

FORM **RMM-2**
(7-2-90)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
OHIO STATE UNIVERSITY

NOTICE — All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others without the consent of the individual in accordance with Title 13, Sections 8 and 9.

1990 RESURVEY OF MATURE MEN

PGM 2

METHODS OF LOCATING RESPONDENT WHO HAS MOVEDRECORD OF CALLS

(Fill only if respondent has MOVED.)

	Successful	Unsuccessful
0001	1 <input type="checkbox"/>	2 <input type="checkbox"/> New occupants
0002	3 <input type="checkbox"/>	4 <input type="checkbox"/> Neighbors
0003	5 <input type="checkbox"/>	6 <input type="checkbox"/> Landlord or apartment manager
0004	7 <input type="checkbox"/>	8 <input type="checkbox"/> Post office
0005	1 <input type="checkbox"/>	2 <input type="checkbox"/> Telephone company (including directory and information operator)
0006	3 <input type="checkbox"/>	4 <input type="checkbox"/> Persons listed on back of record card
0007	5 <input type="checkbox"/>	6 <input type="checkbox"/> Computer printout
0008	7 <input type="checkbox"/>	8 <input type="checkbox"/> Other — Specify _____

Date	Time	Comments
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	

PGM 3RECORD OF INTERVIEW

Method of interview 1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit 0009 3 <input type="checkbox"/> Both	Date completed MonthDayYear 0010	Length of interview (Minutes) 0011	Interview time Began a.m. p.m.	Ended a.m. p.m.
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Regional Office code ____ 00	Interviewed by Name	Code
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NONINTERVIEW REASON

0012 1 ☐ Unable to locate sample person (no good address)
2 ☐ Able to locate sample person, unable to contact
3 ☐ Sample person refused — Give full explanation _____
4 ☐ Sample person mentally or physically incapable, not institutionalized, no proxy available or proxy refused
5 ☐ Sample person mentally or physically incapable, is institutionalized, no proxy available or proxy refused
6 ☐ Sample person mentally or physically incapable, is institutionalized, institution refused to cooperate
7 ☐ Sample person temporarily absent, no proxy available or proxy refused — Give return date (Month, Day, Year) _____
8 ☐ Sample person moved outside the U.S., no proxy available or proxy refused — Give full explanation _____
9 ☐ Other — Specify _____

R1. Address where sample person living at time of interview — Transcribe information for this item from RMM-1 record card item 1b. 0013 1 <input type="checkbox"/> Same as questionnaire label — GO to R2 2 <input type="checkbox"/> Different from questionnaire label — Transcribe <input checked="" type="checkbox"/> Number and street City or Post Office name StateZIP Code	R2. Sample person's permanent address — Transcribe information from RMM-1 record card item 1d. Enter permanent address in box ONLY if different from R1. <input checked="" type="checkbox"/> Number and street City or Post Office name StateZIP Code
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NOTES

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY	
CHECK ITEM A	0014
Respondent is —	<div><div><div><div><div><input type="checkbox"/></div><div>1</div></div><div><input type="checkbox"/></div><div>Sample person outside institution — ASK 1</div></div><div><div><div><input type="checkbox"/></div><div>2</div></div><div><input type="checkbox"/></div><div>Sample person in institution</div></div><div><div><div><input type="checkbox"/></div><div>3</div></div><div><input type="checkbox"/></div><div>Proxy</div></div><div><div><div><input type="checkbox"/></div><div>4</div></div><div><input type="checkbox"/></div><div>Staff member for sample person living in institution — SKIP to Check Item PPPP, page 53</div></div></div><div><div>Mark box 3 in R4, SKIP to 5, page 4</div></div></div>

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

CHECK ITEM D

0028

Refer to Items 1 and 4a, page 3.

- 1 ☐ Labor Force Group B ("LK" in 1 or "Yes" in 4a) – Mark box 2 in R4 then GO to Check Item E
- 2 ☐ All others – Mark box 3 in R4 then GO to Check Item E

CHECK ITEM E

0029

Refer to Item 3b, page 3.

- 1 ☐ "On layoff" in 3b – SKIP to 6a
- 2 ☐ All others – ASK 5

5. Between (Date in R6) and LAST WEEK, (were you/was [Name of sample person]) ever employed at a full-time or part-time job?

0030

- 1 ☐ Yes – ASK 6a
- 2 ☐ No – SKIP to Check Item K, page 6

6a. For whom (do/did) . . . (last) work? (Name of company, business, organization, or other employer)

0031

--

b. In what city and State was (Entry in 6a) located?

0032

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City State

c. What kind of business or industry (is/was) this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)

0033

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 1960 Code

0034

--	--	--

 1980 Code

d. What kind of work (are/were/was) . . . doing? (For example: electrical engineer, waiter, stock clerk, farmer)

0035

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 1960 Code

0036

--	--	--

 1980 Code

e. What (are/were) . . . most important activities or duties? (For example: selling cars, operating printing press, finishing concrete, cleaning buildings)

f. (Are/were/was) . . .

0037

*

- 1 ☐ P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?
- 2 ☐ G – A GOVERNMENT employee (Federal, State, county, or local)?
- 3 ☐ Federal
- 4 ☐ State
- 5 ☐ Other
- 6 ☐ O – Self-employed in your OWN business, professional practice, or farm?
- Is this business incorporated?
- 7 ☐ Yes
- 8 ☐ No (or farm)
- 9 ☐ WP – Working WITHOUT PAY in family business or farm?

g. How many hours per week (do/did) . . . usually work at (this/that) job (in the last year . . . worked there)?

0038

Hours per week

h. When did . . . start working for (Entry in 6a)?

0039

Month	Year

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

CHECK ITEM F

0040

Refer to Item 6f, page 4.

1 ☐ "P" or "G" marked in 6f – ASK 6i

2 ☐ "O" or "WP" marked in 6f – SKIP to Check Item G

6i. Altogether, how much (do/did) . . . usually earn at (this/that) job before deductions (in the last year . . . worked there)?

0041

\$ _____ Dollars . _____ Cents per hour

OR

0042

\$ _____ Dollars only .

00

 per

→

0043

2 ☐ Day

3 ☐ Week

4 ☐ Biweekly (every two weeks)

5 ☐ Twice a month

6 ☐ Month

7 ☐ Year

8 ☐ Other – Specify ↴

CHECK ITEM G

0044

Respondent is –

1 ☐ Sample person – ASK 6j

2 ☐ Proxy – SKIP to Check Item H

6j. How do you feel about the job you (have now/had)? (Do/did) you like it very much, like it fairly well, dislike it somewhat, or dislike it very much?

0045

1 ☐ Like(d) it very much

2 ☐ Like(d) it fairly well

3 ☐ Dislike(d) it somewhat

4 ☐ Dislike(d) it very much

CHECK ITEM H

0046

Sample person lives –

1 ☐ In institution – SKIP to 6k

2 ☐ All others – GO to Check Item I

CHECK ITEM I

0047

Refer to Item 5, page 4.

1 ☐ "Yes" marked in 5 – ASK 6k

2 ☐ All others – SKIP to 6m, page 6

6k. When did . . . stop working for (Entry in 6a)?

0048

Month	Year

l. Why did . . . leave (Entry in 6a)?

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

0049

EMPLOYER INITIATED

1 ☐ Layoff, end of temporary job

2 ☐ Plant closed

3 ☐ Discharged

4 ☐ Compulsory retirement

EMPLOYEE INITIATED

5 ☐ Found better job

6 ☐ Didn't like work, hours, working conditions

7 ☐ Dissatisfied with wages

8 ☐ Interpersonal relations

9 ☐ Sample person's health; disability

10 ☐ Spouse's health

11 ☐ Other family or personal reasons

12 ☐ Didn't like location, community

13 ☐ Voluntary retirement

14 ☐ Other – Specify ↴

SKIP to Check Item K, page 6

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued					
6m. At what age do you expect to stop working at this job?	0050 _____ Age 0051 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Don't plan to stop working				
CHECK ITEM K Refer to R7 on Information Sheet.	0052 1 <input type="checkbox"/> Employer name or "Self-employed" entered in R7 – GO to Check Item L 2 <input type="checkbox"/> All others – SKIP to Check Item M				
CHECK ITEM L Refer to Item 6a, page 4, and R7 on the Information Sheet.	0053 1 <input type="checkbox"/> Employer name in R7 is the same as the employer in 6a – SKIP to Check Item M 2 <input type="checkbox"/> All others – ASK 7a				
7a. On (Date in R6) . . . (were/was) working for (Employer in R7). Why did . . . leave that job? Mark (X) the main reason.	0054 15 <input type="checkbox"/> Did not leave job – SKIP to Check Item M EMPLOYER INITIATED 1 <input type="checkbox"/> Layoff, end of temporary job 2 <input type="checkbox"/> Plant closed 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Compulsory retirement EMPLOYEE INITIATED 5 <input type="checkbox"/> Found better job 6 <input type="checkbox"/> Didn't like work, hours, working conditions 7 <input type="checkbox"/> Dissatisfied with wages 8 <input type="checkbox"/> Interpersonal relations 9 <input type="checkbox"/> Sample person's health; disability 10 <input type="checkbox"/> Spouse's health 11 <input type="checkbox"/> Other family or personal problems 12 <input type="checkbox"/> Didn't like location, community 13 <input type="checkbox"/> Voluntary retirement 14 <input type="checkbox"/> Other – Specify ↴ ASK 7b				
b. When did . . . stop working for (Employer in R7)?	0055 <table><tr><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td></tr></table>	Month	Year		
Month	Year				
CHECK ITEM M Respondent is –	0056 1 <input type="checkbox"/> Sample person living outside institution – GO to Check Item N 2 <input type="checkbox"/> All others – SKIP to Check Item Q, page 8				
CHECK ITEM N Refer to R4 on the Information Sheet.	0057 1 <input type="checkbox"/> Box 1 marked in R4 – SKIP to 11a, page 8 2 <input type="checkbox"/> Box 2 marked in R4 – SKIP to 10a, page 7 3 <input type="checkbox"/> Box 3 marked in R4 – GO to Check Item O				
CHECK ITEM O Refer to Item 1, page 3, and R5 on the Information Sheet.	0058 1 <input type="checkbox"/> "Unable" marked in R5 and "Unable" marked in 1 – SKIP to Check Item Y, page 11 2 <input type="checkbox"/> All others – ASK 8a, page 7				

NOTES

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

8a. If you were offered a job by some employer in THIS AREA, do you think you would take it?
Mark (X) the main condition or reason.

0059

- 1 ☐ Yes, definitely

2 ☐ Yes, if it is something I can do

3 ☐ Yes, if satisfactory wage

4 ☐ Yes, if satisfactory location

5 ☐ Yes, if satisfactory hours

6 ☐ Yes, if other – Specify ☒
- SKIP to 8c
- 7 ☐ No, health won't permit

8 ☐ No, don't want to work, retired

9 ☐ No, don't need the money

10 ☐ No, other – Specify ☒
- ASK 8b

b. What if it were a part-time job?

0060

- 1 ☐ Yes
- 2 ☐ No – SKIP to Check Item Q, page 8

c. What would the wage or salary have to be?

0061

\$ _____ per hour
Dollars Cents

OR

0062

\$ _____ per ☒
Dollars only

0063

- 2 ☐ Day
- 3 ☐ Week
- 4 ☐ Biweekly (every two weeks)
- 5 ☐ Twice a month
- 6 ☐ Month
- 7 ☐ Year
- 8 ☐ Any pay
- 9 ☐ Other – Specify ☒

d. What kind of work would it have to be?

0064

1960 Code

0065

1980 Code

9. How many hours per week would you want to work?

0066

_____ Hours per week – SKIP to Check Item Q, page 8

10a. Earlier you said you were looking for work; what type of work are you looking for?

0067

1960 Code

0068

1980 Code

b. How many hours per week do you want to work?

0069

_____ Hours per week

c. How many weeks in the year do you want to work?

0070

_____ Weeks per year

NOTES

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

10d. What would the wage or salary have to be for you to be willing to take it?

0071 \$ _____ per hour
Dollars Cents

OR

0072 \$ _____ per
Dollars only

- 0073
- 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Any pay
9 ☐ Other — Specify ↗

e. Are there any restrictions such as hours or location of job that would be a factor in your taking a job?

- 0074
- 1 ☐ Yes — ASK 10f
2 ☐ No — SKIP to Check Item P

f. What are these restrictions?

Mark (X) all that apply.

- 0075
- *
1 ☐ Hours
2 ☐ Location
3 ☐ Both hours and location
4 ☐ Other — Specify ↗

CHECK ITEM P

Refer to Items 10b and 10c, page 7.

- 0076
- 1 ☐ 10b is less than 35 hours and/or 10c is less than 48 weeks — ASK 10g
2 ☐ All others — SKIP to 11a

10g. Why are you not looking for a full-time, year-round job?

- 0077
- 1 ☐ Would cut into Social Security benefits
2 ☐ Don't want (or need) to work more
3 ☐ Health won't permit
4 ☐ Family responsibilities
5 ☐ Other — Specify ↗

CHECK ITEM Q

Refer to Item 5, page 4.

- 0078
- 1 ☐ "No" marked in 5 and sample person lives in institution — SKIP to Check Item Y, page 11
2 ☐ "No" marked in 5 and sample person lives outside institution — Mark the "None" box in 11d, page 9, and SKIP to 11e, page 9
3 ☐ All others — ASK 11a

11a. I'd like to know about the years in which . . . worked either for pay or in . . . own business. Please include paid vacations and sick leave.

Did . . . work in —

For each year marked "Yes" in 11a, ask 11b and 11c.

b. How many weeks did . . . work in (Year)?

c. How many hours per week did . . . work, on the average, in (Year)?

(1) 1983?

- 0079
- 1 ☐ Yes
2 ☐ No

0080 _____ Weeks

0081 _____ Hours

(2) 1984?

- 0082
- 1 ☐ Yes
2 ☐ No

0083 _____ Weeks

0084 _____ Hours

(3) 1985?

- 0085
- 1 ☐ Yes
2 ☐ No

0086 _____ Weeks

0087 _____ Hours

(4) 1986?

- 0088
- 1 ☐ Yes
2 ☐ No

0089 _____ Weeks

0090 _____ Hours

(5) 1987?

- 0091
- 1 ☐ Yes
2 ☐ No

0092 _____ Weeks

0093 _____ Hours

(6) 1988?

- 0094
- 1 ☐ Yes
2 ☐ No

0095 _____ Weeks

0096 _____ Hours

(7) 1989?

- 0097
- 1 ☐ Yes
2 ☐ No

0098 _____ Weeks

0099 _____ Hours

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued	
CHECK ITEM R	0100
Respondent is —	1 <input type="checkbox"/> Sample person living outside institution — GO to Check Item S 2 <input type="checkbox"/> All others — SKIP to Check Item U
CHECK ITEM S	0101
Refer to Item 11b(7), page 8.	1 <input type="checkbox"/> 52 weeks worked in 1989 — SKIP to 12a 2 <input type="checkbox"/> 1–51 weeks worked in 1989 3 <input type="checkbox"/> 0 weeks worked in 1989 (blank in 11b(7)) } ASK 11d
11d. You said you (worked [11b(7)] weeks/did not work) in 1989. How many (of the remaining) weeks were you looking for work or on layoff from a job?	0102
	_____ Weeks 0 <input type="checkbox"/> None
CHECK ITEM T	0103
Refer to Items 11b(7), page 8, and 11d above.	1 <input type="checkbox"/> Entry in 11b(7) + entry in 11d = 52 weeks — SKIP TO Check Item U 2 <input type="checkbox"/> All others — ASK 11e
11e. What was the MAIN reason you were not working or looking for work (during the remaining weeks) in 1989?	0104
	1 <input type="checkbox"/> Personal, family reasons 2 <input type="checkbox"/> Ill or disabled, unable to work 3 <input type="checkbox"/> Did not want to work 4 <input type="checkbox"/> Retired 5 <input type="checkbox"/> No suitable jobs available, would not have done any good to look 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Would cut into Social Security payments 8 <input type="checkbox"/> Other — Specify 7 _____
CHECK ITEM U	0105
Refer to Item 5, page 4.	1 <input type="checkbox"/> "No" marked in 5 — SKIP to Check Item Y, page 11 2 <input type="checkbox"/> All others — ASK 12a
12a. Now I would like you to think back over the period since (Date in R6). During that time, for which employer did . . . work the longest?	0106
	<div></div> _____ (Name of company, business, organization, or other employer)
CHECK ITEM V	0107
Refer to Items 6a, page 4, and 12a above.	1 <input type="checkbox"/> 6a same as 12a — SKIP to Check Item Y, page 11 2 <input type="checkbox"/> All others — ASK 12b
12b. In what city and State was (Entry in 12a) located?	0108
	<div></div> _____ City State
C. What kind of business or industry was that?	0109
	<div></div> 1960 Code _____
	0110
	<div></div> 1980 Code
d. What kind of work (were/was) . . . doing when . . . left that job?	0111
	<div></div> 1960 Code _____
	0112
	<div></div> 1980 Code
e. What were . . . most important activities or duties? (For example: selling cars, operating printing press, finishing concrete, cleaning buildings)	
	_____ _____

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

12f. (Were/was) . . . –

0113

*

- 1 ☐ **P** – An employee of a **PRIVATE** company, business, or individual for wages, salary, or commissions?
- 2 ☐ **G** – A **GOVERNMENT** employee (Federal, state, county, or local)
- 3 ☐ Federal
- 4 ☐ State
- 5 ☐ Other
- 6 ☐ **O** – Self-employed in your **OWN** business, professional practice, or farm?
- Is this business incorporated?
- 7 ☐ Yes
- 8 ☐ No (or farm)
- 9 ☐ **WP** – Working **WITHOUT PAY** in family business or farm?

g. How many hours per week did . . . usually work in the last year . . . (were/was) there?

0114

_____ Hours per week

h. When did . . . **START** working at that job?

0115

Month	Year

CHECK ITEM W

Refer to Item 12f above.

0116

- 1 ☐ "P" or "G" marked in 12f – *ASK 12i*
- 2 ☐ All others – *SKIP to 12j*

12i. When . . . left that job, how much (were/was) . . . usually earning before deductions?

0117

\$ _____ . _____ per hour
Dollars Cents

OR

0118

\$ _____ . **00** per
Dollars only

0119

- 2 ☐ Day
- 3 ☐ Week
- 4 ☐ Biweekly (every two weeks)
- 5 ☐ Twice a month
- 6 ☐ Month
- 7 ☐ Year
- 8 ☐ Other – *Specify* ↗

j. When did . . . **STOP** working at that job?

0120

Month	Year

k. Why did . . . leave (Entry in 12a)?

Mark (X) the main reason.

0121

EMPLOYER INITIATED

- 1 ☐ Layoff, end of temporary job
- 2 ☐ Plant closed
- 3 ☐ Discharged
- 4 ☐ Compulsory retirement

EMPLOYEE INITIATED

- 5 ☐ Found better job
- 6 ☐ Didn't like work, hours, working conditions
- 7 ☐ Dissatisfied with wages
- 8 ☐ Interpersonal relations
- 9 ☐ Sample person's health; disability
- 10 ☐ Spouse's health
- 11 ☐ Other family or personal reasons
- 12 ☐ Didn't like location, community
- 13 ☐ Voluntary retirement
- 14 ☐ Other – *Specify* ↗

Section 2 – RETIREMENT EXPERIENCE

CHECK ITEM X

Respondent is —

0122

- 1 ☐ Sample person living outside institution — *GO to Check Item Y*
- 2 ☐ All others — *SKIP to 13a*

CHECK ITEM Y

Refer to Items 1, page 3, 6*l*, page 5, 7a, page 6, 11e, page 9, 12k, page 10.

0123

- 1 ☐ “Retired” marked in 1, 6*l*, 7a, 11e, or 12k — *SKIP to 14a*
- 2 ☐ All others — *ASK 13a*

13a. (Have/has) . . . ever retired from a regular job either voluntarily or involuntarily?

0124

- 1 ☐ Yes — *SKIP to 14a*
- 2 ☐ No

CHECK ITEM Z

Respondent is —

0125

- 1 ☐ Sample person living outside institution — *GO to Check Item AA*
- 2 ☐ Sample person in institution — *SKIP to 16, pg. 12*
- 3 ☐ Proxy — *SKIP to 19b, page 15*

CHECK ITEM AA

Refer to Check Item O, page 6.

0126

- 1 ☐ Box 1 marked (“Unable” to work at last interview and in 1990) — *SKIP to 16, page 12*
- 2 ☐ All others — *ASK 13b*

13b. At what age do you expect to stop working at a regular job?

0127

_____ Age } *SKIP to 16, page 12*

0128

- 1 ☐ Don’t know
- 2 ☐ Already stopped — *SKIP to 14a*
- 3 ☐ Don’t plan to stop working — *ASK 13c*

C. Why do you expect never to retire?

0129

- 1 ☐ Financial reasons
- 2 ☐ Like to work
- 3 ☐ Other — *Specify* *✓*
- _____
- _____
- } *SKIP to 16, page 12*

14a. You told me that . . . (have/has) retired from a regular job. (Have/has) . . . retired more than once?

0130

- 1 ☐ Yes — *Use “first” in 14b*
- 2 ☐ No — *Omit “first” in 14b*

b. When did . . . (first) retire?

0131

Month	Year

CHECK ITEM BB

Respondent is —

0132

- 1 ☐ Sample person — *ASK 14c*
- 2 ☐ Proxy — *SKIP to 19b, page 15*

14c. Why did you decide to retire at that time?

Mark (X) the main reason.

0133

- 1 ☐ Compulsory retirement — *SKIP to 14e, page 12*
- 2 ☐ Health of sample person
- 3 ☐ Pressure of work
- 4 ☐ Job dissatisfaction
- 5 ☐ Loss of job and/or no job opportunities
- 6 ☐ Company policy
- 7 ☐ Individual choice
- 8 ☐ Reason related to place of residence or location of job
- 9 ☐ Family reasons
- 10 ☐ Pressure from employer, union, or fellow workers
- 11 ☐ Other — *Specify* *✓*
- _____
- } *ASK 14d, page 12*

Section 2 — RETIREMENT EXPERIENCE — Continued	
14d. Would you say your employer encouraged you to retire at that time?	0134 1 <input type="checkbox"/> Yes — ASK 14e 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Self-employed } SKIP to 15a
e. Would you have continued to work either part-time or full-time if your employer had let you?	0135 1 <input type="checkbox"/> Yes — ASK 14f 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } SKIP to 15a
f. Which would you have wanted to work: full-time or part-time?	0136 1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time 3 <input type="checkbox"/> Either
15a. All in all, how does your life in retirement compare with what you expected it to be? <i>Read answer categories.</i>	0137 1 <input type="checkbox"/> Much better 2 <input type="checkbox"/> Somewhat better 3 <input type="checkbox"/> About the same as expected 4 <input type="checkbox"/> Somewhat worse 5 <input type="checkbox"/> Much worse
b. If you had it to do over again, do you think you would have retired earlier, later, or at the same time?	0138 1 <input type="checkbox"/> Earlier } ASK 15c 2 <input type="checkbox"/> Later 3 <input type="checkbox"/> Same time } SKIP to 16 4 <input type="checkbox"/> Don't know
c. Why? <i>Mark (X) the main reason.</i>	0139 EARLIER 1 <input type="checkbox"/> Working was detrimental to health 2 <input type="checkbox"/> Enjoy retirement activities 3 <input type="checkbox"/> More time to spend with spouse 4 <input type="checkbox"/> Other — Specify <input type="checkbox"/> LATER 5 <input type="checkbox"/> Enjoyed working 6 <input type="checkbox"/> Would have worked longer if health permitted 7 <input type="checkbox"/> Bored with retirement 8 <input type="checkbox"/> Money during retirement inadequate 9 <input type="checkbox"/> Inflation 10 <input type="checkbox"/> Spouse and I get on each other's nerves 11 <input type="checkbox"/> Other — Specify <input type="checkbox"/>
16. As you think back over your entire work life, how satisfied are you with it? Would you say that you (are/were) — <i>Read answer categories.</i>	0140 1 <input type="checkbox"/> Completely satisfied? 2 <input type="checkbox"/> Very satisfied? 3 <input type="checkbox"/> Somewhat satisfied? 4 <input type="checkbox"/> Not very satisfied? 5 <input type="checkbox"/> Not at all satisfied?
17. Some people view their jobs as just a source of income to allow them to enjoy other parts of their lives; others view their jobs as also enjoyable in themselves. How has it been with you, for the most part? Would you say that your work was MAINLY — <i>Read answer categories.</i>	0141 1 <input type="checkbox"/> A source of income? — SKIP to 18b, page 13 2 <input type="checkbox"/> Enjoyable in itself? — ASK 18a, page 13
NOTES	

Section 2 — RETIREMENT EXPERIENCE — Continued

<div>18a. What single aspect of your work life did you find most enjoyable?</div> <div>Mark (X) only one.</div>	<div>0142</div> <div><div><div>1 <input type="checkbox"/> Work was important, satisfying, challenging</div><div>2 <input type="checkbox"/> Work had variety, was interesting</div><div>3 <input type="checkbox"/> Was my own boss, had independence</div><div>4 <input type="checkbox"/> Enjoyed responsibility</div><div>5 <input type="checkbox"/> A lot of free time</div><div>6 <input type="checkbox"/> Flexible work schedule</div><div>7 <input type="checkbox"/> Opportunity to travel</div><div>8 <input type="checkbox"/> The people I worked with, contacts with fellow-workers</div><div>9 <input type="checkbox"/> Contact with people I met through work</div><div>10 <input type="checkbox"/> Not having to deal with people</div><div>11 <input type="checkbox"/> Had security — freedom from worry</div><div>12 <input type="checkbox"/> Pleasant surroundings</div><div>13 <input type="checkbox"/> Able to advance, get ahead</div><div>14 <input type="checkbox"/> The recognition I got</div><div>15 <input type="checkbox"/> Other — Specify ↴</div></div><div><div></div><div></div></div></div> <div>SKIP to Check Item CC, page 15</div>
<div>b. Was there anything about your work life that you found enjoyable?</div>	<div>0143</div> <div><div>1 <input type="checkbox"/> Yes — ASK 18c</div><div>2 <input type="checkbox"/> No — SKIP to Check Item CC, page 15</div></div>
<div>c. What single aspect of your work life did you find most enjoyable?</div> <div>Mark (X) only one.</div>	<div>0144</div> <div><div><div>1 <input type="checkbox"/> Work was important, satisfying, challenging</div><div>2 <input type="checkbox"/> Work had variety, was interesting</div><div>3 <input type="checkbox"/> Was my own boss, had independence</div><div>4 <input type="checkbox"/> Enjoyed responsibility</div><div>5 <input type="checkbox"/> A lot of free time</div><div>6 <input type="checkbox"/> Flexible work schedule</div><div>7 <input type="checkbox"/> Opportunity to travel</div><div>8 <input type="checkbox"/> The people I worked with, contacts with fellow-workers</div><div>9 <input type="checkbox"/> Contact with people I met through work</div><div>10 <input type="checkbox"/> Not having to deal with people</div><div>11 <input type="checkbox"/> Had security — freedom from worry</div><div>12 <input type="checkbox"/> Pleasant surroundings</div><div>13 <input type="checkbox"/> Able to advance, get ahead</div><div>14 <input type="checkbox"/> The recognition I got</div><div>15 <input type="checkbox"/> Other — Specify ↴</div></div><div><div></div><div></div></div></div> <div>GO to Check Item CC, page 15</div>

