

INSTITUTE FOR SURVEY RESEARCH
TEMPLE UNIVERSITY
--of The Commonwealth System of Higher Education--
1601 NORTH BROAD STREET
PHILADELPHIA, PENNSYLVANIA 19122

SPRING 1982

STUDY #518-300-01

NEW BENEFICIARY SURVEY

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Time interview began: _____ A.M. _____ P.M.

Time interview ended: _____ A.M. _____ P.M.

Date: _____

NAME OF RESPONDENT: _____

ADDRESS: _____ (STREET) _____ (A.P.I.)

_____ (CITY) _____ (STATE) _____ (ZIP)

INTRODUCTION: How do you do. I'm _____ and I'm working on a survey for the Social Security Administration. You may have received a letter telling you about this study and telling you that I would call upon you. Here is a copy of that letter. "The Privacy Act of 1974 requires that you be fully informed of the conditions under which you are asked to take part in this survey, and the uses that will be made of your answers to the questions. This statement (GIVE TO RESPONDENT) contains the required information. You may want to take a minute to look at it now before we go ahead."

INTERVIEWER'S NAME: _____ ID#: _____

INTERVIEWER'S NAME: _____ ID#: _____

CALL #	TIME	DATE	RESULT CODE
1			PER
			TEL
2			PER
			TEL
3			PER
			TEL
4			PER
			TEL
5			PER
			TEL
6			PER
			TEL
7			PER
			TEL
8			PER
			TEL
9			PER
			TEL
10			PER
			TEL

LABEL: _____

NAME : _____

ADDRESS : _____

PHONE #: _____

RESULT CODES

- 1. Completed interview
- 2. Appointment made (Date: _____ Time: _____)
- 3. R not home (Expected--Date: _____ Time: _____)
- 4. No one home
- *5. Refused screening information
- *6. Refused interview by designated R
- *7. Language barrier
- *8. R deceased
- *9. R institutionalized
- *10. R away for duration of study (DATE EXPECTED: _____)
- 11. Designated R no longer lives at this address (CORRECT ADDRESS ON LABEL. CONTACT IF WITHIN 25 MILES.)
- *12. Designated R not eligible
- *13. Other

*DESCRIBE CODES BELOW

Check here if form is: Reassigned -or- Reassigned Refusal

NEW BENEFICIARY SURVEY

SCREENING FORM

INTERVIEWER'S NAME: _____ ID#: _____

1. Are you currently receiving a monthly Social Security check?

(SKIP TO Q. 3)	Yes	1
	No	2

2. Have you received Social Security checks in the past?

(SKIP TO Q. 4)	Yes	1
	No	2

3. (Are you receiving/Did you **receive**) a Social Security check because of a disability?

Yes	1
No	2

4. What is your full name?

_____ (FIRST) _____ (MIDDLE) _____ (LAST)

5. What is your current address?

_____ (CURRENT ADDRESS)

6. In what month, day, and year were you born?

_____ (MONTH) _____ (DAY) _____ (YEAR)

7. What is your own Social Security number?

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TERMINATE INTERVIEW IF "NO" TO QQ.1 AND 2. OTHERWISE, BEGIN INTERVIEW.
NOTE: IF "YES" TO Q. 3--THAT PERSON IS CLASSED AS A DISABILITY RESPONDENT.

ADDITIONAL NOTES:

Time: _____

(RECORD R' S NAME ON LINE 01 AND CIRCLE CODE FOR R' S SEX IN COLUMN 2)

1. What are the names of everyone living here who is related to you? If you are currently married, please start with your (husband/wife). (RECORD ON LINES 02-12)

None 0

2. What are the names of any other persons not related to you who live in this household? (RECORD ON LINES 02-12) (IF R LIVES ALONE, SKIP TO Q. 4)

None 0

3. Let's see. I have _____ people listed here. Have I missed any babies or small children? Any lodgers, boarders, or friends who usually here? Anyone else who is away traveling, at school, or in a hospital? Anyone else living here? (RECORD ON LINES 02-12)

None 0

Q. 4 IS DELETED.

Q. 5 IS DELETED.

Q. 6 IS DELETED.

(IF R LIVES ALONE, SKIP TO Q. 13)

(ASK Q. 7-12 FOR ALL OTHER HOUSEHOLD MEMBERS, ONE PERSON AT A TIME.)

7. What IS (NAME)'s relationship to you? (RECORD IN COLUMN 1)

8. Is (NAME) male or female? (RECORD BUT DO NOT ASK FOR SPOUSE. RECORD IN COLUMN 2)

9. What IS (NAME)'s date of birth? (RECORD IN COLUMN 3)

Q. 10 IS DELETED,

(IF PERSON IS 12 OR OLDER, ASK Q. 11. OTHERWISE, SKIP TO Q. 12)

11. Is (NAME) currently working at a job for pay, either part-time or full-time? (RECORD IN COLUMN 4)

12. Is (NAME) currently receiving Social Security? (RECORD IN COLUMN 5)

(ASK Q. 7-12 ABOUT NEXT PERSON. OTHERWISE, CONTINUE WITH Q. 13)

FIRST NAME	LAST NAME	COLUMN 1 (Q. 7)		COLUMN 2 (Q. 8)		COLUMN 3 (QQ. 4/5)			COLUMN 4 (Q. 11)		COLUMN 5 (QQ. 6/12)	
		RELATIONSHIP		SEX		DATE OF BIRTH			CUR. WORK		RECEIVE S. S.	
		M	F	M	F	MO	DY	YR	YES	NO	YES	NO
01				1	2							
02				1	2				1	2	1	2
03				1	2				1	2	1	2
04				1	2				1	2	1	2
05				1	2				1	2	1	2
06				1	2				1	2	1	2
07				1	2				1	2	1	2
08				1	2				1	2	1	2
09				1	2				1	2	1	2
10				1	2				1	2	1	2
11				1	2				1	2	1	2
12				1	2				1	2	1	2

MARITAL HISTORY

(IFR CURRENTLY MARRIED, Q. 7, CIRCLE CODE 1 IN Q. 13 AND THEN SKIP TO Q. 15)

13. Are you currently:

(SKIP TO Q. 15)	married,	1
(SKIP TO Q. 31)	a (widow/widower)	2
	separated,	3
(SKIP TO Q. 30)	divorced, or were you	4
(SKIP TO Q. 39)	never married?	5

14. In what month and year did you last **live** with your (husband/wife)?

_____ , ¹⁹_____

(MONTH) (YEAR)

15. In what month and **year did** you marry your (husband/wife)?

_____ , ¹⁹_____

(MONTH) (YEAR)

16. What is your (husband's/wifels) full name? (PROBE FOR MAIDEN NAME IF NOT MENTIONED FOR WIFE)

(FIRST NAME) (MIDDLE) (LAST NAME) (MAIDEN NAME)

(IF SPOUSE'S DATE OF BIRTH ALREADY RECORDED, Q. 9, SKIP TO Q. 18)

17. What is (his/her) date of birth?

_____ _____ ¹⁹_____

(MONTH) (DAY) (YEAR)

18. What is (his/her) Social Security number? (IF R DOES NOT REMEMBER, ASKR TO LOOKUP NUMBER. PHONE BACK, IF NECESSARY.)

_____ - _____ - _____ - _____ - _____

19. Was (he/she) ever married before?

	Yes	1
(SKIP TO Q. 25)	No	2

20. How many times has (he/she) been married, counting your present marriage?

(# OF TIMES)

(IF HARRIED ONLY ONCE, SKIP TO Q. 25)

21. Was (he/she) ever widowed in a preceding marriage?

	Yes	1
	No	2

22. In what year did that marriage end?

 19
(YEAR)

23. In what year did that marriage begin?

 19
(YEAR)

(IF SPOUSE MARRIED EXACTLY TWICE, Q. 20, SKIP TO Q. 25)

24. Was (he/she) ever widowed from a marriage before that?

	Yes	1
	No	2

25. Counting this marriage, how many times have you been married?

(# OF TIMES)

(IF R HARRIED ONLY ONCE, SKIPTOQ. 39)

26. In any preceding marriage, had you ever been widowed?

	Yes	1
	No	2

27. In what year did that marriage end?

19
(YEAR)

28. In what year did that marriage begin?

19
(YEAR)

(IF MARRIED EXACTLY TWICE, SKIP TO Q. 41)

29. Were you ever widowed before that?

Yes	1
No	2

(ALL SKIP TO Q. 39)

30. In what month and year were you and your former (husband/wife) divorced?

 , 19
(MONTH) (YEAR)

(ALL SKIP TO Q. 32)

Q. 30a IS DELETED.

31. In what month and year did your late (husband/wife) die?

 , 19
(MONTH) (YEAR)

32. In what month and year did the two of you marry?

 , 19
(MONTH) (YEAR)

33. What was (his/her) full name?

(FIRST NAME) (MIDDLE) (LAST NAME) (MAIDEN NAME)

34. What was (his/her) date of birth?

 19
(MONTH) (DAY) (YEAR)

35. What was (his/her) Social Security number?

35a. Counting that marriage, how many times have you been married?

(# OF TIMES)

(IF R MARRIED ONLY ONCE, SKIP TO Q. 39)

36. In any preceding marriage, had you ever been widowed?

Yes	1
No	2

QQ. 37 AND 38 ARE DELETED.

Now we would like to ask some questions about education and work.

39. What is the highest grade of school you have completed? (CIRCLE GRADE)
(PROBE FOR PERSONS WHO DO NOT KNOW): How many years did you go to school full-time?

None	00
Elementary School	01 02 03 04 05 06 07 08
High School	09 10 11 12
College	13 14 15 16 17+
Other (SPECIFY): _____	97

40. Are You currently working for pay, either part-time or full-time?

(SKIP TO INSTRUCTION ABOVE Q. 42)

Yes	1
No	2

41. In what year did you last work for pay, either part-time or full-time?

(SKIP TO Q. 218)

Never Worked 99

(YEAR)

(IF R BORN BEFORE 1930, GET EMPLOYMENT HISTORY FROM 1951 THROUGH PRESENT. IF R BORN IN 1930 OR AFTER, GET EMPLOYMENT HISTORY FROM AGE 21 THROUGH PRESENT. IF R HAS NOT WORKED SINCE 1950, SKIP TO Q. 218)

I would like a brief history of your employment from (1951/the year you were or became 21) until the present. I will be asking you about periods of continuous employment with the same business or organization regardless of any changes in your duties.

Include any time you were on active duty with the U.S. Armed Forces since 1950. Please answer the questions for (your current Job and) all other employment which lasted at least a year, including part-time and second Jobs.

[IF R SAYS HAD MANY JOBS IN WHICH THE SAME TYPE OF WORK OR HAD NO JOB THAT LASTED LONGER THAN A YEAR, READ THE FOLLOWING INSTRUCTION: If you had many jobs lasting for short periods of time or several employers at the same time and you did the same kind of work on all these Jobs, we do not need to know about each employer. For each time period when you worked this way, please answer the questions as if these Jobs were all with one employer. Examples of people who often have this sort of Job pattern are construction workers and household (day) workers. 1

42. What is the name of your (current/most recent) employer? (RECORD NAME IN COLUMN 1)

(SKIP TO Q. 218)

No Job Lasting At Least One Year 97

43. In what month and year did you stop working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 2. IF CURRENTLY WORKING, X OUT BOXES IN COLUMN 2)

44. In what month and year did you start working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 3)

45. During that time, was this Job with (NAME OF EMPLOYER) your main Job, that is, the Job at which you spent the most time, or was it a second Job? (RECORD IN COLUMN 4)

(CONTINUE WITH QUESTIONS 46-49 UNTIL RESPONDENT GOES BACK TO 1951 OR YEAR TURNED 21)

46. What is the name of your next or other most recent full-time or part-time employer? (RECORD NAME IN COLUMN 1)

47. In what month and year did you stop working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 2. IF CURRENTLY WORKING FOR THAT EMPLOYER, X OUT BOXES IN COLUMN 2)

48. In what month and year did you begin working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 3)

49. During that time, was this Job with (NAME OF EMPLOYER) your main Job, that is, the Job at which you spent the most time, or was it a second Job? (RECORD IN COLUMN 4)

49a. I have listed (NUMBER OF EMPLOYERS) employers. Including any part-time or second Jobs, did you work for pay for "any other business or organization for at least a year or more since (1951/the year you were or became 21)?"

(ASK Qs. 49b-49e ABOUT ALL JOBS R HAS FORGOTTEN TO TELL YOU ABOUT)

Yes	1
No	2

(GO TO INTERVIEWER INSTRUCTIONS ON DECISION TABLE)

49b. Let's take the (most recent/next most recent) employer we have not already talked about. What was the name of that employer? (RECORD NAME IN COLUMN 1)

49c. In what month and year did you stop working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 2. IF CURRENTLY WORKING FOR THAT EMPLOYER, X OUT BOXES IN COLUMN 2)

49d. In what month and year did you begin working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 3)

49e. During that time, was this Job with (NAME OF EMPLOYER) your main Job, that is, the Job at which you spent the most time, or was it a second Job? (RECORD IN COLUMN 4)

JOB HISTORY CHART

JOB #	NAME OF EMPLOYER	COLUMN 1 (QQ. 42/46/49b)		COLUMN 2 (QQ. 43/47/49c)		COLUMN 3 (QQ. 44/48/49d)		COLUMN 4 (QQ. 45/49/49e)		COLUMN 5--INSTRUCTION		
		STOP WORK		START WORK		START WORK		MAIN SECOND		CURRENT	LAST	LONGEST
		MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MAIN	SECOND			
01			19		19		19	1	2	1	2	3
02			19		19		19	1	2	1	2	3
03			19		19		19	1	2	1	2	3
04			19		19		19	1	2	1	2	3
05			19		19		19	1	2	1	2	3
06			19		19		19	1	2	1	2	3
07			19		19		19	1	2	1	2	3
08			19		19		19	1	2	1	2	3
09			19		19		19	1	2	1	2	3
10			19		19		19	1	2	1	2	3
11			19		19		19	1	2	1	2	3
12			19		19		19	1	2	1	2	3
13			19		19		19	1	2	1	2	3

INTERVIEWER INSTRUCTIONS

- A. LOOKAT COLUMN 2. IF R IS CURRENTLY WORKING, CIRCLE CODE 1 IN COLUMN 5 ON LINE FOR R'S MAIN OR ONLY CURRENT EMPLOYER. THAT IS THE CURRENT EMPLOYER.
- B. NOW LOOKAT JOB HISTORY AND FIND THE MAIN OR ONLY EMPLOYER FOR WHOM RWAS WORKING IN MAY 1980. IF RWAS NOT WORKING THEN, FIND MAIN OR ONLY EMPLOYER FOR WHOM R LAST WORKED BEFORE MAY 1980. CIRCLE CODE 2 IN COLUMN 5 ON LINE FOR THAT EMPLOYER. THAT IS THE LAST EMPLOYER.
- c* NOW FIND THE MAIN EMPLOYER FOR WHOM R WORKED THE LONGEST. CIRCLE CODE 3 IN COLUMN 5 ON LINE FOR THAT EMPLOYER. THAT IS THE LONGEST EMPLOYER. NOTE: SOME EMPLOYERS MAY FIT MORE THAN ONE CODE.
- D. NOW LOOKAT DECISION TABLE BELOW TO FIND CORRECT SECTION(S) IN QUESTIONNAIRE FOR REMAINDER OF EMPLOYMENT QUESTIONS. BEGIN WITH CHECK ITEM I. CIRCLE THE RESPONSE CODES AS YOU PROCEED AND THEN CIRCLE THE ONE INSTRUCTION IN THE DECISION TABLE WHICH FITS R'S EMPLOYMENT HISTORY. ONLY ASK QUESTIONS INDICATED IN THAT INSTRUCTION.

