

International Adult Literacy Survey

NOTICE - Your report to the Census Bureau is CONFIDENTIAL by law. This information is collected under the authority of Section 383b of the Educational Amendments of 1988. All identifiable information will be used only by persons engaged in and for the purposes of the survey, and may not be disclosed or released to others for any purpose.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
NATIONAL CENTER FOR EDUCATION STATISTICS
U.S. DEPARTMENT OF EDUCATION

Name: _____	RO	PSU	Segment	Serial	Serial Suffix
Address: _____					
Phone: () - _____					

Was an advance letter sent?

Yes
 No

1. Language of interview	<input type="checkbox"/> English <input type="checkbox"/> Spanish	2. Total Number of calls	_____
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3. Interviewer Code _____ Interviewer Name _____

4. Was any assistance provided by a third party for completion of the background questionnaire (BQ)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Final Status	_____ BQ _____ CORE _____ MAIN
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(See your FR Booklet for list and descriptions of Final Status Codes.)

Interviewer: Please provide a detailed reason for non-response in the area provided at the back of this questionnaire.

Record of Calls and Appointments

	Date	Start Time	Finish Time	Notes/Best Time To Call
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SCREENER - INTERNATIONAL ADULT LITERACY SURVEY

<p>S1. What is your date of birth?</p>	<p>105</p> <p>_____ month</p> <p>106</p> <p>_____ day</p> <p>107</p> <p>_____ year</p>
<p>S2. <i>INTERVIEWER: Enter the respondent's sex.</i></p>	<p>108</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>
<p>S3. Are you married, widowed, divorced, separated, or have you never been married?</p>	<p>109</p> <p>1 <input type="checkbox"/> Married</p> <p>2 <input type="checkbox"/> Widowed</p> <p>3 <input type="checkbox"/> Divorced</p> <p>4 <input type="checkbox"/> Separated</p> <p>5 <input type="checkbox"/> Never married</p>

Section A. General Information

CHECK ITEM A	<i>Record start time of Background Questionnaire.</i>	_____ : _____ <input type="checkbox"/> am <input type="checkbox"/> pm
A1.	<p>First, I'd like to ask you a few questions about your background, your education, the languages you speak and the jobs you may have held in the past 12 months.</p> <p>In what country were you born?</p>	<p>110</p> <p>1 <input type="checkbox"/> United States (50 states/D.C.) <i>Skip to A5.</i></p> <p>2 <input type="checkbox"/> U.S. Territory - specify _____</p> <p>3 <input type="checkbox"/> Other - specify _____</p>
A2.	<p>In what year did you first immigrate to the United States?</p>	<p>111</p> <p>19 _____</p> <p>112</p> <p>1 <input type="checkbox"/> Citizen by birth <i>Skip to A5.</i></p>
A3.	<p>How many years have you lived in the United States?</p>	<p>113</p> <p>_____ Years</p>
A4.	<p>What was the highest level of education you completed before coming to the United States?</p> <p><i>(Probe for equivalent to school inside the United States, if necessary.)</i></p>	<p>114</p> <p>01 <input type="checkbox"/> Still in High School</p> <p>02 <input type="checkbox"/> Less than HS</p> <p>03 <input type="checkbox"/> Some HS</p> <p>04 <input type="checkbox"/> GED or HS equivalency</p> <p>05 <input type="checkbox"/> HS graduate</p> <p>06 <input type="checkbox"/> Attended vocational, trade or business school after HS</p> <p>07 <input type="checkbox"/> College: less than 2 years</p> <p>08 <input type="checkbox"/> College: Associate's Degree</p> <p>09 <input type="checkbox"/> College 2 years or more/no degree</p> <p>10 <input type="checkbox"/> College graduate (B.S. or B.A.)</p> <p>11 <input type="checkbox"/> Postgraduate/no degree</p> <p>12 <input type="checkbox"/> Postgraduate/degree (MS, MA, PhD, MD, etc.)</p> <p>14 <input type="checkbox"/> Did not attend school before coming to United States</p> <p>15 <input type="checkbox"/> Other</p> <p>13 <input type="checkbox"/> <i>Don't know</i></p>
CHECK ITEM B	<p>Is item 02 or item 03 marked in question A4?</p>	<p>115</p> <p><input type="checkbox"/> Yes <i>Specify grade</i> _____</p> <p><input type="checkbox"/> No <i>Continue with question A5.</i></p>

A5.	Which of the groups on this card best describes your race? (If respondent refuses to answer, please record race from observation.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">116</div> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black (African American) 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Alaskan Native 5 <input type="checkbox"/> Pacific Islander 6 <input type="checkbox"/> Asian - specify _____ 7 <input type="checkbox"/> Other - specify _____
A6.	Are you of Spanish or Hispanic origin or descent?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">117</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
A7.	During your lifetime, how many years of formal education have you completed, beginning with grade one and not counting repeated years at the same level?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">118</div> _____ Years
A8.	What is the highest level of public/private education you have ever completed?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">119</div> 01 <input type="checkbox"/> Still in High School 02 <input type="checkbox"/> Less than HS 03 <input type="checkbox"/> Some HS 04 <input type="checkbox"/> GED or HS equivalency <i>Skip to A10.</i> 05 <input type="checkbox"/> HS graduate 06 <input type="checkbox"/> Attended vocational, trade or business school after HS 07 <input type="checkbox"/> College: less than 2 years 08 <input type="checkbox"/> College: Associate's Degree 09 <input type="checkbox"/> College 2 years or more/no degree 10 <input type="checkbox"/> College graduate (B.S. or B.A.) 11 <input type="checkbox"/> Postgraduate/no degree 12 <input type="checkbox"/> Postgraduate/degree (MS, MA, PhD, MD, etc.) 13 <input type="checkbox"/> Don't know <i>Skip to B1.</i>
CHECK ITEM C	Is item 02 or item 03 marked in question A8?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">120</div> <input type="checkbox"/> Yes <i>Specify grade _____ Skip to A10.</i> <input type="checkbox"/> No <i>Continue with question A9.</i>
A9.	What kind of high school program (are you taking/did you take)? (Is/Was) it a college preparatory program, a vocational, technical, or trade program, a general program, a high school equivalency program, or the same program for everyone?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">121</div> 1 <input type="checkbox"/> College preparatory 2 <input type="checkbox"/> Vocational, technical, or trade 3 <input type="checkbox"/> General 4 <input type="checkbox"/> High school equivalency 5 <input type="checkbox"/> The same for everyone
<i>Skip to B1.</i>		

A10.

What was the main reason you stopped your schooling when you did?

122

- 01 Still in school
- 02 Had enough education
- 03 Had to work/financial reasons
- 04 Wanted to work/wanted to learn a trade
- 05 Family reasons (help family business, illness at home, marriage, pregnancy, etc.)
- 06 Did not like school/boredom
- 07 Did not do well in school
- 08 Personal illness or disability
- 09 School not available/not accessible
- 10 Went into the military
- 12 Other

- 11 *Don't know*

Section B. Linguistic Information

B1. What language did you **FIRST** speak as a child?
(Accept multiple responses only if languages were spoken EQUALLY.)

130

- 1 English *Skip to B13.*
- 2 Spanish
- 3 French
- 4 German
- 5 Italian
- 6 Chinese
- 7 Other

FIRST LANGUAGE

B2. How would you rate your current ability to speak
[insert first language marked in B1]?

131

- 1 Cannot speak *[insert first language marked in B1]*
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good

B3. How would you rate your current ability to understand *[insert first language marked in B1]* when it is spoken to you?

132

- 1 Cannot understand *[insert first language marked in B1]*
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good

B4. How would you rate your current reading skills in *[insert first language marked in B1]?*

133

- 1 Cannot read in *[insert first language marked in B1]*
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good

B5. How would you rate your current writing skills in *[insert first language marked in B1]?*

134

- 1 Cannot write in *[insert first language marked in B1]*
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good

B6. How old were you when you first started to learn English?