NOTES

NOTES

Section 3 — HEALTH		
CHECK ITEM CC	0145	1 <input type="checkbox"/> Sample person living outside institution — <i>GO to Check Item DD</i> 2 <input type="checkbox"/> Sample person in institution — <i>SKIP to 19b</i>
Respondent is —		
CHECK ITEM DD	0146	1 <input type="checkbox"/> Box 1 marked in R4 — <i>SKIP to 20a</i> 2 <input type="checkbox"/> Box 6 marked in 1 — <i>SKIP to 19b</i> 3 <input type="checkbox"/> All others — <i>ASK 19a</i>
Refer to Item 1, page 3 and R4 on the Information Sheet.		
19a. Does your health or physical condition prevent you from working altogether?	0147	1 <input type="checkbox"/> Yes — <i>ASK 19b</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item EE</i>
b. How long (have/has) . . . been unable to work?	0148	_____ Months AND/OR
	0149	_____ Years
CHECK ITEM EE	0150	1 <input type="checkbox"/> Sample person living outside institution and able to work — <i>ASK 20a</i> 2 <input type="checkbox"/> Sample person living outside institution and unable to work — <i>SKIP to 21c</i> 3 <input type="checkbox"/> Sample person in institution — <i>SKIP to 21c</i> 4 <input type="checkbox"/> Proxy — <i>SKIP to 22a</i>
Refer to Item 19a above.		
Respondent is —		
20a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?	0151	1 <input type="checkbox"/> Yes — <i>ASK 20b</i> 2 <input type="checkbox"/> No — <i>SKIP to 21a</i>
b. How long have you been limited in this way?	0152	_____ Months AND/OR
	0153	_____ Years
21a. Do you have any health problem or condition that limits the amount of work you can do around the house, or that limits your leisure activities?	0154	1 <input type="checkbox"/> Yes — <i>ASK 21b</i> 2 <input type="checkbox"/> No — <i>SKIP to 21c</i>
b. How long have you been limited in this way?	0155	_____ Months AND/OR
	0156	_____ Years
c. Would you rate your health, compared with other men about your age, as excellent, good, fair, or poor?	0157	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor
<i>Show Flashcard B.</i>		
22a. (Do/does) . . . ever have any difficulty performing any of the activities on this card? <i>Mark "Yes" or "No" for each of Items 22a(1)–22a(10). If none, mark "No" for all items.</i>		<i>For each activity in 22a marked "Yes", ASK —</i> b. Can . . . (Read activity) at all?
(1) Walking?	0158 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0159 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Using stairs or inclines?	0160 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0161 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Standing for long periods of time?	0162 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0163 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Sitting for long periods of time?	0164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0165 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Stooping, kneeling, or crouching?	0166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0167 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Lifting or carrying weights up to 10 pounds?	0168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0169 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Lifting or carrying heavy weights?	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0171 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Reaching?	0172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0173 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Using hands and fingers?	0174 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0175 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Dealing with people?	0176 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	} <i>GO to Item 23a, page 16</i>

Section 3 — HEALTH — Continued	
23a. (Do/does) . . . wear eyeglasses or contact lenses?	0177 1 <input type="checkbox"/> Yes — ASK 23b 2 <input type="checkbox"/> No — SKIP to 23c
b. How well can . . . see with . . . glasses or contact lenses? Would you say . . . can see very well, quite well, somewhat well, not too well, or not at all well?	0178 1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Quite well 3 <input type="checkbox"/> Somewhat well 4 <input type="checkbox"/> Not too well 5 <input type="checkbox"/> Not at all well } SKIP to 24a
c. How well can . . . see? Would you say . . . can see very well, quite well, somewhat well, not too well, or not at all well?	0179 1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Quite well 3 <input type="checkbox"/> Somewhat well 4 <input type="checkbox"/> Not too well 5 <input type="checkbox"/> Not at all well
24a. (Do/does) . . . wear a hearing aid?	0180 1 <input type="checkbox"/> Yes — ASK 24b 2 <input type="checkbox"/> No — SKIP to 24c
b. How well can . . . hear with . . . hearing aid? Would you say . . . hear(s) very well, quite well, somewhat well, not too well, or not at all well?	0181 1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Quite well 3 <input type="checkbox"/> Somewhat well 4 <input type="checkbox"/> Not too well 5 <input type="checkbox"/> Not at all well } SKIP to 25
c. How well can . . . hear? Would you say . . . hear(s) very well, quite well, somewhat well, not too well, or not at all well?	0182 1 <input type="checkbox"/> Very well 2 <input type="checkbox"/> Quite well 3 <input type="checkbox"/> Somewhat well 4 <input type="checkbox"/> Not too well 5 <input type="checkbox"/> Not at all well
Show Flashcard C. 25. (Do/does) . . . ever use any of the special equipment, aids, or clothing listed on this card? Any other? Mark (X) all that apply.	0183 * 1 <input type="checkbox"/> One cane 2 <input type="checkbox"/> Two canes 3 <input type="checkbox"/> One crutch 4 <input type="checkbox"/> Two crutches 5 <input type="checkbox"/> Wheel chair 6 <input type="checkbox"/> Walker 0184 7 <input type="checkbox"/> Leg brace * 8 <input type="checkbox"/> Support stockings 9 <input type="checkbox"/> Artificial limb 0185 10 <input type="checkbox"/> Catheter 0186 11 <input type="checkbox"/> Commode (Portable toilet) 0187 12 <input type="checkbox"/> Pacemaker 0188 13 <input type="checkbox"/> Knee brace 0189 14 <input type="checkbox"/> Colostomy bag 0190 15 <input type="checkbox"/> Other — Specify <u> </u> 0191 16 <input type="checkbox"/> None
OFFICE USE ONLY	0192

NOTES

Section 3 – HEALTH – Continued

Show Flashcard D.

26. Are there any things on this card that bother . . . enough to be a problem?

Mark "Yes" or "No" for each of Items 26a–26g. If none, mark "No" for all items.

a. Pain

0193

- 1 ☐ Yes
2 ☐ No

b. Tiring easily, no energy

0194

- 1 ☐ Yes
2 ☐ No

c. Weakness, lack of strength

0195

- 1 ☐ Yes
2 ☐ No

d. Aches, swelling, sick feeling

0196

- 1 ☐ Yes
2 ☐ No

e. Fainting spells, dizziness

0197

- 1 ☐ Yes
2 ☐ No

f. Nervousness, tension, anxiety, depression

0198

- 1 ☐ Yes
2 ☐ No

g. Shortness of breath, trouble breathing

0199

- 1 ☐ Yes
2 ☐ No

Show Flashcard E.

27. These next questions are more specific. Please tell me whether DURING THE PAST 12 MONTHS . . . (have had/has had) any of the conditions listed on this card.

Mark "Yes" or "No" for each of Items 27a–27o. If none, mark "No" for all items.

a. Arthritis or rheumatism

0200

- 1 ☐ Yes
2 ☐ No

b. Lung disease, such as asthma, bronchitis, emphysema, or other such problem

0201

- 1 ☐ Yes
2 ☐ No

c. Hypertension, sometimes called high blood pressure

0202

- 1 ☐ Yes
2 ☐ No

d. A heart attack or other heart problem

0203

- 1 ☐ Yes
2 ☐ No

e. Diabetes or high blood sugar

0204

- 1 ☐ Yes
2 ☐ No

f. A cancer or a malignant tumor of any kind

0205

- 1 ☐ Yes
2 ☐ No

g. Foot problems such as problems with circulation, corns, or callouses

0206

- 1 ☐ Yes
2 ☐ No

h. A stroke

0207

- 1 ☐ Yes
2 ☐ No

i. Any broken or fractured bones

0208

- 1 ☐ Yes
2 ☐ No

j. Kidney stones, or chronic kidney problems

0209

- 1 ☐ Yes
2 ☐ No

k. Back or spine problems

0210

- 1 ☐ Yes
2 ☐ No

l. Paralysis of any kind

0211

- 1 ☐ Yes
2 ☐ No

m. Mental illness

0212

- 1 ☐ Yes
2 ☐ No

n. Alzheimer's disease

0213

- 1 ☐ Yes
2 ☐ No

o. Any other serious health problems

0214

- 1 ☐ Yes – Specify 7
2 ☐ No

Section 3 – HEALTH – Continued	
28a. (Are/is) . . . able to go outdoors without help from another person?	0215 1 <input type="checkbox"/> Yes – SKIP to 29 2 <input type="checkbox"/> No – ASK 28b
b. Who helps . . . when . . . (go/goes) outdoors? (If more than one, ask about person who helps most.)	0216 1 <input type="checkbox"/> Sample person doesn't go outdoors – SKIP to 29 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Proxy 4 <input type="checkbox"/> Other relative 5 <input type="checkbox"/> Friend or neighbor 6 <input type="checkbox"/> Nurse or servant 7 <input type="checkbox"/> Volunteer
c. How often (do/does) . . . go outdoors?	0217 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Several times a week 3 <input type="checkbox"/> Weekly 4 <input type="checkbox"/> Monthly 5 <input type="checkbox"/> Several times a year
29. Because of a health or physical problem, (do /does) . . . ever need help from anyone in looking after . . . personal care such as dressing, bathing, eating, going to the bathroom, or other such daily activities?	0218 1 <input type="checkbox"/> Yes – GO to Check Item FF 2 <input type="checkbox"/> No – SKIP to 31a, page 19
CHECK ITEM FF	0219
Sample person lives –	1 <input type="checkbox"/> In institution –ASK Item 30a ONLY, page 19 2 <input type="checkbox"/> All others – ASK both Items 30a and 30b, page 19

NOTES

Section 3 — HEALTH — Continued

30a. Now I would like to get more specific. Because of a health or physical problem, (do/does) . . . receive help from another person in —	<p align="center"><i>For each "yes" answer in 30a(1) through 30a(6), ASK b</i> </p> <p>b. Who gives help in (Read activity)?</p> <p align="center"><i>(If more than one, ask about person who helps most.)</i></p>
(1) Bathing or showering?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="width: 45%;"> 0221 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Other </div> </div>
(2) Dressing?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0222 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="width: 45%;"> 0223 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Other </div> </div>
(3) Eating?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="width: 45%;"> 0225 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Other </div> </div>
(4) Getting in and out of bed and chairs?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0226 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="width: 45%;"> 0227 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Other </div> </div>
(5) Walking?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="width: 45%;"> 0229 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Other </div> </div>
(6) Using the toilet, including getting to the toilet?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="width: 45%;"> 0231 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Other </div> </div>
31a. (Do/does) . . . have difficulty controlling . . . bowels?	0232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 32a</i>
b. How frequently (do/does) . . . have this difficulty — daily, several times a week, once a week, or less than once a week?	0233 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Several times a week 3 <input type="checkbox"/> Once a week 4 <input type="checkbox"/> Less than once a week
32a. (Do/does) . . . have difficulty controlling urination?	0234 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item GG</i>
b. How frequently (do/does) . . . have this difficulty — daily, several times a week, once a week, or less than once a week?	0235 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Several times a week 3 <input type="checkbox"/> Once a week 4 <input type="checkbox"/> Less than once a week
<div style="background-color: black; color: white; padding: 2px;">CHECK ITEM GG</div> <p>Sample person lives —</p>	0236 1 <input type="checkbox"/> In institution — <i>SKIP to 34b, page 20</i> 2 <input type="checkbox"/> All others — <i>ASK 33a</i>
33a. Because of a health or physical problem, (do /does) . . . have difficulty shopping for personal items, such as toilet items or medicines?	0237 1 <input type="checkbox"/> Yes — <i>ASK 33b</i> 2 <input type="checkbox"/> No — <i>SKIP to 34a, page 20</i>
b. (Do/does) . . . receive help from another person in shopping?	0238 1 <input type="checkbox"/> Yes — <i>ASK 33c</i> 2 <input type="checkbox"/> No — <i>SKIP to 34a, page 20</i>
c. Who gives this help? <i>(If more than one, ask about person who helps most.)</i>	0239 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Other

Section 3 — HEALTH — Continued

34a. Because of a health or physical problem, (do /does) . . . have difficulty in managing . . . own money, such as keeping track of expenses or paying bills?	0240	1 <input type="checkbox"/> Yes — ASK 34b 2 <input type="checkbox"/> No — SKIP to Check Item HH
b. (Do/does) . . . receive help from another person in managing . . . money?	0241	1 <input type="checkbox"/> Yes — ASK 34c 2 <input type="checkbox"/> No — SKIP to Check Item HH
C. Who gives this help? <i>(If more than one, ask about person who helps most.)</i>	0242	1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Other
CHECK ITEM HH	0243	1 <input type="checkbox"/> Sample person living outside institution — GO to Check Item II 2 <input type="checkbox"/> Sample person in institution — SKIP to 36 3 <input type="checkbox"/> Proxy answering for sample person living outside institution — GO to Check Item II 4 <input type="checkbox"/> Proxy answering for sample person in institution — SKIP to 37a
Respondent is —		
CHECK ITEM II	0244	1 <input type="checkbox"/> Sample person receives help from someone OTHER THAN his spouse (Boxes 3–7 marked in 28b or boxes 2, 3, or 4 marked in 30b (1–6) or boxes 2, 3, or 4 marked in 33c or boxes 2, 3, or 4 marked in 34c) — ASK 35a 2 <input type="checkbox"/> All others — SKIP to Check Item JJ
Refer to Items 28b, page 18, 30b and 33c, page 19, and 34c above.		
35a. (Do/does) . . . or does anyone pay for any of the help that you've told me . . . get(s) in doing these things?	0245	1 <input type="checkbox"/> Yes — ASK 35b 2 <input type="checkbox"/> No — SKIP to Check Item JJ
b. On the average, about how much per week (do you pay/gets paid) for all the help that . . . get(s)?	0246	\$ _____ . 00 per week
	0247	1 <input type="checkbox"/> Don't know
CHECK ITEM JJ	0248	1 <input type="checkbox"/> Sample person — ASK 36 2 <input type="checkbox"/> Proxy — SKIP to 37a
Respondent is —		
36. How would you rate your health at the present time? Excellent, very good, good, fair, or poor?	0249	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
37a. What is . . . weight?	0250	_____ Pounds
b. What is . . . height in . . . stocking feet?	0251	_____ Feet AND
	0252	_____ Inches
38a. (Do/does) . . . smoke cigarettes now?	0253	1 <input type="checkbox"/> Yes — ASK 38b 2 <input type="checkbox"/> No — SKIP to 38d
b. On the average, how many cigarettes (do/does) . . . usually smoke in a day?	0254	_____ Cigarettes AND/OR
	0255	_____ Packs
C. How old (were/was) . . . when . . . FIRST started smoking regularly?	0256	_____ Years old — SKIP to 39a, page 21
d. Did . . . ever smoke cigarettes?	0257	1 <input type="checkbox"/> Yes — ASK 38e 2 <input type="checkbox"/> No — SKIP to 39a, page 21
e. On the average, how many cigarettes did . . . usually smoke in a day?	0258	_____ Cigarettes AND/OR
	0259	_____ Packs

Section 3 — HEALTH — Continued	
38f. How old (were/was) . . . when . . . LAST smoked regularly?	0260 _____ Years old
g. How old (were/was) . . . when . . . FIRST smoked regularly?	0261 _____ Years old
39a. In . . . entire adult life, did . . . have at least 12 drinks of any kind of alcoholic beverage, such as beer, wine or liquor?	0262 1 <input type="checkbox"/> Yes — ASK 39b 2 <input type="checkbox"/> No — SKIP to 40a
b. On the average, during . . . adult life, how often did . . . drink any alcoholic beverages, such as beer, wine or liquor?	0263 1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> 3 to 6 times a week 3 <input type="checkbox"/> 1 or 2 times a week 4 <input type="checkbox"/> 1 to 3 times a month 5 <input type="checkbox"/> Less than once a month
c. On the days that . . . drank, how many drinks did . . . have on the average, per day?	0264 1 <input type="checkbox"/> 12 or more 2 <input type="checkbox"/> 7 to 11 3 <input type="checkbox"/> 5 or 6 4 <input type="checkbox"/> 3 or 4 5 <input type="checkbox"/> 2 6 <input type="checkbox"/> 1
d. DURING THE LAST 12 MONTHS, how often did . . . drink any alcoholic beverages such as beer, wine or liquor?	0265 1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> 3 to 6 times a week 3 <input type="checkbox"/> 1 or 2 times a week 4 <input type="checkbox"/> 1 to 3 times a month 5 <input type="checkbox"/> Less than once a month 6 <input type="checkbox"/> None — SKIP to 40a
e. DURING THE PAST 12 MONTHS, on the days that . . . drank, how many drinks did . . . have on the average, per day?	0266 1 <input type="checkbox"/> 12 or more 2 <input type="checkbox"/> 7 to 11 3 <input type="checkbox"/> 5 or 6 4 <input type="checkbox"/> 3 or 4 5 <input type="checkbox"/> 2 6 <input type="checkbox"/> 1
40a. (Have/has) . . . been in a hospital at least overnight in the past 12 months? That is, since (date one year ago)?	0267 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item KK
b. How many different times in the past 12 months?	0268 _____ Times
c. Altogether, how many nights did . . . spend in a hospital in the past 12 months?	0269 _____ Nights
CHECK ITEM KK	0270
Sample person lives —	1 <input type="checkbox"/> In institution — SKIP to Check Item LL, page 22 2 <input type="checkbox"/> All others — ASK 41a
41a. (Have/has) . . . been in a nursing home as a patient during the past 12 months?	0271 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 42
b. How many different times (were/was) . . . in a nursing home in the past 12 months?	0272 _____ Times
c. Altogether, how many days did . . . spend in a nursing home in the past 12 months?	0273 1 <input type="checkbox"/> Less than 7 days 2 <input type="checkbox"/> 7–13 days 3 <input type="checkbox"/> 14–27 days 4 <input type="checkbox"/> 28–41 days 5 <input type="checkbox"/> More than 41 days
42. During the past 12 months, about how many days did illness or injury keep . . . in bed more than half of the day?	0274 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1–2 days 3 <input type="checkbox"/> 3–5 days 4 <input type="checkbox"/> 6–10 days 5 <input type="checkbox"/> 11–20 days 6 <input type="checkbox"/> More than 20 days

Section 3 — HEALTH — Continued

43. During the past 12 months, about how many times did . . . see or talk to a medical doctor or assistant, not counting doctors seen while an overnight patient in a hospital?	0275	1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1–2 times 3 <input type="checkbox"/> 3–5 times 4 <input type="checkbox"/> 6–10 times 5 <input type="checkbox"/> 11–20 times 6 <input type="checkbox"/> More than 20 times
CHECK ITEM LL Refer to R3 on the Information Sheet. Sample person is —	0276	1 <input type="checkbox"/> Married — (Box 1 or 2 marked in R3) — ASK 44 2 <input type="checkbox"/> All others — SKIP to 47a, page 23
44. Does . . . wife's health or physical condition limit the amount or kind of work she can do?	0277	1 <input type="checkbox"/> Yes — ASK 45 2 <input type="checkbox"/> No — SKIP to 46a
45. How long has she been limited in this way?	0278	<div style="text-align: right;">_____ Months</div> <div style="text-align: right;">AND/OR</div> <div style="text-align: right;">0279 _____ Years</div>
46a. Is she able to go outdoors without help from another person?	0280	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Is she able to use public transportation, such as trains or buses, without help from another person?	0281	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Does she ever need help from others in looking after her personal care such as dressing, bathing, eating, and other daily activities?	0282	1 <input type="checkbox"/> Yes — ASK 46d 2 <input type="checkbox"/> No — SKIP to Check Item MM
d. Would you say she needs this kind of help frequently, occasionally, or rarely?	0283	1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Rarely
e. Who provides this help?	0284	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> 1 <input type="checkbox"/> Sample person 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Friend/neighbor 5 <input type="checkbox"/> Other </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div>SKIP to Check Item MM</div> </div>
f. Is this help paid for?	0285	1 <input type="checkbox"/> Yes — ASK 46g 2 <input type="checkbox"/> No — SKIP to Check Item MM
g. How much per week?	0286	<div style="text-align: right;">\$ _____ . 00 per week</div>
CHECK ITEM MM Respondent is —	0287	1 <input type="checkbox"/> Sample person living outside institution — GO to Check Item NN 2 <input type="checkbox"/> All others — SKIP to 47a, page 23
CHECK ITEM NN Refer to Items 44, 46a, 46b, and 46c above.	0288	1 <input type="checkbox"/> "Yes" marked in 44 or 46c or "No" marked in 46a or 46b — ASK 46h 2 <input type="checkbox"/> All others — SKIP to 47a, page 23
46h. Does the health of your spouse in any way limit the kinds of things you are able to do?	0289	1 <input type="checkbox"/> Yes — ASK 46i 2 <input type="checkbox"/> No — SKIP to 47a, page 23
i. How? Mark (X) all that apply.	0290	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <div style="text-align: center;">*</div> 1 <input type="checkbox"/> Prevents my working at all 2 <input type="checkbox"/> Limits amount, location or kind of work 3 <input type="checkbox"/> Limits recreational or hobby activities 4 <input type="checkbox"/> Limits volunteer activities 5 <input type="checkbox"/> Limits interaction with friends, relatives, neighbors 6 <input type="checkbox"/> Limits travel, vacations <div style="text-align: center;">0291</div> 7 <input type="checkbox"/> Other — Specify ↗ _____ </div> </div>

Section 3 — HEALTH — Continued	
Show Flashcard F. 47a. Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. (Are you/is [Name of sample person]) now covered by Medicare?	0292 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item PP 3 <input type="checkbox"/> Don't know — SKIP to Check Item OO
b. (Are/is) . . . now covered by the part of Medicare that pays for hospital bills?	0293 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
c. (Are/is) . . . now covered by the part of Medicare that pays for doctors' bills?	0294 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
CHECK ITEM OO Refer to Items 47a, 47b, and 47c above.	0295 1 <input type="checkbox"/> "Don't know" marked in any of 47a, 47b, or 47c — ASK 48 2 <input type="checkbox"/> All others — SKIP to Check Item PP
48. May I please see . . . Medicare card to determine the type of coverage? Mark (X) all that apply.	0296 * 1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> Medical 3 <input type="checkbox"/> Card not available
CHECK ITEM PP Refer to R3 on the Information Sheet. Sample person is —	0297 1 <input type="checkbox"/> Married (Box 1 or 2 marked in R3) — GO to 49a 2 <input type="checkbox"/> All others — SKIP to 50a
49a. Is . . . wife now covered by Medicare?	0298 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 50a
b. Is . . . wife now covered by the part of Medicare that pays for hospital bills?	0299 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
c. Is . . . wife now covered by that part of Medicare which pays for doctor's bills?	0300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
50a. We are interested in all types of health insurance plans except those which pay only for accidents. (Not counting Medicare) (are you/is [Name of sample person]) now covered by a health insurance plan that pays any part of a hospital, doctor's, or surgeon's bill?	0301 1 <input type="checkbox"/> Yes — ASK 50b 2 <input type="checkbox"/> No — SKIP to Check Item QQ, page 24
b. What is the name of the plan?	
c. Does this plan pay any part of hospital expenses?	0302 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Does this plan pay any part of doctors' or surgeons' bills?	0303 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Was this (name) plan obtained through an employer or union?	0304 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 50g, page 24
f. Does the employer/union pay all, part, or none of the premium?	0305 1 <input type="checkbox"/> All — SKIP to 50h, page 24 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None } ASK 50g, page 24
NOTES	

Section 3 — HEALTH — Continued

50g. What is the amount of premium that . . . pay(s)?

0306

\$ _____ . 00 per →

0307

- 1 ☐ Month
 2 ☐ Quarter
 3 ☐ Semiannually
 4 ☐ Year
 5 ☐ Other — *Specify* ✓
 6 ☐ Don't know

h. In addition to this (Name in 50b) plan, (are you/is [Name of sample person]) covered by any other health insurance plan that pays any part of a hospital, doctor's, or surgeon's bill?

0308

- 1 ☐ Yes — *ASK 50i*
 2 ☐ No — *SKIP to Check Item QQ*

i. What is the name of the plan?

j. Does this plan pay any part of hospital expenses?

0309

- 1 ☐ Yes
 2 ☐ No

k. Does this plan pay any part of doctors' or surgeons' bills?

0310

- 1 ☐ Yes
 2 ☐ No

l. Was this (name) plan obtained through an employer or union?

0311

- 1 ☐ Yes
 2 ☐ No — *SKIP to 50n*

m. Does the employer/union pay all, part, or none of the premium?

0312

- 1 ☐ All — *SKIP to Check Item QQ*
 2 ☐ Part
 3 ☐ None } *ASK 50n*

n. What is the amount of premium that . . . pay(s)?

0313

\$ _____ . 00 per →

0314

- 1 ☐ Month
 2 ☐ Quarter
 3 ☐ Semiannually
 4 ☐ Year
 5 ☐ Other — *Specify* ✓
 6 ☐ Don't know

CHECK ITEM QQ

Refer to R3 on the Information Sheet and Item 50a, page 23.

