

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

FINAL DRAFT  
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# Sociodemographic and Cultural Module

## Breast Cancer Core Questionnaire

### 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  <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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[S10]*	<u>Alternate Open-Ended Question</u> 2. f) In your own words, how do you describe your racial/ethnic identity? _____
[S1 (8)]*	3. In what U.S. state or foreign country were you and the following people born? a) you _____ b) your mother _____ c) your father _____ d) your mother's mother _____ e) your mother's father _____ f) your father's mother _____ g) your father's father _____
[S1 (9)]*	4. Are you a citizen of the United States? <input type="checkbox"/> yes, born in the United States (go to 6) <input type="checkbox"/> yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas <input type="checkbox"/> yes, born abroad of American parent or parents <input type="checkbox"/> yes, U.S. citizen by naturalization <input type="checkbox"/> no, not a citizen of the United States <input type="checkbox"/> don't know <input type="checkbox"/> refused to answer
[S1 (10)]*	5. If you were born outside of the U.S., when (in what year) did you come to the United States to stay? _____
[S1 (15a)]*    [S1 (15b)]*	6. a) Do you speak a language other than English at home? <input type="checkbox"/> yes <input type="checkbox"/> no (go to 7) <input type="checkbox"/> don't know (go to 7) b) What is this language? _____



[S1 (15c)]*	<p>c) How well do you speak English?</p> <p><input type="checkbox"/> very well  <input type="checkbox"/> well  <input type="checkbox"/> not well  <input type="checkbox"/> not at all  <input type="checkbox"/> don't know</p>
[S10]*	<p>d) Does anyone in your household speak English?</p> <p><input type="checkbox"/> very well  <input type="checkbox"/> well  <input type="checkbox"/> not well  <input type="checkbox"/> not at all  <input type="checkbox"/> don't know</p>
[S10]*	<p>e) How well do you read English?</p> <p><input type="checkbox"/> very well  <input type="checkbox"/> well  <input type="checkbox"/> not well  <input type="checkbox"/> not at all  <input type="checkbox"/> don't know</p> <p>f) How well do you write English?</p> <p><input type="checkbox"/> very well  <input type="checkbox"/> well  <input type="checkbox"/> not well  <input type="checkbox"/> not at all  <input type="checkbox"/> don't know</p>
[S10]*	<p>g) Does anyone in your household read English:</p> <p><input type="checkbox"/> very well  <input type="checkbox"/> well  <input type="checkbox"/> not well  <input type="checkbox"/> not at all  <input type="checkbox"/> don't know</p> <p>h) Does anyone in your household write English:</p> <p><input type="checkbox"/> very well  <input type="checkbox"/> well  <input type="checkbox"/> not well  <input type="checkbox"/> not at all  <input type="checkbox"/> don't know</p>

