The New Beneficiary Followup (NBF) questionnaire was administered to new beneficiaries from the 1982 New Beneficiary Survey (NBS) who were still alive at the time of the NBF. A shorter questionnaire was administered to the surviving spouses of respondents to the NBS. Instead of reproducing the entire Surviving Spouse Questionnaire, we have highlighted the numbers of the questions that were asked, two questions that were only asked of surviving spouses, text differences, and question wording that is the only option for surviving spouses (Q288-312).

For example, Questions 18 and 288:

18. Now I would like to talk about your late (husband/wife's) paid employment in recent years. Since December 1982, did you (he/she) work for pay either part time or full time?

(SKIP TO Q. 19) Yes 1

(SKIP TO Q. 161) No 2

288. Since December 1982, did (you/your husband/your wife) work for pay either part time or full time?

Question 18 is highlighted because it refers to both the NBF and the Surviving Spouse questionnaires. The **text** that is highlighted refers to the surviving spouse. If the surviving spouse answers "no," there is a special skip instruction to go to Q. 161. In Question 288, the you is the only option within the parenthesis for the surviving spouse.

1

INSTITUTE FOR SURVEY RESEARCH OMB NO. 0960‑0478

TEMPLE UNIVERSITY EXP. 12/31/92

‑ Of The Commonwealth System Of Higher Education ‑

1601 NORTH BROAD STREET

PHILADELPHIA, PENNSYLVANIA 19122

WINTER/SPRING 1990‑1991 STUDY #31‑1591‑151

NEW BENEFICIARY FOLLOW‑UP

MAIN QUESTIONNAIRE

COVER PAGE 1

RESPONDENT LABEL NEW CASE #

Please make corrections to name and address below:

NAME OF RESPONDENT:

ADDRESS:

(STREET) (APT.)

(CITY) (STATE) (ZIP)

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

INTERVIEWER'S NAME: ID#:

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NEW BENEFICIARY FOLLOW‑UP

MAIN QUESTIONNAIRE

COVER PAGE 2

ORIGINAL CASE # NEW CASE #

R 1 Disability 1

Proxy for R 2 Retirement 2

TIME BEGAN: A.M. 1

(HOUR) (MIN.) P.M. 2

TIME ENDED: A.M. 1

(HOUR) (MIN.) P.M. 2

DATE: 19

(MONTH) (DAY) (YEAR)

INTERVIEWER ID:

HOUSEHOLD COMPOSITION

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

1. Are you currently:

married 1

(SKIP a widow/widower 2

to separated 3

Q.2) divorced, or were you 4

never married 5

la. (IF MARRIED, ASK): Does your spouse usually live here?

yes 1

no 2

2. What are the names of everyone living here who is related to you?

[IF CURRENTLY MARRIED: Please start with your (husband/wife).] (RECORD ON LINES 02‑12 AND CIRCLE CODE)

RELATIVES ADDED TO LIST 1 NO RELATIVES 0

3. What are the names of any other persons not related to you in this household?

(RECORD ON LINES 02‑12 AND CIRCLE CODE)

OTHER PERSONS ADDED TO LIST 1 NO OTHER PERSONS 0

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

OTHER PERSONS ADDED TO LIST 1 NO OTHER PERSONS 0

(IF R LIVES ALONE, SKIP TO Q. 8 /SKIP TO Q. 18)

(ASK QQ. 5‑7 FOR ALL OTHER HOUSEHOLD MEMBERS, ONE PERSON AT A TIME.)

(INTERVIEWER PROBE. IF R DEFINES A HH MEMBER AS A MATE OR PARTNER BUT NOT AS A HUSBAND OR WIFE, USE THE FOLLOWING PROBE:

Do you consider yourself to be common‑law married? IF YES, RELATIONSHIP IS THEN TO BE RECORDED AS HUSBAND/WIFE.)

5. What is (NAME)'s relationship to you? (RECORD IN COLUMN 1) .

6. (ASK IF NOT OBVIOUS): Is (NAME) male or female? (CIRCLE CODE IN COLUMN 2)

7. How old was (NAME) on (his/her) last birthday? (RECORD IN COLUMN 3)

(INTERVIEWER INSTRUCTION: ENTER TOTAL NUMBER OF PERSONS RELATED TO R ON LINE AT TOP OF PAGE 2.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # of persons related to R | Column 1  Q.5 |  | Column 2  Q.6 | | Column 3  Q.7 |
|  | Relationship by blood,  marriage, or  adoption |  | Sex | | Age |
| First Name M.I. Last Name |  | Coders Only | M | F |  |
| 01 | Respondent | 01 | 1 | 2 |  |
| 02 |  |  | 1 | 2 |  |
| 03 |  |  | 1 | 2 |  |
| 04 |  |  | 1 | 2 |  |
| 05 |  |  | 1 | 2 |  |
| 06 |  |  | 1 | 2 |  |
| 07 |  |  | 1 | 2 |  |
| 08 |  |  | 1 | 2 |  |
| 09 |  |  | 1 | 2 |  |
| 10 |  |  | 1 | 2 |  |
| 11 |  |  | 1 | 2 |  |
| 12 |  |  | 1 | 2 |  |

(INTERVIEWER: BE SURE YOU HAVE ENTERED THE TOTAL NUMBER OF PERSONS RELATED TO R ON LINE AT TOP OF THIS PAGE)

FAMILY CONTACTS

8. How many living parents or stepparents do you (and your spouse) have altogether?

(NUMBER) (SKIP TO Q. 13) None 0

RESPONDENT SPOUSE

MOTHER FATHER MOTHER FATHER

9. Which parents or stepparents are still

living? (CIRCLE ALL THAT APPLY) 1 1 1 1

(FOR EACH LIVING PARENT,

ASK 00. 10 ‑ 12)

10. What was (his/her) age on (his/her)

last birthday? (AGE) (AGE) AGE) (AGE)

11. About how long would it take (him/her)

to get here from where (he/she) lives

by the usual way:

10 minutes or less, 1 1 1 1

11‑30 minutes, 2 2 2 2

31‑60 minutes, 3 3 3 3

61 minutes to less than

one day, or 4 4 4 4

one day or longer? 5 5 5 5

(DO NOT READ) Parent unable to travel 6 6 6 6

(DO NOT READ) Lives here 7 7 7 7

12. How often are you (or your spouse) in

contact with (him/her):

daily, 1 1 1 1

at least once a week, 2 2 2 2

at least once a month, 3 3 3 3

less than once a month, 4 4 4 4

or not at all? 5 5 5 5

13. How many living children do you (and your spouse) have altogether? Include adopted children and children of either spouse by previous marriage.

(NUMBER) (SKIP TO Q. 18) None 00

ASK QQ. 14‑17 FOR THE THREE CHILDREN R OR SPOUSE CONTACTS MOST FREQUENTLY)

14. What is the sex of the child you are in contact with (most frequently/next most frequently/third most frequently)?

(IF NEVER CONTACTS, OR CONTACTS ALL EQUALLY, ASK ABOUT OLDEST, NEXT OLDEST, AND THIRD OLDEST.)

FIRST SECOND THIRD

M F M F M F

1 2 1 2 1 2

15. What was (his/her)age on

(his/her) last birthday?

(AGE) (AGE) (AGE)

16. About how long would it take

(him/her) to get here from where( he/she)

lives by the usual way:

10 minutes or less, 1 1 1

11‑30 minutes, 2 2 2

31‑60 minutes, 3 3 3

61 minutes to less than 4 4 4

one day, or

one day or longer? 5 5 5

(DO NOT READ) Child unable

to travel 6 6 6

(DO NOT READ) Lives here 7 7 7

17. How often are you (or your spouse)

in contact with (him/her):

daily, 1 1 1

at least once a week, 2 2 2

at least once a month, 3 3 3

less than once a month, or 4 4 4

not at all? 5 5 5

EMPLOYMENT

18. Now I would like to talk about your late (husband/wife's) paid employment in recent years. Since December 1982, did you (he/she) work for pay either part time or full time?

(SKIP TO Q. 19) Yes 1

(SKIP TO Q. 161) No 2

(HAND R CARD 1)

On this card are listed several reasons for not working or looking for work.

18A. What was the main reason you were not working or looking for work?

Personal, family reasons 1

Ill or disabled, unable to work 2

Did not want to work 3

Retired 4

No suitable jobs available, would not

have done any good to look 5

Labor dispute 6

Some other reason (SPECIFY): 7

18B. If you were offered a job by some employer in this area, how likely would you be to take it:

YES NO

a. yes, definitely? 1 2

b. yes, if it were something you could do? 1 2

c. yes, if the wages were satisfactory? 1 2

d. yes, if the location was satisfactory? 1 2

e. yes, if the hours were satisfactory? 1 2

f. yes, some other conditions? (SPECIFY): 1 2

(IF "NO" TO ALL PARTS OF Q. 18B, SKIP TO CHECKPOINT C, PAGE 19.

OTHERWISE, CONTINUE WITH Q. 18C.)

18C. What would the smallest wage or salary have to be? (CIRCLE CODE FOR THE TIME PERIOD AND RECORD AMOUNT IN APPROPRIATE BOXES)

(Dollars) . (Cents) per Year 1

Month 2

Week 3

Day 4

(PROBE FOR NUMBER OF DAYS WOULD WORK PER WEEK)

Hour 5

Other (SPECIFY): 6

(ALL SKIP TO CHECKPOINT C, PAGE 19)

(FIRST ASK Q. 19a‑i. THEN ASK QQ. 20‑22 FOR ANY YEAR THAT R /LATE SPOUSE WORKED‑‑Q. l9a‑i CODED 1)

(NOTE YEAR OF DEATH FROM SCREENING FORM AND ASK THAT YEAR AND EARLIER TO 1983)

|  |  |  |  |
| --- | --- | --- | --- |
| 19. Did you (he/she) work for pay at any time in (YEAR)? | 20. In how many weeks did you (he/she) work in (YEAR)? | 21. How many hours per week did you (he/she) usually work on all jobs in (YEAR)? | 22. Did you (he/she) usually work as an employee or were you was (he/she) self-employed in your (his/her) own business, professional practice, or farm? |
| a. 1991  Yes 1  No 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| b. 1990  Yes 1  No 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| c. 1989  Yes 1  No 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| d. 1988  Yes 1  No 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| e. 1987  Yes 1  No 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| f. 1986  Yes 1  No 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| g. 1985  Yes 1  No 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| h. 1984  Yes 1  No 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| i. 1983  Yes 1  No 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |

(IF R DID NOT WORK IN 1991 [Q. l9a], CIRCLE CODE 2 IN Q. 23 AND THEN SKIP TO Q. 26)

23. Are you currently working for pay, either part time or full time?

(ASK QQ. 24‑48 IN PRESENT TENSE) Yes 1

(SKIP TO Q. 26; ASK QQ. 26‑48 IN PAST TENSE) No 2

(HAND R CARD 2)

24. Why are you working now? (CIRCLE CODE 1 FOR ALL THAT APPLY IN COLUMN 1)

COLUMN l COLUMN 2

Q. 24 Q. 24a

YES NO MOST

IMPORTANT

a. Financial need 1 2 01

b. To raise your level of living 1 2 02

c. To finance a specific purchase 1 2 03

d. Your personal preference, you wanted to work 1 2 04

e. You found a job after a period of unemployment 1 2 05

f. Your health improved so that you could work 1 2 06

[g. Your spouse's health changed] 1 2 07

h. Rehabilitation services made you able to work 1 2 08

i. To raise your level of Social Security benefits 1 2 09

j. To raise your pension benefits 1 2 10

k. Social Security benefits had stopped 1 2 11

l. Medicare benefits would not be affected by work 1 2 12

m. Some other reasons (SPECIFY): 1 2 13

(IF NO REASONS GIVEN IN Q. 24, SKIP TO Q. 25.

IF ONLY ONE REASON GIVEN, CIRCLE CODE IN COLUMN 2 ABOVE AND THEN SKIP TO Q. 25. IF MORE THAN ONE REASON GIVEN, ASK Q. 24A.)

24A. Which was the most important reason for your continuing to work?

(CIRCLE CODE IN COLUMN 2 ABOVE)

25. If (you/you and your [husband/wife] were to get enough money to live comfortably without your working, do you think that you would work anyway?

Yes No

1 2

26. Now I would like to ask some questions about your (current/last)(his/her) last job.

In what month and year did you (he/she)start working at (this/that) job?

(MONTH) AND (YEAR)

(IF BEFORE 1980, SKIP TO Q. 28)

(HAND R CARD 2)

27. Why did you (he/she)take this job? (CIRCLE CODE 1 FOR ALL THAT APPLY IN COLUMN 1)

COLUMN l COLUMN 2

Q. 27 Q. 27a

YES NO MOST IMPORTANT

a. Financial need 1 2 01

b. To raise your (his/her) level of living 1 2 02

c. To finance a specific purchase 1 2 03

d. Your (his/her) personal preference,

you (he/she) wanted to work 1 2 04

e. You (he/she) found a job after a period

of unemployment 1 2 05

f. Your (his/her) health improved

so that you (he/she)could work 1 2 06

[g. Your spouse's health changed

/changes in your health] 1 2 07

h. Rehabilitation services

made you (him/her) able to work 1 2 08

i. To raise your (his/her) level of

Social Security benefits 1 2 09

j. To raise your (his/her) pension benefits 1 2 10

k. Social Security benefits had stopped 1 2 11

l. Medicare benefits would

not be affected by work 1 2 12

m. other reasons (SPECIFY): 1 2 13

(IF NO REASONS GIVEN IN Q. 27, SKIP TO Q. 28.

IF ONLY ONE REASON GIVEN, CIRCLE CODE IN COLUMN 2 ABOVE AND THEN SKIP TO Q. 28.

IF MORE THAN ONE REASON GIVEN, ASK Q. 27A.)

27A. Which was the most important reason for taking this job?

(CIRCLE CODE IN COLUMN 2 ABOVE)

28. In what kind of business or industry (is this/was your last) job? [For example: TV and radio manufacturing, retail shoe store, state Labor Department, farm.]

(BUSINESS OR INDUSTRY)

28A. What(is/was) the name of(the/that) employer?

(NAME OF EMPLOYER)

29. (Is/Was) this mainly manufacturing, wholesale trade, retail trade or something else?

Manufacturing 1

Wholesale trade 2

Retail trade 3

Something else 4

(SPECIFY):

30. What kind of work (do/did) you (he/she) do? What (is/was) your job title? [For example: electrical engineer, stock clerk, typist, farmer.]

(JOB TITLE)

31. What (are/were) your (his/her) most important activities or job duties? [For example: typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.]

(ACTIVITIES OR DUTIES)

32. (Is/Was) employer‑provided health insurance coverage available to you (him/her) from this job?

Yes 1

(SKIP TO Q. 35) No 2

33. Did you (he/she) elect to be covered by this health insurance?

(SKIP TO Q. 35)Yes 1

No 2

(HAND R CARD 3)

34. Why not? (CIRCLE CODE 1 FOR ALL THAT APPLY)

YES NO a. Covered by Medicare l 2

b. Covered under spouse's (your) insurance 1 2

c. Had other coverage 1 2

d. Did not cover my (his/her) conditions 1 2

e. Too expensive 1 2

f. Some other reason (SPECIFY FIRST OTHER): 1 2

g. (SPECIFY SECOND OTHER): 1 2

35. How many hours a week (do/did) you (he/she) usually work on this job?

(HOURS PER WEEK)

36. How many weeks per year (do/did) you (he/she) usually work on this job?

Include any time during the year when you (he/she) had paid vacation, paid sick leave, or military service?

(WEEKS PER YEAR)

37. Would you (he/she) (prefer/have preferred) to work more, less or about as many hours as you (he/she) actually worked in this job?

More 1

(SKIP TO Less 2

Q. 39) As many as worked 3

38. Which of the following (limits/limited) your (his/her) work

YES NO

a. employer (limits/limited) available work hours on this job? 1 2

b. health? 1 2

c. layoff or discharge? 1 2

d. business (is/was) slow? 1 2

e. pension benefits would be reduced? 1 2

f. Social Security benefits would be reduced? 1 2

g. family or personal reasons? 1 2

h. Some other reason? (SPECIFY): 1 2

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

(SKIP TO Q. 45) Employee 1

Self‑employed 2

40. (Do/Did) you (he/she) pay yourself (himself/herself) a salary from this business?

Yes 1 2

(SKIP TO Q. 42) No 1 2

41. Before taxes or deductions, how much (is/was) (your salary when you left this job/ (his/her) salary when (he/she) last worked)?

(CIRCLE CODE FOR TIME PERIOD AND RECORD AMOUNT IN APPROPRIATE BOXES)

Year 1

Month 2

Week 3

Day 4

(PROBE FOR DAYS WORKED PER WEEK):

(DOLLARS) (CENTS) PER

Hour 5

Other (SPECIFY): 6

(ALL SKIP TO Q. 43)

42. Before any taxes and deductions, about how much (do/did) you (he/she) draw from this business in an average year?

Do not include reimbursements for out‑of‑pocket expenses.

(DOLLARS) (CENTS)

43. (Is/Was) this an incorporated business?

(SKIP TO Q. 47/SKIP TO Q 554SP)Yes 1

No 2

44. (Are you contributing/Did you contribute/Did (he/she) contribute) to a Keogh retirement account for yourself (himself/herself)?

Yes 1

No 2

(ALL SKIP TO CHECKPOINT B, PAGE 16/ALL SKIP TO Q 55ASP)

(HAND CARD 4)

45. (Are/were) you (Was he/she) an employee of:

a nonprofit, charitable, or tax‑exempt organization, 1

a private company, business or individual for wages

salary, or commissions, 2

the federal government, as a civilian, 3

state government, 4

local government, or 5

the Armed Forces? 6

DO NOT READ) Other (SPECIFY): 7

46. Before any taxes and deductions, how much (do/did) you (he/she) earn from this employer (when you left this job /when he/she last worked)?

(CIRCLE CODE FOR TIME PERIOD AND RECORD AMOUNT IN APPROPRIATE BOXES)

Year 1

Month 2

Week 3

Day 4

(DOLLARS) (CENTS)PER (PROBE FOR DAYS WORKED PER WEEK):

Hour 5

Other (SPECIFY):6

47. With this job, (are/were) you included in a pension or retirement plan provided by your employer or union? Please include any profit‑sharing plans or any other type of plan that provides retirement benefits, except Social Security or Railroad Retirement.

(ASK Q. 48) Yes 1

(SKIP TO No 2

CHECKPOINT B,

PAGE 16) Don't Know 8

48. Other than Social Security or Railroad Retirement (are/were) you covered by more than one pension or retirement plan on this job?

READ INTRODUCTION ABOVE Q. 49)

Yes 1

(ASK No 2

Q. 49) Don't Know 8

(The next questions will be about your basic pension plan, the one intended to pay the most benefits.)

49. Are you now receiving any payments from this pension plan?

(SKIP TO CHECKPOINT 8, PAGE 16) Yes 1

(GO TO CHECKPOINT A) No 2

Don't Know 8

CHECKPOINT A:

IS R CURRENTLY WORKING ["YES" IN Q. 23, PAGE 7]?

YES (ASK Q. 50)

NO (SKIP TO Q. 52)

50. If you left this employer now, could you start receiving payments from this plan?

Yes 1

(SKIP TO No 2

Q. 53) Don't Know 8

51. If you had wanted to retire, what was the earliest date you could have retired and started to receive payments from this plan, based on your age or years of service?

(MONTH) AND (YEAR) OR (AGE)

[PROBE IF DOES NOT REMEMBER DATE: What was the earliest age that you could have retired and started to receive payments from this plan based on your age or years of service?]

(ALL SKIP TO CHECKPOINT C, PAGE 19)

52. Did you receive a lump sum benefit or one‑time cash payment from this plan after you left the job?

(SKIP TO Q. 55) Yes 1

No 2

53. Do you expect to receive retirement payments from this plan in the future?

Yes 1

(SKIP TO No 2

CHECKPOINT B, NEXT PAGE) Don't Know 8

54. What is the earliest date you could start receiving payments from this plan based on your age or years of service?

(MONTH) AND (YEAR) OR (AGE)

Could start now 95

CHECKPOINT B

IS R CURRENTLY WORKING ["YES" IN Q. 23, PAGE 7]?

YES (SKIP TO CHECKPOINT C, PAGE 19)

NO (ASK Q. 55)

55. If you were offered a job by some employer in this area, how likely would you be to take it:

YES NO

a. yes, definitely? 1 2

b. yes, if it were something you could do? 1 2

c. yes, if the wages were satisfactory? 1 2

d. yes, if the location was satisfactory? 1 2

e. yes, if the hours were satisfactory? 1 2

f. yes, some other conditions? (SPECIFY): 1 2

(IF "NO" TO ALL PARTS OF Q. 55, SKIP TO Q. 55B. OTHERWISE, CONTINUE WITH

Q. 55A.)

55A. What would the smallest wage or salary have to be? (CIRCLE CODE FOR THE TIME PERIOD AND RECORD AMOUNT IN APPROPRIATE BOXES)

Year 1

(DOLLARS) (CENTS) PER Month 2

Week 3

Day 4

(PROBE FOR NUMBER OF DAYS WOULD WORK PER WEEK)

Hour 5

Other (SPECIFY):6

55ASP. Was (he/she) still employed on his/her last job at the time of death?

(SKIP TO Q 161) Yes 1

No 2

55B. In what month and year did you (he/she) leave your (his/her) last job?