Sample person is —

0315

- 1 ☐ Married without health insurance (Box 1 or 2 marked in R3 and box 2 marked in 50a) — *SKIP to 51c, page 25*
 2 ☐ Married with health insurance (Box 1 or 2 marked in R3 and box 1 marked in 50a) — *ASK 51a*
 3 ☐ Not married without health insurance (Box 3, 4, 5, or 6 marked in R3 and box 2 marked in 50a) — *SKIP to 52a, page 25*
 4 ☐ Not married with health insurance (Box 3, 4, 5, or 6 marked in R3 and box 1 marked in 50a) — *SKIP to 52b, page 25*

51a. Does the (Name in 50b) plan cover . . . wife?

0316

- 1 ☐ Yes
 2 ☐ No

CHECK ITEM RR

Refer to Item 50h above.

0317

- 1 ☐ "Yes" marked in 50h — *ASK 51b, page 25*
 2 ☐ All others — *SKIP to 51c, page 25*

Section 3 — HEALTH — Continued	
51b. Does the (Name in 50i) plan cover . . . wife?	0318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Is . . . wife covered by any (other) health insurance plan, not counting Medicare, that pays any part of a hospital, doctor's or surgeon's bill?	0319 1 <input type="checkbox"/> Yes — ASK 51d 2 <input type="checkbox"/> No — SKIP to Check Item SS
d. What is the name of the plan?	
e. Does this plan pay any part of hospital expenses?	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Does this plan pay any part of doctors' or surgeons' bills?	0321 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Was this (name) plan obtained through an employer or union?	0322 1 <input type="checkbox"/> Yes — ASK 51h 2 <input type="checkbox"/> No — SKIP to 51i
h. Does the (employer/union) pay all, part, or none of the premium?	0323 1 <input type="checkbox"/> All — SKIP to 51j 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None } ASK 51i
i. What is the amount of premium that . . . and . . . spouse pay?	0324 \$_____ . <div>00</div> per → 0325 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Quarter 3 <input type="checkbox"/> Semiannually 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Other — Specify ↗ _____ 6 <input type="checkbox"/> Don't know
j. Does the (name in 51d) plan cover . . . ?	0326 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM SS	0327
Refer to Items 50a, page 23, and 51j above.	1 <input type="checkbox"/> Box 1 marked in 50a or box 1 marked in 51j — SKIP to 52b 2 <input type="checkbox"/> All others — ASK 52a
Show Flashcard G. 52a. Many people do not carry health insurance for various reasons. Which of these statements describes why . . . (are/is) not covered by any health insurance (OR by any health insurance except Medicare)? Any other? Mark (X) all that apply.	0328 * 1 <input type="checkbox"/> Job layoff, job loss, or any reason related to unemployment 2 <input type="checkbox"/> Can't obtain insurance — poor health, illness, age 3 <input type="checkbox"/> Too expensive; can't afford 4 <input type="checkbox"/> Dissatisfaction with previous insurance 5 <input type="checkbox"/> Don't believe in insurance 6 <input type="checkbox"/> Have been healthy; haven't needed it 0329 * 7 <input type="checkbox"/> Able to go to VA or military hospital 8 <input type="checkbox"/> Covered by some other health plan 9 <input type="checkbox"/> Other — Specify ↗ _____
b. There is a national program called Medicaid which pays for health care for persons in need. (In this state it is also called (name)). During the past 12 months (have/has) . . . (and . . . spouse) received health care which has been or will be paid for by Medicaid or (name)?	0330 1 <input type="checkbox"/> Yes, sample person only 2 <input type="checkbox"/> Yes, spouse only 3 <input type="checkbox"/> Yes, both 4 <input type="checkbox"/> No, neither

Section 3 – HEALTH – Continued

53. Thinking back on the costs of all health services . . . (and . . . spouse) have had to pay for . . . (self/selves) over the past twelve months (e.g., bills for hospital or nursing home care, doctors' bills, prescription drugs, etc.), (have/has) . . . been able to meet these costs out of current income, or (have/has) . . . had to draw on . . . savings?

0331

- 1 ☐ No expenses
- 2 ☐ Current income
- 3 ☐ Savings
- 4 ☐ Debt

CHECK ITEM TT

Refer to R3 on the Information Sheet.

0332

- 1 ☐ Box 2 marked in R3 – ASK 54a
- 2 ☐ All others – SKIP TO Check Item UU, page 27

54a. Is (your/[Name of sample person]'s) spouse institutionalized?

0333

- 1 ☐ Yes – ASK 54b
- 2 ☐ No – SKIP to Check Item UU, page 27

b. What is her address?

0334

		Name of institution
Number and street		
City or post office name		
State		ZIP Code

NOTES

Section 4 – ATTITUDES

CHECK ITEM UU		0335			
Respondent is —		1 <input type="checkbox"/> Sample person — ASK 55 2 <input type="checkbox"/> Proxy — SKIP to 66e, page 30			
Show Flashcard H.					
55. We would like to find out how you feel about various aspects of your life these days. For each of the things I mention, I would like to know whether you are very happy, somewhat happy, somewhat unhappy or very unhappy.		Very happy	Somewhat happy	Somewhat unhappy	Very unhappy
a. Your housing — would you say you are very happy, somewhat happy, somewhat unhappy, or very unhappy?		0336 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The local area in which you live?		0337 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Your health condition?		0338 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Your standard of living?		0339 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Your leisure time activities?		0340 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
56. Taking things altogether, would you say you're very happy, somewhat happy, somewhat unhappy, or very unhappy these days?		0341 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
57. We are interested in the way people are feeling these days. During the past few weeks did you ever feel —					
a. Particularly excited or interested in something?		0342 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
b. So restless that you couldn't sit long in a chair?		0343 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
c. Proud because someone complimented you on something you had done?		0344 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
d. Very lonely or remote from other people?		0345 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
e. Pleased about having accomplished something?		0346 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
f. Bored?		0347 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
g. On top of the world?		0348 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
h. Depressed or very unhappy?		0349 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
i. That things were going your way?		0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
j. Upset because someone criticized you?		0351 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

NOTES

Section 4 – ATTITUDES – Continued

<div>Show Flashcard I.</div> <div>58. Now I am going to read a list of statements describing how people sometimes feel. After each statement, please tell me how often you felt that way DURING THE PAST WEEK: (1) Hardly ever, (2) Some of the time, or (3) Most of the time.</div>				
	0352	Hardly ever 1 <input type="checkbox"/>	Some of the time 2 <input type="checkbox"/>	Most of the time 3 <input type="checkbox"/>
	0353	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	0354	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	0355	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	0356	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	0357	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	0358	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	0359	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	0360	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
0361	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

NOTES

Section 5 — RECREATION, FAMILY, AND SOCIAL RELATIONSHIPS	
CHECK ITEM VV	0362
Sample person lives —	1 <input type="checkbox"/> In institution — SKIP to Check Item WW, page 30 2 <input type="checkbox"/> All others — ASK 59
59. We are interested in how you spend your leisure time. During the course of the last 12 months —	0363
a. Have you participated in any sports or exercise, such as golf, tennis, biking, swimming, bowling, jogging, or any others?	1 <input type="checkbox"/> Yes — ASK 59b 2 <input type="checkbox"/> No — SKIP to 60a
Show Flashcard J.	0364
b. About how many hours would you say you spent on these kinds of activities during the past 12 months? Select one of the categories shown on this card.	1 <input type="checkbox"/> Less than 20 hours 2 <input type="checkbox"/> 20 to 39 hours 3 <input type="checkbox"/> 40 to 79 hours 4 <input type="checkbox"/> 80 to 159 hours 5 <input type="checkbox"/> 160 hours or more
60a. Did you yourself do any work around the house, like painting or doing repairs on your home, working in the yard or garden, or repairing or maintaining a car or truck that you (or your spouse) own?	0365
Show Flashcard J.	0366
b. About how many hours did you spend on these kinds of activities during the past 12 months?	1 <input type="checkbox"/> Less than 20 hours 2 <input type="checkbox"/> 20 to 39 hours 3 <input type="checkbox"/> 40 to 79 hours 4 <input type="checkbox"/> 80 to 159 hours 5 <input type="checkbox"/> 160 hours or more
61a. Have you helped friends, neighbors or relatives (who do not live with you) without being paid? I am thinking of such things as providing transportation, running errands, helping them work on their homes or cars, providing childcare, and so forth.	0367
Show Flashcard J.	0368
b. About how many hours did you spend on these kinds of activities during the past 12 months?	1 <input type="checkbox"/> Less than 20 hours 2 <input type="checkbox"/> 20 to 39 hours 3 <input type="checkbox"/> 40 to 79 hours 4 <input type="checkbox"/> 80 to 159 hours 5 <input type="checkbox"/> 160 hours or more
62a. Have you done any volunteer work for a religious organization, an educational organization, a political group or labor union, a senior citizen group, a hospital, or any other organization?	0369
Show Flashcard J.	0370
b. About how many hours did you spend on these kinds of activities during the past 12 months?	1 <input type="checkbox"/> Less than 20 hours 2 <input type="checkbox"/> 20 to 39 hours 3 <input type="checkbox"/> 40 to 79 hours 4 <input type="checkbox"/> 80 to 159 hours 5 <input type="checkbox"/> 160 hours or more
63a. Have you gone to movies, plays, concerts, sporting events, or other paid entertainment?	0371
Show Flashcard J.	0372
b. About how many hours did you spend at such entertainment during the past 12 months?	1 <input type="checkbox"/> Less than 20 hours 2 <input type="checkbox"/> 20 to 39 hours 3 <input type="checkbox"/> 40 to 79 hours 4 <input type="checkbox"/> 80 to 159 hours 5 <input type="checkbox"/> 160 hours or more
64a. Have you taken a trip away from home lasting longer than one day?	0373
b. About how many days were you away from home on such trips? Would you say less than 7 days, 7–13 days, 14–20 days, 21–27 days, or 28 days or more?	0374
	1 <input type="checkbox"/> Less than 7 days 2 <input type="checkbox"/> 7–13 days 3 <input type="checkbox"/> 14–20 days 4 <input type="checkbox"/> 21–27 days 5 <input type="checkbox"/> 28 days or more

Section 5 — RECREATION, FAMILY, AND SOCIAL RELATIONSHIPS — *Continued*

65. *Show Flashcard K.*
Now I would like you to think of a week that is just about average for you. During your waking hours in such a week, how often would you say you are completely alone? (Select one of the categories shown on this card.)

0375

- 1 ☐ Never
- 2 ☐ Almost never
- 3 ☐ Seldom
- 4 ☐ Occasionally
- 5 ☐ Often
- 6 ☐ Very often
- 7 ☐ All the time

CHECK ITEM WW

Refer to Item 28a, page 18.

0376

- 1 ☐ Sample person able to go outside without help from another person ("Yes" marked in 28a) — **ASK 66a**
- 2 ☐ Sample person needs help to go outside ("No" marked in 28a) — **SKIP to 66e**

66a. **Have you driven an automobile or other motor vehicle in the past 12 months?**

0377

- 1 ☐ Yes — **ASK 66b**
- 2 ☐ No — **SKIP to 66e**

b. **Is this an auto or something else?**

Mark (X) all that apply.

0378

*

- 1 ☐ Automobile
- 2 ☐ Truck
- 3 ☐ Motorcycle
- 4 ☐ Other — *Specify* 7

c. **About how many miles did you drive in the past 12 months?**

0379

- 1 ☐ Under 500
- 2 ☐ 500 — 999
- 3 ☐ 1,000 — 2,999
- 4 ☐ 3,000 — 5,999
- 5 ☐ 6,000 — 11,999
- 6 ☐ 12,000 or more

d. **During the past 12 months, did you ever drive after dark?**

0380

- 1 ☐ Yes
 - 2 ☐ No
- }
- SKIP to Check Item XX**

e. **(Have/has) . . . ever driven a motor vehicle?**

0381

- 1 ☐ Yes — **ASK 66f**
- 2 ☐ No — **SKIP to Check Item XX**

f. **In what year did . . . last drive?**

0382

Year			
1	9		

g. **Why (are/is) . . . no longer driving?**

Mark (X) only one.

0383

- 1 ☐ Failing eyesight
- 2 ☐ Failing hearing
- 3 ☐ Too frail, weak
- 4 ☐ Other health problem
- 5 ☐ Driver's license revoked
- 6 ☐ Afraid to drive
- 7 ☐ Too expensive to maintain car
- 8 ☐ No longer need to drive
- 9 ☐ Other — *Specify* 7

CHECK ITEM XX

Refer to R3 on the Information Sheet and Item 46a, page 22.

0384

- 1 ☐ Sample person not married (Box 3, 4, 5, or 6 marked in R3) — **SKIP to 67a, page 31**
- 2 ☐ Sample person married; spouse able to go outside without help from another person (Box 1 or 2 marked in R3 and box 1 in 46a) — **ASK 66h**
- 3 ☐ Sample person married; spouse needs help to go outside (Box 1 or 2 marked in R3 and box 2 in 46a) — **SKIP to 66i**

66h. **Has . . . wife driven an automobile or other motor vehicle in the past 12 months?**

0385

- 1 ☐ Yes — **SKIP to 67a, page 31**
- 2 ☐ No — **ASK 66i**

i. **Has . . . wife ever driven?**

0386

- 1 ☐ Yes — **ASK 66j**
- 2 ☐ No — **SKIP to 67a, page 31**

j. **In what year did she stop driving?**

0387

Year			
1	9		

Section 5 — RECREATION, FAMILY, AND SOCIAL RELATIONSHIPS — Continued							
67a. Now I have some questions about . . . family situation. How many persons, not counting . . . (and . . . spouse), are dependent on . . . (and . . . spouse) for at least one-half of their support?	0388 _____ Persons — ASK 67b 0 <input type="checkbox"/> None — SKIP to Check Item YY						
b. What is their relationship to . . . ? Mark (X) all that apply.	0389 1 <input type="checkbox"/> Sample person's mother * 2 <input type="checkbox"/> Sample person's father 3 <input type="checkbox"/> Sample person's wife's mother 4 <input type="checkbox"/> Sample person's wife's father 0390 5 <input type="checkbox"/> Son(s) — How many? 7 0391 _____ 0392 6 <input type="checkbox"/> Daughter(s) — How many? 7 0393 _____ 0394 7 <input type="checkbox"/> Brother(s) or Sister(s) — How many? 7 0395 _____ 0396 8 <input type="checkbox"/> Other — Specify _____ — How many? 7 0397 _____						
CHECK ITEM YY Refer to R3 on the Information Sheet.	0398 1 <input type="checkbox"/> Sample person never married (Box 6 marked in R3) — SKIP to 70a 2 <input type="checkbox"/> All others — ASK 67c						
67c. (Have you/has [Name of sample person]) been married more than once?	0399 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
d. What was the date of . . . (most recent) marriage?	0400 <table><tr><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Month	Year				
Month	Year						
CHECK ITEM ZZ Refer to R3 on the Information Sheet.	0401 1 <input type="checkbox"/> Sample person is widowed (Box 3 marked in R3) — ASK 68 2 <input type="checkbox"/> Sample person is divorced (Box 4 marked in R3) — SKIP to 69 3 <input type="checkbox"/> All others — SKIP to 70a						
68. When (were/was) . . . widowed? (Most recent time if more than once.)	0402 <table><tr><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> — SKIP to 70a	Month	Year				
Month	Year						
69. When (were/was) . . . divorced? (Most recent time if more than once.)	0403 <table><tr><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Month	Year				
Month	Year						
70a. How long (have/has) . . . lived in this (city/town/county)?	0404 _____ Years — ASK 70b 0405 1 <input type="checkbox"/> Less than one year — SKIP to 70c — Omit phrase "back" in 70c and 70d, page 32 2 <input type="checkbox"/> All . . . life — SKIP to Check Item AAA, page 32						
b. During that period, did . . . ever move out of the (city/town/county) and then move back?	0406 1 <input type="checkbox"/> Yes — Include phrase "back" in 70c and 70d, page 32 2 <input type="checkbox"/> No — Omit phrase "back" in 70c and 70d, page 32						
c. What month and year did . . . move (back) here?	0407 <table><tr><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Month	Year				
Month	Year						

Section 5 — RECREATION, FAMILY, AND SOCIAL RELATIONSHIPS — Continued		
71a. Including step children and adopted children, how many living children (do/does) . . . have?	0430	_____ Children 0 <input type="checkbox"/> None — SKIP to Check Item EEE
b. How many of these children are sons and how many are daughters (Is this child a son or a daughter)?	0431	_____ Son(s)
	0432	_____ Daughter(s)
	0433	_____ Total (Compare with 71a and reconcile differences)
CHECK ITEM BBB	0434	1 <input type="checkbox"/> In institution — SKIP to 71e 2 <input type="checkbox"/> All others — GO to Check Item CCC
Sample person lives —		
CHECK ITEM CCC	0435	1 <input type="checkbox"/> One son or daughter — ASK 71c 2 <input type="checkbox"/> More than one child — SKIP to 71d
Refer to Item 71a above.		
71c. Does this child live with . . . ?	0436	1 <input type="checkbox"/> Yes — SKIP to Check Item EEE 2 <input type="checkbox"/> No — SKIP to 71e
d. How many of these children live (here) with . . . ?	0437	_____ Children 0 <input type="checkbox"/> None — SKIP to 71e
CHECK ITEM DDD	0438	1 <input type="checkbox"/> Entry in 71a is greater than entry in 71d — ASK 71e 2 <input type="checkbox"/> All others — SKIP to Check Item EEE
Compare Items 71a and 71d above.		
71e. Now let's talk about . . . child(ren) who (does/do) not live (here/there). How quickly can (this child/any one of these children) get (here/there)? (If more than one child, ask about child who can get there quickest.)	0439	_____ Minutes
	0440	_____ Hours
	0441	_____ Days
If only one child living away from home, show Flashcard M. f. How many of these children (do/does) . . . see — (How often (do/does) . . . see this child?) If one child lives away from home, enter "1" next to the appropriate category.	0442	Daily? _____ Child(ren)
	0443	At least once a week, but not daily? _____ Child(ren)
	0444	At least once a month, but not weekly? _____ Child(ren)
	0445	Several times a year? _____ Child(ren)
	0446	About once a year? _____ Child(ren)
	0447	Less than once a year? _____ Child(ren)
	0448	Not at all? _____ Child(ren)
If only one child living away from home, show Flashcard M. g. How many of these children (do/does) . . . talk with on the telephone? (How often (do/does) . . . talk with this child on the telephone?) If one child lives away from home, enter "1" next to the appropriate category.	0449	Daily? _____ Child(ren)
	0450	At least once a week, but not daily? _____ Child(ren)
	0451	At least once a month, but not weekly? _____ Child(ren)
	0452	Several times a year? _____ Child(ren)
	0453	About once a year? _____ Child(ren)
	0454	Less than once a year? _____ Child(ren)
	0455	Not at all? _____ Child(ren)
If only one child living away from home, show Flashcard M. h. How many of these children (do/does) . . . get mail from — (How often (do/does) . . . get mail from this child?) If one child lives away from home, enter "1" next to the appropriate category.	0456	Daily? _____ Child(ren)
	0457	At least once a week, but not daily? _____ Child(ren)
	0458	At least once a month, but not weekly? _____ Child(ren)
	0459	Several times a year? _____ Child(ren)
	0460	About once a year? _____ Child(ren)
	0461	Less than once a year? _____ Child(ren)
	0462	Not at all? _____ Child(ren)
CHECK ITEM EEE	0463	1 <input type="checkbox"/> In institution — SKIP to Check Item FFF, page 36 2 <input type="checkbox"/> All others — ASK 72, page 34
Sample person lives —		
OFFICE USE ONLY		
Total number of family members	0464	<div></div> <div></div>
Total number of household members	0465	<div></div> <div></div>

Section 5 — RECREATION, FAMILY, AND SOCIAL RELATIONSHIPS — Continued					
FIELD REPRESENTATIVE — Refer to Household Record Card, Items 2–3. Transcribe, for all current household members, name (Item 72b) and relationship to sample person (Item 72c). Then ask Items 72d through 72j, as applicable. Do not ask Items 72d–72j of the sample person. If the sample person lives alone, SKIP to Check Item FFF, page 36.					
72. Now I have some questions about the education and work experience of all persons living with (you/[Name of sample person]).					
Line No.	NAME	RELATIONSHIP TO SAMPLE PERSON EXAMPLE: wife, son, friend, boarder, maid, housekeeper, etc.	How old is . . . today?	PERSONS 3 YEARS OLD OR OLDER	
				What is the highest grade (year) . . . ever attended? Enter code from below. Never attended . . . 00 Preschool 19 Kindergarten 20 Elementary . . . 01–08 High school . . 09–12 College 21–26	
(72a)	(72b)	(72c)	OFFICE USE	(72d)	(72e)
1		Sample person			
2		0466		0467	0468
3		0474		0475	0476
4		0482		0483	0484
5		0490		0491	0492
6		0498		0499	0500
7		0506		0507	0508
8		0514		0515	0516
9		0522		0523	0524
10		0530		0531	0532
11		0538		0539	0540
12		0546		0547	0548
13		0554		0555	0556
14		0562		0563	0564
15		0570		0571	0572

Section 5 — RECREATION, FAMILY, AND SOCIAL RELATIONSHIPS — Continued						
72. Continued						
PERSONS 14 YEARS OLD OR OLDER					Were (you/ [Name of sample person]) and ... living together in (Date in R6)? Circle one. 1 - Yes — SKIP to next person or if last person go to Check Item FFF, page 36. 2 - No — ASK 72j	What was the main reason that (you/[Name of sample person]) and ... decided to live together? Enter code from below. 1 Share expenses 2 Companionship 3 Marriage 4 Sample person's health 5 Health of family member 6 Health of ... 7 Sample person needed financial help 8 Sample person needed non-financial help 9 ... needed financial help 10 ... needed non-financial help 11 To provide additional income 12 Other
How many weeks did ... work either full or part time in the last 12 months? (Include weeks on paid vacation or paid sick leave.)	If person worked at all in the last 12 months, ask 72g and 72h.		What kind of work was ... doing in the last 12 months? (If more than one, record the longest job.)	OFFICE USE 1960 Codes		
(72f)	(72g)	(72h)		(72i)		
0469	0470	0471		0472	0473	
				1 2		
0477	0478	0479		0480	0481	
				1 2		
0485	0486	0487		0488	0489	
				1 2		
0493	0494	0495		0496	0497	
				1 2		
0501	0502	0503		0504	0505	
				1 2		
0509	0510	0511		0512	0513	
				1 2		
0517	0518	0519		0520	0521	
				1 2		
0525	0526	0527		0528	0529	
				1 2		
0533	0534	0535		0536	0537	
				1 2		
0541	0542	0543		0544	0545	
				1 2		
0549	0550	0551		0552	0553	
				1 2		
0557	0558	0559		0560	0561	
				1 2		
0565	0566	0567		0568	0569	
				1 2		
0573	0574	0575		0576	0577	
				1 2		

Section 5 — RECREATION, FAMILY, AND SOCIAL RELATIONSHIPS — <i>Continued</i>	
CHECK ITEM FFF	
Respondent is —	<div>0578</div> <div> <input type="checkbox"/> Sample person — ASK 73a <input type="checkbox"/> Proxy answering for sample person outside institution — <i>SKIP to 77, page 38</i> <input type="checkbox"/> Proxy answering for sample person in institution — <i>SKIP to 78a, page 39</i> </div>
73a. People sometimes need the help of others. I would like to find out about the people you can turn to for various kinds of help. Is there any one special person you know that you feel very close and intimate with — someone you share confidences and feelings with, someone you feel you can depend on?	<div>0579</div> <div> <input type="checkbox"/> Yes — ASK 73b <input type="checkbox"/> No — <i>SKIP to 74a, page 37</i> </div>
b. What is that person's relationship to you?	<div>0580</div> <div> <input type="checkbox"/> Spouse — ASK 73c <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Son-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Friend <input type="checkbox"/> Professional (Social worker, minister, etc.) <input type="checkbox"/> Other — <i>Specify</i> ↴ </div> <div> } <i>SKIP to 73e</i> </div>
c. Is there anyone else to whom you feel especially close in this way?	<div>0581</div> <div> <input type="checkbox"/> Yes — ASK 73d <input type="checkbox"/> No — <i>SKIP to 74a, page 37</i> </div>
d. What is that person's relationship to you?	<div>0582</div> <div> <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Son-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Friend <input type="checkbox"/> Professional (Social worker, minister, etc.) <input type="checkbox"/> Other — <i>Specify</i> ↴ </div>
e. How many miles from here does this person live?	<div>0583</div> <div>_____ Miles</div> <div>0584</div> <div> <input type="checkbox"/> Less than one mile <input type="checkbox"/> Lives in household — <i>SKIP to 74a, page 37</i> </div>
Show Flashcard M. f. How often do you see this person?	<div>0585</div> <div> <input type="checkbox"/> Daily <input type="checkbox"/> At least once a week, but not daily <input type="checkbox"/> At least once a month, but not weekly <input type="checkbox"/> Several times a year <input type="checkbox"/> About once a year <input type="checkbox"/> Less than once a year <input type="checkbox"/> Not at all </div>
Show Flashcard M. g. How often do you talk to this person?	<div>0586</div> <div> <input type="checkbox"/> Daily <input type="checkbox"/> At least once a week, but not daily <input type="checkbox"/> At least once a month, but not weekly <input type="checkbox"/> Several times a year <input type="checkbox"/> About once a year <input type="checkbox"/> Less than once a year <input type="checkbox"/> Not at all </div>
h. Are there any other persons to whom you feel especially close in this way?	<div>0587</div> <div> <input type="checkbox"/> No <input type="checkbox"/> Yes — How many? ↴ </div> <div>0588</div> <div>_____</div>

Section 5 — RECREATION, FAMILY, AND SOCIAL RELATIONSHIPS — Continued	
74a. If you had a serious financial problem, is there a person to whom you could turn for help?	0589 1 <input type="checkbox"/> Yes — ASK 74b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Can't imagine needing financial help } SKIP to Check Item GGG
b. What is the relationship of that person to you? (If more than one, indicate person most likely to turn to first.)	0590 1 <input type="checkbox"/> Daughter 2 <input type="checkbox"/> Son 3 <input type="checkbox"/> Brother 4 <input type="checkbox"/> Sister 5 <input type="checkbox"/> Daughter-in-law 6 <input type="checkbox"/> Son-in-law 7 <input type="checkbox"/> Other relative 8 <input type="checkbox"/> Friend 9 <input type="checkbox"/> Professional (Social worker, minister, etc.) 10 <input type="checkbox"/> Other — Specify ↴ _____
c. Are there any other persons to whom you could turn for such help?	0591 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes — How many? ↴ _____
CHECK ITEM GGG	0592
Sample person lives —	0593 1 <input type="checkbox"/> In institution — SKIP to Check Item HHH 2 <input type="checkbox"/> All others — ASK 75a
75a. In the past year, if you needed some extra help, is there anyone you could count on to help you (and your spouse) with daily tasks like grocery shopping, housecleaning, telephoning, taking you for a drive?	0594 1 <input type="checkbox"/> Yes — ASK 75b 2 <input type="checkbox"/> No — SKIP to 75c
b. In the past year, who has been most helpful with these daily tasks?	0595 1 <input type="checkbox"/> Haven't needed help — SKIP to Check Item HHH 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Son 4 <input type="checkbox"/> Brother 5 <input type="checkbox"/> Sister 6 <input type="checkbox"/> Daughter-in-law 7 <input type="checkbox"/> Son-in-law 8 <input type="checkbox"/> Other relative 9 <input type="checkbox"/> Friend 10 <input type="checkbox"/> Professional (Social worker, minister, etc.) 11 <input type="checkbox"/> Other — Specify ↴ _____
c. In the past year, could you have used more help with daily tasks than you received? Would you say — Read answer categories.	0596 1 <input type="checkbox"/> A lot more 2 <input type="checkbox"/> Some more 3 <input type="checkbox"/> A little more 4 <input type="checkbox"/> No more
CHECK ITEM HHH	0597
Refer to R3 on the Information Sheet.	1 <input type="checkbox"/> Sample person is married (Box 1 or 2 marked in R3) — ASK 76a 2 <input type="checkbox"/> All others — SKIP to Check Item III
76a. Now I would like to talk about your relationship with your spouse. Some couples think of themselves as two separate people who make a life together. Others think of themselves as a couple, it being very hard to describe one person without the other. Which best describes your marriage — "two separate people" or "a couple"?	0598 1 <input type="checkbox"/> Two separate people 2 <input type="checkbox"/> A couple
CHECK ITEM III	0599
Sample person lives —	1 <input type="checkbox"/> In institution — SKIP to 78a, page 39 2 <input type="checkbox"/> All others — ASK 76b
Show Flashcard N. b. How often do you participate in leisure or social activities by yourself, or with people other than your spouse?	0600 1 <input type="checkbox"/> More than once a week 2 <input type="checkbox"/> About once a week 3 <input type="checkbox"/> 2 or 3 times a month 4 <input type="checkbox"/> About once a month 5 <input type="checkbox"/> Less than once a month

Section 5 — RECREATION, FAMILY, AND SOCIAL RELATIONSHIPS — Continued

77. The next questions are about community services.

For each category marked "Yes," ASK ↗

b. How often did . . .
(Read category) —
frequently,
sometimes or rarely?

a. In the past 12 months, did (you/[Name of sample person]) —

(1) use special transportation for the elderly?