135

_____ Age in years

136

- 1 Does not speak English

B7.	<p>When you were growing up, what language or languages were usually spoken in your home?</p> <p><i>(Accept multiple responses only if languages were spoken EQUALLY.)</i></p>	<table border="0"> <tr><td>137</td><td>1</td><td><input type="checkbox"/></td><td>English</td></tr> <tr><td>138</td><td>2</td><td><input type="checkbox"/></td><td>Spanish</td></tr> <tr><td>139</td><td>3</td><td><input type="checkbox"/></td><td>French</td></tr> <tr><td>140</td><td>4</td><td><input type="checkbox"/></td><td>German</td></tr> <tr><td>141</td><td>5</td><td><input type="checkbox"/></td><td>Italian</td></tr> <tr><td>142</td><td>6</td><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td>143</td><td>7</td><td><input type="checkbox"/></td><td>Other</td></tr> </table>	137	1	<input type="checkbox"/>	English	138	2	<input type="checkbox"/>	Spanish	139	3	<input type="checkbox"/>	French	140	4	<input type="checkbox"/>	German	141	5	<input type="checkbox"/>	Italian	142	6	<input type="checkbox"/>	Chinese	143	7	<input type="checkbox"/>	Other				
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142	6	<input type="checkbox"/>	Chinese																															
143	7	<input type="checkbox"/>	Other																															
B8.	<p>What language did you first learn to read and write?</p>	<table border="0"> <tr><td>144</td><td>1</td><td><input type="checkbox"/></td><td>English</td></tr> <tr><td>145</td><td>2</td><td><input type="checkbox"/></td><td>Spanish</td></tr> <tr><td>146</td><td>3</td><td><input type="checkbox"/></td><td>French</td></tr> <tr><td>147</td><td>4</td><td><input type="checkbox"/></td><td>German</td></tr> <tr><td>148</td><td>5</td><td><input type="checkbox"/></td><td>Italian</td></tr> <tr><td>149</td><td>6</td><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td>150</td><td>7</td><td><input type="checkbox"/></td><td>Other</td></tr> <tr><td>151</td><td>8</td><td><input type="checkbox"/></td><td>Never learned to read and write</td></tr> </table>	144	1	<input type="checkbox"/>	English	145	2	<input type="checkbox"/>	Spanish	146	3	<input type="checkbox"/>	French	147	4	<input type="checkbox"/>	German	148	5	<input type="checkbox"/>	Italian	149	6	<input type="checkbox"/>	Chinese	150	7	<input type="checkbox"/>	Other	151	8	<input type="checkbox"/>	Never learned to read and write
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150	7	<input type="checkbox"/>	Other																															
151	8	<input type="checkbox"/>	Never learned to read and write																															
B9.	<p>Have you ever taken a course to learn English?</p>	<p>152</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to B11.</i></p>																																
B10.	<p>Did you complete this course?</p>	<p>153</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																
B11.	<p>How well do you understand English when it is spoken to you?</p>	<p>154</p> <p>1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Fair 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well 5 <input type="checkbox"/> Cannot understand English</p>																																
B12.	<p>How well do you speak English?</p>	<p>155</p> <p>1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Fair 3 <input type="checkbox"/> Well 4 <input type="checkbox"/> Very well 5 <input type="checkbox"/> Cannot speak English</p>																																
CHECK ITEM D	<p>Look at Question B1. Are there 2 languages marked?</p>	<p><input type="checkbox"/> Yes Continue with Question B2 for the Second Language. <input type="checkbox"/> No Skip to B13.</p>																																

SECOND LANGUAGE

<p>B2. How would you rate your current ability to speak [insert second language marked in B1]?</p>	<p align="center">156</p> <p>1 <input type="checkbox"/> Cannot speak [insert second language marked in B1] 2 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Good 5 <input type="checkbox"/> Very good</p>
<p>B3. How would you rate your current ability to understand [insert second language marked in B1] when it is spoken to you?</p>	<p align="center">157</p> <p>1 <input type="checkbox"/> Cannot understand [insert second language marked in B1] 2 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Good 5 <input type="checkbox"/> Very good</p>
<p>B4. How would you rate your current reading skills in [insert second language marked in B1]?</p>	<p align="center">158</p> <p>1 <input type="checkbox"/> Cannot read in [insert second language marked in B1] 2 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Good 5 <input type="checkbox"/> Very good</p>
<p>B5. How would you rate your current writing skills in [insert second language marked in B1]?</p>	<p align="center">159</p> <p>1 <input type="checkbox"/> Cannot write in [insert second language marked in B1] 2 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Good 5 <input type="checkbox"/> Very good</p>
<p>B13. Since leaving school, have you ever taken a course to upgrade your reading or writing skills in English?</p>	<p align="center">160</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Skip to B15.</p>

<p>B14. (Is/Was) this program ..</p> <p>A. a training program/courses given or sponsored by your employer or union?</p>	<p>161</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to B14 B.</i> 3 <input type="checkbox"/> <i>Don't know</i></p>
<p>How recently did you take part in this training?</p>	<p>162</p> <p>1 <input type="checkbox"/> Still enrolled 2 <input type="checkbox"/> Within past year 3 <input type="checkbox"/> At least 1 year but less than 5 years ago 4 <input type="checkbox"/> 5 years ago or more</p>
<p>B. a publicly sponsored education and training program such as JTPA or ABE?</p>	<p>163</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to B14 C.</i> 3 <input type="checkbox"/> <i>Don't know</i></p>
<p>How recently did you take part in this training?</p>	<p>164</p> <p>1 <input type="checkbox"/> Still enrolled 2 <input type="checkbox"/> Within past year 3 <input type="checkbox"/> At least 1 year but less than 5 years ago 4 <input type="checkbox"/> 5 years ago or more</p>
<p>C. a tutoring program sponsored by a library, church, or community organization?</p>	<p>165</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to B14 D.</i> 3 <input type="checkbox"/> <i>Don't know</i></p>
<p>How recently did you take part in this training?</p>	<p>166</p> <p>1 <input type="checkbox"/> Still enrolled 2 <input type="checkbox"/> Within past year 3 <input type="checkbox"/> At least 1 year but less than 5 years ago 4 <input type="checkbox"/> 5 years ago or more</p>
<p>D. any other program (such as ones offered by the military, prisons or other institutions)?</p>	<p>167</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to B15.</i> 3 <input type="checkbox"/> <i>Don't know</i></p>
<p>How recently did you take part in this training?</p>	<p>168</p> <p>1 <input type="checkbox"/> Still enrolled 2 <input type="checkbox"/> Within past year 3 <input type="checkbox"/> At least 1 year but less than 5 years ago 4 <input type="checkbox"/> 5 years ago or more</p>

<p>B15. What languages including English do you speak well enough to conduct a conversation?</p> <p><i>(Mark all that apply.)</i></p>	<table border="0"> <tr><td>169</td><td>1</td><td><input type="checkbox"/></td><td>English</td></tr> <tr><td>170</td><td>2</td><td><input type="checkbox"/></td><td>Spanish</td></tr> <tr><td>171</td><td>3</td><td><input type="checkbox"/></td><td>French</td></tr> <tr><td>172</td><td>4</td><td><input type="checkbox"/></td><td>German</td></tr> <tr><td>173</td><td>5</td><td><input type="checkbox"/></td><td>Italian</td></tr> <tr><td>174</td><td>6</td><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td>175</td><td>7</td><td><input type="checkbox"/></td><td>Other</td></tr> </table>	169	1	<input type="checkbox"/>	English	170	2	<input type="checkbox"/>	Spanish	171	3	<input type="checkbox"/>	French	172	4	<input type="checkbox"/>	German	173	5	<input type="checkbox"/>	Italian	174	6	<input type="checkbox"/>	Chinese	175	7	<input type="checkbox"/>	Other
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174	6	<input type="checkbox"/>	Chinese																										
175	7	<input type="checkbox"/>	Other																										
<p>B16. What language do you speak most often at home?</p> <p><i>(Mark only one.)</i></p>	<table border="0"> <tr><td>176</td><td>1</td><td><input type="checkbox"/></td><td>English</td></tr> <tr><td>177</td><td>2</td><td><input type="checkbox"/></td><td>Spanish</td></tr> <tr><td>178</td><td>3</td><td><input type="checkbox"/></td><td>French</td></tr> <tr><td>179</td><td>4</td><td><input type="checkbox"/></td><td>German</td></tr> <tr><td>180</td><td>5</td><td><input type="checkbox"/></td><td>Italian</td></tr> <tr><td>181</td><td>6</td><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td>182</td><td>7</td><td><input type="checkbox"/></td><td>Other</td></tr> </table>	176	1	<input type="checkbox"/>	English	177	2	<input type="checkbox"/>	Spanish	178	3	<input type="checkbox"/>	French	179	4	<input type="checkbox"/>	German	180	5	<input type="checkbox"/>	Italian	181	6	<input type="checkbox"/>	Chinese	182	7	<input type="checkbox"/>	Other
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182	7	<input type="checkbox"/>	Other																										
<p>B17. What language do you speak most often at work or school?</p> <p><i>(Mark only one.)</i></p>	<table border="0"> <tr><td>183</td><td>1</td><td><input type="checkbox"/></td><td>English</td></tr> <tr><td>184</td><td>2</td><td><input type="checkbox"/></td><td>Spanish</td></tr> <tr><td>185</td><td>3</td><td><input type="checkbox"/></td><td>French</td></tr> <tr><td>186</td><td>4</td><td><input type="checkbox"/></td><td>German</td></tr> <tr><td>187</td><td>5</td><td><input type="checkbox"/></td><td>Italian</td></tr> <tr><td>188</td><td>6</td><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td>189</td><td>7</td><td><input type="checkbox"/></td><td>Other</td></tr> </table>	183	1	<input type="checkbox"/>	English	184	2	<input type="checkbox"/>	Spanish	185	3	<input type="checkbox"/>	French	186	4	<input type="checkbox"/>	German	187	5	<input type="checkbox"/>	Italian	188	6	<input type="checkbox"/>	Chinese	189	7	<input type="checkbox"/>	Other
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<p>B18. What language do you speak most often during leisure activities?</p> <p><i>(Mark only one.)</i></p>	<table border="0"> <tr><td>190</td><td>1</td><td><input type="checkbox"/></td><td>English</td></tr> <tr><td>191</td><td>2</td><td><input type="checkbox"/></td><td>Spanish</td></tr> <tr><td>192</td><td>3</td><td><input type="checkbox"/></td><td>French</td></tr> <tr><td>193</td><td>4</td><td><input type="checkbox"/></td><td>German</td></tr> <tr><td>194</td><td>5</td><td><input type="checkbox"/></td><td>Italian</td></tr> <tr><td>195</td><td>6</td><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td>196</td><td>7</td><td><input type="checkbox"/></td><td>Other</td></tr> </table>	190	1	<input type="checkbox"/>	English	191	2	<input type="checkbox"/>	Spanish	192	3	<input type="checkbox"/>	French	193	4	<input type="checkbox"/>	German	194	5	<input type="checkbox"/>	Italian	195	6	<input type="checkbox"/>	Chinese	196	7	<input type="checkbox"/>	Other
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<p>B19. In which language can you express yourself most easily?</p> <p><i>(Mark only one.)</i></p>	<table border="0"> <tr><td>197</td><td>1</td><td><input type="checkbox"/></td><td>English</td></tr> <tr><td>198</td><td>2</td><td><input type="checkbox"/></td><td>Spanish</td></tr> <tr><td>199</td><td>3</td><td><input type="checkbox"/></td><td>French</td></tr> <tr><td>200</td><td>4</td><td><input type="checkbox"/></td><td>German</td></tr> <tr><td>201</td><td>5</td><td><input type="checkbox"/></td><td>Italian</td></tr> <tr><td>202</td><td>6</td><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td>203</td><td>7</td><td><input type="checkbox"/></td><td>Other</td></tr> </table>	197	1	<input type="checkbox"/>	English	198	2	<input type="checkbox"/>	Spanish	199	3	<input type="checkbox"/>	French	200	4	<input type="checkbox"/>	German	201	5	<input type="checkbox"/>	Italian	202	6	<input type="checkbox"/>	Chinese	203	7	<input type="checkbox"/>	Other
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203	7	<input type="checkbox"/>	Other																										