(MONTH) AND (YEAR)

56. I will now read to you some reasons a person might give for leaving a job. Please tell me

which of these reasons were important to you (him/her) when you (he/she)left your (his/her) last job. Did you (he/she) leave:

(CIRCLE CODE IN COLUMN 1) COLUMN 1 COLUMN 2

Q. 56 Q. 57

YES NO MOST IMPORTANT

a. because you (he/she) lost your (his/her) job? 1 2 01

b. because business was bad? 1 2 02

c. because the job did not pay enough? 1 2 03

d. because you (he/she) didn't like your (his/her) job? 1 2 04

e. because of transportation problems? 1 2 05

f. because you (he/she) moved? 1 2 06

g. to get Social Security? 1 2 07

h. to apply for Social Security disability benefits? 1 2 08

i. to avoid having disability benefits discontinued? 1 2 09

j. to keep Medicare coverage? 1 2 10

k. to get a pension? 1 2 11

l. to care for others? 1 2 12

m. to get a better job? 1 2 13

(IF NEVER MARRIED, SKIP TO Q. 56p)

n. because your (husband/wife/you) retired? 1 2 14

o. because your (husband/wife)'s/your health

changed? 1 2 15

p. because you (he/she) wanted to retire or

were tired of working? 1 2 16

q. because you (he/she)reached the mandatory

or compulsory retirement age at

the place where you(he/she) worked? 1 2 17

r. because you (he/she)had health problems? 1 2 18

s. some other reason?(SPECIFY FIRST OTHER): 1 2 19

t. (SPECIFY SECOND OTHER): 1 2 20

(IF NO REASONS GIVEN, SKIP TO Q. 62, NEXT PAGE.

IF ONLY ONE REASON GIVEN, CIRCLE CODE IN COLUMN 2 ABOVE AND SKIP TO INSTRUCTION ABOVE Q. 58.

IF MORE THAN ONE REASON GIVEN, ASK Q. 57.)

57. Of the reasons you have just given me, which was the most important reason you (he/she) left that job?

(CIRCLE CODE IN COLUMN 2 ABOVE)

(IF "NO" TO HEALTH PROBLEMS IN Q. 56‑r, SKIP TO Q. 62, NEXT PAGE)

58. Would your (his/her) health have allowed you (him/her)to do a similar job but fewer hours a day or fewer days in a week? Yes 1

No 2

59. Would your (his/her) health have let you (him/her) do another kind of job?

Yes 1

No 2

60. Did your (his/her) doctor or your (his/her)employer decide that you (he/she)had to leave that job because of (health)/your health, or did you (he/she) make the decision?

(CIRCLE CODE 1 FOR ALL THAT APPLY) YES NO

a. Doctor 1 2

b Employer 1 2

c. Self 1 2

d. Other (SPECIFY): 1 2

61. Why were your (his/her) health problems an important reason for leaving this job:

YES NO

a. did you (he/she) have difficulties getting to and from work? 1 2

b. were you (was he/she) unable to work as many hours as needed? 1 2

c. were you (was he/she) absent too much? 1 2

d. were you(was he/she) unable to do the kind of work you (he/she) had been

doing earlier? 1 2

e. did your (his/her) health problems lower the productivity

of other workers? 1 2 .

f. were working conditions on the job making

your (his/her) health problems worse? 1 2

g. were your (his/her) medical expenses increasing

the cost of your employer's health insurance? 1 2

h. some other reasons? (SPECIFY): 1 2

62. Did you (he/she)lose any employer‑provided health insurance coverage when you (he/she) left this job?

Yes 1 No 2

63. Did you (he/she)have any health insurance from another source at the time you (he/she) left this job?

Do not include Medicare.

Yes 1 No 2

64. When you stopped working, were you living with other family members?

Yes 1

(SKIP TO CHECKPOINT C, NEXT PAGE) No 2

65. I'm interested in what ways your stopping work affected your family. Did anyone in your family who was living with you begin to work, or change his or her work hours because you stopped working?

Yes 1

No 2 (SKIP TO CHECKPOINT C, BELOW)

66. Who was that? (CIRCLE CODE "1" FOR EACH PERSON MENTIONED IN COLUMN 1 AND

THEN ASK Q. 67 ABOUT EACH MENTION)

67. Did (she/he) begin to work, work more, work less or stop? (CIRCLE CODE IN COLUMN 2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Column 1 | | Column 2 | | | |
|  | Q. 66 | | Q. 67 | | | |
|  | Yes | No | Begin Work | Work More | Work Less | Stop Work |
| a. Husband/Wife | 1 | 2 | 1 | 2 | 3 | 4 |
| b. Parent | 1 | 2 | 1 | 2 | 3 | 4 |
| c. Child | 1 | 2 | 1 | 2 | 3 | 4 |
| d. Other relative (SPECIFY): | 1 | 2 | 1 | 2 | 3 | 4 |

68. What happened to your family's income after you stopped working (and anyone else changed his or her work)?

Did it:

decrease, 1

remain about the same, or 2

increase? 3

68A. Did you look for another job after you left this job?

Yes 1 No 2

CHECKPOINT C:

WAS R A DISABLED WORKER BENEFICIARY [DIS CODE NUMBER FROM LABEL ON SCREENING FORM IS EITHER 9, 10, OR 16]?

YES (GO TO CHECKPOINT D)

NO (SKIP TO Q. 159 ON PAGE 46)

CHECKPOINT D:

DID R ALREADY ANSWER THE SECTION BELOW [QQ. 69 TO 141 ON PAGES 20 TO 40]?

YES (SKIP TO INTRODUCTION ABOVE Q. 142 AT TOP OF PAGE 41)

NO (ENTER "KEY DATE" IN Q. 69 FROM LABEL AND ASK QUESTIONS

IN DISABILITY MODULE)

DISABILITY MODULE

69. According to our records, you began to receive Social Security disability insurance benefits for a period of disability around (KEY DATE FROM LABEL). Is this correct? SKIP TO Q72 Yes 1

No 2

70. Did you receive Social Security disability benefits earlier or later than this date, or have you never received disability benefits?

Earlier 1

Later 2

Both, earlier and later 3

(SKIP TO Q. 159, PAGE 46) Never received 4

71. In what month and year did you begin to receive Social Security disability benefits? (INTERVIEWER INSTRUCTION: IF MORE THAN ONE DATE PROBE FOR THE ONE CLOSEST TO THE KEY DATE)

(MONTH) (YEAR)

CHECKPOINT E:

IS THE DATE REPORTED IN Q. 71 WITHIN 15 MONTHS OF THE KEY DATE ON THE LABEL?

YES (GO TO Q. 72)

NO (SKIP TO Q. 159, PAGE 46)

72. Were you covered by a health insurance plan when you started receiving Social Security disability benefits?

Yes 1

No 2

Employer had no plan 3

73. Were you working for pay at the time you began to receive Social Security disability benefits?

Yes 1

(SKIP TO CHECKPOINT F) No 2

74. What month and year did you start working at this job?

(MONTH) (YEAR)

75. Is this job we are now discussing the same job with the same employer as the current or most recent job you already told me about?

(SKIP TO Q. 110, PAGE 31) Yes 1

(SKIP TO Q. 97, No 2

PAGE 28) Had not already discussed a current or most recent job 3

CHECKPOINT F:

WAS ANY WORK REPORTED AFTER DECEMBER 1982 ["YES" IN Q. 18, PAGE 5]?

YES (SKIP TO Q. 78, PAGE 22)

NO (ASK Q. 76)

76. Did you ever work for pay either part time or full time after the month in which your Social Security disability benefits began?

(SKIP TO Q. 78) Yes 1

No 2

77. Did you ever look for work after the month in which your Social Security disability benefits began?

Yes 1

(SKIP TO INTRODUCTION ABOVE Q. 142, PAGE 41) No 2

78. In what month and year did you first start looking for work after you began to receive Social Security disability benefits?

(SKIP TO Q. 91, PAGE 26) Did not look for job‑‑someone offered job or started own business 95

(MONTH)AND(YEAR)

79. Were you receiving disability benefits at the time you began to look for work?

(SKIP TO Q. 81) Yes l

No 2

80. How long had you been without benefits when you began to look for work?

(MONTHS) or (YEARS)

81. Were you covered by health insurance, other than Medicare, when you started looking for work?

Yes 1

No 2

(HAND R CARD 5)

82. What did you do to find work: (RECORD IN COLUMN 1)

COLUMN 1 COLUMN 2

Q. 82 Q. 83

YES NO YES NO

a. (checked/checking) where you worked before? 1 2 1 2

b. (asked/asking) a relative about a job opening

where the relative worked or did business? 1 2 1 2

c. (asked/asking) a friend about a job opening

where the friend worked or did business? 1 2 1 2

d. (answered/answering) an ad for a job opening?

e . (followed/following) up a lead from the state

employment agency? 1 2 1 2

f. (followed/following) up a lead from a private

employment agency?

g. (followed/following) up a lead from a vocational

rehabilitation agency? 1 2 1 2

h. (checked/checking) with employers to see if they

had any openings?

i. What else did you do? (SPECIFY): 1 2 1 2

(IF NO WAY MENTIONED IN Q. 82, SKIP TO Q. 84. OTHERWISE, ASK Q. 83 FOR

EACH WAY MENTIONED IN Q. 82.)

83. Did (WAY MENTIONED IN Q. 82) lead to a job offer? (CIRCLE CODE IN COLUMN 2)

84. Were you looking for the same kind of job that you had as your main job

prior to receiving disability benefits?

Yes 1

No 2

85. Did you limit your looking to a particular kind of job or were you open to any type of employment?

Particular kind of job 1

Any type of employment 2

86. Did you look for:

YES NO

a. part time work? 1 2

b. full time work? 1 2

87. About how many employers did you go to trying to get a job?

(NUMBER OF EMPLOYERS)

88. About how many job offers did you receive and not take?

(IF R DOES NOT KNOW, PROBE FOR APPROXIMATE NUMBER) (NUMBER)

(SKIP TO CHECKPOINT G, PAGE 26) None 00

89. What were the main reasons you did not accept (this/these) job offer(s):

(CIRCLE CODE IN COLUMN 1)

COLUMN 1 COLUMN 2

Q. 89 Q. 90

YES NO MOST IMPORTANT REASON

a. you did not want that kind of work? 1 2 01

b. the pay was too low? 1 2 02

c. the hours were not satisfactory? 1 2 03

d. part‑time work was not offered? 1 2 04

e. the job was only temporary? 1 2 05

f. it was too difficult to get to work? 1 2 06

g. you could not arrange childcare? 1 2 07

h. the health benefits were inadequate? 1 2 08

i. accepted another job offer? 1 2 09

j. the job conditions were not satisfactory? 1 2 10

k. health problems prevented you from

getting to work? 1 2 11

l. some other reason? (SPECIFY): 1 2 12

(IF NO REASONS GIVEN, SKIP TO CHECKPOINT G.

IF ONLY ONE REASON GIVEN, CIRCLE CODE IN COLUMN 2 ABOVE AND SKIP TO CHECKPOINT G.

IF MORE THAN ONE REASON GIVEN, ASK Q. 90.)

90. Of the reasons you just gave me, which reason was the most important?

(CIRCLE CODE IN COLUMN 2 ABOVE)

CHECKPOINT G:

DID R WORK AFTER RECEIVING DISABILITY BENEFITS ["YES" IN EITHER Q. 18

(PAGE 5), Q. 73 OR Q. 76 (PAGE 21)]?

YES (ASK Q. 91)

NO (SKIP TO Q. 142, PAGE 41)

91. In what month and year did you start working for the first time after you began receiving benefits?

ALREADY WORKING WHEN BENEFITS BEGAN 95

(MONTH) AND (YEAR)

92. Is this job we are now discussing the same job with the same employer as the current or most recent job you already told me about?

(SKIP TO Q. 110, PAGE 31) Yes 1

No 2

Had not already discussed a current or most recent job 3

93. Were you still receiving disability benefits at the time you returned to work or had your benefits stopped at that time?

(SKIP TO Q. 95) Still receiving 1

Benefits had stopped 2

94. How long had you been without benefits when you returned to work?

(MONTHS) OR (YEARS)

(HAND R CARD 6)

95. Why did you return to work? (CIRCLE CODE 1 FOR ALL THAT APPLY IN COLUMN 1)

COLUMN 1 COLUMN 2

Q. 95 Q. 96

YES NO MOST IMPORTANT REASON

a. Financial need 1 2 01

b. To raise your level of living 1 2 02

c. Social Security benefits had stopped 1 2 03

d. To finance a specific purchase 1 2 04

e. Your personal preference‑‑ 1 2 05

you wanted to work

f. You found a job after a period of 1 2 06

unemployment

g. Your health improved so that

you could work 1 2 07

h. Your Medicare benefits would not

be affected by work 1 2 08

[i. Your spouse's health changed] 1 2 09

j. Rehabilitation services made

you able to work 1 2 10

k. Some other reasons (SPECIFY): 1 2 11

(IF NO REASONS GIVEN, SKIP TO Q. 97.

IF ONLY ONE REASON GIVEN, CIRCLE CODE IN COLUMN 2 ABOVE AND SKIP TO Q. 97.

IF MORE THAN ONE REASON GIVEN, ASK Q. 96.)

96. Which was the most important reason for your returning to work?

(CIRCLE CODE IN COLUMN 2 ABOVE)

Now I would like to ask some questions about this first job you had after you started getting disability benefits.

97. In what kind of business or industry was that? [For example: TV and radio manufacturing, retail shoe store, state Labor Department, farm.]

(BUSINESS OR INDUSTRY)

97A. What was the name of that employer?

(NAME OF EMPLOYER)

98. Was this mainly manufacturing, wholesale trade, retail trade, or something else?

Manufacturing 1

Wholesale trade 2

Retail trade 3

Something else (SPECIFY): 4

99. What kind of work did you do? What was your job title? [For example: electrical engineer, stock clerk, typist, farmer.]

(JOB TITLE)

100.What were your most important activities or job duties? [For example: typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.]

(ACTIVITIES OR DUTIES)

101. How many hours a week did you usually work on this job?

(HOURS PER WEEK)

102. How many weeks per year did you usually work on this job? Include any time during the year when you had paid vacation, paid sick leave, or military service?

(WEEKS PER YEAR)

103. Would you have preferred to work more, less, or about as many hours as you actually worked on this job?

More 1

Less 2

As many as worked 3

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

(SKIP TO Q. 107) Employee 1

Self‑employed 2

105. Was this an incorporated business?

Yes 1

No 2

106. Did you pay yourself a salary from this business?

(SKIP TO Q. 108) Yes 1

(SKIP TO Q. 109) No 2

(HAND CARD 4)

107. (Are/Were) you an employee of:

a nonprofit, charitable, or tax‑exempt organization, 1

a private company, business or individual for wages, 2

salary, or commissions,

the federal government, as a civilian, 3

state government, 4

local government, or 5

the Armed Forces? 6

(DO NOT READ) Other (SPECIFY): 7

108. Before taxes or deductions, how much was your salary?

(CIRCLE CODE FOR TIME PERIOD AND RECORD AMOUNT IN APPROPRIATE BOXES)

(DOLLARS) (CENTS) per Year 1

Month 2

Week 3

Day: 4

(PROBE FOR DAYS WORKED PER WEEK)

Hour 5

Other (SPECIFY): 6

(ALL SKIP TO Q. 110)

109. Before any taxes and deductions, about how much did you draw from this business in an average year? Do not include reimbursements for out‑of‑pocket expenses.

(DOLLARS) (CENTS)

110. Was this the same employer you had before you began receiving disability benefits?

Yes 1

No 2

Never left 3

111. Did you perform substantially the same tasks for this job as you did at the job you had before you started receiving disability benefits?

(SKIP TO Q. 114) Yes 1

No 2

112. Were the tasks you performed after you returned to work more physically demanding, less physically demanding, or about as physically demanding as the tasks you had before you began receiving disability benefits?

More 1

Less 2

About the same 3

113. Do you think you had more responsibilities on the job you had before you began receiving disability benefits or more on this first job after you began to receive benefits?

More before 1

More after 2

About the same 3

114. Did you work fewer hours per week after you returned to work than you did before you were disabled?

Yes 1

No 2

115. Compared to what you were making before you began receiving disability benefits, was your rate of pay higher, lower, or about the same when you first returned to work?

Higher 1

Lower 2

About the same 3

116. Were you covered by a pension plan on that job you had when you first returned to work?

CHECKPOINT H:

WAS R SELF‑EMPLOYED ON THIS JOB ["SELF‑EMPLOYED" IN EITHER Q. 39 (PAGE 11) OR Q. 104 (PAGE 29)]?

YES (SKIP TO Q. 120, PAGE 34)

NO (ASK Q. 117)

(HAND R CARD 7)

117. On this card are listed a series of accommodations an employer may offer in order to make it easier for you to do your work. Did your employer: (CIRCLE CODE IN COLUMN 1)

COLUMN 1 COLUMN 2 COLUMN 3

Q. 117 Q. 118 Q. 119

YES NO YES NO HELPED MOST

a. (get/getting) someone to help

you with your work? 1 2 1 2 01

b. (get/getting) special equipment

for you to use on the job? 1 2 1 2 02

c. (switch/switching) you to a

different type of work than 1 2 1 2 03

what you started doing?

d. (help/helping) you to learn a

new job skill? 1 2 1 2 04

e. (shorten/shortening) your work

day? 1 2 1 2 05

f. (change/changing) the time you

could come and go? 1 2 1 2 06

g. (allow/allowing) you to have

more breaks and rest periods? 1 2 1 2 07

h. (arrange/arranging) special

transportation for you? 1 2 1 2 08

i. (have/having) someone to take

you to work because you could 1 2 1 2 09

not get there on your own?

(IF NO ACCOMMODATIONS MENTIONED IN Q. 117, SKIP TO Q. 120. OTHERWISE,

ASK Q. 118 ABOUT EACH ACCOMMODATION MENTIONED IN Q. 117.)

118. Did (ACCOMMODATION) really help you do the job or stay on the job?

(CIRCLE CODE IN COLUMN 2)

(IF ONLY ONE REALLY HELPED, CIRCLE CODE IN COLUMN 3 ABOVE AND SKIP TO Q. 120.

OTHERWISE, ASK Q. 119 ABOUT ALL THE ACCOMMODATIONS WHICH HELPED.)

119. Which accommodation helped you the most? (CIRCLE CODE IN COLUMN 3)

120. Did you receive regular medical treatments while you worked on this job?

Yes 1

(SKIP TO CHECKPOINT I) No 2

121. Would you have been able to work without these treatments?

Yes 1

No 2

CHECKPOINT I:

IS THIS FIRST POST‑DISABILITY JOB BEING DISCUSSED THE CURRENT OR LAST JOB ASKED ABOUT EARLIER ["YES" TO EITHER Q. 75 (PAGE 21) OR Q. 92 (PAGE 26)]?

YES (SKIP TO INTRODUCTION BEFORE Q. 142, PAGE 41)

NO (ASK Q. 122)

122. Was employer‑provided health insurance coverage available to you from this job?

Yes 1

(SKIP TO Q. 125) No 2

123. Did you elect to be covered by this health insurance?

(SKIP TO Q. 125) Yes 1

No 2

(HAND R CARD 3)

124. Why not? CODE 1 FOR ALL THAT APPLY)

YES NO

a. Covered by Medicare 1 2

b. Covered under spouse's insurance 1 2

c. Had other coverage 1 2

d. Did not cover my conditions 1 2

e. Too expensive 1 2

f. Some other reason : 1 2

(SPECIFY FIRST OTHER)

g. (SPECIFY SECOND OTHER): 1 2

125. In what month and year did you stop working at this job?

(MONTH) AND (YEAR)

126. I will now read to you some reasons a person might give for leaving a job.

Please tell me which of these reasons were important to you when you left this job. Did you leave: (CIRCLE CODE IN COLUMN 1)

COLUMN 1 COLUMN 2

Q. 126 Q. 127

YES NO MOST IMPORTANT REASON

a. because you lost your job? 1 2 01

b. because business was bad? 1 2 02

c. because the job did not pay enough? 1 2 03

d. because you didn't like your job? 1 2 04

e. because of transportation problems? 1 2 05

f. because you moved? 1 2 06

g. to get Social Security retirement benefits? 1 2 07

h. to apply for Social Security disability benefits? 1 2 08

i. to avoid having disability benefits discontinued? 1 2 09

j. to keep your Medicare coverage? 1 2 10

k. to get a pension? 1 2 11

l. to care for others? 1 2 12

m. because you got a better job? 1 2 13

(IF NEVER MARRIED, SKIP TO Q. 126‑p)

n. because your (husband/wife) retired? 1 2 14

o. because your (husband/wife)'s health changed? 1 2 15

p. because you wanted to retire or were tired of working? 1 2 16

q. because you reached the mandatory or compulsory

retirement age at the place where you worked? 1 2 17

r. because you had health problems? 1 2 18

s. for some other reason? (SPECIFY FIRST OTHER): 1 2 19

t. (SPECIFY SECOND OTHER) 1 2 20

(IF NO REASONS GIVEN, SKIP TO Q. 132.

IF ONLY ONE REASON GIVEN, CIRCLE CODE IN COLUMN 2 ABOVE AND SKIP TO INSTRUCTION ABOVE Q. 128.

IF MORE THAN ONE REASON GIVEN, ASK Q. 127.)

127. Of the reasons you have just given me, which was the most important reason you left that job? (CIRCLE CODE IN COLUMN 2 ABOVE)

(IF "NO" TO HEALTH PROBLEMS IN Q. 126‑r, SKIP TO Q. 132)

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

Yes 1

No 2

129. Would your health have let you do another kind of job?

Yes l

No 2

130. Did your doctor or your employer decide that you had to leave t hat job because of your health, or did you make the decision?

YES NO

(CIRCLE CODE 1 a. Doctor 1 2

FOR ALL b. Employer 1 2

THAT APPLY) c. Self 1 2

d. Other (SPECIFY:) 1 2

131. In what way did your health make you unable to do the job‑‑because:

YES NO

a. you had difficulties getting to and from work? 1 2

b. you could not work as many hours as needed? 1 2

c. you were absent too much? 1 2

d. you could not do the kind of work

you had been doing earlier? 1 2

e. you just could not keep up the pace at work?

f. your health problems lowered the productivity of

other workers? 1 2

g. working conditions on the job were making your health problems

worse? 1 2

h. your medical expenses were increasing the cost of your

employer's health insurance plan? 1 2

132. Did you lose any employer‑provided health insurance coverage when you left this job?

Yes 1

No 2

133. Did you have any health insurance from another source at the time you

left this job‑‑do not include Medicare?