[S10]*	<p>7. a) When you were 14 years old, did you speak a language at home other than English?</p> <p><input type="checkbox"/> yes  <input type="checkbox"/> no (go to 8)  <input type="checkbox"/> don't know (go to 8)</p> <p>b) What was this language?</p> <p>_____</p> <p>c) Did anyone in your household speak English?</p> <p><input type="checkbox"/> very well  <input type="checkbox"/> well  <input type="checkbox"/> none  <input type="checkbox"/> don't know</p>
[S1 (12)]* [S4 (p.26-35)] [S5 (z6, z8)] [S8 (Q73)] [S9 (51)]	<p>8. What is the highest level of school you completed?</p> <p><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"/> 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)  <input type="checkbox"/> doctorate degree (e.g. PhD, EdD)  <input type="checkbox"/> don't know</p>
[S1 (6)]* [S8 (Q45-48)] [S9 (50)]	<p>9. a) What is your marital status?</p> <p><input type="checkbox"/> now married (go to 9b)  <input type="checkbox"/> living together with a partner (go to 9b)  <input type="checkbox"/> widowed (go to 9b)  <input type="checkbox"/> divorced (go to 9b)  <input type="checkbox"/> separated (go to 9b)  <input type="checkbox"/> never married (go to 9b)  <input type="checkbox"/> don't know (go to 10)</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
[S12]*	10. How frequently do you participate in religious or spiritual activities?  <input type="checkbox"/> more than once a week <input type="checkbox"/> every week <input type="checkbox"/> regularly, but not every week <input type="checkbox"/> only on special occasions <input type="checkbox"/> never <input type="checkbox"/> don't know
[S12]*	11. How often do you attend religious or spiritual services at a church, mosque, temple, or other religious or spiritual meeting place?  <input type="checkbox"/> every day <input type="checkbox"/> two or three times a week <input type="checkbox"/> once a week <input type="checkbox"/> two or three times a month <input type="checkbox"/> once a month <input type="checkbox"/> less than once a month <input type="checkbox"/> never <input type="checkbox"/> don't know
[S12]*	12. At age 14, how frequently did you participate in religious or spiritual activities?  <input type="checkbox"/> more than once a week <input type="checkbox"/> every week <input type="checkbox"/> regularly, but not every week <input type="checkbox"/> only on special occasions <input type="checkbox"/> never <input type="checkbox"/> don't know
[S12]*	13. At age 14, how often did you attend religious or spiritual services at a church, mosque, temple, or other religious or spiritual meeting place?  <input type="checkbox"/> every day <input type="checkbox"/> two or three times a week <input type="checkbox"/> once a week <input type="checkbox"/> two or three times a month <input type="checkbox"/> once a month <input type="checkbox"/> less than once a month <input type="checkbox"/> never <input type="checkbox"/> don't know

[S12]*	<p>14. What is your present religious or spiritual affiliation? Check all that apply.</p> <p><input type="checkbox"/> Christian</p> <p> <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: _____) </p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Specify sect: _____</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Specify sect: _____</p> <p> <input type="checkbox"/> Judaism <div style="display: inline-block; vertical-align: top; margin-left: 20px;">Specify ancestry:</div> <input type="checkbox"/> Orthodox <input type="checkbox"/> Ashkenazi  <input type="checkbox"/> Conservative <input type="checkbox"/> Sephardic  <input type="checkbox"/> Reformed <input type="checkbox"/> Other (specify: _____)  <input type="checkbox"/> Reconstructionist </p> <p><input type="checkbox"/> Islam</p> <p> <input type="checkbox"/> Sunni  <input type="checkbox"/> Shi'ite  <input type="checkbox"/> Other (specify: _____) </p> <p><input type="checkbox"/> Shinto</p> <p><input type="checkbox"/> Wiccan</p> <p><input type="checkbox"/> Santeria, Voudou, or Candemle (specify: _____)</p> <p><input type="checkbox"/> Pagan or other earth-centered religion (specify: _____)</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Atheist</p> <p><input type="checkbox"/> Agnostic</p> <p><input type="checkbox"/> don't know/refused</p>
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[S10]* [S12]	<p>15. What is the religion or spiritual tradition in which you were raised? Check all that apply.</p> <p><input type="checkbox"/> Christian</p> <p> <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: _____) </p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Specify sect: _____</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Specify sect: _____</p> <p><input type="checkbox"/> Judaism</p> <p>Specify ancestry:</p> <p> <input type="checkbox"/> Orthodox  <input type="checkbox"/> Conservative  <input type="checkbox"/> Reformed  <input type="checkbox"/> Reconstructionist  <input type="checkbox"/> Ashkenazi  <input type="checkbox"/> Sephardic  <input type="checkbox"/> Other (specify: _____) </p> <p><input type="checkbox"/> Islam</p> <p> <input type="checkbox"/> Sunni  <input type="checkbox"/> Shi'ite  <input type="checkbox"/> Other (specify: _____) </p> <p><input type="checkbox"/> Shinto</p> <p><input type="checkbox"/> Wiccan</p> <p><input type="checkbox"/> Santeria, Voodoo, or Candomble (specify: _____)</p> <p><input type="checkbox"/> Pagan or other earth-centered religion (specify: _____)</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Atheist</p> <p><input type="checkbox"/> Agnostic</p> <p><input type="checkbox"/> don't know/refused</p>
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[S13]*	<p>We are going to ask you a number of questions related to discrimination. Please select only one response on questions 16 and 17.</p> <p>16. 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>17. 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>18. 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>19. 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>20. 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>21. 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>22. 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 shaded questions below concerning the index individual's occupation and social class location are to be asked as part of the occupational history taken in the Occupational Exposures module of the Breast Cancer Core Questionnaire. If the Core Version of the Occupational Exposures Module (Level 1) is used, the questions below concerning the index individual's current occupation should be asked if the respondent has indicated that the two longest held positions reported in the occupational history do not include the current occupation.

