



**NATIONAL LONGITUDINAL STUDY  
OF THE CLASS OF 1972  
FIFTH FOLLOW-UP QUESTIONNAIRE**

Prepared for: U.S. Department of Education  
Center for Statistics

by: NORC, A Social Science Research Center  
University of Chicago

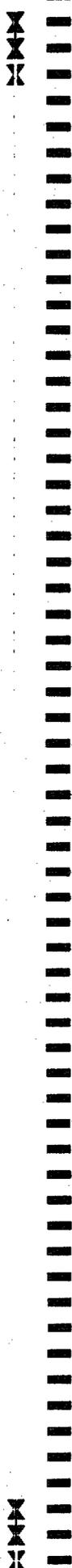
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

Form Approved  
O.M.B. No. 1850-0557  
App. Exp.: 10/31/86

ED/CS Form No. 2441-1

1986





---

The Federal Privacy Act of 1974 requires that each survey respondent be informed of the following:

- (1) This survey is authorized by law (20 USC 1221e-1). While you are not required to respond, your cooperation will make the results of this survey comprehensive, accurate, and timely.
  - (2) You are subject to no penalty for not providing all or any part of the requested information.
  - (3) The purpose for which this information is to be used is to provide statistics on a national sample of students as they move out of the American high school system into the critical years of early adulthood. These statistics will be related to postsecondary educational costs and financial aid and other factors on the educational, work, and career choices of young adults.
  - (4) The routine uses of these data will be statistical in nature as detailed in paragraph 9 of Appendix B of the Department Regulations (34 CFR 5b) published in the Federal Register, Vol. 45, No. 92, May 9, 1980.
- 

**NOTE:** The O.M.B. approval number listed on the front cover does not apply to questions marked with an asterisk (\*). These questions are supported by a research grant which, under Federal Regulations, is not subject to O.M.B. approval.

<b>INTERVIEWER USE ONLY</b>	
INT.	
DISP.	

**MARKING DIRECTIONS**

Filling out this questionnaire is as easy as 1-2-3!

For questions on which you respond by filling in an oval, please make heavy black marks that completely fill the oval. If you make a mistake, completely erase the incorrect answer and enter the correct one.

**CORRECT MARKS**



**INCORRECT MARKS**



Please do not make stray marks of any kind. If any stray marks are made by accident, please erase them completely.

Instructions are included with each question. Below are examples of the different kinds of instructions you will see and the correct way to answer each kind of question. Be sure to use the No. 2 pencil we have provided. Do not use a ballpoint or felt-tip pen.

**1. CIRCLE OR MARK ANSWER CATEGORIES:**

It is important to circle or mark (as specified) one or more numbers that go with your answers.

**EXAMPLE A**

What is the color of your eyes? (MARK ONE)

- Brown
- Blue
- Green
- Another color

**"My eyes are green."**

**EXAMPLE B**

Last week did you do any of the following?  
(MARK ALL THAT APPLY)

- See a play
- Go to a movie
- Attend a sporting event

**"Last week I saw a movie and a play."**

**EXAMPLE C**

Do you plan to do any of the following next week?  
(CIRCLE ONE NUMBER FOR EACH LINE)

	Yes	No	Not Sure
a. Visit a relative . . . . .	1	2	3
b. Go to a museum . . . . .	1	2	3
c. Go to a library . . . . .	1	2	3

**"I don't plan to visit a relative next week. I may go to a museum and I'm definitely going to the library."**

**EXAMPLE D**

Where do you usually buy the following reading materials?  
(CIRCLE ALL THAT APPLY FOR EACH LINE)

	News-stand	Drug-store	Book-store	Other	Never Buy
a. Newspaper . . . . .	1	1	1	1	1
b. Magazines . . . . .	1	1	1	1	1
c. Paperback books . . . . .	1	1	1	1	1

**"I usually buy newspapers at a newsstand. I buy magazines at newsstands or drugstores. I don't buy paperback books."**

**EXAMPLE E**

What is your favorite sport?  
(MARK ONE)

- Football
- Baseball
- Basketball
- Other (WRITE IN) →

**ICE HOCKEY**

**"My favorite sport is ice hockey."**

(On write-in items, please confine writing to inside the box.)

2. AMOUNTS OF MONEY ARE ENTERED IN BOXES:

**EXAMPLE A** Salary of \$6.50 an hour

RIGHT: \$   ,   6 .   50

WRONG: \$  ~~650~~

**EXAMPLE B** My television costs \$500.

RIGHT: \$   ,   500 .   00

WRONG: \$  ~~500~~

3. DATES AND OTHER NUMBERS ARE ALSO ENTERED IN BOXES OR GRIDS:

**EXAMPLE A** How many hours did you work last week? (WRITE IN BELOW)

I worked 5 hours.

0  5  
RIGHT

~~5~~   
WRONG

**EXAMPLE B** June, 1983

RIGHT:  0  6 MONTH  8  3 YEAR

WRONG:  ~~6 MONTH  83 YEAR~~

**EXAMPLE C** Number of Children

RIGHT:  0  3

WRONG:  ~~3~~

**EXAMPLE D**

February 23, 1964

RIGHT →

MONTH		DAY						YEAR	
<input type="radio"/> Jan	<input type="radio"/> July	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 13	<input type="radio"/> 19	<input type="radio"/> 25	<input type="radio"/> 31	<input type="radio"/> 60	<input type="radio"/> 65
<input checked="" type="radio"/> Feb	<input type="radio"/> Aug	<input type="radio"/> 2	<input type="radio"/> 8	<input type="radio"/> 14	<input type="radio"/> 20	<input type="radio"/> 26		<input type="radio"/> 61	<input type="radio"/> 66
<input type="radio"/> Mar	<input type="radio"/> Sep	<input type="radio"/> 3	<input type="radio"/> 9	<input type="radio"/> 15	<input type="radio"/> 21	<input type="radio"/> 27		<input type="radio"/> 62	<input type="radio"/> 67
<input type="radio"/> Apr	<input type="radio"/> Oct	<input type="radio"/> 4	<input type="radio"/> 10	<input type="radio"/> 16	<input type="radio"/> 22	<input type="radio"/> 28		<input type="radio"/> 63	<input type="radio"/> 68
<input type="radio"/> May	<input type="radio"/> Nov	<input type="radio"/> 5	<input type="radio"/> 11	<input type="radio"/> 17	<input checked="" type="radio"/> 23	<input type="radio"/> 29		<input checked="" type="radio"/> 64	
<input type="radio"/> June	<input type="radio"/> Dec	<input type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18	<input type="radio"/> 24	<input type="radio"/> 30			

WE HOPE YOU WILL ANSWER EVERY QUESTION THAT APPLIES TO YOU,  
BUT YOU MAY SKIP ANY QUESTION YOU DO NOT WISH TO ANSWER.

# GENERAL INFORMATION

1. What is today's date? → 

--	--

 / 

--	--

 , 1986  
Month Day

2. What is your birthdate? → 

--	--

 / 

--	--

 / 

--	--

  
Month Day Year

3. What were you doing the first week of February 1986? (CIRCLE ALL THAT APPLY)

§

- Working for pay at a full-time or part-time job ..... 1
- Taking vocational or technical courses at any kind of school or college  
(for example, vocational, trade, business, or other career training school) ..... 1
- Taking academic courses at a two- or four-year college ..... 1
- Taking courses at a graduate or professional school (law, medicine, pharmacy, dentistry, etc.) ..... 1
- Serving in an apprenticeship program or government training program ..... 1
- Serving on active duty in the Armed Forces (or service academy) ..... 1
- Keeping house (without other job) ..... 1
- Holding a job but on temporary layoff from work or waiting to report to work ..... 1
- Looking for work ..... 1
- Taking a break from working and from school ..... 1
- Other ..... 1

(DESCRIBE) ↓

4. As of the first week of February 1986, did you own a house, apartment, co-op, condominium or mobile home? (MARK ONE)

Yes

No

5. Which of the following best describes the location of the place where you lived in the first week of October 1979? (MARK ONE)

- In a rural or farming community
- In a small city or town of fewer than 50,000 people that is not a suburb of a larger place
- In a medium-sized city (50,000-100,000 people)
- In a suburb of a medium-sized city
- In a large city (100,000-500,000 people)
- In a suburb of a large city
- In a very large city (over 500,000 people)
- In a suburb of a very large city
- A military base or station

PLEASE GO ON TO NEXT PAGE

# WORK EXPERIENCE

In this section, we would like to find out about the jobs you have held, particularly in the period between October 1979 and the present time. Include full-time jobs, part-time jobs, apprenticeships, on-the-job training, military service and so on.

We are interested in learning about the kinds of jobs you have held, the hours you worked and your income from these jobs, the level of your job satisfaction, and the relation of your training and education to your work experience. This information will help us better understand the movement of young people into the world of work and the reasons for changes in job situations.

---

6. Between October 1979 and the present time, did you hold a full-time or part-time job of any kind? This includes § PAID jobs, VOLUNTEER jobs, working WITHOUT PAY on a family farm or business or being in the MILITARY. (CIRCLE ONE)

1. Yes (CONTINUE TO INSTRUCTIONS BELOW)
2. No (SKIP TO Q. 17)

---

## IMPORTANT INSTRUCTIONS

Next we would like information about all of the jobs you had since October 1979. Start with your current or most recent job and work backwards to October 1979. There is room to describe four jobs . . . .

IF YOU ONLY HAD ONE JOB:

Enter that job at Q.7; answer parts A-K.

IF YOU HAD TWO OR MORE JOBS:

Enter the current or most recent job at Q.7 and next most recent job at Q.8, etc. Answer parts A-K for each job.

IF YOU HAVE HAD MORE THAN 4 JOBS:

Only enter information about the 4 most recent jobs.

IF YOU HELD TWO JOBS AT THE SAME TIME:

Enter both jobs but enter them on separate pages.

IF YOU HAVE BEEN IN THE MILITARY:

Please consider your entire military experience as one job.

7. CURRENT OR MOST RECENT JOB HELD SINCE OCTOBER 1979 (ANSWER PARTS A-K)

A. What kind of job or occupation did you or do you have? (For example, salesperson, waitress, secretary, § assembler, etc.) (WRITE IN)

B. What kind of business or industry was this job in? (For example, retail shoe store, restaurant, electronic assembly plant) (WRITE IN)

C. What were your main activities or duties on this job? (For example, selling shoes, waiting on tables, putting computer boards together) (WRITE IN)

D. On this job were you (MARK ONE)

- Employee of a PRIVATE COMPANY
- GOVERNMENT EMPLOYEE (federal, state, local)
- Self-employed in your OWN business
- Working WITHOUT PAY on a family business or farm
- Working WITHOUT PAY in a volunteer job

E. When were you working at this job? (CIRCLE THE FIRST AND LAST MONTH FOR EACH TIME PERIOD. § WORKING AT THIS JOB. DRAW A LINE BETWEEN THE CIRCLED DATES)

	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
1979	--	--	--	--	--	--	--	--	--	10	11	12
1980	01	02	03	04	05	06	07	08	09	10	11	12
1981	01	02	03	04	05	06	07	08	09	10	11	12
1982	01	02	03	04	05	06	07	08	09	10	11	12
1983	01	02	03	04	05	06	07	08	09	10	11	12
1984	01	02	03	04	05	06	07	08	09	10	11	12
1985	01	02	03	04	05	06	07	08	09	10	11	12
1986	01	02	03	04	05	06	07	--	--	--	--	--

Example

JAN	FEB	MAR	...	NOV	DEC
01	02	03	...	11	12
01	02	03	...	11	12
01	02	03	...	11	12

F. Was this a seasonal job? (For example, harvester, life-guard, ski-instructor) (MARK ONE)

- Yes
- No

G. Write in below your starting salary (before deductions) on this job. (AVERAGE IN ANY TIPS OR COMMISSION. IF YOU ARE NOT SURE OF THE EXACT AMOUNT, GIVE YOUR BEST ESTIMATE)

(WRITE IN)

\$ 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 , 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 . 

