

THIS SURVEY IS AUTHORIZED BY TITLE 29 USC 2

CASE # _____

01-06/

**NORC
University of Chicago**

**CENTER FOR HUMAN RESOURCE RESEARCH
Ohio State University**

**National Longitudinal Survey
of
Labor Market Experience**

**ROUND THIRTEEN
Youth Survey, 1991**

NORC-4531-01

OMB: 1220-0109

EXP: 12-31-91

**INTERVIEWER:
(CODE ONE)**

**Personal
Interview 1**

**Telephone
Interview 2**

Introduction for Youth Survey Questionnaire:

We'd like to talk to you once again about your recent work experiences, education, and family life. You will receive \$10 in appreciation for your time.

(READ IF PERSONAL INTERVIEW: In order that your answers to our questions are not biased by anyone else's presence, it is necessary that we conduct the interview in private.)

This study is sponsored by the U.S. Department of Labor, Bureau of Labor Statistics, under authority of Title 29 USC 2. Your participation is vital to the success of the study and is voluntary. All the information you give will be held in confidence and will be used for research purposes only. Results of the study will be made public only in summary or statistical form, so that individuals who participate cannot be identified.

The Bureau of Labor Statistics estimates that it will take an average of 45 minutes per respondent to complete this survey. If you have any comments regarding this estimate or any other aspect of the survey, including suggestions for reducing the time needed to respond, you may send them to the Bureau of Labor Statistics, Division of Management Systems (1220-0109), 441 G Street NW, Washington, D.C. 20212 and to the Office of Management and Budget, Paperwork Reduction Project (1220-0109), Washington, D.C. 20503.

NOTICE: ALL INFORMATION THAT WOULD PERMIT IDENTIFICATION OF RESPONDENTS OR THEIR HOUSEHOLDS WILL BE REGARDED AS STRICTLY CONFIDENTIAL, WILL BE USED ONLY FOR RESEARCH PURPOSES AND WILL NOT BE DISCLOSED OR RELEASED FOR ANY OTHER PURPOSE WITHOUT PRIOR CONSENT, EXCEPT AS REQUIRED BY LAW.

HOUSEHOLD INTERVIEW

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

OWN DU	(GO TO C)	11	09-10/
RESPONDENT IN PARENT HOUSEHOLD	(GO TO C)	19	
CONVENT, MONASTERY, OTHER RELIGIOUS INSTITUTION ..	(SKIP TO Q.13, PAGE HHI-7)	15	
OFF-BASE MILITARY FAMILY HOUSING	(GO TO C)	13	
ON-BASE MILITARY FAMILY HOUSING	(GO TO C)	12	
OTHER INDIVIDUAL QUARTERS (SPECIFY) (SKIP TO Q.13, PAGE HHI-7) _____			
		16	
OPEN BAY OR TROOP BARRACKS, ABOARD SHIP	(SKIP TO E)	01	
BACHELOR ENLISTED OR OFFICER QUARTERS	(SKIP TO E)	02	
DORMITORY, FRATERNITY OR SORORITY	(ASK B)	03	
JAIL	(ASK B)	05	
HOSPITAL	(ASK B)	04	
OTHER TEMPORARY INDIVIDUAL QUARTERS (SPECIFY) _____			
		06	

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

Yes (ENTER ADDRESS AND PHONE # IN SECTION 12, Q.8A, PAGE 12-119) 1

No. . . . (ASK FOR CORRECT ADDRESS AND PHONE # AND ENTER THEM IN SECTION 12, Q.8A, P.12-119) 0

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

D. **INTERVIEWER:** DOES RESPONDENT LIVE IN SAME HOUSEHOLD AS AT THE TIME OF THE LAST INTERVIEW?YES (GO TO PAGE HHI-2 AND CONTINUE WITH **SAME HOUSEHOLD** QUESTIONS 1-5) 1NO (GO TO PAGE HHI-3 AND CONTINUE WITH **NEW HOUSEHOLD** QUESTIONS 1-5) 0**FOR RESPONDENT WHO LIVES IN OPEN BAY OR TROOP BARRACKS/BACHELOR ENLISTED OR OFFICER QUARTERS:**E. **INTERVIEWER NOTE:** IF IT IS NOT ALREADY THERE, ENTER RESPONDENT'S NAME ON **FACE SHEET** GRID.

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

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

Are you currently married, widowed, divorced, legally separated, or have you never been married?

Married	(GO TO Q.1 PAGE HHI-3)	1	11-12/
Widowed	(SKIP TO Q.13, PAGE HHI-7)	2	
Divorced	(SKIP TO Q.13, PAGE HHI-7)	3	
Legally Separated	(SKIP TO Q.13, PAGE HHI-7)	4	
Never Married	(SKIP TO Q.13, PAGE HHI-7)	5	

SAME HOUSEHOLD

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

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

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

Have I missed . . .

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

1. Any babies or small children?

Yes (ASK A) 1
No 0

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

2. Any lodgers, boarders, or persons in (your/their) employ who live (here/there)?

Yes (ASK A) 1
No 0

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

3. Anyone who usually lives (here/there) but is away at present traveling, at school, or in a hospital?

Yes (ASK A) 1
No 0

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

4. Anyone else staying (here/there)?

Yes (ASK A) 1
No 0

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

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

Yes (ASK A) 1
No 0

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

CROSS OUT NAMES ON **HOUSEHOLD ENUMERATION.**

SKIP TO Q.6 ON PAGE HHI-4

NEW HOUSEHOLD

FOR RESPONDENT WHO HAS A DIFFERENT HOUSEHOLD OR PERMANENT RESIDENCE SINCE DATE OF LAST INTERVIEW**INTERVIEWER NOTE:** RECORD QS.1-7 AND 9-11 ON THE HOUSEHOLD ENUMERATION ON THE FACE SHEET.

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

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

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

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

Yes (ASK a) 1

No 0

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

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

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

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

Yes (ASK A) 1

No 0

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

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

Yes (ASK A) 1

No 0

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

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

Yes (ASK a) 1

No 0

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

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

Yes (ASK a) 1

No 0

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

CROSS OUT NAMES ON HOUSEHOLD ENUMERATION.

GO TO Q.6, ON PAGE HHI-4

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

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

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

YES (GO TO Q.9) 1 13-14/
NO (ASK A) 0

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

YES (ASK B) 1 15-16/
NO (GO TO Q.9) 0

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

Yes (ASK C) 1 17-18/
No (GO TO Q.9) 0

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

19-20/

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

ENTER MONTH:

21-22/

AND

YEAR:

19

23-24/

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

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

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

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

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

11. **FOR AGE 14 OR OLDER, ASK:** At any time in 1990, did (you/PERSON) work either full- or part-time -- not counting work around the house?

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

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

OTHERWISE,

INTERVIEWER: IS THIS PLACE LOCATED IN A RURAL AREA?

Yes (ASK A) 1

25-26/

No (SKIP TO Q.14, PAGE HHI-7) 0

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

LESS THAN

ONE ACRE (SKIP TO Q.14, PAGE HHI-7) ... 000000

OR

, (ASK B)

27-32/

TOTAL ACREAGE

- B. (HAND CARD 1). During 1990, how much did the sale of crops, livestock, or other farm products amount to--that is, total sales before expenses? Just tell me the letter.

a. Nothing 01

b. \$1 - \$49 02

c. \$50 - \$249 03

d. \$250 - \$999 04

33-34/

e. \$1,000 - \$2,500 05

f. \$2,501 - \$5,000 06

g. \$5,001 - \$10,000 07

h. \$10,001 - \$20,000 08

i. \$20,001 - \$40,000 09

j. \$40,001 - \$60,000 10

k. \$60,001 - \$80,000 11

l. \$80,001 - 100,000 12

m. \$100,001 or more 13

**HAND
CARD
1**

SKIP TO Q.14 ON PAGE HHI-7

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

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

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

BEGIN MAIN QUESTIONNAIRE

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SECTION 1

1. **INTERVIEWER:** RECORD TIME INTERVIEW BEGINS HERE:

TIME BEGAN : AM / MIDNIGHT
HR. MIN. PM / NOON

35-40/

2. **INTERVIEWER:** BEFORE CONDUCTING THIS INTERVIEW:

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

GO TO SECTION 2

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SECTION 2: MARITAL HISTORY

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

Yes (SKIP TO Q.3) 1 41-42/
 No 0

2. What was your marital status on (DATE OF LAST INTERVIEW)?

Never married 0 43-44/
 Married 1
 Separated 2
 Divorced 3
 Widowed 6

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

Yes (SKIP TO Q.5) 1 45-46/
 No 0

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

Never married . (SKIP TO SECTION 3, PAGE 3-11) .. 0
 Married (SKIP TO Q.11, PAGE 2-6) 1 47-48/
 Separated (SKIP TO SECTION 3, PAGE 3-11) .. 2
 Divorced (SKIP TO SECTION 3, PAGE 3-11) .. 3
 Widowed (SKIP TO SECTION 3, PAGE 3-11) .. 6

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

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

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

B. **INTERVIEWER:** WAS R MARRIED OR REMARRIED (Q.5A IS CODED 1 OR 5) FOR THE FIRST, SECOND, OR THIRD CHANGE?

YES (GO TO Q.7, PAGE 2-5) 1
 NO (SKIP TO Q.11, PAGE 2-6) 0 75-76/

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

ENTER MONTH: 09-10/
 AND
 YEAR: 19 11-12/

8. Did you and your (most recent) (husband/wife) live together before you were married?

Yes 1 13-14/
 No (SKIP TO Q.11) 0

9. In what month and year did the two of you begin living together?

ENTER MONTH: 15-16/
 AND
 YEAR: 19 17-18/

10. Did you live together continuously from (DATE IN Q.9) until you were married?

Yes 1 19-20/
 No 0

GO TO Q.11

11. **INTERVIEWER:** [IF R IS WIDOWED OR DIVORCED, READ:]

Even though your (most recent) (husband/wife) is no longer with you, we would like to get some information about (him/her).

During 1990, what kind of work did your (most recent) (husband/wife) do at (his/her) principal job?

RECORD VERBATIM.

INCLUDE MILITARY DUTY AS WORK FOR SPOUSE.

IF MORE THAN ONE OCCUPATION, PROBE FOR AND RECORD WORK DONE THE LONGEST DURING 1990.

PROBE: What were (his/her) main activities or duties?

PROBE FOR **TWO MAIN DUTIES**, RECORD VERBATIM, AND **GO TO Q.12.**

21-23/

OR

DID NOT WORK DURING THAT PERIOD

(ENTER "00" IN Q.15A, PAGE 2-8, AND GO TO Q.16, PAGE 2-8) 995

OR

NEVER WORKED

(ENTER "00" IN Q.15A, PAGE 2-8, AND GO TO Q.16, PAGE 2-8) 996

OR

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

12. Now, we would like to ask you a few questions concerning your (husband/wife)'s earnings at (his/her) principal job during 1990. Please include tips, overtime, and bonuses and give me the amount your (husband/wife) earned before deductions like taxes and Social Security were taken out.

Altogether, how much did your (husband/wife) usually earn at (his/her) principal job during 1990? **PROBE IF NECESSARY:** Was that per hour, per day, per week or what?

IF MORE THAN ONE JOB, PROBE FOR AND RECORD THE WAGE AT THE JOB THAT R'S SPOUSE WORKED AT THE LONGEST DURING 1990.

, .

DOLLARS 24-29/ CENTS 30-31/

Per hour (SKIP TO Q.15A) 01

Per day 02 32-33/

Per week 03

Bi-weekly (Every 2 weeks) 04

Bi-monthly (Twice a month) 08

Per month 05

Per year 06

Other (SPECIFY) _____
 _____ 07

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

Yes 1 34-35/

No (SKIP TO Q.15A) 0

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

.

DOLLARS CENTS
 36-38/ 39-40/

15. A. During the 52 weeks of 1990, how many weeks did your (most recent) (husband/wife) work at all jobs, either full-time or part-time, not counting work around the house?

ENTER NUMBER OF WEEKS
WORKED IN 1990:

(ASK B)

41-42/

OR

NONE (GO TO Q.16) 00

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

ENTER NUMBER OF HOURS:

43-44/

16. **INTERVIEWER:** TO FIND THE # OF WEEKS THAT R'S SPOUSE WAS **NOT WORKING** IN 1990, SUBTRACT # OF WEEKS IN Q.15A FROM # OF WEEKS IN A YEAR (52) AND RECORD BELOW.

A. NUMBER OF WEEKS IN 1990: 52

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

C. ENTER NUMBER OF WEEKS **NOT** WORKING:

45-46/

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

IF C = 52, ASK:

You said your (husband/wife) did not work in 1990. How many weeks in 1990 was (he/she) looking for work or on layoff from a job?

OTHERWISE, ASK:

You said your (husband/wife) worked (NUMBER IN B) weeks during 1990. How many of the remaining (NUMBER ENTERED IN C) weeks was (he/she) looking for work or on layoff from a job?

ENTER NUMBER OF WEEKS LOOKING FOR WORK OR ON LAYOFF FROM A JOB:

47-48/

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

YES (GO TO Q.18) 1

49-50/

NO (SKIP TO SECTION 3, PAGE 3-11) ... 0

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

**CODE
SMALLEST #
MENTIONED**

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

19. Did your (husband/wife) do any work at all last week, not counting work around the house? (INTERVIEWER NOTE: DO NOT INCLUDE VOLUNTEER WORK OR WORK DONE IN PRISON. IF FARM OR BUSINESS OPERATOR IN HH, ASK R ABOUT UNPAID WORK THAT SPOUSE DID.)

Yes 1 53-54/
 No (SKIP TO Q.23) 0

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

ENTER TOTAL # OF HOURS:

55-56/

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

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

ASK Q.22 ONLY IF Q.21 IS CODED 1.

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

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

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

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

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

**HAND
CARD
A**

Regular day shift (GO TO Q.25) 01

Regular evening shift (GO TO Q.25) 02

Regular night shift (GO TO Q.25) 03

Shift rotates (changes periodically from
days to evenings or nights) (SKIP TO Q.26) . . . 04

63-64/

Split shift (consists of two distinct
periods each day) (SKIP TO Q.26) . . . 05

Irregular schedule or hours (ASK A) 06

Other (SPECIFY) (SKIP TO SECTION 3) _____

07

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

Employer 1

Spouse 2

65-66/

Both spouse and employer 3

SKIP TO SECTION 3

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

Time usually began: :

AM / MIDNIGHT
PM / NOON

67-72/

Time usually ended: :

AM / MIDNIGHT
PM / NOON

73-78/

SKIP TO SECTION 3

BEGIN DECK 03

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

Time usually began: :

AM / MIDNIGHT
PM / NOON

09-14/

Time usually ended: :

AM / MIDNIGHT
PM / NOON

15-20/

GO TO SECTION 3

SECTION 3: REGULAR SCHOOLING

Now, I would like to ask you some questions about school.

First, I would like to ask you about regular school, such as high school, college or graduate school. By regular school we mean school which can be counted toward a high school diploma or a bachelor or graduate degree. Later in the interview I'll be asking about other types of schools and training programs.

1. At any time since (DATE OF LAST INTERVIEW), have you attended or been enrolled in regular school? [READ IF NECESSARY:--that is, in an elementary school, a middle school, a high school, a college, or a graduate school?]

Yes (ASK A) 1 21-22/
 No (SKIP TO Q.7, PAGE 3-16) ... 0

- A. Since (MONTH AND YEAR OF LAST INTERVIEW), did you attend regular school at all during the months of 1990 or 1991?

