0719</b>    2 <input type="checkbox"/> No – ASK 40b(3)  1 <input type="checkbox"/> Yes – <b>How much?</b> ↘ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0720</b>    \$ _____ <b>00</b> </div>
<b>(3) Federal government (civilian)?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0721</b>    2 <input type="checkbox"/> No – ASK 40b(4)  1 <input type="checkbox"/> Yes – <b>How much?</b> ↘ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0722</b>    \$ _____ <b>00</b> </div>
<b>(4) State or local government?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0723</b>    2 <input type="checkbox"/> No – ASK 40b(5)  1 <input type="checkbox"/> Yes – <b>How much?</b> ↘ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0724</b>    \$ _____ <b>00</b> </div>
<b>(5) Union?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0725</b>    2 <input type="checkbox"/> No – ASK 40b(6)  1 <input type="checkbox"/> Yes – <b>How much?</b> ↘ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0726</b>    \$ _____ <b>00</b> </div>
<b>(6) A personal plan such as IRA, KEOGH, or 401K account?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0727</b>    2 <input type="checkbox"/> No – ASK 40b(7)  1 <input type="checkbox"/> Yes – <b>How much?</b> ↘ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0728</b>    \$ _____ <b>00</b> </div>
<b>(7) Other sources? – Specify ↘</b>  	<div style="border: 1px solid black; padding: 2px;"> <b>0729</b>    2 <input type="checkbox"/> No – ASK 41a  1 <input type="checkbox"/> Yes – <b>How much?</b> ↘ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0730</b>    \$ _____ <b>00</b> </div>
<b>41a. In the past 12 months, did you (or your husband/partner) receive – Any income from operating a farm?</b>  <div style="margin-left: 20px;"> \$ _____ less \$ _____ = \$ _____  <small>(Gross income)                      (Expenses)                      (Net income)</small> </div>	<div style="border: 1px solid black; padding: 2px;"> <b>0731</b>    2 <input type="checkbox"/> No – ASK 41b  1 <input type="checkbox"/> Yes – <b>How much?</b> ↘ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0732</b>    \$ _____ <b>00</b> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0733</b>    1 <input type="checkbox"/> Loss amount  2 <input type="checkbox"/> Broke even </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; background-color: #f0f0f0;"> <b>0734</b>    <b>COMPUTER USE ONLY</b> </div>
<b>b. Any rental income from roomers and boarders, an apartment in this house or another building, or other real estate?</b>  <div style="margin-left: 20px;"> \$ _____ less \$ _____ = \$ _____  <small>(Gross income)                      (Expenses)                      (Net income)</small> </div>	<div style="border: 1px solid black; padding: 2px;"> <b>0735</b>    2 <input type="checkbox"/> No – ASK 41c  1 <input type="checkbox"/> Yes – <b>How much?</b> ↘ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0736</b>    \$ _____ <b>00</b> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0737</b>    1 <input type="checkbox"/> Loss amount  2 <input type="checkbox"/> Broke even </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; background-color: #f0f0f0;"> <b>0738</b>    <b>COMPUTER USE ONLY</b> </div>
<b>c. Any interest or dividends on savings, stocks, bonds, or income from estates or trusts?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0739</b>    2 <input type="checkbox"/> No – ASK 42a  1 <input type="checkbox"/> Yes – <b>How much?</b> ↘ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>0740</b>    \$ _____ <b>00</b> </div>
<b>42a. In the past 12 months, did you (or your husband/partner) receive any food stamps under the Government's Food Stamp Plan?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0741</b>    1 <input type="checkbox"/> Yes – ASK 42b  2 <input type="checkbox"/> No – SKIP to 43a </div>
<b>b. In how many months did you (or your husband/partner) receive stamps?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0742</b>    _____ Months </div>
<b>c. In the most recent month food stamps were received, what was the total face value of the food stamps received?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0743</b>    \$ _____ <b>00</b> per month </div>
<b>43a. During the past 12 months, did you (or your husband/partner) receive any income from Aid to Families with Dependent Children (AFDC)?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0744</b>    1 <input type="checkbox"/> Yes – ASK 43b  2 <input type="checkbox"/> No – SKIP to 44a, page 42 </div>
<b>b. How many months?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0745</b>    _____ Months </div>
<b>c. How much did you receive per month on the average?</b>	<div style="border: 1px solid black; padding: 2px;"> <b>0746</b>    \$ _____ <b>00</b> per month </div>

Section 5 – INCOME – Continued	
<b>44a.</b> In the past 12 months, did you (or your husband/partner) receive any Supplemental Security Income or any other public assistance from the local, State, or Federal Government?	<div>0747</div> <div>1 <input type="checkbox"/> Yes – ASK 44b</div> <div>2 <input type="checkbox"/> No – SKIP to 45a</div>
<b>b.</b> How many months?	<div>0748</div> _____ Months
<b>c.</b> How much did you receive per month on the average?	<div>0749</div> \$ _____ <div>00</div> per month
<b>45a.</b> Did you (or your husband/partner) receive any alimony in the past 12 months?	<div>0750</div> <div>2 <input type="checkbox"/> No – ASK 45b</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↗</div> <div>0751</div> \$ _____ <div>00</div>
<b>b.</b> Did you (or your husband/partner) PAY money to anyone for alimony in the past 12 months?	<div>0752</div> <div>2 <input type="checkbox"/> No – ASK 46a</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↗</div> <div>0753</div> \$ _____ <div>00</div>
<b>46a.</b> Did you (or your husband/partner) receive any child support in the past 12 months?	<div>0754</div> <div>2 <input type="checkbox"/> No – ASK 46b</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↗</div> <div>0755</div> \$ _____ <div>00</div>
<b>b.</b> Did you (or your husband/partner) PAY any money to anyone for child support for any child not living in (this/your) household in the past 12 months?	<div>0756</div> <div>2 <input type="checkbox"/> No – ASK 47</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↗</div> <div>0757</div> \$ _____ <div>00</div>
<b>47.</b> In the past 12 months, did you (or your husband/partner) receive any other type of income; for example, royalties, annuities, contributions from family members living elsewhere?	<div>0758</div> <div>2 <input type="checkbox"/> No – ASK 48</div> <div>1 <input type="checkbox"/> Yes – <b>How much?</b> ↗</div> <div>0759</div> \$ _____ <div>00</div>
<b>48.</b> 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 than you were at this time last year?	<div>0760</div> <div>1 <input type="checkbox"/> Better off</div> <div>2 <input type="checkbox"/> Same</div> <div>3 <input type="checkbox"/> Worse off</div>
<b>CHECK ITEM D-2</b>  Refer to items 29b, 29c, and 29e, page 32.	<div>0761</div> <div>1 <input type="checkbox"/> Only respondent (and/or husband/partner and/or children under 14) listed – SKIP to 50a, page 43</div> <div>2 <input type="checkbox"/> Other family members listed – ASK 49</div> <div>3 <input type="checkbox"/> All others (non-family members) – SKIP to 50a, page 43</div>
<b>SHOW FLASHCARD C</b>  <b>49.</b> In the past 12 months, what was the total income of ALL family members living here OTHER THAN you (and your husband/ partner)?  Mark (X) only one box.	<div>0762</div> <div>1 <input type="checkbox"/> \$ 0–\$ 3,999</div> <div>2 <input type="checkbox"/> 4,000– 5,999</div> <div>3 <input type="checkbox"/> 6,000– 7,499</div> <div>4 <input type="checkbox"/> 7,500– 9,999</div> <div>5 <input type="checkbox"/> 10,000– 14,999</div> <div>6 <input type="checkbox"/> 15,000– 17,499</div> <div>7 <input type="checkbox"/> 17,500– 19,999</div> <div>8 <input type="checkbox"/> 20,000– 24,999</div> <div>9 <input type="checkbox"/> 25,000– 34,999</div> <div>10 <input type="checkbox"/> 35,000– 49,999</div> <div>11 <input type="checkbox"/> 50,000– 74,999</div> <div>12 <input type="checkbox"/> 75,000– 99,999</div> <div>13 <input type="checkbox"/> 100,000 and over</div> <div>14 <input type="checkbox"/> Nothing</div> <div>15 <input type="checkbox"/> Don't know</div> <div>16 <input type="checkbox"/> Refused</div>

Section 5 – INCOME – Continued	
<b>50a. During the last 12 months, considering all of your savings, investments, and reserve funds, overall did you put more money in these accounts or take more money out of these accounts in this year?</b>	<b>0763</b> <div><input type="checkbox"/> Put more money in – ASK 50b</div> <div><input type="checkbox"/> Take more money out – ASK 50b</div> <div><input type="checkbox"/> Amount did not change – SKIP to 51a</div>
<b>b. How much money did you (put into/take out of) your savings?</b>	<b>0764</b> \$ <div>00</div>
<div>SHOW FLASHCARD D</div> <b>51a. The questions I just asked you referred to the last 12 months. Now I would like you to think back to the previous 12 months. In other words, the time from (present month) 1990 to (present month) 1991.</b>  <b>What was the total income of all family members living here during that 12 month period?</b>  <i>Mark (X) only one box.</i>	<b>0765</b> <div><input type="checkbox"/> \$ 0–\$ 3,999</div> <div><input type="checkbox"/> 4,000– 5,999</div> <div><input type="checkbox"/> 6,000– 7,499</div> <div><input type="checkbox"/> 7,500– 9,999</div> <div><input type="checkbox"/> 10,000– 14,999</div> <div><input type="checkbox"/> 15,000– 17,499</div> <div><input type="checkbox"/> 17,500– 19,999</div> <div><input type="checkbox"/> 20,000– 24,999</div> <div><input type="checkbox"/> 25,000– 34,999</div> <div><input type="checkbox"/> 35,000– 49,999</div> <div><input type="checkbox"/> 50,000– 74,999</div> <div><input type="checkbox"/> 75,000– 99,999</div> <div><input type="checkbox"/> 100,000 and over</div> <div><input type="checkbox"/> Nothing</div> <div><input type="checkbox"/> Don't know</div> <div><input type="checkbox"/> Refused</div>
<div>SHOW FLASHCARD D</div> <b>b. Now I would like you to think back to the 12 months before that, in other words from (present month) 1989 to (present month) 1990.</b>  <b>What was the total income of all family members living here during that 12 month period?</b>  <i>Mark (X) only one box.</i>	<b>0766</b> <div><input type="checkbox"/> \$ 0–\$ 3,999</div> <div><input type="checkbox"/> 4,000– 5,999</div> <div><input type="checkbox"/> 6,000– 7,499</div> <div><input type="checkbox"/> 7,500– 9,999</div> <div><input type="checkbox"/> 10,000– 14,999</div> <div><input type="checkbox"/> 15,000– 17,499</div> <div><input type="checkbox"/> 17,500– 19,999</div> <div><input type="checkbox"/> 20,000– 24,999</div> <div><input type="checkbox"/> 25,000– 34,999</div> <div><input type="checkbox"/> 35,000– 49,999</div> <div><input type="checkbox"/> 50,000– 74,999</div> <div><input type="checkbox"/> 75,000– 99,999</div> <div><input type="checkbox"/> 100,000 and over</div> <div><input type="checkbox"/> Nothing</div> <div><input type="checkbox"/> Don't know</div> <div><input type="checkbox"/> Refused</div>
<b>CHECK ITEM D-3</b>  <i>Refer to R3 on the Information Sheet.</i>	<b>0767</b> <div><input type="checkbox"/> Box 1 or 2 marked in R3 – ASK "Have you or your husband" phrase in item 52a</div> <div><input type="checkbox"/> All others – ASK "Have you" phrase in 52a</div>
<b>52a. Have you (or your husband) ever applied for Social Security disability benefits?</b>	<b>0768</b> <div><input type="checkbox"/> Yes – ASK 52b</div> <div><input type="checkbox"/> No – SKIP to Check Item E-1, page 46</div>
<b>b. Which one of you has applied?</b>	<b>0769</b> <div><input type="checkbox"/> Respondent only – ASK 52c</div> <div><input type="checkbox"/> Respondent and husband – ASK 52c</div> <div><input type="checkbox"/> Husband only – SKIP to 52g, page 44</div>
<b>c. In what year did you last apply for Social Security disability benefits?</b>	<div><div>Year</div><div><div>19</div></div></div> <div><b>0770</b></div> <div><b>0771</b> <input type="checkbox"/> Don't know</div>
<b>d. Have you EVER received Social Security disability benefits?</b>	<b>0772</b> <div><input type="checkbox"/> Yes – ASK 52e</div> <div><input type="checkbox"/> No – SKIP to Check Item D-4, page 44</div>
<b>e. At what age did you begin to receive Social Security disability benefits?</b>	<b>0773</b> _____ Age
<b>f. When did you last receive Social Security disability benefits?</b>	<div><div>Year</div><div><div>19</div></div></div> <div><b>0774</b></div> <div><b>0775</b> <div><input type="checkbox"/> Don't know</div><div><input type="checkbox"/> Still receiving benefits</div></div>