Section C. Parental Information

C1.	The next few questions are about your mother (female guardian). Can you answer some questions about her?	<p align="center">210</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to C10.</i></p>
C2.	Was your mother (female guardian) born in the United States?	<p align="center">211</p> <p>1 <input type="checkbox"/> Yes <i>Skip to C5.</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> <i>Don't know</i></p>
C3.	Did your mother (female guardian) immigrate to this country?	<p align="center">212</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to C5.</i></p>
C4.	How old was your mother (female guardian) when she immigrated to this country?	<p align="center">213</p> <p>_____ Years old</p> <p align="center">214</p> <p>1 <input type="checkbox"/> <i>Don't know</i></p>
C5.	<p>What was the highest level of education your mother (female guardian) ever completed?</p> <p><i>(If went to school outside of the United States, probe for equivalent.)</i></p>	<p align="center">215</p> <p>01 <input type="checkbox"/> Less than HS 02 <input type="checkbox"/> Some HS 03 <input type="checkbox"/> GED or HS equivalency 04 <input type="checkbox"/> HS graduate 05 <input type="checkbox"/> Attended vocational, trade or business school after HS 06 <input type="checkbox"/> College: Less than 2 years 07 <input type="checkbox"/> College: Associate's Degree 08 <input type="checkbox"/> College: 2 years or more/no degree 09 <input type="checkbox"/> College graduate (B.S. or B.A.) 10 <input type="checkbox"/> Postgraduate/no degree 11 <input type="checkbox"/> Postgraduate/degree (MS, MA, PhD, MD, etc.) 12 <input type="checkbox"/> <i>Don't know</i></p>
CHECK ITEM E	Is item 01 or item 02 marked in question C5?	<p align="center">216</p> <p><input type="checkbox"/> Yes <i>Specify grade _____</i> <input type="checkbox"/> No <i>Continue with question C6.</i></p>
C6.	(Did/Has) your mother (female guardian) ever work(ed) at a job or business?	<p align="center">217</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to C10.</i></p>

<p>C7. For whom (did/does) your mother (female guardian) work?</p> <p><i>(Probe for main job or business.)</i></p> <p><i>(Name of business, government department, agency, or person.)</i></p>	<p>_____</p> <p>218</p> <p>1 <input type="checkbox"/> Don't know</p>
<p>C8. What kind of business, industry or service (is/was) this?</p> <p><i>(Read if necessary: what do they make or do where she works/worked?)</i></p>	<p>_____</p> <p>219</p> <p>1 <input type="checkbox"/> Don't know</p> <p>220</p> <p>for office use only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>C9. What kind of work (was/is) your mother (female guardian) doing?</p> <p><i>(Give full description: e.g. plumber, typist, farmer.)</i></p>	<p>_____</p> <p>221</p> <p>1 <input type="checkbox"/> Don't know</p> <p>222</p> <p>for office use only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>C10. The next few questions ask about your father (male guardian). Can you answer some questions about him?</p>	<p>223</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No <i>Skip to D1.</i></p>
<p>C11. Was your father (male guardian) born in the United States?</p>	<p>224</p> <p>1 <input type="checkbox"/> Yes <i>Skip to C14.</i></p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
<p>C12. Did your father (male guardian) immigrate to the United States?</p>	<p>225</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No <i>Skip to C14.</i></p>
<p>C13. How old was your father (male guardian) when he immigrated to the United States?</p>	<p>226</p> <p>_____ Years old</p> <p>227</p> <p>1 <input type="checkbox"/> Don't know</p>

C14.	<p>What was the highest level of education your father (male guardian) ever completed?</p> <p><i>(If went to school outside of the United States, probe for equivalent.)</i></p>	<p>228</p> <p>01 <input type="checkbox"/> Less than HS 02 <input type="checkbox"/> Some HS 03 <input type="checkbox"/> GED or HS equivalency 04 <input type="checkbox"/> HS graduate 05 <input type="checkbox"/> Attended vocational, trade or business school after HS 06 <input type="checkbox"/> College: less than 2 years 07 <input type="checkbox"/> College: Associate's Degree 08 <input type="checkbox"/> College: 2 years or more/no degree 09 <input type="checkbox"/> College graduate (B.S. or B.A.) 10 <input type="checkbox"/> Postgraduate/no degree 11 <input type="checkbox"/> Postgraduate/degree (MS, MA, PhD, MD, etc.) 12 <input type="checkbox"/> Don't know</p>
CHECK ITEM F	<p><i>Is item 01 or item 02 marked in question C14?</i></p>	<p>229</p> <p><input type="checkbox"/> Yes Specify grade _____ <input type="checkbox"/> No Continue with question C15.</p>
C15.	<p>(Did/has) your father (male guardian) ever work(ed) at a job or business?</p>	<p>230</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Skip to D1.</p>
C16.	<p>For whom (did/does) your father (male guardian) work?</p> <p><i>(Probe for main job or business.)</i></p> <p><i>(Name of business, government department, agency, or person.)</i></p>	<p>_____</p> <p>231</p> <p>1 <input type="checkbox"/> Don't know</p>
C17.	<p>What kind of business, industry or service (is/was) this?</p> <p><i>(Read if necessary: what do they make or do where he works/worked?)</i></p>	<p>_____</p> <p>232</p> <p>1 <input type="checkbox"/> Don't know</p> <p>233</p> <p>for office use only <input type="text"/> <input type="text"/> <input type="text"/></p>
C18.	<p>What kind of work (was/is) your father (male guardian) doing?</p> <p><i>(Give full description: e.g. plumber, typist, farmer.)</i></p>	<p>_____</p> <p>234</p> <p>1 <input type="checkbox"/> Don't know</p> <p>235</p> <p>for office use only <input type="text"/> <input type="text"/> <input type="text"/></p>

Section D. Labor Force Participation

D1.	<p>I would now like to talk about your employment status. What is your current work situation? Are you currently working, retired, looking for work, going to school, keeping house, or doing something else?</p> <p><i>(Mark one only.)</i></p>	<p>240</p> <p>1 <input type="checkbox"/> Employed <i>Skip to D4.</i> 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Unemployed/looking for work 4 <input type="checkbox"/> Going to school (including Work-Cooperative programs) 5 <input type="checkbox"/> Keeping house 6 <input type="checkbox"/> Other</p>
D2.	<p>Did you work at a job or business at any time in the past 12 months (regardless of the number of hours per week)?</p>	<p>241</p> <p>1 <input type="checkbox"/> Yes <i>Skip to D4.</i> 2 <input type="checkbox"/> No</p>
D3.	<p>When did you last work at a job or business?</p>	<p>242</p> <p>19__ __ <i>Skip to D19.</i></p> <p>243</p> <p>1 <input type="checkbox"/> Never Worked <i>Skip to D19.</i></p>
D4.	<p>How many different employers have you had in the past 12 months?</p>	<p>244</p> <p>_____ Employers</p>
D5.	<p>Did you work mostly full-time (35 hours or more per week), or part-time (less than 35 hours per week)?</p>	<p>245</p> <p>1 <input type="checkbox"/> Full-Time <i>Skip to D7.</i> 2 <input type="checkbox"/> Part-Time</p>
D6.	<p>Why did you work part-time?</p> <p><i>(Mark one only.)</i></p>	<p>246</p> <p>1 <input type="checkbox"/> Own illness or disability 2 <input type="checkbox"/> Child care responsibilities 3 <input type="checkbox"/> Going to school or taking training 4 <input type="checkbox"/> Could only find part-time work 5 <input type="checkbox"/> Did not want to work full-time 6 <input type="checkbox"/> Retired 7 <input type="checkbox"/> Other</p>
D7.	<p>For whom (do/did) you work the most hours in the past 12 months?</p> <p><i>(Name of business, government department or person.)</i></p>	<p>247</p> <p>_____</p>
D8.	<p>What kind of business, industry or service (is/was) this?</p> <p><i>(Read if necessary: What do they make or do where you work?)</i></p>	<p>248</p> <p>_____</p> <p>249</p> <p>1 <input type="checkbox"/> Don't know 250</p> <p>for office use only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