Yes (ASK B) 1 23-24/
 No (GO TO C) 0

- B. **IF YES:** In which months of 1990 or 1991 were you attending regular school? (If you were attending regular school at all during the month, count it as a month attending school.) CODE ALL THAT APPLY. (IF INTERVIEW COVERS MORE THAN ONE YEAR, ONLY CODE FOR 1990 AND 1991.)

1990

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

1991

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

1. (Continued)

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

Yes (ASK D) 1

09-10/

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

IF YES TO C, ASK D:

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

1ST GRADE 01

2ND GRADE 02

3RD GRADE 03

4TH GRADE 04

5TH GRADE 05

6TH GRADE 06

11-12/

7TH GRADE 07

8TH GRADE 08

9TH GRADE 09

10TH GRADE 10

11TH GRADE 11

12TH GRADE 12

1ST YEAR OF COLLEGE 13

2ND YEAR OF COLLEGE 14

3RD YEAR OF COLLEGE 15

4TH YEAR OF COLLEGE 16

5TH YEAR OF COLLEGE 17

6TH YEAR OF COLLEGE 18

7TH YEAR OF COLLEGE 19

8TH YEAR OF COLLEGE 20

UNGRADED 95

SKIP TO Q.4, PAGE 3-15

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

ENTER MONTH:
 AND
 YEAR: 19

13-14/

15-16/

- A. What is the main reason you left at that time? RECORD VERBATIM AND CODE ONE ONLY.
IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason?

RECEIVED DEGREE, COMPLETED COURSE
 WORK 01

EXPELLED OR SUSPENDED 10

GETTING MARRIED 02

PREGNANCY 03

SCHOOL TOO DANGEROUS 11

LACK OF ABILITY, POOR GRADES 05

OTHER REASONS, DIDN'T LIKE SCHOOL 04

HOME RESPONSIBILITIES 06

OFFERED GOOD JOB, CHOSE TO WORK 07

FINANCIAL DIFFICULTIES, COULDN'T
 AFFORD TO ATTEND 08

ENTERED MILITARY 09

MOVED AWAY FROM SCHOOL 12

OTHER (SPECIFIED ABOVE) 13

17-18/

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

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

19-20/

4. What is the highest grade or year of regular school that you have completed and gotten credit for?
CIRCLE ONE CODE BELOW.

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

21-22/

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

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

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

YES (SKIP TO SECTION 4, PAGE 4-21) . . 1 25-26/
 NO 0

7. **INTERVIEWER:** SEE INFORMATION SHEET, ITEM 2. DID R HAVE A HIGH SCHOOL DIPLOMA OR GED AT THE TIME OF THE LAST INTERVIEW?

YES (SKIP TO Q.9) 1 27-28/
 NO 0

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

Yes (ASK A & B) 1 29-30/
 No (SKIP TO SECTION 4, PAGE 4-21) . . 0

IF YES, ASK A & B:

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

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

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

ENTER MONTH:

33-34/

AND

YEAR:

19

35-36/

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

YES 1 37-38/

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

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

Yes (ASK B) 1 39-40/

No (GO TO SECTION 4, PG. 4-21) 0

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

**HAND
CARD
B**

High school diploma (or equivalent) 01

Associate/Junior College (AA) 02

Bachelor of Arts Degree (BA) 03

Bachelor of Science (BS) 04 41-42/

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

Doctoral Degree (Ph.D) 06

Professional Degree (MD, LLD, DDS) 07

Other (SPECIFY)_____

_____ 08

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

ENTER MONTH: 43-44/

AND

YEAR: 19 45-46/

GO TO SECTION 4, PAGE 4-21

**PAGES 3-19 THROUGH 3-20
ARE INTENTIONALLY OMITTED**

SECTION 4: MILITARY

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

INTERVIEWER: SEE INFORMATION SHEET ITEM 4 TO FIND OUT WHAT BRANCH, IF ANY, THE RESPONDENT WAS SERVING IN AT THE DATE OF LAST INTERVIEW.

1. When we last talked to you on (DATE OF LAST INTERVIEW), you were [not serving in any branch of the military/serving in the (BRANCH OF THE SERVICE LISTED IN **INFORMATION SHEET** ITEM 4)]. Is that correct?

Yes (SKIP TO Q.3) 1 47-48/
 No 0

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

None 00
 Army 01
 Navy 02
 Air Force 03
 Marine Corps 04 49-50/
 Coast Guard 11
 Army Reserves 05
 Navy Reserves 06
 Air Force Reserves 07
 Marine Corps Reserves 08
 Coast Guard Reserves 12
 Air National Guard 09
 Army National Guard 10
 Other (SPECIFY) _____ 13

- A. **INTERVIEWER: CORRECT BRANCH LISTED IN ITEM 4 OF THE **INFORMATION SHEET** BASED ON THE INFORMATION R JUST GAVE IN Q.2.**

3. **INTERVIEWER:** WAS R SERVING IN THE MILITARY AT TIME OF LAST INTERVIEW? SEE INFORMATION SHEET ITEM 4.

YES 1 51-52/
 NO (SKIP TO Q.8) 0

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

Yes (ANSWER A) 1 53-54/
 No (SKIP TO Q.6, PAGE 4-23) 0

A. **IF YES:**

INTERVIEWER: WAS R IN **ACTIVE FORCES** (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD) DURING THIS PERIOD OF SERVICE?
 (SEE ITEM 4 ON INFORMATION SHEET.)

YES (DRAW A LINE ON ROW A OF
CALENDAR FROM DATE OF LAST
 INTERVIEW TO NOW) 1 55-56/
 NO 0

5. What is your current pay grade?

E:

O:

W:

57-59/

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

YES (READ B) 1 60-61/
 NO (SKIP TO SECTION 5, PAGE 5-29) 0

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

<p>SKIP TO SECTION 5, Q.54, PAGE 5-51</p>
--

IF Q.4 IS CODED 0, ASK:

6. We'd like to ask you a few questions about your service in the (BRANCH) since (DATE OF LAST INTERVIEW).

In what month and year did you separate from the (BRANCH)?

ENTER MONTH: 62-63/
 AND
 YEAR: 19 64-65/

- A. **INTERVIEWER:** WAS R IN **ACTIVE FORCES** (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD) DURING THIS PERIOD OF SERVICE?
 SEE ITEM 4 ON INFORMATION SHEET.

YES (ASK B) 1 66-67/

NO (GO TO Q.7) 0

- B. **IF YES TO A, ASK:**

On what day did you separate?

INTERVIEWER: ENTER DAY HERE AND RECORD DATE ON ROW A OF CALENDAR.
 DRAW A LINE FROM DATE OF LAST INTERVIEW TO DATE SEPARATED.

DAY DATE: 68-69/

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

E:
 O: 70-72/
 W:

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

Yes 1 73-74/

No (SKIP TO Q.16, PG. 4-27) 0

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

	ARMY (ASK A)	01	
ACTIVE	NAVY (ASK A)	02	
FORCES	AIR FORCE (ASK A)	03	
	MARINE CORPS (ASK A)	04	
	COAST GUARD (ASK A)	11	
<hr/>			
	ARMY RESERVES . . . (GO TO Q.10, PAGE 4-25)	05	
	NAVY RESERVES . . . (GO TO Q.10, PAGE 4-25)	06	
RESERVES	AIR FORCE RESERVES (GO TO Q.10, PAGE 4-25)	07	
	MARINE CORPS RESERVES (GO TO Q.10, PAGE 4-25)	08	
	COAST GUARD RESERVES (GO TO Q.10, PAGE 4-25)	12	
<hr/>			
	AIR NATIONAL GUARD (GO TO Q.10, PAGE 4-25)	09	
GUARD	ARMY NATIONAL GUARD (GO TO Q.10, PAGE 4-25)	10	
	OTHER (SPECIFY BELOW, AND SKIP TO SECTION 5, PAGE 5-29)		
		13	

09-10/

IF CODES 01-04 OR 11, ASK A:

- A. Was that in the regular (BRANCH OF SERVICE), the (BRANCH) Reserves, or the (BRANCH) National Guard?

Regular (GO TO Q.10, PAGE 4-25)	1	
Reserves (ASK B)	2	11-12/
Guard (ASK B)	3	
BOTH (PROBE FOR AND CODE Q.9 FOR THE MOST RECENT BRANCH)	4	

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

YES (CORRECT Q.9 TO RESERVES OR GUARD)	1	13-14/
NO (GO TO Q.10, PAGE 4-25)	0	

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

Yes 1 15-16/
 No (SKIP TO Q.12) 0

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

ENTER MONTH: 17-18/
 AND
 YEAR: 19 19-20/

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

YES (ASK B) 1 21-22/
 NO (SKIP TO Q.14, PG. 4-26) 0

IF YES TO A, ASK B:

B. On what day was that? ENTER DAY HERE AND RECORD DATE ON **CALENDAR**, ROW A.
 DRAW A LINE FROM DATE ENTERED TO NOW.

DAY DATE: 23-24/

SKIP TO Q.14, PAGE 4-26

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

Yes (ASK A) 1 25-26/

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

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

ENTER DATE HERE: , 19

MONTH DAY YEAR

27-30/ 31-32/

B. **INTERVIEWER:** DID R ENTER THE ACTIVE FORCES? (Q.9, PAGE 4-24 IS CODED 01-04 OR 11?)YES (RECORD DATE IN ROW A OF CALENDAR) 1 33-34/

NO 0

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

ENTER DATE HERE: , 19

MONTH DAY YEAR

35-38/ 39-40/

A. **INTERVIEWER:** WAS R IN THE ACTIVE FORCES? - (Q.9, PAGE 4-24 IS CODED 01-04 OR 11?)YES. . (RECORD DATE IN ROW A OF CALENDAR.
DRAW A LINE FROM DATE ENTERED TO
DATE SEPARATED.) 1 41-42/

NO 0

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

E: O:

43-45/

W: 15. **INTERVIEWER:** IS R CURRENTLY IN ACTIVE FORCES?(Q.9, PAGE 4-24 IS CODED 01-04 OR 11 AND Q.10 IS CODED 1--YES.)

YES (ASK A) 1 46-47/

NO (GO TO Q.16) 0

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

SKIP TO SECTION 5, Q.54, PAGE 5-51

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

YES 1 48-49/

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

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

Yes 1 50-51/

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

18. (Are/Were) you doing the same kind of work in your most recent civilian job that you did while you were in the military?

Yes (SKIP TO SECTION 5, PG. 5-29) 1 52-53/

No 0

19. Have you used any of the job skills you learned while in the military in any of the civilian jobs you held since leaving the military?

Yes 1 54-55/

No 0

GO TO SECTION 5, PAGE 5-29

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SECTION 5: ON CURRENT LABOR FORCE STATUS (CPS QUESTIONS)

1. Now I'd like some information on what you were doing last week. What were you doing most of last week--working, keeping house, or something else? RECORD VERBATIM AND CODE ONE ONLY.

<hr/>	
<hr/>	
CODE SMALLEST # MENTIONED	Working (SKIP TO Q.3) 01
	WITH A JOB BUT NOT AT WORK 02
	LOOKING FOR WORK 03 56-57/
	Keeping house 04
	GOING TO SCHOOL 05
	UNABLE TO WORK (SKIP TO Q.20, PAGE 5-41) . . . 06
	OTHER (SPECIFY) _____
_____ 07	

2. Did you do any work at all last week, not counting work around the house?
- **(INTERVIEWER NOTE: DO NOT INCLUDE VOLUNTEER WORK OR WORK DONE IN PRISON. IF FARM OR BUSINESS OPERATOR IN HH, ASK R ABOUT UNPAID WORK.)**

Yes 1 58-59/

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

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

ENTER TOTAL # OF HOURS: 60-61/

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

1 - 34 HOURS 1

35 - 48 HOURS (SKIP TO Q.6, PAGE 5-32) . . 2 62-63/

49 OR MORE HOURS . . (SKIP TO Q.7, PAGE 5-34) . . 3

ASK Q.5 ONLY IF CODE 1 IN Q.4.

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

Yes (ASK A) 1 64-65/

No (ASK B) 0

5. (Continued)

A. **IF YES:** What is the reason you worked less than 35 hours last week?
RECORD VERBATIM AND CODE ONE ONLY.

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

SLACK WORK 01

MATERIAL SHORTAGE 02

PLANT OR MACHINE REPAIR 03

NEW JOB STARTED DURING WEEK 04

JOB TERMINATED DURING WEEK 05

COULD FIND ONLY PART-TIME WORK 06

HOLIDAY--LEGAL OR RELIGIOUS 07

LABOR DISPUTE 08

BAD WEATHER 09

OWN ILLNESS 10

ILLNESS OF OTHER FAMILY MEMBER 11

ON VACATION 12

ATTENDS SCHOOL 13

TOO BUSY WITH HOUSEWORK, PERSONAL
BUSINESS, ETC 14

DID NOT WANT FULL-TIME WORK 15

FULL-TIME WORK WEEK UNDER 35 HOURS 16

OTHER REASON (SPECIFY)_____

66-67/

_____ 17

NOW SKIP TO Q.24, PAGE 5-43

5. (Continued)

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

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

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

68-69/

NOW SKIP TO Q.24, PAGE 5-43

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

6. Did you lose any time or take any time off **last week** for any reason such as illness, holiday, or slack work?

Yes (ASK A & B) 1

70-71/

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

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

- A. How many hours did you take off?

ENTER # OF HOURS:

72-73/

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

Yes (SKIP TO Q.24, PAGE 5-43) 1

74-75/

No (ASK C & D) 0

IF "NO" TO B, ASK C & D. OTHERWISE, SKIP TO Q.24, PAGE 5-43.

- C. Thinking of the (# OF HOURS IN A) hours that you took off **last week**, how many hours **did** you end up working **last week**, at all jobs?

ENTER # OF HOURS:

76-77/

D. INTERVIEWER: CODE FROM C - RESPONDENT WORKED

1 - 34 HOURS (ASK E) 1

78-79/

35 OR MORE HOURS. . . (SKIP TO Q.24, PAGE 5-43) . . 2

6. (Continued)

E. **IF "1-34" HOURS IN D:** What is the reason you worked less than 35 hours **last week?**
 RECORD VERBATIM AND CODE ONE ONLY.

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

SLACK WORK 01

MATERIAL SHORTAGE 02

PLANT OR MACHINE REPAIR 03

NEW JOB STARTED DURING WEEK 04

JOB TERMINATED DURING WEEK 05

COULD FIND ONLY PART-TIME WORK 06

HOLIDAY - LEGAL OR RELIGIOUS 07

LABOR DISPUTE 08

BAD WEATHER 09

OWN ILLNESS 10

ILLNESS OF OTHER FAMILY MEMBER 11

ON VACATION 12

ATTENDS SCHOOL 13

TOO BUSY WITH HOUSEWORK,
 PERSONAL BUSINESS, ETC 14

DID NOT WANT FULL-TIME WORK 15

FULL-TIME WORK WEEK UNDER 35 HOURS 16

OTHER REASON (SPECIFY) _____

09-10/

17

NOW SKIP TO Q.24, PAGE 5-43

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

Yes (ASK A) 1

11-12/

No (SKIP TO Q.24, PAGE 5-43) 0

IF "YES," ASK A. OTHERWISE, SKIP TO Q.24, PAGE 5-43.