Please answer the following questions about your *current* and *usual* 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**. In **Column III**, please answer the questions for your *usual* job, referring to your most typical or longest held position.

		<b>COLUMN I</b> your current primary job	<b>COLUMN II</b> your current second job	<b>COLUMN III</b> your usual 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 <b>Column III</b> . 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)			
{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)]	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 9) <input type="checkbox"/> homemaker (go to 9) <input type="checkbox"/> student (go to 9) <input type="checkbox"/> unemployed (go to 9) <input type="checkbox"/> other (specify: _____) (go to 9) <input type="checkbox"/> don't know (go to 9)	<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 9) <input type="checkbox"/> homemaker (go to 9) <input type="checkbox"/> student (go to 9) <input type="checkbox"/> unemployed (go to 9) <input type="checkbox"/> other (specify: _____) (go to 9) <input type="checkbox"/> don't know (go to 9)	<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 9) <input type="checkbox"/> homemaker (go to 9) <input type="checkbox"/> student (go to 9) <input type="checkbox"/> unemployed (go to 9) <input type="checkbox"/> other (specify: _____) (go to 9) <input type="checkbox"/> don't know (go to 9)
[S3 (A9, A17, A24)]*  [S5 (80a)]*	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?  b) Is this business incorporated?	<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  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know  (go to 9)	<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  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know  (go to 9)	<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  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know  (go to 9)
[S10]* [S5 (80m)]	4. If you are an employee, which of the following best describes the organization by which you are employed?	<input type="checkbox"/> private for-profit firm <input type="checkbox"/> private non-profit organization <input type="checkbox"/> private household <input type="checkbox"/> government organization <input type="checkbox"/> don't know	<input type="checkbox"/> private for-profit firm <input type="checkbox"/> private non-profit organization <input type="checkbox"/> private household <input type="checkbox"/> government organization <input type="checkbox"/> don't know	<input type="checkbox"/> private for-profit firm <input type="checkbox"/> private non-profit organization <input type="checkbox"/> private household <input type="checkbox"/> government organization <input type="checkbox"/> don't know
[S3 (pers. corr.)]*	5. Does the business or organization you work for have more than one division, branch, office, etc.?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know



{S3 (pers. corr.))* {S5 (274)}	6. How many people are employed at your worksite (including yourself)?	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50 or more <input type="checkbox"/> don't know	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50 or more <input type="checkbox"/> don't know	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50 or more <input type="checkbox"/> don't know
{S3 (D4))* {S5 (267n,o)} {S8 (Q26)} {S9 (52)}	7. a) At your worksite, 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 (go to 8) <input type="checkbox"/> don't know (go to 8)	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 (go to 8) <input type="checkbox"/> don't know (go to 8)	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 (go to 8) <input type="checkbox"/> don't know (go to 8)
{S3 (C2b))*	b) If you hold a managerial or supervisory position, does anyone whom you supervise supervise others?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know
{S3 (B10))* {S10)*	8. 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	<input type="checkbox"/> usually <input type="checkbox"/> sometimes <input type="checkbox"/> rarely <input type="checkbox"/> never <input type="checkbox"/> don't know



