

## Basic CPS Items Booklet

### CAPI Front Items

#### START\_CP

\*CENSUS CATI/CAPI SYSTEM Current Population Survey

Case status is:

Date is: Time is:

INTERVIEW NUMBER:

- 1 Telephone Interview
- 2 Personal interview (See Roster Tab)
- 3 Personal interview (Skip all notes and go to INTROB)
- 4 Noninterview
- 5 Ready to transmit case-no more followup
- 6 Quit: Do not attempt now

#### TYPEZ

\*No survey data were collected for (name of person talking about).  
Enter the reason that best describes why (name of person talking about)'s  
survey data were not collected.

- 1 Person was ill or in the hospital
- 2 Person was temporarily away from home
- 3 Refused
- 4 Other (specify)

#### TYPEZSP

\*Enter other reason why survey data were not collected.

#### NEED\_PV\_CP

\*This case requires a personal visit unless this is a last resort.

- 1 Not last resort
- 2 Continue

**SHOW ROS CP**

\* Status of household composition

LN NAME M RELATION SX AGE MAR SP AN ED RC HS LN

1 Continue

**SHOW SUPP CP**

\* Household roster

LN NAME AGE LBFR STAT SUPP STATLN

1 Continue

**SHOW INFO CP**

\* INFORMATION FROM PREVIOUS MONTHS INTERVIEWS

Press CTRL-T to View best time to call information Press CNTRL-F7 to view case level notes

1 Continue

**SHOW RECYC CP**

\* Recycle information from CATI

OUTCOME:

F5 to view status of persons

CTRL-F7 to view notes for appointment date and time

1 Continue

## DIAL CP

\*Dial this number:

Secondary Number:

Secondary Resp:

Third Number:

Third RESP:

Current Resp:

(house number) (street name) (unit designation)

(city), (state) (zip) -(zip 4)

- 1 Someone answers
- 2 No contact/Answering Machine
- 3 New Telephone number or Telephone disconnected
- 4 NOT ATTEMPTED NOW

## WHICH PHN CP

\* Which phone number needs to be updated?

First number:

Secondary Number:

Third Number:

- 1 First phone number
- 2 Second phone number
- 3 Third phone number

## NEWNUMBER CP

\*OLD NUMBER:

Record new number

Enter (0) for no telephone number

## SHOW CPINFO CP

BC NAME:  
BC TITLE:  
BC PHONE NUMBER:  
BC EXT:  
BC OBSERVATION:

1 Continue

## GENINTRO CP

\*DO NOT READ AS WORDED BELOW

Identify yourself - if personal, show I.D.  
Ask for eligible respondent /Ask to speak to (NAME)  
Introduce survey - adjust introduction to last month's status and respondent  
If new HH - give introductory letter and allow time to read.  
The Household address is:

(house number)(street name) (unit designation)  
(city), (state) (zip) -(zip 4)

1 Continue

## INTROB CP

\*Is respondent ready to complete the interview?

- 1 Continue
- 2 Inconvenient time. Callback needed.
- 3 Reluctant Respondent - hold for refusal followup
- 4 Noninterview
- 5 Other outcome OR problem interviewing respondent
- 6 Wrong address (wrong case selected)

## HHNUM VR CP

\*Do Not Ask  
Is this a Replacement Household?

- 1 Yes
- 2 No

## VERADD\_CP

I have your address listed as ... \* [READ ADDRESS BELOW](#)  
Is that your exact address?

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

- 1 Same address
- 2 Address has changed
- 3 Incorrect address previously recorded
- 4 Moved, new address

## NEWHNO\_CP

\* [Enter corrections for House Number or press ENTER for Same/No Change.](#)

(house number) (house number) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## NEWHNOSUF\_CP

\* [Enter corrections for House # Suffix or Press ENTER for Same/No Change.](#)

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWSTR\_CP**

\*Enter corrections for Street name or Press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWUNIT\_CP**

\*Enter corrections for Unit Designation or Press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWGOINFO\_CP**

\*Enter corrections for Group Quarters Unit Description or Press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWNONCITY CP**

\*Enter corrections for Non City Style Address or Press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWPHYDES CP**

\*Enter corrections for Physical Description or Press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWPO CP**

\*Enter corrections for City or Press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWST\_CP**

\*Enter corrections for State or Press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWZIP\_CP**

\*Enter corrections for Zipcode or Press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWBLNAME\_CP**

\*Enter corrections for Unit Designation or Press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **CHNGPH\_CP**

\*Do not ask

Do you need to change the current phone number?

CURRENT NUMBER:

- 1 Yes
- 2 No

**NEWPH\_CP**

**What is the new telephone number where you would like to be called?**

**PHTYP\_CP**

**Is this a home, office, or cell number?**

- 1 Home
- 2 Office
- 3 Cell

**MAILAD\_CP**

**Is this also your mailing address?**

- 1 Yes
- 2 No

**NEWMHNO\_CP**

\*Enter change to Mailing address - House # or Press ENTER for Same/No Change.

**NEWMHNOSUF\_CP**

\*Enter change to Mailing address - House # suffix or Press ENTER for Same/No Change.

**NEWMSTR\_CP**

\*Enter change to Mailing address - Street Name or Press ENTER for Same/No Change.

**NEWMUNIT\_CP**

\*Enter change to Mailing address - Unit Designation or Press ENTER for Same/No Change.

**NEWMOGQINFO\_CP**

\*Enter change to Mailing address - GQ Unit Description or Press ENTER for Same/No Change.

**NEWMNONCITY\_CP**

\*Enter change to Mailing address - Non-City Style Address or Press ENTER for Same/No Change.

**NEWMPO\_CP**

\*Enter change to Mailing address - City or Press ENTER for Same/No Change.

**NEWMST\_CP**

\*Enter change to Mailing address -State or Press ENTER for Same/No Change.

**NEWMZIP\_CP**

\*Enter change to Mailing address - Zipcode or Press ENTER for Same/No Change.

**PK\_RESP\_CP**

\*Enter line number of respondent

New respondent must be a household member and 15+ or a proxy

R LN NAME M AGE

1	Person1
2	Person2
3	Person3
4	Person4
5	Person5
6	Person6
7	Person7
8	Person8
9	Person9
10	Person10
11	Person11
12	Person12
13	Person13
14	Person14
15	Person15
16	Person16

## SUPP STRTED CP

### RESPONDENT SELECTED:

\* (name of person talking about) has already started the supplement. It must be completed before anyone else can be interviewed.

- 1 Back to select new respondent
- 2 Set callback
- 3 Person unavailable through (date)

## SUPP PROXY CP

\*If (name of person talking about) can give proxy information for (NAME) then continue. Else, you must enter 'L' in the last item in order to continue interviewing the rest of the household.

- 1 Continue

## INTRO RESUME CP

\* Respondent: Respondent name

**Some of the questions have already been answered.**

\* After you enter 1, Press 'END' to return to the next unanswered question

- 1 Continue

## Basic CPS Items Booklet

### CATI Front Items

#### RECTOCAPI CT

\*This should not have been assigned to CATI because it is a MIS (1 or 5) case. This case needs to be recycled to field.

- 1 Continue

#### HELLO

\*Current Population Survey

Hello. This is ..... from the U.S. Census Bureau.

**May I please speak to Respondent name?**

Status:            Cutoff date:

- 1 This is correct person
- 2 Correct person called to phone
- 3 Person not home now or not available now (incl. temp ill/hosp.)
- 4 Person unknown at this number
- 5 Person no longer lives there (Includes deceased individuals)
- 6 Other outcome OR problem interviewing household.

#### HELLO SUPP STRTD

\* (Respondent name) has already started the supplement. It must be completed before anyone else can be interviewed.

- 1 Set callback for (respondent name)
- 2 Person unavailable through (date)

#### HELLO SUPP CNTNUE

\*Can the person you are talking to give proxy information for (NAME)?

- 1 Yes
- 2 No

## **HELLO ALT**

\* Ask for another possible household respondent.