<p>D9. What kind of work (are/were) you doing at this job? <i>(Give full description or occupational title, e.g. office clerk, machine operator, computer programmer.)</i></p>	<p><input type="text" value="251"/></p> <hr/> <p><input type="text" value="252"/></p> <p>1 <input type="checkbox"/> Don't know <input type="text" value="253"/></p> <p>for office use only <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>D10. In total, about how many persons (are/were) employed by this employer at all locations in the United States?</p>	<p><input type="text" value="254"/></p> <p>1 <input type="checkbox"/> Less than 20 2 <input type="checkbox"/> 20 to 99 3 <input type="checkbox"/> 100 to 199 4 <input type="checkbox"/> 200 to 499 5 <input type="checkbox"/> 500 or over 6 <input type="checkbox"/> Don't know</p>
<p>D11. What (is/was) your status at this job? (Is/Was) it as an employee without supervisory responsibilities, as an employee with limited supervisory or management responsibilities (5 persons or less), as an employee with more extensive supervisory or management responsibilities (more than 5 persons), or were you self-employed without employees, self-employed with employees, or a family worker (unpaid)? <i>(Mark one only.)</i></p>	<p><input type="text" value="255"/></p> <p>1 <input type="checkbox"/> Employee without supervisory responsibilities 2 <input type="checkbox"/> Employee with limited supervisory or management responsibilities (5 persons or less) 3 <input type="checkbox"/> Employee with more extensive supervisory or management responsibilities (more than 5 persons) 4 <input type="checkbox"/> Self-employed without employees 5 <input type="checkbox"/> Self-employed with employees 6 <input type="checkbox"/> Family worker (unpaid)</p>
<p>D12. (Is/Was) this job a permanent or temporary job?</p>	<p><input type="text" value="256"/></p> <p>1 <input type="checkbox"/> Permanent job 2 <input type="checkbox"/> Temporary job</p>
<p>D13. How many hours per week (do/did) you usually work at this job?</p>	<p><input type="text" value="257"/></p> <p>_____ Hours</p>
<p>D14. During the past 12 months, how many weeks did you work at <i>all jobs</i> including time off for vacation, maternity/paternity leave, illness, strikes and lockouts?</p>	<p><input type="text" value="258"/></p> <p>_____ Weeks <i>If 52, skip to E1.</i></p>
<p>D15. During the past 12 months, in the weeks when you were without work, did you want to work?</p>	<p><input type="text" value="259"/></p> <p>1 <input type="checkbox"/> Yes <i>Skip to D17.</i> 2 <input type="checkbox"/> No</p>

<p>D16. Why did you not want to work? <i>(Mark one only.)</i></p>	<p>260</p> <p>1 <input type="checkbox"/> Own illness or disability 2 <input type="checkbox"/> Child care responsibilities 3 <input type="checkbox"/> Other personal or family responsibilities 4 <input type="checkbox"/> Going to school or taking training 5 <input type="checkbox"/> Retired 6 <input type="checkbox"/> Not interested in working 7 <input type="checkbox"/> Keeping house 8 <input type="checkbox"/> Other</p>
<i>Skip to E1.</i>	
<p>D17. During the past 12 months, for how many weeks were you without work and NOT looking for work?</p>	<p>261</p> <p>_____ Weeks If 0, skip to E1.</p>
<p>D18. What is the main reason why you did not look for work during these weeks? <i>(Mark one only.)</i></p>	<p>262</p> <p>1 <input type="checkbox"/> Own illness or disability 2 <input type="checkbox"/> Child care responsibilities 3 <input type="checkbox"/> Other personal or family responsibilities 4 <input type="checkbox"/> Awaiting recall from a temporary layoff 5 <input type="checkbox"/> Waiting for a job to start 6 <input type="checkbox"/> Did not have the skills or experience for available jobs 7 <input type="checkbox"/> Too old to work/Retired 8 <input type="checkbox"/> Other</p>
<i>Skip to E1.</i>	
<p>D19. During the past 12 months, in the weeks when you were not working at a job or business, did you want to work?</p>	<p>263</p> <p>1 <input type="checkbox"/> Yes <i>Skip to D21.</i> 2 <input type="checkbox"/> No</p>
<p>D20. Why did you not want to work? <i>(Mark one only.)</i></p>	<p>264</p> <p>1 <input type="checkbox"/> Own illness or disability 2 <input type="checkbox"/> Child care responsibilities 3 <input type="checkbox"/> Other personal or family responsibilities 4 <input type="checkbox"/> Going to school or taking training 5 <input type="checkbox"/> Retired 6 <input type="checkbox"/> Not interested in working 7 <input type="checkbox"/> Keeping house 8 <input type="checkbox"/> Other</p>
<i>Skip to F1.</i>	
<p>D21. During the past 12 months, for how many weeks were you without work and NOT looking for work?</p>	<p>265</p> <p>_____ Weeks If 0, skip to F1.</p>

D22.

What is the main reason why you did not look for work during these weeks?

(Mark one only.)

266

- 1 Own illness or disability
- 2 Child care responsibilities
- 3 Other personal or family responsibilities
- 4 Awaiting recall from a temporary layoff
- 5 Waiting for a job to start
- 6 Did not have the skills or experience for available jobs
- 7 Too old to work/Retired
- 8 Other

Skip to F1.

Section E. Reading and Writing at Work and Looking for Work

<p>E1. The following questions refer to the job at which you worked the most hours in the last 12 months.</p> <p>How often (do/did) you read or use information from each of the following as part of your main job? Would you say every day, a few times a week, once a week, less than once a week, rarely or never?</p> <p>A. Letters or memos</p> <p>B. Reports, articles, magazines or journals</p> <p>C. Manuals or reference books, including catalogs or part lists</p> <p>D. Diagrams or schematics</p> <p>E. Bills, invoices, spreadsheets or budgets</p> <p>F. Materials written in a language other than English</p> <p>G. Directions or instructions for medicines, recipes, or other products</p>	<table border="0"> <thead> <tr> <th></th> <th>Every day</th> <th>A few times a week</th> <th>Once a week</th> <th>Less than once a week</th> <th>Rarely or never</th> </tr> </thead> <tbody> <tr> <td>270</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>271</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>272</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>273</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>274</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>275</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>276</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> </tbody> </table>		Every day	A few times a week	Once a week	Less than once a week	Rarely or never	270	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	271	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	272	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	273	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	274	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	275	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	276	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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<p>E2. How often (do/did) you write or fill out each of the following as part of your (current/most recent) job? Would you say every day, a few times a week, once a week, less than once a week, rarely or never?</p> <p>A. Letters or memos</p> <p>B. Forms or things such as bills, invoices, or budgets</p> <p>C. Reports or articles</p> <p>D. Estimates or technical specifications</p>	<table border="0"> <thead> <tr> <th></th> <th>Every day</th> <th>A few times a week</th> <th>Once a week</th> <th>Less than once a week</th> <th>Rarely or never</th> </tr> </thead> <tbody> <tr> <td>277</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>278</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>279</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>280</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> </tbody> </table>		Every day	A few times a week	Once a week	Less than once a week	Rarely or never	277	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	278	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	279	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	280	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																		
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<p>E3. As part of your (current/most recent) job, would you say you use arithmetic (that is, adding, subtracting, multiplying or dividing) every day, a few times a week, once a week, less than once a week, or rarely or never to:</p> <p>A. Measure or estimate the size or weight of objects?</p> <p>B. Calculate prices, costs, or budgets?</p>	<table border="0"> <thead> <tr> <th></th> <th>Every day</th> <th>A few times a week</th> <th>Once a week</th> <th>Less than once a week</th> <th>Rarely or never</th> </tr> </thead> <tbody> <tr> <td>281</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>282</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> </tbody> </table>		Every day	A few times a week	Once a week	Less than once a week	Rarely or never	281	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	282	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																														
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<p>E4. How would you rate your reading skills in English for your main job?</p>	<p>283</p> <p>1 <input type="checkbox"/> Excellent</p> <p>2 <input type="checkbox"/> Good</p> <p>3 <input type="checkbox"/> Moderate</p> <p>4 <input type="checkbox"/> Poor</p> <p>5 <input type="checkbox"/> <i>No opinion</i></p>																																																
<p>E5. To what extent are your reading skills in English limiting your job opportunities - for example, advancement or getting another job?</p>	<p>284</p> <p>1 <input type="checkbox"/> Greatly limiting</p> <p>2 <input type="checkbox"/> Somewhat limiting</p> <p>3 <input type="checkbox"/> Not at all limiting</p>																																																

<p>E6. How would you rate your writing skills in English for your main job?</p>	<p>285</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> Poor 5 <input type="checkbox"/> <i>No opinion</i></p>
<p>E7. To what extent are your writing skills in English limiting your job opportunities - for example, advancement or getting another job?</p>	<p>286</p> <p>1 <input type="checkbox"/> Greatly limiting 2 <input type="checkbox"/> Somewhat limiting 3 <input type="checkbox"/> Not at all limiting</p>
<p>E8. How would you rate your arithmetic skills for your main job?</p>	<p>287</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> Poor 5 <input type="checkbox"/> <i>No opinion</i></p>
<p>E9. To what extent are your arithmetic skills limiting your job opportunities - for example, advancement or getting another job?</p>	<p>288</p> <p>1 <input type="checkbox"/> Greatly limiting 2 <input type="checkbox"/> Somewhat limiting 3 <input type="checkbox"/> Not at all limiting</p>