A. How many extra hours did you work?

ENTER # OF EXTRA HOURS: (ASK B)

13-14/

OR

NO EXTRA HOURS ... (SKIP TO Q.24, PAGE 5-43) 00

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

Yes (GO TO D) 1

15-16/

No (ASK C) 0

C. **IF "NO" TO B:** Think of the (# OF HOURS IN A) hours that you worked extra last week. How many hours altogether, did you end up working last week?ENTER # OF HOURS:

17-18/

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

Paid for extra hours (ASK E) 1

Received compensatory time ... (SKIP TO Q.24, PG. 5-43) ... 2

19-20/

DID NOT GET PAID OR RECEIVE

COMP TIME (SKIP TO Q.24, PG. 5-43) ... 3

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

Regular rate 1

21-22/

Time and one-half 2

23-24/

Double time 3

25-26/

Other (SPECIFY) _____ 4

27-28/

NOW SKIP TO Q.24, PAGE 5-43

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

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

YES (GO TO Q.9) 1
29-30/
NO (ASK B) 0

- B. **IF NO:** Did you have a job or business from which you were temporarily absent or on layoff **last week?**

Yes (GO TO Q.9) 1
31-32/
No (SKIP TO Q.13, PAGE 5-37) 0

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

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

IF MORE THAN ONE REASON GIVEN, PROBE: What was the main reason why you were absent from work **last week?**

OWN ILLNESS .. (SKIP TO Q.11, PAGE 5-36) 01
ILLNESS OF OTHER FAMILY MEMBER
(SKIP TO Q.11, PAGE 5-36) 02
ON VACATION .. (SKIP TO Q.11, PAGE 5-36) 03
BAD WEATHER . (SKIP TO Q.11, PAGE 5-36) 04 33-34/
LABOR DISPUTE (SKIP TO Q.11, PAGE 5-36) 05
NEW JOB TO BEGIN. (ASK A) 06
ON LAYOFF. (GO TO Q.10, PAGE 5-36) 07
SCHOOL INTERFERED
(SKIP TO Q.11, PAGE 5-36) 08
OTHER (SPECIFY) (SKIP TO Q.11, PAGE 5-36) _____
_____ 09

- A. **IF "NEW JOB TO BEGIN":** Is your new job scheduled to begin within 30 days from today, or sometime after that?

Within 30 days ... (SKIP TO Q.15, PAGE 5-38) 1
35-36/
Sometime after that. . (SKIP TO Q.13B, PAGE 5-37) 2

ASK Q.10 IF "ON LAYOFF" IN Q.9.

10. A. When you were laid off, were you given a definite date on which to report back to work, or were you **not** given such a date?

Was given a definite date to report
back to work (ASK B) 1

37-38/

Was not given such a date to report
back to work (GO TO C) 2

- B. **IF "WAS GIVEN A DEFINITE DATE":** Altogether, will your period of layoff last 30 days or less, or will it last **more** than 30 days?

30 days or less 1

39-40/

More than 30 days 2

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

ENTER # OF WEEKS:

41-42/

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

Full-time 1

43-44/

Part-time 2

NOW SKIP TO Q.19, PAGE 5-40

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

Yes 1

No 0

45-46/

(IF VOLUNTEERED): SELF-EMPLOYED 3

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

Yes 1

No 0

47-48/

NOW SKIP TO Q.24, PAGE 5-43

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

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

YES (GO TO Q.14) 1
 NO (ASK B) 0

49-50/

IF "NO" TO Q.13A, OR IF CODE "2" IN Q.9A PAGE 5-35, ASK B:

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

Yes 1
 No (SKIP TO Q.20, PAGE 5-41) 0

51-52/

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

NOTHING (SKIP TO Q.20, PAGE 5-41) 01

53-54/

CHECKED WITH:

PUBLIC EMPLOYMENT AGENCY 02

55-56/

PRIVATE EMPLOYMENT AGENCY 03

57-58/

EMPLOYER DIRECTLY 04

59-60/

FRIENDS OR RELATIVES 05

61-62/

PLACED OR ANSWERED ADS 06

63-64/

LOOKED IN THE NEWSPAPER 07

65-66/

SCHOOL EMPLOYMENT SERVICE 08

67-68/

OTHER (SPECIFY)_____

09

69-70/

15. Why did you start looking for work? Was it because you lost or quit a job at that time (PAUSE) or was there some other reason? RECORD VERBATIM AND CODE ONE ONLY.

LOST JOB 01

QUIT JOB 02

LEFT SCHOOL 03

CHILDREN ARE OLDER 04

ENJOY WORKING 05

NEEDED MONEY TO SUPPORT
MYSELF OR MY FAMILY 06

WANTED TEMPORARY WORK 07

HEALTH IMPROVED 08

PROGRAM ENDED 11

OTHER (SPECIFY) _____

_____ 12

71-72/

16. **INTERVIEWER:** CHECK ANSWER CODED IN Q.9, PAGE 5-35:

NEW JOB TO BEGIN (ASK Q.17, PAGE 5-39) 1

BLANK-- Q.9 NOT ASKED .. (SKIP TO Q.18, PAGE 5-40) ... 2

73-74/

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

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

ENTER # OF WEEKS:

09-10/

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

Full-time 1

11-12/

Part-time 2

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

Yes (ASK D) 1

13-14/

No (SKIP TO Q.23, PAGE 5-42) 0

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

RECORD VERBATIM AND CODE ONE ONLY.

ALREADY HAD A JOB 1

TEMPORARY ILLNESS 2

GOING TO SCHOOL 3

15-16/

NEEDED AT HOME 4

OTHER (SPECIFY) _____

_____ 5

NOW SKIP TO Q.23, PAGE 5-42

IF CODE 2 IN Q.16 PAGE 5-38, ASK Q.18.

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

ENTER # OF WEEKS:

17-18/

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

Full-time 1

19-20/

Part-time 2

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

Yes (ASK A) 1

21-22/

No (SKIP TO Q.23, PAGE 5-42) 0

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

ALREADY HAD A JOB 1

TEMPORARY ILLNESS 2

GOING TO SCHOOL 3

23-24/

NEEDED AT HOME 4

OTHER (SPECIFY) _____

_____ 5

NOW SKIP TO Q.23, PAGE 5-42

20. Now I'd like you to think about the time since (DATE OF LAST INTERVIEW). (Not counting your military service,) Did you do any work for pay since (DATE OF LAST INTERVIEW)?

Yes 1 25-26/
 No 0

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

Yes (ASK A) 1
 No (ASK B) 0 27-28/
 MAYBE, IT DEPENDS (ASK A) 3
 DON'T KNOW (ASK B) 8

A. IF YES OR MAYBE:

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

B. IF NO OR DON'T KNOW:

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

BELIEVE NO WORK AVAILABLE IN LINE OF WORK OR AREA .. 01 29-30/
COULDN'T FIND ANY WORK 02 31-32/
LACK NECESSARY SCHOOLING, TRAINING, SKILLS,
 OR EXPERIENCE 03 33-34/
 EMPLOYERS THINK TOO **YOUNG** 04 35-36/
 CAN'T ARRANGE **CHILD CARE** 06 37-38/
FAMILY RESPONSIBILITIES 07 39-40/
IN SCHOOL OR OTHER TRAINING 08 41-42/
ILL HEALTH, PHYSICAL DISABILITY 09 43-44/
 PREGNANCY 10 45-46/
OTHER PERSONAL HANDICAPS IN FINDING JOB 05 47-48/
 SPOUSE OR PARENT AGAINST MY WORKING 11 49-50/
 DO NOT WANT TO WORK 12 51-52/
 CAN'T ARRANGE TRANSPORTATION 13 53-54/
 DON'T KNOW WHERE TO LOOK 14 55-56/
 OTHER (SPECIFY) 15 57-58/
 OR
 DON'T KNOW 98 59-60/

22. **INTERVIEWER:** HAS R WORKED **FOR PAY** SINCE DATE OF LAST INTERVIEW (IS Q.20, PAGE 5-41, CODED 1--"YES")?

YES (SKIP TO Q.24, PAGE 5-43) 1

61-62/

NO (SKIP TO SECTION 6, PAGE 6-53) 0

23. Now I'd like you to think about the time since (DATE OF LAST INTERVIEW). (Not counting your military service,) Did you do any work for pay since (DATE OF LAST INTERVIEW)?

Yes (GO TO Q.24) 1

63-64/

No (SKIP TO SECTION 6, PAGE 6-53) 0

24. A. For whom did you work last (week)? IF MORE THAN ONE EMPLOYER, PROBE: For whom did you work the most hours during the last week (you worked)?

 09-38/

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

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

 39-41/

26. A. What kind of work were you doing for this job? RECORD VERBATIM. **IF MORE THAN ONE KIND OF WORK, PROBE:** What kind of work were you doing for the **most hours last week?**

 42-44/

B. What were your most important activities or duties? RECORD VERBATIM.

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

Regular job 1

45-46/

Odd job 2

FOR OFFICE USE ONLY:

A.I.O. 1980

Industry:

47-49/

Occupation:

50-52/

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

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

**HAND
CARD
C**

A **government** employee (ASK A) 2 53-54/

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

Working **without pay** in a family business
or farm? (SKIP TO Q.54, PAGE 5-51) . . 4

IF CODE 2 IN Q.27, ASK A:

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

Federal government employee 1

State government employee 2 55-56/

Local government employee 3

DON'T KNOW 8

GO TO Q.28

IF CODE 3 IN Q.27, ASK B:

B. Is your business incorporated or unincorporated?

Business incorporated 1

Business unincorporated 2 57-58/

DON'T KNOW 8

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

ENTER # OF HOURS:

59-60/

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

ENTER # OF HOURS: (ASK B)

61-62/

OR

NONE (SKIP TO Q.30) 00

B. When you said earlier that you usually (work/worked) (# OF HOURS IN Q.28) hours per week, had you already included the (# OF HOURS IN Q.29A) hours per week that you usually (work/worked) at home?

Yes (GO TO Q.30) 1

63-64/

No (ASK C) 0

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

ENTER # OF HOURS PER WEEK:

65-66/

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

YES 1

67-68/

NO (SKIP TO Q.53, PAGE 5-51) 0

31. **INTERVIEWER:** (IS/WAS) R SELF-EMPLOYED IN A BUSINESS WHICH IS UNINCORPORATED (Q.27B, PAGE 5-44, IS CODED "2" OR "8")?

YES (SKIP TO Q.53, PAGE 5-51) 1

69-70/

NO 0

32. (Does/Did) your employer **make available** to you...(READ CATEGORIES A-I)?
CODE "YES", "NO" OR "DON'T KNOW" FOR EACH.

	<u>Yes</u>	<u>No</u>	<u>DON'T KNOW</u>	
A. medical, surgical, or hospital insurance that covers injuries or major illnesses off the job	1	0	8	71-72/
B. life insurance that would cover your death for reasons not connected with your job	1	0	8	73-74/
C. dental benefits	1	0	8	75-76/
D. (maternity/paternity) leave that will allow you to go back to your old job or one that pays the same as your old one	1	0	8	BEGIN DECK 09 09-10/
E. retirement plan other than Social Security	1	0	8	11-12/
F. flexible hours or work schedule	1	0	8	13-14/
G. profit sharing	1	0	8	15-16/
H. training or educational opportunities including tuition reimbursement	1	0	8	17-18/
I. company provided or subsidized childcare	1	0	8	19-20/

- 33A. How many sick days with full pay (are/were) you entitled to each year?

OF DAYS 21-23/
OR
NONE 000
DON'T KNOW 998

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

OF DAYS 24-26/
OR
NONE 000
DON'T KNOW 998

QUESTIONS 34 THROUGH 52 (PAGES 5-47 THROUGH 5-50) ARE INTENTIONALLY OMITTED.

GO TO Q.53, PAGE 5-51

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

Yes 1

27-28/

No 0

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

VARIES 99, 995

OR

29-33/

ENTER # OF EMPLOYEES: ,

IF YES TO Q.53, ASK B. OTHERWISE, GO TO Q.54.

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

Under 1,000 employees 1

1,000 employees or more 2

34-35/

DON'T KNOW 8

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

Regular day shift (ASK Q.55, PAGE 5-52) ... 01

Regular evening shift (ASK Q.55, PAGE 5-52) ... 02

Regular night shift (ASK Q.55, PAGE 5-52) ... 03

Shift rotates (changes periodically from days to evenings or nights) (SKIP TO Q.56) 04

36-37/

Split shift (consists of two distinct periods each day) (SKIP TO Q.56) 05

Irregular schedule or hours .. (ASK A) 06

Other (SPECIFY) (SKIP TO Q.57) _____

07

- A. Who (sets/set) your hours?

Employer 1

Respondent 2

38-39/

Both respondent and employer 3

**HAND
CARD
F**

SKIP TO Q.57

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

Time usually began: : AM / MIDNIGHT
PM / NOON 40-45/

Time usually ended: : AM / MIDNIGHT
PM / NOON 46-51/

SKIP TO Q.57

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

Time usually began: : AM / MIDNIGHT
PM / NOON 52-57/

Time usually ended: : AM / MIDNIGHT
PM / NOON 58-63/

57. How (do/did) you feel about (the job you have now/your most recent job)? (Do/Did) you like it very much, like it fairly well, dislike it somewhat, or dislike it very much? CODE ONE ONLY.

Like it very much 1

Like it fairly well 2

Dislike it somewhat 3

Dislike it very much 4

64-65/

GO TO SECTION 6

SECTION 6: ON JOBS

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

OR

DID R SERVE IN ANY BRANCH OF THE MILITARY SINCE THE DATE
OF THE LAST INTERVIEW? ("YES" TO Q.8, PAGE 4-23, SECTION 4
OR SEE CALENDAR, ROW A.)

YES 1 66-67/

NO (SKIP TO Q.3) 0

2. Besides [the job with (EMPLOYER IN Q.24A, SECTION 5, PAGE 5-43)/(and)/(your military service,)]
have you done any other work for pay since (DATE OF LAST INTERVIEW)?

Yes (SKIP TO Q.4) 1 68-69/

No (SKIP TO Q.5, PAGE 6-55) 0

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

Yes (GO TO Q.4) 1 70-71/

No (SKIP TO Q.5, PAGE 6-55) 0

4. Please give me the names of each of your employers for all jobs you've had for pay since (DATE OF LAST INTERVIEW) [not counting your job with (EMPLOYER IN SECTION 5, Q.24A, PAGE 5-43)]. If you had more than one job at the same time, please tell me about each job separately. Let's start with the most recent job you've had and work back in time to (DATE OF LAST INTERVIEW).

LIST EMPLOYER NAMES ON THE EMPLOYER LINES BELOW AND IN Q.1 ON THE COVERS OF THE EMPLOYER SUPPLEMENTS, STARTING WITH THE MOST RECENT JOB.

- A. **PROBE:** What was the name of your employer for the next most recent job you've had since (DATE OF LAST INTERVIEW)?

CONTINUE PROBING UNTIL R SAYS "NO OTHER EMPLOYER." **IF R VOLUNTEERS THAT (HE/SHE) WORKED FOR MORE THAN ONE EMPLOYER FOR A JOB, ASK B.**

- B. During a single month, (do/did) you generally work for one employer or more than one employer for this job?

One employer [ASK (1)]

More than one employer [ASK (2)]

- (1) **IF ONE EMPLOYER IN B:** What (is/was) the name of the (next) most recent employer you've worked for on this job?

RECORD IN Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT AND REPEAT THIS QUESTION UNTIL YOU GET "NO OTHER EMPLOYER." THEN GO BACK TO "A" ABOVE.