Yes 1

No 2

134. Did you start working at another job after you left this first job after

receiving Social Security disability benefits?

(SKIP TO Q. 136) Yes 1

No 2

135. Did you look for another job after you left this job?

Yes 1

No 2

(ALL SKIP TO INTRODUCTION ABOVE Q. 142, PAGE 41)

136. How many more jobs did you have after you left this first job?

(NUMBER OF JOBS)

(SKIP TO INTRODUCTION ABOVE Q. 142, PAGE 41) None 00

(ASK QQ. 137 ‑ 140 ABOUT THE FIRST FOUR JOBS MENTIONED IN Q. 136)

137. Let's take that (second/third/fourth/fifth) job. In what month and year did you start working

on that job? (RECORD IN COLUMN 1)

138. In what month and year did you stop working on that job? (RECORD IN COLUMN 2)

139. Is this an employer you had worked for before this job? (CIRCLE CODE IN COLUMN 3)

140.What was the name of this employer? (RECORD IN COLUMN 4)

COLUMN 1 COLUMN 2 COLUMN 3 COLUMN 4

Q. 137 Q. 138 Q.139 Q. 140

MONTH YEAR MONTH YEAR YES NO EMPLOYER NAME

a. Second job 1 2

b. Third job 1 2

c. Fourth job 1 2

d. Fifth job 1 2

CHECKPOINT J:

DID THE LAST JOB REPORTED ABOVE IN Q. 138 END BEFORE JANUARY 1983?

YES (GO TO CHECKPOINT K)

NO (SKIP TO INTRODUCTION ABOVE Q. 142, TOP OF NEXT PAGE)

CHECKPOINT K:

WAS A FIFTH JOB REPORTED IN Q. 138?

YES (GO TO CHECKPOINT L)

NO (SKIP BACK TO Q. 26 ON PAGE 7 AND ASK QQ. 26‑68A

ABOUT THE LAST JOB REPORTED IN Q. 138)

CHECKPOINT L:

WAS A (CURRENT/LAST) JOB ALREADY REPORTED ABOVE IN QQ. 26‑68a. ON PAGES 7‑19?

YES (GO TO INTRODUCTION ABOVE Q. 142 AT TOP OF NEXT PAGE)

NO (ASK Q. 141)

141. Was your job with (FIFTH EMPLOYER NAMED IN Q. 140) the last job that you have worked until now?

(ALL SKIP BACK TO Q. 26 ON PAGE 7 AND ASK QQ. 26‑68A IN Yes 1

THE PAST TENSE ABOUT THE LAST JOB R WORKED. THEN

CONTINUE WITH THE INTRODUCTION ABOVE Q. 142 ) No 2

Now I would like to ask about any rehabilitation services you may have received. This may include such things as job or

vocational training, job counseling, job placement, physical therapy, and special or general education.

142. Did you receive any rehabilitation services after 1980?

Yes 1

(SKIP TO Q. 148)No 2

I would like to ask you some questions about Kinds of rehabilitation services that you may have received.

(ASK QQ. 144 ‑ 147 FOR ANY SERVICES ANSWERED "YES" IN Q. 143)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 143. Did you receive (REHABILITATION SERVICES)? | 143. Who provided this (SERVICE)?  Was it a: | 145. Did this service begin before the first job you started after receiving disability benefits? | 146. In what year did you first begin to receive this service? | 147. Do you think these services helped make you able to return to work or continue working? |
| a. physical therapy  Yes 1  No 2 | state govt. agency 1  private agency 2  some other source? 4 | Yes 1  No, no job 2  Already working when benefits began 3 | YEAR | Yes 1  No 2 |
| b. job or vocational training?  Yes 1  No 2 | state govt. agency 1  private agency 2  some other source? 4 | Yes 1  No, no job 2  Already working when benefits began 3 | YEAR | Yes 1  No 2 |
| c. job counseling?  Yes 1  No 2 | state govt. agency 1  private agency 2  some other source? 4 | Yes 1  No, no job 2  Already working when benefits began 3 | YEAR | Yes 1  No 2 |
| d. general education?  Yes 1  No 2 | state govt. agency 1  private agency 2  some other source? 4 | Yes 1  No, no job 2  Already working when benefits began 3 | YEAR | Yes 1  No 2 |
| e. assistance in job placement?  Yes 1  No 2 | state govt. agency 1  private agency 2  some other source? 4 | Yes 1  No, no job 2  Already working when benefits began 3 | YEAR | Yes 1  No 2 |
| f. some rehabilitation service?  Yes 1  No 2  SPECIFY: | state govt. agency 1  private agency 2  some other source? 4 | Yes 1  No, no job 2  Already working when benefits began 3 | YEAR | Yes 1  No 2 |

148. Are you aware of any work incentive provisions in the Social Security disability programs that allowed you

to test your ability to work?

Yes 1

(SKIP TO Q. 154) No 2

CHECKPOINT M:

WAS R WORKING WHEN (HE/SHE) FIRST BEGAN TO RECEIVE DISABILITY BENEFITS

["YES" TO Q. 73, PAGE 21]?

YES (GO TO INTRODUCTION BEFORE Q. 149)

NO (SKIP TO INTRODUCTION BEFORE Q. 151)

Now I would like to ask about the incentive provisions.

(ASK Q. 150A AND Q. 150B ABOUT ANY PROVISIONS ANSWERED "YES" IN Q. 149.)

|  |  |  |
| --- | --- | --- |
| 149. Are you aware of (INCENTIVE PROVISION): | 150A. When did you first become aware of (INCENTIVE PROVISION): | 150 B. Did this incentive provision influence your decision to look for work, or to take a job, or to continue working? |
| a. trial work period which allows you to work for a period of time without losing benefits?  Yes 1  No 2 | Month Year | Yes 1  No 2 |
| b. extended period of eligibility which provides for automatic reinstatement of your benefits if work attempt fails?  Yes 1  No 2 | Month Year | Yes 1  No 2 |
| c. extended Medicare coverage?  Yes 1  No 2 | Month Year | Yes 1  No 2 |
| d. some other provisions?  Yes 1  No 2  (SPECIFY): | Month Year | Yes 1  No 2 |

(ALL SKIP TO Q. 153)

Now I would like to ask about the incentive provisions.

(ASK QQ. 152a-152d ABOUT ANY PROVISIONS ANSWERED "YES" IN Q. 151.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 151. Are you aware of (INCENTIVE PROVISION): | 152.A. Were you aware of (INCENTIVE PROVISION) when you began to look for work after getting disability benefits? | 152.B Were you aware of this incentive provision when you began your first job after getting disability benefits? | 152c. When did you first become aware of this incentive program? | 152. d. Did this incentive provision influence your decision to look for work or to take a new job? |
| a. trial work period which allows you to work for a period of time without losing benefits?  yes 1  no 2 | yes 1  no 2  did not look for work 3 | yes 1  no 2  did not look for work or  have a job 3 | (MONTH) (YEAR) | yes 1  no 2 |
| b. extended period of eligibility which provides for automatic reinstatement of your benefits if work attempt fails?  yes 1  no 2 | yes 1  no 2  did not look for work 3 | yes 1  no 2  did not look for work or  have a job 3 | (MONTH) (YEAR) | yes 1  no 2 |
| c. extended Medicare coverage?  yes 1  no 2 | yes 1  no 2  did not look for work 3 | yes 1  no 2  did not look for work or  have a job 3 | (MONTH) (YEAR) | yes 1  no 2 |
| d. some other provision?  yes 1  no 2  SPECIFY: | yes 1  no 2  did not look for work 3 | yes 1  no 2  did not look for work or  have a job 3 | (MONTH) (YEAR) | yes 1  no 2 |

(HAND R CARD 8)

153. How did you become aware of these provisions?

YES NO

a. Friend or relative 1 2

b. Physician 1 2

(CIRCLE CODE 1 c. Letter or booklet from the Social

FOR ALL Security Administration 1 2

THAT APPLY) d. Contact with Social Security office 1 2

e. Other government office 1 2

f. Vocational rehabilitation provider 1 2

g. Insurance provider 1 2

h. Some other source (SPECIFY:) 1 2

154. What is the highest grade of school that you have completed?

None 00

Elementary School 01 02 03 04 05 06 07 08

High School 09 10 11 12

College 13 14 15 16 17+

Other (SPECIFY): 77

155. Did you complete any of this schooling after 1980?

Yes 1

(SKIP TO CHECKPOINT N) No 2

156. How many years had you already completed when you began to receive Social Security benefits?

None 00

Elementary School 01 02 03 04 05 06 07 08

High School 09 10 11 12

College 13 14 15 16 17+

Other (SPECIFY): 77

CHECKPOINT N:

WHAT IS THIS PERSON'S DIS CODE NUMBER FROM LABEL ON SCREENING FORM?

9 or 10 (SKIP TO Q. 159, PAGE 46)

16 (ASK Q. 157)

(HAND R CARD 9)

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

American Indian or Alaskan Native 1

Asian or Pacific Islander 2

Black or Negro 3

White 4

Other (PLEASE DESCRIBE): 5

158. Is your ethnic background or national origin any of the following:

Mexican, Puerto Rican, Cuban, Central or South American, Chicano, or other Spanish cultures?

Yes 1

No 2

HEALTH AND FUNCTIONAL STATUS

159.The next questions are about health. Would you say your health in general is excellent, very good, good, fair, or poor?

Excellent 1

Very good 2

Good 3

Fair 4

Poor 5

160. Compared to other people your age, would you say your health is better, about the same, or worse?

Better 1

Same 2

Worse 3

161. At the present time /At the time of (his/her) death, do you/did (he/she) have any of the following conditions:

(CIRCLE CODE IN COLUMN 1. FOLLOWING EACH "YES" TO Q. 161, ASK Q. 162.)

162. How much does this limit your ability to carry out your daily living activities: none, some, or a lot. (RECORD IN COLUMN 2)

COLUMN 1 COLUMN 2

Q. 161 Q. 162

YES NO NONE SOME A LOT

a. blindness or serious trouble seeing

with one or both eyes, even when 1 2 1 2 3

wearing glasses?

b. cataracts, glaucoma, or any other 1 2 1 2 3

condition affecting the eye or retina?

c. deafness or serious trouble hearing 1 2 1 2 3

with one or both ears, even when

wearing a hearing aid?

d. a missing hand, arm, foot, or leg? 1 2 1 2 3

(CONTINUED ON NEXT PAGE)

COLUMN 1 COLUMN 2

Q.161 Q.162

YES NO NONE SOME A LOT

e. arthritis, rheumatism, or any other

condition affecting the bones or

muscles? 1 2 1 2 3

f. permanent stiffness or any deformity

of the foot, leg, fingers, arm or back? 1 2 1 2 3

g. multiple sclerosis, cerebral palsy,

epilepsy, or any other condition

affecting the nervous system? 1 2 1 2 3

h. paralysis of any kind not already

mentioned? 1 2 1 2 3

i. asthma, emphysema or any other

condition affecting the lungs or

respiratory system, including work‑

related respiratory conditions such

as silicosis or pneumoconiosis? 1 2 1 2 3

j. gallbladder, stomach, liver trouble,

or any other condition affecting the

digestive system? 1 2 1 2 3

k. diabetes? 1 2 1 2 3

l. kidney trouble or any other condition

affecting the urinary system? 1 2 1 2 3

m. cancer or a malignant tumor or growth

not already mentioned? 1 2 1 2 3

n. nervousness, depression, emotional

problems or mental illness? 1 2 1 2 3

163. Have you ever had /Did (he/she) ever have a heart attack or stroke?

Yes 1

No 2

164. Do you NOW /Did (he/she) have any heart problems, such as hardening of the arteries, high blood pressure, or chest pain?

Yes 1

(SKIP TO Q. 166) No 2

165. How much, if at all, does /did this condition limit your (his/her) ability to carry out your (his/her)daily living activities /during the last year of (his/her) life:

none 1

some, 2 or

a lot? 3

166. People find that they sometimes have more trouble remembering things as they get older. In the past year /During the last year of (his/her) life, about how often did you (he/she) have trouble remembering things: frequently, sometimes, rarely, or never?

Frequently 1

Sometimes 2

Rarely 3

Never 4

These next questions are about health and hospitalization insurance that you (he/she) may have /had in the last year of life.

167. Medicare is a national health insurance program for disabled persons and for persons 65 years old and over. Are you now /was he/she covered by Medicare?

Yes 1

No 2

168.Are you /Was (he/she) covered by Medicaid or (Medical Assistance/MediCal), the state public assistance program that pays for health care? This is not the federal health plan called Medicare.

(SKIP TO Q. 169)Yes 1

No 2

168A. Have you /Had (he/she) ever applied for Medicaid?

Yes 1

(SKIP TO Q. 169) No 2

168B. Have you/Had (he/she) ever been denied Medicaid?

Yes 1

No 2

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

Yes 1

No 2

170. Are you /Was (he/she) covered by any other health insurance or belong to any other health plan, including Blue Cross/Blue Shield or an HMO or Health Maintenance Organization? Do not count any health coverage you already told me about.

Yes 1

(SKIP TO INTRODUCTION ABOVE Q. 175) No 2

(SKIP TO Q 174A)

170A. Does/Did this insurance or health plan cover:

YES NO

a. inpatient hospital care? 1 2

b. outpatient hospital care? 1 2

c. physician services? 1 2

d. home health care? 1 2

e. nursing home care? 1 2

f. prescription drugs? 1 2

g. dental care? 1 2

171. Did you (he/she) obtain this insurance or health plan:

YES NO

a. through a job? 1 2

b. through a membership organization such as the 1 2

American Association of Retired Persons?

c. purchased directly from an insurance company or agent? 1 2

d. some other way (SPECIFY): 1 2

48A

(IF Q. 171a IS "YES," ASK Q. 172. OTHERWISE, SKIP TO Q. 173.)

172. Is this health insurance from a job from: YES NO

a. your current job? 1 2

b. a previous job? 1 2

(READ IF CURRENTLY MARRIED) .

c. your spouse's current job? 1 2

d. your spouse's previous job? 1 2

e. someone else's job? (SPECIFY): 1 2

173. Is/Was this health insurance in your (his/her) name or is/was it in the name of some other family member as the primary beneficiary?

Respondent's/Decedent's name 1

Another family member's name 2

Both respondent/decedent and another

family member's name 3

174. Are you /Was (he/she) covered by any health insurance that: YES NO

a. pays only for certain illnesses or diseases such as cancer

or stroke? 1 2

b. pays the patient separately if hospitalized? 1 2

c. pays if you are a resident of a long‑term care facility

such as a nursing home? 1 2

174 A. Did your late (husband/wife) receive services from a hospice in the last year of life?

Yes 1

No 2

I would like to ask you about long‑term care that you (he/she)may have received in residential facilities such as nursing homes, board and care or group homes SINCE DECEMBER 1982.

175. Since December 1982, have you /had (he/she) been a resident in a nursing home, residential care, or similar type of facility?

Yes 1

(SKIP TO Q. 184, PAGE 52) No 2

(SKIP TO Q. 221)

176. Since December 1982, altogether how long have you /had (he/she) been a resident in one of

these facilities?

(DAYS) OR (WEEKS) OR (MONTHS) OR (YEARS)

177. About how many different times since December 1982 have you /had (he/she) been a resident

of a long‑term care facility for a stay of 30 days or more?

(NUMBER)

These next questions refer to your (his/her) (longest)period in a long‑term care facility since December 1982.

178. What type of place was this:

a specialty care hospital, 1

a nursing home, 2

a residential treatment center, 3

a board and care home, 4

a halfway house, or some 5

other type of facility? (SPECIFY): 6

179. About how long was your (his/her) longest stay?

(DAYS) OR (WEEKS) OR (MONTHS) OR (YEARS)

180. In what year did this stay end?

(YEAR)

Current resident in care facility 95

181. Were you (or your spouse /or your late husband/wife) personally responsible for at least a $1,000 in charges for this longest stay?

Yes 1

No 2

182. For your (his/her) longest stay, was any of this care paid for by someone else, by some organization or group, or by insurance?

Yes 1

(SKIP TO Q. 184) No 2

(SKIP TO Q. 221)

(HAND R CARD 10)

183. Other than yourself/you or your late spouse , who paid these bills?

(CIRCLE CODE 1 FOR ALL THAT APPLY)

YES NO

a. Medicare 1 2

b. Medicaid 1 2

c. Private insurance 1 2

d. Employer/union insurance 1 2

e. Veteran's Administration 1 2

f. Local welfare agency 1 2

g. Church or synagogue 1 2

h. Relatives 1 2

i. Other (SPECIFY): 1 2

184. These next questions are about community services. Since December 1982, have you: (RECORD IN COLUMN 1. FOLLOWING EACH "YES" TO Q. 184, ASK Q. 185)

185. How often have you used these services‑‑frequently, sometimes, or rarely?

(RECORD IN COLUMN 2)

COLUMN 1 COLUMN 2

Q. 184 Q. 185

YES NO FREQUENTLY SOMETIMES RARELY

a. used a Senior Center? 1 2 1 2 3

b. eaten meals in special places

that provide meals for the 1 2 1 2 3

elderly or disabled?

c. used special transportation 1 2 1 2 3

services for the elderly or disabled?

d. had meals delivered by an agency 1 2 1 2 3

or organization such as Meals on Wheels?

e. used Visiting Nursing Services such 1 2 1 2 3

as registered nurses or licensed practical nurses?

f. used Home Health Aides? 1 2 1 2 3

g. used Adult Day Care Services? 1 2 1 2 3

h. used Homemaker Services that 1 2 1 2 3

provide cleaning and cooking in the home?

i. used Telephone Services that routinely

check on your whereabouts and safety? 1 2 1 2 3

186. About how long has it been since you last saw or talked to a medical doctor?

Include doctors you may have seen while you were a patient in a hospital or

nursing home.

OR OR OR

(DAYS) (WEEKS) (MONTHS) (YEARS)

187. During the past 12 months, about how many days did illness or injury keep you in bed all or most of the time? Please include any days while a patient in a hospital, or other health care facility.

(NUMBER OF DAYS)

(SKIP TO Q. 189) None 000

188. During the past two weeks, how many days did you spend all or most of the time in bed?

(NUMBER OF DAYS)

189. Now, I would like to ask you some questions about your ability to get around.

How much do you currently have to stay in bed:

all or most of the time, 1

some of the time, or 2

not at all? 3

190. Do you have to stay in a chair or wheelchair:

all or most of the time, 1

some of the time, or 2

not at all? 3

(IF BED BOUND [Q. 189 IS "ALL OR MOST OF THE TIME"], SKIP TO INTRODUCTION

BEFORE Q. 207, PAGE 58. OTHERWISE, ASK THE NEXT QUESTION.)

191. Does your health limit your ability to go outside by yourself?

Yes 1

No 2

192. Does your health limit your ability to use public transportation such as

buses and trains by yourself?

Yes 1

No 2

193. When you want to go someplace that is too far to walk, do you usually go by:

car 1

taxi 2

bus, or senior transportation, or by 3

some other way? (SPECIFY): 4

.

194.When you go somewhere by car, who usually drives? Do you drive yourself,

does someone with whom you live drive, or does someone outside your home

drive?

(SKIP TO Q. 196) Self 1

Someone in home 2

Someone outside home 3

Does not travel by car 4

195. Do you have a currently valid driver's license?

Yes 1

(SKIP TO Q. 197) No 2

196. About how many miles have you driven during the past 12 months:

Less than 1,000 miles, 1

1,000 to 2,000 miles, 2

2,000 to 5,000 miles, 3

5,000 to 10,000 miles, 4

10,000 to 15,000 miles, or 5

more than 15,000 miles? 6

(ALL SKIP TO Q. 199)

197. Have you ever had a driver's license?

Yes 1

(SKIP TO Q. 199) No 2

198. Why did you stop driving? Was it because of:

YES NO

a. vision problems? 1 2

b. health problems? 1 2

c. cost of driving? 1 2

d. license or insurance was revoked? 1 2

e. someone else drove? 1 2

f. some other reason? (SPECIFY): 1 2

199. Do you now have any physical, mental or other health condition or handicap

which limits the kind or amount of work you can do around the house?

Yes 1

No 2

These next questions are about your ability to work whether or not you

are working.

200. Do you now have any physical, mental, or other health condition or

handicap that limits the kind or amount of work you can do for pay?

Yes 1

(SKIP TO INTRODUCTION ABOVE Q. 206, PAGE 57) No 2

CHECKPOINT O:

IS R CURRENTLY WORKING ["YES" IN Q. 23, PAGE 7]?

YES (SKIP TO Q. 202)

NO (ASK Q. 201)

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

(SKIP TO Q. 205) Yes 1

No 2

202. Are you now able to do the same amount or kind of work you did before this

work limitation began?

Yes 1

No 2

Other (SPECIFY) 3

Never worked or did not work

before limitation began 4

203. Are you now able to only work part time?

Yes 1

No 2

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

Regularly 1

Occasionally or irregularly 2

205. What month and year did this health condition begin?

(MONTH) AND (YEAR)

The next questions are about your ability to perform certain physical activities.

(HAND R CARD 11)

206. Are you able to do each of the following activities with NO DIFFICULTY,

SOME DIFFICULTY, MUCH DIFFICULTY, or are you UNABLE to do them at all?

Are you able to:

(IF WHEELCHAIR BOUND [Q. 190 IS "ALL OR MOST OF THE TIME"], SKIP TO Q. 206i)

NONE SOME MUCH UNABLE

a. walk a quarter of a mile, which is 1 2 3 4

about two or three city blocks,

without resting, with no difficulty,

some difficulty, much difficulty, or

are you not able to walk this distance at all?

b. walk up and down one flight of stairs

without resting? 1 2 3 4

c. stoop, crouch, or kneel? 1 2 3 4

d. stand for long periods,

about two hours?

e. sit for long periods,

about two hours? 1 2 3 4

f. lift or carry something

as heavy as 10 pounds, 1 2 3 4

such as a 10‑pound sack of potatoes?