Section F. Adult Education and Training

F1.	<p>The following questions will deal with any education or training which you may have taken in the past 12 months.</p> <p>During the past 12 months, that is, since (October/November) 1993, did you receive any training or education including courses, private lessons, correspondence courses, workshops, on-the-job training, apprenticeship training, arts, crafts, recreation courses or any other training or education?</p>	<p><input type="checkbox"/> 300</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to F15.</i></p>
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F2.	<p>In total, how many courses did you take in the past 12 months?</p>	<p><input type="checkbox"/> 301</p> <p>_____ Courses</p>
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F3.	<p>What were the names (titles) of these courses or the program associated with these courses?</p> <p><i>(INTERVIEWER: If over 3 courses, insert the names of the three most recent courses/programs in the space provided.)</i></p>	<p>First course: _____</p> <p>Second course: _____</p> <p>Third course: _____</p>
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FIRST COURSE

F4.	<p>Now I'd like to ask you about...<i>[Insert name of first course.]</i></p> <p>Was this training or education financially supported by yourself or your family, an employer, the government, a union or professional organization, someone else, or were there no fees?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark all that apply.)</i></p>	<p><input type="checkbox"/> 302 1 <input type="checkbox"/> Yourself or your family</p> <p><input type="checkbox"/> 303 2 <input type="checkbox"/> An employer</p> <p><input type="checkbox"/> 304 3 <input type="checkbox"/> The government</p> <p><input type="checkbox"/> 305 4 <input type="checkbox"/> A union or professional organization</p> <p><input type="checkbox"/> 306 5 <input type="checkbox"/> Other</p> <p><input type="checkbox"/> 307 6 <input type="checkbox"/> No fees</p> <p><input type="checkbox"/> 308 7 <input type="checkbox"/> <i>Don't know</i></p>
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F5.	<p>Were you taking this training or education towards a university degree/diploma/certificate, a college diploma/certificate, a trade-vocational diploma/certificate, an apprenticeship certificate, an elementary or secondary school diploma, professional or career upgrading or something else?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark one only.)</i></p>	<p><input type="checkbox"/> 309</p> <p>1 <input type="checkbox"/> A university degree/diploma/certificate</p> <p>2 <input type="checkbox"/> A college diploma/certificate</p> <p>3 <input type="checkbox"/> A trade-vocational diploma/certificate</p> <p>4 <input type="checkbox"/> An apprenticeship certificate</p> <p>5 <input type="checkbox"/> An elementary or secondary school diploma</p> <p>6 <input type="checkbox"/> Professional or career upgrading</p> <p>7 <input type="checkbox"/> Other</p>
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<p>F6. Was this training or education given by a university or other higher education establishment, a further education college, a commercial organization (for example, a private training provider), a producer or supplier of equipment, a non profit organization such as an employer association, voluntary organization or a trade union, an employer or a "parent" company, or some other provider?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark all that apply.)</i></p>	<p>310 1 <input type="checkbox"/> A university or other higher education establishment</p> <p>311 2 <input type="checkbox"/> A further education college</p> <p>312 3 <input type="checkbox"/> A commercial organization (for example, a private training provider)</p> <p>313 4 <input type="checkbox"/> A producer or supplier of equipment</p> <p>314 5 <input type="checkbox"/> A non profit organization such as an employer association, voluntary organization or a trade union</p> <p>315 6 <input type="checkbox"/> An employer or a "parent" company</p> <p>316 7 <input type="checkbox"/> Other provider</p>
<p>F7. Where did you take this training or education?</p> <p><i>(Mark one only.)</i></p>	<p>317</p> <p>01 <input type="checkbox"/> Elementary or High School</p> <p>02 <input type="checkbox"/> College campus</p> <p>03 <input type="checkbox"/> University Campus</p> <p>04 <input type="checkbox"/> Business or Commercial School</p> <p>05 <input type="checkbox"/> Work</p> <p>06 <input type="checkbox"/> Training center</p> <p>07 <input type="checkbox"/> Conference center or hotel</p> <p>08 <input type="checkbox"/> Home</p> <p>09 <input type="checkbox"/> Community center or sports facility</p> <p>10 <input type="checkbox"/> Elsewhere</p>
<p>F8. For how many weeks did this training or education last?</p>	<p>318</p> <p>_____ Weeks</p>
<p>F9. On average, how many days per week was it?</p>	<p>319</p> <p>_____ Days per week</p>
<p>F10. On average, how many hours per day was it?</p>	<p>320</p> <p>_____ Hours per day</p>
<p>F11. What was the main reason you took this training or education? Was it for career/job related purposes, personal interest, or some other reason?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark one only.)</i></p>	<p>321</p> <p>1 <input type="checkbox"/> Career/job related purposes</p> <p>2 <input type="checkbox"/> Personal interest</p> <p>3 <input type="checkbox"/> Other</p>
<p>F12. To what extent are you using the skills or knowledge acquired in this training or education at work?</p> <p><i>(Read categories.)</i></p>	<p>322</p> <p>1 <input type="checkbox"/> To a great extent</p> <p>2 <input type="checkbox"/> Somewhat</p> <p>3 <input type="checkbox"/> Very little</p> <p>4 <input type="checkbox"/> Not at all</p> <p>5 <input type="checkbox"/> Not applicable</p>

F13.	Who suggested you take this training or education?	<input type="checkbox"/> 323 01 You did <input type="checkbox"/> 324 02 Your friends or family <input type="checkbox"/> 325 03 Your employer <input type="checkbox"/> 326 04 Other employees <input type="checkbox"/> 327 05 Part of a collective agreement <input type="checkbox"/> 328 06 Your union or trade association <input type="checkbox"/> 329 07 Legal or professional requirement <input type="checkbox"/> 330 08 Social Services or labor center <input type="checkbox"/> 331 09 Other <input type="checkbox"/> 332 10 Don't Know
	<i>(Read categories.)</i>	
	<i>(Mark all that apply.)</i>	
F14.	Was this training or education provided through classroom instruction, seminars or workshops, educational software, radio or TV broadcasting, audio/video cassettes, tapes or disks, reading materials, on-the job training, or other methods?	<input type="checkbox"/> 333 1 Classroom instruction, seminars or workshops <input type="checkbox"/> 334 2 Educational software <input type="checkbox"/> 335 3 Radio or TV broadcasting <input type="checkbox"/> 336 4 Audio/video cassettes, tapes or disks <input type="checkbox"/> 337 5 Reading materials <input type="checkbox"/> 338 6 On-the job training <input type="checkbox"/> 339 7 Other
	<i>(Read categories.)</i>	
	<i>(Mark all that apply.)</i>	
CHECK ITEM G	INTERVIEWER: Look at Question F3. Is there a second course listed?	<input type="checkbox"/> Yes Go to Question F4 for the second course. <input type="checkbox"/> No Skip to question F15.
SECOND COURSE		
F4.	Now I'd like to ask you about... <i>[Insert name of second course.]</i>	<input type="checkbox"/> 340 1 Yourself or your family <input type="checkbox"/> 341 2 An employer <input type="checkbox"/> 342 3 The government <input type="checkbox"/> 343 4 A union or professional organization <input type="checkbox"/> 344 5 Other <input type="checkbox"/> 345 6 No fees <input type="checkbox"/> 346 7 Don't know
	Was this training or education financially supported by yourself or your family, an employer, the government, a union or professional organization, someone else, or were there no fees?	
	<i>(Read categories.)</i>	
	<i>(Mark all that apply.)</i>	
F5.	Were you taking this training or education towards a university degree/diploma/certificate, a college diploma/certificate, a trade-vocational diploma/certificate, an apprenticeship certificate, an elementary or secondary school diploma, professional or career upgrading or something else?	<input type="checkbox"/> 347 <input type="checkbox"/> 1 A university degree/diploma/certificate <input type="checkbox"/> 2 A college diploma/certificate <input type="checkbox"/> 3 A trade-vocational diploma/certificate <input type="checkbox"/> 4 An apprenticeship certificate <input type="checkbox"/> 5 An elementary or secondary school diploma <input type="checkbox"/> 6 Professional or career upgrading <input type="checkbox"/> 7 Other
	<i>(Read categories.)</i>	
	<i>(Mark one only.)</i>	