{S10}* 	9. 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	<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}* 	10. a) How many jobs total do you work?           b) How many of these jobs are full time? (40 hours or more per week)           c) How many of these jobs are part time? (less than 40 hours per week)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more <input type="checkbox"/> don't know           <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more <input type="checkbox"/> don't know           <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more <input type="checkbox"/> don't know	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more <input type="checkbox"/> don't know           <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more <input type="checkbox"/> don't know	
{S10*} {S11}	11. a) How many hours of unpaid work do you do a week at home, including housework or home maintenance?           b) How many hours of unpaid work do you do a week at work?	<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           <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	<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           <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	

### **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 <b>Column I/II</b>, skip <b>Column III</b>.</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><u>COLUMN I</u></b> spouse/partner or head of household <i>current</i> primary job	<b><u>COLUMN II</u></b> spouse/partner or head of household <i>current</i> second job	<b><u>COLUMN III</u></b> spouse/partner or head of household <i>usual</i> job (if this is the same as the person in Columns I and II, skip Column III)
<p>[S10]* [S1 (29a)] [S5 (78mz)] [S9 (52)]</p>	<p>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.</p>			





[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	<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	<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
[S5 (80s)]*	b) Is this business incorporated?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know  (go to 10)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know  (go to 10)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know  (go to 10)
[S10]* [S5 (80m)]	5. If this person is an employee, which of the following best describes the organization by which he/she is employed?	<input type="checkbox"/> private for-profit firm <input type="checkbox"/> private non-profit organization <input type="checkbox"/> private household <input type="checkbox"/> government organization <input type="checkbox"/> don't know	<input type="checkbox"/> private for-profit firm <input type="checkbox"/> private non-profit organization <input type="checkbox"/> private household <input type="checkbox"/> government organization <input type="checkbox"/> don't know	<input type="checkbox"/> private for-profit firm <input type="checkbox"/> private non-profit organization <input type="checkbox"/> private household <input type="checkbox"/> government organization <input type="checkbox"/> don't know
[S3 (pers. corr.)]*	6. Does this business or organization have more than one division, branch, office, etc.?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know
[S3 (pers. corr.)]* [S5 (274)]	7. How many people are employed at this person's worksite (including him/herself)?	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50 or more <input type="checkbox"/> don't know	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50 or more <input type="checkbox"/> don't know	<input type="checkbox"/> 0 <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50 or more <input type="checkbox"/> don't know
[S3 (D4)]* [S5 (267n,o)] [S8 (Q26)] [S9 (52)]  [S3 (C2b)]*	8. a) At this person's worksite, which of the following best describes the position which he/she holds within this business or organization.          b) If this person holds a managerial or supervisory position, does anyone whom he/she supervises supervise others?	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 (go to 9) <input type="checkbox"/> don't know (go to 9)  <input type="checkbox"/> yes <input type="checkbox"/> no <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 (go to 9) <input type="checkbox"/> don't know (go to 9)  <input type="checkbox"/> yes <input type="checkbox"/> no <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 (go to 9) <input type="checkbox"/> don't know (go to 9)  <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know



[S3 (B10)]* [S10]*	9. 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)]	10. 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"/> 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"/> 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

[S10]*	11. How many hours a week does this person work 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	<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>12. a) How many jobs total does this person work?</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>	<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>13. a) How many hours of unpaid work does this person do a week at home, including housework or home maintenance?</p> <p>b) How many hours of unpaid work does this person 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>	<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>	