[illegible]

## NOTES

[illegible]



Section 6 – HEALTH	
<b>CHECK ITEM E-1</b>	<b>0792</b>
Refer to R10 on the Information Sheet. Is respondent currently employed?	1 <input type="checkbox"/> Box 1 marked in R10, respondent in Labor Force Group A – <i>SKIP to 54a</i> 2 <input type="checkbox"/> All others – <i>ASK 53a</i>
<b>53a. Does your health or physical condition prevent you from working altogether?</b>	<b>0793</b> 1 <input type="checkbox"/> Yes – <i>ASK 53b</i> 2 <input type="checkbox"/> No – <i>SKIP to 54a</i>
<b>b. When did you become unable to work altogether?</b>	<div><div><b>0794</b><div>Month</div><div></div></div><div><b>0795</b><div>Year</div><div>19</div></div></div> <div>SKIP to 54b</div>
<b>54a. Do you have any health problem or condition that limits in any way the AMOUNT or KIND of work you can do?</b>	<b>0796</b> 1 <input type="checkbox"/> Yes – <i>ASK 54b</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item E-2</i>
SHOW FLASHCARD E.	
<b>b. What is the MAIN health condition that causes your problem or limitation?</b>	<b>0797</b> <div></div>
Enter only one health condition.	
<b>c. Are there any others?</b>	<b>0798</b> 1 <input type="checkbox"/> Yes – <i>ASK 54d</i> 2 <input type="checkbox"/> No – <i>SKIP to 54e</i>
SHOW FLASHCARD E.	
<b>d. What are they?</b>	<b>0799</b> <div></div>
Enter up to 3 health conditions.	<b>0800</b> <div></div>
	<b>0801</b> <div></div>
<b>e. For your MAIN health condition, how long have you been limited in this way?</b>	<b>0802</b> _____ Years
	<b>AND/OR</b>
	<b>0803</b> _____ Months
	<b>0804</b> 1 <input type="checkbox"/> All her life
<b>CHECK ITEM E-2</b>	<b>0805</b>
Refer to item 29b, page 32.	1 <input type="checkbox"/> Respondent listed only – <i>SKIP to 56a</i> 2 <input type="checkbox"/> All others – <i>ASK 55a</i>
<b>55a. Does the health condition of any family members living here (besides yourself) affect the KIND or AMOUNT of work you can do or where you can work?</b>	<b>0806</b> 1 <input type="checkbox"/> Yes – <i>ASK 55b</i> 2 <input type="checkbox"/> No – <i>SKIP to 56a</i>
<b>b. Which family member is this?</b>	<b>0807</b> 1 <input type="checkbox"/> Husband/Partner
Mark (X) all that apply.	<b>0808</b> 2 <input type="checkbox"/> Son or daughter
	<b>0809</b> 3 <input type="checkbox"/> Respondent's parent(s)
	<b>0810</b> 4 <input type="checkbox"/> Husband's parent(s)
	<b>0811</b> 5 <input type="checkbox"/> Sister or brother
	<b>0812</b> 6 <input type="checkbox"/> Other relative – <i>Specify</i> <input type="checkbox"/>
<b>56a. It's commonly accepted that a person's health is related to her height and weight. What is your weight?</b>	<b>0813</b> _____ Pounds
	<b>0814</b> 1 <input type="checkbox"/> Refused
<b>b. What is your height in your stocking feet?</b>	<b>0815</b> _____ Feet
	<b>0816</b> _____ Inches
<b>CHECK ITEM E-3</b>	<b>0817</b>
Refer to items 29b, page 32, and R3 on the Information Sheet.	1 <input type="checkbox"/> Box 1 or 2 marked in R3 } <i>ASK 57a, page 47</i> 2 <input type="checkbox"/> Male partner listed in item 29b } 3 <input type="checkbox"/> All others – <i>SKIP to Check Item E-4, page 47</i>

## Section 6 - HEALTH - Continued

<p><b>57a. Does your (husband's/partner's) health or physical condition limit the AMOUNT or KIND of work he can do?</b></p>	<p><b>0818</b> 1 <input type="checkbox"/> Yes – ASK 57b 2 <input type="checkbox"/> No – SKIP to Check Item E-4</p>
<p><b>b. How long has he been limited in this way?</b></p>	<p><b>0819</b> _____ Years</p> <p><b>AND/OR</b></p> <p><b>0820</b> _____ Months</p> <p><b>0821</b> 1 <input type="checkbox"/> All his life</p>
<p><b>CHECK ITEM E-4</b></p> <p>Refer to item 29b, page 32.</p>	<p><b>0822</b> 1 <input type="checkbox"/> Respondent lives alone – SKIP to 58e 2 <input type="checkbox"/> All others – ASK 58a</p>
<p><b>58a. Is anyone in your household (besides you) disabled or chronically ill?</b></p>	<p><b>0823</b> 1 <input type="checkbox"/> Yes – ASK 58b 2 <input type="checkbox"/> No – SKIP to 58e</p>
<p><b>b. Which household member is this?</b> <b>Anyone else?</b> Mark (X) all that apply.</p>	<p><b>0824</b> 1 <input type="checkbox"/> Husband/Partner <b>0825</b> 2 <input type="checkbox"/> Son or daughter <b>0826</b> 3 <input type="checkbox"/> Respondent's parent(s) <b>0827</b> 4 <input type="checkbox"/> Husband's parent(s) <b>0828</b> 5 <input type="checkbox"/> Sister or brother <b>0829</b> 6 <input type="checkbox"/> Other relative – Specify _____  <b>0830</b> 7 <input type="checkbox"/> Other nonrelative – Specify _____</p>
<p><b>c. Do you regularly spend time helping or taking care of this person (these people)?</b></p>	<p><b>0831</b> 1 <input type="checkbox"/> Yes – ASK 58d 2 <input type="checkbox"/> No – SKIP to 58e</p>
<p><b>d. About how many hours per week do you spend doing this?</b></p>	<p><b>0832</b> _____ Hours per week</p>
<p><b>e. Do you regularly spend time helping or taking care of a relative or friend who does not live in your household?</b></p>	<p><b>0833</b> 1 <input type="checkbox"/> Yes – ASK 58f 2 <input type="checkbox"/> No – SKIP to 58g</p>
<p><b>f. About how many hours per week do you spend doing this?</b></p>	<p><b>0834</b> _____ Hours per week</p>
<p><b>g. Would you rate your health, compared with other women about your age, as excellent, good, fair, or poor?</b></p>	<p><b>0835</b> 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor</p>

[illegible]

Section 6 – HEALTH – Continued						
<b>59a. 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?</b>		<b>0836</b> 1 <input type="checkbox"/> Yes – ASK 59b 2 <input type="checkbox"/> No – SKIP to Check Item E-5, page 50				
SHOW FLASHCARD F.  <b>b. Which of the family members of this household are covered by hospital or medical insurance?</b>  Mark (X) all that apply.		SHOW FLASHCARD G. For each box marked in 59b, ASK 59c. <b>59c. Who provides this insurance for (Reference person(s) in 59b)?</b> Mark (X) main source only.				
		Provided by a group policy at your CURRENT job or union  <b>(1)</b>	Provided by a group policy at your husband's/partner's CURRENT job or union  <b>(2)</b>	Bought directly from a medical insurance company  <b>(3)</b>	Provided through Medicaid  <b>(4)</b>	
<b>0837</b>	1 <input type="checkbox"/> Respondent	<b>0838</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>0839</b>	2 <input type="checkbox"/> Husband/Partner	<b>0840</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>0841</b>	3 <input type="checkbox"/> Children	<b>0842</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>0843</b>	4 <input type="checkbox"/> Children under own policies	<b>0844</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>0845</b>	5 <input type="checkbox"/> Respondent's parent(s)	<b>0846</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>0847</b>	6 <input type="checkbox"/> Husband's parent(s)	<b>0848</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>0849</b>	7 <input type="checkbox"/> Grandchildren	<b>0850</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>0851</b>	8 <input type="checkbox"/> Other family members	<b>0852</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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## Section 6 - HEALTH - Continued