<p>F6. Was this training or education given by a university or other higher education establishment, a further education college, a commercial organization (for example, a private training provider), a producer or supplier of equipment, a non profit organization such as an employer association, voluntary organization or a trade union, an employer or a "parent" company, or some other provider?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark all that apply.)</i></p>	<p>348 1 <input type="checkbox"/> A university or other higher education establishment</p> <p>349 2 <input type="checkbox"/> A further education college</p> <p>350 3 <input type="checkbox"/> A commercial organization (for example, a private training provider)</p> <p>351 4 <input type="checkbox"/> A producer or supplier of equipment</p> <p>352 5 <input type="checkbox"/> A non profit organization such as an employer association, voluntary organization or a trade union</p> <p>353 6 <input type="checkbox"/> An employer or a "parent" company</p> <p>354 7 <input type="checkbox"/> Other provider</p>
<p>F7. Where did you take this training or education?</p> <p><i>(Mark one only.)</i></p>	<p>355</p> <p>01 <input type="checkbox"/> Elementary or High School</p> <p>02 <input type="checkbox"/> College campus</p> <p>03 <input type="checkbox"/> University Campus</p> <p>04 <input type="checkbox"/> Business or Commercial School</p> <p>05 <input type="checkbox"/> Work</p> <p>06 <input type="checkbox"/> Training center</p> <p>07 <input type="checkbox"/> Conference center or hotel</p> <p>08 <input type="checkbox"/> Home</p> <p>09 <input type="checkbox"/> Community center or sports facility</p> <p>10 <input type="checkbox"/> Elsewhere</p>
<p>F8. For how many weeks did this training or education last?</p>	<p>356</p> <p>_____ Weeks</p>
<p>F9. On average, how many days per week was it?</p>	<p>357</p> <p>_____ Days per week</p>
<p>F10. On average, how many hours per day was it?</p>	<p>358</p> <p>_____ Hours per day</p>
<p>F11. What was the main reason you took this training or education? Was it for career/job related purposes, personal interest, or some other reason?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark one only.)</i></p>	<p>359</p> <p>1 <input type="checkbox"/> Career/job related purposes</p> <p>2 <input type="checkbox"/> Personal interest</p> <p>3 <input type="checkbox"/> Other</p>
<p>F12. To what extent are you using the skills or knowledge acquired in this training or education at work?</p> <p><i>(Read categories.)</i></p>	<p>360</p> <p>1 <input type="checkbox"/> To a great extent</p> <p>2 <input type="checkbox"/> Somewhat</p> <p>3 <input type="checkbox"/> Very little</p> <p>4 <input type="checkbox"/> Not at all</p> <p>5 <input type="checkbox"/> Not applicable</p>

<p>F13.</p> <p>Who suggested you take this training or education?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark all that apply.)</i></p>		<p><input type="checkbox"/> 361 01 <input type="checkbox"/> You did</p> <p><input type="checkbox"/> 362 02 <input type="checkbox"/> Your friends or family</p> <p><input type="checkbox"/> 363 03 <input type="checkbox"/> Your employer</p> <p><input type="checkbox"/> 364 04 <input type="checkbox"/> Other employees</p> <p><input type="checkbox"/> 365 05 <input type="checkbox"/> Part of a collective agreement</p> <p><input type="checkbox"/> 366 06 <input type="checkbox"/> Your union or trade association</p> <p><input type="checkbox"/> 367 07 <input type="checkbox"/> Legal or professional requirement</p> <p><input type="checkbox"/> 368 08 <input type="checkbox"/> Social Services or labor center</p> <p><input type="checkbox"/> 369 09 <input type="checkbox"/> Other</p> <p><input type="checkbox"/> 370 10 <input type="checkbox"/> Don't Know</p>
<p>F14.</p> <p>Was this training or education provided through classroom instruction, seminars or workshops, educational software, radio or TV broadcasting, audio/video cassettes, tapes or disks, reading materials, on-the job training, or other methods?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark all that apply.)</i></p>		<p><input type="checkbox"/> 371 1 <input type="checkbox"/> Classroom instruction, seminars or workshops</p> <p><input type="checkbox"/> 372 2 <input type="checkbox"/> Educational software</p> <p><input type="checkbox"/> 373 3 <input type="checkbox"/> Radio or TV broadcasting</p> <p><input type="checkbox"/> 374 4 <input type="checkbox"/> Audio/video cassettes, tapes or disks</p> <p><input type="checkbox"/> 375 5 <input type="checkbox"/> Reading materials</p> <p><input type="checkbox"/> 376 6 <input type="checkbox"/> On-the job training</p> <p><input type="checkbox"/> 377 7 <input type="checkbox"/> Other</p>
<p>CHECK ITEM H</p>	<p><u>INTERVIEWER:</u></p> <p><i>Look at Question F3. Is there a third course listed?</i></p>	<p><input type="checkbox"/> Yes Go to Question F4 for the third course.</p> <p><input type="checkbox"/> No Skip to question F15.</p>
<p>THIRD COURSE</p>		
<p>F4.</p> <p>Now I'd like to ask you about...<i>[Insert name of third course.]</i></p> <p>Was this training or education financially supported by yourself or your family, an employer, the government, a union or professional organization, someone else, or were there no fees?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark all that apply.)</i></p>		<p><input type="checkbox"/> 378 1 <input type="checkbox"/> Yourself or your family</p> <p><input type="checkbox"/> 379 2 <input type="checkbox"/> An employer</p> <p><input type="checkbox"/> 380 3 <input type="checkbox"/> The government</p> <p><input type="checkbox"/> 381 4 <input type="checkbox"/> A union or professional organization</p> <p><input type="checkbox"/> 382 5 <input type="checkbox"/> Other</p> <p><input type="checkbox"/> 383 6 <input type="checkbox"/> No fees</p> <p><input type="checkbox"/> 384 7 <input type="checkbox"/> Don't know</p>
<p>F5.</p> <p>Were you taking this training or education towards a university degree/diploma/certificate, a college diploma/certificate, a trade-vocational diploma/certificate, an apprenticeship certificate, an elementary or secondary school diploma, professional or career upgrading or something else?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark one only.)</i></p>		<p><input type="checkbox"/> 385</p> <p>1 <input type="checkbox"/> A university degree/diploma/certificate</p> <p>2 <input type="checkbox"/> A college diploma/certificate</p> <p>3 <input type="checkbox"/> A trade-vocational diploma/certificate</p> <p>4 <input type="checkbox"/> An apprenticeship certificate</p> <p>5 <input type="checkbox"/> An elementary or secondary school diploma</p> <p>6 <input type="checkbox"/> Professional or career upgrading</p> <p>7 <input type="checkbox"/> Other</p>

F6.	<p>Was this training or education given by a university or other higher education establishment, a further education college, a commercial organization (for example, a private training provider), a producer or supplier of equipment, a non profit organization such as an employer association, voluntary organization or a trade union, an employer or a "parent" company, or some other provider?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark all that apply.)</i></p>	<p>386 1 <input type="checkbox"/> A university or other higher education establishment</p> <p>387 2 <input type="checkbox"/> A further education college</p> <p>388 3 <input type="checkbox"/> A commercial organization (for example, a private training provider)</p> <p>389 4 <input type="checkbox"/> A producer or supplier of equipment</p> <p>390 5 <input type="checkbox"/> A non profit organization such as an employer association, voluntary organization or a trade union</p> <p>391 6 <input type="checkbox"/> An employer or a "parent" company</p> <p>392 7 <input type="checkbox"/> Other provider</p>
F7.	<p>Where did you take this training or education?</p> <p><i>(Mark one only.)</i></p>	<p>393</p> <p>01 <input type="checkbox"/> Elementary or High School</p> <p>02 <input type="checkbox"/> College campus</p> <p>03 <input type="checkbox"/> University Campus</p> <p>04 <input type="checkbox"/> Business or Commercial School</p> <p>05 <input type="checkbox"/> Work</p> <p>06 <input type="checkbox"/> Training center</p> <p>07 <input type="checkbox"/> Conference center or hotel</p> <p>08 <input type="checkbox"/> Home</p> <p>09 <input type="checkbox"/> Community center or sports facility</p> <p>10 <input type="checkbox"/> Elsewhere</p>
F8.	<p>For how many weeks did this training or education last?</p>	<p>394</p> <p>_____ Weeks</p>
F9.	<p>On average, how many days per week was it?</p>	<p>395</p> <p>_____ Days per week</p>
F10.	<p>On average, how many hours per day was it?</p>	<p>396</p> <p>_____ Hours per day</p>
F11.	<p>What was the main reason you took this training or education? Was it for career/job related purposes, personal interest, or some other reason?</p> <p><i>(Read categories.)</i></p> <p><i>(Mark one only.)</i></p>	<p>397</p> <p>1 <input type="checkbox"/> Career/job related purposes</p> <p>2 <input type="checkbox"/> Personal interest</p> <p>3 <input type="checkbox"/> Other</p>
F12.	<p>To what extent are you using the skills or knowledge acquired in this training or education at work?</p> <p><i>(Read categories.)</i></p>	<p>398</p> <p>1 <input type="checkbox"/> To a great extent</p> <p>2 <input type="checkbox"/> Somewhat</p> <p>3 <input type="checkbox"/> Very little</p> <p>4 <input type="checkbox"/> Not at all</p> <p>5 <input type="checkbox"/> Not applicable</p>

F13.	Who suggested you take this training or education?	399	01	<input type="checkbox"/>	You did
		400	02	<input type="checkbox"/>	Your friends or family
		401	03	<input type="checkbox"/>	Your employer
		402	04	<input type="checkbox"/>	Other employees
		403	05	<input type="checkbox"/>	Part of a collective agreement
		404	06	<input type="checkbox"/>	Your union or trade association
		405	07	<input type="checkbox"/>	Legal or professional requirement
		406	08	<input type="checkbox"/>	Social Services or labor center
		407	09	<input type="checkbox"/>	Other
		408	10	<input type="checkbox"/>	Don't Know
F14.	Was this training or education provided through classroom instruction, seminars or workshops, educational software, radio or TV broadcasting, audio/video cassettes, tapes or disks, reading materials, on-the job training, or other methods?	409	1	<input type="checkbox"/>	Classroom instruction, seminars or workshops
		410	2	<input type="checkbox"/>	Educational software
		411	3	<input type="checkbox"/>	Radio or TV broadcasting
		412	4	<input type="checkbox"/>	Audio/video cassettes, tapes or disks
		413	5	<input type="checkbox"/>	Reading materials
		414	6	<input type="checkbox"/>	On-the job training
		415	7	<input type="checkbox"/>	Other
F15.	Since (October/November) 1993, was there any training or education that you <u>WANTED</u> to take for career or job-related reasons but did not?	416			
			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No <i>Skip to F17.</i>
F16.	What were the reasons you did not take this training or education?	417	01	<input type="checkbox"/>	Too busy/lack of time
		418	02	<input type="checkbox"/>	Too busy at work
		419	03	<input type="checkbox"/>	Course not offered
		420	04	<input type="checkbox"/>	Family responsibilities
		421	05	<input type="checkbox"/>	Financial reasons
		422	06	<input type="checkbox"/>	Lack of qualifications
		423	07	<input type="checkbox"/>	Lack of employer support
		424	08	<input type="checkbox"/>	Course offered at inconvenient time
		425	09	<input type="checkbox"/>	Language reasons
		426	10	<input type="checkbox"/>	Health reasons
		427	11	<input type="checkbox"/>	Other
F17.	Since (October/November) 1993, was there any other training that you <u>WANTED</u> to take but did not, such as hobby, recreational or interest courses?	428			
			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No <i>Skip to G1.</i>

F18. What were the reasons you did not take this training or education?