(IF "UNABLE," SKIP TO Q. 206i)

g. lift or carry something 1 2 3 4

as heavy as 25 pounds,

such as two full bags of groceries

(IF "UNABLE," SKIP TO Q. 206i)

h. lift or carry something

as heavy as 50 pounds,

such as a seven‑year‑old child? 1 2 3 4

i. reach over your head? 1 2 3 4

j. use fingers to grasp things? 1 2 3 4

The next questions are about how well you are able to do certain activities without someone's help.

(HAND R CARD 11)

207. Are you able to do each of the following activities with NO DIFFICULTY,

SOME DIFFICULTY, MUCH DIFFICULTY, or are you UNABLE to do them at all?

Are you able to:

NONE SOME MUCH UNABLE

a. get in or out of bed or chairs with 1 2 3 4

no difficulty, some difficulty,

much difficulty, or are you not

able to get in or out of bed or chairs at all?

(IF WHEELCHAIR BOUND [Q. 190 IS "ALL OR MOST OF THE TIME"], CIRCLE CODE 4 ‑‑"UNABLE"‑‑FOR Q. 207b)

b. walk? 1 2 3 4

c. feed yourself? 1 2 3 4

d. dress, including getting

your clothes? 1 2 3 4

e. bathe or shower? 1 2 3 4

f. get to the bathroom

or use the toilet? 1 2 3 4

208. Do you use special equipment, devices, or mechanical aids in performing any of these activities?

Yes 1

No 2

(IF "NONE"‑‑CODE l‑‑IN ALL PARTS OF Q. 207a‑f, SKIP TO Q. 213, PAGE 60.

OTHERWISE, ASK Q. 209.)

209. You said you have difficulty (ACTIVITIES CODED "SOME," "MUCH," "UNABLE" IN

Q. 207). Do you need help from other people?

Yes 1

(SKIP TO Q. 213, PAGE 60) No 2

210. Do you generally receive the help that you need?

Yes 1

(SKIP TO Q. 213) No 2

(HAND R CARD 12)

211. Who helps with these activities?

YES NO

(SKIP TO Q. 213) a. No one 1 2

(CIRCLE CODE 1 b. Visiting health aide or nurse 1 2

FOR ALL c. Staff member/Operator of facility 1 2

THAT APPLY) d. Relative, Household member 1 2

e. Relative,

NOT a household member 1 2

f. Nonrelative,

Household member 1 2

g. Nonrelative,

NOT a household member 1 2

(IF ONLY ONE CODE CIRCLED IN Q. 211, SKIP TO INSTRUCTION ABOVE Q. 212B.

OTHERWISE, ASK Q. 212A.)

212A. Who helps the MOST with these activities?

Visiting health aide or nurse 1

Staff member/Operator of facility 2

Relative, Household member 3

Relative, NOT a household member 4

Nonrelative, Household member 5

Nonrelative,

NOT a household member 6

(IF "RELATIVE" MENTIONED IN Q. 211, ASK Q. 212B. OTHERWISE, SKIP TO Q. 213.)

212B. Which relatives help you?

YES NO

a. Spouse 1 2

b. Daughter 1 2

c. Son 1 2

(CIRCLE CODE 1 d. Son‑in‑law 1 2

FOR ALL e. Daughter‑in‑law 1 2

THAT APPLY) f. Sister 1 2

g. Brother 1 2

h. Grandchild 1 2

i. Parent 1 2

j. Other relatives 1 2

(HAND R CARD 11)

213. Are you able to do each of the following activities with NO DIFFICULTY, SOME DIFFICULTY, MUCH DIFFICULTY, or are you UNABLE to do them at all?

Are you able to:

NONE SOME MUCH UNABLE

a. manage money, such as keeping track of bills and

handling cash with no difficulty, some difficulty,

much difficulty, or are you not able to manage

money at all? 1 2 3 4

b. use the telephone? 1 2 3 4

c. take medicines? 1 2 3 4

(IF "NONE"‑‑CODE l‑‑IN ALL PARTS OF QQ. 213a‑c, SKIP TO Q. 215 PAGE 63.

OTHERWISE, ASK Q. 214A.)

214A. You said you have difficulty performing (ACTIVITIES MARKED "SOME," "MUCH,"

"UNABLE" IN Q. 213). Do you need help from other people?

Yes 1

(SKIP TO Q. 215, PAGE 63) No 2

214B. Do you generally receive the help that you need?

Yes 1

(SKIP TO Q. 215, PAGE 63) No | 2

(HAND R CARD 12)

214C. Who helps with these activities?

YES NO

(SKIP TO Q. 215, PAGE 63) a. No one 1 2

b. Visiting health aide or nurse 1 2

c. Staff member/Operator of facility 1 2

(CIRCLE CODE 1

FOR ALL d. Relative, Household member 1 2

THAT APPLY)

e. Relative,

NOT a household member 1 2

f. Nonrelative, Household member 1 2

g. Nonrelative,

NOT a household member 1 2

(IF ONLY ONE CODE CIRCLED IN Q. 214C, SKIP TO INSTRUCTION ABOVE Q. 214E.)

214D. Who helps the MOST with these activities?

Visiting health aide or nurse 1

Staff member/Operator of facility 2

Relative, Household member 3

Relative, NOT a household member 4

Nonrelative, Household member 5

Nonrelative,

NOT a household member 6

(IF "RELATIVE" MENTIONED IN Q. 214C, ASK Q. 214E. OTHERWISE, SKIP TO Q. 215.)

214E. Which relatives help you?

(CIRCLE CODE 1 FOR ALL THAT APPLY)

YES NO

a. Spouse 1 2

b. Daughter 1 2

c. Son 1 2

d. Son‑in‑law 1 2

e. Daughter‑in‑law 1 2

f. Sister 1 2

g. Brother 1 2

h. Grandchild 1 2

i. Parent 1 2

j. Other relatives 1 2

(IF BED BOUND [Q. 189 IS "ALL OR MOST OF THE TIME"], SKIP TO Q. 221,

PAGE 66. OTHERWISE, ASK THE NEXT QUESTION.)

(HAND R CARD 11)

215. Are you able to do each of the following activities with NO DIFFICULTY, SOME

DIFFICULTY, MUCH DIFFICULTY, or are you UNABLE to do them at all? Are you

able to:

NONE SOME MUCH UNABLE

a. shop for personal items or medicines with no 1 2 3 4

difficulty, some difficulty, much difficulty, or

are you unable to shop for personal items or

medicines at all?

b. shop for groceries? 1 2 3 4

c. prepare meals? 1 2 3 4

d. work around the house, such as fixing things,

dusting, making beds, and so forth? 1 2 3 4

e. do laundry? 1 2 3 4

(IF "NONE"‑‑CODE l‑‑IN ALL PARTS OF QQ. 215a‑e, SKIP TO Q. 221 PAGE 66. OTHERWISE, ASK Q. 216.)

216. You said you have difficulty performing (ACTIVITIES MARKED "SOME," "MUCH," "UNABLE" IN Q. 215).

Do you need help from other people?

Yes 1

(SKIP TO Q. 221, PAGE 66) No 2

217. Do you generally receive the help that you need?

Yes 1

(SKIP TO Q. 221, PAGE 66) No 2

(HAND R CARD 12)

218. Who helps with these activities?

YES NO

(SKIP TO Q. 221, PAGE 66) a. No one 1 2

(CIRCLE CODE 1 FOR ALL THAT APPLY)

b. Visiting health aide or nurse 1 2

c. Staff member/Operator of facility 1 2

d. Relative, Household member 1 2

e. Relative, NOT a household member 1 2

f. Nonrelative, Household member 1 2

g. Nonrelative, NOT a household member 1 2

(IF ONLY ONE CODE CIRCLED IN Q. 218, SKIP TO INSTRUCTION ABOVE Q. 220)

219. Who helps the MOST with these activities?

Visiting health aide or nurse 1

Staff member/Operator of facility 2

Relative, Household member 3

Relative, NOT a household member 4

Nonrelative, Household member 5

Nonrelative,

NOT a household member 6

(IF "RELATIVE" MENTIONED IN Q. 218, ASK Q. 220. OTHERWISE, SKIP TO Q. 221.)

220. Which relatives help you?

( CIRCLE CODE 1 FOR ALL THAT APPLY) YES NO

a. Spouse 1 2

b. Daughter 1 2

c. Son 1 2

d. Son‑in‑law 1 2

e. Daughter‑in‑law 1 2

f. Sister 1 2

g. Brother 1 2

h. Grandchild 1 2

i. Parent 1 2

j. Other relatives 1 2

HOUSING

221. Now I would like to ask you about your(his/her) housing. Are you (or your spouse)/Were you or your spouse renting this residence in the year before (his/her) death?

Yes 1

(SKIP TO Q. 224)No 2

222. Is/Was it public housing, that is, is/was it owned by a local housing authority or other public agency?

Yes 1

No 2

Other (SPECIFY): 3

223. Does/Did the federal, state, or local government pay part of the rent for this

residence?

Yes 1

No 2

Don't Know 8

224. There are government programs that help people pay for heating their homes during the winter season. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel

dealer, or landlord. Did this household receive this type of assistance during the previous winter season‑‑that is, November 1, 1989 through March 31, 1990/during the winter in the year before (his/her)death?

Yes 1

No 2

Don't Know 8

225. Is this residence your primary residence, the place where you usually live?

(SKIP TO Q. 227) Yes 1

No 2

226. In what state or foreign country is your primary residence located?

(STATE) or (COUNTRY)

227. Do you usually spend at least 30 consecutive days each year in a location

other than your primary residence?

Yes 1

(SKIP TO Q. 230) No 2

228. In what state or foreign country do you spend most of this time?

(STATE) or (COUNTRY)

(SKIP TO Q. 230) Place Varies 888

229. How many weeks do you usually spend at this location each year?

(WEEKS)

230. I would now like to ask you some questions about the places you have lived

since December 1982. How many times, if ever, have you moved your primary

residence since December 1982?

(TIMES)

(SKIP TO CHECKPOINT P, PAGE 72) None 00

(SKIP TO INTRODUCTION BEFORE Q. 258)

(ASK QQ. 231‑237 FOR EACH MOVE REPORTED IN Q. 230. IF THERE HAVE BEEN MORE THAN FIVE MOVES, ASK FOR THE FIRST FOUR SINCE DECEMBER 1982 AND THE MOST RECENT.)

FIRST SECOND THIRD FOURTH MOST RECENT

MOVE MOVE MOVE MOVE MOVE

231. In what year was the (first/

second/third/fourth/last)

move since December 1982?

232. When you moved for the (first/

second/third/fourth/last) time, did you move:

within the same city 1 1 1 1 1

or county,

to another city or

county within the 2 2 2 2 2

same state,

to another state, or 3 3 3 3 3

some other place? 4 4 4 4 4

(SPECIFY):

233. When you moved for the (first/

second/third/fourth/last)

time, did you yourself decide

to move, did someone else make

the decision for you, or was

it a mutual decision with

someone else?

Own decision 1 1 1 1 1

Someone else's decision 2 2 2 2 2

Mutual decision 3 3 3 3 3

(IF SOMEONE ELSE'S DECISION IN Q. 233, CODE "2," ASK Q. 234. OTHERWISE, SKIP TO Q. 235.)

FIRST SECOND THIRD FOURTH MOST RECENT

MOVE MOVE MOVE MOVE MOVE

YES NO YES NO YES NO YES NO YES NO

234. Who made the decision:

a. your spouse? 1 2 1 2 1 2 1 2 1 2

b. your family or friends? 1 2 1 2 1 2 1 2 1 2

c. your landlord‑‑you were 1 2 1 2 1 2 1 2 1 2

evicted or asked to leave?

d. a government agency? 1 2 1 2 1 2 1 2 1 2

e. someone else? (SPECIFY): 1 2 1 2 1 2 1 2 1 2

(IF GOVERNMENT AGENCY IN Q. 234, SKIP TO Q. 236. IF EVICTED OR ASKED TO

LEAVE IN Q. 234, SKIP TO INSTRUCTIONS AT BOTTOM OF PAGE 71. OTHERWISE,

ASK Q. 235.)

(HAND R CARD 13)

235. What are the reasons you moved?

(CIRCLE CODE 1 FOR ALL THAT APPLY)

FIRST SECOND THIRD FOURTH MOST RECENT

MOVE MOVE MOVE MOVE MOVE

YES NO YES NO YES NO YES NO YES NO

a. To save money 1 2 1 2 1 2 1 2 1 2

b. Your health or your

spouse's health 1 2 1 2 1 2 1 2 1 2

c.weather, climate

d. To be near family 1 2 1 2 1 2 1 2 1 2

e. Job‑related move 1 2 1 2 1 2 1 2 1 2

f. Wanted better or

different housing 1 2 1 2 1 2 1 2 1 2

g. Because of change in

marital status 1 2 1 2 1 2 1 2 1 2

h. To be closer to places

I want or have to go 1 2 1 2 1 2 1 2 1 2

i. To get better

services 1 2 1 2 1 2 1 2 1 2

(CONTINUED ON NEXT PAGE)

Q. 235. (CONTINUED)

FIRST SECOND THIRD FOURTH MOST RECENT

MOVE MOVE MOVE MOVE MOVE

YES NO YES NO YES NO YES NO YES NO

j. To get away from crime

or violence 1 2 1 2 1 2 1 2 1 2

k. Involuntary move 1 2 1 2 1 2 1 2 1 2

l. Old home was

destroyed 1 2 1 2 1 2 1 2 1 2

m. Other

(SPECIFY): 1 2 1 2 1 2 1 2 1 2

236. Did you sell your old residence when you moved?

FIRST SECOND THIRD FOURTH MOST RECENT

MOVE MOVE MOVE MOVE MOVE

Yes 1 1 1 1 1

No 2 2 2 2 2

Did not own former

residence 3 3 3 3 3

(IF R SOLD OLD RESIDENCE, "YES" TO Q. 236, ASK Q. 237. OTHERWISE, SKIP TO INSTRUCTION AT BOTTOM OF NEXT PAGE.)

FIRST SECOND THIRD FOURTH MOST RECENT

MOVE MOVE MOVE MOVE MOVE

YES NO YES NO YES NO YES NO YES NO

237. What did you do with

the money you received

from the sale of that

residence? Did you:

a. purchase a new

residence? 1 2 1 2 1 2 1 2 1 2

b. pay off debts? 1 2 1 2 1 2 1 2 1 2

c. save or invest it? 1 2 1 2 1 2 1 2 1 2

d. purchase something 1 2 1 2 1 2 1 2 1 2

other than a new residence?

e. give it to your

children? 1 2 1 2 1 2 1 2 1 2

f. give it to some 1 2 1 2 1 2 1 2 1 2

other person or organization?

g. something else? 1 2 1 2 1 2 1 2 1 2

(SPECIFY):

(IF ALL MOVES (UP TO FIVE) HAVE NOT BEEN COVERED, ASK Q. 231 THROUGH Q. 237 FOR THE NEXT MOVE. OTHERWISE, GO TO CHECKPOINT P. /OTHERWISE GO TO INTRODUCTION BEFORE Q. 258)

MARITAL CHANGES AND ECONOMIC EFFECTS

CHECKPOINT P:

WHAT IS R'S CURRENT MARITAL STATUS [Q. 1]?

CURRENTLY MARRIED (ASK Q. 238)

WIDOWED, WIDOWER (SKIP TO Q. 239)

SEPARATED (ASK Q. 238)

DIVORCED (SKIP TO Q. 242)

NEVER MARRIED (SKIP TO INTRODUCTION ABOVE Q. 339, PAGE 102)

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

(MONTH) AND (YEAR)

(IF DATE BEFORE DECEMBER 1982, SKIP TO CHECKPOINT Q, PAGE 84.

ALL OTHERS, SKIP TO Q. 244.)

239. In what month and year were you widowed?

(MONTH) AND (YEAR)

(IF BEFORE DECEMBER 1982, SKIP TO INSTRUCTION ABOVE Q. 339, PAGE 102.)

240. In what month and year were you married?

(MONTH) AND (YEAR)

(IF BEFORE DECEMBER 1982, ASK Q. 241. IF AFTER NOVEMBER 1982, SKIP TO Q. 244.)

241. What was your (husband's/wife's) full name (including her maiden name)?

(FIRST) (MIDDLE)

(LAST) (MAIDEN)

(ALL SKIP TO Q. 257, PAGE 76, AND USE THIS NAME.)

242. In what month and year were you divorced?

(MONTH) AND (YEAR)

(IF BEFORE DECEMBER 1982, SKIP TO INSTRUCTION ABOVE Q. 339, PAGE 102)

243. In what month and year were you married?

(MONTH) AND (YEAR)

(IF BEFORE DECEMBER 1982, SKIP TO INTRODUCTION BEFORE Q. 281, PAGE 83)

244. What (is/was) your (husband's/wife's) full name (including her maiden name)?

(FIRST) (MIDDLE)

(LAST) (MAIDEN)

245. What (is/was) (Mr./Mrs.)'s date of birth?

(MONTH) AND (DAY) AND (YEAR)

246. What (is/was) (Mr./Mrs.)'s Social Security number?

(IF R DOES NOT REMEMBER, ASK R TO LOOK UP NUMBER. PHONE BACK IF NECESSARY.)

|  |  |  |
| --- | --- | --- |
| 247. Were you married before your marriage to (Mr./Mrs. ) | Yes | 1 |
| ( IF CURRENTLY MARRIED, SKIP TO CHECKPOINT Q, PAGE 84.  IF CURRENTLY WIDOWED, SKIP TO Q. 257, PAGE 76, AND USE NAME  IN Q. 244.  IF CURRENTLY DIVORCED, SKIP TO LEAD‑IN BEFORE Q. 281, PAGE 83. No 2  IF CURRENTLY SEPARATED, SKIP TO CHECKPOINT Q, PAGE 84.) | No | 2 |

248. In what month and year did your previous marriage end?

(MONTH) AND (YEAR)

(IF BEFORE DECEMBER 1982 AND CURRENTLY MARRIED OR SEPARATED, SKIP TO

CHECKPOINT Q, PAGE 84.

IF BEFORE DECEMBER 1982 AND CURRENTLY WIDOWED, SKIP TO Q. 257, PAGE 76.

IF BEFORE DECEMBER 1982 AND CURRENTLY DIVORCED, SKIP TO INTRODUCTION

BEFORE Q. 281, PAGE 83.)

249. In what month and year did that marriage begin?

(MONTH)AND (YEAR)

(IF AFTER NOVEMBER 1982, SKIP TO Q. 252)

250. What was your (husband's/wife's) full name (including her maiden name)?

(FIRST) (MIDDLE)

(LAST) (MAIDEN)

251. How did that marriage end?

(SKIP TO Q. 257, PAGE 76, AND USE NAME IN Q. 250) Widowed or a widower 1

(SKIP TO INTRODUCTION BEFORE Q. 281, PAGE 83) Divorced 2

Annulled 3

252. Were you married in December 1982?

Yes 1

(SKIP TO INSTRUCTION BEFORE Q. 255) No 2

253. What was your (husband's/wife's) full name (including her maiden name)?

(FIRST) (MIDDLE)

(LAST) (MAIDEN)

254. How did that marriage end?

(SKIP TO Q. 257 AND USE NAME IN Q. 253) Widowed or a widower 1

(SKIP TO INTRODUCTION BEFORE Q. 281, PAGE 83) Divorced 2

Annulled 3

(IF RESPONDENT IS CURRENTLY WIDOWED OR A WIDOWER, SKIP TO Q. 257 AND

ASK ABOUT MOST RECENT WIFE/HUSBAND)

255. Have you been widowed since December 1982?

Yes 1

(SKIP TO CHECKPOINT Q, PAGE 84) No 2

256. What was your deceased (husband's/wife's) full name (including her maiden name)?

(FIRST) (MIDDLE)

(LAST) (MAIDEN)

(USE THIS NAME WHEN ASKING Q. 257)

257. Do you feel that you can answer a few questions about the expenses connected

with (Mr./Mrs. )'s death or is this a subject you just can't discuss now?

Will answer 1

(SKIP TO CHECKPOINT Q, PAGE 83) Can't discuss 2

I'd like to know if (Mr./Mrs. \_ ) had any medical bills of $1,000 or more that you had to pay personally after (his/her) death. Do not include bills that were paid by insurance or by others.

258. Did you have to personally pay $1,000 or more for any:

(CIRCLE CODE IN COLUMN 1. IF "YES," ASK Q. 259. OTHERWISE, ASK NEXT ITEM.)

259. About how much did you personally pay? (RECORD IN COLUMN 2)

COLUMN 1 COLUMN 2

Q. 258 Q. 259

YES NO DON'T KNOW AMOUNT

a. hospital bills? 1 2 8

Don't Know 999998

b. doctor's bills? 1 2 8

Don't Know 999998

c. nursing home bills? 1 2 8

Don't Know 999998

d. hospice bills? 1 2 8

Don't Know 999998

e. medical care at home? 1 2 8

Don't Know 999998

f. other medical bills? 1 2 8

Don't Know 999998

260. How much did you personally pay for the funeral, marker and burial plot?

(AMOUNT)

None 000000

Don't know 999998

261. Were there any other expenses personally paid by you associated with the death, such as inheritance or probate taxes, legal fees or debts owed by (Mr./Mrs. \_ )?

Yes 1

(SKIP TO No 2

INSTRUCTION Don't know 8

BELOW Q. 262)

262. How much did you personally pay for these other expenses?

(AMOUNT)

Don't know 999998

(IF ALL NO'S OR NONE IN QQ. 258‑261, SKIP TO Q. 267. IF ANY YES OR DON'T KNOW IN QQ. 258‑261, ASK Q. 263.)

263. What is your best estimate of the total expenses related to (Mr./Mrs. )'s death that you yourself paid?

(AMOUNT)

Don't know 999998

264. How did you pay these expenses? Did you:

YES NO

a. use money from your (husband/wife)'s life insurance policy? 1 2

b. take money from savings, checking or credit union account,

or from any other savings? 1 2

c. sell stocks or bonds? 1 2

d. sell your home? 1 2

(CONTINUED ON NEXT PAGE)

Q‑ 264. (CONTINUED) YES NO

e. sell a business or other real estate? 1 2

f. sell some personal property? 1 2

g. get a mortgage on your home from 1 2

a bank, savings and loan, or other financial institution?

h. get a mortgage on other real estate from a bank, savings and

loan, or other financial institution? 1 2

i. get some other type of loan from a bank, savings and loan, or

other financial institution? 1 2

j. borrow money from a relative? 1 2

k. borrow from some other source? 1 2

(SPECIFY):

l. receive gifts from someone? 1 2

265. Do you still personally owe for all, some, or none of these expenses related to (Mr./Mrs. )'s death?

All 1

Some 2

(SKIP TO None 3

Q. 267) Don't know 8

266. About how much do you personally owe?

(AMOUNT)

Don't know 999998

267. Did (Mr./Mrs. ) have a will?

Yes 1

(SKIP TO Q. 271) No 2

268. Did (Mr./Mrs. ) leave money or property valued at $1,000 or more to organizations or persons other than you?

Yes 1

(SKIP TO Q. 271) No 2

269. What kind of property or other assets did (he/she) leave to these other organizations or persons:

YES NO

b. a business? 1 2

c. other property or possessions? 1 2

e. savings or cash 1 2

f. something else? (SPECIFY): 1 2

270. Altogether, about how much was the total value of the bequests to others?

(AMOUNT)

Don't know 999998

271. Did you personally receive anything from the estate?

Yes 1

(SKIP TO Q. 273) No 2

272. Did you receive all, at least half, or less than half of the estate?

ALL 1

At least half 2

Less than half 3

273. Did you personally have to borrow against, use or sell any of your property or other assets in order to pay regular living expenses after (Mr./Mrs. )'s death?

Yes 1

(SKIP TO Q. 278) No 2

274. Did you have to borrow against, use, or sell:

YES NO

a. your home? 1 2

b. a business? 1 2

c. other property or possessions? 1 2

d. stocks or bonds? 1 2

e. savings or cash? 1 2

f. insurance? 1 2

| g. something else? (SPECIFY): 1 2

QQ. 275 AND 276 ‑ DELETED.

Q. 277 ‑ DELETED.

(HAND R CARD 14)

278. Now I would like to ask you about any changes in sources of income that may have occurred as a result of (Mr./Mrs. )'s death. Did the income formerly received by (Mr./Mrs. ) from any of the following sources decrease, stop, or was there no change in the amount received when (he/she) died:

DECREASE STOP NO CHANGE NEVER GOT DON'T KNOW

a. Social Security? 1 2 0 6 8

b. railroad retirement? 1 2 0 6 8

c. any other type of 1 2 0 6 8

pension?

d. insurance annuities 1 2 0 6 8

or income?

e. earnings? 1 2 0 6 8

f. Supplemental Security 1 2 0 6 8

Income or SSI?

g. alimony or 1 2 0 6 8

child support?

h. food stamps or 1 2 0 6 8

any other public assistance?

i. support from children 1 2 0 6 8

or other relatives?

j. income from assets 1 2 0 6 8

such as interest or dividends?

k. any other sources 1 2 0 6 8

of income? (SPECIFY):

(HAND R CARD 15)

279. Did the income you yourself received from any of the following sources begin, increase, decrease, stop, or was there no change in the amount you received as a result of (Mr./Mrs. \_ )'s death:

BEGIN INCREASE DECREASE STOP NO CHANGE NEVER GOT DON'T KNOW

a. Social Security? 1 2 3 4 0 6 8

b. railroad retirement? 1 2 3 4 0 6 8

c. any other type of

pension? 1 2 3 4 0 6 8

d. insurance annuities

or income? 1 2 3 4 0 6 8

e. earnings?

f. Supplemental 1 2 3 4 0 6 8

Security Income or SSI?

g. alimony or

child support? 1 2 3 4 0 6 8

h. food stamps or

any other public 1 2 3 4 0 6 8

assistance?

i. support from children

or other relatives? 1 2 3 4 0 6 8

j. income from assets 1 2 3 4 0 6 8

such as interest or dividends?

k. any other sources 1 2 3 4 0 6 8

of income? (SPECIFY):

280. Did you lose any health insurance coverage as a result of (Mr./Mrs. )'s death?

Yes 1

No 2

(ALL SKIP TO CHECKPOINT Q, PAGE 84/ALL SKIP TO Q 288)

Often when people get divorced, their financial situation changes. The next questions have to do with possible changes in your financial situation as a result of the divorce. (HAND R CARD 15)

281. I would like to ask you about any changes in the sources of your income that may have occurred as a result of

the divorce. That is, did your income from any of the following sources begin, increase, decrease, stop, or was there

no change in this income source:

BEGIN INCREASE DECREASE STOP NO CHANGE NEVER GOT DON'T KNOW

a. Social Security? 1 2 3 4 0 6 8

b. railroad retirement? 1 2 3 4 0 6 8

c. any other type of

pension? 1 2 3 4 0 6 8

d. insurance annuities

or income? 1 2 3 4 0 6 8

e. earnings?

f. Supplemental Security

Income or SSI? 1 2 3 4 0 6 8

g. alimony or

child support? 1 2 3 4 0 6 8

h. food stamps or 1 2 3 4 0 6 8

any other public assistance?

i. support from children

or other relatives? 1 2 3 4 0 6 8

j. income from assets 1 2 3 4 0 6 8

such as interest or dividends?

k. any other sources 1 2 3 4 0 6 8

of income? (SPECIFY):

282. Did you lose any health insurance coverage as a result of the divorce? Yes 1 No 2

283.Was there a property settlement in connection with your divorce that Yes 1

resulted in a loss to you of any property or other assets? (SKIP TO CHECKPOINT Q) No 2

284. Did you lose all, part, or none of:

ALL PART NONE

a. your home? 1 2 3

b. a business? 1 2 3

c. other property or possessions? 1 2 3

d. stocks or bonds? 1 2 3

e. savings? 1 2 3

f. something else? (SPECIFY): 1 2 3

CHECKPOINT Q:

IS R CURRENTLY MARRIED ["MARRIED" IN Q. 1, PAGE 1]?

YES (GO TO Q. 285)

NO (SKIP TO INTRODUCTION ABOVE Q. 339, PAGE 102)

SPOUSE SECTION

285. The next questions are about your (husband/wife). Could I please talk to (him/her)?

(SKIP TO Q. 287) Yes 1

No 2

(HAND R CARD 16)

286. Why is (he/she) not available?

(CIRCLE CODE 1 FOR ALL THAT APPLY‑‑USE R AS PROXY)

YES NO

a. Not at home 1 2

b. Work‑related separation 1 2

c. Nursing Home 1 2

d. Other medical care facility 1 2

e. Prison or correctional institution 1 2

f. Marital problems or conflict 1 2

g. Physically or mentally unable

to be interviewed 1 2

h. Other (SPECIFY): 1 2

287. What is (your/your husband's/your wife's) Social Security number? I would like to remind you that it will only be used by authorized persons of the Social Security Administration for research and statistical purposes. The number is very useful to us, but providing it is entirely voluntary.

(IF SPOUSE/RESPONDENT DOES NOT REMEMBER, ASK SPOUSE/RESPONDENT TO LOOK UP

NUMBER. PHONE BACK, IF NECESSARY.)

Now I would like to talk about (your/your husband's/your wife's) paid employment in recent years.

288. Since December 1982, did (you/your husband/your wife) work for pay either part time or full time?

Yes 1

(SKIP TO Q. 293) No 2

(FIRST ASK Q. 289a‑i. THEN ASK QQ. 290‑292 FOR ANY YEAR THAT R WORKED‑‑Q. 289a‑i CODED 1)

|  |  |  |  |
| --- | --- | --- | --- |
| 289. Did (you/he/she) work for pay in (YEAR)? | 290. In how many weeks did (you/he/she) work in that YEAR)? | 291. How many hours per week did (you/he/she) usually work on all jobs in (YEAR)? | 292. Did (you/he/she) usually work as an employee or [were you/was(he/she)] employed in (your /his/her) own business, professional practice of farm? |
| a. 1991?  yes 1  no 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| b. 1990?  yes 1  no 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| c. 1989?  yes 1  no 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| d. 1988?  yes 1  no 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| e. 1987?  yes 1  no 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| f.. 1986?  yes 1  no 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| g. 1985?  yes 1  no 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| h. 1984?  yes 1  no 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |
| g. 1983?  yes 1  no 2 | weeks | hours | Employee 1  Self-employed 2  Both 3 |

293. The next questions are about health. Would you say (your/your husband's/ your wife's) health in general is excellent, very good, good, fair, or poor?

Excellent 1

Very good 2

Good 3

Fair 4

Poor 5

294. Compared to other people (your/your husband's/your wife's) age, would you say (your/his/her) health is better, about the same, or worse?

Better 1

Same 2

Worse 3

These next questions are about health and hospitalization insurance that (you/he/she) may have.

295. Medicare is a national health insurance program for disabled persons and for persons 65 years old and over. [Are you/Is (he/she)] now covered by Medicare?

Yes 1

No 2

296. [Are you/Is (he/she)] covered by Medicaid or (Medical Assistance/MediCal), the state public assistance program that pays for health care? This is not the federal health plan called Medicare.

(SKIP TO Q. 297) Yes 1

No 2

296A. (Have you/Has your husband/Has your wife) ever applied for Medicaid?

Yes 1

(SKIP TO Q. 297) No 2

296B. (Have you/Has your husband/Has your wife) ever been denied Medicaid?

Yes 1

No 2

297. [Are you/Is (he/she)] covered by CHAMPUS, VA, or military health care?

Yes 1

No 2

298. [Are you/Is (he/she)] covered by any other health insurance or belong to any other health plan, including Blue Cross/Blue Shield or an HMO or Health Maintenance Organization? Do not count any health coverage (you/he/she) already told me about.

Yes 1

(SKIP TO INTRODUCTION ABOVE Q. 303) No 2

298A. Does this insurance or health plan cover:

YES NO

a. inpatient hospital care? 1 2

b. outpatient hospital care? 1 2

c. physician services? 1 2

d. home health care? 1 2

e. nursing home care? 1 2

f. prescription drugs? 1 2

g. dental care? 1 2

299. How did (you/he/she) obtain this insurance or health plan:

YES NO

a. through a job? 1 2

b.. through a membership organization such as

The American Association of Retired Persons? 1 2

c. purchased directly from an

insurance company or agent? 1 2

d. some other way? 1 2

(SPECIFY):

(IF Q. 299a IS "YES," ASK Q. 300. OTHERWISE, SKIP TO Q. 301)

300. Is this health insurance from a job from:

YES NO

a. (you/his/her) current job? 1 2

b. a previous job? 1 2

(READ IF c. spouse's current job? 1 2

CURRENTLY

MARRIED) d. spouse's previous job? 1 2

e. someone else's job?

(SPECIFY) 1 2

301. Is this health insurance in (your/his/her) name or is it in the name of some other family member as the primary beneficiary?

Spouse's name 1

Another family member's name 2

Both spouse and another 3

family member's name

302. [Are you/Is (he/she)] covered by any health insurance that:

a. pays only for certain illnesses or diseases Yes No

such as cancer or stroke? 1 2

b. pays the patient separately if hospitalized? 1 2

c. pays if a resident of a long‑term care

facility such as a nursing home? 1 2

I would like to ask about care that (you/he/she) may have received in residential facilities such as nursing homes, board and care or group homes SINCE DECEMBER 1982.

303. Since December 1982, (have you/has he/has she) been a resident in a nursing home, residential care, or similar type of facility?

Yes 1

(SKIP TO Q. 312 ON PAGE 91) No 2

(SKIP TO INSTRUCTION BEFORE Q. 339)

304. Since December 1982, altogether how long (have you /has he/has she) been a

resident in one of these facilities?

(DAYS) OR (WEEKS) OR (MONTHS) OR (YEARS)

305. About how many different times since December 1982 have you/has (he/she)]

been a resident of a long‑term care facility for a stay of 30 days or more?

(NUMBER)

(IF MORE THAN "1" IN Q. 305, READ INTRODUCTION)

These next questions refer to (your/his/her) (longest) period in a long‑term care facility since December 1982.

306. What type of place was this:

a specialty care hospital, 1

a nursing home, 2

a residential treatment center, 3

a board and care home, 4

a halfway house, or some 5

other type of facility? (SPECIFY): 6

307. About how long was (your/his/her) (longest) stay?

(DAYS) OR (WEEKS) OR (MONTHS) OR (YEARS)

308. In what year did this stay end?

(YEAR)

Current Resident in Facility 95

309. [Were you/Was (he/she)] personally responsible for at least $1,000 in charges for this stay?

Yes 1

No 2

310. (For this longest stay,) Was any of this care paid for by someone else, by some organization or group, or by insurance?

Yes 1

(SKIP TO Q. 312) No 2

(SKIP TO INSTRUCTION BEFORE Q.339)

(HAND R CARD 10)

311. Other than (yourself/himself/herself), who paid the bills?

(CIRCLE CODE 1 FOR ALL THAT APPLY)

YES NO

a. Medicare 1 2

b. Medicaid 1 2

c. Private insurance 1 2

d. Employer/union insurance 1 2

e. Veteran's Administration 1 2

f. Local welfare agency 1 2

g. Church or synagogue 1 2

h. Relatives 1 2

i. Other (SPECIFY): 1 2

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

(NUMBER OF DAYS)

(SKIP TO Q. 315) None 000

313. During the past two weeks, how many days did (you/he/she) spend all or most of the time in bed?

(DAYS)

314. How much (do you/does he/she) currently have to stay in bed:

all or most of the time, 1

some of the time, or 2

not at all? 3

315. (Do you/Does [he/she]) have to stay in a chair or wheelchair:

all or most of the time, 1

some of the time, or 2

not at all? 3

(IF BED BOUND Q.. 314 IS "ALL OR MOST OF THE TIME"], SKIP TO INTRODUCTION

BEFORE Q. 325, PAGE 94)

These next questions are about (your/his/her) ability to work, whether or not (you are/he is/she is) working.

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

Yes 1

No 2

317. Does (your/his/her) health limit (your/his/her) ability to drive?

Yes 1

No 2

318. [Do you/Does (he/she)] currently have a valid driver's license?

Yes 1

No 2

319. [Do you/Does (he/she)] now have any physical, mental, or other health condition or handicap that limits the kind or amount of work (you/he/she) can do for pay?

Yes 1

(SKIP TO Q. 325) No 2

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

(SKIP TO Q. 324) Yes 1

No 2

321. [Are you/Is (he/she)] now able to do the same amount or kind of work (you/he/she) did before this work limitation began?

Yes 1

No 2

Other (SPECIFY): 3

Never worked or did not work

before limitation began 4

322. Can (you/he/she) only work part time?

Yes 1

No 2

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

Regularly 1

Occasionally or irregularly 2

324. What month and year did this work limitation begin?

(MONTH) AND (YEAR)

The next questions are about how well (you are/he is/she is) able to do certain activities without someone helping.

(HAND R CARD 11)

325. [Are you/Is (he/she)] able to do each of the following activities with NO DIFFICULTY, SOME DIFFICULTY, MUCH DIFFICULTY, or [are you/is (he/she)] UNABLE to do them at all? [Are you/Is (he/she)] able to:

NONE SOME MUCH UNABLE

a. get in or out of bed or chairs with no difficulty,

some difficulty, much difficulty, or

(are you/is [he/she]) not able to get in or out of 1 2 3 4

bed or chairs at all?

(IF WHEELCHAIR BOUND [Q. 315 IS "ALL OR MOST OF THE TIME"],

CIRCLE 4‑‑"UNABLE"‑‑FOR Q. 325b)

b. walk? 1 2 3 4

c. feed (yourself/himself/herself)? 1 2 3 4

d. dress, including getting

(your/his/her) clothes? 1 2 3 4

e. bathe or shower? 1 2 3 4

f. get to the bathroom or l 2 3 4

use the toilet?

326. [Do you/Does (he/she)] use special equipment, devices, or mechanical aids

in performing any of these activities?

Yes 1

No 2

(IF "NONE"‑‑CODE 1‑‑IN ALL PARTS OF Q. 325a‑f, SKIP TO Q. 331, PAGE 96.

OTHERWISE, ASK Q. 327.)

327. You said [you have/(he/she) has] difficulty performing (ACTIVITIES MARKED "SOME," "MUCH," "UNABLE" IN O. 325). [Do you/Does (he/she)] need help from other people?

Yes 1

(SKIP TO Q. 331, PAGE 96) No 2

328. (Do you/Does he/Does she) generally receive the help that (you need/he needs/she needs)?

Yes

(SKIP TO Q. 331) No

(HAND R CARD 12)

329. Who helps with these activities?

YES NO

(SKIP TO Q. 331) a. No one 1 2

(CIRCLE CODE 1 FOR ALL THAT APPLY)

b. Visiting health aide or nurse 1 2

c. Staff member/Operator of facility 1 2

d. Relative, Household member 1 2

e. Relative, NOT a household member 1 2

f. Nonrelative, Household member 1 2

g. Nonrelative, NOT a household member 1 2

(IF ONLY ONE CODE CIRCLED IN Q. 329, SKIP TO INSTRUCTION ABOVE Q. 330B.

OTHERWISE, ASK Q. 330A.)

330A. Who helps the MOST with these activities?

Visiting health aid or nurse 1

Staff member/Operator of facility 2

Relative, Household member 3

Relative, NOT a household member 4

Nonrelative, Household member 5

Nonrelative, NOT a household member 6

(IF "RELATIVE" MENTIONED IN Q. 329, ASK Q. 330B. OTHERWISE, SKIP TO Q. 331.)

330B. Which relatives help (you/him/her)?

(CIRCLE CODE 1 FOR ALL THAT APPLY)

YES NO

a. Spouse 1 2

b. Daughter 1 2

c. Son 1 2

d. Son‑in‑law 1 2

e. Daughter‑in‑law 1 2

f. Sister 1 2

g. Brother 1 2

h. Grandchild 1 2

i. Parent 1 2

j. Other relatives 1 2

(HAND R CARD 11)

331. [Are you/Is (he/she)] able to do each of the following activities with NO DIFFICULTY, SOME DIFFICULTY, MUCH DIFFICULTY, or [are you/is (he/she)] UNABLE to do them at all?

NONE SOME MUCH UNABLE

a. manage money, such as keeping 1 2 3 4

track of bills and handling cash

with no difficulty, some difficulty,

much difficulty, or [are you/ is (he/she)]

unable to manage money at all?

b. use the telephone? 1 2 3 4

c. take medicines? 1 2 3 4

(IF "NONE"‑‑CODE 1‑‑IN ALL PARTS OF Q. 331a‑c, SKIP TO INSTRUCTION BEFORE Q. 333, PAGE 99. OTHERWISE, ASK Q. 332A.)

332A. (You/He/She) said (you/he/she) (have/has) difficulty performing (ACTIVITIES MARKED "SOME," "MUCH," "UNABLE" IN Q. 331.). [Do you/Does (he/she)] need help from other people?

Yes 1

(SKIP TO INSTRUCTION BEFORE Q. 333, PAGE 99) No 2

332B. [Do you/Does (he/she)] generally receive the help that (you/he/she) (need/needs)?

Yes 1

(SKIP TO INSTRUCTION BEFORE Q. 333, PAGE 99) No 2

(HAND R CARD 12)

332C. Who helps with these activities?

YES NO

(SKIP TO INSTRUCTION BEFORE Q. 333, PAGE 99)a. No one 1 2

(CIRCLE CODE 1 FOR ALL THAT APPLY)

b. Visiting health aide or nurse 1 2

c. Staff member/Operator of facility 1 2

d. Relative, Household member 1 2

e. Relative, NOT a household member 1 2

f. Nonrelative, Household member 1 2

g. Nonrelative, NOT a household member 1 2

(IF ONLY ONE CODE CIRCLED IN Q. 332C, SKIP TO INSTRUCTION ABOVE Q. 332E.

OTHERWISE, ASK Q. 332D.)

332D. Who helps the MOST with these activities?

Visiting health aide or nurse 1

Staff member/Operator of facility 2

Relative, Household member 3

Relative, NOT a household member 4

Nonrelative, Household member 5

Nonrelative, NOT a household member 6

(IF "RELATIVE" MENTIONED IN Q. 332C, ASK Q. 332E. OTHERWISE, SKIP TO INSTRUCTION BEFORE Q. 333.)

332E. Which relatives help (you/him/her)?

(CIRCLE CODE 1 FOR ALL THAT APPLY)

YES NO

a. Spouse 1 2

b. Daughter 1 2

c. Son 1 2

d. Son‑in‑law 1 2

e. Daughter‑in‑law 1 2

f. Sister 1 2

g. Brother 1 2

h. Grandchild 1 2

i. Parent 1 2

j. Other relatives 1 2

(IF BED BOUND (Q. 314 IS "ALL OR MOST OF THE TIME"], SKIP TO INTRODUCTION

BEFORE Q. 349, PAGE 105. OTHERWISE, ASK THE NEXT QUESTION.)

(HAND R CARD 11)

333. [Are you/Is (he/she)] able to do each of the following activities with NO

DIFFICULTY, SOME DIFFICULTY, MUCH DIFFICULTY, or [are you/is (he/she)]

UNABLE to do them at all?

NONE SOME MUCH UNABLE

a. shop for personal items 1 2 3 4

or medicines with no

difficulty, some difficulty,

much difficulty, or [are you/is (he/she)]

unable to shop for personal items or medicines?

b. shop for groceries? 1 2 3 4

c. prepare meals? 1 2 3 4

d. work around the house, 1 2 3 4

such as fixing things,

dusting, making beds, and so forth?

e. do laundry? 1 2 3 4

(IF "NONE"‑‑CODE 1‑‑IN ALL PARTS OF QQ. 333a‑e, SKIP TO INTRODUCTION

BEFORE Q. 349, PAGE 105. OTHERWISE, ASK Q. 334.)

334. (You/He/She) said (you/he/she) (have/has) difficulty performing

(ACTIVITIES MARKED "SOME," "MUCH," "UNABLE" IN Q. 333).

[Do you/Does (he/she)] need help from other people?

Yes 1

(SKIP TO INTRODUCTION BEFORE Q. 349, PAGE 105) No 2

335. [Do you/Does (he/she)] generally receive the help that (you/he/she)

(need/needs)?

Yes 1

(SKIP TO INTRODUCTION BEFORE Q. 349, PAGE 105) No 2

(HAND R CARD 12)

336. Who helps with these activities?

YES NO

(SKIP TO INSTRUCTION

BEFORE Q. 349, PAGE 105)a. No one 1 2

(CIRCLE CODE 1 FOR ALL THAT APPLY)

b. Visiting health aide or nurse 1 2

c. Staff member/Operator of facility 1 2

d. Relative, Household member 1 2

e. Relative, NOT a household member 1 2

f. Nonrelative, Household member 1 2

g. Nonrelative, NOT a household member 1 2

(IF ONLY ONE CODE CIRCLED IN Q. 336, SKIP TO INSTRUCTION ABOVE Q. 338.

OTHERWISE, ASK Q. 337.)

337. Who helps the MOST with these activities?

Visiting health aide or nurse 1

Staff member/Operator of facility 2

Relative, Household member 3

Relative, NOT a household member 4

Nonrelative, Household member 5

Nonrelative, NOT a household member 6

(IF "RELATIVE" MENTIONED IN Q. 336, ASK Q. 338. OTHERWISE, SKIP TO INTRODUCTION BEFORE Q. 349, PAGE 105.)

YES NO

338. Which relatives help you?

(CIRCLE CODE 1 FOR ALL THAT APPLY)

a. Spouse 1 2

b. Daughter 1 2

c. Son 1 2

d. Son‑in‑law 1 2

e. Daughter‑in‑law 1 2

f. Sister 1 2

g. Brother 1 2

h. Grandchild 1 2

i. Parent 1 2

j. Other relatives 1 2

(SKIP TO INTRODUCTION BEFORE Q. 349, PAGE 105)

(IF R IS CURRENTLY MARRIED, SKIP TO THE INTRODUCTION BEFORE Q. 349, PAGE 105)

INCOME ‑ NOT CURRENTLY MARRIED

Social Security is concerned about the economic well‑being of beneficiaries and their survivors. Now we need to ask some questions about current income that you or your family may receive.

(ASK QQ. 340 TO 344 FOR ANY SOURCES ANSWERED "YES" IN Q.339 a‑f. THEN CONTINUE WITH Q. 345.)

339. In any of the last 340. How much did you 341. How much did you receive

three months, did receive last month the month before that,

you receive any from (SOURCE)? that is, two months ago,

income from (SOURCE): from (SOURCE):

SOURCE

a. Social Security?

(PROBE IF NO: Social

Security payments

generally come on the

third of the month.)

YES 1

NO 2

b. Supplemental Security Income or SSI‑‑

that generally comes on the

first of the month?

YES 1

NO 2

c. railroad retirement?

YES 1

NO 2

d. black lung benefits?

YES 1

NO 2

e. veteran's pension or

compensation from a

service‑connected disability

or death, or low income?

YES 1

NO 2

f. state or local welfare, including

Aid to Families with Dependent

Children or AFDC?

YES 1

NO 2

|  |  |  |
| --- | --- | --- |
| 342. How much did you receive the month before that, that is, three months ago, from (SOURCE)? | 343. (IF WIDOWED, ASK): Is this payment based on your own work or is it a survivor benefit from your late spouse? | 344. (IF SURVIVOR BENEFIT IN Q. 343, DO NOT ASK)  Is this a retirement or a disability benefit? |
|  | own work 1  survivor benefit 2 | retirement 1  disability 2 |
|  | (NOT APPLICABLE. GO TO Q. 344) | retirement 1  disability 2 |
|  | own work 1  survivor benefit 2 | retirement 1  disability 2 |
|  | own work 1  survivor benefit 2 | (NOT APPLICABLE. GO TO Q. 340, NEXT SOURCE) |
|  | own work 1  survivor benefit 2 | retirement 1  disability 2 |
|  | (NOT APPLICABLE. CONTINUE WITH Q. 345) |  |

(ASK QQ. 346‑348 FOR ANY SOURCES ANSWERED "YES" TO Q. 345. THEN CONTINUE WITH CHECKPOINT R ON PAGE 111.)

|  |  |  |  |
| --- | --- | --- | --- |
| 345. In any of the last three months, did you receive any income from (SOURCE): | 346. Before taxes and deductions, how much did you receive last month from (SOURCE): | 347. How much did you receive the month before that, that is, two months ago, from (SOURCE:) | 348. How much did you receive the month before that, that is, three months ago, from (SOURCE:) |
| SOURCE |  |  |  |
| a. earnings from a job or your own business, or farm, including tips, commissions, overtime bonuses?  Yes 1  No 2  Loss 3 | Loss | Loss | Loss |
| b. state or local government employee pension Yes 1 No 2 |  |  |  |
| c. military career or reserve pension Yes 1 No 2 |  |  |  |
| d. federal employee pension Yes 1 No 2 |  |  |  |
| e. private employer or union pensions, including retirement, disability or survivors payments? Do not include Social Security. Yes 1 No 2 |  |  |  |
| f. any other pensions? Do not include Social Security. Yes 1 No 2 |  |  |  |
| g. annuities or income from insurance, including private life insurance and private disability insurance? Do not include Social Security.Yes 1 No 2 |  |  |  |
| h. worker's compensation Yes 1 No 2 |  |  |  |
| i. unemployment compensation Yes 1 No 2 |  |  |  |
| j. alimony or child support Yes 1 No 2 |  |  |  |
| k. estate, trust payments or royalties Yes 1 No 2 |  |  |  |
| l. money from relatives or others in the household  Yes 1  No 2 |  |  |  |
| m. money from relatives or others not in the household  Yes 1No 2 |  |  |  |
| n. food stamps?Yes 1 No 2 |  |  |  |

(NOW CONTINUE WITH CHECKPOINT R ON PAGE 111/CHECKPOINT S)

(IF R IS NOT CURRENTLY MARRIED, SKIP TO (CHECKPOINT S/CHECKPOINT R, PAGE 111. OTHERWISE, THANK SPOUSE AND BEGIN TO ASK R ABOUT INCOME)

INCOME ‑‑ CURRENTLY MARRIED

Social Security is concerned about the economic well‑being of beneficiaries and their survivors. Now we need to ask some questions about current income that you or your family may receive.

(ASK QQ. 350‑356 FOR ANY SOURCES ANSWERED YES TO Q. 349a‑f. THEN CONTINUE WITH Q. 357.)

|  |  |  |  |
| --- | --- | --- | --- |
| 349. In any of the last 3 months, did you or your spouse receive any income from (SOURCE):  SOURCE | 350. Was it you, your spouse, or both of you who received income from (SOURCE): | 351. (If BOTH, Ask): Did both of you receive income from (SOURCE) in a combined check so that the two of you received only one check? | 352. How much did (you/your spouse/both of you) receive from (SOURCE) last month? |
| a. Social Security? (PROBE, IF NO: Social Security payments generally come on the third of the month.) Yes 1 No 2 | R 1  Spouse 2  Both 3 | Yes 1  No 2 | R.  S.  Comb. |
| b. Supplemental Security Income or SSI--that generally comes on the first of the month? Yes 1  No 2 | R 1  Spouse 2  Both 3 | Yes 1  No 2 | R.  S.  Comb. |
| c. railroad retirement?  Yes 1  No 2 | R 1  Spouse 2  Both 3 | Yes 1  No 2 | R.  S.  Comb. |
| d. black lung benefits?  Yes 1  No 2 | R 1  Spouse 2  Both 3 | Yes 1  No 2 | R.  S.  Comb. |
| e. veteran's pension or compensation from a service-connected disability or death, or low income?  Yes 1  No 2 | R 1  Spouse 2  Both 3 | Yes 1  No 2 | R.  S.  Comb. |
| f. state or local welfare, including Aid to Families with Dependent Children or AFDC? Yes 1  No 2 | R 1  Spouse 2  Both 3 | Yes 1  No 2 | R.  S.  Comb. |

|  |  |  |  |
| --- | --- | --- | --- |
| 353. How much did (you/ your spouse/both of you) receive from (SOURCE) the month before that, that is, two months ago? SOURCE | 354. How much did (you/ your spouse/both of you) receive from (SOURCE) the month before that, that is, three months ago? | 355. Is (your/your spouse's) payment from (SOURCE) based on your own employment record or on the employment record of your spouse? | 356. Is (your/your spouse's) payment from (SOURCE) a retirement or a disability benefit? |
| R  S  COMB | R  S  COMB | R: R 1  SPOUSE 2  S: R 1  SPOUSE 2  COMB: R 1 SPOUSE 2 BOTH 3 | R: RETIREMENT 1  DISABILITY 2  S: RETIREMENT 1 DISABILITY 2  COMB: RETIREMENT 1 DISABILITY 2  BOTH RET & DIS 3 |
| R  S  COMB | R  S  COMB | (NOT APPLICABLE. GO TO Q. 356.) | R: RETIREMENT 1  DISABILITY 2  S: RETIREMENT 1 DISABILITY 2  COMB: RETIREMENT 1 DISABILITY 2  BOTH RET & DIS 3 |
| R  S  COMB | R  S  COMB | R: R 1  SPOUSE 2  S: R 1  SPOUSE 2  COMB: R 1 SPOUSE 2 BOTH 3 | R: RETIREMENT 1  DISABILITY 2  S: RETIREMENT 1 DISABILITY 2  COMB: RETIREMENT 1 DISABILITY 2  BOTH RET & DIS 3 |
| R  S  COMB | R  S  COMB | R: R 1  SPOUSE 2  S: R 1  SPOUSE 2  COMB: R 1 SPOUSE 2 BOTH 3 | (NOT APPLICABLE, GO TO Q. 350, NEXT SOURCE) |
| R  S  COMB | R  S  COMB | R: R 1  SPOUSE 2  S: R 1  SPOUSE 2  COMB: R 1 SPOUSE 2 BOTH 3 | R: RETIREMENT 1  DISABILITY 2  S: RETIREMENT 1 DISABILITY 2  COMB: RETIREMENT 1 DISABILITY 2  BOTH RET & DIS 3 |
| R  S  COMB | R  S  COMB | (NOT APPLICABLE. CONTINUE WITH Q. 357.) |  |

(ASK QQ. 358‑361 FOR ANY SOURCES ANSWERED "YES" TO Q. 357. THEN CONTINUE WITH CHECKPOINT R, PAGE 111/CHECKPOINT T)

|  |  |  |
| --- | --- | --- |
| 357. In any of the last three months, did you or your spouse receive any income from (SOURCE): | 358. Was it you, your spouse, or both of you who received income from (SOURCE): | 359. Before taxes and deductions, how much did (you/your spouse/both ofyou) receive last month from (SOURCE): |
| a. earnings from a job or your  own business or farm, including tips,  commissions, overtime, bonuses?  YES 1  NO 2  LOSS 3 | R 1  SPOUSE 2  BOTH 3 | LOSS: R:  LOSS: S:  LOSS: COMB.CHECK: |
| b. state or local government  employee pension?  YES 1  NO 2 | R 1  SPOUSE 2  BOTH 3 | R:  S:  COMB.CHECK: |
| c. military career or reserve pension?  YES 1  NO 2 | R1  SPOUSE 2  BOTH 3 | R:  S;  COMB. CHECK: |
| d. federal employee pension?  YES 1  NO 2 | R1  SPOUSE 2  BOTH 3 | R:  S;  COMB. CHECK: |
| e. private employer or union pensions, including retirement, disability or urvivors payments? Do not include Social Security.  YES 1  NO 2  BOTH 3 | R1  SPOUSE 2  BOTH 3 | R:  S;  COMB. CHECK: |
| f. any other pensions? Do not include Social Security.  YES 1  (SPECIFY):  NO 2 | R1  SPOUSE 2  BOTH 3 | R:  S;  COMB. CHECK: |

(CONTINUE WITH Q. 357g‑n ON PAGE 109)

360. How much did (you/your spouse/ 361. How much did (you/your spouse/

both of you) receive the month both of you) receive the month

before that, that is, two before that, that is, three

months ago, from (SOURCE): months ago, from (SOURCE):

LOSS: R: LOSS: R:

LOSS: S: LOSS: S:

LOSS: COMB.CHECK: LOSS: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

(CONTINUE WITH QQ. 358‑361 FOR ANY SOURCES ANSWERED "YES" ON PAGE 109)

|  |  |  |
| --- | --- | --- |
| 357. In any of the last three months, did you or your spouse, receive any income from SOURCE: | 358. Was it you, your spouse, or both of you who received income from SOURCE: | 359. Before taxes and deductions, how much did (you/your spouse/both of you) receive last month from SOURCE: |
| g. annuities or income from insurance, including private life insurance and private disability insurance? Do not include Social Security.  Yes 1  No 2 | R 1  SPOUSE 2  BOTH 3 | R:  SPOUSE:  COMB. CHECK: |
| h. worker's compensation?  Yes 1  No 2 | R 1  SPOUSE 2  BOTH 3 | R:  SPOUSE:  COMB. CHECK |
| i. unemployment compensation?  Yes 1  No 2 | R 1  SPOUSE 2  BOTH 3 | R:  SPOUSE:  COMB. CHECK |
| j. alimony or child support?  Yes 1  No 2 | R 1  SPOUSE 2  BOTH 3 | R:  SPOUSE:  COMB. CHECK |
| k. estate, trust payments or royalties?  Yes 1  No 2 | R 1  SPOUSE 2  BOTH 3 | R:  SPOUSE:  COMB. CHECK |
| l. money from relatives or others in the household?  Yes 1  No 2 | R 1  SPOUSE 2  BOTH 3 | R:  SPOUSE:  COMB. CHECK |
| m. money from relatives or others not in the household?  Yes 1  No 2 | R 1  SPOUSE 2  BOTH 3 | R:  SPOUSE:  COMB. CHECK |
| n. food stamps?  Yes 1  No 2 | R 1  SPOUSE 2  BOTH 3 | R:  SPOUSE:  COMB. CHECK |

(NOW RETURN TO PAGES 107 AND 108 AND ASK QQ. 358-361 OF ANY "YES" TO Q. 257 A-N.)

360. How much did (you/your spouse/ 361. How much did (you/your spouse/

both of you) receive the month both of you) receive the month

before that, that is, two before that, that is, three

months ago, from (SOURCE): months ago, from (SOURCE):

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

R: R:

SPOUSE: SPOUSE:

COMB.CHECK: COMB.CHECK:

(NOW CONTINUE WITH CHECKPOINT R/ CHECKPOINT T)

CHECKPOINT R:

ARE THERE ANY CHILDREN IN THE HOUSEHOLD UNDER THE AGE OF 18 [Q. 7, PAGE 2]?

YES 1 (CONTINUE WITH INTRODUCTION BEFORE Q. 362)

NO 2 (SKIP TO INTRODUCTION BEFORE Q. 368, PAGE 113)

CHILDREN'S INCOME

I would like to ask you about the income of any children under the age of 18, who are living in your household.

362. Are you financially responsible for any of these children? Yes 1

(SKIP TO INTRODUCTION ABOVE Q. 368, PAGE 113) No 2

(FIRST ASK Q. 363a‑f. THEN ASK QQ. 364‑367 FOR ANY SOURCES ANSWERED "YES" TO Q. 363a‑f.)

|  |  |  |
| --- | --- | --- |
| 363. Do any of these children who are under the age of 18 and for whom you are financially responsible,receive any income from (SOURCE): | 364. Are these children's payments from (SOURCE) included in your check or do they receive separate checks? | 365. (IF SEPARATE CHECKS, ASK): How much did these children receive last month from (SOURCE): |
| SOURCE | | |
| a. Social Security‑‑that  generally comes on the  third of the month.  YES 1  NO 2 | INCLUDED 1 ‑> GO TO NEXT SOURCE  SEPARATE 2 |  |
| b. railroad retirement?  YES 1  NO 2 | INCLUDED 1 ‑) GO TO NEXT SOURCE    SEPARATE 2 |  |
| c. black lung benefits?  YES 1  NO 2 | INCLUDED 1 ‑> GO TO NEXT  SOURCE    SEPARATE 2 |  |
| d. veteran's pension or  compensation from a  service‑connected disability  or death, or low income?  YES 1  NO 2 | INCLUDED 1 ‑) GO TO NEXT SOURCE  SEPARATE 2 |  |
| e. earnings from work?  YES 1  NO 2 | (NOT APPLICABLE GO TO Q. 365.) |  |
| f. anything else?  YES 1  NO 2 | INCLUDED 1 SKIP TO‑> INTRODUCTION PAGE 113  SEPARATE 2 |  |

366. How much did these children 367. How much did these children

receive the month before that, that receive the month before that, that

is, two months ago, from (SOURCE): is, three months ago, from (SOURCE):

OTHER PENSION INCOME

Now I would like to ask a few more questions about pensions.

368. Aside from any pension income in the last three months, do you (or your spouse) receive any other regular pension benefits‑‑for example, just one pension payment a year, or one payment every six months?

Yes 1

(SKIP TO INSTRUCTION BEFORE CHECKPOINT S ON NEXT PAGE) No 2

369. Is this pension from a private employer or union, or is it a government pension?

(SKIP TO Q. 371) Private employer/union 1

Government pension 2

370. Is it a state or local government pension, a military or reserve pension, a Federal employee pension, or some other kind of government pension?

State or local 1

Military or reserve 2

Federal employee 3

Other 4

371. In what month and year did you first begin to receive this pension?

(MONTH)AND (YEAR)

372. How often do you receive a payment from this pension?

Once a year 1

Every six months 2

Other (SPECIFY): 3

373. When did you receive your most recent payment?

(MONTH) AND (YEAR)

374. How much did you receive in your most recent payment from this pension?

(AMOUNT)

PENSION INCOME

(IF R IS NOT CURRENTLY MARRIED, GO TO CHECKPOINT S.

IF R IS CURRENTLY MARRIED, SKIP TO CHECKPOINT T.)

CHECKPOINT S:

REFER TO Q. 345, PAGE 104, PARTS b, c, d, e, AND f, AND MARK [X] FOR EACH SOURCE OF PENSION INCOME.

b. state or local government employee pensions

c. military career or reserve.e pensions

d. federal employee pensions

e. private employer or union pensions

f. any other pensions

DID RESPONDENT REPORT INCOME FROM ANY OF THESE FIVE SOURCES?

YES (ASK Q. 375 ABOUT EACH PENSION SOURCE)

NO (SKIP TO Q. 392, PAGE 124)

CHECKPOINT T:

REFER TO Q. 357, PAGE 107, PARTS b, c, d, e, AND f, AND MARK [X] FOR EACH

SOURCE OF PENSION INCOME REPORTED BY RESPONDENT [R] AND/OR SPOUSE[S].

b. state or local government employee pensions R:

S:

c. military career or reserve pensions R:

S:

d. federal employee pensions R:

S:

e. private employer or union pensions R:

S:

f. any other pensions R:

S:

DID RESPONDENT OR SPOUSE REPORT INCOME FROM ANY OF THESE FIVE SOURCES?

YES (ASK Q. 376 ABOUT EACH PENSION SOURCE)

NO(SKIP TO Q. 392, PAGE 124)

[INTERVIEWER NOTE: THROUGHOUT THIS SECTION (QQ. 376‑407), IF PENSION REFERRED TO IS THE SPOUSE'S, TRY TO GET THE INFORMATION FROM (HIM/HER). IF SPOUSE IS NOT AVAILABLE, ASK RESPONDENT FOR THE INFORMATION.]

(ASK Q. 375 ABOUT EACH SOURCE IDENTIFIED IN CHECKPOINT S)

375. Earlier, you said that you had received some income from (SOURCE). Was that income from just one pension, or was it a combined amount from two or more different (SOURCE)?

(IF DON'T KNOW, RECORD AS ONE PENSION. IF TWO OR MORE, PROBE FOR NUMBER.)

b. state or local government employee pensions

(NUMBER OF PENSIONS)

c. military career or reserve pensions

(NUMBER OF PENSIONS)

d. federal employee pensions

(NUMBER OF PENSIONS)

e. private employer or union pensions .

(NUMBER OF PENSIONS)

f. other pensions

(NUMBER OF PENSIONS)

CHECKPOINT U:

HOW MANY SEPARATE PENSIONS WERE IDENTIFIED ABOVE (ADD: b + c + d + e + f)?

(NUMBER SEPARATE PENSIONS)

(SKIP TO INTERVIEWER INSTRUCTION AT TOP OF NEXT PAGE)

(ASK Q. 376 ABOUT EACH SOURCE IDENTIFIED IN CHECKPOINT T)

376. Earlier, you said that (you/your spouse) had received some income from (SOURCE). Was that income from just one pension, or was it a combined amount from two or more different (SOURCE)?

(IF DON'T KNOW, RECORD AS ONE PENSION. IF TWO OR MORE, PROBE FOR NUMBER.)

b. state or local government employee pensions (NUMBER OF PENSIONS) R:

S:

c. military career or reserve pensions (NUMBER OF PENSIONS) R:

S:

d. federal employee pensions (NUMBER OF PENSIONS) R:

S:

e. private employer or union pensions (NUMBER OF PENSIONS) R:

S:

f. other pensions (NUMBER OF PENSIONS) R:

S:

CHECKPOINT V:

HOW MANY SEPARATE PENSIONS WERE IDENTIFIED ABOVE (ADD: b + c + d + e + f)?

(NUMBER SEPARATE PENSIONS)

(SKIP TO INTERVIEWER INSTRUCTION AT TOP OF NEXT PAGE)

|  |  |  |
| --- | --- | --- |
| INTERVIEWER INSTRUCTION:  a. CIRCLE CODE FOR SOURCE OF EACH PENSION IDENTIFIED IN Q. 375 OR Q. 376. IF MORE THAN SIX PENSIONS, PROBE FOR SIX LARGEST AND CIRCLE CODES FOR THESE SIX PENSIONS. | PENSION #1 | PENSION #2 |
|  | b. State/local government employee 1  c. Military career or reserve pensions 2  d. Federal employee 3  e. Private employer or union 4  f. Any other pension 5 | b. State/local government employee 1  c. Military career or reserve pensions 2  d. Federal employee 3  e. Private employer or union 4  f. Any other pension 5 |
| b. IF R IS CURRENTLY MARRIED, IDENTIFY RECIPIENT OF PENSION. | Respondent 1  Spouse 2 | Respondent 1  Spouse 2 |
| (ASK QQ. 377-391 FOR EACH PENSION LISTED ABOVE, ONE PENSION AT A TIME.) |  |  |
| 377. Regarding this ([FIRST, SECOND, ETC.] SOURCE) pension, what kind of benefits (are you/is your spouse) receiving--retirement benefits, disability benefits or survivor benefits?  (IF MORE THAN ONE TYPE OF BENEFIT, GO BACK AND TREAT EACH BENEFIT AS A SEPARATE PENSION IN CHECKPOINT S OR T.) | (IF MARRIED, ASK Q. 378. IF NOT MARRIED, SKIP TO Q. 380.)  Retirement 1  Disability 2  (SKIP TO Q. 380.)  Survivor 3 | (IF MARRIED, ASK Q. 378. IF NOT MARRIED, SKIP TO Q. 380.)  Retirement 1  Disability 2  (SKIP TO Q. 380.)  Survivor 3 |
| 378. If (you/your spouse) should die tomorrow, would (your spouse/you) be able to receive payments from this plan, either then or in the future? | (Ask Q. 379) Yes 1  ( SKIP to Q. 380) No 2 | (Ask Q. 379) Yes 1  ( SKIP to Q. 380) No 2 |
| 379. Did (you/your spouse) take reduced benefits in order to elect a survivor option? | Yes 1  No 2 | Yes 1  No 2 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pension #3 | | Pension #4 | Pension #5 | | Pension #6 | |
| b. State/local government employee 1 | | b. State/local government employee 1 | b. State/local government employee 1 | | b. State/local government employee 1 | |
| c. Military career or reserve pensions 2 | | c. Military career or reserve pensions 2 | c. Military career or reserve pensions 2 | | c. Military career or reserve pensions 2 | |
| d. Federal employee 3 | | d. Federal employee 3 | d. Federal employee 3 | | d. Federal employee 3 | |
| e. Private employer or union 4 | | e. Private employer or union 4 | e. Private employer or union 4 | | e. Private employer or union 4 | |
| f. Any other pension 5 | | f. Any other pension 5 | f. Any other pension 5 | | f. Any other pension 5 | |
| Respondent 1  Spouse 2 | | Respondent 1  Spouse 2 | Respondent 1  Spouse 2 | | Respondent 1  Spouse 2 | |
| (If married, ask Q. 378. If not married, skip to Q. 380.)  Retirement 1  Disability 2  (Skip to Q. 380.) Survivor 3 | (If married, ask Q. 378. If not married, skip to Q. 380.)  Retirement 1  Disability 2  (Skip to Q. 380.) Survivor 3 | | | (If married, ask Q. 378. If not married, skip to Q. 380.)  Retirement 1  Disability 2  (Skip to Q. 380.) Survivor 3 | | (If married, ask Q. 378. If not married, skip to Q. 380.)  Retirement 1  Disability 2  (Skip to Q. 380.) Survivor 3 |
| Ask Q. 379 Yes 1  Skip to Q. 380 No 2 | Ask Q. 379 Yes 1  Skip to Q. 380 No 2 | | | Ask Q. 379 Yes 1  Skip to Q. 380 No 2 | | Ask Q. 379 Yes 1  Skip to Q. 380 No 2 |
| Yes 1  No 2 | Yes 1  No 2 | | | Yes 1  No 2 | | Yes 1  No 2 |

Pension #1 Pension #2

380. In what month and year

did (you/your spouse) first begin

to receive this pension? (MONTH) (YEAR) (MONTH) (YEAR)

381. Thinking about the amount

of the pension payment

itself‑‑before any taxes

or deductions are taken (ASK Q. 382) Yes 1 (ASK Q. 382) Yes 1

out‑‑has the amount of

this pension payment ever (SKIP TO Q. 385) No 2 (SKIP TO Q. 385) No 2

been increased since

(you/your spouse) first

began receiving it?

382. About how many times has (SKIP TO Q. 384) 01 (SKIP TO Q. 384) 01

this pension payment been

increased? (NUMBER OF INCREASES) (NUMBER OF INCREASES)

383. Have these benefit About once a year 1 About once a year 1

increases happened

about once a year, Other regular schedule 2 Other regular schedule 2

on some other regular

schedule, or just Every now and then 3 Every now and then 3

every now and then? Other (SPECIFY): Other (SPECIFY):

(HAND R CARD 17)

384. What have been the a. Adjustment because a. Adjustment because

reasons for the increases of spouse's death 1 of spouse's death 1

in these pension benefits?

b. Cost of living b. Cost of living

adjustments 1 adjustments 1

(CIRCLE ALL THAT c. Increased value of c. Increased value of

APPLY) pension account 1 pension account 1

d. Pension plan provides d. Pension plan provides

automatic increases 1 automatic increases 1

e. Changes in benefit e. Changes in benefit

formula 1 formula 1

f. Other (SPECIFY):1 f. Other (SPECIFY): 1

|  |  |  |  |
| --- | --- | --- | --- |
| Pension #3 | Pension #4 | Pension #5 | Pension #6 |
| Month and Year | Month and Year | Month and Year | Month and Year |
| (Ask Q. 382) Yes 1  (Skip to Q. 385) No 2 | (Ask Q. 382) Yes 1  (Skip to Q. 385) No 2 | (Ask Q. 382) Yes 1  (Skip to Q. 385) No 2 | (Ask Q. 382) Yes 1  (Skip to Q. 385) No 2 |
| (Skip to Q. 384) 01  Number of Increases | (Skip to Q. 384) 01  Number of Increases | (Skip to Q. 384) 01  Number of Increases | (Skip to Q. 384) 01  Number of Increases |
| About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 | About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 | About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 | About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 |
| a. Adjustment because of spouse's death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 | a. Adjustment because of spouse's death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 | a. Adjustment because of spouse's death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 | a. Adjustment because of spouse's death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 |

|  |  |  |
| --- | --- | --- |
|  | Pension #1 | Pension #2 |
| 385. Has the amount of this pension payment every been decreased since (you/your spouse) first began receiving it? | (Ask Q. 386) Yes 1  (Skip to Q. 389) No 2 | (Ask Q. 386) Yes 1  (Skip to Q. 389) No 2 |
| 386. About how many times has the pension payment been decreased? | (Skip to Q. 388) 01  Number of Decreases | (Skip to Q. 388) 01  Number of Decreases |
| 387. Have the decreases in these benefits happened about once a year, on some other regular schedule, or just every now and then? | About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 | About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 |
| (HAND R CARD 18)  388. What have been the reasons for the decreases in these pension benefits?  (CIRCLE ALL THAT APPLY) | a. Adjustment because of spouse's death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 | a. Adjustment because of spouse's death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| Pension #3 | Pension #4 | Pension #5 | Pension #6 |
| (Ask Q. 386) Yes 1  (Skip to Q. 389) No 2 | (Ask Q. 386) Yes 1  (Skip to Q. 389) No 2 | (Ask Q. 386) Yes 1  (Skip to Q. 389) No 2 | (Ask Q. 386) Yes 1  (Skip to Q. 389) No 2 |
| (Skip to Q. 388) 01  Number of Decreases | (Skip to Q. 388) 01  Number of Decreases | (Skip to Q. 388) 01  Number of Decreases | (Skip to Q. 388) 01  Number of Decreases |
| About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 | About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 | About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 | About once a year 1  Other regular schedule 2  Every now and then 3  Other (SPECIFY): 4 |
| a. Adjustment because of spouse's death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 | a. Adjustment because of spouse's death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 | a. Adjustment because of spouse's death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 | a. Adjustment because of spouse's  death 1  b. Cost of living adjustments 1  c. Increased value of pension account 1  d. Pension plan provides automatic increases 1  e. Changes in benefit formula 1  f. Other (SPECIFY): 1 |

|  |  |  |
| --- | --- | --- |
|  | Pension #1 | Pension #2 |
| 389. Overall, is the current amount of this pension higher, lower or about the same as the amount when (you/your spouse) began receiving it? | Higher 1 Lower 2  Skip to Q. 391 Same 3 | Higher 1 Lower 2  Skip to Q. 391 Same 3 |
| 390. Since (you/your spouse) first began receiving this pension, about how much has the monthly benefit amount (increased/decreased)? | $ Change per month  or  percent change | $ Change per month    or  percent change |
| 391. Is this the kind of pension that will be stopped after a certain number of years, or will it continue for the rest of (your/your spouse's)life? | Will be stopped 1  Expect to continue 2 | Will be stopped 1  Expect to continue 2 |
| Interviewer check Item 1:  Who answered most of the questions about this pension? | Pension recipient 1  Proxy 2 | Pension recipient 1  Proxy 2 |
| (Repeat QQ. 377-391 for each pension. Then continue with Q. 392.) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Pension #3 | Pension #4 | Pension #5 | Pension #6 |
| Higher 1 Lower 2  Skip to Q. 391 Same 3 | Higher 1 Lower 2  Skip to Q. 391 Same 3 | Higher 1 Lower 2  Skip to Q. 391 Same 3 | Higher 1 Lower 2  Skip to Q. 391 Same 3 |
| $Change per month  or  percent change | $ Change per month  or  percent change | $ Change per month  or  percent change | $Change per month  or  percent change |
| Will be stopped 1  Expect to continue 2 | Will be stopped 1  Expect to continue 2 | Will be stopped 1  Expect to continue 2 | Will be stopped 1  Expect to continue 2 |
| Pension recipient 1  Proxy 2 | Pension recipient 1  Proxy 2 | Pension recipient 1  Proxy 2 | Pension recipient 1  Proxy 2 |

392. At any time since December 1982, have you (or your spouse) ever received any regular pension income that you no longer receive? Do not include Social Security.

Yes 1

(SKIP TO Q. 401, PAGE 127) NO 2

393. How many of these pensions did you receive and are no longer receiving?

(NUMBER OF PENSIONS‑‑R)

(IF R IS NOT CURRENTLY MARRIED, SKIP TO INTERVIEWER INSTRUCTIONS

ABOVE Q. 395)

394. How many of these pensions did your spouse receive and is no longer receiving?

(NUMBER OF PENSIONS‑‑S)

|  |  |  |
| --- | --- | --- |
| INTERVIEWER INSTRUCTION:  IDENTIFY RECIPIENT OF EACH TERMINATED PENSION FROM QQ. 393 AND 394. IF MORE THAN TWO PENSIONS, PROBE FOR THE TWO LARGEST AND CIRCLE CODES FOR EACH. | TERMINATED PENSION #1  Respondent 1  Spouse 2 | TERMINATED PENSION #2  Respondent 1  Spouse 2 |
| (ASK QQ. 395-400 FOR EACH TERMINATED PENSION LISTED ABOVE.) |  |  |
| 395. Was this (first/second) terminated pension from a private employer or union, or was it a government pension? | (Skip to Q. 397) Private employer or union 1  Government 2 | (Skip to Q. 397) Private employer or union 1    Government 2 |
| 396. Was it a state or local government employee pension,a military career or reserve pension, or some other kind of government pension? | State or local government 1  Military career or reserve pensions 2  Federal employee 3  Other 4 | State or local government 1  Military career or reserve pensions 2  Federal employee 3  Other 4 |
| 397. Was this a retirement benefit, a disability benefit, or a survivor's benefit? | Retirement 1  Disability 2  Survivor 3 | Retirement 1  Disability 2  Survivor 3 |
| 398. In what year did this pension begin and in what year did it stop? | Year Began  Year Stopped | Year Began  Year Stopped |

|  |  |  |
| --- | --- | --- |
|  | TERMINATED PENSION #1 | TERMINATED PENSION #2 |
| (Hand R Card 19)  399. Why was the pension payment stopped? | Went back to work for same employer 1  Remarried 2  Recovered from disability 3  The plan went bankrupt 4  Type of pension--it was for a fixed amount or number of years only 5  Spouse died; no survivor benefits 6  Some other reason (SPECIFY) 7 | Went back to work for same employer 1  Remarried 2  Recovered from disability 3  The plan went bankrupt 4  Type of pension--it was for a fixed amount or number of years only 5  Spouse died; no survivor benefits 6  Some other reason (SPECIFY) 7 |
| 400. About how much (were you/was your spouse) receiving from this pension at the time it was stopped? | Income  per  Week 1  Month 2  Year 3  Other (SPECIFY) 4 | Income  per  Week 1  Month 2  Year 3  Other (SPECIFY) 4 |
| INTERVIEWER CHECK ITEM #2  WHO ANSWERED MOST OF THE QUESTIONS ABOUT THIS TERMINATED PENSION? | Pension recipient 1  Proxy 2 | Pension recipient 1  Proxy 2 |
| (REPEAT QQ. 395-400 FOR SECOND TERMINATED PENSION, IF ANY. THEN CONTINUE WITH  Q. 401.) | | |

401. Finally, since December 1982, have you (or your spouse) ever received a lump sum benefit or one‑time cash payment from a pension or retirement plan? Do not include Social Security.

Yes 1

(SKIP TO INTRODUCTION BEFORE Q. 408, PAGE 130) No 2

402. How many lump sum payments did you receive since December 1982?

(NUMBER OF LUMP SUM PAYMENTS‑‑R)

(IF R IS NOT CURRENTLY MARRIED, SKIP TO INTERVIEWER INSTRUCTION ABOVE Q. 404)

403. How many lump sum payments did your spouse receive since December 1982?

(NUMBER OF LUMP SUM PAYMENTS‑‑S)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| INTERVIEWER INSTRUCTION: IF MORE THAN THREE LUMP SUM PAYMENTS IDENTIFIED IN QQ. 402 AND 403, PROBE FOR THREE LARGEST. IF R IS CURRENTLY MARRIED, IDENTIFY RECIPIENT OF EACH LUMP SUM PAYMENT. |  | LARGEST LUMP SUM#1  Respondent 1  Spouse 2 |  | LARGEST LUMP SUM# 2  Respondent 1  Spouse 2 |  | LARGEST LUMP SUM#3  Respondent 1  Spouse 2 |
| (ASK QQ. 404-407 FOR EACH LUMP SUM PAYMENT IDENTIFIED ABOVE, ONE LUMP SUM PAYMENT AT A TIME |  |  |  |  |  |  |
| Let us take (the/the largest/the next largest) lump sum payment you just told me about.  404. In what year did (you/your spouse)receive this lump sum payment? |  | Year |  | Year |  | Year |
| 404A. Was this a retirement benefit, a disability benefit, or a survivor benefit? |  | Retirement 1  Disability 2  Survivor 3 |  | Retirement 1  Disability 2  Survivor 3 |  | Retirement 1  Disability 2  Survivor 3 |
| 404B. Could (you/your spouse) have chosen to receive a regular pension payment--starting then or later--instead of taking this lump sum? |  | Yes 1  No 2 |  | Yes 1  No 2 |  | Yes 1  No 2 |
| 405. Approximately, what was the total amount of the lump sum payment? |  | Total Amount |  | Total Amount |  |  |
| 406. At the time this payment was received, were the funds rolled over into an IRA or put into some other kind of pension or retirement plan? | (Skip to Check Item 1 on bottom of next on bottom of next page) | Yes 1 | (Skip to Check Item 1 on bottom of next on bottom of next page) | Yes 1 | (Skip to Check Item 1 on bottom of next page) | Yes 1 |
|  | (Ask Q. 407) | No 2 | (Ask Q. 407) | No 2 | (Ask Q. 407) | No 2 |
|  | (Skip to Check Item 3 on bottom of next page) | Refused 9 | (Skip to Check Item 3 on bottom of next page) | Refused 9 | (Skip to Check Item 3 on bottom of next page) | Refused 9 |

LUMP SUM #1 LUMP SUM #2 LUMP SUM#3

407. How was the money

used? Was it: Yes No Yes No Yes No

a. put into a savings or

money market account? 1 2 1 2 1 2

b. used to start a business? 1 2 1 2 1 2

c. put into other investments? 1 2 1 2 1 2

d. used to purchase or

repair a home? 1 2 1 2 1 2

e. used to pay off a 1 2 1 2 1 2

mortgage or other debts?

f. used to buy a car or 1 2 1 2 1 2

other consumer items?

g. used for medical or 1 2 1 2 1 2

dental expenses?

h. used for general, 1 2 1 2 1 2

current expenses?

i. used for some other 1 2 1 2 1 2

purpose? (SPECIFY):

INTERVIEWER CHECK ITEM 3:

WHO ANSWERED MOST Lump sum Lump sum Lump sum

OF THE QUESTIONS recipient 1 recipient 1 recipient 1

ABOUT THIS LUMP SUM

PAYMENT? Proxy 2 Proxy 2 Proxy 2

( REPEAT QQ. 404 ‑ 407 FOR NEXT LUMP SUM PAYMENT. THEN GO TO INTRODUCTION ABOVE Q. 408.)

ASSETS

The next questions are about savings or other assets you might have which can provide some income (in retirement/while you are disabled). The information we are asking about here is especially important to our being able to tell how well beneficiaries are doing economically. This type of information is often difficult to remember. We encourage you to look at any records you may have to help answer these questions. If your records are not available, please give your best estimates where you are not sure of amounts.

408. As of the end of last month, did you yourself hold an individual Keogh account or an Individual Retirement Account called an IRA? (CIRCLE CODE IN COLUMN 1)

(IF NO TO Q. 408, CIRCLE CODE 2 AND SKIP TO INSTRUCTION ABOVE Q. 411)

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

410. How much have you received in payments or withdrawn from these accounts during the last three months, that is, from (MONTH) through (REFERENCE MONTH)?

(RECORD IN COLUMN 3)

(PROBE TO BE SURE YOU HAVE AMOUNT FOR THREE MONTHS IF TIME PERIOD IS NOT

MENTIONED)

COLUMN 1 COLUMN 2 COLUMN 3

Q 408 Q. 409 Q. 410

YES NO TOTAL VALUE AMOUNT WITHDRAWN

RESPONDENT 1 2

(IF NOT CURRENTLY MARRIED, SKIP TO Q. 414)

411. As of the end of last month, did your spouse hold an individual Keogh account or an Individual Retirement Account called an IRA?

(CIRCLE CODE IN COLUMN 1)

(IF NO TO Q. 411, CIRCLE CODE 2 AND SKIP TO Q. 414)

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

413. How much has your spouse received in payments or withdrawn from these accounts during the last three months, that is, from (MONTH) through (REFERENCE MONTH)? (RECORD IN COLUMN 3)

(PROBE TO BE SURE YOU HAVE AMOUNT FOR THREE MONTHS IF TIME PERIOD IS NOT MENTIONED)

COLUMN 1 COLUMN 2 COLUMN 3

Q 408 Q. 409 Q. 410

YES NO TOTAL VALUE AMOUNT WITHDRAWN

SPOUSE 1 2

414. Not including any accounts you have already told me about, as of the end of last month, did you (or your spouse) have any money in: (CIRCLE CODE IN COLUMN 1)

(ASK QQ 415-416 FOR EACH "YES" TO Q.414a-e. THEN CONTINUE WITH Q. 417.)

415. What is your best estimate of the total amount of money in (name of account) at the end of last month? (RECORD IN COLUMN 2)

416. What was the dollar amount of the interest earned from the account last month? (IF R DOES NOT KNOW INTEREST FOR LAST MONTH, PROBE FOR MOST CONVENIENT TIME PERIOD AND RECORD BOTH TOTAL INTEREST AND TIME PERIOD IN COLUMN 3)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Column 1 | | Column 2 | Column 3 | | | | | | |
|  | Q. 414 | | Q. 415 | Q. 416 | | | | | | |
|  | Yes | No | Total Amount | Total Interest | Mo. | Other | | | | Don't Know |
|  |  |  |  |  |  | Yr. | Hf. Yr. | Qt. Yr. | Other (Specify) |  |
| a. checking accounts that earn interest? | 1 | 2 |  |  | 1 | 2 | 3 | 4 | 5 | 8 |
| b. checking accounts that do not earn interest? | 1 | 2 |  |  | NOT APPLICABLE | | | | | |
| c. money market accounts, including accounts at money market mutual funds, banks, and other financial institutions? | 1 | 2 |  |  | 1 | 2 | 3 | 5 | 5 | 8 |
| d. any other accounts at banks, savings and loans, or credit unions, such as savings accounts, passbook accounts, share accounts, or Christmas club accounts? | 1 | 2 |  |  | 1 | 2 | 3 | 4 | 5 | 8 |
| e. certificates of deposit or other savings certificates? | 1 | 2 |  |  | 1 | 2 | 3 | 4 | 5 | 8 |

417. Other than money market accounts, IRA's or Keogh's, 401K accounts and pensions, do you (or your spouse) have any mutual fund holdings in stock funds, bond funds, or combination funds?

Yes 1

(SKIP TO Q. 420) No 2

418. What is your best estimate of the total market value of these funds?

(MARKET VALUE)

Don ' t Know 9999998

419. What is your best estimate of the total amount of interest or dividends earned on these funds during the last year, half year, or quarter year? Please choose the time period most convenient to you.

None 000000

Don't Know 999998

(PROBE FOR TIME PERIOD IF NOT MENTIONED)

(INTEREST) PER

Year 1

Half year 2

Quarter year 3

Month 4

Other (SPECIFY): 5

420. Do you (or your spouse) have any U.S. government savings bonds?

Yes 1

(SKIP TO Q. 422) No 2

421. What is your best estimate of the total face value of these bonds?

Face Value

Don ' t Know 9999998

422. Do you (or your spouse) have any other types of bonds or bills, not including IRA's or Keogh's, 401K accounts, or pension funds? For example, federal government bonds or bills, state, county, or municipal bonds, corporate bonds, or foreign bonds?