DECISION TABLE

CHECK ITEM	QUESTION (REFER TO COLUMN 5)	RESPONSE			
		YES		NO	
I	IS R CURRENTLY WORKING? (CODE 1)	1	GO TO CHECK II.	2	SKIP TO CHECK IV.
II	IS <u>CURRENT</u> EMPLOYER (CODE 1) SAME AS <u>LAST</u> EMPLOYER (CODE 2)?	1	GO TO CHECK III.	2	SKIP TO CHECK V.
III	IS <u>CURRENT</u> EMPLOYER (CODE 1) SAME AS <u>LONGEST</u> EMPLOYER (CODE 3)?	1	ASK QQ. 50-93 ABOUT <u>CURRENT EMPLOYER ONLY.</u>	2	ASK QQ. 50-93 AND 151-188 ABOUT BOTH <u>CURRENT AND LONGEST EMPLOYERS.</u>
IV	IS <u>LAST</u> EMPLOYER (CODE 2) THE SAME AS <u>LONGEST</u> EMPLOYER (CODE 3)?	1	ASK QQ. 94-150 ABOUT <u>LAST EMPLOYER ONLY.</u>	2	ASK QQ. 94-188 ABOUT <u>BOTH LAST AND LONGEST EMPLOYERS.</u>
V	IS <u>LAST</u> EMPLOYER (CODE 2) THE SAME AS <u>LONGEST</u> EMPLOYER (CODE 3)?	1	ASK QQ. 50-150 ABOUT <u>BOTH CURRENT AND LAST EMPLOYERS.</u>	2	ASK QQ. 50-188 ABOUT <u>CURRENT, LAST, AND LONGEST EMPLOYERS.</u>

CURRENT EMPLOYMENT

Now I would like to ask some questions about your current employment.

50. Do you now work as an employee or are you self-employed in your own business, professional **practice**, or farm?

(SKIP TO Q. 64)	Employee	1
	Self-Employed	2

Q. 51 IS DELETED.

52. In what kind of business or industry is this?

(BUSINESS OR INDUSTRY)

53. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY): _____	4

54. What kind of work do you do?

(KIND OF WORK)

55. What **are** your most important activities or job duties?

(ACTIVITIES OR DUTIES)

56. How many hours a week do you usually work at this business?

_____ (HOURS A WEEK)

57. How many weeks per year do *you* usually work at this business? Include any time during the year when you had paid vacation and paid sick leave?

_____ (WEEKS PER YEAR)

58. Before any taxes and deductions, how much is your salary or how much do you draw from this business? (PROBE FOR THE PERIOD IF NOT MENTIONED)

\$ _____ per
AMOUNT

hour	1
day (PROBE FOR DAYS WORKED PER WEEK) : _____	2
week	3
month	4
year	5
Other (SPECIFY): _____	6

59. Is this an incorporated business?

(SKIP TO Q. 78)	Yes	1
	No	2
	Don't know	3

QQ. 60 AND 61 ARE DELETED.

QQ. 62 AND 62a ARE DELETED.

63. Are you now contributing to a **Keogh** retirement account for yourself?

Yes 1

No 2

(ALL skip to instructions ABOVE Q. 94)

64. Are you an employee of: (HAND R CARD A)

(KIP TO Q. 67)	a nonprofit, charitable or tax exempt organization,	1
	a private company, business or individual for wages, salary, or commissions,	2
	the federal government, as a civilian,	3
	state government,	4
	local government, or	5
	the Armed Forces?	6
	Other (specify): _____	7

65. In what kind of business or industry is your employer?

(BUSINESS OR INDUSTRY)

66. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY): _____	4

67. What kind of work do you do?

_____ (KIND OF WORK)

68. What are your most important activities or job duties?

_____ (ACTIVITIES OR DUTIES)

69. How many hours a week do you usually work for pay for this employer?

_____ (HOURS A WEEK)

70. How many weeks per year do you usually work for this employer? include any time during the year when you had paid vacation and paid sick leave?

_____ (WEEKS PER YEAR)

71. How much do you earn from this employer before any expenses, taxes and deductions? (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ } per
(AMOUNT)

hour	1
day (PROBE FOR DAYS WORKED PER WEEK) : _____	2
week	3
month	4
year	5
Other (SPECIFY): _____	6

72. Are F.I.C.A. or Social Security taxes deducted from your pay?

Yes	1
No	2

(IF CURRENT JOB HELD FOR THREE YEARS OR LESS, PAGE 8, SKIP TO Q. 78)

73. How many hours a week did you usually work for this employer three years ago?

_____ (HOURS A WEEK)

74. How many weeks per year did you usually work for this employer three years ago? Include any time during the year when you had paid vacation and paid sick leave.

_____ (WEEKS PER YEAR)

QQ. 75T0 76a ARE DELETED.

Q. 77 IS DELETED.

78. With this employer are you covered by a pension or retirement plan provided by your employer or union? Include a profit sharing plan that provides retirement benefits. Do not include Social Security or Railroad Retirement.

	Yes	1
(SKIP TO INSTRUCTION ABOVE Q. 94)	No	2
	Don't know	3

79. Other than Social Security, are you covered by more than one pension or retirement plan on this job?

Yes	1
No	2

(IF YES TO Q. 79, START WITH): The next questions will be about your basic pension plan, the one intended to pay the most benefits.)

80. is this a regular pension plan or a profit sharing plan?

Pension plan	1
Profit sharing plan	2
Both pension and profit sharing plan	3

81. Are you now receiving any retirement benefits from this plan?

(SKIP TO Q. 84)	Yes	1
	No	2

82. if you left this employer now, could you start receiving benefits from this plan?

(SKIP TO Q. 89)	Yes	1
(SKIP TO Q. 90)	No	2

Q. 83 IS DELETED.

84. In what month and year did you start **receiving** these benefits? (IF DOES NOT REMEMBER DATE, ASK: How old were you when you started to receive these benefits?)

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

Q. 85 IS DELETED.

86. Has the amount of your pension benefit increased since you began receiving it?

Yes	1
No	2

87. Has the amount that you received decreased since you first began receiving it?

Yes	1
(SKIP TO Q. 89)	No 2

88. When did this decrease take place:

automatically at age 62,	1
automatically at age 65, or	2
when the Social Security benefits began?	3
Other (SPECIFY): _____	4

89. If you had wanted to retire, what was the earliest date or age you personally could have retired and started to receive benefits from this plan?

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

(ALL SKIP TO INSTRUCTION ABOVE Q. 93)

(IF CURRENTLY RECEIVING PENSION BENEFITS [SEE Q. 811, SKIP TO INSTRUCTION ABOVE Q. 93])

90. Will you be able to receive retirement benefits from this plan in the future?

Yes	1
(SKIP TO INSTRUCTION ABOVE Q. 93)	No 2

91. in what month and year or age will you personally first be eligible to retire and receive benefits from this plan?

_____, 19____ OR _____
(MONTH) (YEAR) (AGE)

Q. 92 is DELETED.

(IF NOT CURRENTLY MARRIED, SKIP TO INSTRUCTION ABOVE Q. 94)

93. If you should die tomorrow, would your (wife/husband) be able to receive regular or monthly benefits from this plan either then or in the future?

Yes	1
No	2
Don't know	3
Other (SPECIFY): _____	4

LAST EMPLOYMENT

(SEE DECISION TABLE ON PAGE 9. ASK QQ. 94-150 ONLY IF R IS NOT CURRENTLY WORKING OR IF CURRENT EMPLOYER IS NOT THE SAME AS LAST EMPLOYER. OTHERWISE, SKIP TO INSTRUCTION ABOVE Q. 151.)

Now I will ask some questions about your employment with (NAME OF EMPLOYER ON LAST JOB).

94. At that time, did you work as an employee or were you self-employed in your own business, professional practice, or farm?

(SKIP TO Q. 108)	Employee	1
	Self-employed	2

Q. 95 IS DELETED.

96. in what kind of business or industry was that?

(BUSINESS OR INDUSTRY)

97. Was that mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY): _____	4

98. What kind of work did you do?

(KIND OF WORK)

99. What were your most important activities or job duties?

(Activities OR JOB DUTIES)

100. How many hours a week did you usually work at that business right before you left?

_____ (HOURS A WEEK)

101. How many weeks per year did you usually work at that business right before you left? Include any time during the year when you had paid vacation and paid sick leave?

_____ (WEEKS PER YEAR)

102. Before any taxes and deductions, how much was your salary or how much did you draw from that business? Please use the rate of pay in the period just before you left that business. (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ per
AMOUNT

hour	1
day (PROBE FOR DAYS WORKED PER WEEK) : _____	2
week	3
month	4
year	5
Other (SPECIFY) :	6

103. Was that an incorporated business?

(SKIP TO Q. 122)	Yes	1
	No	2

QQ. 104 AND 105 ARE DELETED.

QQ. 106 AND 106a ARE DELETED.

107. Did you contribute to a Keogh retirement account for yourself?

Yes	1
No	2

(ALL SKIP TO INSTRUCTION ABOVE Q. 151)

108. Were you an employee of: (HAND R CARD A)

(SKIP TO Q. 111)	a nonprofit, charitable or tax exempt organization,	1
	a private company, business or individual for wages, salary, or commissions,	2
	the federal government, as a civilian,	3
	state government,	4
	local government, or	5
	the Armed Forces?	6
	Other (SPECIFY): _____	7

109. In what kind of business or industry was your employer?

(BUSINESS OR INDUSTRY)

110. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade “	3
Something else (SPECIFY): _____	4

111. What kind of work did you do? (PROBE IF HAD MULTIPLE JOBS: Just before you left, ~~what~~ what kind of work did you do?)

(KIND OF WORK)

112. What were your most Important activities or job duties?

(ACTIVITIES OR DUTIES)

113. How many hours a week did you usually work for pay for this employer right before you left?

(HOURS A WEEK)

114. How many weeks per year did you usually work for this employer right before you left? Include any time during the year when you had paid vacation and paid sick leave?

(WEEKS PER YEAR)

115. How much did you earn on this job before any expenses, taxes and deductions? Please use the rate of pay in the period **just** before you left. (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ per
(AMOUNT)

hour	1
day (P RO BE FOR DAYS WORKED PER WEEK) : _____	2
week	3
month	4
year	5
Other (SPECIFY) : _____	6

116. Were F.I.C.A. or Social Security taxes deducted from your pay?

Yes	1
No	2

QQ.117 TO 120 ARE DELETED.

QQ. 120a and 121 ARE DELETED.

122. With this employer, were you covered by a pension or retirement plan provided by your employer or union? Include a profit sharing plan that provides retirement benefits. Do not include Social Security or Railroad Retirement.

	Yes	1
(SKIP TO Q. 143)	No	2
	Don't know	3

123. Other than Social Security, were you covered by more than one pension or retirement plan on that job?

Yes	1
No	2

(IF "yES" TO Q. 123, START WITH: The next questions will be about your basic pension plan, the one intended to pay the most benefits.)

(IF R DOES NOT HAVE A CURRENT JOB, SKIP TO Q. 125.)

124. Was that (basic) plan the same (basic) plan you now belong to with your current employer?

(SKIP TO Q. 143)	Yes	1
	No	2
	No--no plan with current employer	3

125. Was that plan a pension plan or a profit sharing plan?

Pension Plan	1
Profit Sharing Plan	2
Both Pension and Profit Sharing Plan	3

126. Are you now receiving any benefits from this plan?

Yes	1
(SKIP TO Q. 134) No	2

Q. 127 IS DELETED.

128. in what month and year did *you* start receiving these benefits? (IF DOES NOT REMEMBER DATE, ASK: How old were you when you started to receive these benefits?)

_____ , _____ 19 _____ OR _____
 (MONTH) (YEAR) (AGE)

Q. 129 IS DELETED.

130. Has the amount of your **pension benefit** increased since you began receiving it?

Yes	1
No	2

1310 Has the amount that you received decreased since you began receiving it?

Yes	1
(SKIP TO Q. 133) No	2

132. When did this change take place:

automatically at age 62,	1
automatically at age 65, or	2
when Social Security benefits began?	3
Other (SPECIFY): _____	4

133. If you had wanted to retire, what was the earliest date or age you personally could have retired and started to receive benefits from this plan?

_____, 19____ OR _____
(MONTH) (YEAR) (AGE)

(ALL SKIP TO INSTRUCTION ABOVE Q. 139)

134. Will you be able to receive retirement benefits from this plan in the future?

_____	Yes	1
(SKIP TO Q. 137)	No	2

135. In what month and year or age will you personally first be able to start receiving benefits from this plan?

(IF R REPLIES THAT BENEFITS COULD BE RECEIVED AT PRESENT, PROBE FOR TIME PERIOD WHEN BENEFITS COULD FIRST HAVE BEEN RECEIVED.)

_____, 19____ OR _____
(MONTH) (YEAR) (AGE)

(ALL SKIP TO INSTRUCTION ABOVE Q. 139)

137. Did you ever receive a lump sum benefit or one-time cash payment from this (the basic) plan after you left this job or at retirement?

_____	Yes	1
(SKIP TO Q. 143)	No	2

Q. 138 IS DELETED.

(IF NOT CURRENTLY MARRIED, SKIP TO Q. 143)

139. If you should die tomorrow, would your (wife/husband) be able to receive monthly or other regular benefits from this plan either then or in the future?

Yes	1
No	2
Don't know	3
Other (SPECIFY): _____	4

QQ. 140 TO 142 ARE DELETED.

143. Did you look for work after you left your last job?

	Yes	1
(SKIP TO Q. 145)	No	2

144. How many Weeks did you look for work?

(# OF WEEKS)

145. Did you receive unemployment benefits after you left your last job?

Yes	1
No	2

(IF DISABILITY SAMPLE PERSON, SKIP TO INSTRUCTION ABOVE Q. 151)

146. Had you planned to leave this Job when you did, or did you leave unexpectedly?

Planned	1
Unexpected	2

147. When you left this job, could you have stayed on or did you leave only because you had to?

Could have stayed	1
Had to	2

148. I will now read you some reasons a person might give for leaving a job. Please tell me which of these reasons were important to you.

	COLUMN 1 Q. 148		COLUMN 2 Q. 148a
	YES	NO	MOST IMPORTANT
a. Was it because you lost your job or business was bad?	1	2	01
b. Because you didn't like your job?	1	2	02
c. To get Social Security?	1	2	03
d. To get a pension?	1	2	04
e. Because you had health problems?	1	2	05
f. To care for others?	1	2	06
(IF NEVER MARRIED, SKIP TO Q. 148h.)			
g. Because your (husband/wife) retired?	1	2	07
h. Because you wanted to retire, or were tired of working?	1	2	08
i. Because you reached the compulsory retirement age?	1	2	09

**(IF NO REASONS GIVEN, SKIP TO INSTRUCTION ABOVE Q. 151.
IF ONLY ONE REASON GIVEN, CIRCLE CODE IN COLUMN 2 AND SKIP TO
INSTRUCTIONS ABOVE Q. 149)**

148a. Of the reasons you have just given me, which was the most important reason you left that employer? **(RECORD IN COLUMN 2 ABOVE)**

**(IF CODE 1, Q. 148e, IS CIRCLED, ASK Q. 149 AND 150.
OTHERWISE, SKIP TO INSTRUCTION ABOVE Q. 151)**

149. Would your health have allowed you to do a similar job but fewer hours a day?

Yes	1
No	2

150. Would your health have let you do a less difficult or less demanding job?

Yes	1
No	2

LONGEST EMPLOYMENT

(SEE DECISION TABLE ON PAGE 9. ASK QQ. 151-188 ONLY IF CURRENT EMPLOYER OR LAST EMPLOYER WAS NOT THE LONGEST EMPLOYER. OTHERWISE, SKIP TO Q. 192)

Now I will ask some questions about the employment you had for the longest time with (NAME OF LONGEST EMPLOYER).

151. Did you work as an employee or were you self-employed in your own business, professional practice, or farm?

(SKIP TO Q. 161)	Employee	1
	Self-employed	2

Q. 152 IS DELETED.

153. In what kind of business or industry was this?

(BUSINESS OR INDUSTRY)

154. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY):	4

155. What kind of work did you do?

(KIND OF WORK)

156. What were your most important activities or job duties?

(ACTIVITIES OR DUTIES)

157. How many hours a week did you usually work at this business?

(HOURS A WEEK)

158. How many weeks per year did you usually work at this business? Include any time during the year when you had paid vacation and paid sick leave?

(WEEKS PER YEAR)

159. Before any taxes and deductions, how much was your salary or how much did you draw from this business? Please use the rate of pay in the period just before you left that business. (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ per
(AMOUNT)

hour	1
day (PROBE FOR DAYS WORKED PER WEEK): _____	2
week	3
month	4
year	5
Other (SPECIFY): _____	6

159a. Was this an incorporated business?