(Mark all that apply.)

- | | | | |
|-----|----|--------------------------|-------------------------------------|
| 429 | 01 | <input type="checkbox"/> | Too busy/lack of time |
| 430 | 02 | <input type="checkbox"/> | Too busy at work |
| 431 | 03 | <input type="checkbox"/> | Course not offered |
| 432 | 04 | <input type="checkbox"/> | Family responsibilities |
| 433 | 05 | <input type="checkbox"/> | Financial reasons |
| 434 | 06 | <input type="checkbox"/> | Lack of qualifications |
| 435 | 07 | <input type="checkbox"/> | Lack of employer support |
| 436 | 08 | <input type="checkbox"/> | Course offered at inconvenient time |
| 437 | 09 | <input type="checkbox"/> | Language reasons |
| 438 | 10 | <input type="checkbox"/> | Health reasons |
| 439 | 11 | <input type="checkbox"/> | Other |

Section G. Reading and Writing General

<p>G1. The next few questions deal with reading and writing in your daily life excluding work or school.</p> <p>I am going to read you a list of activities. Please tell me if you do each of them daily, weekly, every month, several times a year or never. How often do you...</p>	<table border="1"> <thead> <tr> <th></th> <th>Daily</th> <th>Weekly</th> <th>Every month</th> <th>Several times a year</th> <th>Never</th> </tr> </thead> <tbody> <tr> <td>A. use a public library</td> <td><u>449</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>B. attend a movie, play or concert</td> <td><u>450</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>C. attend or take part in a sporting event</td> <td><u>451</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>D. write letters or anything else that is more than one page in length</td> <td><u>452</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>E. participate in voluntary or community organizations</td> <td><u>453</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>F. read newspapers or magazines</td> <td><u>454</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>G. read books</td> <td><u>455</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>H. listen to radio, records, tapes, cassettes or compact discs?</td> <td><u>456</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> </tbody> </table>		Daily	Weekly	Every month	Several times a year	Never	A. use a public library	<u>449</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	B. attend a movie, play or concert	<u>450</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	C. attend or take part in a sporting event	<u>451</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	D. write letters or anything else that is more than one page in length	<u>452</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	E. participate in voluntary or community organizations	<u>453</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	F. read newspapers or magazines	<u>454</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	G. read books	<u>455</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	H. listen to radio, records, tapes, cassettes or compact discs?	<u>456</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Daily	Weekly	Every month	Several times a year	Never																																																		
A. use a public library	<u>449</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																																																		
B. attend a movie, play or concert	<u>450</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																																																		
C. attend or take part in a sporting event	<u>451</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																																																		
D. write letters or anything else that is more than one page in length	<u>452</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																																																		
E. participate in voluntary or community organizations	<u>453</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																																																		
F. read newspapers or magazines	<u>454</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																																																		
G. read books	<u>455</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																																																		
H. listen to radio, records, tapes, cassettes or compact discs?	<u>456</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																																																		
<p>G2. Do you ever do any of these activities in a language other than English?</p>	<p><u>457</u></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>Skip to G4.</i></p>																																																						
<p>G3. Which of the following activities have you ever done in a language other than English?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A. Use a public library</td> <td><u>458</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>B. Attend a movie, play or concert</td> <td><u>459</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>C. Attend or take part in a sporting event</td> <td><u>460</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>D. Write letters or anything else that is more than one page in length</td> <td><u>461</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>E. Participate in voluntary or community organizations</td> <td><u>462</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>F. Read newspapers or magazines</td> <td><u>463</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>G. Read books</td> <td><u>464</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>H. Listen to radio, records, tapes, cassettes or compact discs?</td> <td><u>465</u> 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	A. Use a public library	<u>458</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	B. Attend a movie, play or concert	<u>459</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	C. Attend or take part in a sporting event	<u>460</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	D. Write letters or anything else that is more than one page in length	<u>461</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	E. Participate in voluntary or community organizations	<u>462</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	F. Read newspapers or magazines	<u>463</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	G. Read books	<u>464</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	H. Listen to radio, records, tapes, cassettes or compact discs?	<u>465</u> 1 <input type="checkbox"/>	2 <input type="checkbox"/>																											
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<p>G4. How much time do you usually spend each day watching television or videos?</p>	<p><u>466</u></p> <p>_____ Hours</p> <p><u>467</u></p> <p>1 <input type="checkbox"/> Do not have a television or video player <i>Skip to G6.</i></p>																																																						
<p>G5. Do you ever watch television or videos in a language other than English?</p>	<p><u>468</u></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																																						

<p>G6. Which of the following materials do you currently have in your home?</p> <p>A. Daily newspapers</p> <p>B. Weekly newspapers/magazines</p> <p>C. More than 25 books</p> <p>D. An encyclopedia</p> <p>E. A dictionary</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>469</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>470</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>471</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>472</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>473</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	469	1 <input type="checkbox"/>	2 <input type="checkbox"/>	470	1 <input type="checkbox"/>	2 <input type="checkbox"/>	471	1 <input type="checkbox"/>	2 <input type="checkbox"/>	472	1 <input type="checkbox"/>	2 <input type="checkbox"/>	473	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																	
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<p>G7. I am now going to read you a list of different parts of a newspaper. Please tell me which parts you generally read when looking at a newspaper.</p> <p>(Mark all that apply.)</p> <p>A. Classified ads</p> <p>B. Other advertisements</p> <p>C. National/international news</p> <p>D. Regional or local news</p> <p>E. Sports</p> <p>F. Home, fashion, or health</p> <p>G. Editorial page</p> <p>H. Financial news or stock listings</p> <p>I. Comics</p> <p>J. TV listings</p> <p>K. Movie or concert listings</p> <p>L. Book, movie, or art reviews</p> <p>M. Horoscope</p> <p>N. Advice columns</p> <p>O. Other</p> <p>P. Don't read newspaper</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>474</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>475</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>476</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>477</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>478</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>479</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>480</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>481</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>482</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>483</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>484</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>485</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>486</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>487</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>488</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>489</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	474	1 <input type="checkbox"/>	2 <input type="checkbox"/>	475	1 <input type="checkbox"/>	2 <input type="checkbox"/>	476	1 <input type="checkbox"/>	2 <input type="checkbox"/>	477	1 <input type="checkbox"/>	2 <input type="checkbox"/>	478	1 <input type="checkbox"/>	2 <input type="checkbox"/>	479	1 <input type="checkbox"/>	2 <input type="checkbox"/>	480	1 <input type="checkbox"/>	2 <input type="checkbox"/>	481	1 <input type="checkbox"/>	2 <input type="checkbox"/>	482	1 <input type="checkbox"/>	2 <input type="checkbox"/>	483	1 <input type="checkbox"/>	2 <input type="checkbox"/>	484	1 <input type="checkbox"/>	2 <input type="checkbox"/>	485	1 <input type="checkbox"/>	2 <input type="checkbox"/>	486	1 <input type="checkbox"/>	2 <input type="checkbox"/>	487	1 <input type="checkbox"/>	2 <input type="checkbox"/>	488	1 <input type="checkbox"/>	2 <input type="checkbox"/>	489	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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<p>G8. Would you say that you follow what is going on in current events, public affairs, and the government most of the time, some of the time, only now and then, or hardly at all?</p>	<p>490</p> <p>1 <input type="checkbox"/> Most of the time</p> <p>2 <input type="checkbox"/> Some of the time</p> <p>3 <input type="checkbox"/> Only now and then</p> <p>4 <input type="checkbox"/> Hardly at all</p>																																																			
<p>G9. I would like to know how you usually get information about current events, public affairs and the government. How much information do you get from...</p> <p>A. newspapers</p> <p>B. magazines</p> <p>C. radio</p> <p>D. television</p> <p>E. family members, friends or co-workers?</p>	<table border="1"> <thead> <tr> <th></th> <th>A lot</th> <th>Some</th> <th>Very little</th> <th>None</th> </tr> </thead> <tbody> <tr> <td>491</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>492</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>493</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>494</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>495</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>		A lot	Some	Very little	None	491	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	492	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	493	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	494	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	495	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																					
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G10.	Sometimes people need help from family members or friends to read and write in English. How often do you need help from others with...	496	Often 1 <input type="checkbox"/>	Sometimes 2 <input type="checkbox"/>	Never 3 <input type="checkbox"/>
	A. reading newspaper articles	497	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	B. reading information from government agencies, businesses or other institutions	498	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	C. filling out forms such as applications or bank deposit slips	499	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	D. reading instructions such as on a medicine bottle	500	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	E. reading instructions on "packaged" goods in stores or supermarkets	501	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	F. doing basic arithmetic, that is adding, subtracting, multiplying and dividing as may be required for filling out order forms or balancing a checkbook	502	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	G. writing notes and letters?				
G11.	How would you rate your reading skills in English needed in daily life?	503	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> Poor 5 <input type="checkbox"/> <i>No opinion</i>		
G12.	How would you rate your writing skills in English needed in daily life?	504	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> Poor 5 <input type="checkbox"/> <i>No opinion</i>		
G13.	How would you rate your arithmetic skills needed in daily life?	505	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> Poor 5 <input type="checkbox"/> <i>No opinion</i>		
G14.	All things considered, how satisfied are you with your reading and writing skills in English?	506	1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 5 <input type="checkbox"/> <i>No opinion</i>		

G15.