LN NAME RELATION AGE

1	NO ONE listed available now
2	Person1
3	Person2
4	Person3
5	Person4
6	Person5
7	Person6
8	Person7
9	Person8
10	Person9
11	Person10
12	Person11
13	Person12
14	Person13
15	Person14
16	Person15
17	Person16
99	Other problem interviewing household

## **HELLO PRB**

\* Problem interviewing household - Household not available

1	Household Temporarily absent or away
2	Household Ill, hospitalized (physically or mentally unable to respond)
3	Household Deceased
4	Household Institutionalized
5	All members - Usual Residence Elsewhere
6	Other problems - exit to webCATI

**SUPP ALTERNATE**

\* These people need self response interviews:  
CUTOFF DATE : (Cut-off Date)

**I still need to interview (READ NAMES).  
(Is he/ Is she/ Are either of them/ Are any of them) available now?**

LN NAME STATUS LN

1	No_One	
2	Person1	
3	Person2	
4	Person3	
5	Person4	
6	Person5	
7	Person6	
8	Person7	
9	Person8	
10	Person9	
11	Person10	
12	Person11	
13	Person12	
14	Person13	
15	Person14	
16	Person15	
17	Person16	

## HELLO ALT2

\* Ask for another possible household respondent.

This is the last callback for supplement data.  
Accept proxy respondent

LN NAME RELATION AGE

- 1 NO, No one listed is available
- 2 Person1
- 3 Person2
- 4 Person3
- 5 Person4
- 6 Person5
- 7 Person6
- 8 Person7
- 9 Person8
- 10 Person9
- 11 Person10
- 12 Person11
- 13 Person12
- 14 Person13
- 15 Person14
- 16 Person15
- 17 Person16

## SOMEONE IN HH

**I'm trying to reach someone in the (Name of reference person/respondent) household.  
Does (READ NAMES) live there?**

R LN NAME M AGE

- 1 Yes, person you are speaking with or someone available now.
- 2 Yes, but person NOT home or NOT available now.
- 3 No

## GETNAME

\*Enter the line number of the person you are speaking with.

- 1 Person1
- 2 Person2
- 3 Person3
- 4 Person4
- 5 Person5
- 6 Person6
- 7 Person7
- 8 Person8
- 9 Person9
- 10 Person10
- 11 Person11
- 12 Person12
- 13 Person13
- 14 Person14
- 15 Person15
- 16 Person16

## HELP OTH

**Perhaps you can help me. I would like to speak to a member of the (Name of reference person/respondent) household who usually lives there, is at least 15 years old, and is knowledgeable about the household.**

\*IF APPROPRIATE: Would you or someone else there now qualify?

- 1 Yes
- 2 No
- 3 Wrong household

## OTH FNAME

**What is your name?**

## OTH LNAME

\*Enter last name

## **WHO CALLBACK**

\*IF NECESSARY: Whom should I ask for when I call back?

LN NAME RELATION AGE

- 1 Thru closeout no eligible household respondent will be available
- 2 Person1
- 3 Person2
- 4 Person3
- 5 Person4
- 6 Person5
- 7 Person6
- 8 Person7
- 9 Person8
- 10 Person9
- 11 Person10
- 12 Person11
- 13 Person12
- 14 Person13
- 15 Person14
- 16 Person15
- 17 Person16
- 99 No name given or name given not listed above

## **SPEAK TO SOMEONE**

**Since no one in the (Name of reference person/respondent) household will be available before the end of our survey period, perhaps you can help us.**

**We need to speak to someone who is 15 years of age or older and who is currently staying in the (Name of reference person/respondent) household.  
Would you or someone there now qualify?**

- 1 Yes
- 2 No

## **OTH FNAME2**

**What is your name?**

## **OTH LNAME2**

\*Enter last name

**VER RESIDENCE**

**Have I reached a residence at:**

**(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)**

- 1 Yes
- 2 No

**NOT FOR CATI**

**The Census Bureau is conducting the Current Population Survey at selected addresses throughout the country. However, your household does not qualify for a TELEPHONE INTERVIEW at this time. Thank you for your help.**

**\*HANG UP!**

- 1 Continue

**EXITTHANK**

**Thank you for your time.**

**\*HANG UP.**

- 1 Continue

## **INTRO 1ST**

Hello, I'm ..... from the U.S. Census Bureau.

**I'm calling concerning the Current Population Survey. We contacted this household last month to obtain the governments statistics on employment and unemployment in your city and across the country. I'm calling this month to update the information. I have your address listed as:**

**(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)**

**Is that your exact address?**

- 1 SAME address
- 2 MOVED, not same address
- 3 Haven't moved, but address has changed
- 4 Incorrect address previously recorded

## **MOVED**

**Since your address rather than you personally was chosen for inclusion in the survey, no interview is required of you at this time. Thank you for your past cooperation. The help you gave us was an important contribution to the Current Population Survey data.**

- 1 Continue

## **NEWHNO CT**

\* Enter corrections for House Number or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWHNOSUF CT**

\* Enter corrections for House Number Suffix or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWSTR CT**

\* Enter corrections for Street Name or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWUNIT CT**

\* Enter corrections for Unit designation or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWGQINFO CT**

\* Enter corrections for GQ Information or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWNONCITY CT**

\* Enter corrections for Non-City Style Address or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWPHYDES CT**

\* Enter corrections for Physical Description or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWPO CT**

\* Enter corrections for City or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWST CT**

\* Enter corrections for State or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## **NEWZIP CT**

\* Enter corrections for Zipcode or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## NEWBLNAME CT

\* Enter corrections for Building Name or press ENTER for Same/No Change.

(house number) (street name) (unit designation)  
(city), (state) (zip) -(zip 4)

Phy des:  
GQ unit:  
Non-City:  
Building:

## INTRO PT

Hello, this is ..... from the U.S. Census Bureau.

**We completed part of the interview for this household for the Current Population Survey and would like to finish it now.**

\* CUTOFF DATE : (Cut-off Date)

1 Continue

## INTROB CT

**My supervisor is working with me today and may listen in to evaluate my performance.**

\* Persuade respondent to complete interview now, if possible

1 Continue  
2 Inconvenient time. Callback needed  
3 Other outcome or problem

## INTRO RESUME

\* Respondent: Respondent name

**Some of the questions have already been answered.**

Press 'END' to return to the next unanswered question

## Basic CPS Items Booklet

### Demographic Items

#### PERSTAT

(Are all of these persons still living here? / Person status)

- 1 Person deceased
- 2 Person moved out
- 3 Person left - was a URE last month
- 4 Delete person - to correct previous mistake
- 5 Person is a URE this month
- 9 Reinstate person

#### FNAME

(What are the names of all persons living or staying here? / What is the name of the next person)

\*Enter 999 if no more persons

#### LNAME

\*Enter Last Name

#### S HHMEM

Is this (name of person talking about)'s usual place of residence?

- 1 Yes
- 2 No
- 3 Proxy

#### URE

Does (name of person talking about) have a usual place of residence elsewhere?

- 1 Yes
- 2 No

**SEX**

\* Ask only if necessary

**What is (name of person talking about)'s sex?**

- 1 Male
- 2 Female

**NROS2B**

\* 16 Persons in household roster

At this point count additional people. You will interview only those household members 15 years old or older who are listed.

**Are there any other persons 15 years old or older now living or staying there? (Who have not been listed.)**

- 1 Yes
- 2 No

**CNT2BG**

**How many other?**

\* Enter number

**MCHILD**

**I have listed . . . [READ NAMES](#)**

**Have I missed any babies or small children?**

- 1 Yes
- 2 No

**MAWAY**

**Have I missed anyone who usually lives here but is away now -traveling, at school, or in a hospital?**

- 1 Yes
- 2 No

**MLODGE**

**Have I missed any lodgers, boarders, or persons you employ who live here?**

- 1 Yes
- 2 No

**MELSE**

**Have I missed anyone else staying here?**

- 1 Yes
- 2 No

**OWNREN1**

**What is the name of the person or one of the persons who owns or rents that home?**

*\*Enter line number (1-16) if current HH member Enter (0) if owner(s)/renter(s) not a household member*

- 1 Owner/Renter not a HH member
- 2 Person 1's name
- 3 Person 2's name
- 4 Person 3's name
- 5 Person 4's name
- 6 Person 5's name
- 7 Person 6's name
- 8 Person 7's name
- 9 Person 8's name
- 10 Person 9's name
- 11 Person 10's name
- 12 Person 11's name
- 13 Person 12's name
- 14 Person 13's name
- 15 Person 14's name
- 16 Person 15's name
- 17 Person 16's name

## **HHRESP**

\* Ask if necessary

**With whom am I speaking?**

\* Respondent must be a household member and 15+ or a proxy.

1. Under\_15
2. Person 1's name
3. Person 2's name
4. Person 3's name
5. Person 4's name
6. Person 5's name
7. Person 6's name
8. Person 7's name
9. Person 8's name
10. Person 9's name
11. Person 10's name
12. Person 11's name
13. Person 12's name
14. Person 13's name
15. Person 14's name
16. Person 15's name
17. Person 16's name

## **HHRESP\_VERIFY**

**Are all persons –**

- 1 Under 15 years of age
- 2 Non-household members

## **S\_RRP**

**How (are / is) (name/you) related to (reference person's name/you)?**

- 20 Spouse (Husband/Wife)
- 21 Unmarried Partner
- 22 Child
- 23 Grandchild
- 24 Parent (Mother/Father)
- 25 Brother/Sister
- 26 Other relative (Aunt, Cousin, Nephew, Mother-in-law, etc.)
- 27 Foster\_Child
- 28 Housemate/Roommate
- 29 Roomer/Boarder
- 30 Other nonrelative

**S SUBFAM**

**Earlier you said that (name of person talking about) (was/were) not related to (reference person's name/you). (Are / Is) (name of person talking about) related to anyone else in this household?**

- 1 Yes
- 2 No

**SUBFAM WHO**

**Who (are / is) (name of person talking about) related to?**

**\*PROBE: Anyone else?**

Enter line number(s), separate with commas

- 1 Person 1's name
- 2 Person 2's name
- 3 Person 3's name
- 4 Person 4's name
- 5 Person 5's name
- 6 Person 6's name
- 7 Person 7's name
- 8 Person 8's name
- 9 Person 9's name
- 10 Person 10's name
- 11 Person 11's name
- 12 Person 12's name
- 13 Person 13's name
- 14 Person 14's name
- 15 Person 15's name
- 16 Person 16's name

## LNMMOM

\*Enter line number of mother of (name of person talking about)

Ask if necessary: Is (name's/your) mother a member of this household?

- |    |          |
|----|----------|
| 1  | No_One   |
| 2  | Person1  |
| 3  | Person2  |
| 4  | Person3  |
| 5  | Person4  |
| 6  | Person5  |
| 7  | Person6  |
| 8  | Person7  |
| 9  | Person8  |
| 10 | Person9  |
| 11 | Person10 |
| 12 | Person11 |
| 13 | Person12 |
| 14 | Person13 |
| 15 | Person14 |
| 16 | Person15 |
| 17 | Person16 |

## MOMTYP

**(Are / Is) (name of person talking about) (your / mother's name) biological, step, or adopted child?**

- |   |            |
|---|------------|
| 1 | Biological |
| 2 | Step       |
| 3 | Adopted    |

## LNDAD

\*Enter line number of father of (name of person talking about)

Ask if necessary: Is (name's/your) father a member of this household?

- 1 No\_One
- 2 Person1
- 3 Person2
- 4 Person3
- 5 Person4
- 6 Person5
- 7 Person6
- 8 Person7
- 9 Person8
- 10 Person9
- 11 Person10
- 12 Person11
- 13 Person12
- 14 Person13
- 15 Person14
- 16 Person15
- 17 Person16

## DADTYP

(Are / Is) (name of person talking about) (your / father's name) biological, step, or adopted child?

- 1 Biological
- 2 Step
- 3 Adopted

## PARENT2

(REF\_FNAME ^REF\_LNAME's) parent is also (name of person talking about)'s parent, is that correct?

- 1 Yes
- 2 No

## **BIRTHM**

**What is (name's/your) date of birth?**

\* [Enter Birth Month](#)

- 1     Jan
- 2     Feb
- 3     Mar
- 4     Apr
- 5     May
- 6     June
- 7     July
- 8     Aug
- 9     Sept
- 10    Oct
- 11    Nov
- 12    Dec

## **BIRTHD**

**What is (name's/your) date of birth?**

\* [Enter Birth Day](#)

## **BIRTHY**

**What is (name's/your) date of birth?**

\* [Enter Birth Year \(Enter 4 digit year - ex: 1964\)](#)

## **VERIFY AGE**

**As of last week, that would make (name/you) (approximately (AGE)/ less than 1 / over 98 / AGE) years old. Is that correct?**

- 1.     Yes
- 2.     No

## **AGEGSS**

**Even though you don't know (name's/your) exact birthdate, what is your best guess as to how old (you/he/she) (was/were) on (your/his/her) last birthday?**

- 99        99 years or older
- 00 – 98   0 to 98 years old

**AGE2**

\* Ask if necessary

(Are / Is) (you/he/she) under 15?

1 Yes

2 No

**PREMARTL**

**Since our last interview, has any household member had any changes in his or her Marital Status?**

1 Yes

2 No

**MARITL**

**(Are / Is) (name/you) now married, widowed, divorced, separated or never married?**

1 Married - Spouse PRESENT

2 Married - Spouse ABSENT

3 Widowed

4 Divorced

5 Separated

6 Never married

## **SPOUSE**

- \*Enter line number of spouse of (name of person talking about)
- -Ask if necessary

- 1 No\_One
- 2 Person1
- 3 Person2
- 4 Person3
- 5 Person4
- 6 Person5
- 7 Person6
- 8 Person7
- 9 Person8
- 10 Person9
- 11 Person10
- 12 Person11
- 13 Person12
- 14 Person13
- 15 Person14
- 16 Person15
- 17 Person16

## **COHAB**

**Do you have a boyfriend, girlfriend or partner in this household?**

- \*If Yes, probe WHO and enter line number
- If No, enter "0"

- 1 No
- 2 Person 1's name
- 3 Person 2's name
- 4 Person 3's name
- 5 Person 4's name
- 6 Person 5's name
- 7 Person 6's name
- 8 Person 7's name
- 9 Person 8's name
- 10 Person 9's name
- 11 Person 10's name
- 12 Person 11's name
- 13 Person 12's name
- 14 Person 13's name
- 15 Person 14's name
- 16 Person 15's name
- 17 Person 16's name

**AFEVER**

**Did (name/you) ever serve on active duty in the U. S. Armed Forces?**

- 1 Yes
- 2 No

**AFWHEN**

\* **IF NECESSARY:** Previously I was told that (name/you) served on active duty in the U. S. Armed Forces.

**When did (you/he/she) serve?**

\* Enter all that apply, separate with commas Mark up to 4 that apply

- 1 September 2001 or later
- 2 August 1990 to August 2001
- 3 May 1975 to July 1990
- 4 Vietnam Era (August 1964 to April 1975)
- 5 February 1955 to July 1964
- 6 Korean War (July 1950 to January 1955)
- 7 January 1947 to June 1950
- 8 World War II (December 1941 to December 1946)
- 9 November 1941 or earlier

**AFNOW**

**(Are / Is) (name/you) (now/still) in the Armed Forces?**

- 1 Yes
- 2 No

## **EDUCA**

**What is the highest level of school (name/you) (have/has) completed or the highest degree (name/you) (have/has) received?**

- 31 Less than 1st grade
- 32 1st, 2nd, 3rd or 4th grade
- 33 5th or 6th grade
- 34 7th or 8th grade
- 35 9th grade
- 36 10th grade
- 37 11th grade
- 38 12th grade NO DIPLOMA
- 39 HIGH SCHOOL GRADUATE- high school DIPLOMA or the equivalent (For example: GED)
- 40 Some college but no degree
- 41 Associate degree in college - Occupational/vocational program
- 42 Associate degree in college -- Academic program
- 43 Bachelor's degree (For example: BA, AB, BS)
- 44 Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
- 45 Professional School Degree (For example: MD,DDS,DVM,LLB,JD)
- 46 Doctorate degree (For example: PhD, EdD)

## **DIPGED**

**People can get a High School diploma in a variety of ways, such as graduating from High School or by getting a GED or other equivalent. How did (name/you) get (your/his/her) High School diploma?**

- 1 Graduation from High School
- 2 GED or other equivalent

## **HGCOMP**

**What was the highest grade of regular school (name/you) completed before receiving (your/his/her) GED?**

- 1 Less than 1st grade
- 2 1st, 2nd, 3rd or 4th grade
- 3 5th or 6th grade
- 4 7th or 8th grade
- 5 9th grade
- 6 10th grade
- 7 11th grade
- 8 12th grade NO DIPLOMA

## CYC

**(Including any time that may have been spent getting as Associate's Degree, / )  
(How/how) many years of college CREDIT (have/has) (name/you) completed?  
(Have / Has) (you/he/she) COMPLETED...**

- 1 Less than 1 year (include 0 years completed)?
- 2 The first, or FRESHMAN year?
- 3 The second, or SOPHOMORE year?
- 4 The third, or JUNIOR year?
- 5 Four or more years?

## GRPROF

**Since completing (your/his/her) Bachelor's degree (have/has) (name/you) ever taken any  
GRADUATE or PROFESSIONAL school courses for credit?**

- 1 Yes
- 2 No

## GR6COR

**Did (name/you) complete SIX or MORE graduate or professional school courses?**

- 1 Yes
- 2 No

## MS123

**Was (name's/your) Master's Degree program a 1-year, 2-year, or 3-year program?**

- 1 1-year program
- 2 2-year program
- 3 3-year program (or longer)

## HSPNON

**(Are / Is) (name/you) of Hispanic, Latino, or Spanish origin?**

- 1 Yes
- 2 No

## ORISPN

**(Are / Is) (name/you) Mexican, Mexican American, or Chicano; Puerto Rican; Cuban, Cuban American, or of another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?**

**\* If multiple answer, Probe: Which group (do/does) (you/he/she) most closely identify with?**

- 1 Mexican
- 2 Mexican American
- 3 Chicano
- 4 Puerto Rican
- 5 Cuban
- 6 Cuban-American
- 7 Other

## S OROTSP

**What is that origin?**

## OROTSS

**\* Specify "Other" Spanish, Hispanic, or Latino group**

## RACE

**I am going to read you a list of race categories. You may choose one or more races. For this survey, Hispanic origin is not a race. Are you: White; Black or African American; American Indian or Alaska Native; Asian; OR Native Hawaiian or Other Pacific Islander?**

**\* Do not probe unless response is Hispanic or a Hispanic origin  
Enter all that apply, separate with commas**

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 Other - DO NOT READ

## RACEAS

**You may choose one or more Asian groups. (Are / Is) (you/name) Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or another Asian group, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on?**

- \* Read each item
- \* Enter all that apply, separate with commas

- 1 Asian Indian
- 2 Chinese
- 3 Filipino
- 4 Japanese
- 5 Korean
- 6 Vietnamese
- 7 Other Asian

## RACEPI

**You may choose one or more Pacific Islander groups. (Are / Is) (you/name) Native Hawaiian; Guamanian or Chamorro; Samoan; or another Pacific Islander group, for example, Fijian, Tongan, and so on?**

- \* Read each item
- \* Enter all that apply, separate with commas

- 1 Native Hawaiian
- 2 Guamanian or Chamorro
- 3 Samoan
- 4 Other Pacific Islander

## S RACEOT

- \* Read only if necessary: What is (your/his/her) race?

## RACEOS

- \* Specify Other race

## Basic CPS Items Booklet

### Labor Force Items

#### LABFOR

I am going to ask a few questions about work-related activities (THE WEEK BEFORE LAST/LAST WEEK). By (the week before last/last week), I mean the week beginning on Sunday, (DATE), and ending on Saturday, (DATE).

1 Continue

#### BUS

(Do you/ Does NAME/ Does anyone in this household) have a business or a farm?

1 Yes

2 No

#### BUSL

Whose business or farm is it?

\* Enter all that apply, separate by commas.

\* Probe: Anyone else?

1 Person1  
2 Person2  
3 Person3  
4 Person4  
5 Person5  
6 Person6  
7 Person7  
8 Person8  
9 Person9  
10 Person10  
11 Person11  
12 Person12  
13 Person13  
14 Person14  
15 Person15  
16 Person16

**WORK**

**(THE WEEK BEFORE LAST/LAST WEEK), did (name/you) do ANY work for (pay/either pay or profit)?**

- 1 Yes
- 2 No
- 3 Retired
- 4 Disabled
- 5 Unable to work

**BUS1**

**(THE WEEK BEFORE LAST/LAST WEEK), did (name/you) do any unpaid work in the family business or farm?**

- 1 Yes
- 2 No

**BUS2**

**(Do / Does) (name/you) receive any payments or profits from the business?**

- 1 Yes
- 2 No

**RET**

**Last month (name/you) (was/were) reported to be retired. (Are / Is) (you/he/she) still retired?**

- 1. Yes
- 2. No
- 3. Was not retired last month

**DIS**

**Does (your/his/her) disability continue to prevent (you/he/she) from doing any kind of work for the next 6 months (or working in the family business)?**

- 1 Yes
- 2 No
- 3 Did not have a disability last month

**RET1\_1**

**(Do / Does) (name/you) currently want a job, either full or part time?**

- 1 Yes or maybe, it depends
- 2 No
- 3 Has a job

**DIS1\_1**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**DIS2\_1**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**ABSNT**

**(THE WEEK BEFORE LAST/LAST WEEK), (in addition to the business) (name/you) have a job either full or part time? Include any job from which (name/you) (was/were) temporarily absent.**

- 1 Yes
- 2 No
- 3 Retired
- 4 Disabled
- 5 Unable to Work

**RET1\_2**

**(Do / Does) (name/you) currently want a job, either full or part time?**

- 1 Yes or maybe, it depends
- 2 No
- 3. Has a job

**DIS1\_2**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**DIS2\_2**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**LAY**

**(THE WEEK BEFORE LAST/LAST WEEK), (was/were) (name/you) on layoff from a job?**

- 1 Yes
- 2 No
- 3 Retired
- 4 Disabled
- 5 Unable to work

**RET1\_3**

**(Do / Does) (name/you) currently want a job, either full or part time?**

- 1 Yes or maybe, it depends
- 2 No
- 3 Has a job

**DIS1\_3**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**DIS2\_3**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**ABSRSN1**

**What was the main reason (you/he/she) (was/were) absent from work (THE WEEK BEFORE LAST/LAST WEEK)?**

- 1 On layoff (temporary or indefinite)
- 2 Slack work/business conditions
- 3 Waiting for new job to begin
- 4 Vacation/personal days
- 5 Own illness/injury/medical problems
- 6 Child care problems
- 7 Other family/personal obligation
- 8 Maternity/paternity leave
- 9 Labor dispute
- 10 Weather affected job
- 11 School/training
- 12 Civic/military duty
- 13 Does not work in the business
- 14 Other (specify)

**ABSPD**

**(Are / Is) ( you/he/she) being paid by (your/his/her) employer for any of the time off (the week before last/last week)?**

- 1 Yes
- 2 No

**MJ**

**(THE WEEK BEFORE LAST/LAST WEEK), did (name/you) have more than one (job/job or business), including part time, evening or weekend work?**

- 1 Yes
- 2 No

**MJNUM**

**Altogether, how many (jobs/ jobs or businesses) did (you/he/she) have?**

- 1      2 jobs
- 2      3 jobs
- 3      4 or more jobs

**HRUSL1**

**How many hours per week (do/does) (name/you) USUALLY work at (your/his/her) (job?/ main job?)**

- \* Enter number of hours
- \* (00-99) Hours each week
- \* (V) Hours vary each week

**HRUSL2**

**How many hours per week (do/does) (you/he/she) USUALLY work at (your/his/her) other (job/ jobs)?**

- \* Enter number of hours
- \* (00-99) Hours each week
- \* (V) Hours vary each week

**HRETPT**

**(Do / Does) (you/he/she) usually work 35 hours or more per week (at (your/his/her) job/in the family business/ at all (your/his/her) jobs combined)?**

- 1      Yes
- 2      No
- 3      Hours Vary

**HRWANT**

**(Do / Does) (name/you) want to work a full time workweek of 35 hours or more per week?**

- 1      Yes
- 2      No
- 3      Regular hours are full-time

**HRRSN1**

**Some people work part time because they cannot find full time work or because business is poor. Others work part time because of family obligations or other personal reasons. What is (name's/your) MAIN reason for working part time?**

\* Probe if necessary: What is (name's/your) main reason for working part time instead of full time?

- 1 Slack work/business conditions
- 2 Could only find part-time work
- 3 Seasonal work
- 4 Child care problems
- 5 Other family/personal obligations
- 6 Health/medical limitations
- 7 School/training
- 8 Retired/Social Security limit on earnings
- 9 Full-time workweek is less than 35 hours
- 10 Other - specify

### **HRSPC1**

\* Enter Verbatim Response

### **HRRSN2**

**What is the main reason (you/he/she) (do/does) not want to work full time?**

- 1 Child care problems
- 2 Other family/personal obligations
- 3 Health/medical limitations
- 4 School/training
- 5 Retired/Social Security limit on earnings
- 6 Full time work week less than 35 hours
- 7 Other - specify

### **HRSPC2**

\* Enter Verbatim Response

### **HROFF1**

Now I have some questions about the exact number of hours (name/you) worked (THE WEEK BEFORE LAST/LAST WEEK). (THE WEEK BEFORE LAST/LAST WEEK), did (you/he/she) lose or take off any hours from ((his/her) MAIN job/work), for ANY reason such as illness, slack work, vacation, or holiday?

- 1 Yes
- 2 No

### **HROFF2**

How many hours did (name/you) take off?

\* Enter number of hours

### **HROT1**

(THE WEEK BEFORE LAST/LAST WEEK), did (name/you) work any overtime or extra hours (at (his/her) MAIN job that / that)(you/he/she) (do/does) not usually work?

- 1 Yes
- 2 No

### **HROT2**

How many ADDITIONAL hours did (you/he/she) work?

\* Enter number of hours

### **HRACT1**

(LAST WEEK/THE WEEK BEFORE LAST), how many hours did ( you/he/she) ACTUALLY work at (your/his/her) (job?/MAIN job)?

\* Enter number of hours

\* (00 - 99)

### **HRACT2**

(THE WEEK BEFORE LAST/LAST WEEK), how many hours did ( you/he/she) ACTUALLY work at (your/his/her) other (job/ jobs)?

\* Enter number of hours

\* (00 - 99)

### **ABSRSN2**

**What was the main reason ( you/he/she) (was/were) absent from work (THE WEEK BEFORE LAST/LAST WEEK)?**

1. On layoff (temporary or indefinite)
2. Slack work/business conditions
3. Waiting for new job to begin
4. Vacation/personal days
5. Own illness/injury/medical problems
6. Child care problems
7. Other family/personal obligation
8. Maternity/paternity leave
9. Labor dispute
10. Weather affected job
11. School/training
12. Civic/military duty
13. Does not work in the business
14. Other (specify)

**ABSPC2**

\*Enter Verbatim Response

**HRRSN3**

**What is the main reason (name/you) worked less than 35 hours (THE WEEK BEFORE LAST/LAST WEEK)?**

- 1 Slack work/business conditions
- 2 Seasonal work
- 3 Job started or ended during week
- 4 Vacation/personal day
- 5 Own illness/injury/medical appointment
- 6 Holiday (legal or religious)
- 7 Child care problems
- 8 Other family/personal obligations
- 9 LaborDispute
- 10 Weather affected job
- 11 School/training
- 12 Civic/Military duty
- 13 Other reason

**HRSPC3**

\* Enter Verbatim Response

**HRAVL**

**(THE WEEK BEFORE LAST/LAST WEEK), could (name/you) have worked full time IF the hours had been available?**

- 1 Yes
- 2 No

**LAYDT**

**Has (name's/your) employer given (you/he/she) a date to return to work?**

- 1 Yes
- 2 No

**LAY6M**

**(Have / Has) (you/he/she) been given any indication that ( you/he/she) will be recalled to work within the next 6 months?**

- 1 Yes
- 2 No

**LAYAVL**

**Could (you/he/she) have returned to work (THE WEEK BEFORE LAST/LAST WEEK) IF (you/he/she) had been recalled?**

- 1 Yes
- 2 No

**LAYAVR**

**Why is that?**

- 1 Own temporary illness
- 2 Going to school
- 3 Other

**LAYAVS**

\* Enter specific reason

**LAYLK**

**Even though (you/he/she) (expect/expects) to be called back to work, (have/has) (you/he/she) been looking for work during the last 4 weeks?**

- 1 Yes
- 2 No

**LAYDR1**

**As of the end of (THE WEEK BEFORE LAST/LAST WEEK), how long had/has (you/he/she) been on layoff?**

- 1 Weeks
- 2 Months
- 3 Years

**LAYDR2**

- \* Do not read to respondent
- \* Enter number of (weeks, months, years)

**LAYDR3**

**We would like to have that in weeks, IF possible, exactly how many weeks had (name/you) been on layoff?**

- \* Enter number of weeks

**LAYFT**

**Is the job from which (name/you) (are / is) on layoff a full time job of 35 hours or more per week?**

- 1 Yes
- 2 No

**LK**

**(Have / Has) (name/you) been doing anything to find work during the last 4 weeks?**

- 1 Yes
- 2 No
- 3 Retired
- 4 Disabled
- 5 Unable to work

**DIS1 4**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**DIS2 4**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

## LKM

**What are all the things (you/he/she) (have/has) done to find work during the last 4 weeks?**

\*Do not read answer categories

Enter (0) for no additional answer

- 1 Contact employer directly/interview
- 2 Contacted public employment agency
- 3 Contacted private employment agency
- 4 Contacted friends or relatives
- 5 Contacted school/university employment center
- 6 Sent out resumes/filled out applications
- 7 Checked union/professional registers
- 8 Placed or answered ads
- 9 Other active
- 10 Looked at ads
- 11 Attended job training programs/courses
- 12 Other passive
- 13 Nothing

## LKMSP

\*Enter verbatim response

## LKDK

**You said (name/you) (have/has) been trying to find work. How did ( you/he/she) go about looking?**

\* Do not read answer categories

Enter (0) for no additional answer

- 1 Contact employer directly/interview
- 2 Contacted public employment agency
- 3 Contacted private employment agency
- 4 Contacted friends or relatives
- 5 Contacted school/university employment center
- 6 Sent out resumes/filled out applications
- 7 Checked union/professional registers
- 8 Placed or answered ads
- 9 Other active
- 10 Looked at ads
- 11 Attended job training programs/courses
- 12 Other passive
- 13 Nothing

## LKDKS

\* Enter verbatim response

## LKPS

**Can you tell me more about what (he/she) did to search for work?**

- \* Do not read answer categories
- Enter (0) for no additional answer

- 1 Contact employer directly/interview
- 2 Contacted public employment agency
- 3 Contacted private employment agency
- 4 Contacted friends or relatives
- 5 Contacted school/university employment center
- 6 Sent out resumes/filled out applications
- 7 Checked union/professional registers
- 8 Placed or answered ads
- 9 Other active
- 10 Looked at ads
- 11 Attended job training programs/courses
- 12 Other passive
- 13 Nothing

## LKPSP

- \* Enter verbatim response

## LKAVL

**(THE WEEK BEFORE LAST/LAST WEEK), could (you/he/she) have started a job if one had been offered?**

- 1 Yes
- 2 No

## LKA VR

**Why is that?**

- 1 Waiting for new job to begin
- 2 Own temporary illness
- 3 Going to school
- 4 Other (specify)

## LKAVS

\* Enter verbatim response

## LKLL1

**BEFORE (name/you) started looking for work, what (was/were) (you/he/she) doing: working, going to school, or something else?**

- 1 Working
- 2 School
- 3 Left military service
- 4 Something ELSE

## LKLL1S

\* Enter verbatim response

## LKLL2

**Did (you/he/she) lose or quit that job, or was it a temporary job that ended?**

- 1 Lost job
- 2 Quit job
- 3 Temporary job ended

## LKLW

**When did (you/he/she) last work at (a/that) job or business?**

- 1 Within the last 12 months
- 2 More than 12 months ago
- 3 Never worked

## LKDATM

\* Ask if necessary, otherwise verify

**What was the month and year that (you/he/she) last worked?**

\* Enter month

- |    |           |
|----|-----------|
| 1  | January   |
| 2  | February  |
| 3  | March     |
| 4  | April     |
| 5  | May       |
| 6  | June      |
| 7  | July      |
| 8  | August    |
| 9  | September |
| 10 | October   |
| 11 | November  |
| 12 | December  |

## LKDATY

**What was the month and year that (you/he/she) last worked?**

\* Enter year

## LKDR1

**As of the end of (THE WEEK BEFORE LAST/LAST WEEK), how long had (you/he/she) been looking for work?**

- |   |        |
|---|--------|
| 1 | Weeks  |
| 2 | Months |
| 3 | Years  |

## LKDR2

\* Do not read to the respondent

\* Enter number of (weeks, months, years)

**LKDR3**

**We would like to have that in weeks if possible. Exactly how many weeks (have/has) (name/you) been looking for work?**

\* Enter number of weeks

**LKFT**

**(Have / Has) (you/he/she) been looking for full time work of 35 hours or more per week?**

- 1 Yes
- 2 No
- 3 Doesn't matter

**DWWNT**

**(Do / Does) (name/you) currently want a job, either full or part time?**

- 1 Yes, or maybe, it depends
- 2 No
- 3 Retired
- 4 Disabled
- 5 Unable to work

**DIS1 5**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**DIS2 5**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**DWRSN**

**What is the main reason (you/he/she) (was/were) not looking for work during the LAST 4 WEEKS?**

- 1 Believes no work available in line of work or area
- 2 Couldn't find any work
- 3 Lacks necessary schooling, training, skills or experience
- 4 Employers think too young or too old
- 5 Other types of discrimination
- 6 Can't arrange child care
- 7 Family responsibilities
- 8 In school or other training
- 9 Ill health, physical disability
- 10 Transportation problems
- 11 Other

**DWRSP**

\*Enter verbatim response

**DWLK**

**Did (name/you) look for work at any time during the last 12 months?**

- 1 Yes
- 2 No

**DWWK**

**Did (you/he/she) actually WORK at a job or business during the last 12 months?**

- 1 Yes
- 2 No

**DW4WK**

**Did (you/he/she) do any of this work during the last 4 weeks?**

- 1 Yes
- 2 No

**DWLKWK**

**And since (name/you) LEFT that job or business (have/has) (you/he/she) looked for work?**

- 1 Yes
- 2 No

**DWAVL**

**(THE WEEK BEFORE LAST/LAST WEEK), could (you/he/she) have started a job IF one had been offered?**

- 1 Yes
- 2 No

**DWAVR**

**Why is that?**

- 1 Own temporary illness
- 2 Going to school
- 3 Other (SPECIFY)

**DWAVS**

[\\*Enter verbatim response](#)

**JHWK**

**(Have / Has) (name/you) worked at a job or business at any time during the past 12 months?**

- 1 Yes
- 2 No

**JHDP1**

**Did (you/he/she) do any of this work during the last 4 weeks?**

- 1 Yes
- 2 No

**JHRSN**

**What is the main reason (you/he/she) left (your/his/her) last job?**

- 1 Personal, family (including pregnancy)
- 2 Return to school
- 3 Health
- 4 Retirement or old age
- 5 Temporary, seasonal or intermittent job completed
- 6 Slack work or business conditions
- 7 Unsatisfactory work arrangements (hours, pay, etc)
- 8 Other (specify)

**JHRSP**

\* Enter verbatim reason

**JHWANT**

**(Do / Does) (name/you) intend to look for work during the next 12 months?**

- 1 Yes, or it depends
- 2 No

**IODP1**

**Last month, it was reported that (name/you) worked for (input.IO1NAM). (Do / Does) (you/he/she) still work for (input.IO1NAM)**

- 1 Yes
- 2 No

**IODP2**

**Have the usual activities and duties of (your/his/her) job changed since last month?**

- 1 Yes
- 2 No

**IODP3**

**Last month (name/you) (was/were) reported as (a/an) (input.IO1OCC) and (your/his/her) usual activities were (input.IO1DT1 8500.IO1DT2). Is this an accurate description of (your/his/her) current job?**

- 1 Yes
- 2 No

**IO1INT**

**(Were/Was) (name/you) employed by government, by a private company, a nonprofit organization, or (was/were) ( you/he/she) self -(or working in the family business)?**

- 1 Government
- 2 Private-for-profit company
- 3 Non-profit organization including tax exempt and charitable organizations
- 4 Self-employed
- 5 Working in the family business

**IO1GVT**

**Would that be the federal, state, or local government?**

- 1 Fed
- 2 State
- 3 Local

**IO1INC**

**(Is/Was) this business incorporated?**

- 1 Yes
- 2 No

**PDEMP1**

**(Do/Does) (name/you) usually have any paid employees?**

- 1 Yes
- 2 No

**NMEMP1**

**Excluding all owners, how many paid employees does (name's/your) business usually have?**

**IO1WP**

**(Were/Was) (name/you) working for pay?**

- 1 Yes
- 2 No

**IO1NMP**

**What is the name of the (company/non-profit organization) for which (you/he/she) work (at main job)/worked (at main job)/works (at main job) (work/works/worked)**

**\* Do not read to respondent**

**(name of company, business, organization or other employer)**

**IO1NMG**

**What is the name of the government agency for which (you/he/she) (work/works)**

**IO1NMB**

**What is the name of (your/name's) business?**

**IO1IND**

**What kind of business or industry is this?**

**\* Read if necessary:** What do they make or do where (you/he/she) (work/works)?

**IO1MFG**

**\* Ask if necessary:** Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something ELSE?

- 1 Manufacturing
- 2 Retail trade
- 3 Wholesale trade
- 4 Something else

**IO1OCC**

**What kind of work (DO/DOES/DID) (name/you) do, that is, what (is/was) (your/his/her) occupation?** For example: plumber, typist, farmer

**IO1DT1**

**What (are / were) (your/his/her) usual activities or duties at this job?**

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

**IO1DT2**

What (are / were) (your/his/her) usual activities or duties at this job?

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

**PDEMP1A**

**(Do/Does) (name/you) usually have any paid employees?**

- 1 Yes
- 2 No

**NMEMP1A**

**Excluding all owners, how many paid employees does (name's/your) business usually have?**

**IO1WPA**

**(Were/Was) (name/you) working for pay?**

- 1 Yes
- 2 No

**IO1NMBA**

**What is the name of (your/name's) business?**

**IO1INDA**

**What kind of business or industry is this?**

\***Read if necessary:** What do they make or do where (you/he/she) (work/works)?

### **IO1MFGA**

\***Ask if necessary:** Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something ELSE?

1. Manufacturing
2. Retail trade
3. Wholesale trade
4. Something else

### **IO1OCCA**

**What kind of work (DO/DOES/DID) (name/you) do, that is, what (is/was) (your/his/her) occupation?**

For example: plumber, typist, farmer

### **IO1DT1A**

**What (are / were) (your/his/her) usual activities or duties at this job?**

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

### **IO1DT2A**

**What (are / were) (your/his/her) usual activities or duties at this job?**

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

### **IOPRO1**

**Now I have a few questions about (your/his/her) second job.**

1. Continue

### **IO2INT**

**(THE WEEK BEFORE LAST/LAST WEEK) at (name's/your) second job,(was/were)**

**(name/you) employed by government, by a private company, a non-profit organization, or (was/were) (you/he/she) self (or working in the family business?)**

- 1 Government
- 2 Private-for-profit company
- 3 Non-profit organization including tax exempt and charitable organizations
- 4 Self-employed
- 5 Working in the family business

**IO2GVT**

**Would that be the federal, state, or local government?**

- 1 Federal
- 2 State
- 3 Local (county, city, township)

**IO2INC**

**(Is/Was) this business incorporated?**

- 1 Yes
- 2 No

**PDEMP2**

**(Do / Does) (name/you) usually have any paid employees?**

- 1 Yes
- 2 No

**NMEMP2**

**Excluding all owners, how many paid employees does (name's/your) business usually have?**

**IO2WP**

**(Was/Were) (name/you) working for pay?**

**IO2NMP**

**What is the name of the (company/non-profit organization) for which (name/you) work (at main job)/worked (at main job)/works (at main job) at (your/his/her) SECOND job?**

\*Do not read to respondent: Name of company, business, organization or other employer

### **IO2NMG**

**What is the name of the government agency for which (name/you) (work/works) at (your/his/her) SECOND job?**

### **IO2NMB**

**What is the name of (your/name's) business?**

### **IO2IND**

**What kind of business or industry is this?**

\*Read if necessary:

What do they make or do where (name/you) (work/works)?

### **IO2MFG**

\*Ask if necessary:

Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something ELSE?

- 1 Manufacturing
- 2 Retail trade
- 3 Wholesale trade
- 4 Something else

### **IO2OCC**

**What kind of work (DO/DOES/DID) (name/you) do, that is, what (is/was) (your/his/her) occupation?**

For example: plumber, typist, farmer

### **IO2DT1**

**What (are / were) (your/his/her) usual activities or duties at this job?**

\*Do not read to respondent:

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

## **IO2DT2**

What are (your/his/her) usual activities or duties at this job?

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

## **ERNP**

**This month I have a few questions about earnings.**

1 Continue

## **ERNPR**

**For (name's/your) (job/MAIN job), what is the easiest way for you to report (your/his/her) total earnings BEFORE taxes or other deductions: hourly, weekly, annually, or on some other basis?**

\* Read if necessary: We use this information to compare the amount that people earn in different types of jobs.

- 1 Hourly
- 2 Weekly
- 3 Bi-weekly
- 4 Twice monthly
- 5 Monthly
- 6 Annually
- 7 Other (specify)

## **ERNPRS**

\* Enter verbatim response

## **ERNUOT**

**(Do / Does) (name/you) usually receive overtime pay, tips, or (commissions?/commissions at (your/his/her) MAIN job?)**

- 1 Yes
- 2 No

**ERNHRTD**

**(EXCLUDING overtime pay, tips and commissions) what is (your/his/her) hourly rate of pay on (this job/ (your/his/her) MAIN job)?**

- \* Enter dollar amount

**ERNHRTC**

**(EXCLUDING overtime pay, tips and commissions) what is (your/his/her) hourly rate of pay on (this job/ (your/his/her) MAIN job)?**

- \* Enter cents amount

**ERNHRED**

**What is your best estimate of (your/his/her) hourly rate of pay?**

- \* Enter dollar amount

**ERNHREC**

What is your best estimate of (your/his/her) hourly rate of pay?

- \* Enter cents amount

**ERNRG1**

- \* Do not ask the respondent

Hourly earnings recorded as: (entry in ERNH1O) hourly. Is this entry correct?

- 1 Yes
- 2 No

**ERNHCOD**

- \* Do not ask the respondent

Incorrect entry was recorded as: (entry in ERNH1O) hourly.

Correct dollar entry is: \$

### **ERNHCOC**

Do not ask the respondent

Incorrect entry was recorded as: (entry in ERNH1O) hourly.

\* Correct cents entry is: \$ 00.

### **ERNHR**

**How many hours (do/does) (name/you) usually work per week at this rate?**

\* Enter number of hours

### **ERNOTP**

**(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?**

\* Do not read to respondent Enter periodicity

- 1 Per hour
- 2 Per day
- 3 Per week
- 4 Per month
- 5 Per year
- 6 Other

### **ERNOTHD**

(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?

\* Do not read to respondent: Enter dollar amount

### **ERNOTHC**

(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?

\* Do not read to respondent: Enter cents amount

### **ERNOTAD**

(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?

\*Do not read to respondent: Enter dollar amount

### **ERNOTAC**

(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?

\*Do not read to respondent: Enter cents amount

### **ERNOTE**

**What is your best estimate of how much (you/he/she) usually (earn/earns) WEEKLY, JUST in overtime pay, tips, or commissions, before taxes or other deductions?**

\*Enter dollar amount

### **ERNRG2**

\*Do not ask: Usual (weekly/hourly/monthly/annual) earnings in overtime pay, tips or commissions recorded as: (ERNOTO)

\*Is this entry correct?

- 1 Yes
- 2 No

### **ERNOCOD**

\*Do not read to respondent: Incorrect entry was recorded as: (ERNOTO)  
Correct dollar entry is: \$

### **ERNOCOG**

Do not read to respondent: Incorrect entry was recorded as: (ERNOTO)  
\*Correct cents entry is: \$

### **ERNOCHD**

\*Do not read to respondent: Incorrect entry was recorded as: (ERNOTO)  
Correct entry is: \$

**ERNOCHC**

Do not read to respondent: Incorrect entry was recorded as: (ERNOTO)

\* Correct cents entry is: \$

**ERNOH**

**How many hours (do/does) (name/you) usually work per week at this rate?**

\* Enter number of hours

**ERNOHE**

**What is your best estimate of the number of hours per week (you/he/she) usually (work/works) at this rate?**

\* Enter number of hours

**ERNVR1**

**I have estimated (your/his/her) usual WEEKLY earnings (as/for (your/his/her) main job as) (AMOUNT) before taxes or other deductions. Does that sound correct?**

- 1 Yes
- 2 No

## ERNVRA

**I have recorded:**

- 1 (entry in ERNH1O) as (your/his/her) hourly rate of pay.
- 2 (Entry in ERNHRO) as the number of hours ( you/he/she)usually worked at this rate.
- 3 (Entry in ERNOTO) as the amount (you/he/she) usually earned (weekly/hourly/monthly/annual) in overtime pay, tips and commissions.
- 4 (Entry in ERNOHE) as the number of hours per week (you/he/she) usually works at this rate.

**Which piece or pieces of information do not seem to be correct?**

\*Enter all that apply, separate by commas.

If all information is correct, enter (0) to continue

- 1 Hourly\_rate
- 2 Number of hours
- 3 Overtime pay
- 4 Hours per week

## ERNH1CD

**What is (name's/your) hourly rate of pay on this job, excluding overtime pay, tips or commissions?**

\*Enter dollar amount

## ERNH1CC

What is (name's/your) hourly rate of pay on this job, excluding overtime pay, tips or commissions?

\*Enter cents amount

## ERNHC

**How many hours (do/does) (name/you) usually work per week at the rate of (entry in ERNH1C/ERNH1O)?**

\*Enter hours (01-99)

### **ERNOTCD**

**How much (do/does) (name/you) usually earn (weekly/monthly/annually) just in overtime pay, tips or commissions?**

\* Enter dollar amount

### **ERNOTCC**

How much (do/does) (name/you) usually earn (weekly/monthly/annually) just in overtime pay, tips or commissions?

\* Enter cents amount

### **ERNOHCD**

**How much (do/does) (name/you) usually earn hourly just in overtime pay, tips or commissions?**

\* Enter dollar amount

### **ERNOHCC**

How much (do/does) (name/you) usually earn hourly just in overtime pay, tips or commissions?

\* Enter dollar amount

### **ERNH2C**

**How many hours (do/does) (name/you) usually work per week at the rate of (entry in ERNOHC/ERNOTO)?**

\* Enter hours (00-99)

### **ERNWK1**

**Then, including overtime pay, tips and commissions, what are (name/you) usual WEEKLY earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

\* Correct Entry is:

**ERNVR3**

**I have estimated (your/his/her) total WEEKLY earnings (as/ for (your/his/her) main job, as (entry in ERNX2) WEEKLY before taxes or other deductions. Does that sound correct?**

- 1 Yes
- 2 No (Irreconcilable difference)

**ERNWK**

**(Including overtime pay, tips and commissions,) What are (name's/your) usual weekly earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

\*Enter dollar amount

**ERNTMN**

**(Including overtime pay, tips and commissions,) what are (name's/your) usual twice monthly earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

\*Enter dollar amount

**ERNMON**

**(Including overtime pay, tips and commissions,) what are (name's/your) usual monthly earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

\*Enter dollar amount

**ERNANN**

**(Including overtime pay, tips and commissions,) what are (name's/your) usual annual earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

\*Enter dollar amount

**ERNBWK**

**(Including overtime pay, tips and commissions,) what are (name's/your) usual bi weekly earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

\*Enter dollar amount

**ERNDKP**

**What is your best estimate of (your/his/her) usual (weekly/bi-weekly/monthly/annual) earnings before taxes or other deductions?**

\* Enter dollar amount (Reported earnings are greater than \$72,000)

**ERNRG3**

\* Do not read to respondent

(Weekly/Bi-weekly/ Twice Monthly/Monthly/Annual) earnings recorded as: (ERNAMT)

Is this entry correct?

- 1 Yes
- 2 No

**ERNRGP**

\* Do not read to respondent

Incorrect entry was recorded as: (ERNAMT) (weekly/bi-weekly/monthly/annually)

Correct entry is:

**ERNVR4**

**I have recorded (your/his/her) total earnings (for (your/his/her) (as/main job ) (ERNAMT) (weekly/bi-weekly/monthly/annually) before taxes or other deductions. Is that correct?**

- 1 Yes
- 2 No

**ERNCOR**

**(Including overtime pay, tips and commissions,), what are (your/his/her) usual (weekly/bi-weekly/monthly/annual) earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

\* Enter dollar amount

**ERNRG4**

\*Do not read to respondent  
(Weekly/Bi-weekly/ Twice Monthly/Monthly/Annual) earnings recorded as: (ERNAMT)  
Is this entry correct?

- 1 Yes
- 2 No

**ERNRP2**

\*Do not read to respondent  
Incorrect entry was recorded as: (ERNAMT) weekly/bi-weekly/monthly/annually  
Correct entry is:

**ERNWKP**

**How many weeks a year (do/does) (name/you) get paid for?**  
\*Number of weeks

**ERNRT**

**(Even though you told me it is easier to report (your/his/her) earnings (you/he/she) PAID AT AN HOURLY RATE on (this job/ (your/his/her) MAIN)?**

- 1 Yes
- 2 No

**ERNH2D**

**(EXCLUDING overtime pay, tips and commissions) what is (your/his/her) hourly rate of pay on (this job/ (your/his/her) MAIN) job?**  
\*Enter dollar amount

**ERNH2S**

(EXCLUDING overtime pay, tips and commissions) what is (your/his/her) hourly rate of pay on (this job/ (your/his/her) MAIN) job?  
\* Enter cents amount

**ERNRG5**

\*Do not read to respondent  
Hourly earnings recorded as: ERNH2 hourly  
Is this entry correct?

- 1 Yes
- 2 No

**ERNRP3D**

\*Do not read to respondent  
Incorrect entry was recorded as: ERNH2 hourly  
Correct dollar entry is: \$

**ERNRP3C**

Do not read to respondent  
Incorrect entry was recorded as: ERNH2 hourly

\*Correct cents entry is: \$

**ERNLAB**

**On this job, (are / is) (name/you) a member of a labor union or of an employee association similar to a union?**

- 1 Yes
- 2 No

**ERNCOV**

**On this job, (are / is) (name/you) covered by a union or employee association contract?**

- 1 Yes
- 2 No

**NLFJH**

**When did (name/you) last work at a job or business?**

- 1 Within last 12 months
- 2 More than 12 months ago
- 3 Never worked

**NLFRET**

**(Are / Is) (name/you) retired FROM A JOB OR BUSINESS?**

- 1 Yes
- 2 No

**NLFACT**

**What best describes (name's/your) situation at this time?**

**For example, (are / is) (you/he/she) disabled, ill, in school, taking care of house or family, or something ELSE?**

- 1 Disabled
- 2 Ill
- 3 In school
- 4 Taking care of house or family
- 5 In retirement
- 6 Something ELSE/other

**NLFSPC**

\*Enter verbatim response

**SCHENR**

**(THE WEEK BEFORE LAST/LAST WEEK), (was/were) (you/he/she) enrolled in a high school, college, or university?**

\*Enter '1' if currently on holiday or seasonal vacation.

Enter '2' for summer vacation.

- 1 Yes
- 2 No

## SCHLVL

\* Ask only if necessary: Would that be high school, college or university?

- 1 High school
- 2 College or university

## SCHFT

**(Are / Is) (you/he/she) enrolled in school as a full time or part time student?**

- 1 Full-time
- 2 Part-time

## RIPFLG

**(We will recontact this household in 8 months / In the future we may need to recontact this household / We will recontact this household next month) to update this information. If we are unable to reach you and we talk to someone else instead, is it OK if we refer to some of the information you gave us?**

◆ If needed: For example, we might say "Last month (name) was a teacher. Is (s/he) still a teacher?"

- 1 Yes
- 2 No

## PREDIS

?[F1]

**This month we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulty with their daily activities. (blank/ Please answer for NAME./Please answer for all household members who are 15 years old or over./Since you have not previously answered these questions, please answer for yourself only./ Since NAME has not previously answered these questions, please answer for NAME only./Since household members who are 15 years of age and older were added to the household this month, and they have not previously answered these questions, please answer for those household members only.)**

- 1 Continue

## DS1

**(Are you/Is NAME/Is anyone/Are any of the new household members) deaf or (do you/does NAME/does anyone/do they) have serious difficulty hearing?**

◆ Blank/Only include new household members who are 15 years of age and older.

- 1 Yes
- 2 No

## DS1W

(Are you/Is NAME/Is anyone/Are any of the new household members) deaf or (do you/does NAME/does anyone/do they) have serious difficulty hearing?

**Who is that?**

- ◆ Enter all that apply, separate with commas.
- ◆ Probe: **Anyone else?**

## DS2

**(Are you/Is NAME/Is anyone/Are any of the new household members) blind or (do you/does NAME/does anyone/do they) have serious difficulty seeing, even when wearing glasses?**

◆ Blank/Only include new household members who are 15 years of age and older.

- 1 Yes
- 2 No

## DS2W

(Are you/Is NAME/Is anyone/Are any of the new household members) blind or (do you/does NAME/does anyone/do they) have serious difficulty seeing, even when wearing glasses?

**Who is that?**

- ◆ Enter all that apply, separate with commas.
- ◆ Probe: **Anyone else?**

### DS3

**Because of a physical, mental, or emotional condition, (do you/does NAME/does anyone/do any of the new household members) have serious difficulty concentrating, remembering, or making decisions?**

◆ Blank/Only include new household members who are 15 years of age and older.

- 1 Yes
- 2 No

### DS3W

Because of a physical, mental, or emotional condition, (do you/does NAME/does anyone/do any of the new household members) have serious difficulty concentrating, remembering, or making decisions?

**Who is that?**

◆ Enter all that apply, separate with commas.

◆ Probe: **Anyone else?**

### DS4

**(Do you/Does NAME/Does anyone/Do any of the new household members) have serious difficulty walking or climbing stairs?**

◆ Blank/Only include new household members who are 15 years of age and older.

- 1 Yes
- 2 No

### DS4W

(Do you/Does NAME/Does anyone/Do any of the new household members) have serious difficulty walking or climbing stairs?

**Who is that?**

◆ Enter all that apply, separate with commas.

◆ Probe: **Anyone else?**

## DS5

**(Do you/Does NAME/Does anyone/Do any of the new household members) have difficulty dressing or bathing?**

◆ Blank/Only include new household members who are 15 years of age and older.

- 1 Yes
- 2 No

## DS5W

(Do you/Does NAME/Does anyone/Do any of the new household members) have difficulty dressing or bathing?

**Who is that?**

- ◆ Enter all that apply, separate with commas.
- ◆ Probe: **Anyone else?**

## DS6

**Because of a physical, mental, or emotional condition, (do you/does NAME/does anyone/do any of the new household members) have difficulty doing errands alone such as visiting a doctor's office or shopping?**

◆ Blank/Only include new household members who are 15 years of age and older.

- 1 Yes
- 2 No

## DS6W

Because of a physical, mental, or emotional condition, (do you/does NAME/does anyone/do any of the new household members) have difficulty doing errands alone such as visiting a doctor's office or shopping?

**Who is that?**

- ◆ Enter all that apply, separate with commas.
- ◆ Probe: **Anyone else?**

**NTVT**

**In what country (was/were) (name/you) born?**

**MNTVT**

**In what country was (your/his/her) mother born?**

**ENTVT**

**In what country was (your/his/her) father born?**

**CITIZN**

**(Are / Is) (name/you) a CITIZEN of the United States?**

- 1 Yes
- 2 No, not a citizen

**CITYPA**

**(were/was) (name/you) born a citizen of the United States?**

- 1 Yes
- 2 No

**CITYPB**

**Did (name/you) become a citizen of the United States through naturalization?**

- 1 Yes
- 2 No

**INUSYR**

**When did (name/you) come to live in the United States?**

\* Enter '2' if respondent reports the number of years ago instead of the actual year.  
Enter year

## INUSN

- \* Do not read to respondent
- \* Enter the number of years reported
- \* Enter '0' for mistake if no number reported

## S FAMINC

**Which category represents (your/name of reference person/the total combined income) (total combined income during the past 12 months?/ of all members of your FAMILY during the past 12 months?/ of all members of (name of reference person) 's FAMILY during the past 12 months?)**

**This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received (. / by members of (your/ name of reference person) FAMILY who are 15 years of age or older.)**

- |    |                    |
|----|--------------------|
| 1  | Less than \$5,000  |
| 2  | 5,000 to 7,499     |
| 3  | 7,500 to 9,999     |
| 4  | 10,000 to 12,499   |
| 5  | 12,500 to 14,999   |
| 6  | 15,000 to 19,999   |
| 7  | 20,000 to 24,999   |
| 8  | 25,000 to 29,999   |
| 9  | 30,000 to 34,999   |
| 10 | 35,000 to 39,999   |
| 11 | 40,000 to 49,999   |
| 12 | 50,000 to 59,999   |
| 13 | 60,000 to 74,999   |
| 14 | 75,000 to 99,999   |
| 15 | 100,000 to 149,999 |
| 16 | 150,000 or more    |