0601

- 1 ☐ Yes
2 ☐ No
3 ☐ DK

0602

- 1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely

(2) have meals delivered to . . . home by an agency or organization like Meals on Wheels?

0603

- 1 ☐ Yes
2 ☐ No
3 ☐ DK

0604

- 1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely

(3) eat meals in a senior center or some place with a special meal program for the elderly?

0605

- 1 ☐ Yes
2 ☐ No
3 ☐ DK

0606

- 1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely

(4) use a senior center for any other purpose?

0607

- 1 ☐ Yes
2 ☐ No
3 ☐ DK

0608

- 1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely

(5) use a homemaker service for the elderly that provides services like cleaning and cooking in the home?

0609

- 1 ☐ Yes
2 ☐ No
3 ☐ DK

0610

- 1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely

(6) use a service which makes routine telephone calls to check on the health of elderly people?

0611

- 1 ☐ Yes
2 ☐ No
3 ☐ DK

0612

- 1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely

(7) use a visiting nurse?

0613

- 1 ☐ Yes
2 ☐ No
3 ☐ DK

0614

- 1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely

(8) use a health aide who comes into the home?

0615

- 1 ☐ Yes
2 ☐ No
3 ☐ DK

0616

- 1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely

(9) use adult day care or day care for the elderly?

0617

- 1 ☐ Yes
2 ☐ No
3 ☐ DK

0618

- 1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely

SKIP to 78b, page 39

NOTES

Section 6 — ASSETS	
78a. (Do you/does [Name of sample person]) (or ... spouse) own a house or apartment?	0619 1 <input type="checkbox"/> Yes — SKIP to 78g 2 <input type="checkbox"/> No — SKIP to 79, page 40
b. Is ... (and ... spouse's) house (apartment) owned or being bought by ... (and ... spouse)?	0620 1 <input type="checkbox"/> Yes — ASK 78c 2 <input type="checkbox"/> All others — SKIP to 78d
c. Is there any other person involved?	0621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 78g
d. (Do/does) ... (and ... spouse) rent it or what?	0622 1 <input type="checkbox"/> Residence is being rented by sample person and/or his spouse 2 <input type="checkbox"/> Sample person pays for both room and board to the owner or manager of his present residence 3 <input type="checkbox"/> Residence is being rented by sample member and other person 4 <input type="checkbox"/> Residence is owned or rented by other family member or other person 5 <input type="checkbox"/> Residence is provided rent-free — SKIP to 79, page 40 } ASK 78e } SKIP to 78f
e. How much rent (do/does) ... (and ... spouse) pay per month?	0623 \$ _____ . 00 per month 0624 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused } SKIP to 79, page 40
f. How much (do/does) ... (and ... spouse) personally pay each month for rent?	0625 \$ _____ . 00 per month 0 <input type="checkbox"/> No cash rent 0626 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused } SKIP to 79, page 40
g. About how much do you think this (house/apartment) would sell for on today's market?	0627 \$ _____ . 00 0628 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
h. How much (do/does) ... (and ... spouse) owe on this (house/apartment) for mortgages, back taxes, loans, etc.? (Mortgages include deeds of trust, land contracts, contracts for deed, etc.)	0629 \$ _____ . 00 0 <input type="checkbox"/> None 0630 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused

NOTES

Section 6 — ASSETS — Continued

Show Flashcard O.

79. This is a list of things of value that people often own. For each item on the list I would like to know whether . . . (and . . . spouse) own(s) that type of thing.

Mark "Yes" or "No" for each of Items 79a–79k. If none, mark "No" for all items.

- a. A farm

0631

1 ☐ Yes
2 ☐ No
- b. A business

0632

1 ☐ Yes
2 ☐ No
- c. Any other real estate

0633

1 ☐ Yes
2 ☐ No
- d. Any motor vehicles or trailers for personal use

0634

1 ☐ Yes
2 ☐ No
- e. Money in savings or checking accounts, certificates of deposit, money market funds, or credit unions

0635

1 ☐ Yes
2 ☐ No
- f. U.S. Savings Bonds

0636

1 ☐ Yes
2 ☐ No
- g. Other bonds, stocks, or shares in mutual funds

0637

1 ☐ Yes
2 ☐ No
- h. Money owed to you by other people

0638

1 ☐ Yes
2 ☐ No
- i. IRA, Keogh, or 401 accounts

0639

1 ☐ Yes
2 ☐ No
- j. Life insurance policies

0640

1 ☐ Yes
2 ☐ No
- k. Rights to an estate or investment trust

0641

1 ☐ Yes
2 ☐ No

Show Flashcard P.

l. Suppose . . . (and . . . spouse) were to cash all . . . bank accounts and were to sell all the other assets you have just told me about (except the house). If you added it all up and then paid the debts, how much would it amount to? Just give me a number from the list on this card.

- 0642

1 ☐ Less than zero
2 ☐ \$ 0 – 9,999
3 ☐ \$ 10,000 – 19,999
4 ☐ \$ 20,000 – 49,999
5 ☐ \$ 50,000 – 99,999
6 ☐ \$100,000 – 199,999
7 ☐ \$200,000 – 499,999
8 ☐ \$500,000 or more

CHECK ITEM JJJ

Respondent is —

- 0643

1 ☐ Sample person
2 ☐ Spouse
3 ☐ All others —

} GO to Check Item KKK
SKIP to Check Item VVV, page 43

CHECK ITEM KKK

Refer to Item 79a above.

- 0644

1 ☐ "Yes" marked in 79a — ASK 80a
2 ☐ "No" marked in 79a — SKIP to Check Item LLL

80a. Now, about your farm — What is the total market value of the operation? (Include value of land, buildings, house, if you (or your spouse) own them, and the equipment, livestock, stored crops, and other assets. Do not include crops held under Commodity Credit Loans.)

- 0645

\$ _____ . 00
- 0646

1 ☐ DK
2 ☐ Refused

b. Does that include the value of the house?

- 0647

1 ☐ Yes
2 ☐ No

c. How much do you (or your spouse) owe on mortgages or other debts in connection with the farm itself, the equipment, livestock, or anything else? (Do not count Commodity Credit Loans.)

- 0648

\$ _____ . 00
- 0649

0 ☐ None
1 ☐ DK
2 ☐ Refused

CHECK ITEM LLL

Refer to Item 79b above.

- 0650

1 ☐ "Yes" marked in 79b — ASK 81a, page 41
2 ☐ "No" marked in 79a — SKIP to Check Item MMM, page 41

Section 6 — ASSETS — Continued

81 a. Now, about your business — what is the total market value of all assets in the business, including tools and equipment? In other words, how much do you think this business would sell for in today's market? *(Obtain value of sample person's and spouse's share only.)*

0651

\$ _____ . 00

0652

- 1 ☐ DK
2 ☐ Refused

b. What is the total amount of debts or liabilities owed by the business?

(Include the sample person's and spouse's share of all liabilities as carried on the books.)

0653

\$ _____ . 00

0654

- 0 ☐ None
1 ☐ DK
2 ☐ Refused

CHECK ITEM MMM

Refer to Item 79c, page 40.

0655

- 1 ☐ "Yes" marked in 79c — ASK 82a
2 ☐ "No" marked in 79c — SKIP to Check Item NNN

82 a. Now, about the (other) real estate you mentioned — about how much do you think this property would sell for in today's market?

0656

\$ _____ . 00

0657

- 1 ☐ DK
2 ☐ Refused

b. How much is the unpaid amount of any mortgages on this property?

0658

\$ _____ . 00

0659

- 1 ☐ DK
2 ☐ Refused

c. How much other debt do you (or your spouse) have on this property, such as back taxes or assessments, unpaid amounts of home improvement loans, home repair bills, etc.?

0660

\$ _____ . 00

0661

- 0 ☐ None
1 ☐ DK
2 ☐ Refused

CHECK ITEM NNN

Refer to Item 79d, page 40.

0662

- 1 ☐ "Yes" marked in 79d — ASK 83a
2 ☐ "No" marked in 79d — SKIP to Check Item OOO

83 a. Now, about the motor vehicles or trailers — how many do you (and your spouse) own?

0663

_____ Vehicles and/or trailers

b. Do you (or your spouse) owe any money on this (these) vehicle(s)?

0664

- 2 ☐ No
1 ☐ Yes — **How much altogether?** ➤

0665

\$ _____ . 00

c. How much would this (these) vehicle(s) sell for in today's market?

0666

\$ _____ . 00

0667

- 1 ☐ DK
2 ☐ Refused

CHECK ITEM OOO

Refer to Item 79e, page 40.

0668

- 1 ☐ "Yes" marked in 79e — ASK 84
2 ☐ "No" marked in 79e — SKIP to Check Item PPP

84. Now, about your (or your spouse's) money in bank accounts, certificates of deposit, money market funds or credit unions — how much do you (and your spouse) have altogether?

0669

\$ _____ . 00

CHECK ITEM PPP

Refer to Item 79f, page 40.

0670

- 1 ☐ "Yes" marked in 79f — ASK 85
2 ☐ "No" marked in 79f — SKIP to Check Item QQQ

85. Now, about your (or your spouse's) U.S. Savings Bonds — what is their face value?

0671

\$ _____ . 00

CHECK ITEM QQQ

Refer to Item 79g, page 40.

0672

- 1 ☐ "Yes" marked in 79g — ASK 86
2 ☐ "No" marked in 79g — SKIP to Check Item RRR, page 42

86. Now, about your (or your spouse's) stocks, bonds, or shares in mutual funds — what is their market value?

0673

\$ _____ . 00

Section 6 – ASSETS – Continued	
CHECK ITEM RRR	0674
Refer to Item 79h, page 40.	1 <input type="checkbox"/> "Yes" marked in 79h – ASK 87 2 <input type="checkbox"/> "No" marked in 79h – SKIP to Check Item SSS
87. Now, about the money owed to you (two) by other people – altogether how much does it amount to?	0675 \$ _____ . 00
CHECK ITEM SSS	0676
Refer to Item 79i, page 40.	1 <input type="checkbox"/> "Yes" marked in 79i – ASK 88 2 <input type="checkbox"/> "No" marked in 79i – SKIP to Check Item TTT
88. Now, as to your (or your spouse's) IRA, KEOGH or 401K accounts – altogether how much do they amount to?	0677 \$ _____ . 00
CHECK ITEM TTT	0678
Refer to Item 79j, page 40.	1 <input type="checkbox"/> "Yes" marked in 79j – ASK 89 2 <input type="checkbox"/> "No" marked in 79j – SKIP to Check Item UUU
89. Now, as to all of the life insurance policies that you (or your spouse) have, what is the total cash or surrender value?	0679 \$ _____ . 00
CHECK ITEM UUU	0680
Refer to Item 79k, page 40.	1 <input type="checkbox"/> "Yes" marked in 79k – ASK 90 2 <input type="checkbox"/> "No" marked in 79k – SKIP to 91
90. Now, as to the estate or the investment trust that you (or your spouse) will receive – what is its total value?	0681 \$ _____ . 00
91. (Aside from any debts you have already mentioned,) do you (or your spouse) now owe any money to stores, doctors, hospitals, banks, or anyone else, excluding 30-day charge accounts?	0682 2 <input type="checkbox"/> No – SKIP to Check Item VVV, page 43 1 <input type="checkbox"/> Yes – How much altogether? ₪ 0683 \$ _____ . 00
NOTES	

Section 7 – INCOME

CHECK ITEM VVV

Refer to Item 68, page 31 and R3 on the Information Sheet.

Sample person is —

0684

- 1 ☐ Married (Box 1 or 2 marked in R3)
- 2 ☐ Widowed after 12/31/88 (date after 12/31/88 entered in 68)
- 3 ☐ All others — ASK income questions for sample person only

ASK income questions for sample person AND spouse

Show Flashcard Q.

92. Now I would like to ask a few questions about . . . (and . . . spouse's) income in 1989. Please remember the following questions refer to . . . income only from January through December 1989.

In order to get an accurate picture of . . . income, it helps to know the different sources of income . . . (and . . . spouse) may have had during 1989. Please tell me whether . . . (and . . . spouse) had any income in 1989 from each of the sources listed on this card.

Mark "Yes" or "No" for each of Items 92a–92m. If none, mark "No" for each item.

0685

- 1 ☐ Yes
- 2 ☐ No

a. Disability benefits

0686

- 1 ☐ Yes
- 2 ☐ No

b. Social Security or Railroad Retirement benefits (other than disability)

0687

- 1 ☐ Yes
- 2 ☐ No

c. Supplemental Security Income checks from the local, State, or Federal government

0688

- 1 ☐ Yes
- 2 ☐ No

d. Other public assistance or welfare payments (including food stamps or living in public housing or low-rent housing for which Federal, State or local government was paying part of the cost)

0689

- 1 ☐ Yes
- 2 ☐ No

e. Pension income (other than Social Security, Railroad Retirement, or Supplemental Security Income)

0690

- 1 ☐ Yes
- 2 ☐ No

f. Wages, salaries, commissions, or tips

0691

- 1 ☐ Yes
- 2 ☐ No

g. Profits from working on . . . own or from a business, professional practice or partnership

0692

- 1 ☐ Yes
- 2 ☐ No

h. Income from operating a farm

0693

- 1 ☐ Yes
- 2 ☐ No

i. Rental income from roomers or from renting any other property

0694

- 1 ☐ Yes
- 2 ☐ No

j. Interest or dividends on savings, stocks, bonds, or income from estates or trusts

0695

- 1 ☐ Yes
- 2 ☐ No

k. Unemployment compensation or Supplemental Unemployment benefits

0696

- 1 ☐ Yes
- 2 ☐ No

l. Financial assistance from relatives or other persons

0697

- 1 ☐ Yes
- 2 ☐ No

m. Any other type of income, for example, royalties, annuities, a settlement from an insurance company, or an inheritance

NOTES

Section 7 – INCOME – Continued			
Show Flashcard R.		0698	1 <input type="checkbox"/> Less than \$5,000 2 <input type="checkbox"/> \$ 5,000 – 9,999 3 <input type="checkbox"/> \$10,000 – 14,999 4 <input type="checkbox"/> \$15,000 – 19,999 5 <input type="checkbox"/> \$20,000 – 24,999 6 <input type="checkbox"/> \$25,000 – 29,999 7 <input type="checkbox"/> \$30,000 – 39,999 8 <input type="checkbox"/> \$40,000 – 59,999 9 <input type="checkbox"/> \$60,000 – 79,999 10 <input type="checkbox"/> \$80,000 or more
93. If we include the income from all these sources, what would . . . (and . . . spouse's) total income for 1989 add up to BEFORE any taxes or deductions? Just give me the number from the list on this card.		0699	1 <input type="checkbox"/> Sample person } GO to Check Item XXX 2 <input type="checkbox"/> Spouse } 3 <input type="checkbox"/> Proxy (nonspouse) answering for sample person in institution – SKIP to Check Item PPPP, page 53 4 <input type="checkbox"/> Proxy (nonspouse) answering for sample person outside institution – SKIP to Check Item VVVV, page 59
CHECK ITEM WWW		0699	
Respondent is —			
CHECK ITEM XXX		0700	1 <input type="checkbox"/> "Yes" marked in 92a — ASK 94a 2 <input type="checkbox"/> "No" marked in 92a — SKIP to Check Item YYY
Refer to Item 92a, page 43.			
94a. Were the disability benefits that you (or your spouse) received in 1989 from —		For each category marked "Yes" in a, ASK b and c.	
		b. How much was received from (Read category) in 1989?	c. How much was received from (Read category) last month, that is, during (Month)?
(1) Veteran's compensation or pension?	0701 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0702 \$. 00 0703 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	0704 \$. 00 0705 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
(2) Worker's compensation?	0706 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0707 \$. 00 0708 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	0709 \$. 00 0710 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
(3) Social Security disability payments?	0711 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0712 \$. 00 0713 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	0714 \$. 00 0715 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
(4) Any other disability payments?	0716 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0717 \$. 00 0718 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	0719 \$. 00 0720 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
Specify _____			
CHECK ITEM YYY		0721	1 <input type="checkbox"/> "Yes" in 92b — GO to Check Item ZZZ, page 45 2 <input type="checkbox"/> "No" in 92b — SKIP to Check Item AAAA, page 45
Refer to Item 92b, page 43.			

NOTES

Section 7 — INCOME — Continued

CHECK ITEM ZZZ

Refer to Check Item VVV, page 43.

0722

- 1 ☐ Box 1 or 2 marked in Check Item VVV — ASK 95
2 ☐ All others — SKIP to 95g

95. Now let's talk about Social Security or Railroad Retirement benefits.

0723

a. Who received benefits in 1989 — you, your spouse, or both of you?

- 1 ☐ Sample person only — SKIP to 95g
2 ☐ Wife only — SKIP to 95e
3 ☐ Both — ASK 95b

b. Did you and your spouse receive separate checks in 1989?

0724

- 1 ☐ Yes — SKIP to 95e
2 ☐ No

c. Were these benefits based on your work record, your spouse's work record, or both?

0725

- 1 ☐ Sample person only
2 ☐ Wife only
3 ☐ Both

d. Altogether, how much did you and your spouse receive in benefits —

0726

\$ _____ . 00

(1) In 1989?

0727

- 1 ☐ DK
2 ☐ Refused

(2) Last month?

0728

\$ _____ . 00

- 0 ☐ None
1 ☐ DK
2 ☐ Refused

} SKIP to Check Item AAAA

e. How much did (your wife/you) receive in benefits —

0730

\$ _____ . 00

(1) In 1989?

0731

- 1 ☐ DK
2 ☐ Refused

(2) Last month?

0732

\$ _____ . 00

- 0 ☐ None
1 ☐ DK
2 ☐ Refused

f. Were these benefits based on your work record, your spouse's work record, or both?

0734

- 1 ☐ Sample person only
2 ☐ Wife only
3 ☐ Both
- } If box 2 marked in 95a, SKIP to Check Item AAAA

g. (Now let's talk about Social Security or Railroad Retirement Benefits.)

0735

How much did (you/your husband) receive in benefits —

\$ _____ . 00

(1) In 1989?

0736

- 1 ☐ DK
2 ☐ Refused

(2) Last month?

0737

\$ _____ . 00

- 0 ☐ None
1 ☐ DK
2 ☐ Refused

} If sample person was never married (Box 6 marked in R3 on the Information Sheet), SKIP to Check Item AAAA

h. Were these benefits based on your work record, your spouse's work record, or both?

0739

- 1 ☐ Sample person only
2 ☐ Wife only
3 ☐ Both

CHECK ITEM AAAA

Refer to Item 92c, page 43.

0740

- 1 ☐ "Yes" marked in 92c — ASK 96, page 46
2 ☐ "No" marked in 92c — SKIP to Check Item BBBB, page 46

Section 7 — INCOME — Continued

96. How much Supplemental Security Income did you (or your spouse) receive —

0741

\$ _____ . 00

(1) In 1989?

0742

- 1 ☐ DK
2 ☐ Refused

(2) Last month?

0743

\$ _____ . 00

- 0 ☐ None
1 ☐ DK
2 ☐ Refused

0744

CHECK ITEM BBBB

Refer to Item 92d, page 43.

0745

- 1 ☐ "Yes" marked in 92d — ASK 97
2 ☐ "No" marked in 92d — SKIP to Check Item CCCC

97. You mentioned (other) public assistance as a source of income in 1989.

0746

a. Did you (or your spouse) receive any food stamps under the Government's Food Stamp plan?

- 1 ☐ Yes — ASK 97b
2 ☐ No — SKIP to 97f

b. In how many months of 1989 were stamps received?

0747

_____ Months

c. In the most recent month of 1989 that food stamps were received, what was the total face value of the food stamps received?

0748

\$ _____ . 00

0749

- 1 ☐ DK
2 ☐ Refused

d. Did (either of) you receive food stamps last month?

0750

- 1 ☐ Yes — ASK 97e
2 ☐ No — SKIP to 97f

e. What was the total face value of the stamps you received last month?

0751

\$ _____ . 00

0752

- 1 ☐ DK
2 ☐ Refused

f. In 1989 did you (or your spouse) live in public housing or pay a lower rent because the Federal, State, or local government was paying part of the cost?

0753

- 1 ☐ Yes
2 ☐ No

g. In 1989, did you (or your spouse) receive any (other) public assistance or welfare payments?

0754

- 2 ☐ No — SKIP to Check Item CCCC
1 ☐ Yes — **How much?** ↗

0755

\$ _____ . 00

h. Did you receive this public assistance last month?

0756

- 2 ☐ No — SKIP to Check Item CCCC
1 ☐ Yes — **How much?** ↗

0757

\$ _____ . 00

CHECK ITEM CCCC

Refer to Item 92e, page 43.

0758

- 1 ☐ "Yes" marked in 92e — ASK 98a, page 47
2 ☐ "No" marked in 92e — SKIP to Check Item DDDD, page 48

NOTES

Section 7 – INCOME – Continued

Show Flashcard S.			For each category marked "Sample person" in a, ASK b and c.		For each category marked "Spouse" in a, ASK d and e.	
98a. Now I'd like to get the details about your income from pensions other than Social Security, Railroad Retirement, or Supplemental Security Income. Please tell me from which of the sources shown on this card you (or your spouse) received pension income in 1989.			b. How much did (you/your husband) receive from (Read category) in 1989?		c. How much did (you/your husband) receive from (Read category) last month?	
			d. How much did (your wife/you) receive from (Read category) in 1989?		e. How much did (your wife/you) receive from (Read category) last month?	
(1) A local government agency	Sample person	Spouse	0761	0763	0765	0767
	0759	0760	\$. 00	\$. 00	\$. 00	\$. 00
(2) State government	0769	0770	0762 1 DK 2 Ref.	0764 1 DK 2 Ref.	0766 1 DK 2 Ref.	0768 1 DK 2 Ref.
	1	2	\$. 00	\$. 00	\$. 00	\$. 00
(3) Armed Forces	0779	0780	0771	0773	0775	0777
	1	2	\$. 00	\$. 00	\$. 00	\$. 00
(4) Federal Government (Except Armed Forces)	0789	0790	0781	0783	0785	0787
	1	2	\$. 00	\$. 00	\$. 00	\$. 00
(5) Private employer(s)	0799	0800	0791	0793	0795	0797
	1	2	\$. 00	\$. 00	\$. 00	\$. 00
(6) Union	0809	0810	0801	0803	0805	0807
	1	2	\$. 00	\$. 00	\$. 00	\$. 00
(7) A personal plan such as an IRA, KEOGH, or 401K account	0819	0820	0811	0813	0815	0817
	1	2	\$. 00	\$. 00	\$. 00	\$. 00
(8) Any other source – Specify ↴	0829	0830	0821	0823	0825	0827
	1	2	\$. 00	\$. 00	\$. 00	\$. 00

NOTES

Section 7 — INCOME — Continued

CHECK ITEM DDDD

Refer to Item 92f, page 43.