(SKIP TO Q. 171)

Yes	1
No	2

160. Did you contribute to a Keogh retirement account for yourself?

Yes	1
No	2

(ALL SKIP TO Q. 192)

161. Were you an employee of:

(SKIP TO Q. 164)	a nonprofit, charitable tax exempt organization,	1
	a private company, business or individual for wages, salary, or commissions,	2
	the federal government, as a civilian,	3
	state government,	4
	local government, or	5
	the Armed Forces?	6
	Other (SPECIFY): _____	7

162. In what kind of business or industry was this?

(BUSINESS OR INDUSTRY)

163. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY):	4

164. What kind of work did you do? (PROBE IF HAD MULTIPLE JOBS: Just before you left, what kind of work did you do?)

(KIND OF WORK)

165. What **were your** most important **activities** or **job** duties?

(ACTIVITIES OR DUTIES)

166. How many **hours** a wee-k **did** you usually work for this employer?

(HOURS AWEEK)

167. How many weeks per year **did** you usually work for this employer? Include any time during the year when you had paid vacation and paid sick leave?

(WEEKS PER YEAR)

168. Before any taxes and deductions, how much did you earn from this employer? Please use the rate of pay in the period Just before you left. (PROBE FOR **TIME PERIOD** IF NOT MENTIONED)

\$ _____ per
(AMOUNT)

hour	1
day (PROBE FOR DAYS WORKED PER WEEK) : _____	2
week	3
month	4
year	5
Other (SPECIFY) :	6

169. Were F.I.C.A. or Social Security taxes deducted from your pay?

Yes	1
No	2

Q. 170 IS DELETED.

171. With this employer were you covered by a pension or retirement plan provided by your employer or union? Include a profit sharing plan that provides retirement benefits. Do not include Social Security or Railroad Retirement.

Yes	1
No	2
Don't know	3

(SKIP TO Q. 192)

172. Other than **Social Security**, were you covered by more than one pension or retirement plan on that job?

Yes	1
No	2

(IF "yES" TO Q. 172, START WITH: The next questions will be about your **basic** pension plan, the one intended to pay the most benefits.)

173. Was this (basic) plan the same (basic) plan you belonged to in the employment we have already talked about?

(SKIP TO Q. 192)	Yes	1
	No	2
	No--no plan in last employment	3

174. Was this plan a pension plan or a profit sharing plan?

Pension plan	1
Profit sharing plan	2
Both pension and profit sharing plan	3

175. Are you now receiving any benefits from this plan?

Yes	1
(SKIP TO Q. 183) No	2

Q. 176 IS DELETED.

177. In what month and year did you start receiving these benefits?

_____ AND _____
(MONTH) (YEAR)

Q. 178 IS DELETED.

179. Has the amount of your pension benefit increased since you began receiving it?

Yes	1
No	2

180. Has the amount that you received decreased since you began receiving it?

Yes	1
(SKIP TO Q. 182) No	2

181. When did this change take place:

automatically at age 62,	1
automatically at age 65, or	2
when the Social Security benefits began?	3
Other (SPECIFY): _____	4

182. If you had wanted to retire, what was the earliest date or age you personally could have retired and started to receive benefits from this plan?

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

(ALL SKIP TO INSTRUCTION ABOVE Q. 188)

183. Will you be able to receive retirement benefits from this plan in the future?

_____	Yes	1
(SKIP TO Q. 186)	No	2

184. in what month and year will you personally first be able to start receiving benefits from this plan? (IF R REPLIES THAT BENEFITS COULD BE RECEIVED AT PRESENT, PROBE FOR TIME PERIOD WHEN BENEFITS COULD FIRST HAVE BEEN RECEIVED.)

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

(ALL SKIP TO INSTRUCTION ABOVE Q.188)

Q. 185 IS DELETED.

186. Did you ever receive a lump sum benefit or one-time cash payment from this (the basic) plan after you left this job or at retirement?

_____	Yes	1
(SKIP TO Q. 192)	No	2

Q. 187 IS DELETED.

(IF NOT CURRENTLY MARRIED, GO TO Q. 192)

188. If you should die tomorrow, would your (w fe/husband) be able to receive benefits from this plan either then or in the future?

Yes	1
No	2
Don't know	3
Other (SPECIFY): _____	4

Q Q. 189To 191 ARE DELETED.

NONCOVERED EMPLOYMENT

192. Other than the job(s) we've just talked about in detail, have you worked for the federal government for a year or more at any time since (1951/you became 21)? Do not include uniformed military service.

	Yes	1
(SKIP TO Q. 206)	No	2

(SHOW JOB HISTORY CHART ON PAGE 8 TO R. USING CHART, ASK Q. 193 UNTIL ALL FEDERAL EMPLOYMENT PERIODS ARE EXHAUSTED.)

193. Using this chart which we completed earlier, could you please point to those periods of employment with the federal government? If you had forgotten to tell me about any periods of employment with the federal government which lasted for a year or more, please tell me the beginning and ending dates of these additional jobs.

(FOR ALL PERIODS OTHER THAN THE CURRENT, LAST OR LONGEST, COPY THE JOB NUMBER AND TIME PERIOD FROM THE JOB HISTORY CHART TO THE CHART BELOW. BEGIN WITH THE MOST RECENT PERIOD. IF ADDITIONAL PERIODS MENTIONED WHICH WERE NOT ON THE JOB HISTORY CHART, WRITE IN THESE ADDITIONAL PERIODS ON CHART BELOW AND BE SURE TO CIRCLE CODE 97 IN BOX IN LOWER RIGHT HAND CORNER OF THIS CHART. THEN ASK QQ. 200 AND 201 ABOUT EACH PERIOD.)

(SKIP TO Q. 206)	No Other Periods	99
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200. When you were working for the federal government between (DATE BEGAN) and (DATE ENDED), were you covered by Social Security or did you pay F.I.C.A. taxes during this period? (RECORD IN COLUMN 4)

201. As a result of having this federal job, did you contribute to the Civil Service Retirement Plan or to any other federal government retirement plan? (RECORD IN COLUMN 5)
(IF ADDITIONAL PERIODS, RETURN TO Q. 200. OTHERWISE, CONTINUE WITH Q. 206)

COLUMN 1 (Q. 193)	COLUMN 2 (Q. 193)		COLUMN 3 (Q. 193)		COLUMN 4 (Q. 200)		COLUMN 5 (Q. 201)	
JOB NUMBER FROM JOB HISTORY CHART	BEGINNING DATE OF EMPLOYMENT		ENDING DATE OF EMPLOYMENT		PAID FICA		CRSS/FEDERAL RETIREMENT	
	MONTH	YEAR	MONTH	YEAR	YES	NO	YES	NO
		19		19	1	2	1	2
		19		19	1	2	1	2
		19		19	1	2	1	2
		19		19	1	2	1	2
		19		19	1	2	1	2
		19		19	1	2	1	2

Periods listed which are not on the Job History Chart	97
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QQ. 194 TO 199 ARE DELETED.

QQ. 202 To 205 ARE DELETED,

206. Other than the job(s) we've already talked about in detail, have you worked for pay for a year or more for either a state or local government, or for a nonprofit, charitable, or tax exempt organization for any period of time (since 1951/since you became 21)?

	Yes	1
(SKIP TO Q. 218)	No	2

(SHOW JOB HISTORY CHART ON PAGE 8 TO R. using CHART, A3K Q. 207 UNTIL ALL PERIODS OF EMPLOYMENT WITH STATE OR LOCAL GOVERNMENT, OR WITH NONPROFIT, CHARITABLE, OR TAX EXEMPT ORGANIZATIONS, ARE EXHAUSTED.)

207. Using this chart which we completed earlier, could you please point to those employment periods with either a state or local government, or with a nonprofit, charitable, or tax exempt organization? If you had forgotten to tell me about any periods of employment lasting for a year or more and with a state or local government or with a nonprofit, charitable, or tax exempt organization, please tell me the beginning and ending dates of these additional jobs.

(FOR ALL PERIODS OTHER THAN THE CURRENT, LAST OR LONGEST COPY THE JOB NUMBER AND TIME PERIODS FROM THE JOB HISTORY CHART TO THE CHART ON THE NEXT PAGE. BEGIN WITH THE MOST RECENT PERIOD. IF ADDITIONAL PERIODS MENTIONED WHICH WERE NOT ON THE JOB HISTORY CHART, WRITE IN THESE ADDITIONAL PERIODS ON THE CHART ON THE NEXT PAGE AND BE SURE TO CIRCLE CODE 97 IN BOX IN LOWER RIGHT HAND CORNER OF THIS CHART. THEN ASK QQ. 208-210 ABOUT EACH PERIOD.)

(SKIP TO Q. 218)	No Other Periods	99
------------------	------------------	----

2 0 8 On the job you had between (DATE BEGAN) and (DATE ENDED), were you covered by Social Security or did you pay F.I.C.A. taxes? (RECORD IN COLUMN 4)

209. Were you covered by a pension or retirement plan provided by this employer? (RECORD IN COLUMN 5)

210. Was this with a state government or a state educational institution, a county or local government, a nonprofit, charitable, or tax exempt organization, a nonprofit educational institution, or some other type of governmental or nonprofit organization? (RECORD IN COLUMN 6) (IF ADDITIONAL PERIODS RETURN TO Q. 208. OTHERWISE, CONTINUE WITH Q. 218)

COLUMN 1 (Q. 207)	COLUMN 2 (Q. 207)		COLUMN 3 (Q. 207)		COLUMN 4 (Q. 208)		COLUMN 5 (Q. 209)		COLUMN 6 (Q. 210)			
	BEGINNING DATE OF EMPLOYMENT		ENDING DATE OF EMPLOYMENT		PAID FICA		COVERED BY PENSION		TYPE OF EMPLOYMENT			
	MONTH	YEAR	MONTH	YEAR	YES	NO	YES	NO	STATE OR STATE E D.	COUNTY OR LOCAL	NONPROFIT OR NONPROFIT ED.	OTHER (SPECIFY):
		19		19	1	2	1	2	1	2	3	4
		19		19	1	2	1	2	1	2	3	4
		19		19	1	2	1	2	1	2	3	4
		19		19	1	2	1	2	1	2	3	4
		19		19	1	2	1	2		2	3	4
		19		19	1	2	1	2	1	2	3	4

Periods listed which are not on the Job History Chart | 97

QQ. 211" TO 216 ARE DELETED.

Q. 217 IS DELETED.

218. Have you ever served on active duty in the U.S. Armed Forces? Exclude any periods of time spent in the reserves other than on active duty.

	Yes	1
(SKIP TO Q. 224)	No	2

219. How many times were you on active duty?

(NUMBER OF TIMES)

220. Were any of these periods of active duty during World War II?

	Yes	1
	No	2

Q. 221 IS DELETED.

222. Do you have a VA-determined service-connected disability that is a health condition or illness caused or made worse by military service?

	Yes	1
(SKIP TO Q. 224)	No	2

223. What is your VA percent disability rating?

(PERCENT RATING)

HEALTH

224. Which of the following conditions or illnesses has a doctor said you have? (CIRCLE ALL THAT APPLY)

Asthma	01
Tuberculosis	02
Chronic bronchitis	03
Emphysema	I 04
I Pneumoconiosis	I 05
I Silicosis, asbestosis or byssinosis	I 06
I Any other chronic lung problem	I 07
I Hardening of the arteries or arteriosclerosis	I 08
High blood pressure or hypertension	09
Heart attack or a coronary	10
Stroke	11
Angina pectoris or chest pain	12
Any other heart trouble	13
Blindness, that is, no usable vision	14
Difficulty seeing well enough to read ordinary newspaper, even with glasses on	15
Glaucoma	16
Cataracts	17
Chronic stiffness or deformity of the back or spine	18
Slipped or ruptured disc	19
Other trouble with back or spine	20
Arthritis or rheumatism	21
Osteomyelitis	22
Broken bones	23
Chronic stiffness or any deformity of the foot, leg, arm, or hand	24

(CONTINUED ON NEXT PAGE)

Missing arms, hands, or fingers	25
Missing legs or feet	26
Dermatitis or any kind of skin allergy	27
Eczema or psoriasis	28
Chronic gallbladder or liver trouble	29
Kidney stones or chronic kidney trouble	30
Stomach ulcer	31
Any other chronic stomach or intestinal trouble	32
Multiple sclerosis	33
Cerebral palsy or muscular dystrophy	34
Epileptic seizures or convulsions	35
Paralysis of any kind	36
Deafness or serious trouble hearing .	37
Hernia or rupture	38
Hemorrhage of the brain	39
Diabetes	40
Cancer	41
Tumor or growth	42
Mental retardation	43
Nervous or emotional problems	44
Mental illness	45
Alcohol or drug problems	46

225. What other conditions, if any, do you now have that a doctor has told you about?

(CONDITiON)

(CONDITiON)

None | 96

226. Altogether, how many nights did you spend in a hospital, nursing home, convalescent home or similar place in the last 12 months?

None	0
------	---

(NUMBER OF NIGHTS)

Q. 227 IS DELETED.

228. During the past two years, how many times, if any, did you see or talk to a medical doctor? Do not count doctors seen while a patient in a hospital.

(# OF TIMES)

229. Including any doctors you may have seen while you were a patient in a hospital, about how long has it been since you last saw or talked to a medical doctor?

(DAYS) OR _____
(WEEKS) OR _____
(MONTHS)

229a. During the past 12 months, about how many days did illness or injury keep you in bed all or most of the day? Please include any days while a patient in the hospital.

(# OF DAYS)

230. Do you now have any physical, mental, or other health condition or handicap which limits the kind or amount of work you can do?

Yes	1
-----	---

(SKIP TO Q. 239) | No | 2

(IF CURRENTLY WORKING, Q. 40, SKIP TO Q. 232)

231. Does this health condition keep you from working altogether?

(SKIP TO Q. 235) | Yes | 1

No | 2

232. Are you now able to do the same kind of work you did immediately before this work limitation began?

Yes	1
No	2
Other (SPECIFY): _____	3

233. Are you now able to work full time, or can you **only** work part time?

Full time	1
Part time	2

234. Are you now able to work regularly or can you only work occasionally or irregularly?

Regularly	1
Occasionally or irregularly	2

235. Were any of these health conditions caused by an accident or injury **on** the job?

Yes	1
No	2
Never worked or did not work before limitation began	3

236. Were any **of** these health conditions caused by **bad** working conditions such as noise, heat, or smoke?

Yes	1
No	2

237. How long have you been limited in the kind or amount of work that you could do?

_____ OR _____ OR _____
 (WEEKS) (MONTHS) (YEARS)

238. Do you expect this condition *to* improve within the next 12 months so that it will no longer limit your ability to work?

Yes	1
No	2
Don't know	3

239. I would like to ask you some questions about your ability to get around. Do you have to stay in bed all or most of the time?

Yes	1
-----	---

(SKIP TO Q. 241)

No	2
----	---

240. How often do you need help from others in looking after your personal needs--such as dressing, eating, or personal hygiene:

usually,	1
----------	---

occasionally, or	2
------------------	---

rarely or never?	3
------------------	---

(ALL SKIP TO Q. 249)

241. Can you get out of bed and wash and dress yourself without help?

Yes	1
-----	---

(SKIP TO Q. 249)

No	2
----	---

242. Do you have to stay in a chair or wheelchair all or most of the time?

Yes	1
-----	---

No	2
----	---

243. Are you usually able to get out of doors by yourself?

Yes	1
-----	---

(SKIP TO INSTRUCTION ABOVE Q. 248) | NO | 2

244. Are you usually able to use public transportation such as buses and trains by yourself?

Yes	1
-----	---

No	2
----	---

QQ. 245 TO 247 ARE DELETED.

(IF WHEELCHAIR BOUND, Q. 242, SKIP TO Q. 248i)

(HAND R CA Rd B)

248. Are you able to do each of the following activities with no difficulty, some difficulty, much difficulty, or are you unable to do them at all? Are you able to:

	NO DIFFICULTY	SOME DIFFICULTY	MUCH DIFFICULTY	UNABLE TO DO
a. walk a quarter of a mile, which is about 2 or 3 city blocks, without resting with no difficulty, some difficulty, much difficulty, or are you not able to walk this distance at all?	1	2	3	4
b. walk up and down one flight of stairs without resting?	1	2	3	4
c. stand for long periods, about 2 hours?	1	2	3	4
d. sit for long periods, about 2 hours?	1	2	3	4
e. stoop, crouch, or kneel?	1	2	3	4
f. lift or carry something as heavy as 50 pounds? (IF "NO DIFFICULTY," SKIP TO Q. 248i)	1	2	3	4
g. lift or carry something as heavy as 25 pounds, such as 2 full bags of groceries? (IF "NO DIFFICULTY," SKIP TO Q. 248i)	1	2	3	4
h. lift or carry something as heavy as 10 pounds, such as a 10 pound sack of potatoes?	1	2	3	4
i. reach over your head?	1	2	3	4
j. use fingers to grasp things?	1	2	3	4

(IF DISABILITY SAMPLE RESPONDENT, SKIP TO Q. 250)

You may be aware that Social Security provides benefits for disability as well as retirement.