#### **IV. Income**

[S10]*	<p>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?</p> <p style="text-align: right;">_____</p> <p>How many of these people are under 18 years old? _____</p> <p>How many are between 18 and 64 years old? _____</p> <p>How many are 65 years old or older? _____</p> <p>b) How many non-family members live in your household?</p> <p style="text-align: right;">_____</p> <p>How many of these people are under 18 years old? _____</p> <p>How many are between 18 and 64 years old? _____</p> <p>How many are 65 years old or older? _____</p>
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[S10]* [S5 (594n)] [S6 (2f)].	<p>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?</p> <p>\$ _____</p> <p>or</p> <p> <input type="checkbox"/> less than \$1000  <input type="checkbox"/> \$1000 to \$1999  <input type="checkbox"/> \$2000 to \$2999  <input type="checkbox"/> \$3000 to \$3999  <input type="checkbox"/> \$4000 to \$4999  <input type="checkbox"/> \$5000 to \$5999  <input type="checkbox"/> \$6000 to \$6999  <input type="checkbox"/> \$7000 to \$7999  <input type="checkbox"/> \$8000 to \$8999  <input type="checkbox"/> \$9000 to \$9999  <input type="checkbox"/> \$10000 to \$10999  <input type="checkbox"/> \$11000 to \$11999  <input type="checkbox"/> \$12000 to \$12999  <input type="checkbox"/> \$13000 to \$13999  <input type="checkbox"/> \$14000 to \$14999  <input type="checkbox"/> \$15000 to \$15999  <input type="checkbox"/> \$16000 to \$16999  <input type="checkbox"/> \$17000 to \$17999  <input type="checkbox"/> \$18000 to \$18999  <input type="checkbox"/> \$19000 to \$19999  <input type="checkbox"/> \$20000 to \$24999  <input type="checkbox"/> \$25000 to \$29999  <input type="checkbox"/> \$30000 to \$34999  <input type="checkbox"/> \$35000 to \$39999  <input type="checkbox"/> \$40000 to \$44999  <input type="checkbox"/> \$45000 to \$49999  <input type="checkbox"/> \$50000 to \$74999  <input type="checkbox"/> \$75000 to \$99999  <input type="checkbox"/> \$100000 or greater         </p> <p><input type="checkbox"/> don't know</p>
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[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> <p><input type="checkbox"/> your main job or business</p> <p><input type="checkbox"/> your additional jobs or businesses</p> <p><input type="checkbox"/> another family member's job or business</p> <p><input type="checkbox"/> Social Security or Railroad Retirement</p> <p><input type="checkbox"/> Social Security Income (SSI)</p> <p><input type="checkbox"/> Other survivor benefits or pensions</p> <p><input type="checkbox"/> public assistance or state (or local) welfare, including AFDC</p> <p><input type="checkbox"/> food stamps</p> <p><input type="checkbox"/> unemployment</p> <p><input type="checkbox"/> child support</p> <p><input type="checkbox"/> alimony</p> <p><input type="checkbox"/> interest and dividends</p> <p><input type="checkbox"/> rent from properties which you own</p> <p><input type="checkbox"/> illegal activities</p> <p><input type="checkbox"/> other sources</p>
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<p>[S6 (18a)]* [S5 (814m)] [S7 (A19)]</p> <p>[S6 (18d,e)]* [S7 (A25, A31)]</p> <p>[S6 (18b)]* [S5 (814s)] [S7 (A20)]</p>	<p>3. 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 (go to 3b)  <input type="checkbox"/> own home (mortgage all paid) - (go to 4)  <input type="checkbox"/> buying home (paying mortgage) - (go to 3b)  <input type="checkbox"/> occupied without paying monetary rent (go to 4)  <input type="checkbox"/> don't know</p> <p>b) What is the monthly rent or mortgage payment?</p> <p><input type="checkbox"/> less than \$500  <input type="checkbox"/> \$500 to \$999  <input type="checkbox"/> \$1000 to \$1999  <input type="checkbox"/> \$2000 or more  <input type="checkbox"/> don't know</p> <p>c) 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>4. 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>[S6 (20a)]* [S5 (816f)] [S7 (G115)]</p> <p>[S6 (20b)]* [S5 (816m)] [S7 (G116)]</p>	<p>5. a) Do you or does your family own other property, such as another home, rental property, or land?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no (go to 6) <input type="checkbox"/> don't know (go to 6)</p> <p>b) If you/your family sold this other property now and paid off any debts on it, about how much would you/your family get?</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>[S6 (21a)]* [S7 (G124)]</p> <p>[S6 (21b)]* [S7 (G125)]</p>	<p>6. a) Do you or does your family own part or all of a business, farm, or professional practice.</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no (go to 7) <input type="checkbox"/> don't know (go to 7)</p> <p>b) If you/your family sold this business, farm, or professional practice now and paid off any debts on it, about how much would you/your family get?</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>[S10]* [S5 (822)]</p>	<p>7. 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>