0839

- 1 ☐ "Yes" marked in 92f — ASK 99
 2 ☐ "No" marked in 92f — SKIP to Check Item GGGG

99. Now I would like to find out about your income (or your spouse's income) from wages, salaries, commissions, or tips from all jobs before deductions for taxes or anything else in 1989.

CHECK ITEM EEEE

Refer to Check Item VVV, page 43.

0840

- 1 ☐ Box 1 or 2 marked in Check Item VVV — ASK 99a
 2 ☐ All others — SKIP to 99b

99a. Who received such income in 1989 — you, your spouse, or both of you?

0841

- 1 ☐ Sample person — ASK 99b
 2 ☐ Spouse — SKIP to 99d
 3 ☐ Both — ASK 99b

b. How much did (you/your husband) earn in 1989?

0842

\$ _____ . 00

0843

- 1 ☐ DK
 2 ☐ Refused

c. How much did (you/your husband) earn last month?

0844

\$ _____ . 00

0 ☐ None

0845

- 1 ☐ DK
 2 ☐ Refused

CHECK ITEM FFFF

Refer to Item 99a above.

0846

- 1 ☐ Box 3 marked in 99a — ASK 99d
 2 ☐ All others — SKIP to Check Item GGGG

99d. How much did (your wife/you) earn in 1989?

0847

\$ _____ . 00

0848

- 1 ☐ DK
 2 ☐ Refused

e. How much did (your wife/you) earn last month?

0849

\$ _____ . 00

0 ☐ None

0850

- 1 ☐ DK
 2 ☐ Refused

CHECK ITEM GGGG

Refer to Item 92g, page 43.

0851

- 1 ☐ "Yes" marked in 92g — ASK 100a, page 49
 2 ☐ "No" marked in 92g — SKIP to Check Item IIII, page 49

NOTES

Section 7 — INCOME — Continued

100a. Now I would like to know about the income that you (or your spouse) received from working on your own, or in your own business, professional practice, or partnership in 1989.

Who received such income in 1989 — you, your spouse, or both of you?

0852

- 1 ☐ Sample person — ASK 100b
2 ☐ Spouse — SKIP to 100c
3 ☐ Both — ASK 100b

b. How much did (you/your husband) receive in 1989?

0853

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

\$ _____ . 00

0854

- 1 ☐ Loss
2 ☐ Broke even
3 ☐ DK
4 ☐ Refused

CHECK ITEM HHHH

Refer to Item 100a above.

0855

- 1 ☐ Box 3 marked in 100a — ASK 100c
2 ☐ All others — SKIP to Check Item IIII

100c. How much did (your wife/you) receive in 1989?

0856

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

\$ _____ . 00

0857

- 1 ☐ Loss
2 ☐ Broke even
3 ☐ DK
4 ☐ Refused

CHECK ITEM IIII

Refer to Item 92h, page 43.

0858

- 1 ☐ "Yes" marked in 92h — ASK 101
2 ☐ "No" marked in 92h — SKIP to Check Item JJJJ

101. What was your income in 1989 from operating a farm?

0859

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

\$ _____ . 00

0860

- 1 ☐ Loss
2 ☐ Broke even
3 ☐ DK
4 ☐ Refused

CHECK ITEM JJJJ

Refer to Item 92i, page 43.

0861

- 1 ☐ "Yes" marked in 92i — ASK 102
2 ☐ "No" marked in 92i — SKIP to Check Item KKKK

102. How much did you (or your spouse) receive in 1989 as rental income from roomers and boarders, or as rental of any other property?

0862

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

\$ _____ . 00

0863

- 1 ☐ Loss
2 ☐ Broke even
3 ☐ DK
4 ☐ Refused

CHECK ITEM KKKK

Refer to Item 92j, page 43.

0864

- 1 ☐ "Yes" marked in 92j — ASK 103
2 ☐ "No" marked in 92j — SKIP to Check Item LLLL

103. In 1989, how much did you (or your spouse) receive as interest or dividends on savings, stocks, bonds, or income from estates or trusts?

0865

\$ _____ . 00

0866

- 1 ☐ DK
2 ☐ Refused

CHECK ITEM LLLL

Refer to Item 92k, page 43.

0867

- 1 ☐ "Yes" marked in 92k — ASK 104a, page 50
2 ☐ "No" marked in 92k — SKIP to Check Item MMMM, page 50

Section 7 — INCOME — Continued									
104a. Now I'd like to know about the unemployment compensation or Supplemental Unemployment Benefits (SUB) that you (or your spouse) received in 1989. Please tell me from which of those two sources you (or your spouse) received benefits in 1989 —			For each category marked "Sample person" in a, ASK b and c.		For each category marked "Spouse" in a, ASK d and e.				
			b. For how many weeks in 1989 did (you/your husband) receive benefits from (Read category)?	c. How much did (you/your husband) receive per week, on the average from (Read category)?	d. For how many weeks in 1989 did (your wife/you) receive benefits from (Read category)?	e. How much did (your wife/you) receive per week, on the average, from (Read category)?			
(1) Unemployment compensation?	Sample person	Spouse	0870	0871	0873	0875			
	0868 1 <input type="checkbox"/>	0869 2 <input type="checkbox"/>	Weeks	\$ _____ . 00 0872 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	\$ _____ . 00 0874 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	\$ _____ . 00 0876 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused			
(2) Supplemental unemployment Benefits (SUB)?	0877 1 <input type="checkbox"/>	0878 2 <input type="checkbox"/>	0879	0880	0882	0884			
			Weeks	\$ _____ . 00 0881 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	\$ _____ . 00 0883 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	\$ _____ . 00 0885 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused			
CHECK ITEM MMMM				0886					
Refer to 92l, page 43.				1 <input type="checkbox"/> "Yes" marked in 92l — ASK 105a 2 <input type="checkbox"/> "No" marked in 92l — SKIP to Check Item NNNN					
105a. You told me that you received financial assistance from relatives or other persons in 1989. From whom did you receive this assistance? Anyone else? Mark (X) all that apply.			0887	* 1 <input type="checkbox"/> Son(s) 2 <input type="checkbox"/> Daughter(s) 3 <input type="checkbox"/> Parent(s) 4 <input type="checkbox"/> Parent(s)-in-law 5 <input type="checkbox"/> Son(s)-in-law 6 <input type="checkbox"/> Daughter(s)-in-law 7 <input type="checkbox"/> Brother(s) 8 <input type="checkbox"/> Sister(s) 9 <input type="checkbox"/> Other relative(s) 10 <input type="checkbox"/> Friend(s)					
			0888	* 1 <input type="checkbox"/> Son(s) 2 <input type="checkbox"/> Daughter(s) 3 <input type="checkbox"/> Parent(s) 4 <input type="checkbox"/> Parent(s)-in-law 5 <input type="checkbox"/> Son(s)-in-law 6 <input type="checkbox"/> Daughter(s)-in-law 7 <input type="checkbox"/> Brother(s) 8 <input type="checkbox"/> Sister(s) 9 <input type="checkbox"/> Other relative(s) 10 <input type="checkbox"/> Friend(s)					
b. How much did you (and your spouse) receive altogether?			0890	\$ _____ . 00 0891 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused					
CHECK ITEM NNNN				0892					
Refer to Item 92m, page 43.				1 <input type="checkbox"/> "Yes" marked in 92m — ASK 106 2 <input type="checkbox"/> "No" marked in 92m — SKIP to 107					
106. You told me that in 1989 you (or your spouse) received income from sources other than those we have already talked about. Altogether, how much did these other sources of income amount to in 1989?			0893	\$ _____ . 00 0894 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused					
			0895	1 <input type="checkbox"/> I (We) always have money left over 2 <input type="checkbox"/> I (We) have enough with a little extra sometimes 3 <input type="checkbox"/> I (We) have just enough, no more 4 <input type="checkbox"/> I (We) cannot make ends meet					
107. Which of these four statements best describes your ability to get along on your income? Mark (X) only one.			Show Flashcard T. 1 <input type="checkbox"/> I (We) always have money left over 2 <input type="checkbox"/> I (We) have enough with a little extra sometimes 3 <input type="checkbox"/> I (We) have just enough, no more 4 <input type="checkbox"/> I (We) cannot make ends meet						

NOTES

Section 7 – INCOME – Continued

108a. Considering all aspects of your financial situation, would you say that you are better off, worse off, or about the same as you were when we last interviewed (you/your husband) on (Date in R6)?

0896

- 1 ☐ Better off
- 2 ☐ Worse off
- 3 ☐ About the same – SKIP to Check Item 0000
- } ASK 108b

b. In what ways?

Any others?

Mark (X) all that apply.

0897

*

BETTER

- 1 ☐ Working
- 2 ☐ Better job
- 3 ☐ Government benefits started or increased
- 4 ☐ Pension, IRA, or other annuity started or increased
- 5 ☐ Financial assistance from family started or increased
- 6 ☐ Inheritance
- 7 ☐ Medical expenses decreased
- 8 ☐ Housing expenses decreased
- 9 ☐ Other expenses decreased
- 10 ☐ Other – Specify ↴

0898

*

0899

WORSE

0900

0901

0902

0903

0904

0905

0906

0907

0908

- 11 ☐ No longer working
- 12 ☐ Worse job
- 13 ☐ Government benefits stopped or decreased
- 14 ☐ Pension, IRA, or other annuity stopped or decreased
- 15 ☐ Financial assistance from family stopped or decreased
- 16 ☐ Medical expenses increased
- 17 ☐ Housing expenses increased
- 18 ☐ Other expenses increased
- 19 ☐ Other – Specify ↴

CHECK ITEM 0000

Refer to Household Record Card.

0909

- 1 ☐ Sample person (and spouse) live(s) with one or more relatives older than 14 – ASK 109
- 2 ☐ All others – SKIP to Check Item PPPP, page 53

Show Flashcard R.
109. What is your estimate of the total income from all sources in 1989 for you (your spouse) and all other persons living here who are related to you? Just give me the number from the list on this card.

0910

- 1 ☐ Less than \$5,000
- 2 ☐ \$ 5,000 – 9,999
- 3 ☐ \$10,000 – 14,999
- 4 ☐ \$15,000 – 19,999
- 5 ☐ \$20,000 – 24,999
- 6 ☐ \$25,000 – 29,999
- 7 ☐ \$30,000 – 39,999
- 8 ☐ \$40,000 – 59,999
- 9 ☐ \$60,000 – 79,999
- 10 ☐ \$80,000 or more

NOTES

NOTES

Section 8 – SUPPLEMENTARY QUESTIONS RELATING TO SAMPLE PERSONS IN LONG-TERM CARE FACILITIES	
CHECK ITEM PPPP	0911
Sample person lives —	1 <input type="checkbox"/> In correctional facility — SKIP to Check Item UUUU, page 59 2 <input type="checkbox"/> In institution — ASK 110 3 <input type="checkbox"/> All others — SKIP to Check Item UUUU, page 59
110. I would like to ask some questions about the health care services (you/[Name of sample person]) (have/has) been receiving. In what month and year (were/was) . . . most recently admitted to (Name of facility)?	0912
	Month Year
Show Flashcard U.	0913
111. Just before . . . (were/was) most recently admitted here, what type of place (were/was) . . . living in? Mark (X) only one.	1 <input type="checkbox"/> Alone or with others in a house/apartment (independent living) 2 <input type="checkbox"/> Retirement home 3 <input type="checkbox"/> Boarding house/rooming house/rented room 4 <input type="checkbox"/> Foster or family care home 5 <input type="checkbox"/> Group home or community residential facility 6 <input type="checkbox"/> Semi-independent living, like supervised apartment 7 <input type="checkbox"/> Hospital, other than SNF or ICF unit 8 <input type="checkbox"/> Skilled nursing facility 9 <input type="checkbox"/> Intermediate care facility 10 <input type="checkbox"/> Other (noncertified) nursing home 11 <input type="checkbox"/> Domiciliary or private care facility 12 <input type="checkbox"/> Institution/facility for the mentally retarded/developmentally disabled 13 <input type="checkbox"/> Mental health center/facility 14 <input type="checkbox"/> Chronic disease or rehabilitation hospital 15 <input type="checkbox"/> Other — Specify
CHECK ITEM QQQQ	0914
Refer to Item 110 above.	1 <input type="checkbox"/> Date in 110 longer than 2 years ago — SKIP to 113a 2 <input type="checkbox"/> All others — ASK 112a
112a. Not counting this time, in the last two years, how many times (have/has) . . . been a patient in a nursing or convalescent home?	0915
	Times 0 <input type="checkbox"/> None — SKIP to 113a
b. In what month and year (were/was) . . . admitted the last time?	0916
	Month Year
CHECK ITEM RRRR	0917
Refer to Item 112a above.	1 <input type="checkbox"/> "1" entered in 112a — SKIP to 113a 2 <input type="checkbox"/> All others — ASK 112c
112c. And the time before that?	0918
	Month Year
113a. At the time of admission to (Name of facility), that is, in (Month and year in Item 110), who was paying for (your/[Name of sample person]'s) room, board, and nursing care? Was it family members, insurance, Medicare, Medicaid, or someone else? Anyone else? Mark (X) all that apply.	0919 * 1 <input type="checkbox"/> Sample person (including Social Security) 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Children 4 <input type="checkbox"/> Other relatives 5 <input type="checkbox"/> Nonrelatives 6 <input type="checkbox"/> Private insurance 0920 * 7 <input type="checkbox"/> Medicare 8 <input type="checkbox"/> Medicaid 9 <input type="checkbox"/> Other public assistance 0921 10 <input type="checkbox"/> VA, CHAMPUS, CHAMPVA 0922 11 <input type="checkbox"/> Other — Specify
	If more than one source of payment marked, ASK 113b, otherwise, SKIP to Check Item SSSS, page 54
b. Who paid the most? Enter the code from Item 113a above.	0923 Code

Section 8 – SUPPLEMENTARY QUESTIONS RELATING TO SAMPLE PERSONS IN LONG-TERM CARE FACILITIES – <i>Cont.</i>					
CHECK ITEM SSSS	0924				
Refer to Item 110, page 53.	1 <input type="checkbox"/> Current month and year entered in 110 – <i>SKIP to Check Item TTTT</i> 2 <input type="checkbox"/> All others – <i>ASK 114a</i>				
114a. Who is paying for . . . room, board, and nursing care now? Anyone else? Mark (X) all that apply.	0925 * 1 <input type="checkbox"/> Sample person (including Social Security) 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Children 4 <input type="checkbox"/> Other relatives 5 <input type="checkbox"/> Nonrelatives 6 <input type="checkbox"/> Private insurance 0926 * 7 <input type="checkbox"/> Medicare 8 <input type="checkbox"/> Medicaid 9 <input type="checkbox"/> Other public assistance 0927 10 <input type="checkbox"/> VA, CHAMPUS, CHAMPVA 0928 11 <input type="checkbox"/> Other – <i>Specify</i> <u> </u> <i>If more than one source of payment marked, ASK 114b; otherwise, SKIP to Check Item TTTT</i>				
b. Who pays the most? Enter the code from Item 114a above.	0929 _____ Code				
CHECK ITEM TTTT	0930				
Refer to Item 113a, page 53, and Item 114a above.	1 <input type="checkbox"/> Medicaid (code 8) marked in 113a and/or 114a – <i>ASK 115</i> 2 <input type="checkbox"/> All others – <i>SKIP to 116a</i>				
115. In what month and year did Medicaid begin paying these charges?	0931 <table><tr><td>Month</td><td>Year</td></tr><tr><td><div></div></td><td><div></div></td></tr></table>	Month	Year	<div></div>	<div></div>
Month	Year				
<div></div>	<div></div>				
116a. What is the name of the person that (Name of facility) would contact in case of an emergency (with [Name of sample person])?	<div></div>				
b. What is the relationship of this person to . . . ?	0932 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Son/Daughter 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Nonrelative guardian 5 <input type="checkbox"/> Other nonrelative				
c. Which of the following represents your best guess as to how long . . . will have to remain in (Name of facility)? Read answer categories.	0933 1 <input type="checkbox"/> Not more than several weeks 2 <input type="checkbox"/> Not more than several months 3 <input type="checkbox"/> At least a year 4 <input type="checkbox"/> Remainder of life				

NOTES

OFFICE USE ONLY

Total number of family members

0934

--	--

Total number of household members

0935

--	--

NOTES

Section 8 – SUPPLEMENTARY QUESTIONS RELATING TO SAMPLE PERSONS IN LONG-TERM CARE FACILITIES – Cont.

FIELD REPRESENTATIVE – Ask Items 117b through 117j, as applicable. Do not ask Items 117d–117j of the sample person. If the sample person lived alone before he entered his first institution, skip to Check Item UUUU, page 59.

117. Now I have some questions about the education and work experience of all persons (you/name of sample person) (were/was) living with before (you/he) entered (your/his) first institution.

Line No.	What were the names of all persons living or staying with you/(Name of sample person) just before (you/he) entered (your/his) first institution?	What is . . .'s relationship to (you/name of sample person)? EXAMPLE: Wife, son, friend, boarder, maid, housekeeper, etc.	How old is . . . today? (If deceased, enter 998 and skip to next name)	PERSONS 3 YEARS OLD OR OLDER	
				What is the highest grade (year) . . . ever attended?	
				Enter code from below.	
				Never attended . . 00	
				Preschool 19	
				Kindergarten 20	
				Elementary . . 01–08	
				High school . . 09–12	
				College 21–26	
(117a)	(117b)	(117c)	OFFICE USE	(117d)	(117e)
1		Sample person			
2		0936		0937	0938
3		0944		0945	0946
4		0952		0953	0954
5		0960		0961	0962
6		0968		0969	0970
7		0976		0977	0978
8		0984		0985	0986
9		0992		0993	0994
10		1000		1001	1002
11		1008		1009	1010
12		1016		1017	1018
13		1024		1025	1026
14		1032		1033	1034
15		1040		1041	1042

117. Continued

PERSONS 14 YEARS OLD OR OLDER							
How many weeks did . . . work either full or part time in the last 12 months? (Include weeks on paid vacation or paid sick leave.)	If person worked at all in the last 12 months, ask 117g and 117h.		What kind of work was . . . doing in the last 12 months? (If more than one, record the longest job.)	OFFICE USE 1960 Codes		Were (you/name of sample person) and . . . living together in (Date in R6)? Circle one. 1 – Yes 2 – No	Is . . . still living there today? Circle one. 1 – Yes 2 – No
	In the weeks that . . . worked, how many hours did . . . usually work per week?						
(117f)	(117g)	(117h)			(117i)	(117j)	
0939	0940	0941			0942	0943	
					1 2	1 2	
0947	0948	0949			0950	0951	
					1 2	1 2	
0955	0956	0957			0958	0959	
					1 2	1 2	
0963	0964	0965			0966	0967	
					1 2	1 2	
0971	0972	0973			0974	0975	
					1 2	1 2	
0979	0980	0981			0982	0983	
					1 2	1 2	
0987	0988	0989			0990	0991	
					1 2	1 2	
0995	0996	0997			0998	0999	
					1 2	1 2	
1003	1004	1005			1006	1007	
					1 2	1 2	
1011	1012	1013			1014	1015	
					1 2	1 2	
1019	1020	1021			1022	1023	
					1 2	1 2	
1027	1028	1029			1030	1031	
					1 2	1 2	
1035	1036	1037			1038	1039	
					1 2	1 2	
1043	1044	1045			1046	1047	
					1 2	1 2	

NOTES

Section 9 – COGNITIVE FUNCTIONING TEST

CHECK ITEM UUUU	1048	1 <input type="checkbox"/> Sample person } ASK 118 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Proxy (nonspouse) – SKIP to Check Item VVVV	
Respondent is –			
118. Now I would like to end up with some questions dealing with memory. Even people with very good memories seem to forget some of these things from time to time. These are routine questions we ask everyone. What is the date today? – Specify	Score these items after you complete the interview.		
Month Day Year	1049	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
119. What day of the week is it? – Specify	1050	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
120. What is the name of this place? – Specify (What is your street address?)	1051	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
121. In what State is this? – Specify	1052	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
122. How old are you? – Specify	1053	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
123. When were you born? – Specify Month Day Year	1054	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
124. Who is the President of the United States? – Specify	1055	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
125. Who was the President just before him? – Specify	1056	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
126. What was your mother’s maiden name? – Specify	1057	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
127. Please subtract 3 from 20 and tell me the number you get. Then, keep subtracting 3 from this number and each new number you get, telling me the results as you go. (Record answers starting at “a.” Stop when the answer is 2 or less.) a. _____ d. _____ b. _____ e. _____ c. _____ f. _____ (Correct answer: 17, 14, 11, 8, 5, 2)	1058	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (–)	
CHECK ITEM VVVV	1059	1 <input type="checkbox"/> Yes – ASK 128 2 <input type="checkbox"/> No – END INTERVIEW. Thank respondent for his/her participation.	
Are the words “ASK SSN” printed on the label?			
128. What is (your/(Name of sample person)’s) Social Security number?	1060	1061	1062

END INTERVIEW. THANK RESPONDENT FOR HIS/HER PARTICIPATION.

NOTES

ASSESSING THE INTERVIEW	
<p><i>The purpose of these questions is to provide a basis for assessing the degree of confidence that can be placed in the information that has been collected. Please complete these questions for each interview. Complete them immediately or as soon as possible after you have left the respondent.</i></p> <p>1. Overall, what was the respondent's attitude toward the interview?</p>	<div>1068</div> <div><div><input type="checkbox"/> Very cooperative</div><div><input type="checkbox"/> Somewhat cooperative</div><div><input type="checkbox"/> Slightly hostile</div><div><input type="checkbox"/> Very hostile</div></div>

INFORMATION SHEET												
Part A — FIELD REPRESENTATIVE TRANSCRIPTION ITEM												
R3. Current Marital Status — Transcribe from Household Record Card (RMM-1), Item 4												
063	1	<input type="checkbox"/> Married, spouse present	} SKIP to Check Item A, page 3, and begin regular interview									
	2	<input type="checkbox"/> Married, spouse absent										
	3	<input type="checkbox"/> Widowed										
	4	<input type="checkbox"/> Divorced										
	5	<input type="checkbox"/> Separated										
	6	<input type="checkbox"/> Never married										
Part B — QUESTIONNAIRE TRANSCRIPTION ITEM												
R4. 1990 Labor Force Status												
1064	1	<input type="checkbox"/> Labor Force Group A ("WK" in 1 or "Yes" in 2a or "Other" in 3b)										
	2	<input type="checkbox"/> Labor Force Group B ("LK" in 1 or "1" in 3b or "Yes" in 4a)										
	3	<input type="checkbox"/> Labor Force Group C (All others)										
Part C — PAST TRANSCRIPTION ITEMS												
R5. Ability to work at time of last interview												
1065	1	<input type="checkbox"/> Unable to work										
	2	<input type="checkbox"/> All others										
R6. Date of last interview												
1066	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>			Month	Day	Year						
Month	Day	Year										
R7. Name of employer at time of last interview												
<div></div>												
1067	1	<input type="checkbox"/> Self-employed at time of last interview										
	2	<input type="checkbox"/> No employer's name given at time of last interview										
NOTES												

FORM **RMM-3**
(7-2-90)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
OHIO STATE UNIVERSITY

NOTICE — All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others without the consent of the individual in accordance with Title 13, Sections 8 and 9.

**1990 RESURVEY OF MATURE MEN
WIDOWS' QUESTIONNAIRE**

PGM 2

METHODS OF LOCATING RESPONDENT WHO HAS MOVED		RECORD OF CALLS		
(Fill only if respondent has MOVED.)		Date	Time	Comments
Successful Unsuccessful			a.m. p.m.	
001 1 <input type="checkbox"/>	2 <input type="checkbox"/> New occupants			
002 3 <input type="checkbox"/>	4 <input type="checkbox"/> Neighbors			
003 5 <input type="checkbox"/>	6 <input type="checkbox"/> Landlord or apartment manager		a.m. p.m.	
004 7 <input type="checkbox"/>	8 <input type="checkbox"/> Post office			
005 1 <input type="checkbox"/>	2 <input type="checkbox"/> Telephone company (including directory and information operator)		a.m. p.m.	
006 3 <input type="checkbox"/>	4 <input type="checkbox"/> Persons listed on back of record card			
007 5 <input type="checkbox"/>	6 <input type="checkbox"/> Computer printout		a.m. p.m.	
008 7 <input type="checkbox"/>	8 <input type="checkbox"/> Other — Specify _____			

PGM 3 RECORD OF INTERVIEW					
Method of interview		Date completed		Length of interview (Minutes)	Interview time
1 <input type="checkbox"/> Telephone		Month Day Year			Began Ended
2 <input type="checkbox"/> Personal visit					a.m. a.m.
009 3 <input type="checkbox"/> Both		010		011	p.m. p.m.
Regional Office code	Interviewed by Name				Code
____ 00					

NONINTERVIEW REASON	
012 1 <input type="checkbox"/> Unable to locate widow (no good address)	
2 <input type="checkbox"/> Able to locate widow, unable to contact	
3 <input type="checkbox"/> Widow refused — Give full explanation _____	
4 <input type="checkbox"/> Widow mentally or physically incapable, not institutionalized, no proxy available or proxy refused	
5 <input type="checkbox"/> Widow mentally or physically incapable, is institutionalized, no proxy available or proxy refused	
6 <input type="checkbox"/> Widow mentally or physically incapable, is institutionalized, institution refused to cooperate	
7 <input type="checkbox"/> Widow temporarily absent, no proxy available or proxy refused — Give return date (Month, Day, Year) _____	
8 <input type="checkbox"/> Widow moved outside the U.S., no proxy available or proxy refused — Give full explanation _____	
9 <input type="checkbox"/> No (living) widow, no proxy available	} Complete R4 and R5 on the Information Sheet
10 <input type="checkbox"/> No (living) widow, proxy refused — Give full explanation _____	
11 <input type="checkbox"/> Other — Specify _____	

R1. Address where widow living at time of interview — Transcribe information for this item from RMM-1 record card item 1b. If no widow, leave blank.	R2. Widow's permanent address — Transcribe information from RMM-1 record card item 1d. Enter permanent address in box ONLY if different from R1. If no widow, leave blank. ↗
013 1 <input type="checkbox"/> Same as questionnaire label — GO to R2	
2 <input type="checkbox"/> Different from questionnaire label — Transcribe ↗	
Number and street	Number and street
City or Post Office name	City or Post Office name
State ZIP Code	State ZIP Code

NOTES

Section 1 — WIDOW'S WORK EXPERIENCE

CHECK ITEM A	014	1 <input type="checkbox"/> Widow living outside institution — ASK 1 2 <input type="checkbox"/> Widow living in institution } SKIP to 5, page 4 3 <input type="checkbox"/> Proxy for widow 4 <input type="checkbox"/> Proxy, no (living) widow — SKIP to 9, page 9 5 <input type="checkbox"/> Staff member for widow living in institution — SKIP to Check Item GGG, page 37
Respondent is —		
1. First I have some questions about your recent work experience. What were you doing most of LAST WEEK — retired, working, looking for work, or something else?	015	1 <input type="checkbox"/> WK — Working — SKIP to 2b 2 <input type="checkbox"/> J — With a job but not at work } ASK 2a 3 <input type="checkbox"/> LK — Looking for work 4 <input type="checkbox"/> S — Going to school 5 <input type="checkbox"/> KH — Keeping house 6 <input type="checkbox"/> U — Unable to work — SKIP to 5, page 4 7 <input type="checkbox"/> R — Retired 8 <input type="checkbox"/> OT — Other — Specify ↗ _____ } ASK 2a
2a. Did you do any work at all LAST WEEK, not counting work around the house? NOTE: If farm, ask about unpaid work.	016	1 <input type="checkbox"/> Yes — ASK 2b 2 <input type="checkbox"/> No — SKIP to Check Item B
b. How many hours did you work LAST WEEK at all jobs?	017	_____ Hours — SKIP to 6a, page 4
CHECK ITEM B	018	1 <input type="checkbox"/> "J" marked in 1 — SKIP to 3b 2 <input type="checkbox"/> All others — ASK 3a
Refer to Item 1 above.		
3a. Did you have a job or business from which you were temporarily absent or on layoff LAST WEEK?	019	1 <input type="checkbox"/> Yes — ASK 3b 2 <input type="checkbox"/> No — SKIP to Check Item C
b. Why were you absent from work LAST WEEK?	020	1 <input type="checkbox"/> On layoff 2 <input type="checkbox"/> New job to begin within 30 days } Skip to 4c 3 <input type="checkbox"/> Other — Specify ↗ SKIP to 6a, page 4 _____
CHECK ITEM C	021	1 <input type="checkbox"/> "LK" marked in 1 — SKIP to 4b 2 <input type="checkbox"/> All others — ASK 4a
Refer to Item 1 above.		
4a. Have you been looking for work during the past 4 weeks?	022	1 <input type="checkbox"/> Yes — ASK 4b 2 <input type="checkbox"/> No — SKIP to Check Item D, page 4
b. What have you been doing in the past 4 weeks to find work? Anything else? <i>Mark (X) all methods used; do not read list.</i>	023 024 *	8 <input type="checkbox"/> Nothing — SKIP to Check Item D, page 4 Checked with { 1 <input type="checkbox"/> State employment agency 2 <input type="checkbox"/> Private employment agency 3 <input type="checkbox"/> Employer directly 4 <input type="checkbox"/> Friends or relatives 5 <input type="checkbox"/> Placed or answered ads 6 <input type="checkbox"/> Other — Specify (e.g., JTPA, union or professional register, etc.) ↗ _____
c. Is there any reason why you could not take a job LAST WEEK?	025 026	2 <input type="checkbox"/> No — GO to Check Item D, page 4 1 <input type="checkbox"/> Yes — Why? ↗ 1 <input type="checkbox"/> Already had a job 2 <input type="checkbox"/> Temporary illness 3 <input type="checkbox"/> Family or personal reasons 4 <input type="checkbox"/> Did not want to work 5 <input type="checkbox"/> Other — Specify ↗ _____

Section 1 — WIDOW'S WORK EXPERIENCE — Continued							
CHECK ITEM D	027						
Refer to Item 3b, page 3.	1 <input type="checkbox"/> "On layoff" in 3b — SKIP to 6a 2 <input type="checkbox"/> All others — ASK 5						
5. Between (Date in R6) and LAST WEEK, (were you/was she) ever employed at a full-time or part-time job?	028						
	1 <input type="checkbox"/> Yes — ASK 6a 2 <input type="checkbox"/> No — SKIP to 8a, page 7						
6a. For whom (do/did) (you/she) (last) work? (Name of company, business, organization, or other employer)							
b. What kind of business or industry (is/was) this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)	029						
	<table><tr><td></td><td></td><td></td></tr></table> 1960 Code						
	030						
	<table><tr><td></td><td></td><td></td></tr></table> 1980 Code						
c. What kind of work (are you/were you/was she) doing? (For example: registered nurse, high school chemistry teacher, waitress)	031						
	<table><tr><td></td><td></td><td></td></tr></table> 1960 Code						
	032						
	<table><tr><td></td><td></td><td></td></tr></table> 1980 Code						
d. What (are your/were your/were her) most important activities or duties? (For example: typed, kept account books, filed, sold real estate, operated business machine, cleaned buildings)							
e. (Are you/were you/was she) . . .	033						
	*						
	1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?						
	2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)?						
	3 <input type="checkbox"/> Federal						
	4 <input type="checkbox"/> State						
	5 <input type="checkbox"/> Other						
	6 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm?						
	Is this business incorporated?						
	7 <input type="checkbox"/> Yes						
	8 <input type="checkbox"/> No (or farm)						
	9 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm?						
f. How many hours per week (do you/did you/did she) usually work at (this/that) job (in the last year [you/she] worked there)?	034						
	_____ Hours per week						
g. When did (you/she) start working for (Entry in 6a)?	035						
	<table><tr><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Month	Year				
Month	Year						
CHECK ITEM E	036						
Refer to Item 6e above.	1 <input type="checkbox"/> "P" or "G" marked in 6e — ASK 6h, page 5 2 <input type="checkbox"/> "O" or "WP" marked in 6e — SKIP to Check Item F, page 5						

Section 1 — WIDOW’S WORK EXPERIENCE — Continued

6h. Altogether, how much (do you/did you/did she) usually earn at this job before deductions (in the last year [you/she] worked there)?

037

\$

Dollars

.

Cents

per hour

OR

038

\$

Dollars only

.

00

per

↗

039

2

☐

Day

3

☐

Week

4

☐

Biweekly (every two weeks)

5

☐

Twice a month

6

☐

Month

7

☐

Year

8

☐

Other — Specify ↗

CHECK ITEM F

Respondent is —

040

1

☐

Widow — GO to Check Item G

2

☐

Proxy — SKIP to 6l

CHECK ITEM G

Refer to Item 5, page 4.

041

1

☐

“Yes” marked in 5 — SKIP to 6l

2

☐

All others — ASK 6i

6i. How satisfied are you with your job? Would you say that you are —

Read answer categories.

042

1

☐

Completely satisfied

2

☐

Very satisfied

3

☐

Somewhat satisfied

4

☐

Not very satisfied

5

☐

Not at all satisfied

j. Are you looking for other work now?

043

1

☐

Yes — ASK 6k

2

☐

No — SKIP to Check Item H, page 6

k. What have you been doing in the last 4 weeks to find work?

Mark (X) all methods used; do not read list.

044

8

☐

Nothing

045

*

Checked with

1

☐

State employment agency

2

☐

Private employment agency

3

☐

Employer directly

4

☐

Friends or relatives

5

☐

Placed or answered ads

6

☐

Other — Specify ↗

SKIP to Check Item H, page 6

l. When did (you/she) stop working for (Entry in 6a)?

046

Month

Year

NOTES

FORM RMM-3 (7-2-90)

Page 5

Section 1 — WIDOW'S WORK EXPERIENCE — Continued	
6m. Why did (you/she) leave (Entry in 6a)? Mark (X) only one category; do not read list.	047 EMPLOYER INITIATED 1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason — Specify ↗ 5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement EMPLOYEE INITIATED 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn't like work, working conditions 9 <input type="checkbox"/> Didn't like hours 10 <input type="checkbox"/> Dissatisfied with wages 11 <input type="checkbox"/> Dissatisfied with benefits 12 <input type="checkbox"/> Interpersonal relations 13 <input type="checkbox"/> (Your/Her) health; disability 14 <input type="checkbox"/> Spouse's illness 15 <input type="checkbox"/> Spouse's death 16 <input type="checkbox"/> Other family or personal reasons 17 <input type="checkbox"/> Didn't like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> (You were/She was) self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problems 24 <input type="checkbox"/> Other — Specify ↗
CHECK ITEM H Refer to R5 and R6 on the Information Sheet.	048 1 <input type="checkbox"/> R5 is less than 12 months after R6 — Read "weeks" in 7a 2 <input type="checkbox"/> All others — Read "years" in 7a
7a. Between (Date in R6) when we last interviewed Mr. ... and the time of his death, in how many (years/weeks) did (you/she) work?	049 _____ Weeks — SKIP to 7c OR 050 _____ Years — ASK 7b 0 <input type="checkbox"/> None — SKIP to Check Item I
b. During those years, how many weeks per year, on average, did (you/she) work?	051 _____ Weeks
c. During those weeks, did (you/she) generally work — Read answer categories.	052 1 <input type="checkbox"/> Less than 35 hours? 2 <input type="checkbox"/> 35 hours or more?
CHECK ITEM I Refer to R5 on the Information Sheet.	053 1 <input type="checkbox"/> R5 is less than 12 months ago — Read "weeks" in 7d 2 <input type="checkbox"/> All others — Read "years" in 7d
7d. Since Mr. ...'s death in how many (years/weeks) (have you/has she) worked?	054 _____ Weeks — SKIP to 7f, page 7 OR 055 _____ Years — ASK 7e, page 7 0 <input type="checkbox"/> None — SKIP to 8a, page 7

Section 1 – WIDOW’S WORK EXPERIENCE – Continued	
7e. During those years, how many weeks per year, on average, did (you/she) work?	056 <div>_____ Weeks</div>
f. During those weeks, did (you/she) generally work – <i>Read answer categories.</i>	057 <div>1 <input type="checkbox"/> Less than 35 hours? 2 <input type="checkbox"/> 35 hours or more?</div>
8a. At the time of Mr. . . . ’s death, that is, (Date in R5), (were you and he/were she and he) married, legally separated, or divorced?	058 <div>1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Legally separated 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Other – Specify ↴ <div>_____</div></div>
b. In what year were (you/she) and Mr. . . . first married?	059 <div><div>Year</div><div><div>1</div><div>9</div><div></div><div></div></div></div>
c. (Have you/has Mrs. . . .) been married more than once?	060 <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 9</div>
d. What was the date of (your/her) most recent marriage?	061 <div><div><div>Month</div><div>Year</div><div><div></div><div></div></div><div><div></div><div></div></div></div></div> <div>062 1 <input type="checkbox"/> Most recent marriage same as 8b – SKIP to 9, page 9</div>
CHECK ITEM J <div>Refer to R3 on the Information Sheet.</div>	063 <div>1 <input type="checkbox"/> Box 3 marked in R3 – ASK 8e 2 <input type="checkbox"/> Box 4 marked in R3 – SKIP to 8f 3 <input type="checkbox"/> All others – SKIP to Check Item K</div>
8e. When (were you/was she) widowed? <i>(Most recent time if more than once.)</i>	064 <div><div><div>Month</div><div>Year</div><div><div></div><div></div></div><div><div></div><div></div></div></div><div>– SKIP to 9, page 9</div></div>
f. When (were you/was she) divorced? <i>(Most recent time if more than once.)</i>	065 <div><div><div>Month</div><div>Year</div><div><div></div><div></div></div><div><div></div><div></div></div></div><div>– SKIP to 9, page 9</div></div>
CHECK ITEM K <div>Refer to R3 on the Information Sheet.</div>	066 <div>1 <input type="checkbox"/> Box 2 marked in R3 – ASK 8g 2 <input type="checkbox"/> All others – SKIP to 9, page 9</div>
8g. Is (your/Mrs. . . . ’s) spouse institutionalized?	067 <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
NOTES	

NOTES

Section 2 — INFORMATION ON DECEASED SAMPLE PERSON	
<div>Show Flashcard V.</div> <div>9. Now I would like to ask some questions about Mr. . . . , especially about his experience between the last time we interviewed him in (Year in R6) and his death.</div> <div>First of all, what was the main cause of his death?</div>	<div>068</div> <div><div><div>1</div><div><input type="checkbox"/> Heart disease (rheumatic heart disease, heart attack)</div></div><div><div>2</div><div><input type="checkbox"/> Cancer (neoplasm, malignancy, leukemia)</div></div><div><div>3</div><div><input type="checkbox"/> Stroke</div></div><div><div>4</div><div><input type="checkbox"/> Accident, industrial</div></div><div><div>5</div><div><input type="checkbox"/> Accident, other</div></div><div><div>6</div><div><input type="checkbox"/> Diabetes</div></div><div><div>7</div><div><input type="checkbox"/> Emphysema, chronic bronchitis, asthma</div></div><div><div>8</div><div><input type="checkbox"/> Homicide</div></div><div><div>9</div><div><input type="checkbox"/> Suicide</div></div><div><div>10</div><div><input type="checkbox"/> Other — Specify ↴</div></div></div> <div></div>
<div>10a. Was he ill before the time of his death on (Date in R5)?</div>	<div>069</div> <div><div><div>1</div><div><input type="checkbox"/> Yes — ASK 10b</div></div><div><div>2</div><div><input type="checkbox"/> No — SKIP to 11b</div></div></div>
<div>b. How long was he ill?</div>	<div>070</div> <div><div></div><div>Months</div><div>AND/OR</div><div>071</div><div><div></div><div>Years</div></div><div>072</div><div><div><div>1</div><div><input type="checkbox"/> Less than a week</div></div><div><div>2</div><div><input type="checkbox"/> Less than a month</div></div></div></div>
<div>11a. Was he working when this illness began?</div>	<div>073</div> <div><div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div></div>
<div>b. How long before his death did he stop working?</div>	<div>074</div> <div><div></div><div>Months</div><div>AND/OR</div><div>075</div><div><div></div><div>Years</div></div><div>076</div><div><div><div>1</div><div><input type="checkbox"/> Worked up till time of death</div></div></div></div>
<div>12a. Had he ever retired — that is, had he ever left a job to receive a pension or social security benefits?</div>	<div>077</div> <div><div><div>1</div><div><input type="checkbox"/> Yes — ASK 12b</div></div><div><div>2</div><div><input type="checkbox"/> No — SKIP to 13a</div></div></div>
<div>b. In what year did he retire?</div> <div>(Earliest date if more than one.)</div>	<div>078</div> <div><div>Year</div><div><div>1</div><div>9</div><div></div><div></div></div></div>
<div>13a. Now I have a couple of questions on Mr. . . .'s smoking and drinking habits.</div> <div>Did he ever smoke cigarettes?</div>	<div>079</div> <div><div><div>1</div><div><input type="checkbox"/> Yes — ASK 13b</div></div><div><div>2</div><div><input type="checkbox"/> No — SKIP to 14a, page 10</div></div></div>
<div>b. How old was he when he LAST smoked regularly?</div>	<div>080</div> <div><div></div><div>Years old</div><div>081</div><div><div><div>1</div><div><input type="checkbox"/> Don't know</div></div></div></div>
<div>c. How old was he when he FIRST smoked regularly?</div>	<div>082</div> <div><div></div><div>Years old</div><div>083</div><div><div><div>1</div><div><input type="checkbox"/> Don't know</div></div></div></div>
<div>d. During the period that he smoked, how many cigarettes did he usually smoke in a day?</div>	<div>084</div> <div><div></div><div>Cigarettes</div><div>AND/OR</div><div>085</div><div><div></div><div>Packs</div></div><div>086</div><div><div><div>1</div><div><input type="checkbox"/> Don't know</div></div></div></div>

Section 2 — INFORMATION ON DECEASED SAMPLE PERSON — Continued	
14a. In his entire adult life, did he have at least 12 drinks of any kind of alcoholic beverage, such as beer, wine, or liquor?	087 1 <input type="checkbox"/> Yes — ASK 14b 2 <input type="checkbox"/> No — SKIP to Check Item L
b. On the average, during his adult life, how often did he drink any alcoholic beverages, such as beer, wine, or liquor?	088 1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> 3 to 6 times a week 3 <input type="checkbox"/> 1 to 2 times a week 4 <input type="checkbox"/> 1 to 3 times a month 5 <input type="checkbox"/> Less than once a month
c. On the days that he drank, how many drinks did he have on the average, per day?	089 1 <input type="checkbox"/> 12 or more 2 <input type="checkbox"/> 7 to 11 3 <input type="checkbox"/> 5 or 6 4 <input type="checkbox"/> 3 or 4 5 <input type="checkbox"/> 2 6 <input type="checkbox"/> 1
d. DURING THE LAST 12 MONTHS OF HIS LIFE, how often did he drink any alcoholic beverages such as beer, wine, or liquor?	090 1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> 3 to 6 times a week 3 <input type="checkbox"/> 1 to 2 times a week 4 <input type="checkbox"/> 1 to 3 times a month 5 <input type="checkbox"/> Less than once a month 6 <input type="checkbox"/> Never — SKIP to Check Item L
e. DURING THE LAST 12 MONTHS OF HIS LIFE, on the days that he drank, how many drinks did he have on the average, per day?	091 1 <input type="checkbox"/> 12 or more 2 <input type="checkbox"/> 7 to 11 3 <input type="checkbox"/> 5 or 6 4 <input type="checkbox"/> 3 or 4 5 <input type="checkbox"/> 2 6 <input type="checkbox"/> 1
CHECK ITEM L Refer to R7 on the Information Sheet.	092 1 <input type="checkbox"/> Sample person was employed or self-employed (Employer's name entered OR box 1 marked in R7) — ASK 15a, page 11 2 <input type="checkbox"/> All others — SKIP to 15c, page 11

NOTES

Section 2 – INFORMATION ON DECEASED SAMPLE PERSON – Continued

15a. When we last talked to him in (Year in R6), Mr. ... was (working at [Employer in R7]/self-employed).

When did he stop working for (Entry in R7)?

OR

When did he stop operating his business?

093

Month

Year

CHECK ITEM M

Refer to Item 15a above and R5 on the Information Sheet.

094

1 ☐ Entry in 15a is more than 1 month prior to sample person's death (Date in R5) – ASK 15b

2 ☐ All others – SKIP to Check Item P, page 15

15b. Why did he leave that job (business)?

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

095

EMPLOYER INITIATED

1 ☐ Layoff, end of temporary job

2 ☐ Plant closed

3 ☐ Discharged

4 ☐ Compulsory retirement

EMPLOYEE INITIATED

5 ☐ Found better job

6 ☐ Didn't like work, hours, working conditions

7 ☐ Dissatisfied with wages

8 ☐ Interpersonal relations at work

9 ☐ Sample person's health; disability

10 ☐ Spouse's health

11 ☐ Other family or personal reasons

12 ☐ Didn't like location, community

13 ☐ Voluntary retirement

14 ☐ Other – Specify ↴

C. Did Mr. ... hold any (other) job or engage in any (other) business between (Entry in R6) and the time of his death?

096

1 ☐ Yes – ASK 16a

2 ☐ No – SKIP to Check Item P, page 15

16a. I'd like to know about the longest (other) job or business that he had between (Entry in R6) and the time of his death. For whom did he work?

097

Name of company, business, organization or other employer

b. In what city and state was (Entry in 16a) located?

098

City

State

C. What kind of business or industry was that?

(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)

099

1960 Code

100

1980 Code

d. Was he –

101

* 1 ☐ P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?

2 ☐ G – A GOVERNMENT employee (Federal, State, county, or local)?

3 ☐ Federal

4 ☐ State

5 ☐ Other

6 ☐ O – Self-employed in his OWN business, professional practice, or farm?

Was this business incorporated?

7 ☐ Yes

8 ☐ No (or farm)

9 ☐ WP – Working WITHOUT PAY in family business or farm?

Section 2 — INFORMATION ON DECEASED SAMPLE PERSON — Continued							
16e. What kind of work was he doing? <i>(For example: electrical engineer, waiter, stock clerk, farmer)</i>	102 <table><tr><td></td><td></td><td></td></tr></table> 1960 Code 103 <table><tr><td></td><td></td><td></td></tr></table> 1980 Code						
f. What were his most important activities or duties? <i>(For example: selling cars, operating printing press, finishing concrete, cleaning buildings)</i>							
g. When did he start working for <i>(Entry in 16a)</i> ?	104 <table><tr><td>Month</td><td>Year</td></tr><tr><td></td><td></td></tr></table>	Month	Year				
Month	Year						
h. When did he stop working for <i>(Entry in 16a)</i> ?	105 <table><tr><td>Month</td><td>Year</td></tr><tr><td></td><td></td></tr></table>	Month	Year				
Month	Year						
i. How many hours per week did he usually work at that job <i>(in the last year that he worked there)</i> ?	106 _____ Hours per week						
CHECK ITEM N Refer to Item 16h above and R5 on the Information Sheet.	107 1 <input type="checkbox"/> Entry in 16h is more than 1 month prior to sample person's death <i>(Date in R5)</i> — ASK 16j 2 <input type="checkbox"/> All others — SKIP to Check Item P, page 15						
16j. Why did he leave that job? <i>Mark (X) only one category; do not read list.</i>	108 EMPLOYER INITIATED 1 <input type="checkbox"/> Layoff, end of temporary job 2 <input type="checkbox"/> Plant closed 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Compulsory retirement EMPLOYEE INITIATED 5 <input type="checkbox"/> Found better job 6 <input type="checkbox"/> Didn't like work, hours, working conditions 7 <input type="checkbox"/> Dissatisfied with wages 8 <input type="checkbox"/> Interpersonal relations at work 9 <input type="checkbox"/> Sample person's health; disability 10 <input type="checkbox"/> Spouse's health 11 <input type="checkbox"/> Other family or personal reasons 12 <input type="checkbox"/> Didn't like location, community 13 <input type="checkbox"/> Voluntary retirement 14 <input type="checkbox"/> Other — Specify <u> 7 </u> _____						
17a. Now I would like to know about the last job Mr. . . . held before his death. For whom did he work?	109 <table><tr><td></td></tr></table> 1101 <input type="checkbox"/> Same as entry in 16a — SKIP to Check Item P, page 15						
b. In what city and state was that?	111 <table><tr><td></td><td></td></tr></table> _____ City _____ State						
c. What kind of business or industry was that?	112 <table><tr><td></td><td></td><td></td></tr></table> 1960 Code 113 <table><tr><td></td><td></td><td></td></tr></table> 1980 Code						

Section 2 – INFORMATION ON DECEASED SAMPLE PERSON – Continued

17d. Was he –	114 * 1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> Federal 4 <input type="checkbox"/> State 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> O – Self-employed in his OWN business, professional practice, or farm? Was this business incorporated? 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No (or farm) 9 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?						
e. What kind of work was he doing?	115 <table><tr><td></td><td></td><td></td></tr></table> 1960 Code 116 <table><tr><td></td><td></td><td></td></tr></table> 1980 Code						
f. What were his most important activities or duties?	 						
g. When did he start working for (Entry in 17a)?	117 <table><tr><td>Month</td><td>Year</td></tr><tr><td></td><td></td></tr></table>	Month	Year				
Month	Year						
h. When did he stop working for (Entry in 17a)?	118 <table><tr><td>Month</td><td>Year</td></tr><tr><td></td><td></td></tr></table>	Month	Year				
Month	Year						
i. How many hours per week did he usually work at that job (in the last year he worked there)?	119 _____ Hours per week						
CHECK ITEM O Refer to Item 17h above and R5 on the Information Sheet.	120 1 <input type="checkbox"/> Entry in 17h is more than 1 month prior to sample person's death (Date in R5) – ASK 17j 2 <input type="checkbox"/> All others – SKIP to Check Item P, page 15						
17j. Why did he leave that job? Mark (X) only one category; do not read list.	121 EMPLOYER INITIATED 1 <input type="checkbox"/> Layoff, end of temporary job 2 <input type="checkbox"/> Plant closed 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Compulsory retirement EMPLOYEE INITIATED 5 <input type="checkbox"/> Found better job 6 <input type="checkbox"/> Didn't like work, hours, working conditions 7 <input type="checkbox"/> Dissatisfied with wages 8 <input type="checkbox"/> Interpersonal relations at work 9 <input type="checkbox"/> Sample person's health; disability 10 <input type="checkbox"/> Spouse's health 11 <input type="checkbox"/> Other family or personal reasons 12 <input type="checkbox"/> Didn't like location, community 13 <input type="checkbox"/> Voluntary retirement 14 <input type="checkbox"/> Other – Specify <u> </u> _____						

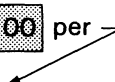
NOTES

Section 3 — MEDICAL CARE PRIOR TO DEATH

CHECK ITEM P	122	1 <input type="checkbox"/> Widow 2 <input type="checkbox"/> Proxy for widow 3 <input type="checkbox"/> Proxy, no (living) widow —	ASK 18 SKIP to Check Item MMM, page 43
18. Now I have some questions about the medical care Mr. . . . received before he died. Did Mr. . . . require medical care during the 12 months just prior to his death?	123	1 <input type="checkbox"/> Yes — 2 <input type="checkbox"/> No —	ASK 19a SKIP to 22a, page 16
19a. Was he hospitalized during this time period?	124	1 <input type="checkbox"/> Yes — 2 <input type="checkbox"/> No —	ASK 19b SKIP to 20a
b. How long was he hospitalized?	125	_____ Days	OR 126 _____ Weeks OR 127 _____ Months
	126	_____ Weeks	
	127	_____ Months	
c. Was he in the hospital more than once?	128	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
20a. Was he in a nursing home during that 12-month period?	129	1 <input type="checkbox"/> Yes — 2 <input type="checkbox"/> No —	ASK 20b SKIP to 21a
b. Altogether, how long was he in a nursing home?	130	_____ Days	OR 131 _____ Weeks OR 132 _____ Months OR 133 _____ Years
	131	_____ Weeks	
	132	_____ Months	
	133	_____ Years	
Show Flashcard W. 21a. About how much were the expenses of this medical care during the year before Mr. . . .’s death? Include doctor bills, hospital expenses, nursing care, nursing home care, drugs, and anything else.	134	1 <input type="checkbox"/> None — 2 <input type="checkbox"/> Less than \$500 3 <input type="checkbox"/> \$ 500 — 999 4 <input type="checkbox"/> 1,000 — 1,999 5 <input type="checkbox"/> 2,000 — 4,999 6 <input type="checkbox"/> 5,000 — 9,999 7 <input type="checkbox"/> 10,000 and over	SKIP to 22a, page 16
b. Was any of this paid directly by (you/Mrs. . . .), not counting any amount covered by health insurance?	135	1 <input type="checkbox"/> Yes — 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	ASK 21c SKIP to 21d
Show Flashcard X. c. How much?	136	1 <input type="checkbox"/> Less than \$500 2 <input type="checkbox"/> \$ 500 — 999 3 <input type="checkbox"/> 1,000 — 1,999 4 <input type="checkbox"/> 2,000 — 4,999 5 <input type="checkbox"/> 5,000 — 9,999 6 <input type="checkbox"/> 10,000 and over	
d. Were any of the bills paid by private health insurance, Medicare, or both?	137	1 <input type="checkbox"/> Yes — 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	ASK 21e SKIP to 21f
e. Who paid these bills?	138	1 <input type="checkbox"/> Medicare 2 <input type="checkbox"/> Private health insurance 3 <input type="checkbox"/> Both	
f. Was any of Mr. . . .’s care provided without cost to (you/Mrs. . . .) or paid for by others? Do not include care covered by a health insurance plan.	139	1 <input type="checkbox"/> Yes — 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	ASK 21g, page 16 SKIP to 22a, page 16