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NOTES








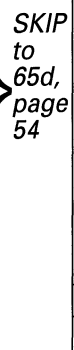

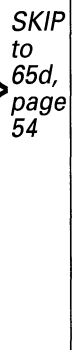
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Section 6 – HEALTH – Continued	
<b>CHECK ITEM E-5</b>  <i>Refer to item 5, page 4, and R10 on the Information Sheet.</i> Is respondent currently employed?	<b>0853</b> 1 <input type="checkbox"/> Box 1 marked "Never" in 5 – <i>SKIP to Check Item F-1, page 51</i> 2 <input type="checkbox"/> Box 1 marked in R10, respondent in Labor Group A – <i>GO to Check Item E-6</i> 3 <input type="checkbox"/> Box 2 or 3 marked in R10 – <i>SKIP to Check Item E-8</i>
<b>CHECK ITEM E-6</b>  <i>Refer to item 59c(1), page 48.</i> Is box 59c(1) marked to indicate that the respondent has a group policy at her CURRENT job or union which covers the respondent?	<b>0854</b> 1 <input type="checkbox"/> Yes – <i>ASK 60a</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item E-8</i>
<b>60a. Do you currently make any contribution toward the costs of your employer – provided group health policy?</b>	<b>0855</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know
<b>b. After you retire, do you expect health insurance coverage to be available from your current employer for yourself?</b>	<b>0856</b> 1 <input type="checkbox"/> Yes – <i>GO to Check Item E-7</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know } <i>SKIP to Check Item E-8</i>
<b>CHECK ITEM E-7</b>  <i>Refer to R3 on the Information Sheet.</i>	<b>0857</b> 1 <input type="checkbox"/> Box 1 or 2 marked in R3 – <i>ASK 60c</i> 2 <input type="checkbox"/> All others – <i>SKIP to Check Item E-8</i>
<b>60c. After you retire, do you expect health insurance coverage to be available from your current employer for your husband?</b>	<b>0858</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know
<b>CHECK ITEM E-8</b>  <i>Refer to item 59c(6), page 49.</i> Is box 59c(6) marked to indicate that the respondent has a group policy at her FORMER job or union which covers the respondent?	<b>0859</b> 1 <input type="checkbox"/> Yes – <i>ASK 60d</i> 2 <input type="checkbox"/> No – <i>SKIP to 61a</i>
<b>60d. Do you currently make any contribution toward the costs of the group health policy provided by your former employer?</b>	<b>0860</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know
<b>e. Are you retired from this firm?</b>	<b>0861</b> 1 <input type="checkbox"/> Yes – <i>Omit phrase "after you retire" in 60f</i> 2 <input type="checkbox"/> No – <i>Read phrase "after you retire" in 60f</i>
<b>f. (After you retire,) do you expect health insurance coverage to be available from your former employer throughout your retirement?</b>	<b>0862</b> 1 <input type="checkbox"/> Yes – <i>GO to Check Item E-9</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know } <i>SKIP to 61a</i>
<b>CHECK ITEM E-9</b>  <i>Refer to R3 on the Information Sheet.</i>	<b>0863</b> 1 <input type="checkbox"/> Box 1 or 2 marked in R3 – <i>ASK 60g</i> 2 <input type="checkbox"/> All others – <i>SKIP to 61a</i>
<b>60g. (After you retire,) do you expect health insurance coverage for your husband to be available from your former employer?</b>	<b>0864</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know
<b>61a. We are interested in people's retirement status and their retirement plans. At the present time, do you think of yourself as retired, partly retired, or not retired at all?</b>  <i>(Probe if respondent is unsure of retirement status).</i>	<b>0865</b> 1 <input type="checkbox"/> Retired – <i>ASK 61b</i> 2 <input type="checkbox"/> Partly retired 3 <input type="checkbox"/> Not retired at all } <i>SKIP to Check Item F-1, page 51</i>
<b>b. In what month and year did you most recently (retire/stop working)?</b>	<div><div><b>0866</b><div>Month<div></div><div></div></div></div><div><div><b>0867</b><div>Year<div>19</div></div></div></div></div>

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







Section 7A – RESPONDENT EMPLOYED: FUTURE PENSIONS FROM CURRENT EMPLOYER – Continued				
CHECK ITEM F-3		0892		
Refer to item 63c, page 51.		1 <input type="checkbox"/> Only one plan is entered in 63c – Read "this plan" phrase in 64a 2 <input type="checkbox"/> More than one plan is entered in 63c – Read "each plan separately" phrase in 64a		
64a. [We would like to ask about (this plan/each plan separately, beginning with the most important plan).] How much do you know about this (1st, 2nd, 3rd, 4th) pension plan? A lot, something, or very little?	PGM 3	FIRST PENSION PLAN	PGM 4	SECOND PENSION PLAN
	0893	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing	0981	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing
	0894	_____ Number of years	0982	_____ Number of years
	0895	1 <input type="checkbox"/> Don't know	0983	1 <input type="checkbox"/> Don't know
	0896	1 <input type="checkbox"/> Type A (formula) – ASK 64d 2 <input type="checkbox"/> Type B (savings) – SKIP to 67, page 56 3 <input type="checkbox"/> Both – SKIP to 65a 4 <input type="checkbox"/> Don't know – ASK 64d	0984	1 <input type="checkbox"/> Type A (formula) – ASK 64d 2 <input type="checkbox"/> Type B (savings) – SKIP to 67, page 56 3 <input type="checkbox"/> Both – SKIP to 65a 4 <input type="checkbox"/> Don't know – ASK 64d
b. How many years have you been included in this plan? Please include only the years that count or will count toward your pension or retirement benefits. SHOW FLASHCARD H	0894	_____ Number of years	0982	_____ Number of years
	0895	1 <input type="checkbox"/> Don't know	0983	1 <input type="checkbox"/> Don't know
c. In the most common pension or retirement plan, Type A, the amount of the benefit is usually based on a FORMULA involving age, years of service, and salary. In other plans, Type B, money is accumulated in a type of SAVINGS ACCOUNT for you until your retirement. Is this plan a "formula" plan, Type A, or a "savings account" plan, Type B?	0896	1 <input type="checkbox"/> Type A (formula) – ASK 64d 2 <input type="checkbox"/> Type B (savings) – SKIP to 67, page 56 3 <input type="checkbox"/> Both – SKIP to 65a 4 <input type="checkbox"/> Don't know – ASK 64d	0984	1 <input type="checkbox"/> Type A (formula) – ASK 64d 2 <input type="checkbox"/> Type B (savings) – SKIP to 67, page 56 3 <input type="checkbox"/> Both – SKIP to 65a 4 <input type="checkbox"/> Don't know – ASK 64d
d. How much do you currently contribute to this plan?	0897	_____ Percent of pay	0985	_____ Percent of pay
	0898	1 <input type="checkbox"/> Don't know	0986	1 <input type="checkbox"/> Don't know
	OR		OR	
	0899	\$ _____ . 00 per	0987	\$ _____ . 00 per
	(Dollars only)		(Dollars only)	
	0900	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	0988	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify
65a. Most plans have a normal retirement age at which full benefits, sometimes called unreduced benefits, can be received. Some plans allow retirement at an earlier age, usually with reduced benefits but sometimes at full benefits. And in many plans normal retirement age depends on years of service. If you stay at this job, at what age will you be eligible to receive FULL benefits?	0901	_____ Age – ASK 65b	0989	_____ Age – ASK 65b
	0902	1 <input type="checkbox"/> Never – SKIP to 65f, page 54 2 <input type="checkbox"/> Presently eligible – SKIP to 65c, page 54 3 <input type="checkbox"/> Don't know – SKIP to 65e, page 54	0990	1 <input type="checkbox"/> Never – SKIP to 65f, page 54 2 <input type="checkbox"/> Presently eligible – SKIP to 65c, page 54 3 <input type="checkbox"/> Don't know – SKIP to 65e, page 54
b. What do you expect your salary to be at that age? Please give us your best estimate.	0903	\$ _____ . 00 per	0991	\$ _____ . 00 per
	(Dollars only)		(Dollars only)	
	0904	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	0992	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify
	SKIP to 65d, page 54		SKIP to 65d, page 54	
	0905	1 <input type="checkbox"/> Don't know	0993	1 <input type="checkbox"/> Don't know

Section 7A – RESPONDENT EMPLOYED: FUTURE PENSIONS FROM CURRENT EMPLOYER – Continued









PGM 3	THIRD PENSION PLAN	PGM 4	FOURTH PENSION PLAN	NOTES
1069	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing	1157	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing	
1070	_____ Number of years	1158	_____ Number of years	
1071	1 <input type="checkbox"/> Don't know	1159	1 <input type="checkbox"/> Don't know	
1072	1 <input type="checkbox"/> Type A (formula) – ASK 64d 2 <input type="checkbox"/> Type B (savings) – SKIP to 67, page 56 3 <input type="checkbox"/> Both – SKIP to 65a 4 <input type="checkbox"/> Don't know – ASK 64d	1160	1 <input type="checkbox"/> Type A (formula) – ASK 64d 2 <input type="checkbox"/> Type B (savings) – SKIP to 67, page 56 3 <input type="checkbox"/> Both – SKIP to 65a 4 <input type="checkbox"/> Don't know – ASK 64d	
1073	_____ Percent of pay	1161	_____ Percent of pay	
1074	1 <input type="checkbox"/> Don't know	1162	1 <input type="checkbox"/> Don't know	
1075	<b>OR</b> \$ _____ . <input type="text" value="00"/> per  (Dollars only)	1163	<b>OR</b> \$ _____ . <input type="text" value="00"/> per  (Dollars only)	
1076	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	1164	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	
1077	_____ Age – ASK 65b	1165	_____ Age – ASK 65b	
1078	1 <input type="checkbox"/> Never – SKIP to 65f, page 54 2 <input type="checkbox"/> Presently eligible – SKIP to 65c, page 54 3 <input type="checkbox"/> Don't know – SKIP to 65e, page 54	1166	1 <input type="checkbox"/> Never – SKIP to 65f, page 54 2 <input type="checkbox"/> Presently eligible – SKIP to 65c, page 54 3 <input type="checkbox"/> Don't know – SKIP to 65e, page 54	
1079	\$ _____ . <input type="text" value="00"/> per  (Dollars only)	1167	\$ _____ . <input type="text" value="00"/> per  (Dollars only)	
1080	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify  	1168	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify  	
1081	1 <input type="checkbox"/> Don't know	1169	1 <input type="checkbox"/> Don't know	