<p>[S1 (H13)]* [S6 (17a)] [S5 (818s)]</p> <p>[S10]* [S6 (17b)] [S5 (820m)] [S7 (G120)]</p>	<p>8. 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> <p>c) What are your monthly payments, if any, on these vehicles?</p> <p>\$ _____</p>
	<p>9. 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 and Fluctuations in Income and Financial Situation

- [S10]\* 1. Please indicate all of your family's sources of income for each year listed in the table below by checking the appropriate box:

	1996	1995	1994	1993	1992
your main job or business					
your additional jobs or businesses					
another family member's job or business					
Social Security or Railroad Retirement					
Social Security Income (SSI)					
Other survivor benefits or pensions					
public assistance or state (or local) welfare, inc. AFDC					
food stamps					
unemployment					
child support					
alimony					
interest and dividends					
illegal activities					
other sources					

- [S10]\* 2. a) For each of the last five years, would you say that your finances were better off, the same, or worse off when compared to this year?

	better off	the same	worse off
one year ago			
two years ago			
three years ago			
four years ago			
five years ago			

- [S10]\* b) In any of those years, did you have a hard time making ends meet (i.e. paying rent, buying food, paying for other necessities)?

	yes	no
one year ago		
two years ago		
three years ago		
four years ago		
five years ago		

- [S10]\* 3. 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?

- ☐ <1 month  
☐ 1-2 months  
☐ 3-6 months  
☐ 7-12 months  
☐ more than 1 year

NB. For additional measures of deprivation, see references in the appendix to work by Townsend and others in Great Britain on indices of material and social deprivation. Unfortunately these measures have not yet been adapted for use in the United States.

## **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 10)  <input type="checkbox"/> homemaker (go to 10)  <input type="checkbox"/> student (go to 10)  <input type="checkbox"/> unemployed (go to 10)  <input type="checkbox"/> other (specify: _____) (go to 10)  <input type="checkbox"/> don't know (go to 10)</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>b) Was this business incorporated?</p> <p><input type="checkbox"/> yes  <input type="checkbox"/> no  <input type="checkbox"/> don't know</p> <p>(go to 10)</p>
	<p>5. If this person was an employee, which of the following best describes the organization by which he/she was employed?</p> <p><input type="checkbox"/> private for-profit firm  <input type="checkbox"/> private non-profit organization  <input type="checkbox"/> private household  <input type="checkbox"/> government organization  <input type="checkbox"/> don't know</p>
	<p>6. Did the business or organization this person worked for have more than one division, branch, office, etc.?</p> <p><input type="checkbox"/> yes  <input type="checkbox"/> no  <input type="checkbox"/> don't know</p>
	<p>7. How many people were employed at this person's worksite (including him/her)?</p> <p><input type="checkbox"/> 0  <input type="checkbox"/> 1-9  <input type="checkbox"/> 10-24  <input type="checkbox"/> 25-49  <input type="checkbox"/> 50 or more  <input type="checkbox"/> don't know</p>