Section 3 — MEDICAL CARE PRIOR TO DEATH — Continued					
21g. Who provided or paid for it? Mark (X) all that apply.	140 * 1 <input type="checkbox"/> Employer or union 2 <input type="checkbox"/> Veterans Administration 3 <input type="checkbox"/> Public or private welfare 4 <input type="checkbox"/> Insurance policies held by other persons 5 <input type="checkbox"/> Relatives 6 <input type="checkbox"/> Medicaid 141 * 7 <input type="checkbox"/> Other Federal, State, or local government program 8 <input type="checkbox"/> Other — Specify <u> </u> 9 <input type="checkbox"/> Don't know				
22a. Did he require any special nursing care by (you/her)?	142 1 <input type="checkbox"/> Yes — ASK 22b 2 <input type="checkbox"/> No — SKIP to 23				
b. Was this full-time or less than full-time care?	143 1 <input type="checkbox"/> Full-time — SKIP to 22d 2 <input type="checkbox"/> Less than full-time — ASK 22c				
c. About how many hours a day?	144 _____ Hours				
d. Did this affect (your/her) ability to seek employment or to remain employed?	145 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
23. Did (you/she) receive any money from any of the following sources because of Mr. ...'s death?	146				
a. Insurance?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
b. Social Security?	147 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
c. Pensions?	148 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
d. Family members?	149 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
e. Other sources?	150 1 <input type="checkbox"/> Yes — Specify <u> </u> 2 <input type="checkbox"/> No				
CHECK ITEM Q Refer to Items 23a — 23e above.	151 1 <input type="checkbox"/> One or more "Yes" entries in 23 — GO to Check Item R 2 <input type="checkbox"/> All others — SKIP to Check Item X, page 18				
CHECK ITEM R Refer to Item 23a above.	152 1 <input type="checkbox"/> "Yes" in 23a — ASK 23f 2 <input type="checkbox"/> All others — SKIP to Check Item T, page 17				
23f. Thinking about the money (you/she) received from insurance, did (you/she) receive it as a lump sum, or was it spread out in periodic payments over a period of time?	153 1 <input type="checkbox"/> Lump sum only — ASK 23g 2 <input type="checkbox"/> Periodic payment only — SKIP to 23h 3 <input type="checkbox"/> Both — ASK 23g				
g. How much was the lump sum?	154 \$ _____ . <table><tr><td>00</td></tr></table>	00			
00					
CHECK ITEM S Refer to Item 23f.	155 1 <input type="checkbox"/> Box 1 marked in 23f — SKIP to Check Item T, page 17. 2 <input type="checkbox"/> All others — Ask 23h				
h. When did the periodic payments start?	156 <table><tr><td>Month</td><td>Year</td></tr><tr><td><div></div></td><td><div></div></td></tr></table>	Month	Year	<div></div>	<div></div>
Month	Year				
<div></div>	<div></div>				

Section 3 – MEDICAL CARE PRIOR TO DEATH – Continued

23i. (Are you/is she) still getting these periodic payments?	157	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
j. How much per month?	158	\$ _____ . <input type="text" value="00"/>				
CHECK ITEM T	159	1 <input type="checkbox"/> "Yes" marked in 23b – ASK 23k 2 <input type="checkbox"/> All others – SKIP to Check Item U				
Refer to Item 23b, page 16.						
23k. Thinking about the payments (you/she) received from Social Security – when did these start?	160	<table><tr><td>Month</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Year	<input type="text"/>	<input type="text"/>
Month	Year					
<input type="text"/>	<input type="text"/>					
l. (Are you/is she) still getting them?	161	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
m. How much per month?	162	\$ _____ . <input type="text" value="00"/>				
CHECK ITEM U	163	1 <input type="checkbox"/> "Yes" marked in 23c – ASK 23n 2 <input type="checkbox"/> All others – SKIP to Check Item V				
Refer to Item 23c, page 16.						
23n. Thinking about the money (you/she) received from Mr. . . . 's pension, did (you/she) receive it as a lump sum, as a periodic payment that will continue for (your/her) lifetime, or as a periodic payment for a fixed period of time only?	164	1 <input type="checkbox"/> Lump sum – ASK 23o 2 <input type="checkbox"/> Periodic payment over lifetime 3 <input type="checkbox"/> Periodic payment for fixed period } SKIP to 23p				
o. How much was the lump sum payment?	165	\$ _____ . <input type="text" value="00"/> – SKIP to Check Item V				
p. How much was the periodic payment?	166	\$ _____ . <input type="text" value="00"/> per 				
	167	1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Other				
q. About how much would you say (you have/she has) received thus far?	168	1 <input type="checkbox"/> Under \$500 2 <input type="checkbox"/> \$ 500 – 999 3 <input type="checkbox"/> 1,000 – 1,999 4 <input type="checkbox"/> 2,000 – 2,999 5 <input type="checkbox"/> 3,000 – 3,999 6 <input type="checkbox"/> 4,000 – 4,999 7 <input type="checkbox"/> 5,000 – 9,999 8 <input type="checkbox"/> 10,000 – 14,999 9 <input type="checkbox"/> 15,000 or more 10 <input type="checkbox"/> Don't know				
r. (Are you/Is she) still receiving payments?	169	1 <input type="checkbox"/> Yes – ASK 23s 2 <input type="checkbox"/> No – SKIP to Check Item V				
s. Until when will (you/she) continue to receive them?	170	<table><tr><td colspan="2">Year</td></tr><tr><td><input type="text" value="1"/></td><td><input type="text" value="9"/></td></tr></table>	Year		<input type="text" value="1"/>	<input type="text" value="9"/>
Year						
<input type="text" value="1"/>	<input type="text" value="9"/>					
	171	1 <input type="checkbox"/> All her life 2 <input type="checkbox"/> Don't know				
CHECK ITEM V	172	1 <input type="checkbox"/> "Yes" marked in 23d – ASK 23t, page 18 2 <input type="checkbox"/> All others – SKIP to Check Item W, page 18				
Refer to Item 23d, page 16.						

Section 3 — MEDICAL CARE PRIOR TO DEATH — Continued	
23t. Thinking about the money (you/she) received from family members, about how much would you say (you have/she has) received thus far?	<div>173</div> <div><div><input type="checkbox"/> Under \$500</div><div><input type="checkbox"/> \$ 500 — 999</div><div><input type="checkbox"/> 1,000 — 1,999</div><div><input type="checkbox"/> 2,000 — 2,999</div><div><input type="checkbox"/> 3,000 — 3,999</div><div><input type="checkbox"/> 4,000 — 4,999</div><div><input type="checkbox"/> 5,000 — 9,999</div><div><input type="checkbox"/> 10,000 — 14,999</div><div><input type="checkbox"/> 15,000 and over</div><div><input type="checkbox"/> Don't know</div></div>
CHECK ITEM W	<div>174</div> <div><div><input type="checkbox"/> Yes in 23e — ASK 23u</div><div><input type="checkbox"/> All others — SKIP to Check Item X</div></div>
Refer to Item 23e, page 16.	
23u. Thinking about the money (you/she) received from other sources, about how much would you say (you have/she has) received thus far?	<div>175</div> <div><div><input type="checkbox"/> Under \$500</div><div><input type="checkbox"/> \$ 500 — 999</div><div><input type="checkbox"/> 1,000 — 1,999</div><div><input type="checkbox"/> 2,000 — 2,999</div><div><input type="checkbox"/> 3,000 — 3,999</div><div><input type="checkbox"/> 4,000 — 4,999</div><div><input type="checkbox"/> 5,000 — 9,999</div><div><input type="checkbox"/> 10,000 — 14,999</div><div><input type="checkbox"/> 15,000 and over</div><div><input type="checkbox"/> Don't know</div></div>
CHECK ITEM X	<div>176</div> <div><div><input type="checkbox"/> In an institution — SKIP to Check Item Y, page 23</div><div><input type="checkbox"/> All others — ASK 24, page 20</div></div>
Mrs. . . . lives —	
NOTES	

Section 3 – MEDICAL CARE PRIOR TO DEATH – Continued

OFFICE USE ONLY

Total number of family members

177

--	--

Total number of household members

178

--	--

NOTES

Section 4 – WIDOW’S HOUSEHOLD COMPOSITION					
FIELD REPRESENTATIVE —Refer to Household Record Card, Items 2–3. Transcribe, for all current household members, name (Item 24b) and relationship to widow (Item 24c). Then ask Items 24d– 24j, as applicable. Do not ask items 24f–24j of the widow. If the sample person’s widow lives alone, ask 24d and 24e for the widow, then skip to Check Item Y, page 23.					
24. Now I have some questions about the education and work experience of all persons living with (you/Name of widow).					
Line No.	NAME	RELATIONSHIP TO WIDOW Example: Husband, son, friend, boarder, maid, housekeeper, etc.	How old is . . . today?	PERSONS 3 YEARS OLD OR OLDER	
				What is the highest grade (year) . . . ever attended? Enter code from below. Never attended 00 Preschool 19 Kindergarten 20 Elementary 01–08 High School 09–12 College 21–26	
(24a)	(24b)	(24c)	OFFICE USE	(24d)	(24e)
1		Widow of sample person		179	180
2				182	183
3				190	191
4				198	199
5				206	207
6				214	215
7				222	223
8				230	231
9				238	239
10				246	247
11				254	255
12				262	263
13				270	271
14				278	279
15				286	287

Section 4 – WIDOW’S HOUSEHOLD COMPOSITION – Continued						
24. Continued						
PERSONS 14 YEARS OLD OR OLDER						
How many weeks did . . . work either full or part time in the last 12 months? (Include weeks on paid vacation or paid sick leave.)	If person worked at all in the last 12 months, ask 24g and 24h.			If asking about widow’s current husband, circle “2” without asking.		
	In the weeks that . . . worked, how many hours did . . . usually work per week?	What kind of work was . . . doing in the last 12 months? (If more than one, record the longest job.)		Were (you/ (Name of widow)) and . . . living together in (Date in R6)?		
				Circle one.		
				1 – Yes – SKIP to next person or if last person GO to Check Item Y, page 23.		
				2 – No – ASK 24j		
(24f)	(24g)	(24h)	OFFICE USE 1960 Codes	(24i)	(24j)	
184	185	186		187	188	
				1 2		
192	193	194		195	196	
				1 2		
200	201	202		203	204	
				1 2		
208	209	210		211	212	
				1 2		
216	217	218		219	220	
				1 2		
224	225	226		227	228	
				1 2		
232	233	234		235	236	
				1 2		
240	241	242		243	244	
				1 2		
248	249	250		251	252	
				1 2		
256	257	258		259	260	
				1 2		
264	265	266		267	268	
				1 2		
272	273	274		275	276	
				1 2		
280	281	282		283	284	
				1 2		
288	289	290		291	292	
				1 2		

NOTES

Section 5 — ASSETS	
CHECK ITEM Y	293
Refer to R3 on the Information Sheet. Mrs. . . . is —	1 <input type="checkbox"/> Married (box 1 or 2 marked in R3) — ASK 25a 2 <input type="checkbox"/> All others — SKIP to Check Item Z
25a. Now I would like to ask you a few questions about (your/their) income and housing. Do (you and your spouse/she and her spouse) for the most part own things jointly and pool (your/their) incomes, or do (you/they) for the most part keep separate accounts?	294 1 <input type="checkbox"/> Pool incomes 2 <input type="checkbox"/> Keep separate accounts
CHECK ITEM Z	295
Mrs. . . . lives —	1 <input type="checkbox"/> In an institution — ASK 25b 2 <input type="checkbox"/> All others — SKIP to 25c
25b. (Do you/Does Mrs. . . .) own a house or apartment?	296 1 <input type="checkbox"/> Yes — SKIP to 25h 2 <input type="checkbox"/> No — SKIP to 26, page 24
c. Is (your (or your spouse's)/Mrs. . . . 's (or her spouse's)) house (apartment) owned or being bought by (you (or your spouse)/her (or her spouse))?	297 1 <input type="checkbox"/> Yes — ASK 25d 2 <input type="checkbox"/> No — SKIP to 25e
d. Is there any other person involved?	298 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 25h
e. (Do you (and your spouse)/Does she (and her spouse)) rent it or what?	299 <div>1 <input type="checkbox"/> Residence is being rented by Mrs. . . . and/or her spouse</div> <div>2 <input type="checkbox"/> Mrs. . . . pays for both room and board to the owner or manager of her present residence</div> <div>3 <input type="checkbox"/> Residence is being rented by Mrs. . . . and other person</div> <div>4 <input type="checkbox"/> Residence is owned or rented by other family member or other person</div> <div>5 <input type="checkbox"/> Residence is provided rent-free — SKIP to 26, page 24</div> <div>ASK 25f</div> <div>SKIP to 25g</div>
f. How much rent (do you (and your spouse)/does she (and her spouse)) pay per month?	300 \$ _____ . <input type="text"/> 00 per month — SKIP to 26, page 24
g. How much (do you (and your spouse)/does she (and her spouse)) personally pay each month for rent?	301 \$ _____ . <input type="text"/> 00 per month 0 <input type="checkbox"/> No cash rent 302 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused } SKIP to 26, page 24
h. About how much do you think this (house/apartment) would sell for on today's market?	303 \$ _____ . <input type="text"/> 00 304 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
i. How much (do you (and your spouse)/does she (and her spouse)) owe on this (house/apartment) for mortgages, back taxes, loans, etc.? (Mortgages include deeds of trust, land contracts, contracts for deed, etc.)	305 \$ _____ . <input type="text"/> 00 306 0 <input type="checkbox"/> None 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused

NOTES

Section 5 — ASSETS — Continued

Show Flashcard O.	
26. This is a list of things of value that people often own. For each item on the list I would like to know whether (you (and your spouse)/she (and her spouse)) own(s) that type of thing.	
Mark "Yes" or "No" for each of Items 26a–26k. If none, mark "No" for all items.	
a. A farm	307 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. A business	308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Any other real estate	309 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Any motor vehicles or trailers for personal use	310 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Money in savings or checking accounts, certificates of deposit, money market funds, or credit unions	311 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. U.S. Savings Bonds	312 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Other bonds, stocks, or shares in mutual funds	313 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Money owed to you by other people	314 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. IRA, Keogh, or 401 accounts	315 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
j. Life insurance policies	316 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. Rights to an estate or investment trust	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Show Flashcard P.	318 1 <input type="checkbox"/> Less than zero 2 <input type="checkbox"/> \$ 0 – 9,999 3 <input type="checkbox"/> \$ 10,000 – 19,999 4 <input type="checkbox"/> \$ 20,000 – 49,999 5 <input type="checkbox"/> \$ 50,000 – 99,999 6 <input type="checkbox"/> \$100,000 – 199,999 7 <input type="checkbox"/> \$200,000 – 499,999 8 <input type="checkbox"/> \$500,000 or more
CHECK ITEM AA	319 1 <input type="checkbox"/> Widow — GO to Check Item BB 2 <input type="checkbox"/> Proxy — SKIP to Check Item MM, page 27
Respondent is —	
CHECK ITEM BB	320 1 <input type="checkbox"/> "Yes" marked in 26a — ASK 27 2 <input type="checkbox"/> "No" marked in 26a — SKIP to Check Item CC
Refer to Item 26a above.	
27a. Now, about your farm — What is the total market value of the operation? (Include value of land, buildings, house, if you (or your spouse) own them, and the equipment, livestock, stored crops, and other assets. Do not include crops held under Commodity Credit Loans.)	321 \$ _____ . 00 322 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
b. Does that include the value of the house?	323 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. How much do you (or your spouse) owe on mortgages or other debts in connection with the farm itself, the equipment, livestock, or anything else? (Do not count Commodity Credit Loans.)	324 \$ _____ . 00 0 <input type="checkbox"/> None 325 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
CHECK ITEM CC	326 1 <input type="checkbox"/> "Yes" marked in 26b — ASK 28a, page 25 2 <input type="checkbox"/> "No" marked in 26b — SKIP to Check Item DD, page 25
Refer to Item 26b above.	

Section 5 — ASSETS — Continued

28a. Now, about your business — what is the total market value of all assets in the business, including tools and equipment? In other words, how much do you think this business would sell for in today's market? (Obtain value of widow's and spouse's share only.)	<div>327</div> <div>\$. 00</div> <div>328</div> <div>1 <input type="checkbox"/> DK</div> <div>2 <input type="checkbox"/> Refused</div>
b. What is the total amount of debts or liabilities owed by the business? (Include the widow's and spouse's share of all liabilities as carried on the books.)	<div>329</div> <div>\$. 00</div> <div>330</div> <div>0 <input type="checkbox"/> None</div> <div>1 <input type="checkbox"/> DK</div> <div>2 <input type="checkbox"/> Refused</div>
CHECK ITEM DD Refer to Item 26c, page 24.	<div>331</div> <div>1 <input type="checkbox"/> "Yes" marked in 26c — ASK 29a</div> <div>2 <input type="checkbox"/> "No" marked in 26c — SKIP to Check Item EE</div>
29a. Now, about the (other) real estate you mentioned — about how much do you think this property would sell for in today's market?	<div>332</div> <div>\$. 00</div> <div>333</div> <div>1 <input type="checkbox"/> DK</div> <div>2 <input type="checkbox"/> Refused</div>
b. How much is the unpaid amount of any mortgages on this property?	<div>334</div> <div>\$. 00</div> <div>335</div> <div>1 <input type="checkbox"/> DK</div> <div>2 <input type="checkbox"/> Refused</div>
c. How much other debt do you (or your spouse) have on this property, such as back taxes or assessments, unpaid amounts of home improvement loans, home repair bills, etc.?	<div>336</div> <div>\$. 00</div> <div>337</div> <div>0 <input type="checkbox"/> None</div> <div>1 <input type="checkbox"/> DK</div> <div>2 <input type="checkbox"/> Refused</div>
CHECK ITEM EE Refer to Item 26d, page 24.	<div>338</div> <div>1 <input type="checkbox"/> "Yes" marked in 26d — ASK 30a</div> <div>2 <input type="checkbox"/> "No" marked in 26d — SKIP to Check Item FF</div>
30a. Now, about the motor vehicles or trailers — how many do you (and your spouse) own?	<div>339</div> <div> Vehicles and/or trailers</div>
b. Do you (or your spouse) owe any money on this (these) vehicle(s)?	<div>340</div> <div>2 <input type="checkbox"/> No</div> <div>1 <input type="checkbox"/> Yes — How much altogether? <input checked="" type="checkbox"/></div>
	<div>341</div> <div>\$. 00</div>
c. How much would this (these) vehicle(s) sell for in today's market?	<div>342</div> <div>\$. 00</div> <div>343</div> <div>1 <input type="checkbox"/> DK</div> <div>2 <input type="checkbox"/> Refused</div>
CHECK ITEM FF Refer to Item 26e, page 24.	<div>344</div> <div>1 <input type="checkbox"/> "Yes" marked in 26e — ASK 31</div> <div>2 <input type="checkbox"/> "No" marked in 26e — SKIP to Check Item GG</div>
31. Now, about your (or your spouse's) money in bank accounts, certificates of deposit, money market funds or credit unions — how much do you (and your spouse) have altogether?	<div>345</div> <div>\$. 00</div>
CHECK ITEM GG Refer to Item 26f, page 24.	<div>346</div> <div>1 <input type="checkbox"/> "Yes" marked in 26f — ASK 32a</div> <div>2 <input type="checkbox"/> "No" marked in 26f — SKIP to Check Item HH</div>
32a. Now, about your (or your spouse's) U.S. Savings Bonds — what is their face value?	<div>347</div> <div>\$. 00</div>
CHECK ITEM HH Refer to Item 26g, page 24.	<div>348</div> <div>1 <input type="checkbox"/> "Yes" marked in 26g — ASK 32b</div> <div>2 <input type="checkbox"/> "No" marked in 26g — SKIP to Check Item II, page 26</div>
32b. Now, about your (or your spouse's) stocks, bonds, or shares in mutual funds — what is their market value?	<div>349</div> <div>\$. 00</div>

Section 5 — ASSETS — Continued	
CHECK ITEM II	350
Refer to Item 26h, page 24.	1 <input type="checkbox"/> "Yes" marked in 26h — ASK 32c 2 <input type="checkbox"/> "No" marked in 26h — SKIP to Check Item JJ
32c. Now, about the money owed to you (two) by other people — altogether how much does it amount to?	351 \$ _____ . 00
CHECK ITEM JJ	352
Refer to Item 26i, page 24.	1 <input type="checkbox"/> "Yes" marked in 26i — ASK 33a 2 <input type="checkbox"/> "No" marked in 26i — SKIP to Check Item KK
33a. Now, as to your (or your spouse's) IRA, KEOGH or 401K accounts — altogether how much do they amount to?	353 \$ _____ . 00
CHECK ITEM KK	354
Refer to Item 26j, page 24.	1 <input type="checkbox"/> "Yes" marked in 26j — ASK 33b 2 <input type="checkbox"/> "No" marked in 26j — SKIP to Check Item LL
33b. Now, as to all of the life insurance policies that you (or your spouse) have, what is the total cash or surrender value?	355 \$ _____ . 00
CHECK ITEM LL	356
Refer to Item 26k, page 24.	1 <input type="checkbox"/> "Yes" marked in 26k — ASK 33c 2 <input type="checkbox"/> "No" marked in 26k — SKIP to 34
33c. Now, as to the estate or the investment trust that you (or your spouse) will receive — what is its total value?	357 \$ _____ . 00
34. (Aside from any debts you have already mentioned,) do you (or your spouse) now owe any money to stores, doctors, hospitals, banks, or anyone else, excluding 30-day charge accounts?	358 2 <input type="checkbox"/> No — SKIP to Check Item MM, page 27 1 <input type="checkbox"/> Yes — How much altogether? ⌘ 359 \$ _____ . 00

NOTES

Section 6 — INCOME	
<div>CHECK ITEM MM</div> <div>Refer to Item 8e, page 7 and R3 and R5 on the Information Sheet.</div> <div>Mrs. . . . is —</div>	<div>360</div> <div><div><div>1 <input type="checkbox"/> Married (Box 1 or 2 marked in R3)</div><div>2 <input type="checkbox"/> Widowed after 12/31/88 (date after 12/31/88 entered in 8e or R5)</div><div>3 <input type="checkbox"/> All others — ASK income questions for Mrs. . . . only.</div></div><div>ASK income questions for Mrs. . . . AND spouse</div></div>
<div>Show Flashcard Q.</div> <div>35. Now I would like to ask a few questions about (you (and your spouse's)/her (and her spouse's)) income in 1989. Please remember the following questions refer to (your/her/their) income only from January through December 1989.</div> <div>In order to get an accurate picture of (your/her/their) income, it helps to know the different sources of income (you (and your spouse)/she (and her spouse)) may have had during 1989. Please tell me whether you (or your spouse)/she (or her spouse) had any income in 1989 from each of the sources listed on this card.</div> <div>Mark "Yes" or "No" for each of Items 35a—35m. If none, mark "No" for each item.</div>	
<div>a. Disability benefits</div>	<div>361</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>b. Social Security or Railroad Retirement benefits (other than disability)</div>	<div>362</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>c. Supplemental Security Income checks from the local, State, or Federal government</div>	<div>363</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>d. Other public assistance or welfare payments (including food stamps or living in public housing or low-rent housing for which Federal, State or local government was paying part of the cost)</div>	<div>364</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>e. Pension income (other than Social Security, Railroad Retirement, or Supplemental Security Income)</div>	<div>365</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>f. Wages, salaries, commissions, or tips</div>	<div>366</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>g. Profits from working on (your/her/their) own or from a business, professional practice or partnership</div>	<div>367</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>h. Income from operating a farm</div>	<div>368</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>i. Rental income from roomers or from renting any other property</div>	<div>369</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>j. Interest or dividends on savings, stocks, bonds, or income from estates or trusts</div>	<div>370</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>k. Unemployment compensation or Supplemental Unemployment benefits</div>	<div>371</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>l. Financial assistance from relatives or other persons</div>	<div>372</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>m. Any other type of income, for example, royalties, annuities, a settlement from an insurance company, or an inheritance</div>	<div>373</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>
<div>NOTES</div>	

Section 6 – INCOME – Continued

Show Flashcard R.		374	1 <input type="checkbox"/> Less than \$5,000 2 <input type="checkbox"/> \$ 5,000 — 9,999 3 <input type="checkbox"/> \$10,000 — 14,999 4 <input type="checkbox"/> \$15,000 — 19,999 5 <input type="checkbox"/> \$20,000 — 24,999 6 <input type="checkbox"/> \$25,000 — 29,999 7 <input type="checkbox"/> \$30,000 — 39,999 8 <input type="checkbox"/> \$40,000 — 59,999 9 <input type="checkbox"/> \$60,000 — 79,999 10 <input type="checkbox"/> \$80,000 or more		
36. If we include the income from all these sources, what would (your/her) (and your/her spouse's) total income for 1989 add up to BEFORE any taxes or deductions? Just give me the number from the list on this card.					
CHECK ITEM NN		375	1 <input type="checkbox"/> Widow — GO to Check Item OO 2 <input type="checkbox"/> Proxy answering for widow in institution — SKIP to Check Item GGG, page 37 3 <input type="checkbox"/> Proxy answering for widow outside institution — SKIP to Check Item MMM, page 43		
Respondent is —					
CHECK ITEM OO		376	1 <input type="checkbox"/> "Yes" marked in 35a — ASK 37a 2 <input type="checkbox"/> "No" marked in 35a — SKIP to Check Item PP		
Refer to Item 35a, page 27.					
37a. Were the disability benefits that you (or your spouse) received in 1989 from —		For each category marked "Yes" in a, ASK b and c.			
		b. How much was received from (Read category) in 1989?		c. How much was received from (Read category) last month, that is, during (Month)?	
(1) Veteran's compensation or pension?	377 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	378 \$ _____ . 00 379 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	380 \$ _____ . 00 381 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused		
(2) Worker's compensation?	382 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	383 \$ _____ . 00 384 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	385 \$ _____ . 00 386 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused		
(3) Social Security disability payments?	387 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	388 \$ _____ . 00 389 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	390 \$ _____ . 00 391 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused		
(4) Any other disability payments? Specify _____	392 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	393 \$ _____ . 00 394 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused	395 \$ _____ . 00 396 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused		
CHECK ITEM PP		397	1 <input type="checkbox"/> "Yes" marked in item 35b — GO to Check Item QQ, page 29 2 <input type="checkbox"/> "No" marked in item 35b — SKIP to Check Item RR, page 29		
Refer to Item 35b, page 27.					