- (2) **IF MORE THAN ONE EMPLOYER IN B:** RECORD "VARIETY OF EMPLOYERS" IN Q.1 OF THE EMPLOYER SUPPLEMENT. THEN GO BACK TO "A" ABOVE. CONTINUE PROBING UNTIL R SAYS "NO OTHER EMPLOYER."

EMPLOYERS

(ENTER HERE AND IN Q.1 ON THE COVERS OF EMPLOYER SUPPLEMENTS.)

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

YES (ASK A) 1 72-73/

NO (SKIP TO Q.7) 0

A. **IF YES,**

- INTERVIEWER:** ARE ALL OF R'S EMPLOYERS IN ITEM 5 OF INFORMATION SHEET NOW ENTERED AT Q.1 ON THE COVERS OF EMPLOYER SUPPLEMENTS?

YES (SKIP TO Q.7) 1 74-75/

NO 0

6. **INTERVIEWER:** LIST BELOW ALL EMPLOYERS IN ITEM 5 OF INFORMATION SHEET THAT ARE NOT NOW ENTERED AT Q.1 ON THE COVER OF EMPLOYER SUPPLEMENTS, THEN ASK A.

<p><u>FOR EACH EMPLOYER NAME RECORDED AT RIGHT, ASK A:</u></p>	<p>_____</p> <p>_____</p> <p>(Employer Name)</p>	<p>_____</p> <p>_____</p> <p>(Employer Name)</p>	<p>_____</p> <p>_____</p> <p>(Employer Name)</p>
<p>A. When we interviewed you last on (DATE OF LAST INTERVIEW) you were working for (READ EMPLOYER NAME). Have you already told me about (EMPLOYER) for this year but called it by another name?</p>	<p>Yes 1</p> <p>No .. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT) . 0</p>	<p>Yes 1</p> <p>No .. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT) . 0</p>	<p>Yes 1</p> <p>No .. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT) . 0</p>

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

NONE (GO TO SECTION 7, PAGE 7-57) 00

ONE OR MORE ...

(SPECIFY NUMBER HERE, AND ADMINISTER SUPPLEMENTS NOW. START WITH THE **MOST RECENT** JOB)

76-77/

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SECTION 7: GAPS WHEN R WAS NOT WORKING OR IN THE MILITARY

----> **INTERVIEWER NOTE:** BY NOW YOU SHOULD HAVE ADMINISTERED AN EMPLOYER SUPPLEMENT FOR EACH JOB COUNTED AT SECTION 6, Q.7, PAGE 6-55.

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

ENTER NUMBER:

09-10/

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

YES 1 11-12/

NO ... **INTERVIEWER:** PUT DATE OF LAST INTERVIEW AND TODAY'S DATE IN BOXES FOR PERIOD 1, Q.4A, ON PAGE 7-58. PUT BOTH DATES ON ROW C OF THE CALENDAR. DRAW A LINE TO CONNECT THESE DATES. THEN GO TO Q.4B, PAGE 7-58.) 0

3. **INTERVIEWER:** SEE CALENDAR, ROWS A AND B. ARE THERE ANY GAPS OF A WEEK OR MORE BETWEEN EMPLOYERS AND/OR ACTIVE DUTY SINCE DATE OF LAST INTERVIEW AND NOW?

IN OTHER WORDS, ARE THERE ANY SPACES OF A WEEK OR MORE WHERE YOU DO NOT HAVE A LINE DRAWN IN ROW A OR ROW B? (CHECK ALL YOUR DATES CAREFULLY. CHECK THE ENDING DATE OF EACH JOB HELD AND THE STARTING DATE OF THE NEXT JOB.)

THERE ARE
SOME GAPS (GO TO Q.4A, PAGE 7-58) 1 13-14/

ALL TIME IS ACCOUNTED FOR IN LINES A AND B
(SKIP TO SECTION 8, PAGE 8-61) 2

GAPS BETWEEN JOBS

4. A. **INTERVIEWER:** DRAW LINES ON ROW C TO REPRESENT PERIODS DURING WHICH THERE ARE NO LINES IN ROW A OR B. USE DATES ENTERED IN ROWS A & B TO INDICATE IN ROW C DATES R BEGAN AND ENDED EACH PERIOD OF NON-EMPLOYMENT. ENTER THE DATES FOR EACH PERIOD INTO BOX A, MOST RECENT PERIOD FIRST. (GO TO A NEW QUEX IF NECESSARY.) NOW ENTER BELOW THE TOTAL NUMBER OF SEPARATE PERIODS OF NON-EMPLOYMENT:

TOTAL # OF SEPARATE PERIODS:

15-16/

FOR EACH SET OF DATES ENTERED IN A, ASK B-J:

- B. You said you were not working between (DATES OF FIRST/NEXT PERIOD). During how many of those weeks were you looking for work or on layoff from a job--during none, some, or all of those weeks?

INTERVIEWER: FOLLOW SKIP INSTRUCTIONS AT B IN COLUMNS.

- C. **INTERVIEWER:** USE WEEK CALENDAR TO DETERMINE WEEK # OF EACH DATE. **CIRCLE** WEEK #'S ON CALENDAR.
- D. ENTER **ENDING WEEK** # IN BOX D HERE.
- E. ENTER **BEGINNING WEEK** # IN BOX E HERE.
- F. SUBTRACT **WEEK BEGAN** FROM **WEEK ENDED** (D-E=F) AND ENTER THE DIFFERENCE HERE (# OF WEEKS IN GAP).
- G. You were not working from (DATE) to (DATE). That would be about (# IN BOX F) weeks when you were not working. For how **many** of these weeks were you looking for work or on layoff from a job? ENTER IN BOX G HERE.
- H. **INTERVIEWER:** SUBTRACT # OF WEEKS LOOKING OR ON LAYOFF FROM # OF WEEKS IN GAP PERIOD (F-G=H). ENTER DIFFERENCE IN BOX H HERE. **READ:** That leaves (# IN H) weeks that you were not working or looking for work.
- I. What would you say was the main reason that you were not looking for work during that period? RECORD VERBATIM AND ENTER CODE FROM BOX I BELOW.

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

- J. **INTERVIEWER:** ARE THERE ANY ADDITIONAL PERIODS?

MOST RECENT -----> TO LEAST RECENT

<u>PERIOD 1</u> FROM			<u>PERIOD 2</u> FROM			<u>PERIOD 3</u> FROM			<u>PERIOD 4</u> FROM		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
17-22/			50-55/			13-18/			46-51/		
TO			TO			TO			TO		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
23-28/			56-61/			19-24/			52-57/		
B. None. . (GO TO I) . . . 1			None. . (GO TO I) . . . 1			None. . (GO TO I) . . . 1			None. . (GO TO I) . . . 1		
Some. . (GO TO C) . . . 2			Some. . (GO TO C) . . . 2			Some. . (GO TO C) . . . 2			Some. . (GO TO C) . . . 2		
All. . . (GO TO J) . . . 3			All. . . (GO TO J) . . . 3			All. . . (GO TO J) . . . 3			All. . . (GO TO J) . . . 3		
29-30/			62-63/			25-26/			58-59/		
D. <input type="text"/> <input type="text"/> <input type="text"/>	WEEK PERIOD ENDED		<input type="text"/> <input type="text"/> <input type="text"/>	WEEK PERIOD ENDED		<input type="text"/> <input type="text"/> <input type="text"/>	WEEK PERIOD ENDED		<input type="text"/> <input type="text"/> <input type="text"/>	WEEK PERIOD ENDED	
	31-33/			64-66/			27-29/			60-62/	
E. <input type="text"/> <input type="text"/> <input type="text"/>	WEEK PERIOD BEGAN		<input type="text"/> <input type="text"/> <input type="text"/>	WEEK PERIOD BEGAN		<input type="text"/> <input type="text"/> <input type="text"/>	WEEK PERIOD BEGAN		<input type="text"/> <input type="text"/> <input type="text"/>	WEEK PERIOD BEGAN	
	34-36/			67-69/			30-32/			63-65/	
F. = <input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS		= <input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS		= <input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS		= <input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS	
	37-39/			70-72/			33-35/			66-68/	
G. <input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS LOOKING OR ON LAYOFF		<input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS LOOKING OR ON LAYOFF		<input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS LOOKING OR ON LAYOFF		<input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS LOOKING OR ON LAYOFF	
	40-42/			73-75/			36-38/			69-71/	
H. <input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS NOT LOOKING		<input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS NOT LOOKING		<input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS NOT LOOKING		<input type="text"/> <input type="text"/> <input type="text"/>	# OF WEEKS NOT LOOKING	
	43-45/			76-78/			39-41/			72-74/	
I. _____	_____		_____	_____		_____	_____		_____	_____	
	_____			_____			_____			_____	
<input type="text"/> <input type="text"/>	46-47/		<input type="text"/> <input type="text"/>	09-10/		<input type="text"/> <input type="text"/>	42-43/		<input type="text"/> <input type="text"/>	75-76/	
REASON NOT LOOKING			REASON NOT LOOKING			REASON NOT LOOKING			REASON NOT LOOKING		
J. YES (RE-ASK B-J FOR SECOND PERIOD) 1			YES (RE-ASK B-J FOR THIRD PERIOD) 1			YES (RE-ASK B-J FOR FOURTH PERIOD) 1			YES. (GO TO NEW QUEX AND RE-ASK B-J FOR ADDITIONAL PERIOD). 1		
NO. (GO TO SECTION 8) . . . 0	48-49/		NO. (GO TO SECTION 8) . . . 0	11-12/		NO. (GO TO SECTION 8) . . . 0	44-45/		NO. (GO TO SECTION 8) 0	77-78/	

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SECTION 8: TRAINING

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

INTERVIEWER: SEE INFORMATION SHEET ITEM 7 TO FIND OUT WHAT TRAINING PROGRAMS, IF ANY, THE RESPONDENT HAD ENROLLED IN AT THE DATE OF LAST INTERVIEW.

1. When we last talked with you on (DATE OF LAST INTERVIEW), you were [not participating in any training programs/receiving training at (1ST TRAINING AGENCY LISTED ON INFORMATION SHEET ITEM 7)]. Is that correct?

Yes (SKIP TO Q.3) 1 09-10/
 No 0

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

**HAND
CARD
K**

NONE 00
 Business school 01
 Apprenticeship program 03
 A vocational or technical institute 04 11-12/
 A correspondence course 07
 Formal company training run by
 employer or military training
 (excluding basic training) 08
 Seminars or training programs
 at work run by someone other
 than employer 09
 Seminars or training programs
 outside of work 10
 Vocational rehabilitation center 11
 Other (SPECIFY)_____ 12

- A. **INTERVIEWER:** CORRECT 1ST TRAINING PROGRAM LISTED AT ITEM 7 OF THE INFORMATION SHEET BASED ON THE INFORMATION THAT R JUST GAVE IN Q.2.

3. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 7. WAS R PARTICIPATING IN A 2ND TRAINING PROGRAM AT THE DATE OF LAST INTERVIEW?

YES 1 13-14/
 NO (SKIP TO Q.6) 0

4. When we last talked with you on (DATE OF LAST INTERVIEW), you were also receiving training at (2ND TRAINING AGENCY LISTED ON INFORMATION SHEET ITEM 7). Is that correct?

Yes (SKIP TO Q.6) 1 15-16/
 No 0

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

HAND CARD K

NONE 00
 Business school 01
 Apprenticeship program 03
 A vocational or technical institute 04 17-18/
 A correspondence course 07
 Formal company training run by
 employer or military training
 (excluding basic training) 08
 Seminars or training programs
 at work run by someone other
 than employer 09
 Seminars or training programs
 outside of work 10
 Vocational rehabilitation center 11
 Other (SPECIFY)_____12

- A. **INTERVIEWER:** CORRECT 2ND TRAINING PROGRAM LISTED AT ITEM 7 OF THE INFORMATION SHEET BASED ON THE INFORMATION THAT R JUST GAVE IN Q.5.

- 6 A. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 7. WAS R RECEIVING TRAINING ON DATE OF LAST INTERVIEW?

YES (ASK B) 1 19-20/

NO (SKIP TO Q.16, PAGE 8-65) 0

- B. **INTERVIEWER:** CODE BELOW EACH TYPE OF TRAINING PROGRAM FROM INFORMATION SHEET ITEM 7.

1st Program	2nd Program
21-22/	23-24/
Business school. .... .01	..... 01
Apprenticeship program 03	..... 03
A vocational or technical institute. .... .04	..... 04
A correspondence course. .... .07	..... 07
Formal company training run by employer or military training (excluding basic training) 08	..... 08
Seminars or training programs at work run by someone other than employer 09	..... 09
Seminars or training programs outside of work 10	..... 10
Vocational rehabilitation center. .... .11	..... 11
Other (SPECIFY) _____	_____
_____	_____
_____ 12	_____ 12

(Q.6 Continued)

	1st Program	2nd Program
C. Was this training program sponsored or paid for by one of your employers?	Yes 1 No (GO TO Q.7)..... 0 25-26/	Yes 1 No (GO TO Q.7)..... 0 33-34/
D. Which one of your employers paid for this training program?	EMPLOYER NAME _____ _____ _____	EMPLOYER NAME _____ _____ _____
E. DOES EMPLOYER NAME MATCH AN EMPLOYER NAME IN INFO SHEET ITEM 5 OR 6?	YES..... 1 NO. . (ASK R WHICH EMPLOYER LISTED ON INFO SHEET ITEMS 5 OR 6 IS THE SAME ONE THAT PAID FOR THE TRAINING AND IF NECESSARY, CORRECT D TO MATCH EMPLOYER NAME AS LISTED IN INFORMATION SHEET ITEMS) 0 27-28/	YES..... 1 NO. . (ASK R WHICH EMPLOYER LISTED ON INFO SHEET ITEMS 5 OR 6 IS THE SAME ONE THAT PAID FOR THE TRAINING AND IF NECESSARY, CORRECT D TO MATCH EMPLOYER NAME AS LISTED IN INFORMATION SHEET ITEMS) 0 35-36/
	<div style="border: 1px solid black; padding: 10px; text-align: center;"> OFFICE USE ONLY <input type="checkbox"/> 29-30/ INFO SHEET ITEM <input type="checkbox"/> <input type="checkbox"/> 31-32/ EMPLOYER NUMBER </div>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> OFFICE USE ONLY <input type="checkbox"/> 37-38/ INFO SHEET ITEM <input type="checkbox"/> <input type="checkbox"/> 39-40/ EMPLOYER NUMBER </div>

	1st Program	2nd Program
7. Now, we would like to ask you a few questions about the training that you were receiving on (DATE OF LAST INTERVIEW) at (TYPE OF TRAINING AGENCY CODED IN Q.6B). First, when did you finish or leave this training program?	<div> <div><input type="text"/></div><div><input type="text"/></div> <div>MONTH</div> </div> <div> <div><input type="text"/></div><div><input type="text"/></div> <div>YEAR</div> </div> <div>OR 41-44/</div> <div>STILL ENROLLED (SKIP TO Q.14). . . . 0000</div>	<div> <div><input type="text"/></div><div><input type="text"/></div> <div>MONTH</div> </div> <div> <div><input type="text"/></div><div><input type="text"/></div> <div>YEAR</div> </div> <div>OR 61-64/</div> <div>STILL ENROLLED (SKIP TO Q.14). . . . 0000</div>
8. Altogether, for how many weeks did you attend this training? (ENTER 00 IF LESS THAN ONE WEEK.)	<div> <div><input type="text"/></div><div><input type="text"/></div> <div># OF WEEKS</div> </div> <div>45-46/</div>	<div> <div><input type="text"/></div><div><input type="text"/></div> <div># OF WEEKS</div> </div> <div>65-66/</div>
9. Did you complete this training or not?	<div>Completed 1</div> <div>47-48/</div> <div>Did not complete. 2</div>	<div>Completed 1</div> <div>67-68/</div> <div>Did not complete. 2</div>
10. Did you use this training on your (most recent) job?	<div>Yes 1</div> <div>49-50/</div> <div>No 0</div>	<div>Yes 1</div> <div>69-70/</div> <div>No 0</div>
11. Was this training necessary to get a promotion on your job?	<div>Yes. . (SKIP TO Q.14). . . 1</div> <div>No. 0</div> <div>NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.13) 2</div> <div>51-52/</div>	<div>Yes. . (SKIP TO Q.14). . . 1</div> <div>No. 0</div> <div>NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.13) 2</div> <div>71-72/</div>
12. Did this training help you get a promotion?	<div>Yes. . (SKIP TO Q.14). . . 1</div> <div>53-54/</div> <div>No. 0</div>	<div>Yes. . (SKIP TO Q.14). . . 1</div> <div>73-74/</div> <div>No. 0</div>
13. Did the training result in your getting a (different) job?	<div>Yes 1</div> <div>55-56/</div> <div>No 0</div>	<div>Yes 1</div> <div>75-76/</div> <div>No 0</div>
14. How many hours per week (do/did) you usually spend in this training?	<div> <div><input type="text"/></div><div><input type="text"/></div> <div># OF HOURS</div> </div> <div>57-58/</div>	<div> <div><input type="text"/></div><div><input type="text"/></div> <div># OF HOURS</div> </div> <div>77-78/</div>
15. INTERVIEWER: IS THERE ANOTHER TRAINING PROGRAM TO ASK ABOUT?	<div>Yes. . (REASK Q.6C THRU Q.15) 1</div> <div>No. . (GO TO Q.16) 0</div> <div>59-60/</div>	<div>Yes. . (GO TO NEW QUEX AND REASK Q.6C THRU Q.15) 1</div> <div>No. . (GO TO Q.16) 0</div> <div>79-80/</div>

BEGIN DECK 13

16. (Besides the training programs we've already talked about,) **Since** (DATE OF LAST INTERVIEW), did you attend any (other) training program or any on-the-job training designed to help people find a job, improve job skills, or learn a new job?