	<p>8. 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</p> <p><input type="checkbox"/> top</p> <p><input type="checkbox"/> upper</p> <p><input type="checkbox"/> middle</p> <p><input type="checkbox"/> lower</p> <p><input type="checkbox"/> supervisory</p> <p><input type="checkbox"/> non-management (go to 9)</p> <p><input type="checkbox"/> don't know (go to 9)</p> <p>b) If this person usually held a managerial or supervisory position, did anyone whom he/she supervised supervise others?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> don't know</p>
	<p>9. 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</p> <p><input type="checkbox"/> sometimes</p> <p><input type="checkbox"/> rarely</p> <p><input type="checkbox"/> never</p> <p><input type="checkbox"/> don't know</p>

	<p>10. 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"/> 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>11. 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>12. 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</p> <p>parent2:    <input type="checkbox"/> male            <input type="checkbox"/> female            <input type="checkbox"/> transgendered (specify: _____)    <input type="checkbox"/> don't know</p> <p style="text-align: right;">(go to 2)</p> <p>c) How many guardians was this?</p> <p style="text-align: center;">_____</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</p> <p>guardian2:            <input type="checkbox"/> male            <input type="checkbox"/> female            <input type="checkbox"/> transgendered (specify: _____)    <input type="checkbox"/> don't know</p> <p>guardian3:            <input type="checkbox"/> male            <input type="checkbox"/> female            <input type="checkbox"/> transgendered (specify: _____)    <input type="checkbox"/> don't know</p> <p style="text-align: right;">(go to 2)</p>
[S10]* [S8 (Q100-101)]	<p>2. For each of the following sources of income, please check the box if it contributed to your family's income when you were 14 years old:</p> <p><input type="checkbox"/> head of household's main job or business</p> <p><input type="checkbox"/> head of household's additional jobs or businesses</p> <p><input type="checkbox"/> another family member's job or business</p> <p><input type="checkbox"/> Social Security or Railroad Retirement</p> <p><input type="checkbox"/> Social Security Income (SSI)</p> <p><input type="checkbox"/> Other survivor benefits or pensions</p> <p><input type="checkbox"/> public assistance or state (or local) welfare, including AFDC</p> <p><input type="checkbox"/> food stamps</p> <p><input type="checkbox"/> unemployment</p> <p><input type="checkbox"/> child support</p> <p><input type="checkbox"/> alimony</p> <p><input type="checkbox"/> interest and dividends</p> <p><input type="checkbox"/> rent from properties owned by your family</p> <p><input type="checkbox"/> illegal activities</p> <p><input type="checkbox"/> other sources</p>

[S8 (Q97)]	<p>3. When you were 14, did your family own its home or rent its home?</p> <p><input type="checkbox"/> rent home</p> <p><input type="checkbox"/> own home (mortgage all paid)</p> <p><input type="checkbox"/> buying home (paying mortgage)</p> <p><input type="checkbox"/> occupied without paying monetary rent</p> <p><input type="checkbox"/> don't know</p>
	<p>4. Did your family own other property when you were 14 years old, such as another home, rental property, or land?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> don't know</p>
	<p>5. When you were 14, did your family own a part of a business, farm, or professional practice?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> don't know</p>
	<p>6. 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</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two</p> <p><input type="checkbox"/> Three or more</p> <p><input type="checkbox"/> don't know</p>

## IX. Geocoding Information

*NB. The shaded questions below which obtain residential address for geocoding purposes are to be included in the residential history taken as part of the Environmental Exposures Module of the Breast Cancer Core Questionnaire Project.*

[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)



# Analytic Guidelines for Social Class Location

Sections II, III, and VII present questions for assessing social class location. These questions can be used as follows:

1. The preferred method, which we have developed for this questionnaire, is based on the work of sociologist Erik Olin Wright. Wright posits a typology of conflicting social class locations inflected by access to production assets, organizational assets, and skill assets (see references under social class in the Guide to Questions). The questions we have included assess the individual's relationship to each of these assets (Table 1). Categorization of the occupational characteristics along these three dimensions yields a set of social class locations which are inherently nominal (rather than ordinal or continuous). The questions we have included are interpreted as follows. The examples given are for section II; similar interpretation applies for sections III and VII.

**Table 1: Interpretation of Questions for assessing social class location: section II**

Question	Asset	Comments
II. 3 Employment status	production	Allows the individual to be classified as owner/employer, employee, or not in the paid workforce.
II. 4 Number of employees	organizational	Assesses organizational assets for owner/employers
II. 5 Organizational characteristic	organizational	Assists in determining context of organizational characteristics for employees.
II. 6 Size of organization	organizational	Assists in determining context of organizational characteristics for employees.
II. 7 Size of organization	organizational	Assists in determining context of organizational characteristics for employees.
II. 8 Position in the organization	organizational	Categorizes employees location in organizational hierarchy as manager, supervisor, or non-management.
II. 9 Autonomy	skill	This autonomy question is a proxy for skill-based assets.
II. 10 Education	skill	Education and autonomy are interpreted together in assessing skill-based assets.

Education and autonomy are used to assess skill based assets as follows:

**Table 2: Assessing skill-based assets using responses to autonomy and education questions.**

	Occupation	Education credential	Job Autonomy*
Experts	Professionals Professors Managers Technicians	B.A. or more B.A. or more	
Marginal	School teachers Craftworkers Managers Technicians Sales Clerical	less than B.A. less than B.A. B.A. or more B.A. or more	Autonomous Autonomous
Uncredentialed	Sales Clerical Manual non-crafts	less than B.A. less than B.A.	or or Non-autonomous Non-autonomous

\* NB. We provide an autonomy question (e.g. II. 9) with a five-point scale. In this table, autonomy has been dichotomized as autonomous/non-autonomous.

Source: Wright EO. *Classes*. London: Verso, 1985. p. 150.

Depending on the number of responses in each category, categories may be collapsed or maintained. A sample schema can be created, for example:

**Table 3. Sample social class location schema using Erik Olin Wright's class typology.**

<i>Assets in the means of production</i>					
	Owners of means of production	Non-owners [wage labourers]			
Owens sufficient capital to hire workers and not work	1. Bourgeoisie	4. Expert managers	7. Semi-credentialled managers	10. Uncredentialled managers	+
Owens sufficient capital to hire workers but must work	2. Small employers	5. Expert supervisors	8. Semi-credentialled supervisors	11. Uncredentialled supervisors	>0 Organization assets
Owens sufficient capital to work for self but not to hire workers	3. Petty Bourgeoisie	6. Experts non-managers	9. Semi-credentialled workers	12. Proletarians	-
		+	>0 Skill.credential assets	-	

Source: Wright EO. *Classes*. London: Verso, 1985. p. 88

2. The second methodology for assessing social class location is to use the sample question II. 13 (III., VII) which we have included. This question endeavours to condense assessment of production, organizational, and skill assets into a single question. The respondent may check only one major category, under which she may check any combination of characteristics listed there. The responses should allow the generation of a social class typology similar to that shown in Table 3. Where possible, the method described above, utilizing multiple questions, is to be preferred.

3. II. 1, III. 2, and VII. 2 may be used to assign social class location based on occupation, using a dichotomous social class typology developed by Krieger. Note that this method was developed for categorization census block group social class composition in ecologic studies, and has not been used to assess individual social class. For use in assessing individual social class location, this is the least preferable of the methods we present here, as occupational classification alone does not capture the nuances of social class location. Here, occupation is coded using the standard U.S. Census coding scheme, and is then assigned to working class or non-working class status as follows:

**Table 4. Mapping of U.S. Census-based occupational categories to social class schema**

Social Class Category	U.S. Census Occupational Categories
Working Class	administrative support sales private household service other service (except protective) precision production, craft, repair machine operators, assemblers, inspectors transportation and material moving handlers, equipment cleaners, laborers
Non-working Class	executive administrative managerial professional speciality technicians and related support occupations protective service farming, forestry, and fishing

Source: Krieger N. Overcoming the absence of socioeconomic data in medical records: validation and application of a census-based methodology. *Am J Public Health* 82:703-710, 1992.