NOTES

Section 6 — INCOME — Continued

CHECK ITEM QQ

Refer to Check Item MM, page 27.

398

- 1 ☐ Box 1 or 2 marked in Check Item MM — Ask 38
2 ☐ All others — SKIP to 38g

38. Now let's talk about Social Security or Railroad Retirement benefits.

399

a. Who received benefits in 1989 — you, your spouse, or both of you?

- 1 ☐ Mrs. . . . only — SKIP to 38g
2 ☐ Spouse only — SKIP to 38e
3 ☐ Both — Ask 38b

b. Did you and your spouse receive separate checks in 1989?

400

- 1 ☐ Yes — SKIP to 38e
2 ☐ No

c. Were these benefits based on your work record, your spouse's work record, or both?

401

- 1 ☐ Mrs. . . . only
2 ☐ Spouse only
3 ☐ Both

d. Altogether, how much did you and your spouse receive in benefits —

402

\$. 00

(1) In 1989?

403

- 1 ☐ DK
2 ☐ Refused

(2) Last month?

404

\$. 00

- 0 ☐ None
1 ☐ DK
2 ☐ Refused

} SKIP to Check Item RR

e. How much did your spouse receive in benefits —

406

\$. 00

(1) In 1989?

407

- 1 ☐ DK
2 ☐ Refused

(2) Last month?

408

\$. 00

- 0 ☐ None
1 ☐ DK
2 ☐ Refused

f. Were these benefits based on your work record, your spouse's work record, or both?

410

- 1 ☐ Mrs. . . . only
2 ☐ Spouse only
3 ☐ Both

} If Box 2 marked in 38a, SKIP to Check Item RR

g. (Now let's talk about Social Security or Railroad Retirement Benefits.)

411

How much did you receive in benefits —

\$. 00

(1) In 1989?

412

- 1 ☐ DK
2 ☐ Refused

(2) Last month?

413

\$. 00

- 0 ☐ None
1 ☐ DK
2 ☐ Refused

h. Were these benefits based on your work record, your spouse's work record, or both?

415

- 1 ☐ Mrs. . . . only
2 ☐ Spouse only
3 ☐ Both

CHECK ITEM RR


Refer to Item 35c, page 27.

416

- 1 ☐ "Yes" marked in 35c — ASK 39, page 30
2 ☐ "No" marked in 35c — SKIP to Check Item SS, page 30

Section 6 — INCOME — Continued	
39. How much Supplemental Security Income did you (or your spouse) receive —	417 \$. 00
	418 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
(1) In 1989?	
(2) Last month?	419 \$. 00
	420 0 <input type="checkbox"/> None 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
CHECK ITEM SS	421
Refer to Item 35d, page 27.	1 <input type="checkbox"/> "Yes" marked in 35d — ASK 40 2 <input type="checkbox"/> "No" marked in 35d — SKIP to Check Item TT
40. You mentioned (other) public assistance as a source of income in 1989.	422
	1 <input type="checkbox"/> Yes — ASK 40b 2 <input type="checkbox"/> No — SKIP to 40f
a. Did you (or your spouse) receive any food stamps under the Government's Food Stamp plan?	
b. In how many months of 1989 were stamps received?	423 _____ Months
c. In the most recent month of 1989 that food stamps were received, what was the total face value of the food stamps received?	424 \$. 00
	425 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
d. Did (either of) you receive food stamps last month?	426 1 <input type="checkbox"/> Yes — ASK 40e 2 <input type="checkbox"/> No — SKIP to 40f
e. What was the total face value of the stamps you received last month?	427 \$. 00
	428 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
f. In 1989 did you (or your spouse) live in public housing or pay a lower rent because the Federal, State, or local government was paying part of the cost?	429 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. In 1989, did you (or your spouse) receive any (other) public assistance or welfare payments?	430 2 <input type="checkbox"/> No — SKIP to Check Item TT 1 <input type="checkbox"/> Yes — How much? ↗
	431 \$. 00
h. Did you receive this public assistance last month?	432 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes — How much? ↗
	433 \$. 00
CHECK ITEM TT	434
Refer to 35e, page 27.	1 <input type="checkbox"/> "Yes" marked in 35e — ASK 41a, page 31 2 <input type="checkbox"/> "No" marked in 35e — SKIP to Check Item UU, page 32
NOTES	

Section 6 – INCOME – Continued

Show Flashcard S.			For each category marked "Widow" in a, ASK b and c.		For each category marked "Spouse" in a, ASK d and e.	
41a. Now I'd like to get the details about your income from pensions other than Social Security, Railroad Retirement, or Supplemental Security Income. Please tell me from which of the sources shown on this card you (or your spouse) received pension income in 1989.			b. How much did you receive from (Read category) in 1989?	c. How much did you receive from (Read category) last month?	d. How much did your husband receive from (Read category) in 1989?	e. How much did your husband receive from (Read category) last month?
(1) A local government agency	Widow	Spouse	437	439	441	443
	435	436	\$. 00	\$. 00	\$. 00	\$. 00
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	438 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	440 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	442 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	444 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.
(2) State government	445	446	447	449	451	453
			\$. 00	\$. 00	\$. 00	\$. 00
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	448 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	450 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	452 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	454 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.
(3) Armed Forces	455	456	457	459	461	463
			\$. 00	\$. 00	\$. 00	\$. 00
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	458 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	460 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	462 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	464 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.
(4) Federal Government (Except Armed Forces)	465	466	467	469	471	473
			\$. 00	\$. 00	\$. 00	\$. 00
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	468 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	470 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	472 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	474 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.
(5) Private employer(s)	475	476	477	479	481	483
			\$. 00	\$. 00	\$. 00	\$. 00
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	478 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	480 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	482 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	484 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.
(6) Union	485	486	487	489	491	493
			\$. 00	\$. 00	\$. 00	\$. 00
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	488 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	490 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	492 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	494 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.
(7) A personal plan such as an IRA, KEOGH, or 401K account	495	496	497	499	501	503
			\$. 00	\$. 00	\$. 00	\$. 00
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	498 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	500 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	502 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	504 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.
(8) Any other source  Specify _____	505	506	507	509	511	513
			\$. 00	\$. 00	\$. 00	\$. 00
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	508 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	510 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	512 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.	514 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Ref.

NOTES

Section 6 — INCOME — Continued	
CHECK ITEM UU	515
Refer to Item 35f, page 27.	1 <input type="checkbox"/> "Yes" marked in 35f — ASK 42 2 <input type="checkbox"/> "No" marked in 35f — SKIP to Check Item XX
42. Now I would like to find out about your income (or your spouse's income) from wages, salaries, commissions, or tips from all jobs before deductions for taxes or anything else in 1989.	
CHECK ITEM VV	516
Refer to Check Item MM, page 27.	1 <input type="checkbox"/> Box 1 or 2 marked in Check Item MM — ASK 42a 2 <input type="checkbox"/> All others — SKIP to 42b
42a. Who received such income in 1989 — you, your spouse, or both of you?	517
	1 <input type="checkbox"/> Widow — ASK 42b 2 <input type="checkbox"/> Spouse — SKIP to 42d 3 <input type="checkbox"/> Both — ASK 42b
b. How much did you earn in 1989?	518
	\$ _____ . 00
	519
	1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
c. How much did you earn last month?	520
	\$ _____ . 00
	521
	0 <input type="checkbox"/> None 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
CHECK ITEM WW	522
Refer to Item 42a above.	1 <input type="checkbox"/> Box 3 marked in 42a — ASK 42d 2 <input type="checkbox"/> All others — SKIP to Check Item XX
42d. How much did your husband earn in 1989?	523
	\$ _____ . 00
	524
	1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
e. How much did your husband earn last month?	525
	\$ _____ . 00
	526
	0 <input type="checkbox"/> None 1 <input type="checkbox"/> DK 2 <input type="checkbox"/> Refused
CHECK ITEM XX	527
Refer to Item 35g, page 27.	1 <input type="checkbox"/> "Yes" marked in 35g — ASK 43a, page 33 2 <input type="checkbox"/> "No" marked in 35g — SKIP to Check Item YY, page 33
NOTES	

Section 6 — INCOME — Continued

43a. Now I would like to know about the income that you (or your spouse) received from working on your own, or in your own business, professional practice, or partnership in 1989.

Who received such income in 1989 — you, your spouse, or both of you?

528

- 1 ☐ Widow — ASK 43b
2 ☐ Spouse — SKIP to 43c
3 ☐ Both — ASK 43b

b. How much did you receive in 1989?

529

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

\$ _____ . 00

530

- 1 ☐ Loss
2 ☐ Broke even
3 ☐ DK
4 ☐ Refused

CHECK ITEM YY

Refer to Item 43a above.

531

- 1 ☐ Box 3 marked in 43a — ASK 43c
2 ☐ All others — SKIP to Check Item ZZ

43c. How much did your husband receive in 1989?

532

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

\$ _____ . 00

533

- 1 ☐ Loss
2 ☐ Broke even
3 ☐ DK
4 ☐ Refused

CHECK ITEM ZZ

Refer to Item 35h, page 27.

534

- 1 ☐ "Yes" marked in 35h — ASK 44
2 ☐ "No" marked in 35h — SKIP to Check Item AAA

44. What was your income in 1989 from operating a farm?

535

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

\$ _____ . 00

536

- 1 ☐ Loss
2 ☐ Broke even
3 ☐ DK
4 ☐ Refused

CHECK ITEM AAA

Refer to Item 35i, page 27.

537

- 1 ☐ "Yes" marked in 35i — ASK 45
2 ☐ "No" marked in 35i — SKIP to Check Item BBB

45. How much did you (or your spouse) receive in 1989 as rental income from roomers and boarders, or as rental of any other property?

538

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

\$ _____ . 00

539

- 1 ☐ Loss
2 ☐ Broke even
3 ☐ DK
4 ☐ Refused

CHECK ITEM BBB

Refer to Item 35j, page 27.

540

- 1 ☐ "Yes" marked in 35j — ASK 46
2 ☐ "No" marked in 35j — SKIP to Check Item CCC

46. In 1989, how much did you (or your spouse) receive as interest or dividends on savings, stocks, bonds, or income from estates or trusts?

541

\$ _____ . 00

542

- 1 ☐ DK
2 ☐ Refused

CHECK ITEM CCC

Refer to Item 35k, page 27.

543

- 1 ☐ "Yes" marked in 35k — ASK 47a, page 34
2 ☐ "No" marked in 35k — SKIP to Check Item DDD, page 34

Section 6 — INCOME — Continued						
47a. Now I'd like to know about the unemployment compensation or Supplemental Unemployment Benefits (SUB) that you (or your spouse) received in 1989. Please tell me from which of those two sources you (or your spouse) received benefits in 1989 —		For each category marked "Widow" in a, ASK b and c.		For each category marked "Spouse" in a, ASK d and e.		
		b. For how many weeks in 1989 did you receive benefits from (Read category)?	c. How much did you receive per week, on the average from (Read category)?	d. For how many weeks in 1989 did your husband receive benefits from (Read category)?	e. How much did your husband receive per week, on the average, from (Read category)?	
(1) Unemployment compensation?	Widow	Spouse	546	547	549	551
	544	545	Weeks	\$. 00	\$. 00	\$. 00
	1	2		548 1 DK 2 Refused	550 1 DK 2 Refused	552 1 DK 2 Refused
(2) Supplemental unemployment Benefits (SUB)?	553	554	555	556	558	560
	1	2	Weeks	\$. 00	\$. 00	\$. 00
				557 1 DK 2 Refused	559 1 DK 2 Refused	561 1 DK 2 Refused
CHECK ITEM DDD			562	1 "Yes" marked in 35l — ASK 48a 2 "No" marked in 35l — SKIP to Check Item EEE		
Refer to 35l, page 27.						
48a. You told me that you received financial assistance from relatives or other persons in 1989. From whom did you receive this assistance? Anyone else? Mark (X) all that apply.			563	1 Son(s) 2 Daughter(s) 3 Parent(s) 4 Parent(s)-in-law 5 Son(s)-in-law 6 Daughter(s)-in-law		
			564	7 Brother(s) 8 Sister(s) 9 Other relative(s) 565 10 Friend(s)		
b. How much did you (and your spouse) receive altogether?			566	\$. 00		
			567	1 DK 2 Refused		
CHECK ITEM EEE			568	1 "Yes" marked in 35m — ASK 49 2 "No" marked in 35m — SKIP to 50		
Refer to Item 35m, page 27.						
49. You told me that in 1989 you (or your spouse) received income from sources other than those we have already talked about. Altogether, how much did these other sources of income amount to in 1989?			569	\$. 00		
			570	1 DK 2 Refused		
50. Which of these four statements best describes your ability to get along on your income? Show Flashcard T. Mark (X) only one.			571	1 I (We) always have money left over 2 I (We) have enough with a little extra sometimes 3 I (We) have just enough, no more 4 I (We) cannot make ends meet		

NOTES

51a. Considering all aspects of your financial situation, would you say that you are better off, worse off, or about the same as you were when we last interviewed Mr. . . . in (Date in R6)?

572

1

☐ Better off

2

☐ Worse off

3

☐ About the same — SKIP to Check Item FFF

}

ASK 51b

b. In what ways?

Any others?

Mark (X) all that apply.

573

*

574

*

575

BETTER

1

☐ Working

2

☐ Better job

3

☐ Government benefits started or increased

4

☐ Pension, IRA, or other annuity started or increased

5

☐ Financial assistance from family started or increased

6

☐ Inheritance

7

☐ Medical expenses decreased

8

☐ Housing expenses decreased

9

☐ Other expenses decreased

10

☐ Other — Specify ↴

WORSE

11

☐ No longer working

12

☐ Worse job

13

☐ Government benefits stopped or decreased

14

☐ Pension, IRA, or other annuity stopped or decreased

15

☐ Financial assistance from family stopped or decreased

16

☐ Medical expenses increased

17

☐ Housing expenses increased

18

☐ Other expenses increased

19

☐ Other — Specify ↴

CHECK ITEM FFF

Refer to Household Record Card.

585

1

☐ Mrs. . . . (and spouse) live(s) with one or more relatives older than 14 — ASK 52

2

☐ All others — SKIP to Check Item GGG, page 37

52. What is your estimate of the total income from all sources in 1989 for you (your spouse) and all other persons living here who are related to you? Just give me the number from the list on this card.

Show Flashcard R.

586

1

☐ Less than \$5,000

2

☐ \$ 5,000 — 9,999

3

☐ \$10,000 — 14,999

4

☐ \$15,000 — 19,999

5

☐ \$20,000 — 24,999

6

☐ \$25,000 — 29,999

7

☐ \$30,000 — 39,999

8

☐ \$40,000 — 59,999

9

☐ \$60,000 — 79,999

10

☐ \$80,000 or more

NOTES

FORM RMM-3 (7-2-90)

Page 35

NOTES

Section 7 – SUPPLEMENTARY QUESTIONS RELATING TO WIDOWS IN LONG-TERM CARE FACILITIES	
CHECK ITEM GGG	587
Widow lives —	1 <input type="checkbox"/> In correctional facility — SKIP to Check Item LLL, page 43 2 <input type="checkbox"/> In other institution — ASK 53 3 <input type="checkbox"/> All others — SKIP to Check Item LLL, page 43
53. I would like to ask some questions about the health care services (you/Mrs. ...) (have/has) been receiving. In what month and year (were you/was Mrs. ...) most recently admitted to (Name of facility)?	588
	Month Year
Show Flashcard U.	589
54. Just before (you were/she was) most recently admitted here, what type of place (were you/was she) living in? Mark (X) only one.	1 <input type="checkbox"/> Alone or with others in a house/apartment (independent living) 2 <input type="checkbox"/> Retirement home 3 <input type="checkbox"/> Boarding house/rooming house/rented room 4 <input type="checkbox"/> Foster or family care home 5 <input type="checkbox"/> Group home or community residential facility 6 <input type="checkbox"/> Semi-independent living, like supervised apartment 7 <input type="checkbox"/> Hospital, other than SNF or ICF unit 8 <input type="checkbox"/> Skilled nursing facility 9 <input type="checkbox"/> Intermediate care facility 10 <input type="checkbox"/> Other (noncertified) nursing home 11 <input type="checkbox"/> Domiciliary or private care facility 12 <input type="checkbox"/> Institution/facility for the mentally retarded/developmentally disabled 13 <input type="checkbox"/> Mental health center/facility 14 <input type="checkbox"/> Chronic disease or rehabilitation hospital 15 <input type="checkbox"/> Other — Specify
CHECK ITEM HHH	590
Refer to Item 53 above.	1 <input type="checkbox"/> Date in 53 longer than 2 years ago — SKIP to 56a 2 <input type="checkbox"/> All others — ASK 55a
55a. Not counting this time, in the last two years, how many times (have you/has she) been a patient in a nursing or convalescent home?	591
	Times 0 <input type="checkbox"/> None — SKIP to 56a
b. In what month and year (were you/was she) admitted (the last time)?	592
	Month Year
CHECK ITEM III	593
Refer to Item 55a above.	1 <input type="checkbox"/> "1" entered in 55a — SKIP to 56a 2 <input type="checkbox"/> All others — ASK 55c
55c. And the time before that?	594
	Month Year
56a. At the time of admission to (Name of facility), that is, in (Month and year in 53), who was paying for (your/Mrs. ...) room, board, and nursing care? Was it family members, insurance, Medicare, Medicaid, or someone else? Anyone else? Mark (X) all that apply.	595
	* 1 <input type="checkbox"/> Mrs. ... (including Social Security) 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Children 4 <input type="checkbox"/> Other relatives 5 <input type="checkbox"/> Nonrelatives 6 <input type="checkbox"/> Private insurance
	596
	* 7 <input type="checkbox"/> Medicare 8 <input type="checkbox"/> Medicaid 9 <input type="checkbox"/> Other public assistance
	597
	10 <input type="checkbox"/> VA, CHAMPUS, CHAMPVA
	598
	11 <input type="checkbox"/> Other — Specify
b. Who paid the most? Enter the code from Item 56a above.	599
	Code

Section 7 – SUPPLEMENTARY QUESTIONS RELATING TO WIDOWS IN LONG-TERM CARE FACILITIES – Continued					
CHECK ITEM JJJ	600				
Refer to Item 53, page 37.	1 <input type="checkbox"/> Current month and year entered in 53 – SKIP to Check Item KKK 2 <input type="checkbox"/> All others – ASK 57a				
57a. Who is paying for (your/Mrs. . . .'s) room, board, and nursing care now? Anyone else? Mark (X) all that apply.	601 * 1 <input type="checkbox"/> Mrs. . . . (including Social Security) 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Children 4 <input type="checkbox"/> Other relatives 5 <input type="checkbox"/> Nonrelatives 6 <input type="checkbox"/> Private insurance 602 7 <input type="checkbox"/> Medicare * 8 <input type="checkbox"/> Medicaid 9 <input type="checkbox"/> Other public assistance 603 10 <input type="checkbox"/> VA, CHAMPUS, CHAMPVA 604 11 <input type="checkbox"/> Other – Specify ↴ If more than one source of payment marked, ASK 57b; otherwise, SKIP to Check Item KKK.				
b. Who pays the most? Enter the code from 57a above.	605 Code				
CHECK ITEM KKK	606				
Refer to Item 56a, page 37, and Item 57a above.	1 <input type="checkbox"/> Medicaid (code 8) marked in 56a and/or 57a – ASK 58 2 <input type="checkbox"/> All others – SKIP to 59a				
58. In what month and year did Medicaid begin paying these charges?	607 <table><tr><td>Month</td><td>Year</td></tr><tr><td><div></div></td><td><div></div></td></tr></table>	Month	Year	<div></div>	<div></div>
Month	Year				
<div></div>	<div></div>				
59a. What is the name of the person that (Name of facility) would contact in case of an emergency (with Mrs. . . .)?					
b. What is the relationship of this person to (you/Mrs. . . .)?	608 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Son/Daughter 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Nonrelative guardian 5 <input type="checkbox"/> Other nonrelative				
c. Which of the following represents your best guess as to how long (you/Mrs. . . .) will have to remain in (Name of facility)? Read answer categories.	609 1 <input type="checkbox"/> Not more than several weeks 2 <input type="checkbox"/> Not more than several months 3 <input type="checkbox"/> At least a year 4 <input type="checkbox"/> Remainder of life				
NOTES					

OFFICE USE ONLY

Total number of family members

610

Total number of household members

611

NOTES

Section 7 – SUPPLEMENTARY QUESTIONS RELATING TO WIDOWS IN LONG-TERM CARE FACILITIES – Continued					
FIELD REPRESENTATIVE – Ask items 60b through 60j, as applicable. Do not ask items 60f–60j of the widow. If the sample person’s widow lived alone before she entered her first institution, ask 60d and 60e for the widow, then skip to Check Item LLL, page 43.					
60. Now I have some questions about the education and work experience of all persons (you were/Mrs. . . . was) living with before (you/she) entered (your/her) first institution.					
Line No.	What were the names of all persons living or staying with (you/(Name of widow)) just before (you/she) entered (your/her) first institution?	What is . . .’s relationship to (you/(Name of widow))? EXAMPLE: Husband, son, friend, boarder, maid, housekeeper, etc.		How old is . . . today? (If deceased, enter 998 and skip to next name)	PERSONS 3 YEARS OLD OR OLDER What is the highest grade (year) . . . ever attended? Enter code from below. Never attended00 Preschool19 Kindergarten20 Elementary01–08 High School09–12 College21–26
(60a)	(60b)	(60c)	OFFICE USE	(60d)	(60e)
1		Sample person’s widow		612	613
2		614		615	616
3		622		623	624
4		630		631	632
5		638		639	640
6		646		647	648
7		654		655	656
8		662		663	664
9		670		671	672
10		678		679	680
11		686		687	688
12		694		695	696
13		702		703	704
14		710		711	712
15		718		719	720

60. Continued

PERSONS 14 YEARS OLD OR OLDER				OFFICE USE 1960 Codes	Were (you/name of widow) and ... living together in (Date in R6)?	Is ... still living there today?
How many weeks did ... work either full or part time in the last 12 months? (Include weeks on paid vacation or paid sick leave.)	In weeks that ... worked, how many hours did ... usually work per week?	What kind of work was ... doing in the last 12 months? (If more than one, record the longest job.)				
(60f)	(60g)	(60h)			(60i)	(60j)
617	618	619			620	621
					1 2	1 2
625	626	627			628	629
					1 2	1 2
633	634	635			636	637
					1 2	1 2
641	642	643			644	645
					1 2	1 2
649	650	651			652	653
					1 2	1 2
657	658	659			660	661
					1 2	1 2
665	666	667			668	669
					1 2	1 2
673	674	675			676	677
					1 2	1 2
681	682	683			684	685
					1 2	1 2
689	690	691			692	693
					1 2	1 2
697	698	699			700	701
					1 2	1 2
705	706	707			708	709
					1 2	1 2
713	714	715			716	717
					1 2	1 2
721	722	723			724	725
					1 2	1 2

NOTES

INFORMATION SHEET									
Part A — FIELD REPRESENTATIVE TRANSCRIPTION ITEM									
R3. Current Marital Status of sample person’s widow — Transcribe from Household Record Card (RMM-1), Item 4.									
741	1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married								
Part B — 1990 INFORMATION									
742									
R4. In what state did Mr. . . . die? _____									
Ask if date in R5 is blank or incomplete.									
R5. When did Mr. . . . die? Ask if date in R5 is complete.									
Our records say that Mr. . . . died on (Read entry in box below). Is that correct?									
743	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				— SKIP to Check Item A, page 3, and begin regular interview.	
Month	Day	Year							
Part C — PAST TRANSCRIPTION ITEMS									
R6. Date of sample person’s last interview									
744	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year					
Month	Day	Year							
R7. Name of sample person’s employer at time of last interview _____									
745	1 <input type="checkbox"/> Self-employed at time of last interview 2 <input type="checkbox"/> No employer’s name given at time of last interview								
NOTES									

ASSESSING THE INTERVIEW			
<p><i>The purpose of these questions is to provide a basis for assessing the degree of confidence that can be placed in the information that has been collected. Please complete these questions for each interview. Complete them immediately or as soon as possible after you have left the respondent.</i></p>			
1.	Overall, what was the respondent's attitude toward the interview?	746	<div><div><div><div></div></div><div>1</div></div><div><div></div></div><div>2</div></div> <div><div></div></div> <div>3</div>

4

Very cooperative
Somewhat cooperative
Slightly hostile
Very hostile