249. Since your 60th birthday, have you applied for Social Security Disability Benefits at any time?

Yes	1
No	2

250. Have you applied for Supplemental Security income or SS1 within the past 3 years?

Yes	1
(SKIP TO Q. 252)	No
	2

251. Did you receive SSI benefits?

Yes	1
No	2

252. Are you covered by Medicaid, the state public assistance program that pays for health care? This is not the federal health plan called Medicare.

Yes	1
No	2

253. Are you covered by CHAMPUS, VA, or military health care?

Yes	1
No	2

254. Are you now covered by any other health insurance or belong to any other health plan? Do not count health insurance you already told me about, including Medicare, Medicaid, CHAMPUS, VA, or military health care.

Yes	1
No	2

INCOME

(IF R IS CURRENTLY MARRIED, SKIP TO Q. 272)

Social Security pays benefits that help make up for lost earnings, so that we can measure just how much these benefits help, we need to ask some questions about other current income that you or your family may receive.

255. In any of the last three months, did you receive any income from: (RECORD IN COLUMN 1)

(ASK Q. 256-260 FOR EACH "YES" TO Q. 255)

256. How much did you receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 2)

257. How much did you receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)?
(RECORD IN COLUMN 3)

258. How much did you receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)?
(RECORD IN COLUMN 4)

(IF WIDOWED, ASK Q. 259 FOR EACH "YES" TO Q. 255 a,c,d,e. Otherwise, Ask Q. 260 FOR EACH "yEs" To Q. 255 a,b,c,e)

259. Is this payment based on your own work or is it a survivor benefit from your last spouse? (RECORD IN COLUMN 5)

(ASK Q. 260 IF ANY PART OF PAYMENT IS BASED ON "OWN WORK:" Q. 259. OTHERWISE, RETURN TO Q. 256 AND ASK ABOUT NEXT SOURCE. IF NO MORE SOURCES, CONTINUE WITH Q. 261)

260. Is this a retirement or disability benefit? (RECORD IN COLUMN 6 AND THEN RETURN TO Q. 256 AND ASK ABOUT NEXT SOURCE. OTHERWISE, CONTINUE WITH Q. 261)

-5-

SPOUSE SECTION

Time: _____

(SKIP TO Q. 255 IF NOT CURRENTLY MARRIED, Q. 9/13)

**The next questions are about your spouse's education and job history.
Could I please talk to your (husband/wife)?**

**(IF SPOUSE NOT AVAILABLE , SAY): Could you then please answer these
questions as best as you can?**

**S39.. What is the highest grade of school (you/your spouse) completed?
(CIRCLE GRADE)**

None	00
Elementary School	01 02 03 04 05 06 07 08
High School	09 10 11 12
College	13 14 15 16 17+
Other (SPECIFY): _____	97

**S40. (Are you/IS your spouse) currently working for pay either part-time
or full-time?**

(SKIP TO INSTRUCTION ABOVE Q. S42) | Yes | 1

No | 2

541. In what year did (you/your spouse) last work for pay, either part-time or full-time?

(SKIP TO Q. s218)

Never Worked

99

(YEAR)

(IF S BORN BEFORE 1930, GET EMPLOYMENT HISTORY FROM 1951 THROUGH PRESENT.
IF S BORN IN 1930 OR AFTER, GET EMPLOYMENT HISTORY FROM AGE 21 THROUGH PRESENT.
IF S HAS NOT WORKED SINCE 1950, SKIP TO Q. S218.)

We would like to get a brief history of your (spouse's) employment from (1951/the year [you/your spouse] became 21) until the present. We will be asking about periods of continuous employment with the same business or organization regardless of any changes in duties. Answer the questions for all employment which lasted at least a year, including part-time and second jobs. Include any time (you were/your spouse was) on active duty with the U.S. Armed Forces since 1950.

S42. What is the name of your (spouse's) (current/most recent) employer? (RECORD NAME IN COLUMN 1)

(SKIP TO Q. S218)

No Job For At Least One Year 97

S43. In what month and year did (you/your spouse) stop working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 2. IF CURRENTLY WORKING, X OUT BOXES IN COLUMN 2)

544. In what month and year did (you/your spouse) start working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 3)

S45. During that time, was this job with (NAME OF EMPLOYER) your (spouse's) main job or a second job? (RECORD IN COLUMN 4)

(CONTINUE WITH QUESTIONS, S46-S49e UNTIL RESPONDENT GOES BACK TO 1951 OR YEAR SPOUSE TURNED 21)

s46. What is the name of your (spouse's) next or other most recent full-time or part-time employer? (RECORD NAME IN COLUMN 1)

S47. In what month and year did (you/your spouse) stop working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 2. IF CURRENTLY WORKING, X OUT BOXES IN COLUMN 2)

s48. In what month and year did (you/your spouse) begin working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 3)

S49. During that time, was this job with (NAME OF EMPLOYER) your (spouse's) main job or a second job? (RECORD IN COLUMN 4)

S49a. I have listed (NUMBER OF EMPLOYERS) employers. Including any part-time or second jobs, did (you/your spouse) work for pay for any other business or organization for at least a year or more since (1951/the year [you/your spouse] became 21)?

(ASK Qs. S49b-S49e ABOUT ALL JOBS R OR S HAD FORGOTTEN TO TELL YOU ABOUT) Yes 1

(GO TO INTERVIEWER INSTRUCTIONS AND DECISION TABLE)

No 2

S49b. Let's take the (most recent/next most recent) employer we have not already talked about. What was the name of that employer? (RECORD NAME IN COLUMN 1)

S49c. In what month and year did (you/your spouse) stop working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 2. IF CURRENTLY WORKING, X OUT BOXES IN COLUMN 2)

S49d. In what month and year did (you/your spouse) begin working for (NAME OF EMPLOYER)? (RECORD DATE IN COLUMN 3)

S49e. During that time, was this job with (NAME OF EMPLOYER) your (spouse's) main job or a second job? (RECORD IN COLUMN 4)

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COLUMN 1 (QQ. S42/S46/S49b)	COLUMN 2 (S43/S47/S49c)		COLUMN 3 (S44/S48/S49d)		"COLUMN 4 (S45/S49/S49e)		COLUMN 5--INSTRUCTION		
	STOP WORK		START WORK		MAIN	SECOND	CURRENT	LAST	LONGEST
	MONTH	YEAR	MONTH	YEAR					
01		19		19	1	2	1	2	3
02		19		19	1	2	1	2	3
03		19		19	1	2	1	2	3
04		19		19	1	2	1	2	3
05		19		19	1	2	1	2	3
06		1 9		19	1	2	1	2	3
07		19		19	1	2	1	2	3
08		1 9		19	1	2	1	2	3
09		19		19	1	2	1	2	3
10		19		19	1	2	1	2	3
11		19		19	1	2	1	2	3
12		19		19	1	2	1	2	3
13		19		19	1	2	1	2	3

INTERVIEWER INSTRUCTIONS

- A. LOOK AT COLUMN 2. IF S IS CURRENTLY WORKING, CIRCLE CODE 1 IN COLUMN 5 ON LINE FOR S'S MAIN OR ONLY CURRENT EMPLOYER. THAT IS THE CURRENT EMPLOYER.
- B. NOW LOOK AT JOB HISTORY AND FIND THE MAIN OR ONLY EMPLOYER FOR WHOM S WAS WORKING IN MAY 1980. IF S WAS NOT WORKING THEN, FIND MAIN OR ONLY EMPLOYER FOR WHOM S LAST WORKED BEFORE MAY 1980. CIRCLE CODE 2 IN COLUMN 5 ON LINE FOR THAT EMPLOYER. THAT IS THE LAST EMPLOYER.
- C. NOW FIND THE MAIN EMPLOYER FOR WHOM S WORKED THE LONGEST. CIRCLE CODE 3 IN COLUMN 5 ON LINE FOR THAT EMPLOYER. THAT IS THE LONGEST EMPLOYER, NOTE: SOME EMPLOYERS MAY FIT MORE THAN ONE CODE.
- D. NOW LOOK AT DECISION TABLE BELOW TO FIND CORRECT SECTION(S) IN QUESTIONNAIRE FOR REMAINDER OF EMPLOYMENT QUESTIONS. BEGIN WITH CHECK ITEM I. CIRCLE THE RESPONSE CODES AS YOU PROCEED AND THEN CIRCLE THE ONE INSTRUCTION IN THE DECISION TABLE WHICH FITS S'S EMPLOYMENT HISTORY. ONLY ASK QUESTIONS INDICATED IN THAT INSTRUCTION.

DECISION TABLE

CHECK ITEM	QUEST 10N (REFER TO COLUMN 5)	RESPONSE			
		YES		NO	
I	IS S CURRENTLY WORKING? (CODE 1)	1	GO TO CHECK II.	2	SKIP TO CHECK IV.
II	IS <u>CURRENT EMPLOYER</u> (CODE 1) <u>SAME AS LAST EMPLOYER</u> (CODE 2)?	1	GO TO CHECK III.	2	SKIP TO CHECK V.
III	IS <u>CURRENT EMPLOYER</u> (CODE 1) <u>SAME AS LONGEST EMPLOYER</u> (CODE 3)?	1	ASK QQ. S50-S93 ABOUT <u>CURRENT EMPLOYER ONLY</u> .	2	ASK QQ. S50-S93 AND S151-S188 ABOUT BOTH <u>CURRENT AND LONGEST EMPLOYERS</u> .
IV	IS <u>LAST EMPLOYER</u> (CODE 2) THE <u>SAME AS LONGEST EMPLOYER</u> (CODE 3)?	1	ASK QQ. S94-S150 ABOUT <u>LAST EMPLOYER ONLY</u> .	2	ASK QQ. S94-S188 ABOUT BOTH <u>LAST AND LONGEST EMPLOYERS</u> .
V	IS <u>LAST EMPLOYER</u> (CODE 2) THE <u>SAME AS LONGEST EMPLOYER</u> (CODE 3)?	1	ASK QQ. S50-S150 ABOUT BOTH <u>CURRENT AND LAST EMPLOYERS</u> .	2	ASK QQ. S50-S188 ABOUT <u>CURRENT, LAST, AND LONGEST EMPLOYERS</u> .

CURRENT EMPLOYMENT

Now I would like to ask some questions about (your/your spouse's) current employment.

S50. (Do you/Does your spouse) now work as an employee or (are you/is he/is she) self-employed in (your/h/s/her) own business, professional practice, or farm?

(SKIP TO Q. S64)	Employee	1
	Self-employed	2

Q. S51 IS DELETED.

S52. In what kind of business or industry is this?

(BUSINESS OR INDUSTRY)

S53. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY): _____	4

S54. What kind of work (do you/does he/does she) do?

(KIND OF WORK)

S55. What are (your/his/her) most important activities or job duties?

(ACTIVITIES OR DUTIES)

s56 . How many hours a week (do you/does he/does she) usually work at this business?

_____ (HOURS A WEEK)

S57 . How many weeks per year (do you/does he/does she) usually work at this business? Include any time during the year when (you/he/she) had paid vacation and paid sick leave?

_____ (WEEKS PER YEAR)

s58. Before any taxes and deductions, how much (do you/does he/does she) draw from this business? (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ per
(AMOUNT)

hour	1
day (PROBE FOR DAYS WORKED PER WEEK) : _____	2
week	3
month	4
year	5
, Other (SPECIFY): _____	6

S59. Is this an incorporated business?

(SKIP TJ Q. s78)	Yes	1
	No	2
	Don't know	3

QQ. S60 TO S62a ARE DELETED.

s63. (Are you/is your spouse) now contributing to a **Keogh** retirement account for (yourself/himself/her-f)?

Yes	1
No	2

(ALL SKIP TO INSTRUCTION ABOVE Q. S94)

s64. (Are you/is your spouse) an employee of: (HAND S CARD A)

(SKIP TO Q. S67)	a nonprofit, charitable or tax exempt organization,	1
	a private company, business, or individual, for wages, salary or commissions,	2
	the federal government, as a civilian,	3
	state government,	4
	local government, or	5
	the Armed Forces? -	6
	Other (SPECIFY): _____	7

S65. in what kind of business or industry is (your/your spouse's) employer?

(BUSINESS OR INDUSTRY)

S66. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY): _____	4

S67.. What kind of work (do you/does he/does she) do?

(KIND OF WORK)

S68. What are (your/his/her) most important activities or job duties?

(ACTIVITIES OR DUTIES)

s69. How many hours a week (do you/does he/does she) usually work for pay for this employer?

(HOURS A WEEK)

S70. How many weeks per year (do you/does he/does she) usually work for this employer? include any time during the year when (you/he/she) had paid vacation and paid sick leave?

(WEEKS PER YEAR)

S71. How much (do you/does he/does she) earn from **this** employer before any expenses, taxes and deductions? (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ per
(AMOUNT)

hour	1
day (PROBE FOR DAYS WORKED PER WEEK) : _____	2
week	3
month	4
year “	5
. Other (SPECIFY): _____	6

S72. Are F.I.C.A. or Social Security taxes deducted from (your/his/her) pay?

Yes	1
No	2

(IF CURRENT JOB HELD FOR THREE YEARS OR LESS, P. S3, SKIP TO Q. s78)

S73. How many hours a week **did** (you/he/she) work for **this** employer three years ago?

(HOURS A WEEK)

S74. How many weeks per **year** did (you/he/she) usually **work** for this employer three years ago? Include any time during the year when (you/he/she) had **paid** vacation and **paid** sick leave..

(WEEKS pER YEAR)

QQ. S75 TO S76a ARE DELETED.

Q. S77 IS DELETED.

S78. With this employer (are you/is your spouse) covered by a pension or retirement plan provided by (your/his/her) employer or union? Include a profit sharing plan that provides retirement benefits. Do not include Social Security or Railroad Retirement.

	Yes	1
(SKIP TO INSTRUCTION ABOVE Q. S94)	No	2
	Don't know	3

S79. Other than Social Security (are you/is he/is she) covered by more than one pension or retirement plan on this job?

Yes	1
No	2

(IF YES TO Q. S79, START WITH): The next questions will be about [your/your spouse's] basic pension plan, the one intended to pay the most benefits.)

s80. is this a regular pension plan or a profit sharing plan?

Pension plan	1
Profit sharing plan	2
Both pension and profit sharing plan	3

s81. (Are you/is he/is she) now receiving any retirement benefits from this plan?

(SKIP TO Q. s84)	Yes	1
	No	2

s82. if (you/he/she) left this employer now, could (you/he/she) start receiving benefits from this plan?

(SKIP TO Q. s89)	Yes	1
(SKIP TO Q. S90)	No	2

q. s83 is DELETED.

s84. In what month and year **did** (you/he/she) start receiving these benefits?
 [IF DOES NOT REMEMBER DATE, ASK: How old (were you/was **he/was** she) when (you/he/she) started to receive the benefits?]

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

Q. s85 IS DELETED:

S86. Has the amount of (your/his/her) pension benefit increased since (you/he/she) began receiving it?

Yes	1
No	2

s87. Has the amount that (you/he/she) received decreased since (you/he/she) first began receiving it?

	Yes	1
(SKIP TO Q. S89)	No	2

S88. When did this decrease take place:

automatically at age 62,	1
automatically at age 65, or	2
when the Social Security benefits began?	3
Other (SPECIFY): _____ _____	4

s89. If (you/he/she) had wanted to retire, what was the earliest date or age (you/he/she) could personally have retired and started to receive benefits from this plan?

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

(ALL SKIP TO Q. S93)

(IF CURRENTLY RECEIVING PENSION BENEFITS [SEE Q. S81], SKIP TO Q. S93)

S90. Will (you/he/she) be able to receive retirement **benefits** from this plan in the future?

	Yes	1
(SKIP TO Q. S93)	No	2

S91. In what month and year or age **will** (you/he/she) personally first be eligible to retire and receive benefits from this plan?