## Section 7A – RESPONDENT EMPLOYED: FUTURE PENSIONS FROM CURRENT EMPLOYER – Continued





65c. At what age did you become eligible?	PGM 3 FIRST PENSION PLAN	PGM 4 SECOND PENSION PLAN
	0906 _____ Age – ASK 65d	0994 _____ Age – ASK 65d
	0907 1 <input type="checkbox"/> Don't know – SKIP to 65e	0995 1 <input type="checkbox"/> Don't know – SKIP to 65e
d. If you (start/had started) to receive your full pension benefits at this earliest age, how much would you receive?	0908 _____ Percent of pay	0996 _____ Percent of pay
	0909 1 <input type="checkbox"/> Don't know	0997 1 <input type="checkbox"/> Don't know
	OR	OR
If don't know ASK: What percentage of your pay would you receive if you (start/had started) to receive your full pension benefits at this earliest age?	0910 \$ _____ 00 per  (Dollars only)	0998 \$ _____ 00 per  (Dollars only)
	0911 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	0999 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 
e. (Will/Would) these pension benefits be reduced once you reach(ed) age 65 or (become/became) eligible for social security benefits?	0912 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 65g	1000 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 65g
f. Will you ever be eligible to receive reduced benefits from this plan?	0913 1 <input type="checkbox"/> Yes – SKIP to 66a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56	1001 1 <input type="checkbox"/> Yes – SKIP to 66a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56
g. If you (wish/had wished), could YOU (have) retire(d) earlier and receive(d) reduced benefits from this plan at the time of your retirement?	0914 1 <input type="checkbox"/> Yes – ASK 66a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56	1002 1 <input type="checkbox"/> Yes – ASK 66a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56
66a. At what age will you first be eligible to receive REDUCED benefits?	0915 _____ Age – SKIP to 66c	1003 _____ Age – SKIP to 66c
	0916 1 <input type="checkbox"/> Presently eligible – ASK 66b 2 <input type="checkbox"/> Don't know – SKIP to 66d	1004 1 <input type="checkbox"/> Presently eligible – ASK 66b 2 <input type="checkbox"/> Don't know – SKIP to 66d
b. At what age did you become eligible?	0917 _____ Age – ASK 66c	1005 _____ Age – ASK 66c
	0918 1 <input type="checkbox"/> Don't know – SKIP to 66d	1006 1 <input type="checkbox"/> Don't know – SKIP to 66d
c. If you (were to start/had started) to receive reduced benefits at this earliest age, how much would you receive?	0919 _____ Percent of pay	1007 _____ Percent of pay
	0920 1 <input type="checkbox"/> Don't know	1008 1 <input type="checkbox"/> Don't know
	OR	OR
If don't know ASK: What percentage of your pay would you receive if you (were to start/had started) to receive reduced benefits at this earliest age?	0921 \$ _____ 00 per  (Dollars only)	1009 \$ _____ 00 per  (Dollars only)
	0922 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	1010 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 
d. (Will/Would) the amount that you receive(d) eventually decrease as a result of social security benefits?	0923 1 <input type="checkbox"/> Yes – ASK 66e, page 56 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56	1011 1 <input type="checkbox"/> Yes – ASK 66e, page 56 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56





Section 7A – RESPONDENT EMPLOYED: FUTURE PENSIONS FROM CURRENT EMPLOYER – Continued

PGM 3	THIRD PENSION PLAN	PGM 4	FOURTH PENSION PLAN	NOTES
1082	_____ Age – ASK 65d	1170	_____ Age – ASK 65d	
1083	1 <input type="checkbox"/> Don't know – SKIP to 65e	1171	1 <input type="checkbox"/> Don't know – SKIP to 65e	
1084	_____ Percent of pay	1172	_____ Percent of pay	
1085	1 <input type="checkbox"/> Don't know	1173	1 <input type="checkbox"/> Don't know	
	<b>OR</b>		<b>OR</b>	
1086	\$ _____ . <input type="text" value="00"/> per 	1174	\$ _____ . <input type="text" value="00"/> per 	
	(Dollars only)		(Dollars only)	
1087	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	1175	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	
1088	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 65g	1176	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 65g	
1089	1 <input type="checkbox"/> Yes – SKIP to 66a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56	1177	1 <input type="checkbox"/> Yes – SKIP to 66a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56	
1090	1 <input type="checkbox"/> Yes – ASK 66a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56	1178	1 <input type="checkbox"/> Yes – ASK 66a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56	
1091	_____ Age – SKIP to 66c	1179	_____ Age – SKIP to 66c	
1092	1 <input type="checkbox"/> Presently eligible – ASK 66b 2 <input type="checkbox"/> Don't know – SKIP to 66d	1180	1 <input type="checkbox"/> Presently eligible – ASK 66b 2 <input type="checkbox"/> Don't know – SKIP to 66d	
1093	_____ Age – ASK 66c	1181	_____ Age – ASK 66c	
1094	1 <input type="checkbox"/> Don't know – SKIP to 66d	1182	1 <input type="checkbox"/> Don't know – SKIP to 66d	
1095	_____ Percent of pay	1183	_____ Percent of pay	
1096	1 <input type="checkbox"/> Don't know	1184	1 <input type="checkbox"/> Don't know	
	<b>OR</b>		<b>OR</b>	
1097	\$ _____ . <input type="text" value="00"/> per 	1185	\$ _____ . <input type="text" value="00"/> per 	
	(Dollars only)		(Dollars only)	
1098	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	1186	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	
1099	1 <input type="checkbox"/> Yes – ASK 66e, page 56 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56	1187	1 <input type="checkbox"/> Yes – ASK 66e, page 56 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-4, page 56	

Section 7A – RESPONDENT EMPLOYED: FUTURE PENSIONS FROM CURRENT EMPLOYER – Continued				
66e. Will this change take place automatically at age 62, automatically at age 65, whenever social security benefits begin, or at some other time?	PGM 3	FIRST PENSION PLAN	PGM 4	SECOND PENSION PLAN
	0924	1 <input type="checkbox"/> At age 62 2 <input type="checkbox"/> At age 65 3 <input type="checkbox"/> Whenever social security benefits begin 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know	1012	1 <input type="checkbox"/> At age 62 2 <input type="checkbox"/> At age 65 3 <input type="checkbox"/> Whenever social security benefits begin 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know
CHECK ITEM F-4	0925	1 <input type="checkbox"/> Box 3 marked in 64c – ASK 67 2 <input type="checkbox"/> Box 4 marked in 64c – SKIP to 69a 3 <input type="checkbox"/> All others – SKIP to Check Item F-5, page 58	1013	1 <input type="checkbox"/> Box 3 marked in 64c – ASK 67 2 <input type="checkbox"/> Box 4 marked in 64c – SKIP to 69a 3 <input type="checkbox"/> All others – SKIP to Check Item F-5, page 58
67. SHOW FLASHCARD I Could you tell me a little more about your account plan? Is it a thrift or savings plan, a 401K, a profit-sharing plan, a stock-purchase plan, or what?	0926	1 <input type="checkbox"/> Thrift or savings	1014	1 <input type="checkbox"/> Thrift or savings
	0927	2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA)	1015	2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA)
	0928	3 <input type="checkbox"/> Profit sharing	1016	3 <input type="checkbox"/> Profit sharing
	0929	4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP)	1017	4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP)
	0930	5 <input type="checkbox"/> Other – Specify ↗	1018	5 <input type="checkbox"/> Other – Specify ↗
	PGM 10		PGM 10	
Mark (X) all that apply.	6010		6014	
	PGM 3		PGM 3	
	0931	6 <input type="checkbox"/> Don't know	1019	6 <input type="checkbox"/> Don't know
68a. How much does YOUR EMPLOYER contribute to this plan?	0932	Percent of pay	1020	Percent of pay
	0933	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know OR	1021	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know OR
	0934	\$ (Dollars only) . 00 per ↗	1022	\$ (Dollars only) . 00 per ↗
	0935	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗	1023	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗
	PGM 10		PGM 10	
	6011		6015	
b. How much do YOU contribute to this plan?	PGM 3		PGM 3	
	0936	Percent of pay	1024	Percent of pay
	0937	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know OR	1025	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know OR
	0938	\$ (Dollars only) . 00 per ↗	1026	\$ (Dollars only) . 00 per ↗
	0939	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗	1027	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗
	PGM 10		PGM 10	
	6012		6016	
69a. Roughly how much money is in your account at present? Include both your and your employer's contributions and earnings.	PGM 3		PGM 3	
	0940	\$ (Dollars only) . 00	1028	\$ (Dollars only) . 00
b. Are you able to choose how the money in your account is invested?	0941	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	1029	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know
	0942	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
c. How is the money in this account invested? Is it mostly in stocks, mostly in interest-earning assets, is it split evenly between these, or what?	0943	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify ↗	1031	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify ↗
		5 <input type="checkbox"/> Don't know		5 <input type="checkbox"/> Don't know

Section 7A – RESPONDENT EMPLOYED: FUTURE PENSIONS FROM CURRENT EMPLOYER – Continued				
PGM 4	THIRD PENSION PLAN	PGM 4	FOURTH PENSION PLAN	NOTES
1100	1 <input type="checkbox"/> At age 62 2 <input type="checkbox"/> At age 65 3 <input type="checkbox"/> Whenever social security benefits begin 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know	1188	1 <input type="checkbox"/> At age 62 2 <input type="checkbox"/> At age 65 3 <input type="checkbox"/> Whenever social security benefits begin 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know	
1101	1 <input type="checkbox"/> Box 3 marked in 64c – ASK 67 2 <input type="checkbox"/> Box 4 marked in 64c – SKIP to 69a 3 <input type="checkbox"/> All others – SKIP to Check Item F-5, page 58	1189	1 <input type="checkbox"/> Box 3 marked in 64c – ASK 67 2 <input type="checkbox"/> Box 4 marked in 64c – SKIP to 69a 3 <input type="checkbox"/> All others – SKIP to Check Item F-5, page 58	
1102	1 <input type="checkbox"/> Thrift or savings	1190	1 <input type="checkbox"/> Thrift or savings	
1103	2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA)	1191	2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA)	
1104	3 <input type="checkbox"/> Profit sharing	1192	3 <input type="checkbox"/> Profit sharing	
1105	4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP)	1193	4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP)	
1106	5 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	1194	5 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	
PGM 10		PGM 10		
6018		6022		
PGM 3		PGM 3		
1107	6 <input type="checkbox"/> Don't know	1195	6 <input type="checkbox"/> Don't know	
1108	Percent of pay	1196	Percent of pay	
1109	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know OR	1197	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know OR	
1110	\$ <input type="text"/> . <input type="text"/> 00 per <input checked="" type="checkbox"/>	1198	\$ <input type="text"/> . <input type="text"/> 00 per <input checked="" type="checkbox"/>	
	(Dollars only)		(Dollars only)	
1111	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	1199	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	
PGM 10		PGM 10		
6019		6023		
PGM 3		PGM 3		
1112	Percent of pay	1200	Percent of pay	
1113	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know OR	1201	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know OR	
1114	\$ <input type="text"/> . <input type="text"/> 00 per <input checked="" type="checkbox"/>	1202	\$ <input type="text"/> . <input type="text"/> 00 per <input checked="" type="checkbox"/>	
	(Dollars only)		(Dollars only)	
1115	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	1203	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	
PGM 10		PGM 10		
6020		6024		
PGM 3		PGM 3		
1116	\$ <input type="text"/> . <input type="text"/> 00	1204	\$ <input type="text"/> . <input type="text"/> 00	
	(Dollars only)		(Dollars only)	
1117	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	1205	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	
1118	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1206	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	
1119	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>  5 <input type="checkbox"/> Don't know	1207	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>  5 <input type="checkbox"/> Don't know	