Yes (GO TO Q.17) 1 09-10/

No (SKIP TO SECTION 9, PAGE 9-75) 0

		1st Program	
<p>17. (HAND CARD K). Which category on this card best describes where you received this training? (CODE ONE ONLY).</p> <div style="border: 1px solid black; padding: 10px; width: 100px; margin: 20px auto; text-align: center;"> HAND CARD K </div>	Business school.	01	
	Apprenticeship program. . . . .	.03
	A vocational or technical institute. . . . .	.04
	A correspondence course. . . . .	.07
	Formal company training run by employer or military training (excluding basic training) . . . .	.08
	Seminars or training programs at work run by someone other than employer. . . . .	.09
	Seminars or training programs outside of work. . . . .	.10
	Vocational rehabilitation center. . . . .	.11
	Other (SPECIFY)_____		
	_____	12	
		11-12/	
<p>18. (HAND CARD L). Who paid for this training program? (CODE ALL THAT APPLY).</p> <div style="border: 1px solid black; padding: 10px; width: 100px; margin: 20px auto; text-align: center;"> HAND CARD L </div>	Self or family. .(GO TO Q.18C). .	.01	
		13-14/	
	Employer.(ASK Q.18A). .	.02	
		15-16/	
	Job Training Partnership Act (JTPA). . (GO TO Q.19). . . . .	.03
		17-18/	
	Trade Adjustment Act (TAA) (GO TO Q.19). . . . .	.04
		19-20/	
	Job Corps Program (GO TO Q.19) . . . . .	.05
		21-22/	
	Work Incentive Program (WIN) (GO TO Q.19) . . . . .	.06
		23-24/	
	Veteran's Administration (GO TO Q.19) . . . . .	.07
	25-26/		
Vocational Rehabilitation (GO TO Q.19) . . . . .	.08	
	27-28/		
Other (SPECIFY) (GO TO Q.19, PG. 8-70)	29-30/		
_____	09		

2nd Program	3rd Program	4th Program
Business school. 01	Business school. 01	Business school. 01
Apprenticeship program. 03	Apprenticeship program. 03	Apprenticeship program. 03
A vocational or technical institute. 04	A vocational or technical institute. 04	A vocational or technical institute. 04
A correspondence course. 07	A correspondence course. 07	A correspondence course. 07
Formal company training run by employer or military training (excluding basic training) 08	Formal company training run by employer or military training (excluding basic training) 08	Formal company training run by employer or military training (excluding basic training) 08
Seminars or training programs at work run by someone other than employer. 09	Seminars or training programs at work run by someone other than employer. 09	Seminars or training programs at work run by someone other than employer. 09
Seminars or training programs outside of work. 10	Seminars or training programs outside of work. 10	Seminars or training programs outside of work. 10
Vocational rehabilitation center. 11	Vocational rehabilitation center. 11	Vocational rehabilitation center. 11
Other (SPECIFY) _____ _____ 12 31-32/	Other (SPECIFY) _____ _____ 12 51-52/	Other (SPECIFY) _____ _____ 12 71-72/
Self or family. (GO TO Q.18C). .01 33-34/	Self or family. (GO TO Q.18C). .01 53-54/	BEGIN DECK 14 Self or family. (GO TO Q.18C). .01 09-10/
Employer. . . . (ASK Q.18A). . . 02 35-36/	Employer. . . . (ASK Q.18A). . . 02 55-56/	Employer. . . . (ASK Q.18A). . . 02 11-12/
Job Training Partnership Act (JTPA). . (GO TO Q.19). . . . 03 37-38/	Job Training Partnership Act (JTPA). . (GO TO Q.19). . . . 03 57-58/	Job Training Partnership Act (JTPA). . (GO TO Q.19). . . . 03 13-14/
Trade Adjustment Act (TAA) (GO TO Q.19). 04 39-40/	Trade Adjustment Act (TAA) (GO TO Q.19). 04 59-60/	Trade Adjustment Act (TAA) (GO TO Q.19). 04 15-16/
Job Corps Program (GO TO Q.19). 05 41-42/	Job Corps Program (GO TO Q.19). 05 61-62/	Job Corps Program (GO TO Q.19). 05 17-18/
Work Incentive Program (WIN) (GO TO Q.19). 06 43-44/	Work Incentive Program (WIN) (GO TO Q.19). 06 63-64/	Work Incentive Program (WIN) (GO TO Q.19). 06 19-20/
Veteran's Administration (GO TO Q.19). 07 45-46/	Veteran's Administration (GO TO Q.19). 07 65-66/	Veteran's Administration (GO TO Q.19). 07 21-22/
Vocational Rehabilitation (GO TO Q.19). 08 47-48/	Vocational Rehabilitation (GO TO Q.19). 08 67-68/	Vocational Rehabilitation (GO TO Q.19). 08 23-24/
Other (SPECIFY) (GO TO Q.19, PG. 8-70) 09 49-50/	Other (SPECIFY) (GO TO Q.19, PG. 8-70) 09 69-70/	Other (SPECIFY) (GO TO Q.19, PG. 8-70) 09 25-26/

IF 02--"EMPLOYER" IS CODED IN Q.18, ASK:

1st Program	
18A. Which one of your employers paid for this training?	<p>EMPLOYER NAME</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>B. INTERVIEWER: DOES EMPLOYER NAME MATCH AN EMPLOYER NAME ON AN EMPLOYER SUPPLEMENT?</p>	<p>YES. 1 27-28/</p> <p>NO. . (ASK R WHICH EMPLOYER LISTED ON AN EMPLOYER SUPPLEMENT IS THE SAME ONE THAT PAID FOR THE TRAINING, AND IF NECESSARY, CORRECT A TO MATCH EMPLOYER NAME AS LISTED IN EMPLOYER SUPPLEMENT) 0</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>OFFICE USE ONLY</p> <p><input type="checkbox"/> <input type="checkbox"/> 29-30/</p> <p>EMPLOYER SUPPLEMENT #</p> </div> <p>(GO TO Q.19)</p>
<p>C. Did you take out a guaranteed student loan to help pay for this training?</p>	<p>Yes. 1 31-32/</p> <p>No 0</p>

2nd Program	3rd Program	4th Program
EMPLOYER NAME _____ _____ _____	EMPLOYER NAME _____ _____ _____	EMPLOYER NAME _____ _____ _____
<p>YES.....1 33-34/</p> <p>NO. . (ASK R WHICH EMPLOYER LISTED ON AN EMPLOYER SUPPLEMENT IS THE SAME ONE THAT PAID FOR THE TRAINING, AND IF NECESSARY, CORRECT A TO MATCH EMPLOYER NAME AS LISTED IN EMPLOYER SUPPLEMENT) .....0</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>OFFICE USE ONLY</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin-left: 10px;">35-36/</div> </div> <p>EMPLOYER SUPPLEMENT #</p> </div> <p>(GO TO Q.19)</p>	<p>YES.....1 39-40/</p> <p>NO. . (ASK R WHICH EMPLOYER LISTED ON AN EMPLOYER SUPPLEMENT IS THE SAME ONE THAT PAID FOR THE TRAINING, AND IF NECESSARY, CORRECT A TO MATCH EMPLOYER NAME AS LISTED IN EMPLOYER SUPPLEMENT) .....0</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>OFFICE USE ONLY</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin-left: 10px;">41-42/</div> </div> <p>EMPLOYER SUPPLEMENT #</p> </div> <p>(GO TO Q.19)</p>	<p>YES.....1 45-46/</p> <p>NO. . (ASK R WHICH EMPLOYER LISTED ON AN EMPLOYER SUPPLEMENT IS THE SAME ONE THAT PAID FOR THE TRAINING, AND IF NECESSARY, CORRECT A TO MATCH EMPLOYER NAME AS LISTED IN EMPLOYER SUPPLEMENT) .....0</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>OFFICE USE ONLY</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin-left: 10px;">47-48/</div> </div> <p>EMPLOYER SUPPLEMENT #</p> </div> <p>(GO TO Q.19)</p>
<p>Yes.....1 37-38/</p> <p>No .....0</p>	<p>Yes.....1 43-44/</p> <p>No .....0</p>	<p>Yes.....1 49-50/</p> <p>No .....0</p>

1st Program	
19. When did you start this training?	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 51-54/ </div> <div> MONTH YEAR </div>
20. When did you finish or leave this program?	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 55-58/ </div> <div> MONTH YEAR </div> <div> OR </div> <div> STILL ENROLLED </div> <div> (SKIP TO Q.27) 0000 </div>
21. Altogether, for how many weeks did you attend this training? (ENTER 00 IF LESS THAN ONE WEEK.)	<div> <input type="text"/> <input type="text"/> 59-60/ </div> <div> # OF WEEKS </div>
22. Did you complete this training or not?	<div> Completed 1 </div> <div> Did not complete 2 </div> <div> 61-62/ </div>
23. (Do/Did) you use this training on your (most recent) job?	<div> Yes 1 </div> <div> No 0 </div> <div> 63-64/ </div>
24. Was this training necessary to get a promotion on your job?	<div> Yes.(SKIP TO Q.27). 1 </div> <div> No. (GO TO Q.25) 0 </div> <div> 65-66/ </div> <div> NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.26) 2 </div>
25. Did this training help you to get a promotion?	<div> Yes.(SKIP TO Q.27). 1 </div> <div> No. 0 </div> <div> 67-68/ </div>
26. Did the training result in your getting a (different) job?	<div> Yes 1 </div> <div> No 0 </div> <div> 69-70/ </div>
27. How many hours per week (do/did) you usually spend in this training?	<div> <input type="text"/> <input type="text"/> 71-72/ </div> <div> HOURS PER WEEK </div>

2nd Program	3rd Program	4th Program
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 73-76/ MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 23-26/ MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 45-48/ MONTH YEAR
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 77-80/ MONTH YEAR OR STILL ENROLLED (SKIP TO Q.27) . . . 0000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 27-30/ MONTH YEAR OR STILL ENROLLED (SKIP TO Q.27) 0000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 49-52/ MONTH YEAR OR STILL ENROLLED (SKIP TO Q.27) . . . 0000
BEGIN DECK 15 <input type="text"/> <input type="text"/> 09-10/ # OF WEEKS	<input type="text"/> <input type="text"/> 31-32/ # OF WEEKS	<input type="text"/> <input type="text"/> 53-54/ # OF WEEKS
Completed 1 11-12/ Did not complete 2	Completed 1 33-34/ Did not complete 2	Completed 1 55-56/ Did not complete 2
Yes 1 13-14/ No 0	Yes 1 35-36/ No 0	Yes 1 57-58/ No 0
Yes. . . . (SKIP TO Q.27). . . . 1 No. . . . (GO TO Q.25) 0 15-16/ NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.26) 2	Yes. . . . (SKIP TO Q.27). . . . 1 No. . . . (GO TO Q.25) 0 37-38/ NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.26) 2	Yes. . . . (SKIP TO Q.27). . . . 1 No. . . . (GO TO Q.25) 0 59-60/ NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.26) 2
Yes. . . . (SKIP TO Q.27). . . . 1 17-18/ No. 0	Yes. . . . (SKIP TO Q.27). . . . 1 39-40/ No. 0	Yes. . . . (SKIP TO Q.27). . . . 1 61-62/ No. 0
Yes 1 19-20/ No 0	Yes 1 41-42/ No 0	Yes 1 63-64/ No 0
<input type="text"/> <input type="text"/> 21-22/ HOURS PER WEEK	<input type="text"/> <input type="text"/> 43-44/ HOURS PER WEEK	<input type="text"/> <input type="text"/> 65-66/ HOURS PER WEEK

		1st Program
28.	<p>A. Did you apply for or make a request to take this training? INTERVIEWER: IF RESPONDENT NOT SURE THEN PROBE: Was this training your idea?</p> <p>B. (HAND CARD M) Which of the reasons on this card was the <u>primary</u> reason for this training?</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 10px;"> HAND CARD M </div> <p>This training was associated with promotion or job advancement opportunity</p> <p>New methods or processes were introduced -- additional training was required to continue doing the same job.</p> <p>This training was part of a regular program to maintain and upgrade employee skills</p> <p>This training was necessary when I began a job</p> <p>Other (SPECIFY).</p>	<p>Yes. 1</p> <p>No. 0</p> <p>67-68/</p> <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> <p>69-70/</p>
29.	<p>What type of training program (is/was) this? (RECORD VERBATIM AND CODE ALL THAT APPLY.)</p> <p>Classroom training - job skill</p> <p>Classroom training - basic skill (includes instruction for a GED, English, or math).</p> <p>On-the-job training.</p> <p>Job search assistance</p> <p>Work experience</p> <p>Other (SPECIFY)</p>	<p>BEGIN DECK 16</p> <p>. 1</p> <p>. 2</p> <p>. 3</p> <p>. 4</p> <p>. 5</p> <p>. 6</p> <p>09-10/</p> <p>11-12/</p> <p>13-14/</p> <p>15-16/</p> <p>17-18/</p> <p>19-20/</p>
30.	<p>Since (DATE OF LAST INTERVIEW), have you attended any other training program or on-the-job training?</p>	<p>Yes. . (REPEAT Q's 17-30 FOR NEXT PROGRAM). . . 1</p> <p>No. . (GO TO SECTION 9, PAGE 9-75). . . 0</p> <p>21-22/</p>