Yes 1

(SKIP TO Q. 425) No 2

423. What is your best estimate of the total face value of all of these bonds or bills?

(FACE VALUE)

Don ' t Know 9999998

424. How much have you (or your spouse) received in interest from these bonds in the last year, half year, or quarter year? Please choose the time period most convenient to you.

None 000000

Don't Know 99998

(PROBE FOR TIME PERIOD IF NOT MENTIONED)

(AMOUNT) PER

Year 1

Half year 2

Quarter year 3

Month 4

Other (SPECIFY): 5

425. Do you (or your spouse) own any stock, not including mutual funds, IRA's or Keogh's,. 401K accounts, or pension funds?

Yes 1

(SKIP TO Q. 429) No 2

426. What is the total market value of all of these stocks?

(MARKET VALUE)

Don't Know 9999998

427. How much have you (or your spouse) received in dividend checks from these stocks in the last year, half year, or quarter year? Please choose the time period most convenient to you.

None 000000

Don't Know 999998

(PROBE FOR TIME PERIOD IF NOT MENTIONED)

(INTEREST) PER

Year 1

Half year 2

Quarter year 3

Month 4

Other 5

(SPECIFY):

428. How much have you (or your spouse) received in dividends that were automatically reinvested in additional shares of stock in the last year, half year, or quarter year? Please choose the time period most convenient for you.

None 000000

Don't Know 999998

(PROBE FOR TIME PERIOD IF NOT MENTIONED)

(INTEREST) PER

Year 1

Half year 2

Quarter year 3

Month 4

Other (SPECIFY): 5

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

Yes 1

(SKIP TO Q. 432) No 2

430. What is your best estimate of the total amount that you still owe on all mortgages, home equity loans, or other debts for this residence?

No Debts 000000000

(ESTIMATE)

431. What is your best estimate of the market selling price of this residence (including its land)?

(ESTIMATE)

432. In the last three months, that is, from (MONTH) through (REFERENCE MONTH), have you received any income from roomers or boarders in your home? Do not include any payments you have already told me you received from relatives in your household.

Yes 1

(SKIP TO Q. 436)No 2

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

(LAST MONTH)

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

(TWO MONTHS AGO)

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

(THREE MONTHS AGO)

436. As of the end of last month, did you (or your spouse) own, or were you

buying any other type of property, such as:

YES NO

a. rental housing, including houses, 1 2

apartments, or condominiums,

not including your own home?

b. a vacation home? 1 2

c. commercial or industrial 1 2

property, not including your

own business?

d. any land, not including land

rented out for farming or 1 2

ranching?

(IF NONE OF THE ABOVE, SKIP TO Q. 443)

437. What is your best estimate of the gross value of (this property/these properties) as of the end of last month? By gross value we mean the amount for which the property could be sold.

(AMOUNT)

438. Are there mortgages, deeds of trust, or other debts on these properties?

Yes 1

(SKIP TO Q. 440) No 2

439. As of the end of last month, what is your best estimate of the total amount you (or your spouse) still owe on all these properties?

(AMOUNT)

440. Did you (or your spouse) receive any rental income from any of these properties during the past 12 months? (IF R REPORTS A LOSS, CIRCLE CODE 3)

Yes 1

(SKIP TO Q. 443) No 2

Loss 3

441. What is your best estimate of the total income you (or your spouse) received from these rental properties during the past 12 months? Please tell me how much you received before you deducted any expenses for the mortgage, maintenance, or taxes for these properties?

(TOTAL INCOME)

442. What is your best estimate of the net income, that is, the difference between gross receipts and expenses you (or your spouse) received from these rental properties during the past 12 months?

(IF R REPORTS A LOSS, CHECK LOSS BOX AND THEN RECORD AMOUNT OF LOSS IN AMOUNT POSITION.)

LOSS:

(NET INCOME)

443. As of the end of last month, did you (or your spouse) own or have part interest in:

(CIRCLE CODE IN COLUMN 1)

(IF NO TO QQ. 443 a, b, AND c, SKIP TO Q. 447.OTHERWISE, ASK Q. 444 FOR EACH YES TO Q. 443)

444. What is your best estimate of your (and your spouse's) share of the gross value in (TYPE) as of the end of last month? By gross value we mean the amount for which these businesses, professional practices, or farms could be sold.

COLUMN 1 COLUMN 2

Q. 443 Q. 444

YES NO AMOUNT

a. any businesses? 1 2

b. professional practices? 1 2

c. farms, including land 1 2

rented out for farming

or ranching?

445. Are there any mortgages, deeds of trust, or other debts on these businesses, professional practices, and farms?

Yes 1

(SKIP TO Q. 447) No 2

446. As of the end of last month, what is your best estimate of the total amount you (or your spouse) still owe on these businesses?

(AMOUNT)

447. Is any money owed to you (or your spouse) for personal loans or mortgages held?

Yes 1

(SKIP TO Q. 449) No 2

448. As of the end of last month, what is your best estimate of the total amount still owed to you (or your spouse) on these loans?

(AMOUNT)

449. In the last 12 months, have you (or your spouse) received any money as a repayment of personal loans made to others? Include any money received from mortgage notes or deeds of trust.

Yes 1

(SKIP TO Q. 451) No 2

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

(PAYMENTS RECEIVED)

451. In addition to all the different kinds of income that we have already talked about, did you (or your spouse) receive any income from any other sources in the last three months, that is, from (MONTH) through (REFERENCE MONTH)?

Yes 1

(SKIP TO Q. 456) No 2

452. What types of income are these? (PROBE): what other additional types of income did you receive?

(TYPES OF INCOME)

453. How much did you receive last month from (this source/these sources)?

(AMOUNT)

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

(AMOUNT)

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

(AMOUNT)

(HAND R CARD 20)

456. Considering all the sources of income we have mentioned, such as wages, profits, interest, Social Security benefits, pension benefits, insurance benefits, survivor benefits, welfare, and so on, which letter on this card represents the total amount of money you (and your spouse) received before taxes and deductions last month?

(LETTER) OR (AMOUNT LAST MONTH)

(IF R CANNOT GIVE ANSWER FOR MONTH, PROBE FOR AMOUNT RECEIVED IN THE LAST FULL CALENDAR YEAR):

(AMOUNT LAST FULL CALENDAR YEAR)

457. Is there any other income that we have not already talked about that you (or your spouse) receive irregularly or only at longer intervals than the last three months?

Yes 1

(SKIP TO Q. 460) No 2

458. What types of income are these? (PROBE: What other additional types of income did you receive irregularly?)

459. About how much of this income did you (or your spouse) receive in the last 12 months?

(INCOME LAST 12 MONTHS)

460. Have you ever applied for SSI or Supplemental Security Income for yourself?

(SKIP TO CHECKPOINT W) Yes 1

No 2

(SKIP TO CHECKPOINT W) Uncertain 8

(IF RESPONDENT SEEMS UNCERTAIN, PROBE: SSI supplements low income.)

461. Could you please tell me the reason why you have not applied for Supplemental Security Income?

CHECKPOINT W:

INCLUDING THE RESPONDENT, HOW MANY RELATED PERSONS LIVE IN THIS

HOUSEHOLD? [ADD 1 TO ENTRY AT TOP OF PAGE 2]

(NUMBER OF RELATED PERSONS IN R'S HOUSEHOLD, INCLUDING R)

RECORD INCOME AMOUNT CORRESPONDING TO NUMBER OF RELATED PERSONS

IN R'S HOUSEHOLD IN BLANK SPACE AT END OF Q. 462, AND THEN ASK Q. 462.

NUMBER OF RELATED INCOME AMOUNT

PERSONS IN R'S HOUSEHOLD

1 $525

2 675

3 825

4 1050

5 1250

6 1400

7 1600

8 1750

9+ 2100

462. Considering all the income you (and all of your relatives living here, or temporarily away) received before taxes and deductions last month, would you say that it was above or below

(INCOME AMOUNT) ?

Above 1

Same 2

Below 3

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

Yes 1

(SKIP TO Q. 466) No 2

464. What is the current face value of all of your life insurance policies?

(FACE VALUE)

465. Are these policies term insurance, or are they the type which builds up a cash value and you can borrow on them?

Term 1

Cash value 2

466. Do you have a prepaid plan to cover your funeral expenses?

Yes 1

No 2

(IF NOT CURRENTLY MARRIED, SKIP TO Q. 471)

467. Does your spouse have a prepaid plan to cover (his/her) funeral expenses?

Yes 1

No 2

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

Yes 1

(SKIP TO Q. 471)

No 2

Don't Know 8

469. What is the current face value of all of your spouse's life insurance policies?

(FACE VALUE)

470. Are these policies term insurance or are they the type which build up a cash value and you can borrow on them?

Term 1

Cash Value 2

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

Yes l

(SKIP TO Q. 473) No 2

472. How many licensed cars, trucks, or vans do you own?

(NUMBER)

473. Do you (or your spouse) own any other vehicles such as motorcycles, boats, or recreational vehicles?

Yes 1

No 2

(IF Q. 471 IS "NO" AND Q. 473 IS "NO," SKIP TO Q. 476)

474. How much are all of your vehicles worth today?

(WORTH)

475. How much is currently owed for these vehicles?

(CURRENTLY OWED)

476. Do you (or your spouse) have any other investments or financial assets that we have not asked about?

Yes 1

(SKIP TO Q. 479) No 2

477. What types of assets are these?

478. As of the end of last month, what is your best estimate of the equity you (or your spouse) had in these investments or financial assets?

(AMOUNT)

Debt

479. Do you (or your husband/wife) have any credit cards?

Yes 1

(SKIP TO Q. 481) No 2

480. After the last payments were made, what was the total balance still owed on all your credit cards?

(BALANCE)

481. Excluding credit cards, home equity loans, and loans we already talked about,

Do you (or your husband/wife) owe any money for:

(ASK Q. 482 FOR ANY LOAN OR DEBT ANSWERED YES IN Q. 481.)

482. How much is still owed for (SOURCE)?

COLUMN 1 COLUMN 2

Q. 481 Q. 482

SOURCE YES NO AMOUNT

a. purchase of furniture,

appliances, recreation, or 1 2

hobby items?

b. travel, medical or educational

expenses? 1 2

c. loans against lines of

credit? 1 2

d. anything else, for instance, 1 2

loans on a life insurance

policy, or debts to some other

person, a bank or employer, or

a margin account with a broker?

483. Are your monthly expenses usually greater than your monthly income?

Yes 1

(SKIP TO INTRODUCTION ABOVE Q. 485) No 2

484. How do you manage to pay your bills? Do you:

YES NO

a. spend current income? 1 2

b. use up some or all of your assets? 1 2

c. borrow? 1 2

d. rely on welfare or government assistance? 1 2

e. rely on help from nongovernment sources such 1 2

as family, friends, churches, or other groups?

f. not pay all of your bills? 1 2

g. pay later or make partial payments? 1 2

h. some other way? (SPECIFY): 1 2

Changes in Asset Levels

I would now like to ask you some questions about occurrences that may have caused changes in the level of your assets since December 1982.

485. Considering how all of (your/your family's) savings and reserve funds have changed since December 1982, did you:

put more money in, 1

take more money out, or was there 2

no change in your savings? 3

(DO NOT READ) No savings 4

486. People's wealth can change because they put aside savings, spend savings,

or things they own, such as homes, businesses, or stocks, change in value.

Since December 1982, did your assets or wealth:

increase a lot, 1

increase a little, 2

stay about the same, 3

decrease a little, or did your assets 4

decrease a lot? 5

487. Since December 1982, have you (or your husband/wife) made any gifts of

money or property valued at $1,000 or more at one time to your children,

to charitable organizations, or to any other persons or groups?

Yes 1

(SKIP TO Q. 489) No 2

488. To whom did you give this money or property:

Yes No

a. your children? 1 2

b. other relatives? 1 2

c. charitable organizations? 1 2

d. religious organizations? 1 2

e. political persons or groups? 1 2

f. some other persons? 1 2

g. some other organizations? 1 2

489. Since December 1982, have you (or your husband/wife) had any expenses we have not already talked about for yourself or anyone else of $1,000 or more at one time that you yourself paid, such as medical or dental bills, house repairs, or expensive vacations? Do not include gifts you may have made to other persons or organizations.

Yes 1

(SKIP TO Q. 492) No 2

(HAND R CARD 21)

490. What were the expenses for?

(CIRCLE CODE 1 FOR ALL THAT APPLY)

YES NO

a. Medical/dental bills 1 2

b. Nursing home or 1 2

other long‑term care facilities

c. Funeral 1 2

d. Home repairs 1 2

e. Purchase house for self 1 2

f. Purchase house for child 1 2

g. Purchase house for others 1 2

h. Purchase or repair a vehicle 1 2

i. Purchase appliances 1 2

j. Purchase other items 1 2

k. Marriage of self or child 1 2

l. Lawsuit 1 2

m. Vacation 1 2

n. Special tax assessment 1 2

o. Schooling (college or private school) 1 2

p. Pay off debts or loans incurred before 1983 1 2

q. Other (SPECIFY): 1 2

(HAND R CARD 22)

491. How did you get the money to pay these expenses?

(CIRCLE CODE 1 FOR ALL THAT APPLY) YES NO

a. Still owe the money 1 2

b. Paid cash or wrote check 1 2

c. Took the money from a savings or

credit union account 1 2

d. Paid by credit card 1 2

e. Borrowed from a financial institution 1 2

f.Borrowed from relatives 1 2

g. Borrowed from some other source 1 2

h. Sold stocks 1 2

i. Sold bonds 1 2

j. Sold business 1 2

k. Sold homes 1 2

l. Sold real estate other than business or home 1 2

m. Sold personal property 1 2

n. Bartered 1 2

o. Gifts from others 1 2

p. Other (SPECIFY): 1 2

492. Since December 1982, have you (or your husband/wife) been the victim of

any crime in which you were injured or in which you lost money or other

possessions valued at $1, 000 or more?

Yes 1

(SKIP TO Q. 495) No 2

493. As a result of these crimes, how many times since December 1982 did

you (or your husband/wife) lose money or other property valued at $1,000

or more that was not covered by insurance?

(TIMES)

494. How many times during this period were you (or your husband/wife) injured

as a result of these crimes?

(TIMES)

495. Since December 1982, have you (or your husband/wife) suffered any other

losses at one time for which at least $1,000 was not covered by insurance?

Yes 1

(SKIP TO Q 497) No 2

496. What kind of losses did you have:

Yes No

a. losses in the stock or bond market? 1 2

b. loss or damage to your home? 1 2

c. loss or damage to your business or farm? 1 2

d. motor vehicle accident? 1 2

e. some other loss? (SPECIFY) 1 2

497. Since December 1982, did you (or your husband/wife) receive any money

or property worth $l,000 or more at any one time, such as an inheritance,

an insurance settlement, a legal award, or lottery winnings?

Yes 1

(SKIP TO CHECKPOINT X ON PAGE 151) No 2

498. What was the source of this money or property:

YES NO

a. an inheritance? 1 2

b. an insurance settlement? 1 2

c. a legal award? 1 2

d. the lottery or other winnings? 1 2

e. gifts from others? 1 2

f. some other source? (SPECIFY) 1 2

CHECKPOINT X:

IS R LIVING WITH ANY PERSONS 18 YEARS OR OLDER, OTHER THAN HIS/HER SPOUSE

[Q. 7, PAGE 2]?

Yes (ASK Q. 499)

No (SKIP TO Q. 501)

Now we would like to ask some questions about your living arrangements with the people who live here.

499. Are you and these persons currently living together for:

YES NO

a. financial reasons? 1 2

b. social reasons? 1 2

c. health reasons? 1 2

d. some other reasons? 1 2

(SPECIFY):

500. About how much do you (and your spouse) contribute toward your own food and housing expenses: all of these expenses, most of them, some of them, a small part of them, or none of them?

All of them 1

Most of them 2

Some of them 3

Small part of them 4

None of them 5

501. Since December 1982, have you (or your husband/wife) received any financial support worth $1,000 or more in total from friends or other relatives who do not live with you?

Yes 1

(SKIP TO Q. 503) No 2

502. From whom was this received:

YES NO

a. children? 1 2

b. parents? 1 2

c. grandparents? 1 2

d. grandchildren? 1 2

e. brothers or sisters? 1 2

f. friends? 1 2

g. some other person? 1 2

(SPECIFY):

503. In an emergency, could you (or your husband/wife) get at least $1,000 from any friends or relatives who do not live with you?

Yes 1

Possibly 2

No 3

Subjective Income

Finally, we now have a few questions about how you feel about your financial situation and how things seem to be going for you these days in general.

(HAND R CARD 23)

504. How would you say you feel about your life in general?

Delighted 1

Pleased 2

Mostly satisfied 3

Mixed, about equally satisfied

and dissatisfied 4

Mostly dissatisfied 5

Unhappy 6

Terrible 7

(HAND R CARD 23)

505. How do you feel about your (family's) standard of living‑‑the things you have like housing, cars, furniture, recreation, and the like?

Delighted 1

Pleased 2

Mostly satisfied 3

Mixed, about equally satisfied

and dissatisfied 4

Mostly dissatisfied 5

Unhappy 6

Terrible 7

506. How often do you find yourself worrying about your financial situation?

Do you worry about money:

frequently, 1

once in a while, 2

hardly ever, or 3

never? 4

507. Considering your (family's) present circumstances, what would be absolutely the smallest income you (and the family) would need to be able to make ends meet?

AMOUNT

per

Week 1

Every two weeks 2

Month 3

Year 4

508. When you gave me the income amount in the last question, were you thinking of income that you would have to pay taxes on, or were you thinking of after‑tax income, that is, income that you (and the family) could use for spending and saving?

Income that person would have to pay taxes on 1

After‑tax income or income that person could

use for spending and saving 2

Don't know 8

509. So that we can contact you in the event it is necessary to clarify some of the information you provided, please give us a telephone number at which you can be reached.

(AREA CODE) (PHONE NUMBER)

R has no phone 999 999 9999

TIME FINISHED:

(HOUR) (MIN)

(ALSO RECORD ON COVER PAGE)

(INTERVIEWER‑‑BY OBSERVATION ONLY):

1. In what type of structure does R live?

Trailer 01

Detached single family house 02

Two‑family house, two units

side by side (semi‑detached) 03

Two‑family house, two units

one above the other 04

Detached three‑four family

house/apartment building/ 05

condominium

Row house (three or more units

in an attached row) 06

Apartment house or condominium

(five or more units, three 07

stories or less)

Apartment house or condominium

(five or more units, four 08

stories or more)

Apartment or condominium in a

partly commercial structure 09

Hospital or sanitarium 10

Nursing or convalescent home 11

Other (SPECIFY):12

2. Please look at three structures on either side of the dwelling unit but not more than 100 yards or so in both directions and circle code "1" for as many as apply below.

YES NO

a. Vacant land only 1 2

b. Trailer 1 2

c. Detached single family house 1 2

d. Two‑family house, two units

side by side 1 2

e. Two‑family house, two units one above 1 2

the other

f. Detached three‑four family house/ 1 2

apartment building/condominium

g. Row house (three or more units in an 1 2

attached row)

h. Apartment house or condominium (five

or more units, three stories or less) 1 2

i. Apartment house or condominium (five

or more units, four stories or more) 1 2

j. Apartment or condominium in a partly

commercial structure 1 2

k. Hospital or sanitarium structure 1 2

l. Nursing or convalescent home

structure 1 2

m.Wholly commercial or industrial 1 2

structure

n. Park 1 2

o. School or other governmental building 1 2

p. Other (SPECIFY): 1 2

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

Very interested 1

Somewhat interested 2

Somewhat disinterested 3

Very disinterested 4

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

Yes 1

No 2

5. Please use the word‑pair technique to rate the respondent or proxy on the basis of your observation of her/him. Circle one answer code for each row.

The respondent was:

a. Able to understand

questions easily ....... 1 2 3 4 5 6 7 ...... Hardly able to understand

b. Cooperative ............ 1 2 3 4 5 6 7 ...... Uncooperative

c. No language

problem ................ 1 2 3 4 5 6 7 ...... Spoke English with great difficulty

d. Interviewed without

interruption ........... 1 2 3 4 5 6 7 ...... Interrupted often

6. From whom did you obtain the information? (CIRCLE AS MANY AS APPLY) Yes No

a. INFORMATION FOR R COLLECTED FROM R 1 2

b. INFORMATION FOR R COLLECTED FROM A SPOUSE 1 2

c. INFORMATION FOR R COLLECTED FROM A RELATIVE OTHER THAN SPOUSE 1 2

d. INFORMATION FOR R COLLECTED FROM A NEIGHBOR OR FRIEND 1 2

e. INFORMATION FOR R COLLECTED FROM A STAFF MEMBER OF THE

INSTITUTION IN WHICH R RESIDES 1 2

f. INFORMATION FOR R COLLECTED FROM A SOCIAL WORKER OR OTHER

SERVICE PROVIDER 1 2

g. INFORMATION FOR A SPOUSE COLLECTED FROM R 1 2

h. INFORMATION FOR A SPOUSE COLLECTED FROM THAT SPOUSE 1 2

i. INFORMATION FOR A SPOUSE COLLECTED FROM A RELATIVE OTHER THAN R 1 2

j. INFORMATION FOR A SPOUSE COLLECTED FROM A NEIGHBOR OR FRIEND 1 2

k. INFORMATION FOR A SPOUSE COLLECTED FROM A STAFF MEMBER OF THE

INSTITUTION IN WHICH R RESIDES 1 2

l. INFORMATION FOR A SPOUSE COLLECTED FROM A SOCIAL WORKER OR OTHER

SERVICE PROVIDER 1 2

m. SPOUSE INFORMATION NOT OBTAINED‑‑R NOT MARRIED 1 2

7. If you obtain information for the designated respondent from a person other than that R, circle codes which describe the reason(s).

YES NO

a. R not physically/mentally

capable of supplying information 1 2

b. R does not speak English 1 2

c. R unavailable for entire interview period 1 2

d. Other (SPECIFY): 1 2

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