Section 7A – RESPONDENT EMPLOYED: FUTURE PENSIONS FROM CURRENT EMPLOYER – Continued												
CHECK ITEM F-5	PGM 4	FIRST PENSION PLAN	PGM 3	SECOND PENSION PLAN								
Refer to item R3 on the Information Sheet. Is sample person currently married?	0944	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 70 2 <input type="checkbox"/> All others – SKIP to 71a	1032	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 70 2 <input type="checkbox"/> All others – SKIP to 71a								
70. If you die before your husband, would your husband be able to receive regular monthly payments from this plan either now or in the future?	0945	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1033	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know								
71a. At what age do you expect to leave this employer?	0946	_____ Age – ASK 71b	1034	_____ Age – ASK 71b								
	0947	1 <input type="checkbox"/> Don't know } SKIP to 71c 2 <input type="checkbox"/> Never plan to retire }	1035	1 <input type="checkbox"/> Don't know } SKIP to 71c 2 <input type="checkbox"/> Never plan to retire }								
b. If you leave this employer at that age, at what age will you be eligible to receive a benefit from that plan?	0948	_____ Age – SKIP to 71e	1036	_____ Age – SKIP to 71e								
	0949	1 <input type="checkbox"/> Presently eligible – SKIP to 71d 2 <input type="checkbox"/> Never } SKIP to 72 3 <input type="checkbox"/> Don't know }	1037	1 <input type="checkbox"/> Presently eligible – SKIP to 71d 2 <input type="checkbox"/> Never } SKIP to 72 3 <input type="checkbox"/> Don't know }								
c. Are you eligible to retire now?	0950	1 <input type="checkbox"/> Yes – ASK 71d 2 <input type="checkbox"/> No } SKIP to 72 3 <input type="checkbox"/> Don't know }	1038	1 <input type="checkbox"/> Yes – ASK 71d 2 <input type="checkbox"/> No } SKIP to 72 3 <input type="checkbox"/> Don't know }								
d. At what age did you become eligible?	0951	_____ Age – ASK 71e	1039	_____ Age – ASK 71e								
	0952	1 <input type="checkbox"/> Don't know – SKIP to 72	1040	1 <input type="checkbox"/> Don't know – SKIP to 72								
e. If you (were to start/had started) to receive your pension benefits at this age, how much would you receive?  If I don't know ASK: What percentage of your pay would you receive if you (were to start/had started) to receive your pension benefits at this age?	0953	_____ Percent of pay	1041	_____ Percent of pay								
	0954	1 <input type="checkbox"/> Don't know	1042	1 <input type="checkbox"/> Don't know								
	0955	OR \$ _____ . 00 per  (Dollars only)	1043	OR \$ _____ . 00 per  (Dollars only)								
	0956	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	1044	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 								
72. Have you ever worked for another employer under this same plan?	0957	1 <input type="checkbox"/> Yes – ASK 73 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 74a	1045	1 <input type="checkbox"/> Yes – ASK 73 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 74a								
73. How many years have you been covered under this plan for all of your employers?	0958	_____ Number of years	1046	_____ Number of years								
	0959	1 <input type="checkbox"/> Don't know	1047	1 <input type="checkbox"/> Don't know								
74a. Has there ever been a time when your employer offered you a special increase in benefits from this pension plan if you retired during that period of time? Sometimes these offers are called "buyouts" or "windows".	0960	1 <input type="checkbox"/> Yes – ASK 74b 2 <input type="checkbox"/> No } SKIP to Check Item F-6, page 60 3 <input type="checkbox"/> Don't know }	1048	1 <input type="checkbox"/> Yes – ASK 74b 2 <input type="checkbox"/> No } SKIP to Check Item F-6, page 60 3 <input type="checkbox"/> Don't know }								
b. When is the most recent period during which these special benefits were offered?	0961	From Month <table><tr><td></td><td></td></tr></table>			1049	From Month <table><tr><td></td><td></td></tr></table>						
	0962	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			1050	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9		
1	9											
1	9											
	0963	To Month <table><tr><td></td><td></td></tr></table>			1051	To Month <table><tr><td></td><td></td></tr></table>						
	0964	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			1052	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9		
1	9											
1	9											
	0965	1 <input type="checkbox"/> Don't know	1053	1 <input type="checkbox"/> Don't know								

Section 7A – RESPONDENT EMPLOYED: FUTURE PENSIONS FROM CURRENT EMPLOYER – Continued												
PGM 4	THIRD PENSION PLAN	PGM 3	FOURTH PENSION PLAN	NOTES								
1120	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 70 2 <input type="checkbox"/> All others – SKIP to 71a	1208	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 70 2 <input type="checkbox"/> All others – SKIP to 71a									
1121	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1209	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know									
1122	_____ Age – ASK 71b	1210	_____ Age – ASK 71b									
1123	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Never plan to retire } SKIP to 71c	1211	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Never plan to retire } SKIP to 71c									
1124	_____ Age – SKIP to 71e	1212	_____ Age – SKIP to 71e									
1125	1 <input type="checkbox"/> Presently eligible – SKIP to 71d 2 <input type="checkbox"/> Never 3 <input type="checkbox"/> Don't know } SKIP to 72	1213	1 <input type="checkbox"/> Presently eligible – SKIP to 71d 2 <input type="checkbox"/> Never 3 <input type="checkbox"/> Don't know } SKIP to 72									
1126	1 <input type="checkbox"/> Yes – ASK 71d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 72	1214	1 <input type="checkbox"/> Yes – ASK 71d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 72									
1127	_____ Age – ASK 71e	1215	_____ Age – ASK 71e									
1128	1 <input type="checkbox"/> Don't know – SKIP to 72	1216	1 <input type="checkbox"/> Don't know – SKIP to 72									
1129	_____ Percent of pay	1217	_____ Percent of pay									
1130	1 <input type="checkbox"/> Don't know <b>OR</b>	1218	1 <input type="checkbox"/> Don't know <b>OR</b>									
1131	\$ _____ . 00 per  (Dollars only)	1219	\$ _____ . 00 per  (Dollars only)									
1132	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	1220	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 									
1133	1 <input type="checkbox"/> Yes – ASK 73 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 74a	1221	1 <input type="checkbox"/> Yes – ASK 73 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 74a									
1134	_____ Number of years	1222	_____ Number of years									
1135	1 <input type="checkbox"/> Don't know	1223	1 <input type="checkbox"/> Don't know									
1136	1 <input type="checkbox"/> Yes – ASK 74b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-6, page 60	1224	1 <input type="checkbox"/> Yes – ASK 74b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-6, page 60									
1137	<b>From</b> Month <table><tr><td></td><td></td></tr></table>			1225	<b>From</b> Month <table><tr><td></td><td></td></tr></table>							
1138	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			1226	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			
1	9											
1	9											
1139	<b>To</b> Month <table><tr><td></td><td></td></tr></table>			1227	<b>To</b> Month <table><tr><td></td><td></td></tr></table>							
1140	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			1228	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			
1	9											
1	9											
1141	1 <input type="checkbox"/> Don't know	1229	1 <input type="checkbox"/> Don't know									

Section 7A – RESPONDENT EMPLOYED: FUTURE PENSIONS FROM CURRENT EMPLOYER – Continued

SHOW FLASHCARD J  
**74c. What special benefits were offered?**  
Mark (X) all that apply.

PGM 4

FIRST PENSION PLAN

0966

1

☐

Lump sum – **How much?**

0967

\$

(Dollars only)

·

(Cents)

0968

2

☐

Increase in benefits – **What percentage?**

0969

Percent

0970

3

☐

Credit for extra years of service – **How many extra years?**

0971

Years

0972

4

☐

Increase in benefits – **What amount and time unit?**

0973

\$

(Dollars only)

·

(Cents)

per

0974

(Year, month, etc.)

0975

5

☐

Benefits begin before they would otherwise have been available – **What age will you be when benefits begin?**

0976

Age

0977

6

☐

Additional or improved medical benefits

0978

7

☐

Other – *Specify*

PGM 10

6013

PGM 3

0979

8

☐

Don't know

PGM 4

SECOND PENSION PLAN

1054

1

☐

Lump sum – **How much?**

1055

\$

(Dollars only)

·

(Cents)

1056

2

☐

Increase in benefits – **What percentage?**

1057

Percent

1058

3

☐

Credit for extra years of service – **How many extra years?**

1059

Years

1060

4

☐

Increase in benefits – **What amount and time unit?**

1061

\$

(Dollars only)

·

(Cents)

per

1062

(Year, month, etc.)

1063

5

☐

Benefits begin before they would otherwise have been available – **What age will you be when benefits begin?**

1064

Age

1065

6

☐

Additional or improved medical benefits

1066

7

☐

Other – *Specify*

PGM 10

6017

PGM 3

1067

8

☐

Don't know

CHECK ITEM F-6

Refer to item 63c, page 51.  
Is there more than one plan?

0980

1

☐

2 or more plans marked in 63c, return to 64a, page 52, omit phrase in brackets and fill in next column

2

☐

All others – *Includes 1 plan marked or blank in 63c, SKIP to 75a, page 62*

1068

1

☐

3 or more plans marked in 63c, return to 64a, page 52, omit phrase in brackets and fill in next column

2

☐

All others – *Includes 2 plans marked in 63c, SKIP to 75a, page 62*

NOTES









[illegible]







Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS				
75a. Are you CURRENTLY RECEIVING benefits from a pension or retirement plan not including Social Security or Railroad Retirement on any job you have previously held?	1254	1 <input type="checkbox"/> Yes – ASK 75b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 92, page 74		
	1255	_____ Plans – GO to Check Item F-7		
b. We would like to ask some questions about each pension or retirement plan in which you have participated and are currently receiving benefits. Some employers have several different plans for which an employee may be eligible. How many plans are you currently receiving benefits from?	1256	1 <input type="checkbox"/> Don’t know – SKIP to 92, page 74		
CHECK ITEM F-7	1257	1 <input type="checkbox"/> Only one plan is entered in 75b – Read “this plan” phrase in 76a 2 <input type="checkbox"/> More than one plan is entered in 75b – Read “each plan separately” phrase in 76a		
Refer to item 75b above.				
76a. [We would like to ask about (this plan/each plan separately, beginning with the most important plan).] How much do you know about this (1st, 2nd, 3rd, 4th) pension plan? A lot, something, or very little?	PGM 3	FIRST PENSION	PGM 4	SECOND PENSION
	1258	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing	1350	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing
b. When did you stop working for the employer of (this plan/1st, 2nd, 3rd, 4th plan)?	1259	Month 	1351	Month 
	1260	Year 1 9	1352	Year 1 9
If don’t know ASK: Did you stop working before or after 1982?	1261	1 <input type="checkbox"/> During or after 1982 – SKIP to 77a 2 <input type="checkbox"/> Before 1982 } SKIP to Check Item F-11, page 72 3 <input type="checkbox"/> Don’t know	1353	1 <input type="checkbox"/> During or after 1982 – SKIP to 77a 2 <input type="checkbox"/> Before 1982 } SKIP to Check Item F-11, page 72 3 <input type="checkbox"/> Don’t know
CHECK ITEM F-8	1262	1 <input type="checkbox"/> Yes – SKIP to Check Item F-11, page 72 2 <input type="checkbox"/> No – ASK 77a		
Refer to item 76b above. Is year in item 76b before 1982? (1981 or earlier)				
77a. What was the full name of this company, business organization, or employer?	1263	1 <input type="checkbox"/> Same as employer in 6a, page 4 – SKIP to 79a		
	PGM 11 6026	PGM 11 6031		
b. In what city, state and county (is/was) (Employer in 77a) located?	City		City	
	State		State	
	County		County	
78. Is this employer – (Read answer categories)	PGM 3	PGM 3		
	1264	1356		
	1 <input type="checkbox"/> A private employer? 2 <input type="checkbox"/> A military organization? 3 <input type="checkbox"/> The Federal government (civilian)? 4 <input type="checkbox"/> A state or local government? 5 <input type="checkbox"/> A union? 6 <input type="checkbox"/> Any other source?		1 <input type="checkbox"/> A private employer? 2 <input type="checkbox"/> A military organization? 3 <input type="checkbox"/> The Federal government (civilian)? 4 <input type="checkbox"/> A state or local government? 5 <input type="checkbox"/> A union? 6 <input type="checkbox"/> Any other source?	
79a. How many years did you work for the employer who offered this plan?	1265	1357		
	1266	1358		
	_____ Number of years 1 <input type="checkbox"/> Don’t know		_____ Number of years 1 <input type="checkbox"/> Don’t know	

Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued			
PGM 4		THIRD PENSION	
PGM 4		FOURTH PENSION	
NOTES			
1442		1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing	
1534		1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing	
1443		1535	
1444		1536	
1445		1537	
1446		1538	
1447		1539	
PGM 11		PGM 11	
6036		6041	
Name		Name	
City		City	
State		State	
County		County	
PGM 3		PGM 3	
1448		1540	
1449		1541	
1450		1542	

Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued				
	PGM 4	FIRST PENSION PLAN	PGM 3	SECOND PENSION PLAN
<b>79b.</b> How many years were you included in this plan? Please include only the years that count toward your pension or retirement benefits.	<div>1267</div> <div>1268</div>	<div>Number of years</div> <div>1 <input type="checkbox"/> Don't know</div>	<div>1359</div> <div>1360</div>	<div>Number of years</div> <div>1 <input type="checkbox"/> Don't know</div>
<div>SHOW FLASHCARD H</div> <b>80a.</b> (As mentioned before,) In the most common pension or retirement plan, Type A, the amount of the benefit is usually based on a FORMULA involving age, years of service, and salary. In other plans, Type B, money is accumulated in a type of SAVINGS ACCOUNT for you until your retirement. Is this plan a "formula" plan, Type A, or a "savings account" plan, Type B?	<div>1269</div>	<div>1 <input type="checkbox"/> Type A (formula) – ASK 80b</div> <div>2 <input type="checkbox"/> Type B (savings) – SKIP to 83, page 66</div> <div>3 <input type="checkbox"/> Both – SKIP to 81a</div> <div>4 <input type="checkbox"/> Don't know – ASK 80b</div>	<div>1361</div>	<div>1 <input type="checkbox"/> Type A (formula) – ASK 80b</div> <div>2 <input type="checkbox"/> Type B (savings) – SKIP to 83, page 66</div> <div>3 <input type="checkbox"/> Both – SKIP to 81a</div> <div>4 <input type="checkbox"/> Don't know – ASK 80b</div>
<b>b.</b> How much did you contribute to this plan?	<div>1270</div> <div>1271</div> <div>1272</div> <div>1273</div>	<div>Percent of pay</div> <div>1 <input type="checkbox"/> Don't know</div> <div>OR</div> <div>\$ <div>00</div> per <div>Week</div></div> <div>(Dollars only)</div> <div>1 <input type="checkbox"/> Week</div> <div>2 <input type="checkbox"/> Biweekly (every two weeks)</div> <div>3 <input type="checkbox"/> Twice a month</div> <div>4 <input type="checkbox"/> Month</div> <div>5 <input type="checkbox"/> Quarter</div> <div>6 <input type="checkbox"/> Year</div> <div>7 <input type="checkbox"/> Other – Specify <div></div></div>	<div>1362</div> <div>1363</div> <div>1364</div> <div>1365</div>	<div>Percent of pay</div> <div>1 <input type="checkbox"/> Don't know</div> <div>OR</div> <div>\$ <div>00</div> per <div>Week</div></div> <div>(Dollars only)</div> <div>1 <input type="checkbox"/> Week</div> <div>2 <input type="checkbox"/> Biweekly (every two weeks)</div> <div>3 <input type="checkbox"/> Twice a month</div> <div>4 <input type="checkbox"/> Month</div> <div>5 <input type="checkbox"/> Quarter</div> <div>6 <input type="checkbox"/> Year</div> <div>7 <input type="checkbox"/> Other – Specify <div></div></div>
<b>81a.</b> If you worked long enough for this employer, at what age (did/would) you first become eligible to receive FULL benefits?	<div>1274</div> <div>1275</div>	<div>Age – ASK 81b</div> <div>1 <input type="checkbox"/> Don't know</div> <div>2 <input type="checkbox"/> Never eligible</div> <div>SKIP to 81c</div>	<div>1366</div> <div>1367</div>	<div>Age – ASK 81b</div> <div>1 <input type="checkbox"/> Don't know</div> <div>2 <input type="checkbox"/> Never eligible</div> <div>SKIP to 81c</div>
<b>b.</b> If you had started to receive your full pension benefits at this earliest age, how much (did/would) you receive?  If don't know ASK: What percentage of your pay would you have received if you had started to receive your full pension benefits at this earliest age?	<div>1276</div> <div>1277</div> <div>1278</div> <div>1279</div>	<div>Percent of pay</div> <div>1 <input type="checkbox"/> Don't know</div> <div>OR</div> <div>\$ <div>00</div> per <div>Week</div></div> <div>(Dollars only)</div> <div>1 <input type="checkbox"/> Week</div> <div>2 <input type="checkbox"/> Biweekly (every two weeks)</div> <div>3 <input type="checkbox"/> Twice a month</div> <div>4 <input type="checkbox"/> Month</div> <div>5 <input type="checkbox"/> Quarter</div> <div>6 <input type="checkbox"/> Year</div> <div>7 <input type="checkbox"/> Other – Specify <div></div></div>	<div>1368</div> <div>1369</div> <div>1370</div> <div>1371</div>	<div>Percent of pay</div> <div>1 <input type="checkbox"/> Don't know</div> <div>OR</div> <div>\$ <div>00</div> per <div>Week</div></div> <div>(Dollars only)</div> <div>1 <input type="checkbox"/> Week</div> <div>2 <input type="checkbox"/> Biweekly (every two weeks)</div> <div>3 <input type="checkbox"/> Twice a month</div> <div>4 <input type="checkbox"/> Month</div> <div>5 <input type="checkbox"/> Quarter</div> <div>6 <input type="checkbox"/> Year</div> <div>7 <input type="checkbox"/> Other – Specify <div></div></div>
<b>c.</b> If you (wish/had wished), could you (have) retire(d) earlier and still receive(d) reduced benefits from this plan?	<div>1280</div>	<div>1 <input type="checkbox"/> Yes – ASK 82a</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don't know</div> <div>SKIP to Check Item F-9, page 66</div>	<div>1372</div>	<div>1 <input type="checkbox"/> Yes – ASK 82a</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don't know</div> <div>SKIP to Check Item F-9, page 66</div>
<b>82a.</b> If you worked long enough for this employer, at what age (did/would) you first become eligible to retire and receive REDUCED benefits?	<div>1281</div> <div>1282</div>	<div>Age – ASK 82b, page 66</div> <div>1 <input type="checkbox"/> No reduced benefits available</div> <div>2 <input type="checkbox"/> Don't know</div> <div>SKIP to Check Item F-9, page 66</div>	<div>1373</div> <div>1374</div>	<div>Age – ASK 82b, page 66</div> <div>1 <input type="checkbox"/> No reduced benefits available</div> <div>2 <input type="checkbox"/> Don't know</div> <div>SKIP to Check Item F-9, page 66</div>

Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued				
PGM 4	THIRD PENSION PLAN	PGM 3	FOURTH PENSION PLAN	NOTES
1451	_____ Number of years	1543	_____ Number of years	
1452	1 <input type="checkbox"/> Don’t know	1544	1 <input type="checkbox"/> Don’t know	
1453	1 <input type="checkbox"/> Type A (formula) – ASK 80b 2 <input type="checkbox"/> Type B (savings) – SKIP to 83, page 66 3 <input type="checkbox"/> Both – SKIP to 81a 4 <input type="checkbox"/> Don’t know – ASK 80b	1545	1 <input type="checkbox"/> Type A (formula) – ASK 80b 2 <input type="checkbox"/> Type B (savings) – SKIP to 83, page 66 3 <input type="checkbox"/> Both – SKIP to 81a 4 <input type="checkbox"/> Don’t know – ASK 80b	
1454	_____ Percent of pay	1546	_____ Percent of pay	
1455	1 <input type="checkbox"/> Don’t know	1547	1 <input type="checkbox"/> Don’t know	
	<b>OR</b>		<b>OR</b>	
1456	\$ _____ . <input type="text" value="00"/> per 	1548	\$ _____ . <input type="text" value="00"/> per 	
1457	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	1549	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	
1458	_____ Age – ASK 81b	1550	_____ Age – ASK 81b	
1459	1 <input type="checkbox"/> Don’t know 2 <input type="checkbox"/> Never eligible } SKIP to 81c	1551	1 <input type="checkbox"/> Don’t know 2 <input type="checkbox"/> Never eligible } SKIP to 81c	
1460	_____ Percent of pay	1552	_____ Percent of pay	
1461	1 <input type="checkbox"/> Don’t know	1553	1 <input type="checkbox"/> Don’t know	
	<b>OR</b>		<b>OR</b>	
1462	\$ _____ . <input type="text" value="00"/> per 	1554	\$ _____ . <input type="text" value="00"/> per 	
1463	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	1555	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	
1464	1 <input type="checkbox"/> Yes – ASK 82a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item F-9, page 66	1556	1 <input type="checkbox"/> Yes – ASK 82a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item F-9, page 66	
1465	_____ Age – ASK 82b, page 66	1557	_____ Age – ASK 82b, page 66	
1466	1 <input type="checkbox"/> No reduced benefits available } SKIP to Check Item F-9, page 66 2 <input type="checkbox"/> Don’t know	1558	1 <input type="checkbox"/> No reduced benefits available } SKIP to Check Item F-9, page 66 2 <input type="checkbox"/> Don’t know	

Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued

	PGM 4	FIRST PENSION PLAN	PGM 4	SECOND PENSION PLAN
<b>82b.</b> If you (were to start/had started) to receive reduced benefits from this plan at this earliest age, how much would you receive?  If don't know ASK: What percentage of your pay would you receive if you (were to start/had started) to receive reduced benefits from this plan at this earliest age?	<b>1283</b> _____ Percent of pay <b>1284</b> 1 <input type="checkbox"/> Don't know  <b>OR</b> <b>1285</b> \$ _____ <b>00</b> per  (Dollars only) <b>1286</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	<b>1375</b> _____ Percent of pay <b>1376</b> 1 <input type="checkbox"/> Don't know  <b>OR</b> <b>1377</b> \$ _____ <b>00</b> per  (Dollars only) <b>1378</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>		
<b>c.</b> Will the amount that you receive(d) eventually decrease as a result of social security benefits?	<b>1287</b> 1 <input type="checkbox"/> Yes– ASK 82d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-9	<b>1379</b> 1 <input type="checkbox"/> Yes – ASK 82d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-9		
<b>d.</b> Will this change take place automatically at age 62, automatically at age 65, whenever social security benefits begin, or at some other time?	<b>1288</b> 1 <input type="checkbox"/> At age 62 2 <input type="checkbox"/> At age 65 3 <input type="checkbox"/> Whenever social security benefits begin 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know	<b>1380</b> 1 <input type="checkbox"/> At age 62 2 <input type="checkbox"/> At age 65 3 <input type="checkbox"/> Whenever social security benefits begin 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know		
<b>CHECK ITEM F-9</b>  Refer to item 80a, page 64.	<b>1289</b> 1 <input type="checkbox"/> Box 3 marked in 80a – ASK 83 2 <input type="checkbox"/> Box 4 marked in 80a – SKIP to 85a, page 68 3 <input type="checkbox"/> All others – SKIP to 86, page 68	<b>1381</b> 1 <input type="checkbox"/> Box 3 marked in 80a – ASK 83 2 <input type="checkbox"/> Box 4 marked in 80a – SKIP to 85a, page 68 3 <input type="checkbox"/> All others – SKIP to 86, page 68		
<b>83.</b> SHOW FLASHCARD I Could you tell me a little more about your account plan? Is it a thrift or savings plan, a 401K, a profit-sharing plan, a stock-purchase plan, or what?  Mark (X) all that apply.	<b>1290</b> 1 <input type="checkbox"/> Thrift or savings <b>1291</b> 2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA) <b>1292</b> 3 <input type="checkbox"/> Profit sharing <b>1293</b> 4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP) <b>1294</b> 5 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> <b>PGM 10</b> <b>6027</b> _____ <b>PGM 3</b> <b>1295</b> 6 <input type="checkbox"/> Don't know	<b>1382</b> 1 <input type="checkbox"/> Thrift or savings <b>1383</b> 2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA) <b>1384</b> 3 <input type="checkbox"/> Profit sharing <b>1385</b> 4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP) <b>1386</b> 5 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> <b>PGM 10</b> <b>6032</b> _____ <b>PGM 3</b> <b>1387</b> 6 <input type="checkbox"/> Don't know		
<b>84a.</b> How much did YOUR EMPLOYER contribute in your last year of work?	<b>1296</b> _____ Percent of pay <b>1297</b> 1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know  <b>OR</b> <b>1298</b> \$ _____ <b>00</b> per  (Dollars only) <b>1299</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> <b>PGM 10</b> <b>6028</b> _____	<b>1388</b> _____ Percent of pay <b>1389</b> 1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know  <b>OR</b> <b>1390</b> \$ _____ <b>00</b> per  (Dollars only) <b>1391</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> <b>PGM 10</b> <b>6033</b> _____		

Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued

PGM 4	THIRD PENSION PLAN	PGM 4	FOURTH PENSION PLAN	NOTES
1467	Percent of pay	1559	Percent of pay	
1468	1 <input type="checkbox"/> Don't know	1560	1 <input type="checkbox"/> Don't know	
OR		OR		
1469	\$ <div></div> <div>00</div> per <div></div> (Dollars only)	1561	\$ <div></div> <div>00</div> per <div></div> (Dollars only)	
1470	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	1562	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	
1471	1 <input type="checkbox"/> Yes– ASK 82d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-9	1563	1 <input type="checkbox"/> Yes – ASK 82d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-9	
1472	1 <input type="checkbox"/> At age 62 2 <input type="checkbox"/> At age 65 3 <input type="checkbox"/> Whenever social security benefits begin 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know	1564	1 <input type="checkbox"/> At age 62 2 <input type="checkbox"/> At age 65 3 <input type="checkbox"/> Whenever social security benefits begin 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know	
1473	1 <input type="checkbox"/> Box 3 marked in 80a – ASK 83 2 <input type="checkbox"/> Box 4 marked in 80a – SKIP to 85a, page 68 3 <input type="checkbox"/> All others – SKIP to 86, page 68	1565	1 <input type="checkbox"/> Box 3 marked in 80a – ASK 83 2 <input type="checkbox"/> Box 4 marked in 80a – SKIP to 85a, page 68 3 <input type="checkbox"/> All others – SKIP to 86, page 68	
1474	1 <input type="checkbox"/> Thrift or savings	1566	1 <input type="checkbox"/> Thrift or savings	
1475	2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA)	1567	2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA)	
1476	3 <input type="checkbox"/> Profit sharing	1568	3 <input type="checkbox"/> Profit sharing	
1477	4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP)	1569	4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP)	
1478	5 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	1570	5 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	
PGM 10		PGM 10		
6037		6042		
PGM 3		PGM 3		
1479	6 <input type="checkbox"/> Don't know	1571	6 <input type="checkbox"/> Don't know	
1480	Percent of pay	1572	Percent of pay	
1481	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	1573	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	
OR		OR		
1482	\$ <div></div> <div>00</div> per <div></div> (Dollars only)	1574	\$ <div></div> <div>00</div> per <div></div> (Dollars only)	
1483	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	1575	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>	
PGM 10		PGM 10		
6038		6043		

Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued			
84b. How much did YOU contribute in your last year of work?	PGM 4 FIRST PENSION PLAN	PGM 4 SECOND PENSION PLAN	
	<div>1300 _____ Percent of pay</div> <div>1301 1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know</div> <div>OR</div> <div>1302 \$ _____ . 00 per (Dollars only)</div> <div>1303 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗</div> <div>PGM 10 6029</div>	<div>1392 _____ Percent of pay</div> <div>1393 1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know</div> <div>OR</div> <div>1394 \$ _____ . 00 per (Dollars only)</div> <div>1395 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗</div> <div>PGM 10 6034</div>	
85a. Roughly how much money is in your account at present? Include both your and your employer’s contributions and earnings.	PGM 3 <div>1304 \$ _____ . 00 (Dollars only)</div> <div>1305 1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know</div>	PGM 3 <div>1396 \$ _____ . 00 (Dollars only)</div> <div>1397 1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know</div>	
b. Were you able to choose how the money in your account is invested?	1306 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	1398 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	
c. How is the money in this account invested? Is it mostly in stocks, mostly in interest-earning assets, is it split evenly between these, or what?	1307 1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify ↗  5 <input type="checkbox"/> Don’t know	1399 1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify ↗  5 <input type="checkbox"/> Don’t know	
86. How much money are you currently receiving?	<div>1308 _____ Percent of pay</div> <div>1309 1 <input type="checkbox"/> Don’t know</div> <div>OR</div> <div>1310 \$ _____ . 00 per (Dollars only)</div> <div>1311 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗</div>	<div>1400 _____ Percent of pay</div> <div>1401 1 <input type="checkbox"/> Don’t know</div> <div>OR</div> <div>1402 \$ _____ . 00 per (Dollars only)</div> <div>1403 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗</div>	
87a. When did you start receiving this pension?	<div>1312 Year 1 9</div> <div>1313 1 <input type="checkbox"/> Don’t know</div>	<div>1404 Year 1 9</div> <div>1405 1 <input type="checkbox"/> Don’t know</div>	
CHECK ITEM F-10  Refer to item R3 on the Information Sheet.  Is sample person currently married?	1314 1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 87b 2 <input type="checkbox"/> All others – SKIP to 88a, page 70	1406 1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 87b 2 <input type="checkbox"/> All others – SKIP to 88a, page 70	
87b. If you died before your husband, would your husband be able to receive regular monthly payments from this plan, either then or in the future?	1315 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	1407 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	

Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued

PGM 4	THIRD PENSION PLAN	PGM 4	FOURTH PENSION PLAN	NOTES
1484	Percent of pay	1576	Percent of pay	
1485	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	1577	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	
OR		OR		
1486	\$ <div></div> . <div>00</div> per <div></div> (Dollars only)	1578	\$ <div></div> . <div>00</div> per <div></div> (Dollars only)	
1487	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <div></div>	1579	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <div></div>	
PGM 10		PGM 10		
6039		6044		
PGM 3		PGM 3		
1488	\$ <div></div> . <div>00</div> (Dollars only)	1580	\$ <div></div> . <div>00</div> (Dollars only)	
1489	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	1581	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	
1490	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1582	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	
1491	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify <div></div> 5 <input type="checkbox"/> Don't know	1583	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify <div></div> 5 <input type="checkbox"/> Don't know	
1492	Percent of pay	1584	Percent of pay	
1493	1 <input type="checkbox"/> Don't know	1585	1 <input type="checkbox"/> Don't know	
OR		OR		
1494	\$ <div></div> . <div>00</div> per <div></div> (Dollars only)	1586	\$ <div></div> . <div>00</div> per <div></div> (Dollars only)	
1495	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <div></div>	1587	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <div></div>	
1496	Year 1 9	1588	Year 1 9	
1497	1 <input type="checkbox"/> Don't know	1589	1 <input type="checkbox"/> Don't know	
1498	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 87b 2 <input type="checkbox"/> All others – SKIP to 88a, page 70	1590	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 87b 2 <input type="checkbox"/> All others – SKIP to 88a, page 70	
1499	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1591	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	



Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued

	PGM 4	FIRST PENSION PLAN	PGM 3	SECOND PENSION PLAN
88a. Is the amount of money that you are now receiving the same as when you first retired?	1316	1 <input type="checkbox"/> Yes – SKIP to 89 2 <input type="checkbox"/> No – ASK 88b	1408	1 <input type="checkbox"/> Yes – SKIP to 89 2 <input type="checkbox"/> No – ASK 88b
b. How much did you receive when you first retired?	1317 1318 OR 1319 1320	Percent of pay 1 <input type="checkbox"/> Don't know \$ . 00 per (Dollars only) 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗	1409 1410 OR 1411 1412	Percent of pay 1 <input type="checkbox"/> Don't know \$ . 00 per (Dollars only) 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗
c. Since you started collecting benefits under this plan, has your retirement pension ever been increased for cost of living changes?	1321	1 <input type="checkbox"/> Yes – ASK 88d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 88e	1413	1 <input type="checkbox"/> Yes – ASK 88d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 88e
d. From the time you started collecting benefits until now, by what percent have they been increased to offset inflation?	1322 1323	Percent 1 <input type="checkbox"/> Don't know	1414 1415	Percent 1 <input type="checkbox"/> Don't know
e. Has the amount that you receive decreased since you first began receiving it?	1324	1 <input type="checkbox"/> Yes – ASK 88f 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 89	1416	1 <input type="checkbox"/> Yes – ASK 88f 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 89
f. Was this change something that happened: automatically at age 62, automatically at age 65, whenever social security benefits began, or at some other time?	1325	1 <input type="checkbox"/> Automatically at age 62 2 <input type="checkbox"/> Automatically at age 65 3 <input type="checkbox"/> Whenever social security benefits began 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know	1417	1 <input type="checkbox"/> Automatically at age 62 2 <input type="checkbox"/> Automatically at age 65 3 <input type="checkbox"/> Whenever social security benefits began 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don't know
89. Did you ever work for another employer under this same plan?	1326	1 <input type="checkbox"/> Yes – ASK 90 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 91a	1418	1 <input type="checkbox"/> Yes – ASK 90 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 91a
90. How many years were you covered under this plan for all of your employers?	1327 1328	Number of years 1 <input type="checkbox"/> Don't know	1419 1420	Number of years 1 <input type="checkbox"/> Don't know
91a. Has there ever been a time when your employer offered you a special increase in benefits from this pension plan if you retired during that period of time? Sometimes these offers are called "buyouts" or "windows".	1329	1 <input type="checkbox"/> Yes – ASK 91b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-11, page 72	1421	1 <input type="checkbox"/> Yes – ASK 91b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-11, page 72
b. When is the most recent period during which these special benefits were offered?	1330 1331 To 1332 1333 1334	From Month Year 1 9 To Month Year 1 9 1 <input type="checkbox"/> Don't know	1422 1423 To 1424 1425 1426	From Month Year 1 9 To Month Year 1 9 1 <input type="checkbox"/> Don't know

Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued				
PGM 4	THIRD PENSION PLAN	PGM 3	FOURTH PENSION PLAN	NOTES
1500	1 <input type="checkbox"/> Yes – SKIP to 89 2 <input type="checkbox"/> No – ASK 88b	1592	1 <input type="checkbox"/> Yes – SKIP to 89 2 <input type="checkbox"/> No – ASK 88b	
1501	Percent of pay	1593	Percent of pay	
1502	1 <input type="checkbox"/> Don’t know	1594	1 <input type="checkbox"/> Don’t know	
OR		OR		
1503	\$ <div>00</div> per <div>(Dollars only)</div>	1595	\$ <div>00</div> per <div>(Dollars only)</div>	
1504	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <div></div>	1596	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <div></div>	
1505	1 <input type="checkbox"/> Yes – ASK 88d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 88e	1597	1 <input type="checkbox"/> Yes – ASK 88d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 88e	
1506	Percent	1598	Percent	
1507	1 <input type="checkbox"/> Don’t know	1599	1 <input type="checkbox"/> Don’t know	
1508	1 <input type="checkbox"/> Yes – ASK 88f 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 89	1600	1 <input type="checkbox"/> Yes – ASK 88f 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 89	
1509	1 <input type="checkbox"/> Automatically at age 62 2 <input type="checkbox"/> Automatically at age 65 3 <input type="checkbox"/> Whenever social security benefits began 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don’t know	1601	1 <input type="checkbox"/> Automatically at age 62 2 <input type="checkbox"/> Automatically at age 65 3 <input type="checkbox"/> Whenever social security benefits began 4 <input type="checkbox"/> At some other time 5 <input type="checkbox"/> Don’t know	
1510	1 <input type="checkbox"/> Yes – ASK 90 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 91a	1602	1 <input type="checkbox"/> Yes – ASK 90 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 91a	
1511	Number of years	1603	Number of years	
1512	1 <input type="checkbox"/> Don’t know	1604	1 <input type="checkbox"/> Don’t know	
1513	1 <input type="checkbox"/> Yes – ASK 91b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item F-11, page 72	1605	1 <input type="checkbox"/> Yes – ASK 91b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item F-11, page 72	
1514	From Month <div></div> <div></div>	1606	From Month <div></div> <div></div>	
1515	Year <div>1</div> <div>9</div> <div></div> <div></div>	1607	Year <div>1</div> <div>9</div> <div></div> <div></div>	
1516	To Month <div></div> <div></div>	1608	To Month <div></div> <div></div>	
1517	Year <div>1</div> <div>9</div> <div></div> <div></div>	1609	Year <div>1</div> <div>9</div> <div></div> <div></div>	
1518	1 <input type="checkbox"/> Don’t know	1610	1 <input type="checkbox"/> Don’t know	

## Section 7B – RESPONDENT'S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued

[illegible]

Section 7B – RESPONDENT’S CURRENT PENSION(S) FROM PREVIOUS EMPLOYERS – Continued				
PGM 4	THIRD PENSION PLAN	PGM 4	FOURTH PENSION PLAN	NOTES
1519	1 <input type="checkbox"/> Lump sum – <b>How much?</b> ↗	1611	1 <input type="checkbox"/> Lump sum – <b>How much?</b> ↗	
1520	\$ <u>                    </u> · <u>                    </u> (Dollars only) (Cents)	1612	\$ <u>                    </u> · <u>                    </u> (Dollars only) (Cents)	
1521	2 <input type="checkbox"/> Increase in benefits – <b>What percentage?</b> ↗	1613	2 <input type="checkbox"/> Increase in benefits – <b>What percentage?</b> ↗	
1522	<u>                    </u> Percent	1614	<u>                    </u> Percent	
1523	3 <input type="checkbox"/> Credit for extra years of service – <b>How many extra years?</b> ↗	1615	3 <input type="checkbox"/> Credit for extra years of service – <b>How many extra years?</b> ↗	
1524	<u>                    </u> Years	1616	<u>                    </u> Years	
1525	4 <input type="checkbox"/> Increase in benefits – <b>What amount and time unit?</b> ↗	1617	4 <input type="checkbox"/> Increase in benefits – <b>What amount and time unit?</b> ↗	
1526	\$ <u>                    </u> · <u>                    </u> per (Dollars only) (Cents)	1618	\$ <u>                    </u> · <u>                    </u> per (Dollars only) (Cents)	
1527	<u>                    </u> (Year, month, etc.)	1619	<u>                    </u> (Year, month, etc.)	
1528	5 <input type="checkbox"/> Benefits begin before they would otherwise have been available – <b>What age will you be when benefits begin?</b> ↗	1620	5 <input type="checkbox"/> Benefits begin before they would otherwise have been available – <b>What age will you be when benefits begin?</b> ↗	
1529	<u>                    </u> Age	1621	<u>                    </u> Age	
1530	6 <input type="checkbox"/> Additional or improved medical benefits	1622	6 <input type="checkbox"/> Additional or improved medical benefits	
1531	7 <input type="checkbox"/> Other – <i>Specify</i> ↗	1623	7 <input type="checkbox"/> Other – <i>Specify</i> ↗	
PGM 10		PGM 10		
6040		6045		
PGM 3		PGM 3		
1532	8 <input type="checkbox"/> Don’t know	1624	8 <input type="checkbox"/> Don’t know	
1533	1 <input type="checkbox"/> 4 or more plans marked in 75b, return to 76a, page 62, omit phrase in brackets and fill in next column	1625	1 <input type="checkbox"/> 5 or more plans marked in 75b – ASK 92, page 74	
	2 <input type="checkbox"/> All others – <i>Includes 3 plans marked in 75b, SKIP to 92, page 74</i>		2 <input type="checkbox"/> All others – <i>Includes 4 plans marked in 75b – ASK 92, page 74</i>	
NOTES				

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS				
92. (Aside from the plans we have mentioned,) HAVE YOU EVER BEEN covered by any other pension or retirement plans not including Social Security or Railroad Retirement on any job you have previously held?	1633	1 <input type="checkbox"/> Yes – ASK 93 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item G-1, page 86		
93. Some employers have several different pension and retirement plans for which an employee may be eligible. How many plans from all previous jobs do you expect to receive benefits from or have received lump sum settlements from?	1634	_____ Plans – GO to Check Item F-12		
	1635	1 <input type="checkbox"/> Don’t know – SKIP to Check Item G-1, page 86		
CHECK ITEM F-12	1636	1 <input type="checkbox"/> Only one plan is entered in 93 – Read “this plan” phrase in 94a 2 <input type="checkbox"/> More than one plan is entered in 93 – Read “each plan separately” phrase in 94a		
Refer to item 93 above.				
94a. [We would like to ask about (this plan/each plan separately), beginning with the most important plan.] How much do you know about this (1st, 2nd, 3rd, 4th) pension plan? A lot, something, or very little?	PGM 3	FIRST PENSION	PGM 4	SECOND PENSION
	1637	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing	1727	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing
b. When did you stop working for the employer of (this plan/1st, 2nd, 3rd, 4th plan)?	1638	Month ____	1728	Month ____
	1639	Year 1 9 _____	1729	Year 1 9 _____
If don’t know ASK : Did you stop working before or after 1982?	1640	1 <input type="checkbox"/> During or after 1982 – SKIP to 95 2 <input type="checkbox"/> Before 1982 } SKIP to Check Item F-17, page 84 3 <input type="checkbox"/> Don’t know	1730	1 <input type="checkbox"/> During or after 1982 – SKIP to 95 2 <input type="checkbox"/> Before 1982 } SKIP to Check Item F-17, page 84 3 <input type="checkbox"/> Don’t know
CHECK ITEM F-13	1641	1 <input type="checkbox"/> Yes – SKIP to Check Item F-17, page 84 2 <input type="checkbox"/> No – ASK 95		
Refer to item 94b above. Is year in item 94b before 1982? (1981 or earlier)				
95. There is a law that states that once you have been with an employer long enough you are vested and can receive some pension benefits even if you leave that employer. Did you work under the plan long enough to earn this right to be vested?	1642	1 <input type="checkbox"/> Yes – ASK 96a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item F-17, page 84		
96a. What (is/was) the full name of this company, business organization, or employer?	1643	1 <input type="checkbox"/> Same as employer in 6a, page 4 – SKIP to 98a, page 76		
	PGM 11	Name	PGM 11	Name
b. In what city, state and county (is/was) (Employer in 96a) located?	6046		6051	
	City		City	
	State		State	
	County		County	
97. Is this employer – (Read answer categories)	PGM 3	PGM 3		
	1644	1734		
	1 <input type="checkbox"/> A private employer? 2 <input type="checkbox"/> A military organization? 3 <input type="checkbox"/> The Federal government (civilian)? 4 <input type="checkbox"/> A State or local government? 5 <input type="checkbox"/> A union? 6 <input type="checkbox"/> Any other source?	1 <input type="checkbox"/> A private employer? 2 <input type="checkbox"/> A military organization? 3 <input type="checkbox"/> The Federal government (civilian)? 4 <input type="checkbox"/> A State or local government? 5 <input type="checkbox"/> A union? 6 <input type="checkbox"/> Any other source?		