_____, 19____ OR _____
(MONTH) (YEAR) (AGE) “

Q. S92 IS DELETED.

S93. if (you/he/she) should die tomorrow, would (your wife/your husband/you) be able *to* receive regular or monthly benefits from this plan either then or in **the** future?

Yes	1
No	2
Don't know	3
Other (SPECIFY): _____	4

LAST EMPLOYMENT

(SEE DECISION TABLE ON PAGE S4. **ASK QQ. S94-S145 ONLY IF S IS NOT CURRENTLY WORKING OR IF CURRENT EMPLOYER IS NOT THE SAME AS LAST EMPLOYER. OTHERWISE, SKIP TO INSTRUCTION ABOVE Q.S151.**)

Now t **will** ask some questions about (your/your spouse's) employment with (NAME OF EMPLOYER ON LAST JOB).

S94• At that time, **did** (you/your spouse) work as an employee or (were you/ was he/was she) self-employed in (your/his/her) own business, professional practice, or farm?

(SKIP TO Q. s108)	Employee	1
	Self-employed	2

Q. S95 IS DELETED.

S96, In "what kind of business or industry was that?

(BUSINESS OR INDUSTRY)

S97. Was that mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY): _____	4

s98. What kind of work did (you/he/she) do?

(KIND OF WORK)

S 99. What were (your/his/her) most important activities or job duties.

(ACTIVITIES OR JOB DUTIES)

S100. How many hours a week did (you/he/she) usually work at that business right before (you/he/she) left?

_____ (HOURS A WEEK)

S101. How many weeks per year did (you/he/she) usually work at that business right before (you/he/she) left? Include any time during the year when (you/he/she) had paid vacation and paid sick leave.

_____ (WEEKS PER YEAR)

S102. Before any taxes and deductions, how much was (your/his/her) salary or how much did (you/he/she) draw from that business? Please use the rate of pay in the period just before (you/he/she) left that business. (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ per
(AMOUNT)

hour	1
day (PROBE FOR DAYS WORKED PER WEEK) : _____	2
week	3
month	4
year	5
Other (SPECIFY) : _____	6

S103. Was that an incorporated business?

(SKIP TO Q. S122)	Yes	1
	No	2

QQ. S104 AND S105 ARE DELETED.

Q0. s106 AND S106a ARE DELETED.

S107. Did (you/your spouse) contribute to a Keogh retirement account for (yourself/himself/hersel f)?

Yes	1
No	2

(ALL SKIP TO INSTRUCTION ABOVE Q. 5151)

s108. (Were you/Was your spouse) an employee of: (HAND S CARD A)

(SKIP TO Q. S111)	a nonprofit, charitable or tax exempt organization,	1
	a private company, business or individual , for wages, salary or commissions,	2
	the federal government, as a civilian,	3
	state government,	4
	local government, or	5
	the Armed Forces?	6
	other (SPECIFY): _____	7

S109. In what kind of business or industry was (your/his/her) employer?

(BUSINESS OR INDUSTRY)

S110. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else((SPECIFY): _____	4

S111. What kind of work did (you/he/she) do? [PROBE IF HAD MULTIPLE JOBS:
Just before (you/he/she) left, what kind of work did (you/he/she) do?]

(KIND OF WORK)

S112. What were (your/his/her) most important activities or job duties?

(ACTIVITIES OR DUTIES)

S113. How many hours a week did (you/he/she) usually work for pay for this employer right before (you/he/she) left?

(HOURS A WEEK)

S114. How many weeks per year did (you/he/she) usually work for this employer right before (you/he/she) left? Include any time during the year when (you/he/she) had paid vacation and paid sick leave?

(WEEKS PER YEAR)

S115. How much did (you/he/she) earn on this job before any expenses, taxes and deductions? Please use the rate of pay in the period Just before (you/he/she) left. (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ per
(AMOUNT)

hour	1
day (PROBE FOR DAYS WORKED PER WEEK) : _____	2
week	3
month	4
year	5
Other (SPECIFY): _____	6

S116. Were F.I.C.A. or Social Security taxes deducted from (your/his/her) pay?

Yes	1
No	2

QQ.S117 TO S120 ARE DELETED.

QQ. S120a AND S121 ARE DELETED.

S122. With this employer (were you/was your spouse) covered by a pension or retirement plan provided by (your/his/her) employer or union? Include a profit sharing plan that provides **retirement** benefits. Social Security or Railroad Retirement. Do not include

(SKIP TO Q. S143)	Yes	1
	No	2
	Don't know	3

S123. Other than Social Security (were-you/was he/was she) covered by more than one pension or **retirement** plan on that Job?

Yes	1
No	2

(IF "YES" TO Q. S123, START WITH: [your/your spouse's] basic pension plan, ^{The next 8 questions will be about} the one intended to pay the most benefits.)

(IF S DOES NOT HAVE A CURRENT JOB, SKIP TO Q. S125.)

S124. Was that (basic) plan the same (basic) plan (you/he/her) belonged to with (your/his/her) current employer?

(SKIP TO Q. S143)	Yes	1
	No	2
	No--no plan with current employer	3

S125. Was that plan a pension plan or a profit sharing plan?

Pension Plan	1
Profit Sharing Plan	2
Both Pension and Profit Sharing Plan	3

s126. (Are you/is he/is she) now receiving any benefits from this plan?

	Yes	1
(SKIP TO Q. S134)	No	2

Q. S127 IS DELETED.

S128. In what month and year did (you/he/she) start receiving these benefits?
 [IF DOES NOT REMEMBER DATE, ASK: How old (were you/was he/was she) when (you/he/she) started to receive these benefits?]

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

Q. S129 IS DELETED.

S130. Has the amount of (your/h(s/her) pension benefit increased since (you/he/she) began **receiving** it?

Yes	1
No	2

S131. Has the amount that (you/he/she) received decreased since (you/he/she) began receiving it?

Yes	1
No	2

(SKIP TO Q. S133)

S132. When did this change take place:

automatically at age 62,	1
automatically at age 65, or	2
when Social Security benefits began?	3
Other (SPECIFY): _____ _____	4

S133. If (you/he/she) had wanted to retire, what was the earliest date or age (you/he/she) could personally have retired and started to receive benefits from this plan?

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

(ALL SKIP TO Q. S139)

S134. Will (you/he/she) be able to receive retirement benefits from this plan in the future?

	Yes	1
(SKIP TO Q. s137)	No	2

S135. In what month and year or age will (you/he/she) personally first be able to start receiving benefits from this plan?

(IF R OR S REPLIES THAT BENEFITS COULD HAVE BEEN RECEIVED AT PRESENT, PROBE FOR TIMEPERIOD WHEN BENEFITS COULD FIRST HAVE BEEN RECEIVED.)

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

(ALL SKIP TO Q. S139)

Q. S136 IS DELETED.

S137. Did (you/he/she) ever receive a lump sum benefit or one-time cash payment from this (the basic) plan after (you/he/she) left this job or at retirement?

	Yes	1
(SKIP TO Q. S143)	No	2

Q. S138 is DELETED.

S139. If (you/he/she) should die tomorrow, would (your wife/your husband/you) be able to receive monthly or other regular benefits from this plan either then or in the future?

Yes	1
No	2
Don't know	3
Other (SPECIFY): _____	4

QQ. S140 TO S142 ARE DELETED.

S143. Did (you/your spouse) look for work after (you/he/she) left (your/his/her) last job?

	Yes	1
(SKIP TO Q. S145)	No	2

S144. How many weeks did (you/he/she) look for work?

(# OF WEEKS)

S145. Did (you/he/she) receive unemployment benefits after (you/he/she) left (your/his/her) last job?

Yes	1
No	2

(IF DISABILITY SAMPLE PERSON, SKIP TO INSTRUCTION ABOVE Q. S151)

S146. Had (you/he/she) planned to leave **this** job when (you/he/she) did, or did (you/he/she) leave unexpectedly?

Planned	1
Unexpected	2

S147. When (you/he/she) left this job, could (you/he/she) have stayed on, or did (you/he/she) leave only because (you/he/she) had to?

Could have stayed	1
Had to	2

S148. I will now read you some reasons a person might give for leaving a job. Please tell me which of these reasons were important to (you/him/her).

	"COLUMN 1 Q. S148		COLUMN 2 Q. S148a
	YES	NO	MOST IMPORTANT
a. Was it because (you/he/she) lost (your/his/her) job or business was bad?	1	2	01
b. Because (you/he/she) didn't like (your/his/her) job?	1	2	02
c. To get Social Security?	1	2	03
d. To get a pension?	1	2	04
e. Because (you/he/she) had health problems?	1	2	05
f. To care for others?	1	2	06
g. Because [your (husband/wife)]/you retired?	1	2	07
h. Because (you/he/she) wanted to retire, or (were/was) tired of working?	1	2	08

(IF NO REASONS GIVEN SKIP TO INSTRUCTION ABOVE Q. S149). (IF ONLY ONE REASON GIVEN, CIRCLE CODE IN COLUMN 2 AND SKIP TO INSTRUCTIONS ABOVE Q. S149).

S148a. Of the reasons you have just given me, which was the most important reason (you/he/she) left that employer? (RECORD IN COLUMN 2 ABOVE)

(IF CODE 1, Q. S148e, IS CIRCLED, ASK QQ. S149 AND S150. OTHERWISE, SKIP TO INSTRUCTION ABOVE Q. S151)

S149. Would (your/his/her) health have allowed (you/him/her) to do a similar job but fewer hours a day?

Yes	1
No	2

S150. Would (your/his/her) health have let (you/him/her) do a less difficult or less demanding job?

Yes	1
No	2

LONGEST EMPLOYMENT

(SEE DECISION TABLE ON PAGE S4 , ASK QQ. S151-S188 ONLY. IF CURRENT EMPLOYER OR LAST EMPLOYER WAS NOT THE LONGEST EMPLOYER. OTHERWISE, SKIP TO Q. S192)

Now I will ask some questions about the employment (you/your spouse) had for the longest time with (NAME OF LONGEST EMPLOYER).

S151. Did (you/he/she) work as an employee or (were you/was he/was she) self-employed in (his/her) own business, professional practice or farm?

(SKIP TO Q. S161)	Employee	1
	Self-employed	2

Q. S152 IS DELETED.

S153. In what kind of business or industry was this?

(BUSINESS OR INDUSTRY)

S154. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY): _____	4

S155. What kind of work did (you/he/she) do?

(KIND OF WORK)

S156. What were (your/his/her) most important activities or job duties?

(ACTIVITIES OR DUTIES)

S157. How many hours a week did (you/he/she) usually work at this business?

_____ (HOURS A WEEK)

S158. How many weeks per year did (you/he/she) usually work at this business? Include any time during the year when (you/he/she) had paid vacation and paid sick leave?

_____ (WEEKS PER YEAR)

S159. Before any taxes and deductions, how much was (your/his/her) salary or how much did (you/he/she) draw from this business? Please use the rate of pay in the period just before (you/he/she) left that business. (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ per
(AMOUNT)

hour	1
day (PROBE FOR DAYS WORKED PER WEEK): _____	2
week	3
month	4
year	5
: Other (SPECIFY): _____	6

S159a. Was this an incorporated business?

(SKIP TO Q. S171)	Yes	1
	No	2

S160. Did (you/your spouse) contribute to a Keogh retirement account for (yourself/himself/herself)?

Yes	1
No	2

(ALL SKIP TO Q. S192)

S161. (Were you/Was your spouse) an employee of:

(SKIP TO Q. S164)	a nonprofit, charitable tax exempt organization,	1
	a private company or individual,	2
	the federal government, as a civilian,	3
	state government,	4
	local government, or	5
	the Armed Forces?	6
	Other (SPECIFY): _____	7

S162. In what kind of business or industry was this?

_____ (BUSINESS OR INDUSTRY)

S163. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Something else (SPECIFY): _____	4

s164. What kind of work did (you/he/she) do? [PROBE IF HAD MULTIPLE JOBS: Just before (you/he/she) left, what kind of work did (you/he/she) do?]

_____ (KIND OF WORK)

S165. What were (your/his/her) most important activities or job duties?

_____ (ACTIVITIES OR DUTIES)

\$166. How many hours a week did (you/he/she) usually work for this employer?

(HOURS A WEEK)

S167. How many weeks per year did (you/he/she) work for this employer? Include any time during the year when (you/he/she) had paid vacation and paid sick leave?

(WEEKS PER YEAR)

S168. Before any expenses, taxes and deductions, how much did (you/he/she) earn from this employer? Please use the rate of pay in the period just before (you/he/she) left. (PROBE FOR TIME PERIOD IF NOT MENTIONED)

\$ _____ per (AMOUNT)	}	hour	1
		day (PROBE FOR DAYS WORKED PER WEEK) : _____	2
		week	3
		month -	4
		year	5
		Other (SPECIFY): _____	6

S169. Were F.I.C.A. or Social Security taxes deducted from (your/his/her) pay?

Yes	1
No	2

Q. 170 IS DELETED.

S171. With this employer (were you/was your spouse) covered by a pension or retirement plan provided by (your/his/her) employer or union? include a profit sharing plan that provides retirement benefits. D o _ _ n o t include Social Security or Railroad Retirement.

	Yes	1
	No	2
(SKI P TO Q. S192)	Don't know	3

S172. Other than Social Security (were you/was he/was she) covered by more than one pension or retirement plan on that Job?

Yes	1
No	2

(IF "YES" TO Q. S172, START WITH: The next questions will be about [your/your spouse's] basic pension plan, the one intended to pay the most benefits.)

S173. Was this (basic) plan the same (basic) plan (you/he/she) belonged to in the employment we have already talked about?

(S KIP TO Q. S192)	Yes	1
	No	2
	No--no plan in last employment	3

S174. Was this plan a pension plan or a profit sharing plan?

Pension plan	1
Profit sharing plan	2
Both pension and profit sharing plan	3

S175. (Are you/Is he/is she) now receiving any benefits from this plan?

	Yes	1
(SKIP TO Q. S183)	No	2

Q. S176 IS DELETED.

S177. In what month and year did (you/he/she) start receiving these benefits?

_____ AND _____
 (MONTH) (YEAR)

Q, s178 IS DELETED.

S179. Has the amount of (your/his/her) pension benefit increased since (you/he/she) began receiving it?

Yes	1
No	2

S180. Has the amount that (you/he/she) received decreased since (you/he/she) began receiving it?

Yes	1
No	2

(SKIP TO Q. s182.)

S181. When did this change take place:

automatically at age 62,	1
automatically at age 65, or	2
when the Social Security benefits began?	3
Other (SPECIFY): _____ _____	4

S182. If (you/he/she) had wanted to retire, what was the earliest date or age (you/he/she) could personally have retired and started to receive benefits from this plan?

_____(MONTH) _____ 19_____(YEAR) OR _____(AGE)

(ALL SKIP TO Q. S188)

s183. Will (you/he/she) be able to receive retirement benefits from this plan in the future? "

Yes	1
No	2

(SKIP TO Q. S186)

S184. In what month and year will (you/he/she) personally first be able to start receiving benefits from this plan? (IF R REPLIES THAT BENEFITS COULD HAVE BEEN RECEIVED AT PRESENT, PROBE FOR TIMEPERIOD WHEN BENEFITS COULD FIRST HAVE BEEN RECEIVED.)

_____, 19____ OR _____
 (MONTH) (YEAR) (AGE)

(A LL SKI P TO Q. S188)

Q. s185 is DELETED.

S186. Did (you/he/she) ever receive a lump sum benefit or one-time. cash payment from this (the basic) plan after (you/he/she) left this job or at retirement?

_____	Yes	1
(SKI P TO Q. S192)	No	2

Q, S187 IS DELETED,

S188. if (you/he/she) should die tomorrow, would (your wife/your husband/you) be able to receive benefits from this plan either then or in the future?

Yes	1
No	2
Don't know	3
Other (SPECIFY): _____	4

QQ. S189 TO S191 ARE DELETED.

NONCOVERED EMPLOYMENT

S192. Other than the job(s) we've just talked about in detail, (have you/has your spouse) worked for the federal government for a year or more at any time since [1951/(you/your spouse) became .21]? Do not include uniformed military service.

	Yes	1
(SKIP TO Q. s206)	No	2

(SHOW JOB HISTORY CHART ON PAGE S3 TO R. USING CHART, ASK Q.S193 UNTIL ALL FEDERAL EMPLOYMENT PERIODS ARE EXHAUSTED.)