Did you ever have...

G16. Did you have this problem while you were in elementary or secondary school?

G17. Do you have this problem now?

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
A. eye/visual trouble of the kind that is not corrected by glasses?	[507]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[508]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[509]	1 <input type="checkbox"/> 2 <input type="checkbox"/>
B. hearing problems?	[510]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[511]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[512]	1 <input type="checkbox"/> 2 <input type="checkbox"/>
C. a speech disability?	[513]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[514]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[515]	1 <input type="checkbox"/> 2 <input type="checkbox"/>
D. a learning disability?	[516]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[517]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[518]	1 <input type="checkbox"/> 2 <input type="checkbox"/>
E. any other disability or health problem of six months or more?	[519]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[520]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[521]	1 <input type="checkbox"/> 2 <input type="checkbox"/>
F. any mental or emotional condition?	[522]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[523]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[524]	1 <input type="checkbox"/> 2 <input type="checkbox"/>
G. mental retardation?	[525]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[526]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[527]	1 <input type="checkbox"/> 2 <input type="checkbox"/>
H. a physical disability?	[528]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[529]	1 <input type="checkbox"/> 2 <input type="checkbox"/>	if yes-->	[530]	1 <input type="checkbox"/> 2 <input type="checkbox"/>

Section H. Family Literacy

H1.	Are you the parent or guardian of any children ages 6 to 18 that are presently living with you?	<input type="checkbox"/> 540 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <i>Skip to J1.</i>
H2.	What is the age of your <u>YOUNGEST</u> child between 6 to 18 years of age?	<input type="checkbox"/> 541 _____ Years old
H3.	What is the highest grade of schooling that this child has completed?	<input type="checkbox"/> 542 <input type="checkbox"/> 1 Elementary <input type="checkbox"/> 2 Secondary <input type="checkbox"/> 3 Post-Secondary <input type="checkbox"/> 4 Trade/Vocational <input type="checkbox"/> 5 No Schooling <i>Skip to H4.</i>
CHECK ITEM I	<i>Is item 1 or item 2 marked in question H3?</i>	<input type="checkbox"/> 543 <input type="checkbox"/> Yes <i>Specify grade _____ Skip to H4.</i> <input type="checkbox"/> No <i>Continue with Check Item J.</i>
CHECK ITEM J	<i>Is item 3 or item 4 marked in question H3?</i>	<input type="checkbox"/> 544 <input type="checkbox"/> Yes <i>Specify number of years _____</i> <input type="checkbox"/> No <i>Continue with question H4.</i>
H4.	How often would you say this child reads for pleasure?	<input type="checkbox"/> 545 <input type="checkbox"/> 1 Every day <input type="checkbox"/> 2 A few times a week <input type="checkbox"/> 3 Several times a month <input type="checkbox"/> 4 A few times a month <input type="checkbox"/> 5 Once a month or less <input type="checkbox"/> 6 Never <input type="checkbox"/> 8 Not Applicable <input type="checkbox"/> 7 <i>Don't know</i>
H5.	When this child reads, where does he/she get books? <i>(Mark all that apply.)</i>	<input type="checkbox"/> 546 01 Parent buys <input type="checkbox"/> 547 02 Parent borrows from a friend <input type="checkbox"/> 548 03 Child buys <input type="checkbox"/> 549 04 Child borrows from a friend <input type="checkbox"/> 550 05 Public library <input type="checkbox"/> 551 06 School library <input type="checkbox"/> 552 07 Gifts <input type="checkbox"/> 553 08 From brothers/sisters <input type="checkbox"/> 554 09 Other <input type="checkbox"/> 555 10 <i>Don't know</i>

H6.	Given this child's age, how satisfied are you with the way he/she reads?	<input type="checkbox"/> 556 1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 5 <input type="checkbox"/> No opinion																																				
H7.	<p>The next few questions will deal with your entire household.</p> <p>Could you please tell me if each of the following statements are true or false of your household?</p> <p>A. There is a variety of books in your home.</p> <p>B. There is a variety of magazines and other reading material in your home.</p> <p>C. Your children often see you or your spouse reading.</p> <p>D. Your children learned to read before grade one.</p> <p>E. Your children have a certain amount of time set aside each day for reading at home.</p> <p>F. Your children are limited in the amount of time you allow them to watch TV.</p> <p>G. Your children often choose the books they read.</p> <p>H. Your children have their own books and a place to keep them.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>True</u></th> <th><u>False</u></th> <th><u>Don't know</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 557</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 558</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 559</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 560</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 561</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 562</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 563</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 564</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </tbody> </table>		<u>True</u>	<u>False</u>	<u>Don't know</u>	<input type="checkbox"/> 557	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/> 558	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/> 559	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/> 560	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/> 561	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/> 562	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/> 563	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/> 564	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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H8.	<p>I would like to read you a list of some different things which may help parents in helping their children to become good readers. For each one, I would like you to tell me whether it is something that you would find very useful, somewhat useful, not very useful or not at all useful.</p> <p>A. Reading lists supplied to parents by schools and other educational experts</p> <p>B. Materials such as games, activities and books being supplied to parents by schools or other educational experts that would help parents encourage their children to read</p> <p>C. A close parent-teacher relationship</p> <p>D. Schools providing parents with help in understanding assessments of a child's reading abilities</p> <p>E. Access for children to books, through either public or school libraries</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Very</u></th> <th><u>Somewhat</u></th> <th><u>Not very</u></th> <th><u>Not at all</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 565</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 566</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 567</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 568</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 569</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>		<u>Very</u>	<u>Somewhat</u>	<u>Not very</u>	<u>Not at all</u>	<input type="checkbox"/> 565	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> 566	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> 567	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> 568	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> 569	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>						
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Section J. Household Information

<p>J1.</p>	<p>Did you or anyone in your family receive any of the following during the past 12 months?</p> <p><i>(Mark all that apply.)</i></p>	<p>580 1 <input type="checkbox"/> Social Security or railroad retirement payments</p> <p>581 2 <input type="checkbox"/> Supplemental security income (SSI)</p> <p>582 3 <input type="checkbox"/> Other retirement, survivor or disability payments</p> <p>583 4 <input type="checkbox"/> Aid to families with dependent children (AFDC) public assistance, or public welfare payments from the state or local welfare office</p> <p>584 5 <input type="checkbox"/> Food stamps</p> <p>585 6 <input type="checkbox"/> Interest from savings or other bank accounts (other than dividends)</p> <p>586 7 <input type="checkbox"/> Dividend income from stocks or mutual funds or income from rental property, royalty, estates or trusts</p> <p>587 8 <input type="checkbox"/> Income from any other sources, such as Veterans Administration payments, workers or unemployment compensation, child support, or alimony</p> <p>588 9 <input type="checkbox"/> None</p>
<p>J2.</p>	<p>What is the best estimate of your annual earnings in 1993, before any deductions, from all sources, including all of those just mentioned?</p>	<p>589</p> <p>\$ _____ .00</p> <p>0 <input type="checkbox"/> No income <i>Skip to J4.</i></p> <p>590</p> <p>1 <input type="checkbox"/> <i>Don't know</i></p>
<p>J3.</p>	<p>What is the best estimate of your annual earnings, before any deductions, from ONLY WAGES, SALARY OR SELF-EMPLOYMENT, in 1993?</p>	<p>591</p> <p>\$ _____ .00</p> <p>0 <input type="checkbox"/> No income</p> <p>592</p> <p>1 <input type="checkbox"/> <i>Don't know</i></p>
<p>J4.</p>	<p>Including yourself, how many people live in this household?</p>	<p>593</p> <p>_____ people in household <i>If 1, skip to Check Item K.</i></p>
<p>J5.</p>	<p>Including yourself, how many people in your family are employed or work for pay or wages part time?</p>	<p>594</p> <p>_____ people are employed part time</p>

J6.	Including yourself, how many people in your family are employed or work for pay or wages full time?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">595</div> _____ people are employed full time
J7.	What is the best estimate of the total earnings of all household members (including yourself) from all sources in 1993?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">596</div> \$ _____ .00 0 <input type="checkbox"/> No income <div style="border: 1px solid black; display: inline-block; padding: 2px;">597</div> 1 <input type="checkbox"/> Don't know
CHECK ITEM K	<i>Record end time of Background Questionnaire.</i>	_____ : _____ <input type="checkbox"/> am <input type="checkbox"/> pm