2nd Program		3rd Program		4th Program	
Yes. 1	23-24/	Yes. 1	41-42/	Yes. 1	59-60/
No. 0		No. 0		No. 0	
..... 1		..... 1		..... 1	
..... 2		..... 2		..... 2	
..... 3	25-26/	..... 3	43-44/	..... 3	61-62/
..... 4		..... 4		..... 4	
_____		_____		_____	
_____		_____		_____	
_____ 5		_____ 5		_____ 5	
_____		_____		_____	
_____		_____		_____	
..... 1	27-28/	..... 1	45-46/	..... 1	63-64/
..... 2	29-30/	..... 2	47-48/	..... 2	65-66/
..... 3	31-32/	..... 3	49-50/	..... 3	67-68/
..... 4	33-34/	..... 4	51-52/	..... 4	69-70/
..... 5	35-36/	..... 5	53-54/	..... 5	71-72/
_____		_____		_____	
_____		_____		_____	
_____ 6	37-38/	_____ 6	55-56/	_____ 6	73-74/
Yes. . (REPEAT Q's 17-30 FOR NEXT PROGRAM). . . 1	39-40/	Yes. . (REPEAT Q's 17-30 FOR NEXT PROGRAM). . . 1	57-58/	Yes. . (GO TO NEW QUEX AND REPEAT Q's 17- 30 FOR NEXT PROGRAM). . . 1	75-76/
No. . (GO TO SECTION 9, PAGE 9-75). . . 0		No. . (GO TO SECTION 9, PAGE 9-75). . . 0		No. . (GO TO SECTION 9, PAGE 9-75). . . 0	

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INTERVIEWER REMARKS

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

1. Length of the interview: 09-11/
(Section 1, p. 1 to MINUTES
Section 11, p. 114).

2. Date of interview: 12-17/
MONTH DAY YEAR

3. Race of Respondent:
- | | | |
|-------------|---|--------|
| White | 1 | 18-19/ |
| Black | 2 | |
| Other | 3 | |

4. Sex of Respondent:
- | | | |
|--------------|---|--------|
| Male | 1 | 20-21/ |
| Female | 2 | |

5. In what language was this interview conducted?
- | | | |
|-----------------------|---|--------|
| English | 1 | 22-23/ |
| Spanish | 2 | |
| Other (SPECIFY) _____ | | |
| _____ | 3 | |

6. In general, what was the respondent's attitude toward the interview?
- | | | |
|---|---|--------|
| Friendly and interested | 1 | 24-25/ |
| Cooperative but not particularly interested | 2 | |
| Impatient and restless | 3 | |
| Hostile | 4 | |

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

Good? 1 26-27/
 Fair? 2
 Poor? 3

8. Was anyone else present other than small children (AGE 3 AND UNDER) during any portion of the interview?

Yes (ANSWER A) 1 28-29/
 No (GO TO Q.9) 0
 TELEPHONE INTERVIEW . . (GO TO Q.9) 8

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

Spouse/Partner 5 30-31/
 R's parent(s) 1 32-33/
 Other member(s) of R's household 2 34-35/
 R's friend(s) 3 36-37/
 Other (SPECIFY) _____
 _____ 4 38-39/

9. List questions that confused, angered, or caused discomfort to the respondent or questions that you feel the respondent did not answer truthfully. EXPLAIN.

None (GO TO Q.10) 0 40-41/

OR

Section		Question
A.	<input type="text"/> <input type="text"/> 42-43/	<input type="text"/> <input type="text"/> <input type="text"/> 44-46/
B.	<input type="text"/> <input type="text"/> 47-48/	<input type="text"/> <input type="text"/> <input type="text"/> 49-51/
C.	<input type="text"/> <input type="text"/> 52-53/	<input type="text"/> <input type="text"/> <input type="text"/> 54-56/

Describe Problem: _____

57-58/

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

None (GO TO Q.11A) 0 59-60/

OR

BEGIN DECK 26

Section		Question	
A.	<input type="text"/> <input type="text"/> 09-10/	<input type="text"/> <input type="text"/> <input type="text"/> 11-13/	
B.	<input type="text"/> <input type="text"/> 14-15/	<input type="text"/> <input type="text"/> <input type="text"/> 16-18/	
C.	<input type="text"/> <input type="text"/> 19-20/	<input type="text"/> <input type="text"/> <input type="text"/> 21-23/	

Describe Problem: _____ 24-25/

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

Yes (ANSWER B) 1 26-27/

No (GO TO Q.12) 0

- B. CODE ALL CHARACTERISTICS THAT APPLY.

Respondent deaf 01 28-29/

Respondent blind 02 30-31/

Respondent mentally handicapped or retarded 03 32-33/

Respondent's English is very poor 04 34-35/

Respondent cannot read 05 36-37/

Respondent physically handicapped
(SPECIFY HANDICAP) 06 38-39/

Other (SPECIFY) 07 40-41/

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

Try #	Day #	DATE		Time	Type P = 1 Tel = 2	Outcome Code
		Month	Day			
_____	_____	_____	_____	_____ A P	_____	_____
42-43/	44-45/	46-47/	48-49/	50-55/	56-57/	58-59/

13. Please record your interviewer ID #:

60-65/

14. Please sign your name here: _____

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

OFFICE USE ONLY

CODER ID #

66-68/

SECTION 9: FERTILITY

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

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

We are first going to verify our records of children that you have had, if any, prior to (DATE OF LAST INTERVIEW). Then we are going to ask you some questions about children that you have had, if any, since (DATE OF LAST INTERVIEW). So, for the rest of the questions in this section, we would like you to please think of the (DATE OF LAST INTERVIEW) when you give us your answers.

VERIFICATION OF BIOLOGICAL CHILDREN USING CHILDREN'S RECORD FORM.
--

1. **INTERVIEWER:** ARE ANY CHILDREN PREPRINTED ON THE **CHILDREN'S RECORD FORM?**

YES 1

09-10/

NO (SKIP TO Q.3) 0

2. Our records from our interview on (DATE OF LAST INTERVIEW) show that you have (had/given birth to)(a child/children) named (READ FULL NAMES OF CHILDREN PREPRINTED ON THE **CHILDREN'S RECORD FORM**) as of (DATE OF LAST INTERVIEW). Is this correct?

Yes--information is correct . . . (SKIP TO Q.6, PAGE 9-78) . . . 1

11-12/

No--information is incorrect . . (SKIP TO Q.4) 0

3. Our records show that you had **not** (had/given birth to) any children of your own as of (DATE OF LAST INTERVIEW). Is that correct?

Yes--information is correct . . . (SKIP TO Q.11, PAGE 9-80) . . . 1

13-14/

No--information is incorrect 0

4. **INTERVIEWER:** READ FULL NAME FOR EACH CHILD PREPRINTED THERE.

CROSS OFF NAME, SEX, AND BIRTH DATE FOR EACH CHILD R SAYS SHOULD NOT BE LISTED.

ADD NAME, SEX AND BIRTH DATE FOR EACH CHILD R SAYS SHOULD BE LISTED THERE, BUT IS NOT.

5. **INTERVIEWER:** ARE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM?**

YES 1

15-16/

NO (SKIP TO Q.11, PAGE 9-80) . . . 0

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6. **INTERVIEWER:** ENTER NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. LISTED ON CRF.

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
	ID: <input type="text"/> <input type="text"/> 17-18/ NAME	ID: <input type="text"/> <input type="text"/> 29-30/ NAME	ID: <input type="text"/> <input type="text"/> 41-42/ NAME
7. INTERVIEWER: SEE CHILDREN'S RECORD FORM. IS STATUS OF CHILD PREPRINTED DECEASED OR ADOPTED OUT?	YES. (SKIP TO Q.10) 1 NO 0 19-20/	YES. (SKIP TO Q.10) 1 NO 0 31-32/	YES. (SKIP TO Q.10) 1 NO 0 43-44/
8. Where does (CHILD) usually live? (CODE AT RIGHT)	21-22/	33-34/	45-46/
1) IN THIS HOUSEHOLD . . . . .	.... (SKIP TO Q.10) . . . 01	.... (SKIP TO Q.10) . . . 01	.... (SKIP TO Q.10) . . . 01
NOT IN THIS HOUSEHOLD			
2) WITH (HIS/HER) OTHER PARENT . . . . .	.... (SKIP TO Q.10) . . . 02	.... (SKIP TO Q.10) . . . 02	.... (SKIP TO Q.10) . . . 02
3) WITH OTHER RELATIVE(S) (SPECIFY) . . . . .	.... (SKIP TO Q.10) . . . 03	.... (SKIP TO Q.10) . . . 03	.... (SKIP TO Q.10) . . . 03
4) WITH FOSTER CARE . . . . .	.... (SKIP TO Q.10) . . . 04	.... (SKIP TO Q.10) . . . 04	.... (SKIP TO Q.10) . . . 04
5) WITH ADOPTIVE PARENTS	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, FOR CHILD & SKIP TO Q.10) 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, FOR CHILD & SKIP TO Q.10) 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, FOR CHILD & SKIP TO Q.10) 05
6) LONG TERM CARE INSTITUTION . . . . .	.... (SKIP TO Q.10) . . . 06	.... (SKIP TO Q.10) . . . 06	.... (SKIP TO Q.10) . . . 06
7) AWAY AT SCHOOL . . . . .	.... (SKIP TO Q.10) . . . 07	.... (SKIP TO Q.10) . . . 07	.... (SKIP TO Q.10) . . . 07
8) DECEASED	(RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.9) 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.9) 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.9) 08
OTHER LIVING ARRANGEMENTS			
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PARENT . . . . .	.... (SKIP TO Q.10) . . . 09	.... (SKIP TO Q.10) . . . 09	.... (SKIP TO Q.10) . . . 09
10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON . . . . .	.... (SKIP TO Q.10) . . . 10	.... (SKIP TO Q.10) . . . 10	.... (SKIP TO Q.10) . . . 10
11) OTHER (SPECIFY) . . . . .	.... (SKIP TO Q.10) . . . 11	.... (SKIP TO Q.10) . . . 11	.... (SKIP TO Q.10) . . . 11
9. IF DECEASED CODED IN Q.8, ASK: When did (CHILD) die?	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.10) 23-26/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.10) 35-38/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.10) 47-50/
10. INTERVIEWER: IS THERE A (2ND/3RD/ETC.) CHILD LISTED?	YES. (REASK Q.7-Q.9 FOR NEXT CHILD) 1 27-28/ NO . . . (GO TO Q.11, PAGE 9-80) . . . 0	YES. (REASK Q.7-Q.9 FOR NEXT CHILD) 1 39-40/ NO . . . (GO TO Q.11, PAGE 9-80) . . . 0	YES. (REASK Q.7-Q.9 FOR NEXT CHILD) 1 51-52/ NO . . . (GO TO Q.11, PAGE 9-80) . . . 0

BEGIN DECK 18

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
ID: <input type="text"/> <input type="text"/> 53-54/ NAME YES. (SKIP TO Q.10) 1 NO 0 55-56/	ID: <input type="text"/> <input type="text"/> 65-66/ NAME YES. (SKIP TO Q.10) 1 NO 0 67-68/	ID: <input type="text"/> <input type="text"/> 09-10/ NAME YES. (SKIP TO Q.10) 1 NO 0 11-12/	ID: <input type="text"/> <input type="text"/> 21-22/ NAME YES. (SKIP TO Q.10) 1 NO 0 23-24/	ID: <input type="text"/> <input type="text"/> 33-34/ NAME YES. (SKIP TO Q.10) 1 NO 0 35-36/
57-58/ (SKIP TO Q.10) . . . 01 (SKIP TO Q.10) . . . 02 (SKIP TO Q.10) . . . 03 (SKIP TO Q.10) . . . 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, FOR CHILD & SKIP TO Q.10). 05 (SKIP TO Q.10) . . . 06 (SKIP TO Q.10) . . . 07 (RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.9) 08 (SKIP TO Q.10) . . . 09 (SKIP TO Q.10) . . . 10 (SKIP TO Q.10) . . . 11	69-70/ (SKIP TO Q.10) . . . 01 (SKIP TO Q.10) . . . 02 (SKIP TO Q.10) . . . 03 (SKIP TO Q.10) . . . 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, FOR CHILD & SKIP TO Q.10). 05 (SKIP TO Q.10) . . . 06 (SKIP TO Q.10) . . . 07 (RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.9) 08 (SKIP TO Q.10) . . . 09 (SKIP TO Q.10) . . . 10 (SKIP TO Q.10) . . . 11	13-14/ (SKIP TO Q.10) . . . 01 (SKIP TO Q.10) . . . 02 (SKIP TO Q.10) . . . 03 (SKIP TO Q.10) . . . 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, FOR CHILD & SKIP TO Q.10). 05 (SKIP TO Q.10) . . . 06 (SKIP TO Q.10) . . . 07 (RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.9) 08 (SKIP TO Q.10) . . . 09 (SKIP TO Q.10) . . . 10 (SKIP TO Q.10) . . . 11	25-26/ (SKIP TO Q.10) . . . 01 (SKIP TO Q.10) . . . 02 (SKIP TO Q.10) . . . 03 (SKIP TO Q.10) . . . 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, FOR CHILD & SKIP TO Q.10). 05 (SKIP TO Q.10) . . . 06 (SKIP TO Q.10) . . . 07 (RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.9) 08 (SKIP TO Q.10) . . . 09 (SKIP TO Q.10) . . . 10 (SKIP TO Q.10) . . . 11	37-38/ (SKIP TO Q.10) . . . 01 (SKIP TO Q.10) . . . 02 (SKIP TO Q.10) . . . 03 (SKIP TO Q.10) . . . 04 (RECORD ADOPTED OUT IN STATUS COLUMN OF CRF, FOR CHILD & SKIP TO Q.10). 05 (SKIP TO Q.10) . . . 06 (SKIP TO Q.10) . . . 07 (RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.9) 08 (SKIP TO Q.10) . . . 09 (SKIP TO Q.10) . . . 10 (SKIP TO Q.10) . . . 11
MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.10) 59-62/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.10) 71-74/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.10) 15-18/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.10) 27-30/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.10) 39-42/
YES. (REASK Q.7-Q.9 FOR NEXT CHILD). 1 63-64/	YES. (REASK Q.7-Q.9 FOR NEXT CHILD). 1 75-76/	YES. (REASK Q.7-Q.9 FOR NEXT CHILD). 1 19-20/	YES. (REASK Q.7-Q.9 FOR NEXT CHILD). 1 31-32/	YES. (GO TO NEW QUEX AND REASK Q.7- Q.9 FOR NEXT CHILD). . . 1 43-44/
NO . . . (GO TO Q.11, PAGE 9-80). . . 0	NO . . . (GO TO Q.11, PAGE 9-80). . . 0	NO . . . (GO TO Q.11, PAGE 9-80). . . 0	NO . . . (GO TO Q.11, PAGE 9-80). . . 0	NO . . . (GO TO Q.11, PAGE 9-80). . . 0

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

Yes 1

No (SKIP TO SECTION 10, PAGE 10-83) .. 0

45-46/

12. How many children have you had since (DATE OF LAST INTERVIEW), not counting any babies who were dead at birth?

ENTER NUMBER OF CHILDREN:

47-48/

(GO TO Q.13)