S193. Using this chart which we completed earlier, could you please point to those periods of employment which (you/your spouse) had with the federal government? If you had forgotten to tell me about any periods of employment with the federal government which lasted for a year or more, please tell me the beginning and ending dates of these additional jobs.

(FOR ALL PERIODS OTHER THAN THE CURRENT, LAST OR LONGEST, COPY THE J03 NUMBER AND TIME PERIOD FROM THE JOB HISTORY CHART TO THE CHART BELOW. BEGIN WITH THE MOST RECENT PERIOD. IF ADDITIONAL PERIODS MENTIONED WHICH WERE NOT ON THE JOB HISTORY CHART, WRITE IN THESE ADDITIONAL PERIODS ON CHART BELOW AND BE SURE TO CIRCLE CODE 97 IN BOX IN LOWER RIGHT HAND CORNER OF THIS CHART. THEN ASK QQ. S200 AND S201 ABOUT EACH PERIOD.)

(SKIP TO Q. S206)	No	Other	Periods 99	"
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S200. When (you were/he was/she was) working for the federal government between (DATE BEGAN) and (DATE ENDED), (were you/was he/was she) covered by Social Security or did (you/he/she) pay F.I.C.A. taxes during this period? (RECORD IN COLUMN 4)

S201. As a result of having this federal job, did (you/he/she) contribute to the Civil Service Retirement Plan or to any other federal government retirement plan? (RECORD IN COLUMN 5)

(IF ADDITIONAL PERIODS, RETURN TO Q. S200. OTHERWISE, CONTINUE WITH q. S206)

COLUMN 1 (Q. S193)	COLUMN 2 (Q. S193)		COLUMN 3 (Q. S193)		COLUMN 4 (Q. S200)		COLUMN 5 (Q. S201)	
	BEGINNING DATE OF EMPLOYMENT		ENDING DATE OF EMPLOYMENT		PAID FICA		CRSS/FEDERAL RETIREMENT	
	MONTH	YEAR	MONTH	YEAR	YES	NO	YES	NO
		19		19	1	2	1	2
		19		19	1	2	1	2
		19		19	1	2	1	2
		19		19	1	2	1	2
		19		19	1	2	1	2
		19		19	1	2	1	2

Periods listed which are not on the Job History Chart	97
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QQ. S194 TO S199 ARE DELETED.

QQ. S202-S205 ARE DELETED.

S206. Other than the job(s) we've already talked about in detail, (have you/has your spouse) worked for pay for a year or more for either a state or local government, or for a nonprofit, charitable, or tax exempt organization for any period of time [since 1951/(since you/your spouse) became 21]?

	Yes	1
(SKIP TO Q. S218)	No	2

(SHOW JOB HISTORY CHART ON PAGE S3 TO R. USING CHART, ASK Q. S207 UNTIL ALL PERIODS OF EMPLOYMENT WITH STATE OR LOCAL GOVERNMENT, OR WITH NONPROFIT, CHARITABLE, OR TAX EXEMPT ORGANIZATIONS, ARE EXHAUSTED.)

S207. "Using this chart which we completed earlier, could you please point to those employment periods which (you/your spouse) had with either a state or local government, or with a nonprofit, charitable, or tax exempt organization? If you had forgotten to tell me about any periods of employment lasting for a year or more and with a state *OR* local government or with a nonprofit, charitable, or tax exempt organization, please tell me the beginning and ending dates of these additional jobs.

(FOR ALL PERIODS OTHER THAN THE CURRENT, LAST OR LONGEST, COPY THE JOB NUMBER AND TIME PERIOD FROM THE JOB HISTORY CHART TO THE CHART ON THE NEXT PAGE. BEGIN WITH THE MOST RECENT PERIOD. IF ADDITIONAL PERIODS MENTIONED WHICH WERE NOT ON THE JOB HISTORY CHART, WRITE IN THESE ADDITIONAL PERIODS ON THE CHART ON THE NEXT PAGE AND BE SURE TO CIRCLE CODE 97 IN BOX IN LOWER RIGHT HAND CORNER OF THIS CHART. THAN ASK QQ. S208-S210 ABOUT EACH PERIOD.)

(SKIP TO Q. S218)	No Other Periods	99
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S208. On the job (you/he/she) had between (DATE BEGAN) "and (DATE ENDED)", (were you/was he/was she) covered by Social Security or did (you/he/she) pay F.I.C.A. taxes? (RECORD IN COLUMN 4)

S209. (Were you/Was he/Was she) covered by a pension or retirement plan provided by this employer? (RECORD IN COLUMN 5)

S210. Was this with a state government or a state educational institution, a county or local government, a nonprofit, charitable, or tax exempt organization, a nonprofit educational institution, or some other type of government or nonprofit organization? (RECORD IN COLUMN 6) (IF ADDITIONAL PERIODS, RETURN TO Q. S208. OTHERWISE, CONTINUE WITH Q. S218)

JOB NUMBER FROM JOB HISTORY CHART	COLUMN 2 (Q. S207)		COLUMN 3 (Q. S207)		COLUMN 4 (Q. S208)		COLUMN 5 (Q. S209)		COLUMN 6 (Q. S210)							
	BEGINNING DATE OF EMPLOYMENT		ENDING DATE OF EMPLOYMENT		PAID FICA		COVERED BY PENSION		STATE OR STATE ED.		COUNTY OR LOCAL		NONPROFIT OR NONPROFIT ED.		OTHER (SPECIFY):	
	MONTH	YEAR	MONTH	YEAR	YES	NO	YES	NO	1	2	1	2	3	4		
	19		19		1	2	1	2	1	2	1	2	3	4		
	19		19		1	2	1	2	1	2	1	2	3	4		
	19		19		1	2	1	2	1	2	1	2	3	4		
	19		19		1	2	1	2	1	2	1	2	3	4		
	19		19		1	2	1	2	1	2	1	2	3	4		
	19		19		1	2	1	2	1	2	1	2	3	4		

Periods listed which are not on the Job History Chart | 97

QQ. S211-S217 ARE DELETED.

S218. (Have you/has your spouse) ever served on active duty in the U.S. Armed Forces? Exclude any periods of time spent in the reserves other than on active duty.

	Yes	1
(SKIP TO Q. S226)	No	2

S219. How many times (were you/was he/was she) on active duty?

(NUMBER OF TIMES)

S220. Were any of these periods of active duty during World War II?

	Yes	1
	No	2

Q. S221 IS DELETED.

S222. (Do you/Does he/Does she) have a VA-determined service-connected disability, that is, a health condition or illness caused or made worse by military service?

	Yes	1
(SKIP TO Q. S226)	No	2

S223. What is (your/his/her) VA percent disability rating?

(PERCENT RATING)

QQ. S224 AND S225 ARE DELETED.

S226. Altogether, how many nights did (you/your spouse) spend in a hospital, nursing home, convalescent home or similar place in the last 12 months?

	None	0
--	------	---

(NUMBER OF NIGHTS)

Q. S227 IS DELETED.

S228. During the past two years, how many times, if any, did (you/he/she) see or talk to a medical doctor? Do not count doctors seen while a patient in a hospital.

_____ (# OF TIMES)

S229. Including any doctors (you/he/she) may have seen while (you were/he was/ she was) a patient in a hospital, about how long has it been since (you/he/she) last saw or talked to a medical doctor?

_____ OR _____ OR _____
(DAYS) (WEEKS) (MONTHS)

S229a. During the past 12 months, about how many days did illness or injury keep (you/him/her) in bed all or most of the day? Please include any days while a patient in the hospital.

_____ (NUMBER OF DAYS)

S230. (Do you/Does he/Does she) now have any physical, mental, or other health condition or handicap which limits the kind or amount of work (you/he/she) can do?

_____	Yes	1
(SKIP TO Q. S239)	No	2

(IF CURRENTLY WORKING, Q. S40, SKIP TO Q. S232)

S231. Does this health condition keep (you/him/her) from working altogether?

_____	Yes	1
(SKIP TO Q. S235)	No	2

S232. (Are you/Is he/Is she) now able to do the same kind of work (you/he/she) did immediately before this work limitation began?

Yes	1
No	2
Other (SPECIFY): _____ _____	3

S233. (Are you/Is he/Is she) now able to work full time, or can (you/he/she) only work part time?

Full time	1
Part time	2

S234. (Are you/Is he/Is she) now able to work regularly or can (you/he/she) only work occasionally or irregularly?

Regularly	1
Occasionally or irregularly	2

S235. Were any of these health conditions caused by an accident or injury on the job?

Yes	1
No	2
Never worked or did not work before limitation began	3

S236. Were any of these health conditions caused by bad working conditions such as noise, heat, or smoke?

Yes	1
No	2

S237. How long (have you/has he/has she) been limited in the kind or amount of work that (you/he/she) could do?

_____ OR _____ OR _____
(WEEKS) (MONTHS) (YEARS)

S238. (Do you/Does he/Does she) expect this condition to improve within the next 12 months so that it will no longer limit (your/his/her) ability to work?

Yes	1
No	2
Don't know	3

S239 . I would "like to ask you some questions about (your/his/her) ability to get around. (Doyou/Does he/Does she) have to stay in bed all or most of the time?

	Yes	1
(SKIP TO Q. S241)	No	2

S240 . How often (do you/does he/does she) need help from others in looking after (your/his/her) personal needs--such as dressing, eating, or personal hygiene:

usually,	1
occasionally, or	2
rarely or never?	3

(ALL SKIP TO Q. s249)

S241. Can (you/he/she) get out of bed and wash and dress (yourself/himself/herself) without help?

	Yes	1
(SKIP TO INSTRUCTION ABOVE Q, S249)	No	2

S242. (Do you/Does he/Does she) have to stay n a chair or wheelchair all of most of the time?

	Yes	1
	No	2

S243. (Are you/is he/is she) usually able to get out of doors by (yourself/himself/herself)?

	Yes	1
(SKIP TO INSTRUCTION ABOVE Q. S248)	No	2

s244. (Are you/is he/is she) usually able to use public transportation such as buses and trains by (yourself/himself/herself) ?

	Yes	1
	No	2

QQ. S245 TO S247 ARE DELETED.

(IF WHEELCHAIR BOUND, Q. S242, SKIP TO Q. S248i)

(HAND R CARD B)

S248. (Are you/Is he/is she) able to do each of the following activities with no difficulty, some difficulty, much difficulty, or (are you/is he/is she) unable to do them at all? (Are you/is he/is she) able to:

	NO Difficulty	SOME Difficulty	MUCH DIFFICULTY	UNABLE TO DO
a. walk a quarter of a mile, which is about 2 or 3 city blocks, without resting with no difficulty, some difficulty, much difficulty, or (are you/is he/is she) not able to walk this distance at all?	1	2	3	4
b. walk up and down one flight of stairs without resting?	1	2	3	4
c. stand for long periods, about 2 hours?	1	2	3	4
d. sit for long periods, about 2 hours?	1	2	3	4
e. stoop, crouch, or kneel?	1	2	3	4
f. lift or carry something as heavy as 50 pounds? (IF "NO Difficulty," SKIP TO Q. S248i)	1	2	3	4
g. lift or carry something as heavy as 25 pounds, such as 2 full bags of groceries? (IF "NO DIFFICULTY," SKIP TO Q. S248i)	1	2	3	4
h. lift or carry something as heavy as 10 pounds, such as a 10 pound sack of potatoes?	1	2	3	4
i. reach over (your/his/her) head?	1	2	3	4
j. use fingers to grasp things?	1	2	3	4

(IF DISABILITY SAMPLE RESPONDENT, SKIP TO Q. S250)

You may be aware that Social Security provides benefits for disability as well as retirement.

S249. Since (your/his/her) 60th birthday, (have you/has he/has she) applied for Social Security Disability Benefits at any time?

Yes	1
No	2

S250. (Have you/Has he/Has she) applied for Supplemental Security Income or SSI within the past 3 years?

	Yes	1
(SKIP TO Q. S252)	No	2

S251. Did (you/he/she) receive SSI benefits?

	Yes	1
	No	2

S252. (Are you/Is he/is she) covered by Medicaid, the state public assistance program that pays for health care? This is not the federal health plan called Medicare.

	Yes	1
	No	2

S253. (Are you/is he/is she) covered by CHAMPUS, VA, or military health care?

	Yes	1
	No	2

S254. (Are you/Is he/is she) now covered by any other health insurance or belong to any other health plan? Do not count any health insurance you already told me about, including Medicare, Medicaid, CHAMPUS, VA, or military health care.

	Yes	1
	No	2

(END OF SPOUSE SECTION. IF NECESSARY, THANK SPOUSE FOR HIS/HER HELP AND THEN PROCEED TO ASK PRIMARY R NEXT SET OF QUESTIONS. SPOUSE NEED NOT BE PRESENT FOR REMAINDER OF QUESTIONNAIRE.)

SOURCE	COLUMN 1 (Q. 255)		COLUMN 2 (Q. 256)	COLUMN 3 (Q. 257)	COLUMN 4 (Q. 258)	COLUMN 5 (Q. 259)		COLUMN 6 (Q. 260)	
	YES	NO	AMOUNT, MONTH 1	AMOUNT, MONTH 2	AMOUNT, MONTH 3	R	SPOUSE	RETIRE	DISABLE
a. Social Security--the green checks?	1	2	\$ _____	\$ _____	\$ _____	1	2	1	2
b. Supplemental Security Income or SSI--the gold or yellow checks?	1	2	\$ _____	\$ _____	\$ _____	 		1	2
c. Railroad Pension?	1	2	\$ _____	\$ _____	\$ _____	1	2	1	2
d. Black Lung Benefits	1	2	\$ _____	\$ _____	\$ _____	1	2	1	2
e. Veteran's Pension or Compensation?	1	2	\$ _____	\$ _____	\$ _____	1	2	1	2
f. State or Local Welfare, including Aid to Families with Dependent Children or AFDC?	1	2	\$ _____	\$ _____	\$ _____	 		 	

261. In any of the last 3 months, did you receive any income from: (RECORD IN COLUMN 1)
(ASK Q. 262-266 FOR EACH "YES" TO Q. 261)
262. Before taxes and deductions, how much did you receive last month from
(NAME OF SOURCE)? (RECORD IN COLUMN 2)
263. How much did you receive the month before that, that is, 2 months ago, from
(NAME OF SOURCE)? (RECORD IN COLUMN 3)
264. How much did you receive the month before that, that is, 3 months ago, from
(NAME OF SOURCE)? (RECORD IN COLUMN 4)
(IF WIDOWED, ASK Q. 265 FOR EACH "YES" TO Q. 261 b-f. OTHERWISE, ASK Q. 266 FOR EACH "YES" TO Q. 261 b-f)
265. Is this payment based on your own work or is it a survivor benefit from your late
(husband/wife)? (RECORD IN COLUMN 5)
(ASK Q. 266 IF ANY PART OF PAYMENT IS BASED ON "OWN WORK," Q. 265. OTHERWISE,
RETURN TO Q. 262 AND ASK ABOUT NEXT SOURCE. IF NO MORE SOURCE, CONTINUE WITH
Q. 267)
266. Is this a retirement or disability benefit? (RECORD IN COLUMN 6)
(IF ADDITIONAL SOURCES, RETURN TO Q. 262. OTHERWISE, CONTINUE WITH Q. 267)

SOURCE	COL. 1 (Q. 261)		COL. 2 (Q. 262)	COL. 3 (Q. 263)	COL. 4 (Q. 264)	COLUMN 5 (Q. 265)		COLUMN 6 (Q. 266)	
	YES	NO	AMOUNT, MONTH 1	AMOUNT, MONTH 2	AMOUNT, MONTH 3	OWN	SPOUSE	RETIRE	DISABLE
earnings from a job or your own business or farm, including tips, commissions, overtime, bonuses?	1	2	\$ _____	\$ _____	\$ _____				
state or local government employee pension?	1	2	\$ _____	\$ _____	\$ _____	1	2	1	2
military or reserve pension?	1	2	\$ _____	\$ _____	\$ _____	1	2	1	2
federal employee pension?	1	2	\$ _____	\$ _____	\$ _____	1	2	1	2
private employer or union pensions, including retirement, disability or survivors payments?	1	2	\$ _____	\$ _____	\$ _____	1	2	1	2
annuities or income from insurance, including private life insurance and private disability insurance?	1	2	\$ _____	\$ _____	\$ _____	1	2	1	2
worker's compensation?	1	2	\$ _____	\$ _____	\$ _____				
unemployment compensation?	1	2	\$ _____	\$ _____	\$ _____				
alimony or child support?	1	2	\$ _____	\$ _____	\$ _____				
estate, trust payments or royalties?	1	2	\$ _____	\$ _____	\$ _____				
money from relatives or others in the household?	1	2	\$ _____	\$ _____	\$ _____				
money from relatives or others not in the household?	1	2	\$ _____	\$ _____	\$ _____				
food stamps?	1	2	\$ _____	\$ _____	\$ _____				

(IF NO CHILDREN LESS THAN 23 YEARS OLD IN HOUSEHOLD, Q. 7, SKIPTO Q. 298.)