--	--	--	--	--	--	--	--	--	--

Is the figure you entered an hourly, weekly, bi-weekly, monthly or yearly wage? (CIRCLE ONE)

- |                   |                             |
|-------------------|-----------------------------|
| Hourly.....01     | Monthly .....04             |
| Weekly.....02     | Yearly .....05              |
| Bi-weekly .....03 | Working without pay .....06 |

H. Write in below your current salary (before deductions) on this job or your salary at the time you left. (AVERAGE IN ANY TIPS OR COMMISSION. IF YOU ARE NOT SURE OF THE EXACT AMOUNT, GIVE YOUR BEST ESTIMATE)

(WRITE IN)

\$ 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 , 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 . 

--	--	--	--	--	--	--	--	--	--

Is the figure you entered an hourly, weekly, bi-weekly, monthly or yearly wage? (CIRCLE ONE)

- |                   |                             |
|-------------------|-----------------------------|
| Hourly.....01     | Monthly .....04             |
| Weekly.....02     | Yearly .....05              |
| Bi-weekly .....03 | Working without pay .....06 |

I. About how many hours a week did or do you usually work in this job? (WRITE IN BELOW)

HOURS PER WEEK:

--	--	--	--	--	--	--	--	--	--

J. Why did you leave this job? (MARK THE ONE MOST IMPORTANT CATEGORY)

- Job ended (temporary job, laid off, or fired)
- School-related reasons (graduated, school started, school year ended)
- Quit because job, hours, or pay, etc. unsatisfactory
- Found a better job or was promoted
- Moved elsewhere
- Health-related reasons (illness, injury, pregnancy)
- Other (WRITE IN)

STILL HAVE THIS JOB

K. Did you hold any other jobs since October 1979? (CIRCLE ONE)

\$

1. Yes (ENTER 2ND JOB AT Q.8)
2. No (SKIP TO Q.11)

8. SECOND MOST RECENT JOB HELD SINCE OCTOBER 1979 (ANSWER PARTS A-K)

A. What kind of job or occupation did you or do you have? (For example, salesperson, waitress, secretary, assembler, etc.) (WRITE IN)

↓

B. What kind of business or industry was this job in? (For example, retail shoe store, restaurant, electronic assembly plant) (WRITE IN)

↓

C. What were your main activities or duties on this job? (For example, selling shoes, waiting on tables, putting computer boards together) (WRITE IN)

↓

D. On this job were you (MARK ONE)

- Employee of a PRIVATE COMPANY
- GOVERNMENT EMPLOYEE (federal, state, local)
- Self-employed in your OWN business
- Working WITHOUT PAY on a family business or farm
- Working WITHOUT PAY in a volunteer job

E. When were you working at this job? (CIRCLE THE FIRST AND LAST MONTH FOR EACH TIME PERIOD WORKING AT THIS JOB. DRAW A LINE BETWEEN THE CIRCLED DATES)

	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
1979	--	--	--	--	--	--	--	--	--	10	11	12
1980	01	02	03	04	05	06	07	08	09	10	11	12
1981	01	02	03	04	05	06	07	08	09	10	11	12
1982	01	02	03	04	05	06	07	08	09	10	11	12
1983	01	02	03	04	05	06	07	08	09	10	11	12
1984	01	02	03	04	05	06	07	08	09	10	11	12
1985	01	02	03	04	05	06	07	08	09	10	11	12
1986	01	02	03	04	05	06	07	--	--	--	--	--

F. Was this a seasonal job? (For example, harvester, life-guard, ski-instructor) (MARK ONE)

- Yes
- No



9. THIRD MOST RECENT JOB HELD SINCE OCTOBER 1979 (ANSWER PARTS A-K)

A. What kind of job or occupation did you or do you have? (For example, salesperson, waitress, secretary, § assembler, etc.) (WRITE IN)

B. What kind of business or industry was this job in? (For example, retail shoe store, restaurant, electronic assembly plant) (WRITE IN)

C. What were your main activities or duties on this job? (For example, selling shoes, waiting on tables, putting computer boards together) (WRITE IN)

D. On this job were you (MARK ONE)

- Employee of a PRIVATE COMPANY
- GOVERNMENT EMPLOYEE (federal, state, local)
- Self-employed in your OWN business
- Working WITHOUT PAY on a family business or farm
- Working WITHOUT PAY in a volunteer job

E. When were you working at this job? (CIRCLE THE FIRST AND LAST MONTH FOR EACH TIME PERIOD § WORKING AT THIS JOB. DRAW A LINE BETWEEN THE CIRCLED DATES)

	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
1979	--	--	--	--	--	--	--	--	--	10	11	12
1980	01	02	03	04	05	06	07	08	09	10	11	12
1981	01	02	03	04	05	06	07	08	09	10	11	12
1982	01	02	03	04	05	06	07	08	09	10	11	12
1983	01	02	03	04	05	06	07	08	09	10	11	12
1984	01	02	03	04	05	06	07	08	09	10	11	12
1985	01	02	03	04	05	06	07	08	09	10	11	12
1986	01	02	03	04	05	06	07	--	--	--	--	--

F. Was this a seasonal job? (For example, harvester, life-guard, ski-instructor) (MARK ONE)

- Yes
- No

G. Write in below your starting salary (before deductions) on this job. (AVERAGE IN ANY TIPS OR COMMISSION. IF YOU ARE NOT SURE OF THE EXACT AMOUNT, GIVE YOUR BEST ESTIMATE)

(WRITE IN)

\$ 

--	--	--

 , 

--	--	--	--	--	--

 . 

--	--

Is the figure you entered an hourly, weekly, bi-weekly, monthly or yearly wage? (CIRCLE ONE)

- |                   |                             |
|-------------------|-----------------------------|
| Hourly.....01     | Monthly .....04             |
| Weekly.....02     | Yearly .....05              |
| Bi-weekly .....03 | Working without pay .....06 |

H. Write in below your current salary (before deductions) on this job or your salary at the time you left. (AVERAGE IN ANY TIPS OR COMMISSION. IF YOU ARE NOT SURE OF THE EXACT AMOUNT, GIVE YOUR BEST ESTIMATE)

(WRITE IN)

\$ 

--	--	--

 , 

--	--	--	--	--	--

 . 

--	--

Is the figure you entered an hourly, weekly, bi-weekly, monthly or yearly wage? (CIRCLE ONE)

- |                   |                             |
|-------------------|-----------------------------|
| Hourly.....01     | Monthly .....04             |
| Weekly.....02     | Yearly .....05              |
| Bi-weekly .....03 | Working without pay .....06 |

I. About how many hours a week did or do you usually work in this job? (WRITE IN BELOW)

HOURS PER WEEK: 

--	--

J. Why did you leave this job? (MARK THE ONE MOST IMPORTANT CATEGORY)

- Job ended (temporary job, laid off, or fired)
- School-related reasons (graduated, school started, school year ended)
- Quit because job, hours, or pay, etc. unsatisfactory
- Found a better job or was promoted
- Moved elsewhere
- Health-related reasons (illness, injury, pregnancy)
- Other (WRITE IN)

STILL HAVE THIS JOB

K. Did you hold any other jobs since October 1979? (CIRCLE ONE)

§

1. Yes (ENTER 4TH JOB AT Q.10)
2. No (SKIP TO Q.11)

10. FOURTH MOST RECENT JOB HELD SINCE OCTOBER 1979 (ANSWER PARTS A-K)

A. What kind of job or occupation did you or do you have? (For example, salesperson, waitress, secretary, assembler, etc.) (WRITE IN)

↓

B. What kind of business or industry was this job in? (For example, retail shoe store, restaurant, electronic assembly plant) (WRITE IN)

↓

C. What were your main activities or duties on this job? (For example, selling shoes, waiting on tables, putting computer boards together) (WRITE IN)

↓

D. On this job were you (MARK ONE)

- Employee of a PRIVATE COMPANY
- GOVERNMENT EMPLOYEE (federal, state, local)
- Self-employed in your OWN business
- Working WITHOUT PAY on a family business or farm
- Working WITHOUT PAY in a volunteer job

E. When were you working at this job? (CIRCLE THE FIRST AND LAST MONTH FOR EACH TIME PERIOD § WORKING AT THIS JOB. DRAW A LINE BETWEEN THE CIRCLED DATES)

	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
1979	--	--	--	--	--	--	--	--	--	10	11	12
1980	01	02	03	04	05	06	07	08	09	10	11	12
1981	01	02	03	04	05	06	07	08	09	10	11	12
1982	01	02	03	04	05	06	07	08	09	10	11	12
1983	01	02	03	04	05	06	07	08	09	10	11	12
1984	01	02	03	04	05	06	07	08	09	10	11	12
1985	01	02	03	04	05	06	07	08	09	10	11	12
1986	01	02	03	04	05	06	07	--	--	--	--	--

F. Was this a seasonal job? (For example, harvester, life-guard, ski-instructor) (MARK ONE)

- Yes
- No

G. Write in below your starting salary (before deductions) on this job. (AVERAGE IN ANY TIPS OR COMMISSION. IF YOU ARE NOT SURE OF THE EXACT AMOUNT, GIVE YOUR BEST ESTIMATE)

(WRITE IN)

\$ 

--	--	--	--	--	--	--	--	--	--	--	--

Is the figure you entered an hourly, weekly, bi-weekly, monthly or yearly wage? (CIRCLE ONE)

- |                   |                             |
|-------------------|-----------------------------|
| Hourly.....01     | Monthly .....04             |
| Weekly.....02     | Yearly .....05              |
| Bi-weekly .....03 | Working without pay .....06 |

H. Write in below your current salary (before deductions) on this job or your salary at the time you left. (AVERAGE IN ANY TIPS OR COMMISSION. IF YOU ARE NOT SURE OF THE EXACT AMOUNT, GIVE YOUR BEST ESTIMATE)

(WRITE IN)

\$ 

--	--	--	--	--	--	--	--	--	--	--	--

Is the figure you entered an hourly, weekly, bi-weekly, monthly or yearly wage? (CIRCLE ONE)

- |                   |                             |
|-------------------|-----------------------------|
| Hourly.....01     | Monthly .....04             |
| Weekly.....02     | Yearly .....05              |
| Bi-weekly .....03 | Working without pay .....06 |

I. About how many hours a week did or do you usually work in this job? (WRITE IN BELOW)

HOURS PER WEEK: 

--	--	--

J. Why did you leave this job? (MARK THE ONE MOST IMPORTANT CATEGORY)

- Job ended (temporary job, laid off, or fired)
- School-related reasons (graduated, school started, school year ended)
- Quit because job, hours, or pay, etc. unsatisfactory
- Found a better job or was promoted
- Moved elsewhere
- Health-related reasons (illness, injury, pregnancy)
- Other (WRITE IN)

STILL HAVE THIS JOB

K. Between October 1979 and the present time, how many jobs did you have altogether? (WRITE IN)

§

NUMBER OF JOBS: 

--	--

(CONTINUE WITH Q.11)

\*11. The following are some general things that people do on their jobs. About how much time did you spend on each in the average work day at your present or most recent job? (MARK ONE ON EACH LINE)

	<u>None</u>	<u>Very Little</u>	<u>Some</u>	<u>A Great Deal</u>
a. Working with things (machinery, apparatus, art materials, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Doing paperwork (administration, clerical, computational, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Working with ideas, thinking.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dealing with people (as part of the job).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*12. Please think about your supervisor or the person who had most control over what you actually did on the job. Which of the following best describes how closely this person supervised you? (MARK ONE)

- My supervisor decided both what I did and how I did it
- My supervisor decided what I did, but I decided how I did it
- My supervisor gave me some freedom in deciding what I did and how I did it
- I was more or less my own boss within the general policies of the organization
- There was no such person

13. How satisfied were you with the following aspects of your present or most recent job?  
(MARK ONE FOR EACH LINE)

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No Opinion
a. Pay and fringe benefits.....	<input type="radio"/>				
b. Importance and challenge.....	<input type="radio"/>				
c. Working conditions.....	<input type="radio"/>				
d. Opportunity for promotion and advancement with this employer.....	<input type="radio"/>				
e. Opportunity for promotion and advancement in this line of work.....	<input type="radio"/>				
f. Opportunity to use past training and education.....	<input type="radio"/>				
g. Security and permanence.....	<input type="radio"/>				
h. Supervisor(s).....	<input type="radio"/>				
i. Opportunity for developing new skills.....	<input type="radio"/>				
j. The pride and respect I received from my family and friends by being in this line of work.....	<input type="radio"/>				
k. Relationships with co-workers.....	<input type="radio"/>				
l. Job as a whole.....	<input type="radio"/>				

\*14. How important do you think each of the following factors is in determining the kind of work you plan to be doing  
for most of your life? (MARK ONE FOR EACH LINE)

	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>
a. Previous work experience.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Relative or friend in the same line of work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Job openings available in the occupation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Work matches a hobby interest of mine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Good income to start or within a few years.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Job security and permanence.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Work that seems important and interesting to me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Freedom to make my own decisions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Opportunity for promotion and advancement in the long run.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Meeting and working with sociable, friendly people.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. At any time between October 1979 and the end of February 1986, have you held a full-time job? (CIRCLE ONE)

1. Yes (ANSWER A)

2. No (SKIP TO Q.17)

A. Considering the most recent full-time job you have held, did you receive or participate in any type of employer-provided training benefits or training programs? (CIRCLE ONE)

1. Yes (ANSWER B)

2. No (SKIP TO Q.16)

B. Circle "1" in Column 1 for each type of training benefit or program you participated in. Then record the number of hours per week in Column 2 and the total number of weeks in Column 3.