	FIRST CHILD (SINCE DATE OF LAST INTERVIEW)	SECOND CHILD (SINCE DATE OF LAST INTERVIEW)	THIRD CHILD (SINCE DATE OF LAST INTERVIEW)
13. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM.	ID: <input type="text"/> <input type="text"/> 49-50/	ID: <input type="text"/> <input type="text"/> 53-54/	ID: <input type="text"/> <input type="text"/> 57-58/
14. What did you name the (first/next) baby?	(RECORD NAME ON CHILDREN'S RECORD FORM)	(RECORD NAME ON CHILDREN'S RECORD FORM)	(RECORD NAME ON CHILDREN'S RECORD FORM)
15. Was the baby a boy or a girl?	(RECORD SEX ON CHILDREN'S RECORD FORM.)	(RECORD SEX ON CHILDREN'S RECORD FORM.)	(RECORD SEX ON CHILDREN'S RECORD FORM.)
16. When was your child born?	(RECORD BIRTH DATE ON CHILDREN'S RECORD FORM. THEN GO TO Q.17.)	(RECORD BIRTH DATE ON CHILDREN'S RECORD FORM. THEN GO TO Q.17.)	(RECORD BIRTH DATE ON CHILDREN'S RECORD FORM. THEN GO TO Q.17.)
17. Where does (CHILD) usually live? (CODE AT RIGHT)	51-52/	55-56/	59-60/
1) IN THIS HOUSEHOLD .....	.....(SKIP TO Q.19) ... 01	.....(SKIP TO Q.19) ... 01	.....(SKIP TO Q.19) ... 01
NOT IN THIS HOUSEHOLD			
2) WITH (HIS/HER) OTHER PARENT .....	.....(SKIP TO Q.20) ... 02	.....(SKIP TO Q.20) ... 02	.....(SKIP TO Q.20) ... 02
3) WITH OTHER RELATIVE(S) (SPECIFY) .....	.....(SKIP TO Q.20) ... 03	.....(SKIP TO Q.20) ... 03	.....(SKIP TO Q.20) ... 03
4) WITH FOSTER CARE .....	.....(SKIP TO Q.20) ... 04	.....(SKIP TO Q.20) ... 04	.....(SKIP TO Q.20) ... 04
5) WITH ADOPTIVE PARENTS	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR CHILD & SKIP TO Q.20) 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR CHILD & SKIP TO Q.20) 05	(RECORD ADOPTED OUT IN STATUS COLUMN OF CRF FOR CHILD & SKIP TO Q.20) 05
6) LONG TERM CARE INSTITUTION .....	.....(SKIP TO Q.20) ... 06	.....(SKIP TO Q.20) ... 06	.....(SKIP TO Q.20) ... 06
7) AWAY AT SCHOOL .....	.....(SKIP TO Q.20) ... 07	.....(SKIP TO Q.20) ... 07	.....(SKIP TO Q.20) ... 07
8) DECEASED	(RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.18) 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.18) 08	(RECORD DECEASED IN STATUS COLUMN OF CRF, AND THEN GO TO Q.18) 08
OTHER LIVING ARRANGEMENTS			
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PARENT .....	.....(SKIP TO Q.20) ... 09	.....(SKIP TO Q.20) ... 09	.....(SKIP TO Q.20) ... 09
10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON .....	.....(SKIP TO Q.20) ... 10	.....(SKIP TO Q.20) ... 10	.....(SKIP TO Q.20) ... 10
11) OTHER (SPECIFY) .....	.....(SKIP TO Q.20) ... 11	.....(SKIP TO Q.20) ... 11	.....(SKIP TO Q.20) ... 11

BEGIN DECK 19

	FIRST CHILD (SINCE DATE OF LAST INTERVIEW)	SECOND CHILD (SINCE DATE OF LAST INTERVIEW)	THIRD CHILD (SINCE DATE OF LAST INTERVIEW)
18. <u>IF DECEASED</u> <u>CODED IN Q.17, ASK:</u> When did (CHILD) die?	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: right;">61-64/</div> (SKIP TO Q.20)	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: right;">69-72/</div> (SKIP TO Q.20)	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: right;">09-12/</div> (SKIP TO Q.20)
19. Does (FIRST CHILD/NEXT CHILD)'s natural (mother/father) live in this household?	Yes .....1 <div style="text-align: right;">65-66/</div> No 0	Yes .....1 <div style="text-align: right;">73-74/</div> No 0	Yes .....1 <div style="text-align: right;">13-14/</div> No 0
20. <u>INTERVIEWER:</u> HAS R HAD ANOTHER CHILD?	YES. .(REASK Q.14-Q.19 FOR NEXT CHILD) 1 NO . .(GO TO SECTION 10, PAGE 10-83). . . 0 <div style="text-align: right;">67-68/</div>	YES. .(REASK Q.14-Q.19 FOR NEXT CHILD) 1 NO . .(GO TO SECTION 10, PAGE 10-83) . . 0 <div style="text-align: right;">75-76/</div>	YES. .(GO TO NEW QUEX AND REASK Q.14- Q.19 FOR NEXT CHILD). . . 1 NO . .(GO TO SECTION 10, PAGE 10-83). . 0 <div style="text-align: right;">15-16/</div>

SECTION 10: ON HEALTH

1. **INTERVIEWER:** DID R HAVE A JOB LAST WEEK? (ARE Q.20, PAGE 5-41 AND Q.23, PAGE 5-42, SECTION 5, BOTH BLANK?)

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

YES (GO TO Q.2) 1 17-18/

NO (ASK A) 0

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

Yes (SKIP TO Q.3A) 1 19-20/

No 0

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

Yes 1 21-22/

No 0

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

Yes 1 23-24/

No 0

3. A. **INTERVIEWER:** IS R LIMITED IN KIND OR AMOUNT OF WORK HE/SHE CAN DO BECAUSE OF HEALTH? (Q.1A, Q.2A OR Q.2B CODED 1)?

YES 1 25-26/

NO (SKIP TO SECTION 11, PG. 11-91) 0

- B. **INTERVIEWER:** R'S SEX:

MALE (SKIP TO Q.5) 1 27-28/

FEMALE (ASK C) 2

- C. Are you currently pregnant?

Yes 1 29-30/

No (SKIP TO Q.5) 0

4. Is your limitation **entirely** due to your current pregnancy?

Yes (SKIP TO SECTION 11, PAGE 11-91) ... 1

31-32/

No 0

5. Since what month and year have you had this limitation (other than your pregnancy)?

ENTER MONTH:

33-34/

AND

YEAR: 19

35-36/

OR

(IF VOLUNTEERED): ALL MY LIFE 0000

GO TO SECTION 11, PAGE 11-91

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**PAGES 10-87 THROUGH 10-90
ARE INTENTIONALLY OMITTED**

SECTION 11: ON ASSETS AND INCOME

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

1. Now I would like to ask you some questions about your income in 1990.

A. During 1990, did you receive any income from service in the military?

Yes (ASK B) 1

37-38/

No (GO TO Q.2) 0

B. **IF YES:** And how much total income did you receive during 1990 from the military before taxes and other deductions? Please **include** money received from special pays, allowances, and bonuses.

\$, . 00

39-44/

2. **IF R EARNED ANY MONEY FROM THE MILITARY IN 1990, READ A. OTHERWISE GO TO B.**

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

B. During 1990, how much did you receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$, . 00

OR

NONE 000000

45-50/

3. (Excluding any income you already have mentioned) During 1990, did you receive any money in income . . .

A. from your own farm?

Yes 1 51-52/
No 0

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

Yes 1 53-54/
No 0

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q.4.

C. **IF YES TO A OR B:** How much did you receive after expenses?

\$, . 00 55-60/

OR

NONE 000000

OR

DON'T KNOW 999998

4. During 1990, did you receive any unemployment compensation?

Yes (ASK A-C) 1 61-62/
 No (GO TO Q.5) 0

IF YES, ASK A-C:A. **SHOW R CALENDAR.** ASK: In which months of 1990 did you receive unemployment compensation?
CODE ALL THAT APPLY.

JANUARY	01	63-64/
FEBRUARY	02	65-66/
MARCH	03	67-68/
APRIL	04	69-70/
MAY	05	71-72/
JUNE	06	73-74/
JULY	07	75-76/
AUGUST	08	77-78/
SEPTEMBER	09	79-80/
OCTOBER	10	BEGIN DECK 20 09-10/
NOVEMBER	11	11-12/
DECEMBER	12	13-14/

B. How many weeks in 1990 did you receive unemployment compensation?

ENTER NUMBER OF WEEKS: 15-16/

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

\$.00 17-19/

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

YES (GO TO Q.6) 1 20-21/
 NO (SKIP TO Q.10, PAGE 11-97) 0

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

A. During 1990, did your (husband/wife) receive any income from service (he/she) performed in the military?

Yes (ASK B) 1 22-23/

No (GO TO Q.7) 0

B. **IF YES:** And how much total income did your (husband/wife) receive during 1990 from the military before taxes and other deductions? Please **include** money received from special pays, allowances, and bonuses.

\$, . 00 24-29/

7. **IF SPOUSE EARNED ANY MONEY FROM THE MILITARY IN 1990, READ A. OTHERWISE, GO TO B.**

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

B. During 1990, how much did your (husband/wife) receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$, . 00 30-35/

OR

NONE 000000

OR

DON'T KNOW 999998

8. [Now, please exclude any income you already have mentioned earned by your (husband/wife)]. (In addition to the income you received from your farm or your business, partnership, or professional practice,) During 1990, did your (husband/wife) receive any money in income . . .

A. from (his/her) own farm?

Yes 1 36-37/
 No 0
 DON'T KNOW 8

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

Yes 1 38-39/
 No 0
 DON'T KNOW 8

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

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

\$, . 00 40-45/

OR

NONE 000000

OR

DON'T KNOW 999998

9. During 1990, did your (husband/wife) receive any unemployment compensation?

Yes (ASK A-C) 1 46-47/

No (GO TO Q.10, PAGE 11-97) 0

IF YES, ASK A-C:

A. **SHOW R CALENDAR.** ASK: In which months of 1990 did your (husband/wife) receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY	01	48-49/
FEBRUARY	02	50-51/
MARCH	03	52-53/
APRIL	04	54-55/
MAY	05	56-57/
JUNE	06	58-59/
JULY	07	60-61/
AUGUST	08	62-63/
SEPTEMBER	09	64-65/
OCTOBER	10	66-67/
NOVEMBER	11	68-69/
DECEMBER	12	70-71/

B. During how many weeks in 1990 did your (husband/wife) receive unemployment compensation?

ENTER NUMBER OF WEEKS: 72-73/

OR

DON'T KNOW 98

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

\$.00 74-76/

OR

DON'T KNOW 998

10. **INTERVIEWER:** HAS R EVER BEEN MARRIED, SEPARATED, DIVORCED, OR WIDOWED?
(SEE SECTION 2, Q.4, PAGE 2-3 OR Q.6A, PAGE 2-4.)

YES (ASK A) 1 09-10/

NO (GO TO Q.11) 0

- A. During 1990, did you [or your (husband/wife)] receive any money from someone living outside (this/your) household (in CITY OF PERMANENT RESIDENCE) for alimony?

Yes (ASK B) 1 11-12/

No (GO TO Q.11) 0

- B. How much did you [or your (husband/wife)] receive for alimony during 1990?

\$, . 00 13-18/

-
11. A. During 1990, did you [or your (husband/wife)] receive any money from someone living outside (this/your) household (in CITY OF PERMANENT RESIDENCE) for child support?

Yes (ASK B) 1 19-20/

No (GO TO Q.12) 0

- B. How much did you [or your (husband/wife)] receive for child support during 1990?

\$, . 00 21-26/

12. **INTERVIEWER:** IF ANYONE OTHER THAN R'S SPOUSE AND CHILDREN IS LISTED IN HOUSEHOLD ENUMERATION, READ A. OTHERWISE, GO TO B.

- A. For these next few questions, we are interested in different kinds of payments that might have been made directly to you [or your (husband/wife)]. For these questions, please do **not** include any payments that were made to your parents or to other members of your family, even if the payments were used to help pay for your support.
- B. During 1990, did you [or your (husband/wife)] receive any payments from Aid to Families with Dependent Children--AFDC?

Yes (ASK C & D) 1 27-28/

No (GO TO Q.13, PAGE 11-99) 0

IF YES, ASK C & D:

- C. In which months of 1990 did you [or your (husband/wife)] receive AFDC payments?
CODE ALL THAT APPLY.

JANUARY	01	29-30/
FEBRUARY	02	31-32/
MARCH	03	33-34/
APRIL	04	35-36/
MAY	05	37-38/
JUNE	06	39-40/
JULY	07	41-42/
AUGUST	08	43-44/
SEPTEMBER	09	45-46/
OCTOBER	10	47-48/
NOVEMBER	11	49-50/
DECEMBER	12	51-52/

- D. During 1990, how much did you [or your (husband/wife)] receive per month on the average from AFDC?

\$, . 00 53-56/

OR

DON'T KNOW 9998

13. During 1990, did you [or your (husband/wife)] receive any food stamps under the government's Food Stamp Plan?

Yes (ASK A & B) 1
 No (GO TO Q.14) 0

57-58/

IF YES, ASK A & B:

- A. In which months of 1990 did you [or your (husband/wife)] receive food stamps?
 CODE ALL THAT APPLY.

JANUARY	01	59-60/
FEBRUARY	02	61-62/
MARCH	03	63-64/
APRIL	04	65-66/
MAY	05	67-68/
JUNE	06	69-70/
JULY	07	71-72/
AUGUST	08	73-74/
SEPTEMBER	09	75-76/
OCTOBER	10	77-78/
NOVEMBER	11	79-80/
DECEMBER	12	BEGIN DECK 22 09-10/

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

\$, . 00

11-14/

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

Yes (GO TO Q.15) 1
 No (SKIP TO Q.18) 0

15-16/

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

\$, .00

17-20/

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

Yes 1

21-22/

No (SKIP TO Q.19) 0

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

\$, .00

23-26/

Per week (SKIP TO Q.19) 1

27-28/

Per month ... (SKIP TO Q.19) 2

18. How much do you [or your (husband/wife)] spend on food that you use at home in an average week? PROBE IF NECESSARY: Is that per week or per month?

\$, .00

29-32/

Per week 1

33-34/

Per month 2

19. Do you [or your (husband/wife)] have any food delivered to the door which isn't included in the amount you just gave me?

Yes 1

35-36/

No (SKIP TO Q.21) 0

20. How much did you [or your (husband/wife)] spend on that food? PROBE IF NECESSARY: Is that per week or per month?

\$, .00

37-40/

Per week 1

41-42/

Per month 2

21. About how much do you [or your (husband/wife)] spend eating out, not counting meals at work or at school?
PROBE IF NECESSARY: Is that per week or per month?

\$, . 00 43-46/

Per week 1 47-48/

Per month 2

22. [Besides the (AFDC) (and) (food stamps),] During 1990, did you [or your (husband/wife)] receive any Supplemental Security Income or any public assistance or welfare payments from the local, state, or federal government?

Yes (ASK A & B) 1 49-50/

No (GO TO Q.23, PAGE 11-102) 0

IF YES, ASK A & B:

- A. In which months of 1990 did you [or your (husband/wife)] receive any Supplemental Security Income or any public assistance or welfare payments? CODE ALL THAT APPLY.

JANUARY	01	51-52/
FEBRUARY	02	53-54/
MARCH	03	55-56/
APRIL	04	57-58/
MAY	05	59-60/
JUNE	06	61-62/
JULY	07	63-64/
AUGUST	08	65-66/
SEPTEMBER	09	67-68/
OCTOBER	10	69-70/
NOVEMBER	11	71-72/
DECEMBER	12	73-74/

- B. And how much did you [or your (husband/wife)] receive per month, on the average, during 1990?