267. Do any of your children under age 23 receive any income from: (RECORD IN COLUMN 1)

(ASK QQ. 268-271 FOR EACH "YES" TO Q. 267. OTHERWISE, SKIP TO Q. 298.)

268. (Are/is) your child(ren)'s benefits from (NAME OF SOURCE) included in your check or (do they/does he/does she) receive separate checks? (RECORD IN COLUMN

(IF BENEFITS NOT IN R'S CHECK, ASK QQ. 269-271. OTHERWISE, RETURN TO Q. 268 AND ASK ABOUT NEXT SOURCE.)

269. How much did your child(ren) receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 3. IF MORE THAN ONE CHILD, RECORD THE COMBINED TOTAL OF ALL CHILDREN'S CHECKS.)

270. How much did your child(ren) receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 4. IF MORE THAN ONE CHILD, RECORD THE COMBINED TOTAL OF ALL CHILDREN'S CHECKS.)

271. How much did your child(ren) receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 5. IF MORE THAN ONE CHILD, RECORD THE COMBINED TOTAL OF ALL CHILDREN'S CHECKS.)

(IF ADDITIONAL CHILDREN'S INCOME SOURCES, RETURN TO Q. 267. OTHERWISE, SKIPTO Q. 298.)

SOURCE	COLUMN 1 (Q. 267)		COLUMN 2 (Q. 268)	COLUMN 3 (Q. 269)	COLUMN 4 (Q. 270)	COLUMN 5 (Q. 271)
	YES	NO				
	INCLUDED SEPARATE			AMOUNT, MONTH 1	AMOUNT, MONTH 2	AMOUNT, MONTH 3
a. Social Security--the green checks?		2		\$ _____	\$ _____	\$ _____
b. Railroad Pension?		2		\$ _____	\$ _____	\$ _____
c. Black Lung Benefits?		2	1	\$ _____	\$ _____	\$ _____
d. Veteran's Pension or Compensation?		2		\$ _____	\$ _____	\$ _____

- (IF R IS NOT CURRENTLY MARRIED, SKIP TO Q. 298)
 Social Security pays benefits that help make up for lost earnings. So that we can measure just how much these benefits help, we need to ask some questions about other current income that you or your family may receive.
272. In any of the last 3 months, did you or your spouse receive any income from: (RECORD IN COLUMN 1)
 (ASK Q. 272a FOR EACH YES TO Q. 272)
 272a. Was it you, your spouse, or both of you who received income from (NAME OF SOURCE)? (RECORD IN COLUMN 1A)
 (IF BOTH RECEIVED, ASK Q. 273-284.
 IF RESPONDENT ONLY RECEIVED, ASK Q. 284a-284-e.
 IF SPOUSE ONLY RECEIVED, ASK Q. 284f-284j.)
273. Did both of you receive income from (NAME OF SOURCE) in a combined check, so that the two of you received only one check? (RECORD IN COLUMN 2)
 (IF YES TO Q. 273, ASK Q. 274-276b. OTHERWISE, ASK Q. 277-284)
 274. How much did both of you together receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 3)
 275. How much did both of you together receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 4)
 276. How much did both of you together receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 5)
 (FOR SOURCES a, c, d, AND e, ASK Q. 276a)
 276a. Is this payment based upon your own employment or upon the employment record of your spouse? (RECORD IN COLUMN 12)
 (FOR SOURCES a, b, c, AND e, ASK Q. 276b)
 276b. Is this a retirement or disability benefit? (RECORD IN COLUMN 13)
 277. How much did you receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 6)
 278. How much did your spouse receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 7)
 279. How much did you receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 8)
 280. How much did your spouse receive the month before that, that is, 2 months ago from (NAME OF SOURCE)? (RECORD IN COLUMN 9)
 281. How much did you receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 10)
 282. How much did your spouse receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 11)
 (FOR SOURCES a, c, d, AND e, ASK Q. 283)
 283. Is this payment based upon your own employment or upon the employment record of your spouse? (RECORD IN COLUMN 12)
 (FOR SOURCES, a, b, c, AND e, ASK Q. 284)
 284. Is this a retirement or disability benefit? (RECORD IN COLUMN 13)
 284a. How much did you receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 6)
 284b. How much did you receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 8)
 284c. How much did you receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 10)
 (FOR SOURCES a, c, d, AND e, ASK Q. 284d)
 284d. Is this payment based upon your own employment or upon the employment record of your spouse? (RECORD IN COLUMN 12)
 (FOR SOURCES a, b, c, AND e, ASK Q. 284e)
 284e. Is this a retirement or disability benefit? (RECORD IN COLUMN 13)
 284f. How much did your spouse receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 7)
 284g. How much did your spouse receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 9)
 284h. How much did your spouse receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 11)
 (FOR SOURCES a, c, d, AND e, ASK Q. 284i)
 284i. Is this payment based upon your own employment or upon the employment record of your spouse? (RECORD IN COLUMN 12)
 (FOR SOURCES a, b, c, AND e, ASK Q. 284j)
 284j. Is this a retirement or disability benefit? (RECORD IN COLUMN 13)

-12-

SOURCE	COLUMN 1 (Q. 272)		COLUMN 2 (Q. 273)			COLUMN 3 (Q. 274)		COLUMN 4 (Q. 275)	COLUMN 5 (Q. 276)	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9	COLUMN 10	COLUMN 11	COLUMN 12		COLUMN 13		
	ES	10	OTH	R	POUSI ONLY	ES	10	AMOUNT, MONTH 1, COMBINED	AMOUNT, MONTH 2, COMBINED	AMOUNT, MONTH 3, COMBINED	AMOUNT, MONTH 1, R	AMOUNT, MONTH 1, SPOUSE	AMOUNT, MONTH 2, R	AMOUNT, MONTH 2, SPOUSE	AMOUNT, MONTH 3, R	AMOUNT, MONTH 3, SPOUSE	R	SPOUSE	RETIRE	DISABLE
a. Social Security--the green checks?	1	2	1	2	3	1	2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	1	2	1	2
b. Supplemental Security Income or SSI--the gold or yellow checks?	1	2	1	2	3	1	2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____			1	2
c. Railroad Pension?	1	2	1	2	3	1	2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	1	2	1	2
d. Black lung Benefits?	1	2	1	2	3	1	2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	1	2		
e. Veteran's Pension or Compensation?	1	2	1	2	3	1	2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	1	2	1	2
f. State or Local Welfare, including Aid to Families with Dependent Children or AFDC?	1	2	1	2	3	1	2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____				

285. In any of the last three months, did you or your spouse receive any income from: (RECORD IN COLUMN 1)

(ASK a. 285a FOR EACH YES TO Q. 285)

285a. Was it you, your spouse or both of you who received income from (NAME OF SOURCE)? (RECORD IN COLUMN 1A)

IF BOTH RECEIVED, ASK QQ. 286-291a ABOUT EACH SOURCE BOTH RECEIVED.
IF RESPONDENT ONLY RECEIVED, ASK QQ. 291b-291e ABOUT EACH SOURCE RECEIVED.
IF SPOUSE ONLY RECEIVED, ASK QQ. 291f-292 ABOUT EACH SOURCE SPOUSE RECEIVED.

286. How much did you receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 2) "

287. How much did our spouse receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 3)

288. How much did you receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 4)

289. How much did your spouse receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 5)

290. How much did you receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 6)

291. How much did your spouse receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 7)

(FOR SOURCES b-f, ASK):

291a. Is this a retirement or disability benefit? (RECORD IN COLUMN 8)

291b. How much did you receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 2)

291c. How much did you receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 4)

291d. How much did you receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 6)

(FOR SOURCES b-f, ASK):

291e. Is this a retirement or disability benefit? (RECORD IN COLUMN 8)

291f. How much did your spouse receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 3)

291g. How much did your spouse receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 5)

291h. How much did your spouse receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 7)

(FOR SOURCES b-f, ASK):

292. Is this a retirement or disability benefit? (RECORD IN COLUMN 8)

(IF NO CHILDREN LESS THAN 23 YEARS IN HOUSEHOLD, Q. 7, SKIP TO Q. 298.)

293. Do any of your children under age 23 receive any income from: (RECORD IN COLUMN 1)

(ASK QQ. 294-297 FOR EACH "YES" TO Q. 293. OTHERWISE, SKIP TO Q. 298.)

294. (Are/is) your child(ren)'s benefits from (NAME OF SOURCE) included in your check or (do they/does he/does she) receive separate checks?
(RECORD IN COLUMN 2)

(IF BENEFITS NOT IN R'S CHECK, ASK QQ. 295-297. OTHERWISE, RETURN TO Q. 294 AND ASK ABOUT NEXT SOURCE.)

295. How much did your child(ren) receive last month from (NAME OF SOURCE)? (RECORD IN COLUMN 3. IF MORE THAN ONE CHILD, RECORD THE COMBINED TOTAL OF ALL CHILDREN'S CHECKS.)

296. How much did your child(ren) receive the month before that, that is, 2 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 4. IF MORE THAN ONE CHILD, RECORD THE COMBINED TOTAL OF ALL CHILDREN'S CHECKS.)

297. How much did your child(ren) receive the month before that, that is, 3 months ago, from (NAME OF SOURCE)? (RECORD IN COLUMN 5. IF MORE THAN ONE CHILD, RECORD THE COMBINED TOTAL OF ALL CHILDREN'S CHECKS.)

(IF ADDITIONAL CHILDREN'S INCOME SOURCES, RETURN TO Q. 294. OTHERWISE, CONTINUE WITH Q. 298.)

<u>SOURCE</u>	COLUMN 1 (Q. 293)		COLUMN 2) (Q. 294)		COLUMN 3 (Q. 295)	COLUMN 4) (Q. 296)	COLUMN 5) (Q. 297)
	ES	NO	INCLUDED	SEPARATE	AMOUNT, MONTH 1	AMOUNT, MONTH 2	AMOUNT, MONTH 3
a. Social Security--the green checks?	1	2	1	2	\$ _____	\$ _____	\$ _____
b. Railroad Pension?	1	2	1	2	\$ _____	\$ _____	\$ _____
c. Black Lung Benefits?	1	2	1	2	\$ _____	\$ _____	\$ _____
d. Veteran's Pension or Compensation?	1	2	1	2	\$ _____	\$ _____	\$ _____

Time: _____

ASSETS

The next few questions are about savings or other assets you might have which can provide some income (In retirement/while You are disabled).

298. Do you (or your spouse) have any money in: (RECORD IN COLUMN 1)

(ASK Q. 299-300 FOR EACH YES TO Q. 298. OTHERWISE, SKIP TO Q. 302)

299. What is your best estimate of the total amount of money in (NAME OF ACCOUNT) at the end of (REFERENCE MONTH) 7 (RECORD IN COLUMN 2)

300. How much interest was earned from this account last month? (IF R DOES NOT KNOW INTEREST FOR LAST MONTH, PROBE FOR LAST MOST CONVENIENT TIME PERIOD AND RECORD BOTH TOTAL INTEREST AND TIME PERIOD IN COLUMN 3)

Q. 301 IS DELETED.

	COLUMN 1		COLUMN 2	COLUMN 3					
	(Q. 298)		(Q. 299)	(Q. 300)					
	YES	NO	TOTAL AMOUNT	TOTAL INTEREST	MO.	YR.	HF.YR.	QT.YR.	OTHER
									OTHER (SPECIFY):
a. money market accounts?	1	2	\$ _____	\$ _____	1	2	3	4	5 _____
b. certificates of deposit or savers certificates?	1	2	\$ _____	\$ _____	1	2	3	4	5 _____
c. savings accounts?	1	2	\$ _____	\$ _____	1	2	3	4	5 _____
d. credit union accounts?	1	2	\$ _____	\$ _____	1	2	3	4	5 _____
e. checking accounts?	1	2	\$ _____	\$ _____	1	2	3	4	5 _____

302. Do you (or your spouse) hold any bonds, including corporate, municipal, state, foreign or U.S. savings bonds?

	Yes	1
(SKIP TO Q. 306)	No	2

303. What is your best estimate of the **total** face value of these bonds at the end Of (REFERENCE MONTH)?

\$ _____
(FACE VALUE)

304. How much total interest was earned *on* all these bonds **during** the last year, half year, or quarter year? Please choose the time **period** most convenient to you.

(PROBE FOR TIME PERIOD IF NOT MENTIONED)

None | 000

\$ _____ per

(INTEREST)

Year	1
Half year	2
Quarter year	3
Other (SPECIFY): _____	4

Q. 305 IS DELETED.

306. Do you (or your spouse) hold any stocks or shares in mutual funds other than money market funds you have **already** told me about?

	Yes	1
(SKIP TO Q. 309)	No	2

307. What is your best estimate of the total market value of these stocks or shares in mutual funds at the end of (REFERENCE MONTH)?

\$ _____
(MARKET VALUE)

308. How much have you (or your spouse) received in dividends from the stocks or mutual funds in the last year, half year, or quarter year? Please choose the time period most convenient to you. (PROBE FOR TIME PERIOD IF NOT MENTIONED.)

\$ _____ per (AMOUNT)	}	Year	1
		Half year	2
		Quarter year	3
		Other (SPECIFY): _____	4

309. Do you hold an individual Keogh account or an individual Retirement Account called an IRA? (RECORD IN COLUMN 1)

(IF "YES" TO Q. 309, ASK Q. 310-312)

310. What do you estimate is the total value of your account at the end of last month? (RECORD IN COLUMN 2)

311. Do you get regular payments or make regular withdrawals from this account? (RECORD IN COLUMN 3)

(IF "YES" TO Q. 311, ASK Q. 312)

312. How much did you receive during the last three months, ending with (REFERENCE MONTH)? (RECORD IN COLUMN 4) (PROBE FOR TIME PERIOD IF NOT MENTIONED)

	COLUMN 1		COLUMN 2	COLUMN 3		COLUMN 4
	(Q. 309)		(Q. 310)	(Q. 311)		(Q. 312)
	YES	NO	TOTAL VALUE	YES	NO	AMOUNT
RESPONDENT	1	2	\$ _____	1	2	\$ _____

(IF NOT CURRENTLY MARRIED, SKIP TO Q. 317)

313. Does your spouse hold an individual **Keogh** account or an Individual Retirement Account called an IRA?

(RECORD IN COLUMN 1)

(IF "YES" TO Q. 313, ASK QQ. 314-316)

314. What do you estimate is the total value of your spouse's account at the end of last month? (RECORD IN COLUMN 2)

315. Does your spouse get regular payments or make regular withdrawals from this account? (RECORD IN COLUMN 3)

(IF "YES" TO Q. 315, ASK Q. 316)

316. How much did your spouse receive during the last three months, ending with (REFERENCE MONTH)? (RECORD IN COLUMN 4) (PROBE FOR TIME PERIOD IF NOT MENTIONED)

	COLUMN 1		COLUMN 2	COLUMN 3		COLUMN 4
	(Q. 313)		(Q. 314)	(Q. 315)		(Q. 316)
	YES	NO	TOTAL VALUE	YES	NO	AMOUNT
SPOUSE	1	2	\$ _____	1	2	\$ _____

317. Do you have any life insurance policies? Please include any group insurance, straight term, decreasing term, mortgage and loan cancellation policies.

Yes	1
No	2

Q. 318 IS DELETED.

QQ. 319 AND 320 ARE DELETED.

(IF NOT CURRENTLY MARRIED, SKIP TO Q. 325)

321. Does your spouse have any life insurance policies? Please include any group insurance, straight term, decreasing term, mortgage and loan cancellation policies.

Yes	1
No	2

QQ. 322 TO 324 ARE DELETED.

325. Do you (or your spouse) own, or are you buying the residence in which you are currently living?

	Yes	1
(SKIP TO Q. 332)	No	2

QQ. 326 TO 329 ARE DELETED.

330. What is your best estimate of the outstanding total of all mortgages, deeds of trust, contracts, or debts held on this residence? Please give your answer in thousands.

No Debts	000
----------	-----

\$ _____,000
(ESTIMATE)

331. What is your best estimate of the market selling price of this residence including its lot? Please give your answer in thousands.

\$ _____,000
(ESTIMATE)

(ALL SKIP TO Q. 335)

332. Are you (or your spouse) "renting this residence?"

Yes	1
-----	---

(SKIP TO Q. 335) | No | 2

333. is it in a public housing project, that is, is it owned by a local housing authority or other public agency?

Yes	1
No	2
Other (SPECIFY): _____	3

334. Does the federal, state or local government pay part of the rent of this residence?

Yes	1
No	2
Don't know	3

335. There are government programs that help people pay for heating their homes during the winter season. Did this household receive any money from the federal, state, or local government to help pay for heating this household's residence during the past winter season--that is, November 1, 1981 through March 31, 1982?

Yes	1
No	2
Don't know	3

Q. 336 IS DELETED.

336a. In the last three months, did you have any income from roomers or boarders in your home?

(SKIP TO Q. 337)

Yes	1
No	2

336b. How much did you receive last month from roomers or boarders?

(LAST MONTH)

336c. How much did you receive the month before that, that is, two months ago?

(MONTH 2)

336d. How much did you receive the month before that; that is, three months ago?

(MONTH 3)

337. Do you (or your spouse) own, or are you buying any other type of property, such as:

(CIRCLE AS
MANY AS
APPLY)

	YES	NO
rental housing, including houses, apartments, or condominiums, <u>not</u> including your own home?	1	2
a vacation home?	1	2
commercial or industrial property, <u>not</u> including your own business?	1	2
land rented out for farming or ranching?	1	2
any other land?	1	2

(IF NONE OF THE ABOVE, SKIP TO Q. 353)

338. What is your best estimate of the equity you (or your spouse) have in (this property/these properties) as of (REFERENCE MONTH)? BY equity we mean the amount for which the property could be sold minus any mortgages or loans.

\$ _____
(AMOUNT)

QQ.339 TO 344ARE DELETED.

345. Did you (or your spouse) receive any **rental** income from any of these properties during the past 12 months?

	Yes	1
(SKIP TO Q. 353)	No	2

346. What is your best estimate of the total income you (or your spouse) cleared from these rental properties during the past 12 months?

\$ _____
(TOTAL INCOME)

QQ. 347 TO 352 ARE DELETED.

353* Do you (or your spouse) currently own or have part interest in:
(RECORD IN COLUMN 1)

(ASK Q. 354 FOR EACH "YES" TO Q. 353 OTHERWISE, SKIP TO Q. 355.)

354. What is your best estimate of the equity you (or your spouse) have in
 (TYPE) as of preference MONTH? By equity we mean the amount for which th
business, professional practice, or farm could be sold minus any
 mortgages or loans. (RECORD IN COLUMN 2)

	COLUMN 1		COLUMN 2
	(Q. 353)		(Q. 354)
	YES	NO	AMOUNT
a. a business?	1	2	\$ _____
b. a professional practice?	1	2	\$ _____
c. a farm?	1	2	\$ _____

355. Do you (or your spouse) own any licensed cars or trucks? Include vehicles which you own free and clear, as well as any for which you are currently making payments. Do not count recreational vehicles or motorcycles.

	Yes	1
(SKIP TO Q. 367a)	No	2

356. How many cars or trucks do you own?

(NUMBER)

QQ. 357 TO 361 ARE DELETED.

QQ. 362 TO 367 ARE DELETED.

367a. In the last 12 months, have **you** (or your spouse) received any payments from personal loans, mortgage notes or second trust deeds you have made to others?

	Yes	1
(SKIP TO Q. 372)	No	2

Q. 367b IS DELETED.

367c . What is the total dollar size of all such payments received in the last 12 months?

\$ _____
(AMOUNT)

QQ. 367dAND 367eARE DELETED.

QQ.368 TO 371 ARE DELETED.

372. Not including all the different kinds of income that we have already talked about, did you (or your spouse) receive any income from any other sources in the last three months, that is, from (MONTH) through (REFERENCE MONTH)?

	Yes	1
(SKIP TO Q. 374a)	No	2

373. What kind of income was that? (PROBE: ANY OTHER ADDITIONAL SOURCES OF INCOME)

_____ (KINDS OF INCOME)

374. Altogether, how much did you (or your spouse) receive per week, month, or year? Please choose the time period most convenient to you. (PROBE FOR TIME PERIOD IF NOT MENTIONED.)

\$ _____ per
(AMOUNT)



Week	1
Mon th	2
Yea r	3
Other (SPECIFY):	4

(HAND R CARD C)

374a. Considering all the sources of **income we** have mentioned, such as wages, profits, interest, pension benefits, insurance benefits, survivor benefits, welfare, and so on, which letter on this card represents the total amount of money you (and your spouse) received before taxes and deductions in (REFERENCE MONTH)?

(LETTER)

(IF OTHER ADULTS, AGE 23 OR OLDER, IN THE HOUSEHOLD, SEE Q. 11, RECORD NAMES IN THE APPROPRIATE COLUMNS BELOW AND THEN ASK Q. 375)

(SKIP TO INSTRUCTION ABOVE Q. 376)

No Persons Age 23 or Older

375. Now think about the **income of all other** persons in your household age 23 or older. What is your best estimate of (NAME)'s total income before expenses, taxes, and deductions in (REFERENCE MONTH)? Please include income from work and any income from any other sources in (REFERENCE MONTH).

#1	#2	#3	#4
(NAME)	(NAME)	(NAME)	(NAME)
\$ _____ (AMOUNT)	\$ _____ (AMOUNT)	\$ _____ (AMOUNT)	\$ _____ (AMOUNT)

(IF OTHER PERSONS IN HOUSEHOLD UNDER AGE 23, SEE Q. 11, RECORD NAMES IN THE APPROPRIATE COLUMNS BELOW AND THEN ASK Q. 376)

(SKIP TO Q. 378)

No Persons Under Age 23

376. Now think about the **earnings from work** for each person under age 23 in your household. What is your best estimate of (NAME)'s income from work before expenses, taxes, and deductions only in (REFERENCE MONTH)?

#1	#2	#3	#4
(NAME)	(NAME)	(NAME)	(NAME)
\$ _____ (AMOUNT)	\$ _____ (AMOUNT)	\$ _____ (AMOUNT)	\$ _____ (AMOUNT)

Time: _____

CHILD CARE

Q

374. How many children did you have or raise? Do not include foster children for whose care you received pay from some public or private agency.

(SKIP TO Q. 389)

None

00

(# OF CHILDREN)

(IF MORE THAN FIVE CHILDREN, ASK Q. 379-384a ONLY ABOUT THE FOUR YOUNGEST AND THE OLDEST)

379. Please tell me the first name of (each child/your four youngest children and your oldest child) starting with the youngest. (RECORD NAMES IN COLUMN 1 AND ASK Q. 380-384a ABOUT EACH CHILD.)

380. What year was (NAME) born? (RECORD CALENDAR YEAR IN COLUMN 2)

381. Is (NAME) your own child, either biological or adopted, the child of a spouse, the child of a relative, or the child of a nonrelative? (RECORD IN COLUMN 3)

382. Did (NAME) live with you from birth? (RECORD IN COLUMN 4)

F "YES" TO Q. 382, SKIP TO Q. 384

383. (NAME) was (NAME) when (he/she) came to live with you? (RECORD IN COLUMN 5)

384. At what age did (NAME) stop living with you? (RECORD IN COLUMN 6. F STILL LIVING WITH R, CIRCLE CODE 96.)

(IF CHILD NOT LIVING WITH R AND AGE IN Q. 384 LESS THAN 18, ASK QUESTION 384a. OTHERWISE, RETURN TO QUESTION 380 AND ASK ABOUT NEXT CHILD. F NO MORE CHILDREN, CONTINUE WITH Q. 389.)

384a. At the time (NAME) stopped living with you, was (he/she) still alive? (RECORD IN COLUMN 7)

COLUMN 1 (Q. 379)	COLUMN 2 (Q. 380)	COLUMN 3 (Q. 381)				COLUMN 4 (Q. 382)		COLUMN 5 (Q. 383)	COLUMN 6 (Q. 384)		COLUMN 7 (Q. 384a)	
NAME OF CHILD	YEAR OF BIRTH	RELATIONSHIP				YES	NO	AGE STARTED	AGE STOPPED	STILL LIVING WITH R	YES	NO
		OWN CHILD	CHILD OF SPOUSE	CHILD OF RELATIVE	CHILD OF NONRELATIVE							
01	19__	1	2	3	4	1	2		(AGE) OR 96	1	2	
02	19__	1	2	3	4	1	2		(AGE) OR 96	1	2	
03	19__	1	2	3	4	1	2		(AGE) OR 96	1	2	
04	19__	1	2	3	4	1	2		(AGE) OR 96	1	2	
05	1__9	1	2	3	4	1	2		(AGE) OR 96	1	2	

RETIREMENT PROGRAM INFORMATION

(IF DISABLED, SKIP TO Q. 392)

Now we'll be talking about **Social Security** benefits in general.

QQ. 385 TO 388 ARE DELETED.

389. Sometimes a retired person your age decides to work. Can the benefits of a retired person your age ever be affected by the money he or she earns from work?

(SKIP TO Q. 411)	Yes	1
	No	2
	Don't know	3

390. For a person receiving Social Security, how much can a person of your age earn each year before benefits are affected?

\$ _____ (AMOUNT PER YEAR)	(SKIP TO Q. 411)	Don't know	8
-------------------------------	------------------	------------	---

391. Suppose you earned more than that in a year--say \$1,000 more. What would happen to your benefits that year? Would you:

	lose all,	1
	lose none, or	2
	lose some of your benefits?	3
(DO NOT READ)	Don't know	4

(ALL SKIP TO Q. 411)

PROGRAM KNOWLEDGE FOR DISABLED

392. Between the time you became disabled and the time you received your first Social Security disability check, did you get income from any of the following sources:

	YES	NO
a. Supplemental Security Income?	1	2
b. AFDC or Aid to Families with Dependent Children?	1	2
c. Veterans payments?	1	2
d. State cash sickness or temporary disability?	1	2
e. Worker's compensation?	1	2
f. Unemployment compensation?	1	2
g. Earnings of your spouse?	1	2
h. Earnings of family member other than your spouse?	1	2
i. Company, union or employer pension plans?	1	2
j. insurance plans?	1	2
k. Investments or annuities?	1	2
l. Any other sources? (SPECIFY): _____ _____ _____	1	2

We would like to get some idea of how much people know about the Social Security disability program that provides benefits to disabled persons.

393. Do people who are receiving Social Security disability benefits ever get Medicare?

_____	Yes	1
(SKIP TO Q. 399)	No	2
	Don't know	3

394. How long do you have to be getting disability benefits to get Medicare?

_____ OR _____
(MONTHS) (YEARS)

Don't know	98
------------	----

395. What happens to Medicare coverage if a person recovers from his or her disability? Does the Medicare coverage stop **immediately** or is it extended for a period of time?

Stops immediately	1
Extended	2
Don't know	3

Q. 396 IS DELETED.

397. What happens to Medicare coverage if a person stays disabled but goes back to work at a good paying job? Does the Medicare coverage **stop** immediately, or is it extended for a period of time?

Stops immediately	1
Extended	2
Don't know	3

398. if a **person** recovers from a disability and then becomes disabled again within the next few years, **will** he or she have a waiting **period** before getting Medicare again?

Yes	1
No	2
Don't know	3

399. Can a person receiving disability benefits work some and still get cash benefits?

_____ (SKIP TO Q. 403)	Yes	1
	No	2
	Don't know	3

400. How much can a person generally earn and still get benefits?

_____ (AMOUNT)	PER	_____ (UNIT)	Don't know	98
-------------------	-----	-----------------	------------	----

Q Q. 401 AND 402 ARE DELETED.

403. Suppose a disabled person is able to go back to work for 18 months but then, because of never having really recovered from the disability, cannot keep doing the job. Can this person's disability benefits be restarted automatically or will he/she have to file a new application?

Restarted automatically	1
File a new application	2
Don't know	3

404. Suppose this person worked for 36 months and then, because of never having recovered from the disability, couldn't keep doing the job. Can this person's disability benefits be restarted automatically or will he/she have to file a new application?

Restarted automatically	1
File a new application	2
Don't know	3

405. Have you heard of the *trial work period*, a time when disabled people can test their ability to do a job while still getting benefits?

	Yes	1
(SKIP TO Q. 411)	No	2

406. How long does the trial work period last?

_____ OR _____
 (MONTHS) (YEARS)

Don't know	98
------------	----

407. Is there any limit on the amount of money one can earn and still get benefits each month in the trial work period?

Yes	1
No	2
Don't know	3

408. What if a person medically recovers before completing the trial work period? Will their disability benefits *stop* or will they be allowed to complete the normal **trial** work period?

stop	1
Complete Period	2
Don't know	3

409. Is a disabled person entitled to more than one trial work period for any given period of disability?

Yes	1
No	2
Don't know	3
Other (SPECIFY): _____	4

410. What if a disabled person recovers and then becomes disabled again? Is he or she entitled *to* a trial work period during each period of disability?

Yes	1
No	2
Don't know	3
Other (SPECIFY): _____	4

RACE

(HAND R CARD D)

411. Please look at this card and tell me which group best describes your racial or ethnic background.

American Indian or Alaskan Native	1
Asian or Pacific Islander	2
Black or Negro	3
White	4
Other (PLEASE DESCRIBE): _____ _____	5

412. Is your ethnic background or national origin any of the following: Mexican, Puerto Rican, Cuban, Central or South American, Chicano, or other Spanish cultures?

Yes	1
No	2

(HANDR "YOUR soc IAL SECURITY" BOOKLET)

413. Thank you very much for your cooperation. Are there any comments you would like to make about any things we have not covered but you think are important?

No comments	00
-------------	----

(END OF INTERVI EW)

(INTERVIEWER--BY OBSERVATION ONLY) :

1. In what type of structure does R's family currently live?

Trailer	01
Detached single family house	02
Two-family house, two units side by side (semi-detached)	03
Two-family house, two units one above the other	04
Detached three-four family house/apartment building	05
Row house (three or more units in an attached row)	06
Apartment house (five or more units, three stories or less)	07
Apartment house (five or more units, four stories or more)	08
Apartment in a partly commercial structure	09
Other (SPECIFY): _____	10

2. Please look at three structures on each side of the dwelling unit but not more than 100 yards or so in both directions and check as many boxes as apply below.

Vacant land only	01
Trailer	02
Detached single family house	03
Two-family house, two units side by side (semi-detached)	04
Two-family house, two units one above the other	05
Detached three-four family house/apartment building	06
Row house (three or more units in an attached row)	07
Apartment house (five or more units, three stories or less)	08
Apartment house (five or more units, four stories or more)	09
Apartment in a partly commercial structure	10
Wholly commercial or industrial structure	11
Park	12
School or other governmental building	13
Other (SPECIFY):	14

3. Overall, how interested was the respondent in this interview?

Very interested	1
Somewhat interested	2
Somewhat disinterested	3
Very disinterested	4

4. Did the respondent ever express concern that her/his answers might have an effect on her/his benefits?

Yes	1
No	2

5* Please use the word-pair technique to rate the respondent on the basis of your observation of her/him and her/his home. Circle one answer code for each row.

The respondent was:

Able to understand questions easily	1	2	3	4	5	6	7	Hardly able to understand	
Cooperative	0	1	2	3	4	5	6	7	. . . **	Uncooperative
No language problem .0...0..0	1	2	3	4	5	6	7	. . . **.*	Spoke English with great difficulty	
Interviewed without interruption	1	2	3	4	5	6	7	. . . 0..	Interrupted often	

6. THUMBNAIL SKETCH: We are concerned about the overall interview situation and the effects on the quality of the information collected. Describe anything that happened or that you noticed during the interview that you feel is important for evaluating the data.