COLUMN 1 TYPES OF TRAINING PROGRAMS OR TRAINING BENEFITS	COLUMN 2 NUMBER OF HOURS PER WEEK	COLUMN 3 TOTAL NUMBER OF WEEKS
(CIRCLE ALL THAT APPLY)		
Formal registered apprenticeship (your state or labor union)..... 1		
Employer-provided job training during working hours on employer premises..... 1		
Informal on-the-job training (e.g., assigned to work with someone for instruction or guidance, etc.)..... 1		
Employer-provided education or training during working hours away from employer premises ..... 1		
Tuition aid and/or financial assistance for attending educational institutions after working hours..... 1		
Other..... 1		
(PLEASE SPECIFY) →		

16. Since 1979, have you received any training or education . . .  
(MARK ONE FOR EACH LINE)

- |   | <u>Yes</u>            | <u>No</u>             |
|---|-----------------------|-----------------------|
| a. to improve your skills or advance yourself<br>within the job you held at the time?.....                      | <input type="radio"/> | <input type="radio"/> |
| b. to prepare yourself for a new job or career, other<br>than that in which you were employed at the time?..... | <input type="radio"/> | <input type="radio"/> |

# PERIODS UNEMPLOYED

17. Between October 1979 and the present time, were you ever without a job, available for work, and looking for work at the same time? (CIRCLE ONE)

1. Yes (ANSWER A AND B)
2. No (SKIP TO Q.18)

A. During which months or parts of a month were you without a job, available for work, and looking for work? (CIRCLE THE FIRST AND LAST MONTHS FOR EACH TIME PERIOD YOU WERE BETWEEN JOBS. DRAW A LINE BETWEEN THE CIRCLED DATES)

	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
1979	--	--	--	--	--	--	--	--	--	10	11	12
1980	01	02	03	04	05	06	07	08	09	10	11	12
1981	01	02	03	04	05	06	07	08	09	10	11	12
1982	01	02	03	04	05	06	07	08	09	10	11	12
1983	01	02	03	04	05	06	07	08	09	10	11	12
1984	01	02	03	04	05	06	07	08	09	10	11	12
1985	01	02	03	04	05	06	07	08	09	10	11	12
1986	01	02	03	04	05	06	07	--	--	--	--	--

B. Did you receive unemployment insurance at any time during these years? (MARK ONE FOR EACH YEAR)

<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
<input type="radio"/> Yes							
<input type="radio"/> No							

# EDUCATION

18. Since October 1979, have you attended and taken classes for credit at any school such as a college or university, § graduate or professional school, service academy or school, business school, trade school, technical institute, vocational school, community college, and so forth? DO NOT INCLUDE ARMED FORCES TRAINING PROGRAMS, MANPOWER TRAINING PROGRAMS, OR NONCREDIT COURSES. YOU WILL BE ASKED ABOUT THESE EXPERIENCES IN THE NEXT SECTION. (CIRCLE ONE)

1. Yes (GO TO INSTRUCTIONS BELOW)
2. No, but attended a college or other postsecondary school after leaving high school and before October, 1979. (SKIP TO Q.21)
3. No, did not attend a postsecondary school like those listed above after leaving high school. (SKIP TO Q.30)

---

## IMPORTANT INSTRUCTIONS

Next we would like information about the most recent schools you have attended between October 1979 and the present time. Start with the current or most recent school you have attended since October 1979.

Since October 1979 . . . .

IF YOU ONLY ATTENDED ONE SCHOOL:

Enter that school at Q.19 and answer A-J.

IF YOU ATTENDED TWO OR MORE SCHOOLS:

Enter the current or most recent school attended at Q.19 and the next most recent school attended at Q.20 . Answer parts A-J.

IF YOU ATTENDED TWO SCHOOLS AT THE SAME TIME:

Provide information about both schools but use a separate question (page) for each.

19. What is the exact name and location of the current or most recent school you attended since October 1, 1979?

§ (WRITE IN AND DO NOT ABBREVIATE THE SCHOOL NAME)

SCHOOL NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

A. What kind of school is this? (MARK ONE)

- Vocational, trade, business, or other career training school
- Junior or community college (2-year)
- College or university (4 years or more)
- Independent graduate or professional school (medical, dental, law, theology, etc.)
- Other (WRITE IN)

B. When did you attend this school? (CIRCLE THE FIRST AND LAST MONTHS FOR EACH TIME PERIOD AT THIS SCHOOL. DRAW A LINE BETWEEN THE CIRCLED DATES.)

	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
1979	--	--	--	--	--	--	--	--	--	10	11	12
1980	01	02	03	04	05	06	07	08	09	10	11	12
1981	01	02	03	04	05	06	07	08	09	10	11	12
1982	01	02	03	04	05	06	07	08	09	10	11	12
1983	01	02	03	04	05	06	07	08	09	10	11	12
1984	01	02	03	04	05	06	07	08	09	10	11	12
1985	01	02	03	04	05	06	07	08	09	10	11	12
1986	01	02	03	04	05	06	07	--	--	--	--	--

Example

JAN	FEB	MAR	...	NOV	DEC
01	02	03	...	11	12
01	02	03	...	11	12
01	02	03	...	11	12
01	02	03	...	11	12

C. During the last month you attended, how were you classified by the school? (MARK ONE)

- Freshman
- Sophomore
- Junior
- Senior
- Graduate/professional student
- Special student
- Other (WRITE IN)
- School did not classify students
- Don't know

D. During the last month you attended this school, were you classified as a full-time student? (MARK ONE)

- Yes
- No
- Don't know

E. During the last month you attended, about how many hours a week were your classes scheduled to meet? (INCLUDE LECTURES, SHOP, LAB TIME, ETC. ENTER HOURS)

TOTAL HOURS PER WEEK:

--	--

F. During the last month you attended, what was your actual or intended training (for example, agriculture, education, or secretarial, etc.)? (WRITE IN NAME OF SPECIFIED FIELD OR AREA)

--

G. This training is part of . . . . (MARK ONE)

- A vocational program
- An academic program
- A professional program
- Other (DESCRIBE) →

--

H. During the last month you attended, what kind of certificate, license, diploma, or degree were you studying for? (MARK ONE)

- None (SKIP TO J)
- Certificate (IN WHAT? - WRITE IN): →
- License (IN WHAT? - WRITE IN): →
- Two- or three-year vocational degree or diploma
- Two-year academic degree or diploma
- Four- or five-year Bachelor's degree
- A Master's Degree or equivalent
- A Ph.D. or equivalent
- An M.D., L.L.B., J.D., D.D.S. or equivalent
- Other (WRITE IN): →

--

--

--

(ANSWER I)

I. Did you complete all the requirements for that certificate, degree or diploma from this school? (MARK ONE)

- Yes
- No

J. Since October 1979, did you attend a 2nd school? (CIRCLE ONE)

§

1. Yes (GO TO Q.20)
2. No (SKIP TO Q.21)

20. What is the exact name and location of the 2nd most recent school you attended since October 1, 1979?

§ (WRITE IN AND DO NOT ABBREVIATE THE SCHOOL NAME)

SCHOOL NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

A. What kind of school is this? (MARK ONE)

- Vocational, trade, business, or other career training school
- Junior or community college (2-year)
- College or university (4 years or more)
- Independent graduate or professional school (medical, dental, law, theology, etc.)
- Other (WRITE IN)

B. When did you attend this school? (CIRCLE THE FIRST AND LAST MONTHS FOR EACH TIME PERIOD AT THIS SCHOOL. DRAW A LINE BETWEEN THE CIRCLED DATES.)

	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
1979	--	--	--	--	--	--	--	--	--	10	11	12
1980	01	02	03	04	05	06	07	08	09	10	11	12
1981	01	02	03	04	05	06	07	08	09	10	11	12
1982	01	02	03	04	05	06	07	08	09	10	11	12
1983	01	02	03	04	05	06	07	08	09	10	11	12
1984	01	02	03	04	05	06	07	08	09	10	11	12
1985	01	02	03	04	05	06	07	08	09	10	11	12
1986	01	02	03	04	05	06	07	--	--	--	--	--

C. During the last month you attended, how were you classified by the school? (MARK ONE)

- Freshman
- Sophomore
- Junior
- Senior
- Graduate/Professional student
- Special student
- Other (WRITE IN)
- School did not classify students
- Don't know

D. During the last month you attended this school, were you classified as a full-time student? (MARK ONE)

- Yes
- No
- Don't know

E. During the last month you attended, about how many hours a week were your classes scheduled to meet? (INCLUDE LECTURES, SHOP, LAB TIME, ETC. ENTER HOURS)

TOTAL HOURS PER WEEK: 

--	--

F. During the last month you attended, what was your actual or intended training (for example, agriculture, education, or secretarial, etc.)? (WRITE IN NAME OF SPECIFIED FIELD OR AREA)

--	--

G. This training is part of . . . . (MARK ONE)

- A vocational program
- An academic program
- A professional program
- Other (DESCRIBE) →

--

H. During the last month you attended, what kind of certificate, license, diploma, or degree were you studying for? (MARK ONE)

- None (SKIP TO J)
- Certificate (IN WHAT? - WRITE IN): →
- License (IN WHAT? - WRITE IN): →
- Two- or three-year vocational degree or diploma
- Two-year academic degree or diploma
- Four- or five-year Bachelor's degree
- A Master's Degree or equivalent
- A Ph.D. or equivalent
- An M.D., L.L.B., J.D., D.D.S. or equivalent
- Other (WRITE IN): →

--

--

--

--

(ANSWER I)

I. Did you complete all the requirements for that certificate, degree or diploma from this school? (MARK ONE)

- Yes
- No

J. Since October 1979, did you attend a 3rd school? (CIRCLE ONE)

- §
- 1. Yes
  - 2. No

**\*21. Please indicate if you have ever seriously considered applying for admission to any of the following graduate degree programs? (MARK ALL THAT APPLY)**

- Dentistry
- Law
- Medicine
- Master's in Business Administration (MBA) or similar degree
- Master's Degree (not Business Administration)
- Doctoral Degree-(Ph.D.) in any field
- Other graduate degree (PLEASE SPECIFY) →
- I have never considered applying to a graduate degree program

**\*22. Which of the following standardized graduate or professional tests have you ever taken?**  
§ (CIRCLE ALL THAT APPLY)

- a. Dental Admission Test (DAT)..... 1
- b. Graduate Management Admission Test (GMAT or ATGSB)..... 1
- c. Graduate Record Examination (GRE)..... 1
- d. Law School Admission Test (LSAT)..... 1
- e. Medical College Admission Test (MCAT)..... 1
- f. Other  
(PLEASE SPECIFY) →
- g. I took no graduate or professional school admission tests..... 1

**\*23. Have you ever applied for admission to a business or management graduate program which offers the MBA or similar degree? (CIRCLE ONE)**

- Yes..... 1 (SKIP TO Q.24)
- No..... 2 (GO TO A)

**A. What are the chances that you will apply for admission to a business or management graduate program which offers the MBA or similar degree? (CIRCLE ONE)**

- Certain to apply in the future..... 01
  - Very likely to apply..... 02
  - Somewhat likely to apply..... 03
  - Not very likely to apply..... 04
  - Not at all likely to apply in the future..... 05
- } (SKIP TO Q.26)

# PLEASE DO NOT WRITE IN SHADED AREA

**\*24. Please list the name and location of the graduate management schools to which you applied. There are spaces to list three schools. If you enrolled in a school, list that school first. For each school, enter the date that you applied, if you were accepted (and date), and if you enrolled (and date of enrollment). Indicate if you received a degree, or left without a degree (and the date). Please do not abbreviate the school name(s).**

<b>A. School Name:</b>		<b>City &amp; State:</b>	
When did you apply? (Enter Date)              Month    Year	Were you accepted? (CIRCLE ONE)  Accepted .....1             Month    Year  Not accepted.....2	Did you enroll? (CIRCLE ONE)  Yes .....1             Month    Year  No.....2	Which of the following applies to you?  (CIRCLE ONE) Received degree.....01 Left without degree..02 Still enrolled.....03 Never enrolled.....04  (ENTER DATE)             Month    Year

If you applied to a second school, continue to B. Otherwise skip to Q.25

<b>B. School Name:</b>		<b>City &amp; State:</b>	
When did you apply? (Enter Date)              Month    Year	Were you accepted? (CIRCLE ONE)  Accepted .....1             Month    Year  Not accepted.....2	Did you enroll? (CIRCLE ONE)  Yes .....1             Month    Year  No.....2	Which of the following applies to you?  (CIRCLE ONE) Received degree.....01 Left without degree..02 Still enrolled.....03 Never enrolled.....04  (ENTER DATE)             Month    Year

If you applied to a third school, continue to C. Otherwise skip to Q.25

<b>C. School Name:</b>		<b>City &amp; State:</b>	
When did you apply? (Enter Date)              Month    Year	Were you accepted? (CIRCLE ONE)  Accepted .....1             Month    Year  Not accepted.....2	Did you enroll? (CIRCLE ONE)  Yes .....1             Month    Year  No.....2	Which of the following applies to you?  (CIRCLE ONE) Received degree.....01 Left without degree..02 Still enrolled.....03 Never enrolled.....04  (ENTER DATE)             Month    Year

**\*25. Did the graduate business school(s) you attended assist you in obtaining job placement? (MARK ONE)**

- Yes, a great deal
- Yes, some
- No, not at all
- Did not attend a program (SKIP TO Q.26)
- Have not finished the business program

**A. At any time during your business schooling were you (have you been) employed? (MARK ONE)**

- Yes, full-time
- Yes, part-time
- No

**B. Was the first job you had after finishing the graduate business program with the same employer that you had prior to your business schooling? (MARK ONE)**

- Yes, same employer
- No, different employer
- Was not employed prior to business school
- Have not been employed since leaving the business program
- Have not finished the business program

**\*26. Which of the following statements describes your experience during your last year in post-secondary schooling? (MARK ONE ON EACH LINE)**

	<u>WAS MY EXPERIENCE</u>	<u>WAS NOT MY EXPERIENCE</u>
a. The courses were more difficult than I expected.....	<input type="radio"/>	<input type="radio"/>
b. School personnel advised me to continue in the field I was studying.....	<input type="radio"/>	<input type="radio"/>
c. Good job opportunities existed in the field I was studying.....	<input type="radio"/>	<input type="radio"/>
d. The course content differed from what I expected.....	<input type="radio"/>	<input type="radio"/>
e. I found the course work interesting.....	<input type="radio"/>	<input type="radio"/>
f. I performed well academically.....	<input type="radio"/>	<input type="radio"/>
g. I learned a great deal from the education or training.....	<input type="radio"/>	<input type="radio"/>
h. I met people with new ideas.....	<input type="radio"/>	<input type="radio"/>

**\*27. With regard to your education and training during the last year you were in post-secondary schooling, how satisfied as a whole were you with the following? (MARK ONE FOR EACH LINE)**

	Satisfied	Very Satisfied	Somewhat Satisfied	No Opinion	Neutral or Disatisfied	Somewhat Disatisfied	Very Disatisfied
a. The ability, knowledge, and personal qualities of most teachers.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
b. The social life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
c. Development of my work skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
d. My intellectual growth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
e. Counseling or job placement.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
f. The buildings, library, equipment, etc.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
g. Cultural activities, music, art, drama, etc.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
h. The intellectual life of the school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
i. Course curriculum.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
j. The quality of instruction.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
k. Sports and recreation facilities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
l. The financial cost of attending.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
m. The prestige of the school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

**\*28. Estimate how well you have done in all of your coursework or programs since you left high school. Do not include grades from graduate or professional school. (MARK ONE)**

- Mostly A (3.75-4.00 grade point average)
- About half A and half B (3.25-3.74 grade point average)
- Mostly B (2.75-3.24 grade point average)
- About half B and half C (2.25-2.74 grade point average)
- Mostly C (1.75-2.24 grade point average)
- About half C and half D (1.25-1.74 grade point average)
- Mostly D or below (less than 1.25)
- Have not taken any courses for which grades were given

29. As of the first week of February 1986, what was your highest level of education? (CIRCLE ONE)

- §
- Some high school..... 01
  - Finished high school or earned a high school  
equivalency diploma or certificate ..... 02
  - Vocational, trade, or business school after high school
    - Less than two years ..... 03
    - Two years or more..... 04
  - College program
    - Less than two years of college..... 05
    - Two or more years of college  
(including two-year degree)..... 06
  - Finished college
    - (four- or five-year degree)..... 07
  - Master's degree or equivalent..... 08
  - Ph.D., M.D., or other advanced professional degree..... 09

30. As things stand now, do you think you will go further in your education? (MARK ONE)

- Yes (GO TO Q.31)
- No (SKIP TO Q.32)

31. How far in school do you think you will get? (MARK ONE. IF UNSURE, MARK YOUR ONE BEST GUESS)

- Some high school
- Finish high school or earn a high school  
equivalency diploma or certificate
- Vocational, trade, or business school after high school
  - Less than two years
  - Two years or more
- College program
  - Less than two years of college
  - Two or more years of college  
(including two year degree)
  - Finish college  
(four- or five-year degree)
- Master's degree or equivalent
- Ph.D., M.D., or other advanced  
professional degree

32. Thinking about the future, in which of the fields or areas listed below do you plan to pursue any further training or education? (MARK ALL THAT APPLY)

- Agriculture or Home Economics
- Business (accounting, marketing, personnel management, etc.)
- Office and Clerical (bookkeeping, stenography, general office, etc.)
- Computer Technology (keypunch operator, programming, computer operations, etc.)
- Education (elementary, special, physical, etc.)
- Engineering (civil, electrical, mechanical, etc.)
- Mechanical and Engineering Technology (automotive mechanic, machinist, construction, drafting, electronics, etc.)
- Humanities and Fine Arts (music, religion, English, etc.)
- Health Services (nursing, lab technician, occupational therapy, etc.)
- Public Services (law enforcement, food service, recreation, beautician, etc.)
- Physical Sciences and Mathematics (physics, geology, chemistry, etc.)
- Social Sciences (psychology, history, economics, sociology, etc.)
- Biological Sciences (zoology, physiology, anatomy, etc.)
- Professional Program (medicine, dentistry, law, theology, etc.)
- Other field or area (SPECIFY) →
- Undecided
- Do not plan to pursue any further education or training

The following questions ask you about your school finances for the most recent academic school year you have attended, since October 1979.

If you are unsure about the actual amount for a particular item, GIVE YOUR BEST ESTIMATE. ROUND OFF TO THE NEAREST DOLLAR.

33. From the time periods listed below, please indicate the most recent time period since October 1979 during which you attended school. Please consider all school attendance, even courses lasting only a few weeks or months. For example, if you took a three-week class in November of 1980, circle the code for the period Fall of 1980 - Summer of 1981. (CIRCLE THE ONE MOST RECENT PERIOD)

- Did not attend school between 1979-1986..... 01 (SKIP TO Q.37)
  - Fall of 1979-Summer of 1980..... 02
  - Fall of 1980-Summer of 1981..... 03
  - Fall of 1981-Summer of 1982..... 04
  - Fall of 1982-Summer of 1983..... 05
  - Fall of 1983-Summer of 1984..... 06
  - Fall of 1984-Summer of 1985..... 07
  - Fall of 1985-Summer of 1986..... 08
- (ANSWER A)

A. What were the total annual charges for tuition and fees for the most recent period that you attended school (as § circled above)? INCLUDE ALL TUITION AND FEES EVEN IF THEY WERE PAID COMPLETELY OR IN PART BY YOUR PARENTS, A SCHOLARSHIP OR A LOAN. (CIRCLE YOUR ONE BEST ESTIMATE.)

- Less than \$500..... 01
- \$500 to \$999..... 02
- 1,000 to 2,999..... 03
- 3,000 to 4,999..... 04
- 5,000 to 6,999..... 05
- 7,000 or more..... 06

34. During the same time period, did you or will you receive a loan to go to school? (CIRCLE ONE)

- 1. Yes (ANSWER A AND B)
- 2. No (SKIP TO Q.35)

A. From which of the following sources did you or will you receive a loan to go to school? (MARK ALL THAT APPLY)

- a. National Direct Student Loan
- b. Federal Guaranteed Student Loan Program
- c. Other loan (WRITE IN)

B. Estimate the total dollar value of the amounts you received or will receive as loans to go to school during this same time period.

\$ 

--	--	--	--	--	--	--	--	--	--

 , 

--	--	--	--	--

**RESOURCES (OTHER THAN LOANS) FOR EDUCATION OR TRAINING**

35. In addition to the loans described above, have you received any other forms of assistance, or secured any other resources, to go to school during this time period? (MARK ONE)

- Yes (ANSWER A)
- No (SKIP TO Q.36)

A. What forms of assistance and/or other resources, other than loans, did you use to go to school? (MARK ALL THAT APPLY)

- Financial assistance in the form of a scholarship, fellowship, grant, or benefit (not a loan)
- Financial assistance from parents, spouse, other relatives, or friends (not a loan)
- Money you had saved
- Employment during this time period
- Other (PLEASE SPECIFY) →

**IMPORTANT NOTE: As is true with all portions of this questionnaire, the answers you give will remain strictly confidential**

36. Considering all of the loans you have received for attending school since high school, not just the most recent academic year, what is the total amount you have received? (ENTER AMOUNT; ROUND TO THE NEAREST DOLLAR. IF YOU HAVE RECEIVED EDUCATION OR TRAINING LOANS, CHECK THIS BOX  AND GO TO Q.37.)

\$ 

--	--	--	--	--	--	--	--

 , 

--	--	--	--	--

A. Considering all of the loans you have received for attending school since high school, not just the most recent academic year, have you begun repayment on any of these loans? (CIRCLE ONE)

- No, repayment has not yet begun..... 1 (GO TO Q.37)
- Yes, repayment has begun..... 2 (ANSWER B)

(IF REPAYMENT HAS BEGUN)

B. What is the total amount that you currently owe on all your education or training loans since high school? (ENTER AMOUNT; ROUND TO NEAREST DOLLAR. IF YOU HAVE COMPLETELY REPAYED YOUR LOANS AND NO LONGER OWE ANYTHING, WRITE IN "0")

\$ 

--	--	--	--	--	--	--	--

 , 

--	--	--	--	--

**\*37. If an 18-year old, who was like you in many ways, asked your advice about how to prepare for a career in business, which of the following education patterns would you recommend? (MARK ONE)**

- High school only with no college
- College bachelor's degree in business
- College bachelor's degree in a technical field such as engineering or computer science
- College bachelor's degree plus a master's degree in business (MBA or similar degree)
- College bachelor's degree plus a master's degree in economics
- College bachelor's degree plus a law degree
- College bachelor's degree plus certification such as Certified Public Accountant (CPA)

# OTHER TRAINING

38. Since October 1979, have you participated in any program such as on-the-job training, registered apprenticeships, government training programs, personal enrichment, or correspondence courses? Do not include regular school and college programs or Armed Forces training programs. (CIRCLE ONE)

1. Yes (ANSWER A-D)

2. No (SKIP TO Q.39)

A. What type of training program(s) or course(s) have you participated in? (CIRCLE ALL THAT APPLY)

§

- a. Formal Registered Apprenticeship (your state or labor union)..... 1
- b. Job Training Partnership Act (JTPA) ..... 1
- c. State or locally sponsored employment and training program ..... 1
- d. Other employment and training program..... 1

(PLEASE SPECIFY)

→

- e. Non-credit courses or activities in regular school..... 1
- f. Correspondence courses..... 1
- g. Courses given by a community group, labor organization, or church ..... 1
- h. Courses given by a private instructor ..... 1
- i. Courses given by television, radio, or newspaper ..... 1

B. How long is (or was) this program scheduled to last? (MARK ONE)

- Less than one month
- Between one month and one year
- More than one year

C. Have you completed this program? (MARK ONE)

- Yes
- No, still enrolled
- No, left without completing

D. Were you being trained for some kind of work? (MARK ONE)

- Yes (ANSWER E)
- No (SKIP TO Q.39)

E. What kind of work were you being trained for or learning about? If you have participated in more than one program, answer for the one in which you spent the most time. (Examples: photography, sales, auto mechanic work, plumbing, typing, etc.) (WRITE IN)

↓

# FAMILY INFORMATION

39. Now we would like some information about any marriages or marriage-like relationships you have had. Have you ever been married or involved in a marriage-like relationship?

- 1. Yes (GO TO Q.40)
- 2. No (SKIP TO Q.77)

\*40. Please start with the first time that you got married or lived in an intimate relationship with an unrelated adult of the opposite sex. Do not count any living arrangements which lasted LESS THAN ONE MONTH.

ANSWER THESE QUESTIONS FOR YOUR FIRST PARTNER

A. When did you begin living with this person?

§

MONTH		YEAR	

B. Were you married to this person when you started living together? (CIRCLE ONE)

§

- 1. Yes (SKIP TO D)
- 2. No (GO TO C)

C. Did you ever marry this person? (CIRCLE ONE)

§

- 1. Yes → 

MONTH		YEAR	
- 2. No

D. How old was your partner when you began living together? (IF UNSURE, GIVE YOUR BEST ESTIMATE)

AGE OF PARTNER 

--	--

E. How many children were produced from this relationship? (ENTER NUMBER. IF NONE, WRITE IN "0".)

NUMBER OF CHILDREN 

--	--

F. Are you still living with this person? (CIRCLE ONE)

§

- 1. Yes (SKIP TO Q.43)
- 2. No (ENTER MONTH AND YEAR YOU PARTED) → 

MONTH		YEAR	

 (GO TO G)

G. How did this relationship end? (CIRCLE ONE AND GIVE DATE)

§

- |                           |   |   |   |       |      |
|---------------------------|---|---|---|-------|------|
| Separation.....           | 1 | } | → |       |      |
| Divorce or annulment..... | 2 |   |   |       |      |
| Death of partner.....     | 3 |   |   |       |      |
|                           |   |   |   | MONTH | YEAR |

H. Did you have any other marriages or marriage-like relationships? (CIRCLE ONE)

- 1. Yes (GO TO Q.41)
- 2. No (SKIP TO Q.43)

**\*41. ANSWER THESE QUESTIONS  
FOR YOUR SECOND PARTNER**

**A. When did you begin living with this person?**  
§ (WRITE IN MONTH AND YEAR)

MONTH			YEAR		

**B. Were you married to this person when you started  
§ living together? (CIRCLE ONE)**

1. Yes (SKIP TO D)
2. No (GO TO C)

**C. Did you ever marry this person?**  
§ (CIRCLE ONE)

1. Yes → 

MONTH			YEAR		

2. No

**D. How old was your partner when you  
began living together?**

AGE OF PARTNER 

--	--	--

**E. How many children were produced from this  
relationship? (ENTER NUMBER. IF NONE,  
WRITE IN "0")**

NUMBER OF CHILDREN 

--	--	--

**F. Are you still living with this person?**  
§ (CIRCLE ONE)

1. Yes (SKIP TO Q.43)

2. No (ENTER MONTH AND YEAR YOU PARTED) → 

MONTH			YEAR		

  
(GO TO G)

**G. How did this relationship end?**  
§ (CIRCLE ONE AND GIVE DATE)

Separation..... 1  
Divorce/annulment... 2  
Death of partner..... 3

→ 

MONTH			YEAR		

**H. Did you have any other marriages or marriage-  
like relationships? (CIRCLE ONE)**

1. Yes (GO TO Q.42)
2. No (SKIP TO Q. 43)

**\*42. ANSWER THESE QUESTIONS  
FOR YOUR THIRD PARTNER**

**A. When did you begin living with this person?**  
§ (WRITE IN MONTH AND YEAR)

MONTH			YEAR		

**B. Were you married to this person when you started  
§ living together? (CIRCLE ONE)**

1. Yes (SKIP TO D)
2. No (GO TO C)

**C. Did you ever marry this person?**  
§ (CIRCLE ONE)

1. Yes → 

MONTH			YEAR		

2. No

**D. How old was your partner when you  
began living together?**

AGE OF PARTNER 

--	--	--

**E. How many children were produced from this  
relationship? (ENTER NUMBER. IF NONE,  
WRITE IN "0")**

NUMBER OF CHILDREN 

--	--	--

**F. Are you still living with this person?**  
§ (CIRCLE ONE)

1. Yes (SKIP TO Q. 43)

2. No (ENTER MONTH AND YEAR YOU PARTED) → 

MONTH			YEAR		

  
(GO TO G)

**G. How did this relationship end?**  
§ (CIRCLE ONE AND GIVE DATE)

Separation..... 1  
Divorce/annulment... 2  
Death of partner..... 3

→ 

MONTH			YEAR		

**H. Did you have any other marriages or marriage-  
like relationships? (CIRCLE ONE)**

1. Yes How many more → 

--
2. No

43. Altogether, how many times have you been married? (CIRCLE ONE)

§

- Never..... 1 (SKIP TO Q.77)
- Once..... 2 ] (GO TO Q.44)
- Two or more times..... 3 ]

Now we would like to ask you a few more questions about YOUR FIRST MARRIAGE.

\*44. In what state did you marry your first spouse?

STATE

\*45. At the time you began living together, what was the highest level of education YOU and YOUR FIRST SPOUSE had received? (MARK ONE FOR EACH PERSON)

	A. SELF	B. SPOUSE
Some high school or less.....	<input type="radio"/>	<input type="radio"/>
Graduated from high school.....	<input type="radio"/>	<input type="radio"/>
Some college or trade school.....	<input type="radio"/>	<input type="radio"/>
Finished college.....	<input type="radio"/>	<input type="radio"/>
Master's or other advanced degree.....	<input type="radio"/>	<input type="radio"/>

a. During this marriage did you or your spouse receive any further education? (MARK ONE)

- Yes (GO TO B)
- No (SKIP TO Q.46)

b. What was the level of education you and your spouse received by the end of the relationship (or now, if you are still in this relationship)? (MARK ONE FOR EACH PERSON)

	A. SELF	B. SPOUSE
Graduated from high school.....	<input type="radio"/>	<input type="radio"/>
Some college or trade school.....	<input type="radio"/>	<input type="radio"/>
Finished college.....	<input type="radio"/>	<input type="radio"/>
Master's or other advanced degree.....	<input type="radio"/>	<input type="radio"/>

\*46. Now we would like to know what activities you and your spouse were engaged in during the beginning and the end of your relationship. If you are still in the relationship, please respond with what you are doing now. (MARK ALL THAT APPLY)

	<u>Self at beginning</u>	<u>Spouse at beginning</u>	<u>Self now or at end of relationship</u>	<u>Spouse now or at end of relationship</u>
Working for pay at a full-time job or part-time job.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking vocational or technical courses at any kind of school or college (e.g., trade, business or other career training school).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking academic courses at a two- or four-year college.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking courses at a graduate or professional school (law, medicine, pharmacy, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serving on active duty in the Armed Forces or Service Academy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping house (without other job).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary layoff from work, looking for work, or waiting to report to work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(PLEASE SPECIFY) →

\*47. When you began living together, about how much did YOU and YOUR SPOUSE earn in a year? (GIVE YOUR BEST ESTIMATE, IF NONE ENTER "0")

YOUR yearly earnings

\$ 

--	--	--	--	--	--

 , 

--	--	--	--	--

SPOUSE'S yearly earnings

\$ 

--	--	--	--	--	--

 , 

--	--	--	--	--

\*48. What is (was) the religion of your spouse? (MARK ONE)

- Catholic
- Protestant
- Jewish
- Other
- No religion

\*49. Is (was) your spouse of the same nationality or ethnic background as you are? (MARK ONE)

- Yes
- No
- Don't know

\*50. Has (had) your spouse been married before? (MARK ONE)

- Yes
- No
- Don't know

\*51. How many children does (did) your spouse have from a previous marriage or relationship? (WRITE IN NUMBER. IF NONE, ENTER "0" AND GO TO Q.52)

NUMBER OF CHILDREN   (ANSWER A & B)

A. How many children does (did) your spouse have at least some financial responsibility for? (WRITE IN NUMBER. IF NONE, ENTER "0")

NUMBER OF CHILDREN

B. Altogether, how many of your spouse's children live (lived) with you? (WRITE IN NUMBER. IF NONE, ENTER "0")

NUMBER OF CHILDREN

\*52. For each year, or part of a year listed below, how happy was your marriage? (MARK THE LAST COLUMN FOR ANY YEAR LISTED THAT YOU WERE NOT MARRIED)

	<u>EXTREMELY HAPPY</u>					<u>EXTREMELY UNHAPPY</u>			<u>NOT MARRIED</u>
First Year of Marriage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second Year of Marriage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third Year of Marriage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth Year of Marriage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifth Year of Marriage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF MARRIED MORE THAN 5 YEARS,  
 MOST RECENT YEAR OF MARRIAGE .....  .....  .....  .....  .....  .....  .....

\*53. Are you divorced or separated from your first spouse? (CIRCLE ONE)

§

- Yes, legally divorced..... 01
  - Yes, separated and divorce in process..... 02
  - Yes, separated but no divorce in process..... 03
  - Neither separated nor divorced..... 04
- } (GO TO Q.54)
- } (SKIP TO Q.77)

\*54. When you stopped living together, about how much did YOU and YOUR SPOUSE earn each year? (GIVE YOUR BEST ESTIMATE, IF NONE, ENTER "0")

YOUR yearly earnings

\$   ,

SPOUSE'S yearly earnings

\$   ,

IF YOU ARE NOT LEGALLY DIVORCED FROM YOUR FIRST SPOUSE, MARK HERE  AND SKIP TO Q.77.

\*55. How far away does your first spouse now live from you? (MARK ONE)

- Same or nearby neighborhood
- Same town but farther than 3 miles away
- Same state but different town
- Different state or country, within 500 miles
- Different state or country, 500 miles or more away
- Don't know where first spouse lives

\*56. Where did you obtain a divorce?

\$

STATE:

\*57. Did you and/or your spouse retain a lawyer? (MARK ONE)

- I retained a lawyer, but my spouse did not
- I did not retain a lawyer but my spouse did
- We each retained our own lawyer
- Neither of us retained a lawyer
- We shared the same lawyer

\*58. How much did you and/or your spouse spend on lawyers' fees? (IF UNSURE, GIVE YOUR BEST ESTIMATE. IF NONE, ENTER "0" AND SKIP TO Q.60)

a. Amount spent on own lawyer

\$

--	--	--	--	--	--	--	--	--	--

b. Amount spent on spouse's lawyer

\$

--	--	--	--	--	--	--	--	--	--

\*59. Who paid the lawyers' fees? (MARK ONE)

- I paid all fees
- Partner paid all fees
- We each paid own fees
- Other

(PLEASE SPECIFY)

---

---

---

\*60. How did you reach agreement on the following aspects of your divorce settlement? (MARK ONE ON EACH LINE)

	<u>A.</u> Settled Without Assistance	<u>B.</u> Settled with Assistance of Attorneys	<u>C.</u> By Court Order	<u>D.</u> No Settlement Made	<u>E.</u> NOT APPLICABLE
a. Child Custody.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Visitation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Division of Property.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Child Support.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Alimony Payments.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*61. During the divorce process, how would you describe your relationship with your spouse? (MARK ONE)

- It was generally friendly
- There were some disputes, but generally not bitter
- There were many disputes
- It was mostly bitter

\*62. What was the TOTAL NET VALUE of all property (house or other real estate, cash, cars, furniture, etc.) you and your spouse owned or received as a result of the settlement? That is, what is the amount that each of you would have owned or received if you had sold the property and paid off any mortgages or debts? (MARK ONE IN EACH COLUMN)

TOTAL DOLLAR VALUE	<u>A.</u> Owned or Received by You	<u>B.</u> Owned or Received by Spouse
a. Less than 5,000.....	<input type="radio"/>	<input type="radio"/>
b. 5,000 - 9,999.....	<input type="radio"/>	<input type="radio"/>
c. 10,000 - 19,999.....	<input type="radio"/>	<input type="radio"/>
d. 20,000 - 29,999.....	<input type="radio"/>	<input type="radio"/>
e. 30,000 - 39,999.....	<input type="radio"/>	<input type="radio"/>
f. 40,000 - 49,999.....	<input type="radio"/>	<input type="radio"/>
g. 50,000 - 74,999.....	<input type="radio"/>	<input type="radio"/>
h. 75,000 or more.....	<input type="radio"/>	<input type="radio"/>
i. DON'T KNOW.....	<input type="radio"/>	<input type="radio"/>

\*63. Did you and your spouse sell your house in order to divide the marital property? (MARK ONE)

- No (GO TO A)
- Yes (SKIP TO Q.64)
- Did not own house (SKIP TO Q.64)

A. Who remained living in it? (MARK ONE)

- You remained
- Your spouse remained
- Neither you nor your spouse remained
- Don't know

\*64. Have you ever made or received alimony payments? (CIRCLE ONE)

- Made..... 1
  - Received..... 2
  - Neither..... 3
- 1 } (GO TO A)  
2 }  
3 } (SKIP TO Q.65)

A. How often have the payments been made? (CIRCLE ONE)

- Regularly..... 1
  - Occasionally..... 2
  - Seldom..... 3
- 1 } (GO TO B)  
2 }  
3 }

B. What is the typical monthly payment? (ENTER AMOUNT)

\$ 

--	--	--	--	--	--	--	--	--	--

 , 

--	--	--	--	--	--

\*65. Has your first spouse remarried or moved in with an unrelated adult of the opposite sex? (MARK ONE)

- Married
- Moved in with someone
- Neither
- Don't know

\*66. Did you and your first spouse have any children (including adopted, stepchildren, and foster care)? (CIRCLE ONE)

§

- 1. Yes (GO TO Q.67)
- 2. No (SKIP TO Q.76)

\*67. What was the nature of the agreement concerning physical custody of the children? (MARK ONE)

- You obtained sole physical custody of the children
- Spouse obtained sole physical custody of the children
- You and your spouse share physical custody of the children (SKIP TO Q.70)
- Split custody (some children with you, some with spouse)
- Neither you nor spouse has custody
- There was no specific agreement (SKIP TO Q.70)

\*68. What was the nature of your agreement concerning visitation by the non-custodial parent? (MARK ONE)

- Sees child(ren) once a week or more
- Sees child(ren) twice a month
- Sees child(ren) once a month
- Sees child(ren) during vacations  
(e.g., holidays, summer, spring, etc.)
- No specific times
- No visitation allowed

\*69. Since the time of the divorce, have visitations been made according to the agreement? (MARK ONE)

- Yes
- No, they have been more frequent
- No, they have been less frequent

\*70. At the time of the divorce, what was the agreement on child support payment between you and § your spouse? (CIRCLE ONE AND ENTER MONTHLY AMOUNT)

I agreed to pay spouse ..... 01 → \$ 

--	--	--	--

 , 

--	--	--	--

Former spouse agreed to pay me ..... 02 → \$ 

--	--	--	--

 , 

--	--	--	--

We agreed that neither of us would pay the other ..... 03

There was no agreement ..... 04

\*71. How regularly have child support payments been made? (MARK ONE)

- Regularly
- Occasionally
- Seldom
- Never

\*72. Have you ever tried to change the original child support agreement through the courts? (MARK ONE)

- Yes
- No

A. What is the amount of the payment you (or your spouse) is supposed to make now?  
(ENTER MONTHLY AMOUNT)

\$ 

--	--	--	--	--	--

 , 

--	--	--	--	--

B. What amount did you actually pay (or receive) last month? (ENTER MONTHLY AMOUNT)

\$ 

--	--	--	--	--	--

 , 

--	--	--	--	--

\*73. How do you and your former spouse reach major decisions concerning your children's education, health care, behavioral problems, etc.? (MARK ONE)

- I make all major decisions alone
- Former spouse makes all major decisions alone
- Sometimes we make major decisions together
- We almost always make major decisions together

\*74. OTHER THAN CHILD SUPPORT PAYMENTS THAT YOUR FIRST SPOUSE MAY MAKE, how regularly does your first spouse do the following? (MARK ONE FOR EACH LINE)

	Very Regularly		Never
a. Pay for clothes for the children.....	①	②	③ ④ ⑤
b. Pay for presents for the children.....	①	②	③ ④ ⑤
c. Take the children on vacation.....	①	②	③ ④ ⑤
d. Pay for routine dental care.....	①	②	③ ④ ⑤
e. Carry medical insurance for the children.....	①	②	③ ④ ⑤
f. Pay for uninsured medical expenses.....	①	②	③ ④ ⑤
g. Help the children with homework.....	①	②	③ ④ ⑤
h. Attend school events.....	①	②	③ ④ ⑤

\*75. In your opinion, are your children now better off, worse off, or about the same as they were during your first marriage in terms of the following: (MARK ONE FOR EACH LINE)

	Better Off		About Same		Worse Off		Don't Know
a. Quality of neighborhood where they live.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>
b. Quality of schools which they attend.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>
c. Progress in school.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>
d. Quality of home life.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>
e. Quality of time they spend with father.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>
f. Quality of time they spend with mother.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>
g. Quality of recreational activities.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>
h. Quality of health care.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>
i. Overall standard of living.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>	.....	<input type="radio"/>

\*76. In your opinion, is your own standard of living now better, worse, or about the same as it was during your first marriage in terms of the following: (MARK ONE FOR EACH LINE)

	Better Off	About Same	Worse Off	Don't Know
a. Quality of housing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Quality of neighborhood where you live.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Health insurance coverage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Financial security.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Job satisfaction.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Overall standard of living.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. What was your marital status the first week of February 1986? (CIRCLE ONE)

- §
- Divorced..... 01
  - Widowed..... 02
  - Separated..... 03
  - Not married but living in a marriage-like relationship..... 04
  - Married..... 05
  - Not married..... 06
- (SKIP TO Q.82) [bracketed next to 01-03]
- (SKIP TO Q.82) [arrow next to 06]

78. What was your spouse (husband, wife, or live-in partner) doing the first week of February 1986? (MARK ALL THAT APPLY)

- a. He or she was working for pay at a full-time or part-time job
- b. Taking vocational or technical courses at any kind of school or college (for example, vocational, trade, business, or other career training school)
- c. Taking academic courses at a two- or four-year college
- d. Taking courses at a graduate or professional school (e.g., law, medicine, pharmacy, etc.)
- e. Serving on active duty in the Armed Forces (or service academy)
- f. Keeping house (without other job)
- g. Temporary layoff from work, looking for work, or waiting to report to work
- h. Other (DESCRIBE) →

79. Did your spouse hold a job the first week of February 1986? (CIRCLE ONE)

- 1. Yes (GO TO Q.80)
- 2. No (SKIP TO Q.81)

80. Please describe below the job your spouse held during the first week of February 1986.

A. What kind of job or occupation did he or she have? (For example, salesperson, waitress, secretary, etc.)

(WRITE IN)

[Empty box for job description]

B. What kind of business or industry was this job in? (For example, shoe store, restaurant, etc.) (WRITE IN)

[Empty box for business/industry]

C. What were his or her most frequent activities or duties on this job? (For example, selling shoes, waiting on tables, typing and filing, etc.) (WRITE IN)

[Empty box with two horizontal lines for activities/duties]

D. Was he or she: (MARK ONE)

- An employee of a PRIVATE company, bank, business, school, or individual working for wages, salary or commissions?
- A GOVERNMENT employee (Federal, State, county or local institution or school)?
- Self-employed in his or her OWN business, professional practice, or farm?
- Working WITHOUT PAY in family business or farm?
- Working WITHOUT PAY in volunteer job?

E. When did he or she start working at this job? (WRITE IN MONTH AND YEAR)

MONTH: [ ][ ]      YEAR: [ ][ ][ ][ ]

F. How many hours did he or she usually work at this job in an average week? (WRITE IN NUMBER OF HOURS)

HOURS PER WEEK: [ ][ ][ ]

G. In an average week, approximately how much did he or she earn at this job? (Report his or her gross earnings before taxes or other deductions. If not paid by the week, please estimate.) (WRITE IN AMOUNT, ROUND TO NEAREST DOLLAR)

APPROXIMATE EARNINGS DURING AVERAGE WEEK: \$ [ ][ ][ ] , [ ][ ][ ][ ]

H. Is he or she currently working at this job? (MARK ONE)

- Yes
  - No
- (IF NO, MARK MONTH THAT HE OR SHE LEFT)
- February
  - March
  - April
  - May
  - June
  - July

81. As of the first week of February 1986, what was the highest level of education that your spouse had attained? (MARK ONE)

- Some high school
- Finished high school or earned a high school equivalency diploma or certificate
  - Vocational, trade, or business school after high school
    - Less than two years
    - Two years or more
  - College program
    - Less than two years of college
    - Two or more years of college (including two-year degree)
    - Finished college (four- or five-year degree)
- Master's degree or equivalent
- Ph.D., M.D., or other advanced professional degree
- Don't know

\*82. How many children altogether do you eventually expect to have (include adopted and step-children)? (WRITE IN NUMBER. IF NONE, WRITE IN "0" and SKIP TO Q.84)

NUMBER OF CHILDREN:

\*83. When do you expect to have your first (next) child? (MARK ONE)

- Don't expect to have a (another) child
- Within the next year
- Between 1 and 2 years from now
- Between 2 and 3 years from now
- Between 3 and 5 years from now
- More than 5 years from now
- Don't know

84. As of the first week of February 1986, how many . . .  
§ (WRITE IN NUMBER FOR EACH. IF NONE, ENTER "0")

natural children have you ever had?

adopted children have you ever had?

step-children have you ever had?

foster-care children have you ever had?

(IF YOU HAVE NEVER HAD CHILDREN OF ANY KIND, SKIP TO Q.97)

Next, we would like some information about your children. Please answer these questions for all of your natural, adopted, or step-children, whether or not they live with you, and for any foster-care children who are now living with you. There is space for 4 children. Answer first for your natural children, beginning with the oldest (first) child, then the next oldest, and so on. Then go on to the other children (currently living with you) beginning with the oldest.  
(ANSWER PARTS A, B, C, and D FOR EACH CHILD)

CHILD	A. BIRTHDATE	*B. SEX	C. CHILD WAS...	*D. CHILD USUALLY LIVES WITH...
85. 1st child	§ BIRTHDATE [ ] [ ] [ ] [ ] Month Year	<input type="radio"/> Male <input type="radio"/> Female	§ (CIRCLE ONE) Born to me..... 01 Adopted..... 02 Step-child ..... 03 Foster-care..... 04	(MARK ONE) Me ..... <input type="radio"/> Other parent(s) ..... <input type="radio"/> Other relative(s) ..... <input type="radio"/> Foster/adoptive parents..... <input type="radio"/> Other ..... <input type="radio"/> Child deceased ..... <input type="radio"/>
86. 2nd child	§ BIRTHDATE [ ] [ ] [ ] [ ] Month Year	<input type="radio"/> Male <input type="radio"/> Female	§ (CIRCLE ONE) Born to me..... 01 Adopted..... 02 Step-child ..... 03 Foster-care..... 04	(MARK ONE) Me ..... <input type="radio"/> Other parent(s) ..... <input type="radio"/> Other relative(s) ..... <input type="radio"/> Foster/adoptive parents..... <input type="radio"/> Other ..... <input type="radio"/> Child deceased ..... <input type="radio"/>
87. 3rd child	BIRTHDATE [ ] [ ] [ ] [ ] Month Year	<input type="radio"/> Male <input type="radio"/> Female	(MARK ONE) Born to me..... <input type="radio"/> Adopted..... <input type="radio"/> Step-child ..... <input type="radio"/> Foster-care..... <input type="radio"/>	(MARK ONE) Me ..... <input type="radio"/> Other parent(s) ..... <input type="radio"/> Other relative(s) ..... <input type="radio"/> Foster/adoptive parents..... <input type="radio"/> Other ..... <input type="radio"/> Child deceased ..... <input type="radio"/>
88. 4th child	BIRTHDATE [ ] [ ] [ ] [ ] Month Year	<input type="radio"/> Male <input type="radio"/> Female	(MARK ONE) Born to me..... <input type="radio"/> Adopted..... <input type="radio"/> Step-child ..... <input type="radio"/> Foster-care..... <input type="radio"/>	(MARK ONE) Me ..... <input type="radio"/> Other parent(s) ..... <input type="radio"/> Other relative(s) ..... <input type="radio"/> Foster/adoptive parents..... <input type="radio"/> Other ..... <input type="radio"/> Child deceased ..... <input type="radio"/>

89. Do you have more than 4 children? (MARK ONE)

Yes  
No





**\*92. What things influenced you most in choosing the child care arrangements for your child or children?**  
 (IF YOU DO NOT HAVE CHILD CARE, MARK HERE  AND GO TO Q.93)

(MARK ALL THAT APPLY)  
 PRE-SCHOOL AGE                      SCHOOL-AGE

- Hours day care is available.....  .....
- Cost.....  .....
- Distance from home.....  .....
- Type of program offered.....  .....
- Type of educational materials used.....  .....
- Training of staff.....  .....
- Computers available.....  .....
- Child knows care giver.....  .....
- Distance from work place.....  .....
- Recreational equipment.....  .....

**93. When your youngest (most recent) child was born, how much time off from work did you personally take? (MARK ONE)**

- Was not working
- No time off
- Less than one week
- 1 - 4 weeks
- 5 - 7 weeks
- 2 - 3 months
- 4 - 6 months
- 7 months - 1 year
- Over one year

**94. During the last year, how much time did you take off from work or school in order to take care of any of your children (include time off from work to care for sick children, doctors' visits, school holidays, etc.)? (MARK ONE)**

- Was not working
- No time off
- 1 - 5 days
- 6 - 10 days
- 11 - 19 days
- 1 month (20 work days) - 2 months
- More than 2 months

**\*95. What level of education do you expect all or most of your children to achieve? (MARK ONE)**

- Some high school or less
- Graduate from high school
- Some college or trade school
- Finish college
- Master's or other advanced degree
- Don't know

**96. Have you or your child(ren)'s other parent done anything specific in order to save some money for your child(ren)'s education after high school? (MARK ONE)**

- Yes (ANSWER A)
- No (SKIP TO Q.97)

**A. IF YES: Have you . . .**  
 (MARK ONE FOR EACH LINE)

- |   | <u>Yes</u>            | <u>No</u>             |
|---|-----------------------|-----------------------|
| Started a savings account.....                | <input type="radio"/> | <input type="radio"/> |
| Bought an insurance policy.....               | <input type="radio"/> | <input type="radio"/> |
| Bought U.S. Savings Bonds.....                | <input type="radio"/> | <input type="radio"/> |
| Made investments in stock or real estate..... | <input type="radio"/> | <input type="radio"/> |
| Set up a trust fund.....                      | <input type="radio"/> | <input type="radio"/> |
| Other.....                                    | <input type="radio"/> | <input type="radio"/> |

(PLEASE SPECIFY) →



101. During the Spring of 1972, that is, during the spring of your senior year in high school, with whom were you living?  
 (MARK ALL THAT APPLY)

- I lived alone
- Father
- Other male guardian  
(step-father or foster father)
- Mother
- Other female guardian  
(step-mother or foster mother)
- Brother(s) and/or sister(s)  
(including step- or half-)
- Grandparent(s)
- My husband/wife
- My child or my children
- Other relative(s) (children or adults)
- Non-relative(s) (children or adults)

102. With whom did you live the first week of February 1986? (CIRCLE ALL THAT APPLY)

- a. I lived alone.....1
- b. Father ..... 1
- c. Other male guardian  
(step-father or foster father) .....1
- d. Mother.....
- e. Other female guardian  
(step-mother or foster mother) .....1
- f. Brother(s) and/or sister(s)  
(including step- or half-).....1 (WRITE IN NUMBER:) → 

--	--
- g. Grandparent(s)..... 1 (WRITE IN NUMBER:) → 

--	--
- h. My husband/wife.....1
- i. My child or my children.....1 (WRITE IN NUMBER:) → 

--	--
- j. Other relative(s)  
(children or adults).....1 (WRITE IN NUMBER:) → 

--	--
- k. Non-relative(s)  
(children or adults).....1 (WRITE IN NUMBER:) → 

--	--

**\*103. Please think about the financial arrangements you have with other persons in your household. Read the descriptions below and MARK the one which most closely matches your arrangement (MARK ONE)**

People combine their incomes and this money is used to pay most household expenses (GO TO Q.104)

One person provides almost all the income

Each person pays for most of his or her own expenses

Not applicable because I live alone

(SKIP TO Q.105)

**\*104. If you combine your money, which household members share their income with the rest of the household? (MARK ALL THAT APPLY)**

You

Spouse or live-in partner

Parent(s)

Grandparent(s)

Other relative(s)

Other  
(PLEASE SPECIFY)

↓

\*105. For the next question, we would like you to think about the people OUTSIDE YOUR HOUSEHOLD to whom you may give money or assistance of some kind and from whom you may also receive money or assistance. These people might be relatives, friends, neighbors, fellow club members, or persons who are special to you. The assistance might be in the form of a loan, gift, or time spent helping. You can think of giving or receiving assistance in three ways:

OCCASIONAL HELP WITH EVERYDAY NEEDS, such as yard work, errands, groceries, or cash.

HELP WITH MAJOR ITEMS OR EVENTS THAT CAN BE PLANNED, such as weddings, schooling, or down payment on a house, or long term nursing care.

HELP WITH EMERGENCIES, such as paying for hospital bills, or helping with the care of someone who had a serious illness, or caring for children during a family crisis.

Please use the following table to list the persons OUTSIDE YOUR HOUSEHOLD you have assisted or who have given assistance to you sometime during the last five years. Then write the relationship of the person to you. Finally, MARK THE OVALS to tell which type(s) of help were given or received.

FIRST NAME	RELATIONSHIP TO YOU	YOU GAVE/GIVE TO THE PERSON LISTED			YOU RECEIVED/RECEIVE FROM THE PERSON LISTED		
		Everyday	Major Items or Events	Emergencies	Everyday	Major Items or Events	Emergencies
Examples: David	Nephew	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ellen	Neighbor	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

106. What is the present age of your mother and father? (IF YOU ARE UNSURE, GIVE YOUR BEST ESTIMATE. IF YOUR MOTHER OR FATHER IS DECEASED, ANSWER PART B OR D.)

A. Mother's age (WRITE IN)

\*C. Father's age (WRITE IN)

B. If deceased, age at death

\*D. If deceased, age at death

and year of death

and year of death

IF BOTH PARENTS ARE DECEASED, MARK HERE  AND SKIP TO Q.111

\*107. Please indicate how far away you live from your parent(s). (MARK ONE FOR EACH LIVING PARENT)

	<u>MOTHER</u>	<u>FATHER</u>
Less than 10 miles.....	<input type="radio"/>	<input type="radio"/>
10 to 49 miles.....	<input type="radio"/>	<input type="radio"/>
50-149 miles.....	<input type="radio"/>	<input type="radio"/>
150-499 miles.....	<input type="radio"/>	<input type="radio"/>
500 miles or more.....	<input type="radio"/>	<input type="radio"/>

\*108. How often do you see your parents? (MARK ONE FOR EACH LIVING PARENT)

	<u>MOTHER</u>	<u>FATHER</u>
More than once a week.....	<input type="radio"/>	<input type="radio"/>
Once a week.....	<input type="radio"/>	<input type="radio"/>
2-3 times a month.....	<input type="radio"/>	<input type="radio"/>
Once a month.....	<input type="radio"/>	<input type="radio"/>
Several times a year.....	<input type="radio"/>	<input type="radio"/>
Once a year or less.....	<input type="radio"/>	<input type="radio"/>

\*109. Have you discussed your parents' financial plans for retirement with them? (MARK ONE)

- Yes
- No

\*110. What sources of income are your parents using or planning to use for retirement? (MARK ALL THAT APPLY)

- Private pension or retirement plan
- Social Security
- Government or military pension
- Personal savings and/or investment income
- Contributions from you
- Other  
(PLEASE SPECIFY) →
- Don't know

# INCOME

111. Write in below your best estimate of your total yearly income before taxes for (a) ALL OF 1984, and (b) ALL OF 1985. Include your spouse's (husband, wife, or live-in partner) income where asked. **EVERY LINE SHOULD HAVE DOLLAR AMOUNT ENTRY. IF YOU DID NOT RECEIVE ANY INCOME FROM A SOURCE, ENTER A ZERO, "0."**

SOURCE	Amount Received 1984	Amount Received 1985
a. Your own wages, salaries, commissions, or tips. IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
b. Your own net income from a business or farm. IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
c. Your spouse's wages, salaries, commissions, or tips, and his or her net income from a business or farm. IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
d. Dividends, interest, rental income, investment income (include spouse's) IF NONE: ENTER "0" ..	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
e. Social Security benefits (include spouse's) IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
f. Veteran's benefits (include spouse's) IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
g. Your unemployment compensation. IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
h. Your spouse's unemployment compensation. IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
i. Public assistance, welfare, AFDC, etc. (include spouse's). IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
j. Income you (and your spouse) received as gifts from relatives or friends. IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
k. Your scholarships, fellowships, grants, loans, etc. IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
l. Your spouse's scholarships, fellowships, grants, loans, etc. IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
m. Nontaxable income not included above (include spouse's). IF NONE: ENTER "0" .....	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
n. Child support payments. IF NONE: ENTER "0" ...	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>
o. <u>TOTAL INCOME</u> (ADD TOGETHER PARTS a-n)...	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>	\$ <input style="width: 40px;" type="text"/> , <input style="width: 40px;" type="text"/>

# EXPERIENCES AND OPINIONS

112. Are you registered to vote? (MARK ONE)

Yes

No

113. Since 1984, and including the 1984 Presidential election, have you voted in any local, state, or national election? (MARK ONE)

Yes

No

\*114. The following questions ask about your political participation. Thinking about the last 24 months . . . (MARK ONE ON EACH LINE)

Frequently      Sometimes      Never

- a. When you talked with your friends, did you ever talk about public problems—that is, what's happening in the country or in your community? .....  .....  .....
- b. Did you ever talk about public problems with any of the following people?
- Your family .....  .....  .....
- People where you work .....  .....  .....
- Community leaders, such as club or church leaders .....  .....  .....
- c. Did you ever talk about public problems with elected government officials or people in politics, such as Democratic or Republican leaders? .....  .....  .....
- d. Did you ever talk to people to try to get them to vote for or against a candidate? .....  .....  .....
- e. Did you ever give any money or buy tickets to help someone who was trying to win an election? .....  .....  .....
- f. Did you ever go to any political meetings, rallies, barbecues, fish fries, or things like that in connection with an election? .....  .....  .....
- g. Did you ever do any work to help a candidate in his or her campaign? .....  .....  .....
- h. Did you ever hold an office in a political party or get elected to a government job? .....  .....  .....

115. How do you feel about each of the following statements? (MARK ONE ON EACH LINE)

	<u>Agree Strongly</u>	<u>Agree</u>	<u>Disagree</u>	<u>Disagree Strongly</u>	<u>No Opinion</u>
a. I take a positive attitude toward myself .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Good luck is more important than hard work for success .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel I am a person of worth, on an equal plane with others .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am able to do things as well as most other people .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Every time I try to get ahead, something or somebody stops me .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Planning only makes a person unhappy since plans hardly ever work out anyway .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. People who accept their condition in life are happier than those who try to change things .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. On the whole, I'm satisfied with myself .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. What happens to me is my own doing .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. At times I think I am no good at all .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. When I make plans, I am almost certain I can make them work .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I feel I do not have much to be proud of .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

116. How important is each of the following to you in life? (MARK ONE ON EACH LINE)

	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>
a. Being successful in my line of work .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Finding the right person to marry and having a happy family life .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Having lots of money .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Having strong friendships .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Being able to find steady work .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Being a leader in the community .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Being able to give my children better opportunities than I've had .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Living close to my parents and relatives .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Getting away from this area of the country .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Working to correct social and economic inequalities .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Having leisure time to enjoy my own interests .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Having a good education .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*117. To what extent have you voluntarily participated in the following groups during the last 24 months? (By voluntarily, we mean you are not an employee of the group; by active participant, we mean that you attend the meetings or events; by member only, we mean that you are on a mailing or telephone list so that you are kept informed of meetings and events.)**

(MARK ONE ON EACH LINE)

	<u>Active Participant</u>	<u>Member Only</u>	<u>Not At All</u>
a. Youth organizations—such as Little League coach, Scouting, etc. ....	○	○	○
b. Union, farm, trade or professional association .....	○	○	○
c. Political clubs or organizations .....	○	○	○
d. Church or church-related activities (not counting worship services) .....	○	○	○
e. Community centers, neighborhood improvement, or social-action associations or groups .....	○	○	○
f. Organized volunteer work—such as in a hospital .....	○	○	○
g. A social, hobby, garden, or card playing group .....	○	○	○
h. Sports teams or sports clubs .....	○	○	○
i. A literary, art, discussion, music, or study group .....	○	○	○
j. Educational organizations—such as PTA or an academic group .....	○	○	○
k. Service organizations—such as Rotary, Junior Chamber of Commerce, Veterans, etc. ....	○	○	○
l. A student government, newspaper journal, or yearbook staff .....	○	○	○
m. Another voluntary group in which I participate .....	○	○	○

**118. The next few questions ask about your interest in teaching. Have you ever considered elementary or secondary school teaching as a career? (CIRCLE ONE)**

- Yes, and I am currently an elementary or secondary school teacher..... 01
- Yes, and I taught, but I am no longer an elementary or secondary school teacher..... 02
- Yes, and I was trained as an elementary or secondary school teacher, but I never went into teaching..... 03
- Yes, but I was never formally trained as or became an elementary or secondary school teacher..... 04
- No, I never considered being an elementary or secondary school teacher..... 05 (SKIP TO Q.120)

**IF YOU EVER CONSIDERED ELEMENTARY OR SECONDARY SCHOOL TEACHING AS A CAREER:**

**A. Please indicate how important each of the following factors was in encouraging you to consider teaching as a career. (MARK ONE FOR EACH FACTOR LISTED)**

	<u>Very Important</u>	<u>Important</u>	<u>Not Important</u>
a. Interest in the subject you would teach.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Working conditions (hours, vacations).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Salary you expected.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Influence of a former elementary or secondary school teacher.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Availability of teaching jobs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Professional status associated with teaching.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Job security.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Desire to serve others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Desire to work with children or young adults.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Special scholarships or loans for people who go into teaching.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Desire for draft exemption .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IF YOU BECAME AN ELEMENTARY OR SECONDARY SCHOOL TEACHER, WHETHER OR NOT YOU REMAINED IN THE PROFESSION, SKIP TO Q.122.**

**IF YOU CONSIDERED BUT DECIDED AGAINST BECOMING AN ELEMENTARY OR SECONDARY SCHOOL TEACHER, ANSWER Q.119.**

**119. Please indicate how important each of the following factors was in discouraging you from becoming a teacher. (MARK ONE FOR EACH FACTOR LISTED)**

	<u>Very Important</u>	<u>Important</u>	<u>Not Important</u>
a. Low teacher salaries.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Few opportunities to teach a subject area of interest to you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lack of prestige associated with teaching profession.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Large class sizes, lack of discipline in schools.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Difficult requirements for completing college preparation for teaching.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Few scholarships or other financial aid for people going into teaching.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did/do not like working with children.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Had stronger interest in a different career.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Did not finish teacher training or obtain certification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Lost interest.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IF YOU NEVER BECAME AN ELEMENTARY OR SECONDARY SCHOOL TEACHER:**

120. Is there any possibility that, if the conditions were right, you would consider going into elementary or secondary school teaching (full or part-time)? (MARK ONE)

- Yes, if the conditions were right (ANSWER Q.121)
- No, under no circumstances that I can imagine (SKIP TO Q.122)

121. IF YOU WOULD CONSIDER ELEMENTARY OR SECONDARY SCHOOL TEACHING AS A CAREER: Please indicate to what extent each of the following changes in school conditions and practices would positively influence your decision to go into elementary or secondary school teaching as a career: (MARK ONE FOR EACH LINE)

	<u>Would Influence Strongly</u>	<u>Would Influence Somewhat</u>	<u>Would Not Influence Me At All</u>
a. Increase all teacher salaries.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Provide higher pay for teachers who receive superior evaluations and accept greater teaching responsibility.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Provide scholarships and/or loan forgiveness for individuals who will go into teaching.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Raise professional standards by such means as increasing certification requirements, mandating an apprenticeship period for beginning teachers, requiring a college major in the teaching subject, etc.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Relax certification requirements for talented individuals who lack education courses but have expertise.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Give teachers greater say over curriculum, instructional materials and activities, and student assignments.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Provide more time and resources for planning and class preparation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Encourage parents to cooperate more with teachers and school officials when requested to do so.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Raise the educational standards of schools in this city.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Provide more part-time teaching opportunities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Require schools to keep class sizes manageable.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ALL PERSONS PLEASE RESPOND**

122. Please indicate if you agree or disagree with the following statements. (MARK ONE FOR EACH LINE)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Don't Know</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
a. Teacher quality is a problem in elementary and secondary schools today .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Teacher shortages in certain areas, such as math and science, are a problem in the elementary and secondary schools today.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Teachers getting enough respect from students, parents, and the community at large is a problem.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is a problem of good teachers leaving the profession.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

123. Some people think there is a problem with the teaching profession. They think good teachers are hard to find and when they are found, often leave the teaching profession. The following is a list of possible solutions to the problem of attracting and retaining good teachers. Please indicate the extent to which you think each solution would be effective. (MARK ONE FOR EACH LINE)

	<u>Very Effective</u>	<u>Effective</u>	<u>No Effect</u>	<u>Bad Effect</u>
a. Provide scholarships and/or loan forgiveness for talented college students who will go into teaching.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Relax teaching certification requirements for able individuals who may lack education courses but who have considerable expertise in a subject area.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Increase teacher salaries.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Provide higher pay for teachers of subjects with the most need--such as science and math.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Provide merit pay for teachers who receive superior evaluations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Provide funds for summer institutions or continuing education programs for all teachers.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Provide more part-time teaching opportunities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Abolish tenure for teachers who cannot pass minimal proficiency exams.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Revise teaching contracts so that school administrators can fire incompetent teachers.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Give teachers greater say over curriculum, instructional materials and activities, and students assignments.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Increase standards by requiring students to pass competency tests for promotion or graduation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Require schools to keep class sizes manageable.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Strengthen discipline policy and make it easier to remove problem students from regular classrooms.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Encourage parents to be more cooperative with teachers and school officials when requested to do so.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE GO ON TO NEXT PAGE

**INFORMATION FOR FUTURE FOLLOW-UP**

**ID:**  -     -

**PRINT your name, address and telephone number (where you can be reached during the coming year).**

<p>_____ Your Name</p> <p>_____ Spouse's Full Name</p> <p>_____ Your Maiden Name</p> <p>_____ Street Address</p> <p>_____ City</p> <p>_____ State</p>	<p>_____ Spouse's Full Name</p> <p>( )</p> <p>TELEPHONE NUMBER _____</p> <p>IN WHOSE NAME IS THE TELEPHONE NUMBER LISTED? (CIRCLE ONE)</p> <p>No phone..... 1</p> <p>My name..... 2</p> <p>Spouse's name..... 3</p> <p>Other (PLEASE SPECIFY) _____ 4</p>
<p>_____ ZIP Code</p>	

**PRINT name, address and telephone number of your parents (or one parent).**

<p>_____ Parent's Name</p> <p>_____ Street Address</p> <p>_____ City</p> <p>_____ State</p>	<p>( )</p> <p>TELEPHONE NUMBER _____</p> <p>IN WHOSE NAME IS THE TELEPHONE NUMBER LISTED? (CIRCLE ONE)</p> <p>No phone..... 1</p> <p>Parent's name..... 2</p> <p>Other (PLEASE SPECIFY) _____ 3</p>
<p>_____ ZIP Code</p>	

**PRINT the names and addresses of two other people who will know where to get in touch with you during the coming year. (List no more than one person who now lives with you.) Remember to record the relationship of these persons to you (for example, friend, sister, cousin, etc.).**

<p>_____ Name</p> <p>_____ Street Address</p> <p>_____ City</p> <p>_____ State</p>	<p>_____ Relationship to you</p> <p>( )</p> <p>TELEPHONE NUMBER _____</p> <p>IN WHOSE NAME IS THE TELEPHONE NUMBER LISTED? (CIRCLE ONE)</p> <p>No phone..... 1</p> <p>Person listed here..... 2</p> <p>Other (PLEASE SPECIFY) _____ 3</p>
<p>_____ ZIP Code</p>	

<p>_____ Name</p> <p>_____ Street Address</p> <p>_____ City</p> <p>_____ State</p>	<p>_____ Relationship to you</p> <p>( )</p> <p>TELEPHONE NUMBER _____</p> <p>IN WHOSE NAME IS THE TELEPHONE NUMBER LISTED? (CIRCLE ONE)</p> <p>No phone..... 1</p> <p>Person listed here..... 2</p> <p>Other (PLEASE SPECIFY) _____ 3</p>
<p>_____ ZIP Code</p>	

**Please give the following information about yourself: (MARK ONE)**

DATE OF BIRTH

MONTH DAY YEAR

(CIRCLE ONE)

SEX: Male..... 1

Female..... 2

**THANK YOU FOR YOUR COOPERATION. THE INFORMATION PROVIDED ON THIS FORM IS PART OF THE SYSTEM OF RECORDS AS DEFINED BY THE PRIVACY ACT. THIS INFORMATION WILL BE PROTECTED TO THE EXTENT PERMISSIBLE BY THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.**