\$, . 00 75-78/

OR

DON'T KNOW 9998

23. Did you [or your (husband/wife) (or your children)] receive any WIC benefits in 1990?

Yes 1

09-10/

No 0

24. A. During 1990, did you [or your (husband/wife)] receive any educational benefits for veterans under the G.I. Bill or V.E.A.P.?

Yes 1

11-12/

No 0

- B. During 1990, did you [or your (husband/wife)] receive any (other kinds of) scholarships, fellowships, or grants?

Yes 1

13-14/

No 0

- C. INTERVIEWER: IS ANY "YES" CODED IN Q.24 A OR B?

YES 1

15-16/

NO (SKIP TO Q.26) 0

IF NOT CURRENTLY MARRIED, CIRCLE CODE "1" IN Q.25 WITHOUT ASKING. OTHERWISE, ASK Q.25.

25. Who received these benefits--you, your (husband/wife), or both of you?

Respondent only (ASK A, COLUMN 1 ONLY) 1

Respondent's spouse only (ASK A, COLUMN 2 ONLY) 2

17-18/

Respondent and spouse (ASK A, COLUMNS 1 & 2) 3

COLUMN 1 FOR RESPONDENT

- A. What was the total dollar value of the assistance you received from these sources during 1990?

\$, .00

OR

DON'T KNOW 99998

COLUMN 2 FOR R'S SPOUSE

- A. What was the total dollar value of the assistance your (husband/wife) received from these sources during 1990?

\$, .00

OR

DON'T KNOW 99998

19-23/

24-28/

26. During 1990, did you [or your (husband/wife)] receive any (other) veterans benefits, worker's compensation, disability payments, or payments from Social Security?

Yes (ASK A) 1

29-30/

No (GO TO Q.27) 0

- A. **IF YES:** What was the total amount of these (other) veterans benefits, worker's compensation, disability payments, or payments from Social Security you [or your (husband/wife)] received during 1990?

\$, . 00

31-35/

27. During 1990, did you [or your (husband/wife)] receive any property or money, valued at over \$100, from any estates, trusts, inheritances, or gifts from relatives or friends?

Yes (ASK A) 1

36-37/

No (GO TO Q.28) 0

- A. **IF YES:** What was the total market value or amount that you [or your (husband/wife)] received during 1990 from these sources?

INTERVIEWER: "MARKET VALUE" IS DEFINED AS HOW MUCH THE RESPONDENT WOULD REASONABLY EXPECT SOMEONE ELSE TO PAY IF THE ITEM(S) WERE SOLD TODAY IN ITS/THEIR PRESENT CONDITION: NOT THE ORIGINAL PRICE PAID FOR THE ITEM(S).

\$, , . 00

38-44/

OR

DON'T KNOW 9999998

28. (HAND CARD O). (Aside from the things you have already told me about) During 1990, did you [or your (husband/wife)] receive any money, even if only a small amount, from any **other** source such as interest on savings or bonds, dividends, pensions or annuities, net rental income, royalties, or any other regular or periodic source of income?

Yes (ASK A) 1

45-46/

No (GO TO Q.29, PAGE 11-104) ... 0

HAND
CARD
O

- A. **IF YES:** How much altogether?

\$, , . 00

47-53/

29. Did you [or your (husband/wife)] file a federal income tax return for 1990?

Yes 1

54-55/

No (SKIP TO Q.31) 0

30. A. (HAND CARD P). What was your filing status on your 1990 federal income tax return?
Did you file as . . . (READ CATEGORIES)?

**HAND
CARD
P**

a single taxpayer 1

married, filing a joint return 2

56-57/

married, filing separate 3

unmarried head of household 4

qualifying widow(er) with dependent child 5

B. What were the total number of exemptions claimed (self, spouse, children or other dependents) on (both) your [and your (husband/wife)'s] 1990 federal income tax return(s)?

TOTAL NUMBER OF EXEMPTIONS

58-59/

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

YES (GO TO Q.32) 1

60-61/

NO (SKIP TO Q.36, PAGE 11-106) . 0

32. The next few questions are about the income received during 1990 by the other persons who live [here/in your household (in CITY OF PERMANENT RESIDENCE)] who are related to you--that is, . . . (READ NAMES OF ALL PERSONS IN HOUSEHOLD WHO ARE **RELATED** TO RESPONDENT **OTHER THAN R'S SPOUSE AND CHILDREN**.)

During 1990, did any of these persons receive. . . (READ ITEMS)? CODE "YES" OR "NO" FOR EACH ITEM.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
A. Payments from Aid to Families with Dependent Children? Please include any payments which these persons may have received to help pay for your [or your (husband's/ wife's)] support?	1	0	8	62-63/
B. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	64-65/
C. Unemployment compensation or worker's compensation?	1	0	8	66-67/
D. Veteran's benefits?	1	0	8	68-69/

33. **INTERVIEWER:** IS ANY ITEM IN Q.32 CODED 1--"YES"?

YES 1 70-71/
 NO (SKIP TO Q.35A, PAGE 11-106) 0

IF YES TO Q.33, ASK:

34. What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED TO R OTHER THAN R'S SPOUSE AND CHILDREN) from (READ ALL SOURCES CODED "YES" ABOVE IN Q.32) during 1990 - before taxes and other deductions?

\$, . 00 72-77/

OR

DON'T KNOW 999998

(GO TO Q.35A, PAGE 11-106)

35. A. And did any of these persons receive in 1990 any income from a full-time or part-time job, net income from their own farm, net income from their non-farm business or professional practice, income from Social Security or pensions, or any income from any other regular or periodic sources?

Yes (ASK B) 1
 No (GO TO Q.36) 0 09-10/
 DON'T KNOW ... (GO TO Q.36) 8

B. **IF YES, ASK:**

What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED TO R OTHER THAN R'S SPOUSE AND CHILDREN) from all sources mentioned above during 1990 - before taxes and other deductions?

\$, . 00 11-16/

OR

DON'T KNOW 999998

36. **INTERVIEWER:** DOES RESPONDENT CURRENTLY LIVE WITH A PARTNER OF THE OPPOSITE SEX (Q.8B ON HOUSEHOLD INTERVIEW, PAGE HHI-4, IS CODED 1 -- "YES")?

YES 1 17-18/
 NO (SKIP TO Q.43, PAGE 11-109) 0

37. A. During 1990, did (READ NAME OF PARTNER ON HH ENUMERATION) receive any income from service (he/she) performed in the military?

Yes (ASK B) 1 19-20/
 No (GO TO Q.38) 0

- B. **IF YES:** And how much total income did (READ NAME OF PARTNER ON HH ENUMERATION) receive during 1990 from the military before taxes and other deductions? Please **include** money received from special pays, allowances, and bonuses.

\$, . 00 21-26/

38. **IF PARTNER EARNED ANY MONEY FROM THE MILITARY IN 1990, READ A. OTHERWISE, ASK B.**

A. Not counting any money (PARTNER) received from (his/her) military service ...

B. During 1990, how much did (PARTNER) receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$, . 00

27-32/

OR

NONE 000000

OR

DON'T KNOW 999998

39. [Now, please exclude any income you already have mentioned earned by (PARTNER)]. (In addition to the income you received from your farm or business, partnership, or professional practice.) During 1990, did (PARTNER) receive any money in income ...

A. from (his/her) own farm?

Yes 1

No 0

33-34/

DON'T KNOW 8

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

Yes 1

No 0

35-36/

DON'T KNOW 8

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q.40.

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

\$, . 00

37-42/

OR

NONE 000000

OR

DON'T KNOW 999998

40. During 1990, did ..(READ NAME OF PARTNER ON HH ENUMERATION) . . receive (READ CATEGORIES) CODE "YES" OR "NO" FOR EACH ITEM.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
A. Payments from Aid to Families with Dependent Children?	1	0	8	43-44/
B. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	45-46/
C. Unemployment compensation or worker's compensation?	1	0	8	47-48/
D. Income from Social Security or pension?	1	0	8	49-50/
E. Income from any other regular or periodic sources?	1	0	8	51-52/

41. **INTERVIEWER:** IS ANY ITEM IN Q.40 CODED 1--"YES"?

Yes 1 53-54/

No (SKIP TO Q.43, PAGE 11-109) 0

IF YES TO Q.41, ASK:

42. Counting the income from all of these sources -- that is, . . (READ ALL SOURCES CODED 1--"YES" ABOVE IN Q.40) what was the total income received by (PARTNER) during 1990 -- before taxes and other deductions?

\$, . 00 55-60/

OR

DON'T KNOW 999998

43. During any part of 1990, did you live in public housing or did you (IF R LIVES WITH RELATIVES: and your family) receive a rent subsidy or pay a lower rent because the federal, state, or local government was paying part of the cost?

Yes 1

61-62/

No 0

QUESTIONS 44 THROUGH 51 ARE INTENTIONALLY OMITTED

52. RECORD TIME:

: AM / MIDNIGHT
PM / NOON

HRS.
63-64/

MINS.
65-66/

67-68/

GO TO SECTION 12

**PAGES 11-111 THROUGH 11-114
ARE INTENTIONALLY OMITTED**

SECTION 12: LOCATING INFORMATION

INTERVIEWER: PLEASE PRINT CLEARLY. VERIFY SPELLING.

That's all the survey questions I have, but (as you know) we would like to keep in touch with you. So, let me be certain that we have your correct name, address, and phone number.

1. A. Please tell me your full name.

BEGIN LOCATOR DECK 01

09-32/

LAST NAME

33-56/

FIRST NAME

57-71/

MAIDEN NAME/OR MIDDLE INITIAL

B. What is your correct address?

BEGIN LOCATOR DECK 02

09-33/

(STREET ADDRESS 1)

34-58/

(STREET ADDRESS 2)

C. What is your city, state, and zip code?

BEGIN LOCATOR DECK 03

09-27/

(CITY)

(STATE) 28-29/

(ZIP)

30-34/

What county do you live in? _____ 35-48/

BEGIN LOCATOR DECK 04

D. **NOTE:** IF R LIVES OUTSIDE THE U.S.A., ASK: What country do you live in?

09-28/

COUNTRY

FOR OFFICE USE ONLY:

STATE:

29-30/

MLA:

31-32/

E. Finally, what is your telephone number?

-

33-42/

□ □ □ □ □ □ □ □ □ □

48-57/

58-59/

F. In whose name is the phone listed?

Other (SPECIFY BELOW) 2

09-33/

[illegible]

(MIDDLE)

34-35/

NO (ASK H) 0

36-37/

N0 - R HAS NO NUMBER .. (GO TO Q.2) 3

ENTER NUMBER: - -

38-46/

2. **INTERVIEWER:** DOES RESPONDENT CURRENTLY WORK?

YES (ASK A) 1

47-48/

NO (GO TO Q.3) 0

A. Where do you work?

49-73/

(PLACE OF EMPLOYMENT)

BEGIN LOCATOR DECK 06

B. What is the address of (PLACE OF EMPLOYMENT)?

09-33/

(STREET ADDRESS)

(APT #)

34-58/

(CITY)

(STATE)

(ZIP)

C. What is your work phone number?

(AREA CODE)

(PHONE NUMBER)

59-68/

IF R LIVES OUTSIDE THE U.S.A, RECORD PHONE # BELOW.

BEGIN LOCATOR DECK 07

(ACCESS
CODE) 09-11/

(COUNTRY
CODE) 12-13/

(PHONE NUMBER)

14-23/

D. Is it okay for us to call you at work?

Yes 1

24-25/

No 0

3. Do you have a nickname or some name other than your legal one by which most of your friends, neighbors, or relatives know you?

Yes (ASK A) 1

26-27/

No (GO TO Q.4) 0

A. **IF YES:** What is it?

(NICKNAME)

28-47/

4. **FOR FEMALES ONLY** -- (IF MARRIED), What was your maiden name?

48-72/

(MAIDEN)

BEGIN LOCATOR DECK 08

5. Have you ever been known by another name or variation of your name (other than your maiden name)?

IF YES, RECORD HERE.

09-33/

(LAST),

(FIRST)

(MIDDLE)

6. Do you have a driver's license?

Yes (ASK A) 1

34-35/

No (GO TO Q.7) 0

- A. What is your license number?

36-59/

(LICENSE NUMBER)

- B. What state issued your license?

60-61/

7. Do you expect to move at any time in the next year?

BEGIN LOCATOR DECK 09

Yes (ASK A & B) 1

09-10/

No (GO TO Q.8) 0

IF YES:

- A. Approximately when do you think that will happen? PROBE FOR MONTH AND YEAR.

11-14/

(MONTH) (YEAR)

- B. Where do you expect to move?

PROBE FOR DETAIL, SPECIFIC ADDRESS IF POSSIBLE.

15-39/

(STREET ADDRESS)

(APT #)

40-64/

(CITY)

(STATE)

(ZIP)

(MIDDLE)

- 09-33/

(MIDDLE)

- 36-60/

(APT #)

09-33/

(ZIP)

- 34-43/

(PHONE NUMBER)

49-58/

59-60/

09-33/

(MIDDLE)

10. **IF MARRIED** - ASK FOR IN-LAW'S NAME AND ADDRESS IF NOT ALREADY GIVEN. OTHERWISE, ASK FOR OTHER CLOSE FRIEND/RELATIVE THAT R IS IN TOUCH WITH MOST FREQUENTLY.

FIRST PERSON'S NAME:

34-58/

[illegible]

(LAST),

(FIRST)

(MIDDLE)

A. What is (PERSON'S) relationship to you? _____ 59-60/

B. What is (PERSON'S) address? BEGIN LOCATOR DECK 16

BEGIN LOCATOR DECK 16

09-33/

[illegible]

(STREET ADDRESS)

(APT #)

34-58/

[illegible]

(CITY)

(STATE)

(ZIP)

C. What is (PERSON'S) telephone number?

1111

(AREA CODE)

-

(PHONE NUMBER)

59-68/

IF OUTSIDE THE U.S.A, RECORD PHONE # BELOW.

BEGIN LOCATOR DECK 17

□ □ □

(ACCESS
CODE) 09-11/

111

(COUNTRY
CODE) 12-13/[illegible]

(PHONE NUMBER)

14-23/

No phone (GO TO 2ND PERSON, Q.11) 0

24-25/

Refused 7

D. **IF PERSON HAS PHONE:** In whose name is the phone listed?

(PERSON'S) name ... (GO TO 2ND PERSON, Q.11) 1

Other (SPECIFY BELOW) 2

26-50/

[illegible]

(LAST),

(FIRST)

(MIDDLE)

- BEGIN LOCATOR DECK 18

(MIDDLE)

THIRD PERSON'S NAME:

BEGIN LOCATOR DECK 21

B. What is (PERSON'S) address?

(CITY)
(STATE)
(36-60/
(ZIP)

C. What is (PERSON'S) telephone number?

BEGIN LOCATOR DECK 22

-
 (AREA CODE) (PHONE NUMBER)

09-18/

IF OUTSIDE THE U.S.A, RECORD PHONE # BELOW.

(ACCESS CODE) 19-21/ (COUNTRY CODE) 22-23/ (PHONE NUMBER)

24-33/

No phone (GO TO Q.13) 0

34-35/

Refused	7
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D. IF PERSON HAS PHONE: In whose name is the phone listed?

(PERSON'S) name (GO TO Q.13) 1

Other (SPECIFY BELOW) 2

(LAST),

(FIRST)

(MIDDLE)

36-60/

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

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

15. OTHER COMMENTS ON LOCATING R: