

**Sociodemographic and Cultural Module  
- Core Version -  
  
for the  
Breast Cancer Core Questionnaire Project**

FINAL DRAFT  
Revised: November 16, 1996

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## Sociodemographic and Cultural Module - Core Version Breast Cancer Core Questionnaire Project

### I. Sociodemographic

[S1 (5)]*	1. What is your date of birth?  <div style="text-align: center;">           _____ / _____ / _____            month      date      year         </div>
[S1 (4)]*	2. Race/Ethnicity <i>(NB - Categories for race/ethnicity may be revised in early 1997 by the U.S. Office of Management and Budget. The U.S. Census version of the race/ethnicity question included below should be revised to match future OMB revisions. We have included an alternate version [2d,e below] which allows the individual to self-identify multiple racial/ethnic affiliations).</i>  <u>1990 Census Version</u> a) What is your race? Do you call yourself:  <input type="checkbox"/> white <input type="checkbox"/> black <input type="checkbox"/> American Indian (specify tribe: _____) <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleut  Asian or Pacific Islander <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Other API (specify: _____)  <input type="checkbox"/> Other race (specify: _____)
	b) Are you of Spanish/Hispanic origin?  <input type="checkbox"/> No (go to 3) <input type="checkbox"/> Yes
	c) If yes, please specify:  <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic (specify: _____)

[S2 (M7)]*	<p><u>Alternate Version</u></p> <p>d) What do you consider to be your race or ethnic group? If you belong to more than one of these groups, please tell me all the groups that apply to you.</p> <p><input type="checkbox"/> White or European-American</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Latina/Latino or Hispanic (not including European Spanish or Portuguese)</p> <p><input type="checkbox"/> American Indian, Alaskan Native, or Indigenous People</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Other (specify: _____ )</p> <p><input type="checkbox"/> Refused (go to 3)</p> <p><input type="checkbox"/> Don't know (go to 3)</p>
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<p>[S2 (M8)]*</p>	<p>e) We would like to include specific information for all the ethnic groups you mentioned. Please circle each ethnic group to which you belong. Be sure to indicate as many groups as applies to you.</p> <p><i>(NB for coding: In each major ethnic category, sum the total of the groups selected and record the sum in the column to the right. Each combination adds up to a unique sum permitting efficient identification of combinations).</i></p> <p>White or European-American</p> <table border="0"> <tr> <td>04=U.S. or Canadian</td> <td>02=European (incl. Spanish, Portuguese)</td> </tr> <tr> <td>32=Mexican, Central or South American</td> <td>64=Puerto Rican, Cuban, Caribbean</td> </tr> <tr> <td>08=Middle Eastern</td> <td>16=North or South African</td> </tr> <tr> <td>01=Other (specify: _____)</td> <td>999=Don't know</td> </tr> </table> <p>Black or African American</p> <table border="0"> <tr> <td>02= U.S. Black or African American</td> <td>04=Mexican</td> </tr> <tr> <td>08=Puerto Rican</td> <td>16=Cuban</td> </tr> <tr> <td>32=Haitian</td> <td>64=West Indian</td> </tr> <tr> <td>128=Sub-Saharan</td> <td>256=Northern African</td> </tr> <tr> <td>512=Central American</td> <td>1024=South American</td> </tr> <tr> <td>01=Other (specify: _____)</td> <td>999=Don't know</td> </tr> </table> <p>Latino/Latina (not including European Spanish or Portuguese)</p> <table border="0"> <tr> <td>02=Mexican American or Chicana/Chicano</td> <td>04=Cuban</td> </tr> <tr> <td>08=Puerto Rican</td> <td>16=Central American</td> </tr> <tr> <td>32=South American</td> <td>64=Dominican</td> </tr> <tr> <td>128=Other Caribbean (specify: _____)</td> <td></td> </tr> <tr> <td>999=Don't know</td> <td></td> </tr> <tr> <td>01=Other Latino/Latina or Hispanic (specify: _____)</td> <td></td> </tr> </table> <p>American Indian, Alaskan Native, or Indigenous People (U.S. and non-U.S.)</p> <table border="0"> <tr> <td>02=North American Indian (Continental U.S. and Alaska)</td> <td></td> </tr> <tr> <td>(specify enrolled or principle tribe: _____)</td> <td></td> </tr> <tr> <td>04=Eskimo (Native Alaskan)</td> <td></td> </tr> <tr> <td>08=Aleut (Native Alaskan)</td> <td></td> </tr> <tr> <td>16=Native Hawaiian</td> <td></td> </tr> <tr> <td>32=Native Samoan, Guamanian, other Pacific Islander under U.S. jurisdiction</td> <td></td> </tr> <tr> <td>(specify: _____)</td> <td></td> </tr> <tr> <td>01=Other Indigenous People not under U.S. jurisdiction</td> <td></td> </tr> <tr> <td>(specify: _____ e.g. Canadian Indian or Eskimo, South/Central American Indian, Australian Aborigine)</td> <td></td> </tr> <tr> <td>999=Don't know</td> <td></td> </tr> </table> <p>Asian or Pacific Islander</p> <table border="0"> <tr> <td>02=Chinese (specify: _____)</td> <td>04=Filipino</td> </tr> <tr> <td>08=Korean</td> <td>16=Japanese</td> </tr> <tr> <td>32=Asian Indian (specify: _____)</td> <td>64=Vietnamese</td> </tr> <tr> <td>01=Other Asian or Pacific Islander</td> <td></td> </tr> <tr> <td>(specify: _____ e.g. Hmong, Laotian, Thai, Pakistani)</td> <td></td> </tr> <tr> <td>999=Don't know</td> <td></td> </tr> </table> <p>Additional</p> <p>[ ] 01 Additional (specify: _____)</p>	04=U.S. or Canadian	02=European (incl. Spanish, Portuguese)	32=Mexican, Central or South American	64=Puerto Rican, Cuban, Caribbean	08=Middle Eastern	16=North or South African	01=Other (specify: _____)	999=Don't know	02= U.S. Black or African American	04=Mexican	08=Puerto Rican	16=Cuban	32=Haitian	64=West Indian	128=Sub-Saharan	256=Northern African	512=Central American	1024=South American	01=Other (specify: _____)	999=Don't know	02=Mexican American or Chicana/Chicano	04=Cuban	08=Puerto Rican	16=Central American	32=South American	64=Dominican	128=Other Caribbean (specify: _____)		999=Don't know		01=Other Latino/Latina or Hispanic (specify: _____)		02=North American Indian (Continental U.S. and Alaska)		(specify enrolled or principle tribe: _____)		04=Eskimo (Native Alaskan)		08=Aleut (Native Alaskan)		16=Native Hawaiian		32=Native Samoan, Guamanian, other Pacific Islander under U.S. jurisdiction		(specify: _____)		01=Other Indigenous People not under U.S. jurisdiction		(specify: _____ e.g. Canadian Indian or Eskimo, South/Central American Indian, Australian Aborigine)		999=Don't know		02=Chinese (specify: _____)	04=Filipino	08=Korean	16=Japanese	32=Asian Indian (specify: _____)	64=Vietnamese	01=Other Asian or Pacific Islander		(specify: _____ e.g. Hmong, Laotian, Thai, Pakistani)		999=Don't know		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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[S1 (8)]*	<p>3. In what U.S. state or foreign country were you and the following people born?</p> <p>a) you _____</p> <p>b) your mother _____</p> <p>c) your father _____</p> <p>d) your mother's mother _____</p> <p>e) your mother's father _____</p> <p>f) your father's mother _____</p> <p>g) your father's father _____</p>
[S1 (10)]*	<p>4. If you were born outside of the U.S., when (in what year) did you come to the United States to stay?</p> <p>_____</p>
[S1 (12)]* [S4 (p.26-35)] [S5 (z6, z8)] [S8 (Q73)] [S9 (51)]	<p>5. What is the highest level of school you completed?</p> <p><input type="checkbox"/> no years of school completed</p> <p><input type="checkbox"/> nursery school</p> <p><input type="checkbox"/> kindergarten</p> <p><input type="checkbox"/> 1st, 2nd, 3rd or 4th grade</p> <p><input type="checkbox"/> 5th, 6th, 7th or 8th grade</p> <p><input type="checkbox"/> 9th grade</p> <p><input type="checkbox"/> 10th grade</p> <p><input type="checkbox"/> 11th grade</p> <p><input type="checkbox"/> 12th grade, no diploma</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> high school graduate (high school diploma)</p> <p><input type="checkbox"/> vocational or trade school graduate</p> <p><input type="checkbox"/> some college but no degree</p> <p><input type="checkbox"/> associate degree in college - occupational program</p> <p><input type="checkbox"/> associate degree in college - academic program</p> <p><input type="checkbox"/> bachelor's degree (e.g. BA, BS, BSN)</p> <p><input type="checkbox"/> master's degree (e.g. MA, MS, MEd, MSW, MSN)</p> <p><input type="checkbox"/> professional school degree (e.g. MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> doctorate degree (e.g. PhD, EdD)</p> <p><input type="checkbox"/> don't know</p>
[S1 (6)]* [S8 (Q45-48)] [S9 (50)]	<p>6. a) What is your marital status?</p> <p><input type="checkbox"/> now married</p> <p><input type="checkbox"/> living together with a partner</p> <p><input type="checkbox"/> widowed</p> <p><input type="checkbox"/> divorced</p> <p><input type="checkbox"/> separated</p> <p><input type="checkbox"/> never married</p> <p><input type="checkbox"/> don't know</p>

[S10]*	b) What is the gender of your current or last spouse/partner?  <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> transgendered (specify: _____) <input type="checkbox"/> don't know <input type="checkbox"/> not applicable
[S10]* [S12]	7. What is the religion or spiritual tradition in which you were raised? Check all that apply.  <input type="checkbox"/> Christian <input type="checkbox"/> Baptist <input type="checkbox"/> Christian Church (Disciples of Christ) and Churches of Christ <input type="checkbox"/> Episcopal <input type="checkbox"/> Lutheran <input type="checkbox"/> Methodist <input type="checkbox"/> Presbyterian <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Eastern Rite Catholic <input type="checkbox"/> United Church of Christ (Congregationalist) <input type="checkbox"/> Seventh-Day Adventist <input type="checkbox"/> Moravian <input type="checkbox"/> Pentecostal <input type="checkbox"/> Reformed <input type="checkbox"/> Orthodox (e.g. Russian, Greek, Ukrainian, Ethiopian; specify: _____) <input type="checkbox"/> Quaker <input type="checkbox"/> Christian Scientist <input type="checkbox"/> Church of Latter-Day Saints (Mormon) <input type="checkbox"/> Other Christian sect (specify: _____) <input type="checkbox"/> Buddhist <input type="checkbox"/> Specify sect: _____ <input type="checkbox"/> Hindu <input type="checkbox"/> Specify sect: _____ <input type="checkbox"/> Judaism <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reformed <input type="checkbox"/> Reconstructionist Specify ancestry: <input type="checkbox"/> Ashkenazi <input type="checkbox"/> Sephardic <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Islam <input type="checkbox"/> Sunni <input type="checkbox"/> Shi'ite <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Shinto <input type="checkbox"/> Wiccan <input type="checkbox"/> Santeria, Voudou, or Candemle (specify: _____) <input type="checkbox"/> Pagan or other earth-centered religion (specify: _____) <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Atheist <input type="checkbox"/> Agnostic <input type="checkbox"/> don't know/refused

[S13]*	<p>We are going to ask you a number of questions related to discrimination. Please select only one response on questions 8 and 9.</p> <p>8. If you feel you have been treated unfairly, do you usually: (select the best response)</p> <p><input type="checkbox"/> accept it as a fact of life?  <input type="checkbox"/> try to do something about it?</p>
[S13]*	<p>9. And if you have been treated unfairly, do you usually: (select the best response)</p> <p><input type="checkbox"/> talk to other people about it?  <input type="checkbox"/> keep it to yourself?</p>
[S13]*	<p>10. Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following seven situations because of your <u>gender</u> (i.e. because you are woman or man)? Please check either yes or no for each situation.</p> <p>a. In your family, growing up <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>b. At school <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>c. Getting a job <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>d. At work <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>e. From family or relatives, as an adult <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>f. Getting medical care <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>g. On the street or in a public setting <input type="checkbox"/> yes <input type="checkbox"/> no</p>
[S13]*	<p>11. Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following seven situations because of your <u>race or color</u>?</p> <p>a. At school <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>b. Getting a job <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>c. At work <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>d. Getting housing <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>e. Getting medical care <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>f. On the street or in a public setting <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>g. From the police or in the courts <input type="checkbox"/> yes <input type="checkbox"/> no</p>



[S13]*	<p>12. Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following seven situations because of your <u>socioeconomic position or social class</u>?</p> <p>a. At school <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>b. Getting a job <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>c. At work <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>d. Getting housing <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>e. Getting medical care <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>f. On the street or in a public setting <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>g. From the police or in the courts <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p>
[S13]*	<p>13. Have you ever experienced discrimination, been prevented from doing something, or being hassled or made to feel inferior in any of the following eight situations because of your <u>sexual preference</u> (heterosexual, bisexual, homosexual)?</p> <p>a. In your family, growing up <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>b. At school <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>c. Getting a job <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>d. At work <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>e. From family or relatives, as an adult <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>f. Getting medical care <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>g. On the street or in a public setting <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>h. From the police or in the courts <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p>
[S13]*	<p>14. Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following seven situations because of your <u>religion</u>?</p> <p>a. At school <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>b. Getting a job <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>c. At work <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>d. From family or relatives, as an adult <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>e. Getting housing <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>f. Getting medical care <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>g. On the street or in a public setting <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p>

## II. Index Individual's Occupation: Current and Usual

NB. The questions below concerning the index individual's current occupation are to be answered only if the respondent has indicated that the two longest held jobs reported in the occupational history section of the Occupational Exposures Module do not include the current occupation.

Please answer the following questions about your *current* employment. Column I asks you about your *current* primary job, defined as the job in which you work the most or which pays the most. Please fill out Column I even if you are unemployed, retired, a homemaker, a student, or otherwise not in the paid labor force. If you have more than one job, please give information about a second job in Column II.

		<u>COLUMN I</u> your current primary job	<u>COLUMN II</u> your current second job
[S10]* [S1 (29a)] [S5 (78mz)] [S9 (52)]	1. a) What is your occupation? (fill in the job title that best describes the kind of work you do, i.e., waitress, machinist, sales clerk, secretary, registered nurse, lawyer, regional manager, homemaker, etc.). If you are currently unemployed or retired, please state this as your current occupation, and be sure to indicate what your usual occupation is in <u>Column III</u> . If you are a homemaker, unemployed, or retired, skip to 2.		
[S1 (29b)] [S5 (78s)]*	b) What are your most important activities or duties at your job (for example, types, keeps account books, files, sells cars, operates printing press, finishes concrete)?		
[S1 (28b)] [S5 (80)]* [S9 (52)]	c) What kind of business or industry is this? (For example, TV and radio, manufacturing, retail shoe store, State Labor Department, farm)		

[S3 (A7)]* [S8 (Q25)] [S9 (52)]	2. Which of the following best describes your position in this occupation?	<input type="checkbox"/> employee of an individual, firm, or organization for a wage or salary (go to 4) <input type="checkbox"/> self-employed (go to 3) <input type="checkbox"/> work without pay in a family business or firm (go to 3) <input type="checkbox"/> retired (go to 6) <input type="checkbox"/> homemaker (go to 6) <input type="checkbox"/> student (go to 6) <input type="checkbox"/> unemployed (go to 6) <input type="checkbox"/> other (specify: _____) (go to 6) <input type="checkbox"/> don't know (go to 6)	<input type="checkbox"/> employee of an individual, firm, or organization for a wage or salary (go to 4) <input type="checkbox"/> self-employed (go to 3) <input type="checkbox"/> work without pay in a family business or firm (go to 3) <input type="checkbox"/> retired (go to 6) <input type="checkbox"/> homemaker (go to 6) <input type="checkbox"/> student (go to 6) <input type="checkbox"/> unemployed (go to 6) <input type="checkbox"/> other (specify: _____) (go to 6) <input type="checkbox"/> don't know (go to 6)
[S3 (A9, A17, A24)]*	3. a) If self-employed or work without pay in a family business or firm, how many employees do you have, not counting yourself or your immediate family?	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25 or more <input type="checkbox"/> don't know  (go to 6)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25 or more <input type="checkbox"/> don't know  (go to 6)
[S3 (D4)]* [S5 (267n,o)] [S8 (Q26)] [S9 (52)]	4. a) Which of the following best describes the position which you hold within your business or organization?	managerial <input type="checkbox"/> top <input type="checkbox"/> upper <input type="checkbox"/> middle <input type="checkbox"/> lower  <input type="checkbox"/> supervisory  <input type="checkbox"/> non-management <input type="checkbox"/> don't know	managerial <input type="checkbox"/> top <input type="checkbox"/> upper <input type="checkbox"/> middle <input type="checkbox"/> lower  <input type="checkbox"/> supervisory  <input type="checkbox"/> non-management <input type="checkbox"/> don't know
[S3 (B10)]* [S10]*	5. In your job, do you usually, sometimes, rarely, or never design aspects of your own work, and put your own ideas into practice?	<input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> rarely <input type="checkbox"/> never <input type="checkbox"/> don't know	<input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> rarely <input type="checkbox"/> never <input type="checkbox"/> don't know
[S10]*	6. How many hours a week do you work at this job (paid formal hours with or without overtime)?	<input type="checkbox"/> 1-19 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40 <input type="checkbox"/> 41-59 <input type="checkbox"/> 60 or more <input type="checkbox"/> don't know	<input type="checkbox"/> 1-19 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40 <input type="checkbox"/> 41-59 <input type="checkbox"/> 60 or more <input type="checkbox"/> don't know

[S10]*	<p>7. a) How many jobs total do you work currently?</p> <p>b) How many of these jobs are full time? (40 hours or more per week)</p> <p>c) How many of these jobs are part time? (less than 40 hours per week)</p>	<p><input type="checkbox"/> 0  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3 or more  <input type="checkbox"/> don't know</p> <p><input type="checkbox"/> 0  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3 or more  <input type="checkbox"/> don't know</p> <p><input type="checkbox"/> 0  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3 or more  <input type="checkbox"/> don't know</p>
[S10*] [S11]	<p>8. a) How many hours of unpaid work do you do a week at home, including housework or home maintenance?</p> <p>b) How many hours of unpaid work do you do a week at work?</p>	<p><input type="checkbox"/> 1-9  <input type="checkbox"/> 10-19  <input type="checkbox"/> 20-39  <input type="checkbox"/> 40-59  <input type="checkbox"/> 60 or more  <input type="checkbox"/> don't know</p> <p><input type="checkbox"/> 1-9  <input type="checkbox"/> 10-19  <input type="checkbox"/> 20-39  <input type="checkbox"/> 40-59  <input type="checkbox"/> 60 or more  <input type="checkbox"/> don't know</p>



### **III. Spouse/Partner or Other Head of Index Person's Household**

#### **Occupation: Current and Usual**

<p>[S10]* [S8 (Q53-55)]</p>	<p><b><u>COLUMNS I &amp; II</u></b> Please answer the following questions about your spouse (or partner), or the person who otherwise is the head of your household. If this person has more than one <i>current</i> job, answer the question about the job where he or she works the most or is paid the most.</p> <p>1.a) The person you are providing information about is:</p> <p><input type="checkbox"/> your spouse (married)  <input type="checkbox"/> your partner (whether registered or not)  <input type="checkbox"/> other head of household (e.g. father, mother, uncle, aunt, grandmother)  <input type="checkbox"/> don't know</p> <p>b) What is this person's gender?</p> <p><input type="checkbox"/> male  <input type="checkbox"/> female  <input type="checkbox"/> transgendered (specify: _____)  <input type="checkbox"/> don't know</p>	<p><b><u>COLUMN III</u></b> Please answer the following questions for the person other than yourself who was the head of your household for the longest period in your adult life, whether spouse, partner, father, mother, etc.. If this is the same person as in Column I/II, skip Column III.</p> <p>c) The person you are providing information about is:</p> <p><input type="checkbox"/> your spouse (married)  <input type="checkbox"/> your partner (whether registered or not)  <input type="checkbox"/> other head of household (e.g. father, mother, uncle, aunt, grandmother, etc.)  <input type="checkbox"/> same person as Column I/II  <input type="checkbox"/> don't know</p> <p>d) What is this person's gender?</p> <p><input type="checkbox"/> male  <input type="checkbox"/> female  <input type="checkbox"/> transgendered (specify: )  <input type="checkbox"/> don't know</p>
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		<b>COLUMN I</b> spouse/partner or head of household <i>current primary</i> job	<b>COLUMN II</b> spouse/partner or head of household <i>current second</i> job	<b>COLUMN III</b> spouse/partner or head of household <i>usual job</i> (if this is the same as the person in Columns I and II, skip Column III)
[S10]* [S1 (29a)] [S5 (78mz)] [S9 (52)]	2. a) What is this person's occupation? (fill in the job title that best describes the kind of work done, i.e., waitress, machinist, sales clerk, secretary, registered nurse, lawyer, regional manager, homemaker, etc.). If this person is a homemaker, unemployed or retired, please state this and skip to 3.			
[S1 (29b)] [S5 (78s)]*	b) What is this person's most important activities or duties at his/her job? (for example, types, keeps account books, files, sells cars, operates printing press, finishes concrete)			
[S1 (28b)] [S5 (80)]* [S9 (52)]	c) What kind of business or industry is this? (For example, TV and radio, manufacturing, retail shoe store, State Labor Department, farm)			
[S1 (28c)] [S5 (80f)]*	d) Is this mainly manufacturing, wholesale trade, retail trade, service, or something else?	<input type="checkbox"/> manufacturing <input type="checkbox"/> wholesale trade <input type="checkbox"/> retail trade <input type="checkbox"/> service <input type="checkbox"/> something else (specify: _____) <input type="checkbox"/> don't know	<input type="checkbox"/> manufacturing <input type="checkbox"/> wholesale trade <input type="checkbox"/> retail trade <input type="checkbox"/> service <input type="checkbox"/> something else (specify: _____) <input type="checkbox"/> don't know	<input type="checkbox"/> manufacturing <input type="checkbox"/> wholesale trade <input type="checkbox"/> retail trade <input type="checkbox"/> service <input type="checkbox"/> something else (specify: _____) <input type="checkbox"/> don't know

[S3 (A7)]* [S8 (Q25)] [S9 (52)]	3. Which of the following best describes this person's position in this occupation?	<input type="checkbox"/> employee of an individual, firm, or organization for a wage or salary (go to 5) <input type="checkbox"/> self-employed (go to 4) <input type="checkbox"/> work without pay in a family business or firm (go to 4) <input type="checkbox"/> retired (go to 7) <input type="checkbox"/> homemaker (go to 7) <input type="checkbox"/> student (go to 7) <input type="checkbox"/> unemployed (go to 7) <input type="checkbox"/> other (specify: _____) (go to 7) <input type="checkbox"/> don't know (go to 7)	<input type="checkbox"/> employee of an individual, firm, or organization for a wage or salary (go to 5) <input type="checkbox"/> self-employed (go to 4) <input type="checkbox"/> work without pay in a family business or firm (go to 3) <input type="checkbox"/> retired (go to 7) <input type="checkbox"/> homemaker (go to 7) <input type="checkbox"/> student (go to 7) <input type="checkbox"/> unemployed (go to 7) <input type="checkbox"/> other (specify: _____) (go to 7) <input type="checkbox"/> don't know (go to 7)	<input type="checkbox"/> employee of an individual, firm, or organization for a wage or salary (go to 5) <input type="checkbox"/> self-employed (go to 4) <input type="checkbox"/> work without pay in a family business or firm (go to 4) <input type="checkbox"/> retired (go to 7) <input type="checkbox"/> homemaker (go to 7) <input type="checkbox"/> student (go to 7) <input type="checkbox"/> unemployed (go to 7) <input type="checkbox"/> other (specify: _____) (go to 7) <input type="checkbox"/> don't know (go to 7)
[S3 (A9, A17, A24)]*	4. a) If self-employed or work without pay in a family business or firm, how many employees does this person have, not counting him/herself or immediate family?	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25 or more <input type="checkbox"/> don't know  (go to 7)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25 or more <input type="checkbox"/> don't know  (go to 7)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25 or more <input type="checkbox"/> don't know  (go to 7)
[S3 (D4)]* [S5 (267n,o)] [S8 (Q26)] [S9 (52)]	5. a) At this person's worksite, which of the following best describes the position which he/she holds within this business or organization.	managerial <input type="checkbox"/> top <input type="checkbox"/> upper <input type="checkbox"/> middle <input type="checkbox"/> lower  <input type="checkbox"/> supervisory  <input type="checkbox"/> non-management <input type="checkbox"/> don't know	managerial <input type="checkbox"/> top <input type="checkbox"/> upper <input type="checkbox"/> middle <input type="checkbox"/> lower  <input type="checkbox"/> supervisory  <input type="checkbox"/> non-management <input type="checkbox"/> don't know	managerial <input type="checkbox"/> top <input type="checkbox"/> upper <input type="checkbox"/> middle <input type="checkbox"/> lower  <input type="checkbox"/> supervisory  <input type="checkbox"/> non-management <input type="checkbox"/> don't know
[S3 (B10)]* [S10]*	6. In this job, does this person usually, sometimes, rarely, or never design aspects of his/her own work, and put his/her own ideas into practice?	<input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> rarely <input type="checkbox"/> never <input type="checkbox"/> don't know	<input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> rarely <input type="checkbox"/> never <input type="checkbox"/> don't know	<input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> rarely <input type="checkbox"/> never <input type="checkbox"/> don't know

[S1 (12)]* [S4 (p.26- 35)] [S5 (z6, z8)] [S8 (Q73)] [S9 (51)]	7. What is the highest level of school this person completed?	<input type="checkbox"/> no years of school completed <input type="checkbox"/> nursery school <input type="checkbox"/> kindergarten <input type="checkbox"/> 1st, 2nd, 3rd or 4th grade <input type="checkbox"/> 5th, 6th, 7th or 8th grade <input type="checkbox"/> 9th grade <input type="checkbox"/> 10th grade <input type="checkbox"/> 11th grade <input type="checkbox"/> 12th grade, no diploma <input type="checkbox"/> GED <input type="checkbox"/> high school graduate (high school diploma) <input type="checkbox"/> vocational or trade school graduate <input type="checkbox"/> some college but no degree <input type="checkbox"/> associate degree in college - occupational program <input type="checkbox"/> associate degree in college - academic program <input type="checkbox"/> bachelor's degree (e.g. BA, BS, BSN) <input type="checkbox"/> master's degree (e.g. MA, MS, MEng, MEd, MSW, MSN) <input type="checkbox"/> professional school degree (e.g. MD, DDS, DVM, LLB, JD, MSN) <input type="checkbox"/> doctorate degree (e.g. PhD, EdD) <input type="checkbox"/> don't know	<input type="checkbox"/> no years of school completed <input type="checkbox"/> nursery school <input type="checkbox"/> kindergarten <input type="checkbox"/> 1st, 2nd, 3rd or 4th grade <input type="checkbox"/> 5th, 6th, 7th or 8th grade <input type="checkbox"/> 9th grade <input type="checkbox"/> 10th grade <input type="checkbox"/> 11th grade <input type="checkbox"/> 12th grade, no diploma <input type="checkbox"/> GED <input type="checkbox"/> high school graduate (high school diploma) <input type="checkbox"/> vocational or trade school graduate <input type="checkbox"/> some college but no degree <input type="checkbox"/> associate degree in college - occupational program <input type="checkbox"/> associate degree in college - academic program <input type="checkbox"/> bachelor's degree (e.g. BA, BS, BSN) <input type="checkbox"/> master's degree (e.g. MA, MS, MEng, MEd, MSW, MSN) <input type="checkbox"/> professional school degree (e.g. MD, DDS, DVM, LLB, JD, MSN) <input type="checkbox"/> doctorate degree (e.g. PhD, EdD) <input type="checkbox"/> don't know
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**IV. Income**

[S10]*	1. a) How many people, including yourself, live in your household as members of your family (meaning that they are related to you by marriage/partnership or blood, and whom you either support or help contribute to supporting your family?)	_____
	b) How many of these people are under 18 years old?	_____
	c) How many are between 18 and 64 years old?	_____
	d) How many are 65 years old or older?	_____
	e) How many non-family members live in your household?	_____
	f) How many of these people are under 18 years old?	_____
	g) How many are between 18 and 64 years old?	_____
	h) How many are 65 years old or older?	_____

[S10]\*  
[S5 (594n)]  
[S6 (2f)].

2. What is your annual family income, meaning the total pre-tax income (from all sources) earned in the past year by all members of your family?

\$ \_\_\_\_\_

or

- ☐ less than \$1000
- ☐ \$1000 to \$1999
- ☐ \$2000 to \$2999
- ☐ \$3000 to \$3999
- ☐ \$4000 to \$4999
- ☐ \$5000 to \$5999
- ☐ \$6000 to \$6999
- ☐ \$7000 to \$7999
- ☐ \$8000 to \$8999
- ☐ \$9000 to \$9999
- ☐ \$10000 to \$10999
- ☐ \$11000 to \$11999
- ☐ \$12000 to \$12999
- ☐ \$13000 to \$13999
- ☐ \$14000 to \$14999
- ☐ \$15000 to \$15999
- ☐ \$16000 to \$16999
- ☐ \$17000 to \$17999
- ☐ \$18000 to \$18999
- ☐ \$19000 to \$19999
- ☐ \$20000 to \$24999
- ☐ \$25000 to \$29999
- ☐ \$30000 to \$34999
- ☐ \$35000 to \$39999
- ☐ \$40000 to \$44999
- ☐ \$45000 to \$49999
- ☐ \$50000 to \$74999
- ☐ \$75000 to \$99999
- ☐ \$100000 or greater

☐ don't know

[S10]* [S6 (4-13)] [S5]	<p>3. For each of the following sources of income, please check the box if it contributed to your family's income in the past year:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> your main job or business</li> <li><input type="checkbox"/> your additional jobs or businesses</li> <li><input type="checkbox"/> another family member's job or business</li> <li><input type="checkbox"/> Social Security or Railroad Retirement</li> <li><input type="checkbox"/> Social Security Income (SSI)</li> <li><input type="checkbox"/> Other survivor benefits or pensions</li> <li><input type="checkbox"/> public assistance or state (or local) welfare, including AFDC</li> <li><input type="checkbox"/> food stamps</li> <li><input type="checkbox"/> unemployment</li> <li><input type="checkbox"/> child support</li> <li><input type="checkbox"/> alimony</li> <li><input type="checkbox"/> interest and dividends</li> <li><input type="checkbox"/> rent from properties which you own</li> <li><input type="checkbox"/> illegal activities</li> <li><input type="checkbox"/> other sources</li> </ul>
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## V. Wealth

Please answer the following questions for your family, meaning that those people who are related to you by marriage/partnership or blood, and whom you support or who help contribute to supporting your family.

<p>[S6 (18a)]* [S5 (814m)] [S7 (A19)]</p> <p>[S6 (18b)]* [S5 (814s)] [S7 (A20)]</p>	<p>1. a) Do you currently rent your home (meaning house, apartment, condominium, or trailer), or do you live in a home that you or another family member currently owns or is buying?</p> <p><input type="checkbox"/> rent home  <input type="checkbox"/> own home (mortgage all paid)  <input type="checkbox"/> buying home (paying mortgage)  <input type="checkbox"/> occupied without paying monetary rent  <input type="checkbox"/> don't know</p> <p>b) About how much is this home worth on today's market?</p> <p><input type="checkbox"/> less than \$25000  <input type="checkbox"/> \$25000 to \$49999  <input type="checkbox"/> \$50000 to \$99999  <input type="checkbox"/> \$100000 to \$199999  <input type="checkbox"/> \$200000 to \$299999  <input type="checkbox"/> \$300000 to \$499999  <input type="checkbox"/> \$500000 or more  <input type="checkbox"/> don't know</p>
<p>[S1 (H3)]*</p>	<p>2. How many rooms do you have in your home (meaning house, apartment, condominium, or trailer)? (do not count bathrooms, porches, balconies, foyers, halls, or half-rooms)</p> <p><input type="checkbox"/> 1 room  <input type="checkbox"/> 2 rooms  <input type="checkbox"/> 3 rooms  <input type="checkbox"/> 4 rooms  <input type="checkbox"/> 5 rooms  <input type="checkbox"/> 6 rooms  <input type="checkbox"/> 7 rooms  <input type="checkbox"/> 8 rooms  <input type="checkbox"/> 9 or more rooms</p>
<p>[S10]* [S5 (822)]</p>	<p>3. Altogether, what is the present value of your total savings, assets, and property (including home)?</p> <p><input type="checkbox"/> less than \$500  <input type="checkbox"/> \$500 to \$4999  <input type="checkbox"/> \$5000 to \$9999  <input type="checkbox"/> \$10000 to \$24999  <input type="checkbox"/> \$25000 to \$49999  <input type="checkbox"/> \$50000 to \$99999  <input type="checkbox"/> \$100000 to \$199999  <input type="checkbox"/> \$200000 to \$299999  <input type="checkbox"/> \$300000 to \$499999  <input type="checkbox"/> \$500000 or more  <input type="checkbox"/> don't know</p>

[S1 (H13)]* [S6 (17a)] [S5 (818s)]   [S10]* [S6 (17b)] [S5 (820m)] [S7 (G120)]	<p>4. a) How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?</p> <p><input type="checkbox"/> None  <input type="checkbox"/> One  <input type="checkbox"/> Two  <input type="checkbox"/> Three or more  <input type="checkbox"/> don't know</p> <p>b) How much is the combined worth of these motor vehicles?</p> <p><input type="checkbox"/> less than \$2000  <input type="checkbox"/> \$2000 to \$4999  <input type="checkbox"/> \$5000 to \$9999  <input type="checkbox"/> \$10000 to \$19999  <input type="checkbox"/> \$20000 to \$49999  <input type="checkbox"/> \$50000 to \$99999  <input type="checkbox"/> \$100000 or greater  <input type="checkbox"/> don't know</p>
[S10]*	<p>5. What is the total amount of debt held by your and members of your family, student loans, credit card charges, medical or legal bills, and/or loans from relatives (not including mortgage or car loans)?</p> <p>a) \$ _____ (go to VI. 1)</p> <p><input type="checkbox"/> don't know  <input type="checkbox"/> refused</p> <p>b) Is this total debt:</p> <p><input type="checkbox"/> less than \$2000  <input type="checkbox"/> \$2000 to \$4999  <input type="checkbox"/> \$5000 to \$9999  <input type="checkbox"/> \$10000 to \$19999  <input type="checkbox"/> \$20000 to \$49999  <input type="checkbox"/> \$50000 to \$99999  <input type="checkbox"/> \$100000 or greater  <input type="checkbox"/> don't know</p>

## **VI. Deprivation**

[S10]*	<p>1. If you lost your current source of income (your paycheck, public assistance, or other forms of income), how long could you continue to live at your current address and standard of living?</p> <p><input type="checkbox"/> &lt;1 month  <input type="checkbox"/> 1-2 months  <input type="checkbox"/> 3-6 months  <input type="checkbox"/> 7-12 months  <input type="checkbox"/> more than 1 year</p>
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## **VII. Head of Household when Index Individual was Age 14**

Please answer the following questions about the head of household where you lived when you were 14 years old.

[S10]* [S8 (Q80-91)] [S9 (54)] [S5 (z4a)]	<p>1. a) The person you are providing information about is:</p> <p><input type="checkbox"/> parent  <input type="checkbox"/> guardian  <input type="checkbox"/> other (specify: _____)  <input type="checkbox"/> don't know</p> <p>b) What is the gender of this person?</p> <p><input type="checkbox"/> male  <input type="checkbox"/> female  <input type="checkbox"/> transgendered (specify: _____)  <input type="checkbox"/> don't know</p>
	<p>2. a) What was this person's usual occupation, referring to the most typical or longest held position (fill in the job title that best describes the kind of work this person usually did, i.e., waitress, machinist, sales clerk, secretary, registered nurse, lawyer, regional manager, homemaker, etc.)</p> <p>_____</p> <p>b) What were this person's most important activities or duties at his/her usual job? (for example, types, keeps account books, files, sells cars, operates printing press, finishes concrete)</p> <p>_____</p> <p>c) What kind of business or industry was this? (For example, TV and radio, manufacturing, retail shoe store, State Labor Department, farm)</p> <p>_____</p> <p>d) Was this mainly manufacturing, wholesale trade, retail trade, or something else?</p> <p><input type="checkbox"/> manufacturing  <input type="checkbox"/> wholesale trade  <input type="checkbox"/> retail trade  <input type="checkbox"/> service  <input type="checkbox"/> something else (specify: _____)  <input type="checkbox"/> don't know</p>
	<p>3. Which of the following best describes this person's position in this usual occupation?</p> <p><input type="checkbox"/> employed by an individual, firm, or organization for a wage or salary (go to 5)  <input type="checkbox"/> self-employed (go to 4)  <input type="checkbox"/> work without pay in a family business or firm (go to 4)  <input type="checkbox"/> retired (go to 7)  <input type="checkbox"/> homemaker (go to 7)  <input type="checkbox"/> student (go to 7)  <input type="checkbox"/> unemployed (go to 7)  <input type="checkbox"/> other (specify: _____) (go to 7)  <input type="checkbox"/> don't know (go to 7)</p>

	<p>4. If self-employed or worked without pay in a family business or firm, how many employees did this person usually have, not counting himself/herself or immediate family?</p> <p><input type="checkbox"/> 0  <input type="checkbox"/> 1-9  <input type="checkbox"/> 10-24  <input type="checkbox"/> 25 or more  <input type="checkbox"/> don't know</p> <p>(go to 7)</p>
	<p>5. a) At this person's worksite, which of the following best describes the position which this person usually held within his/her business or organization.</p> <p>managerial  <input type="checkbox"/> top  <input type="checkbox"/> upper  <input type="checkbox"/> middle  <input type="checkbox"/> lower</p> <p><input type="checkbox"/> supervisory</p> <p><input type="checkbox"/> non-management</p> <p><input type="checkbox"/> don't know</p>
	<p>6. In this person's usual job, did he/she usually, sometimes, rarely, or never design aspects of his/her work, and put his/her own ideas into practice?</p> <p><input type="checkbox"/> usually  <input type="checkbox"/> sometimes  <input type="checkbox"/> rarely  <input type="checkbox"/> never  <input type="checkbox"/> don't know</p>



	<p>7. What is the highest year/level of schooling this person completed?</p> <p><input type="checkbox"/> no years of school completed</p> <p><input type="checkbox"/> nursery school</p> <p><input type="checkbox"/> kindergarten</p> <p><input type="checkbox"/> 1st, 2nd, 3rd or 4th grade</p> <p><input type="checkbox"/> 5th, 6th, 7th or 8th grade</p> <p><input type="checkbox"/> 9th grade</p> <p><input type="checkbox"/> 10th grade</p> <p><input type="checkbox"/> 11th grade</p> <p><input type="checkbox"/> 12th grade, no diploma</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> high school graduate (high school diploma)</p> <p><input type="checkbox"/> vocational or trade school graduate</p> <p><input type="checkbox"/> some college but no degree</p> <p><input type="checkbox"/> associate degree in college - occupational program</p> <p><input type="checkbox"/> associate degree in college - academic program</p> <p><input type="checkbox"/> bachelor's degree (e.g. BA, BS, BSN)</p> <p><input type="checkbox"/> master's degree (e.g. MA, MS, MEng, MEd, MSW, MSN)</p> <p><input type="checkbox"/> professional school degree (e.g. MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> doctorate degree (e.g. PhD, EdD)</p>
	<p>8. a) How many jobs did this person usually hold?</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3 or more</p> <p>b) How many were full time? (40 or more hours/week)</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3 or more</p> <p>c) How many were part-time? (less than 40 hours/week)</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3 or more</p>

	<p>9. a) How many hours of unpaid work did this person do at home, including housework or home maintenance?</p> <p><input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60 or more <input type="checkbox"/> don't know</p> <p>b) How many hours of unpaid work did this person do at work?</p> <p><input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60 or more <input type="checkbox"/> don't know</p>
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## VIII. Income and Wealth for Index Individual's Household at Age 14

Please answer the following questions about the household where you lived when you were 14 years old.

[S10]* [S8 (Q76-79)]	<p>1. a) With whom did you live when you were 14 years old?</p> <p>with both parents      <input type="checkbox"/> married      (go to b)  <input type="checkbox"/> living as married      (go to b)</p> <p>with one parent      <input type="checkbox"/> father      (go to 2)  <input type="checkbox"/> mother      (go to 2)</p> <p><input type="checkbox"/> with one or more guardians (go to c)</p> <p>b) Please indicate the gender of both parents:</p> <p>parent1: <input type="checkbox"/> male      <input type="checkbox"/> female      <input type="checkbox"/> transgendered (specify: __)      <input type="checkbox"/> don't know  parent2: <input type="checkbox"/> male      <input type="checkbox"/> female      <input type="checkbox"/> transgendered (specify: __)      <input type="checkbox"/> don't know  <div style="text-align: right;">(go to 2)</div></p> <p>c) How many guardians was this?</p> <p>_____</p> <p>d) What was the gender of these guardian(s)? (Please indicate the gender of up to three guardians as appropriate).</p> <p>guardian1:      <input type="checkbox"/> male      <input type="checkbox"/> female      <input type="checkbox"/> transgendered (specify: __)      <input type="checkbox"/> don't know  guardian2:      <input type="checkbox"/> male      <input type="checkbox"/> female      <input type="checkbox"/> transgendered (specify: __)      <input type="checkbox"/> don't know  guardian3:      <input type="checkbox"/> male      <input type="checkbox"/> female      <input type="checkbox"/> transgendered (specify: __)      <input type="checkbox"/> don't know  <div style="text-align: right;">(go to 2)</div></p>
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[S8 (Q97)]	<p>2. When you were 14, did your family own its home or rent its home?</p> <p><input type="checkbox"/> rent home <input type="checkbox"/> own home (mortgage all paid) <input type="checkbox"/> buying home (paying mortgage) <input type="checkbox"/> occupied without paying monetary rent <input type="checkbox"/> don't know</p>
	<p>3. When you were 14, how many automobiles, vans, and trucks of one ton capacity or less were kept for use by members of your household?</p> <p><input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more <input type="checkbox"/> don't know</p>

## IX. Geocoding Information

NB. The shaded questions on residential address for geocoding below are to be included in the residential history taken as part of the Environmental Exposures Module of the Breast Cancer Core Questionnaire. Residential address for the respondent at age 14 should also be asked, although it may be difficult or impossible to obtain geocodes for some older addresses.

[S8 (Q131)]	<p>1. To help us determine which neighborhood we've sampled, we would like to know what neighborhood you currently live in. Could you give us your address?</p> <p>_____</p> <p>address number</p> <p>_____</p> <p>name/number of street</p> <p>_____</p> <p>type of street (e.g. street, avenue, boulevard, place)</p> <p>_____</p> <p>city</p> <p>_____</p> <p>state</p> <p>_____</p> <p>zip code</p> <p>(if respondent answers, go to end)</p> <p>[ ] don't know/refused to answer (go to 2)</p> <p>For Coding:</p> <p>Division: _____</p> <p>State: _____</p> <p>County: _____</p> <p>Tract: _____ • _____</p> <p>Block Group: _____</p> <p>Block: _____</p> <p>(NB. Latitude and Longitude may also be coded:)</p> <p>Latitude: _____ • _____</p> <p>Longitude: _____ • _____</p>
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[S8 (Q132)]

2. a) In that case, could you give us your address range instead, and also tell us whether your address ends in an odd or even number?

\_\_\_\_\_ to \_\_\_\_\_  
address range

\_\_\_\_\_  
name/number of street

\_\_\_\_\_  
type of street (e.g. street, avenue, boulevard, place)

\_\_\_\_\_  
city

\_\_\_\_\_  
zip code

☐ don't know/refused to answer (go to 3)

b) Does your address end in an odd or even number?

☐ odd (1,3,5,7,9)

☐ even (0,2,4,6,8)

(if respondent answers, go to end)

For Coding:

Division: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Tract: \_\_\_\_\_ • \_\_\_\_\_

Block Group: \_\_\_\_\_

Block: \_\_\_\_\_

(NB. Latitude and Longitude may also be coded:)

Latitude: \_\_\_\_\_ • \_\_\_\_\_

Longitude: \_\_\_\_\_ • \_\_\_\_\_

[S8 (Q133)]

3. In that case, could you just tell us the names of the street that intersect at the nearest corner to where you live, plus the name of the city you live in and your zip code?

a) Street 1

\_\_\_\_\_

name/number of street

\_\_\_\_\_

type of street (e.g. street, avenue, boulevard, place)

b) Street 2

\_\_\_\_\_

name/number of street

\_\_\_\_\_

type of street

\_\_\_\_\_

city

\_\_\_\_\_

zip code

☐ don't know/refused to answer

For Coding:

Division: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Tract: \_\_\_\_\_ . \_\_\_\_\_

Block Group: \_\_\_\_\_

Block: \_\_\_\_\_

(NB. Latitude and Longitude may also be coded:)

Latitude: \_\_\_\_\_ . \_\_\_\_\_

Longitude: \_\_\_\_\_ . \_\_\_\_\_

## Guide to Sources

### Annotation Format:

[Sx (y)]\*

where Sx refers to the source (see guide below) and (y) refers to the number of the item in the source instrument. An asterisk indicates primary source - that is, the question was directly adapted from that item in the source instrument. No asterisk means that a similar question existed in the instrument indicated.

For sections II, III, IV, V, and IX, which consist of similar questions assessing occupational characteristics and social class location, the annotations in section II apply to the questions in III, IV, V, and IX. Additional annotations in sections III, IV, V, and IX indicate that similar sets of questions about specific individuals or in specific timeframes existed in these instruments.

### Sources:

S1 = 1990 U.S. Census

S2 = Race questions from Peak Study

S3 = Appendix II from Erik Olin Wright. *Classes*. (London: Verso, 1985). pp. 303-323.

S4 = Robert M. Hauser and Deborah Carr. *Measuring Poverty and Socioeconomic Status in Studies of Health and Wellbeing*. 1995. CDE Working Paper No. 94-24. Madison, Wisconsin: Center for Demography and Ecology, University of Wisconsin-Madison.

S5 = 1992-1993 Wisconsin Longitudinal Study

S6 = 1994 National Health Interview Survey - Family Resources

S7 = 1994 Panel Study on Income Dynamics

S8 = 1986 Alameda County Women's Study

S9 = Twin Study Examination II, 1989-1990 Health Questionnaire

S10 = Original questions developed for the Breast Cancer Core Questionnaire (Krieger/Chen, 1996)

S11 = Peter Townsend, personal communication

S12 = Religion questions from CARDIA

S13 = Discrimination questions from year 7 of CARDIA (Krieger)