1999 Work and Health Survey
(Baseline Quex)

RESPONDENT SELECTION/LANGUAGE PREFERENCE QUESTIONS HERE

We would like to start by asking some questions about your employment situation.

1. What were you doing most of last week? Were you working, were you not at work but had a job, were you looking for work, keeping house, going to school, unable to work, retired, or what? (ACCEPT ONLY ONE RESPONSE)
   - WORKING
   - NOT AT WORK, BUT HAVE A JOB
   - LOOKING FOR WORK
   - KEEPING HOUSE
   - GOING TO SCHOOL
   - UNABLE TO WORK
   - RETIRED
   - OTHER (SPECIFY)
   - DON'T KNOW

2. Did you do any work at all last week for pay or profit? (Do not count work around the house, but include unpaid work in a family farm or business.)
   - YES
   - NO
   - DON'T KNOW

3. Did you have only one paying job or more than one job (including part-time evening or weekend work)?
   - ONLY ONE JOB
   - MULTIPLE JOBS
   - DON'T KNOW

4. Altogether, how many paying jobs did you have last week?
   - _______JOBS
   - DON'T KNOW

5. How many hours did you work last week (at all jobs)?
   - _______ HOURS
   - A WEEK OR MORE, SKIP TO Q.27
   - DON'T KNOW

6. Do you usually work 35 hours or more a week at (this job) (these jobs)?
   - YES
   - NO
   - DON'T KNOW
7a. Some people work part-time because they cannot find full-time work or for other business reasons. Other people work part-time because they have other responsibilities or for personal reasons. What about you? What was (is) the main reason you (worked less than 35 hours last week) (usually work less than 35 hours)?

1. Slack work/business conditions
2. Could only find PT work
3. Seasonal work
4. Childcare problems
5. Other family/personal obligations
6. Health/medical limitations
7. School/training
8. Retired/social security limit on earnings
9. Full-time work week is less than 35 hours
10. Job started/ended during week
11. Own illness
12. On vacation
13. Holiday (legal/religious)
14. Does not want to work full-time
15. Other
R No answer

7b. Would you prefer to work more than 35 hours a week?

YES ................................................ 1
NO .................................................. 2
DON’T KNOW ................................... 9

(SKIP TO Q27)

IF NOT EMPLOYED FOR PAY/PROFIT/NOT RETIRED FROM Q2, ASK:

8. Did you have a job or business from which you were temporarily absent or on lay-off last week?

YES .......................................................1 (GO TO Q9)
NO ........................................................2
DON’T KNOW ..........................................9

(IF TEMORARILY ABSENT/ON LAYOFF FROM Q8, ASK:

9. What was the main reason why you were absent or on lay-off last week? Was it because of...(READ LIST)?

ILLNESS...........................................1
VACATION .........................................2
BAD WEATHER ...................................3
A LABOR DISPUTE ..............................4
A TEMPORARY LAY-OFF ....................5
AN INDEFINITE LAY-OFF ..................6
WERE YOU ABOUT TO START A NEW JOB WITHIN THE NEXT 30 DAYS......7 (SKIP TO Q15)
OR SOME OTHER REASON ..................8 (GO TO Q11)
DON’T KNOW ..................................9

(THERE IS NO QUESTION 10)

IF ILLNESS, VACATION, WEATHER, LABOR DISPUTE OR OTHER FROM Q9, ASK:

11. Do you usually work 35 hours or more a week at this job?

YES ..................................................1
NO ....................................................2
DON’T KNOW .....................................9

(SKIP TO Q27)

NOTE: IF Q9=1,2,3, OR 4, CONSIDER THEM AS ‘WORKING’ AND SKIP TO Q.27

IF NOT TEMPORARILY ABSENT OR ON LAYOFF FROM Q8, ASK:

12. Have you been looking for work during the past four weeks?

YES .............................................. 1 (GO TO Q13)
NO .................................................. 2
DON’T KNOW .................................. 9
IF LOOKING FOR WORK FROM Q12, ASK:

13. Have you done anything in the past four weeks to find work, like checking with an employment agency, contacting an employer, answering a want ad, or checking with friends or relatives about a job? (ANSWER MAY BE MULTIPLE YES)

- NO ..........................................................1 (SKIP TO Q22)
- YES, CHECKED W/EMPLOYMENT AGENCY ..1
- YES, CONTACTED EMPLOYER(S) ..........1
- YES, ANSWERED WANT AD ...............1
- YES, CHECKED W/FRIENDS ..........1
- YES, OTHER .............................................1
- DON’T KNOW ............................................1 (SKIP TO Q22)

IF ANY YES FROM Q13, ASK:

15. At the time you started looking for work, was it because you lost or quit a job or was there some other reason?

- LOST JOB ...........................1 (GO TO Q16)
- QUIT JOB............................2
- OTHER...............................3
- DON’T KNOW ......................9

IF LOST JOB FROM Q15 OR Q9=5 OR 6, ASK:

16. How many weeks ago were you laid off?

- LAIDOF99

17. How many weeks have you been looking for work?

- WKSLOK99

THERE IS NO QUESTION 14

THERE IS NO QUESTION 18

19. Could you have taken a job last week if one had been offered?

- YES ...................................1
- NO.....................................2
- DON’T KNOW ......................9

22. How many years has it been since you last worked at a regular job or business, either part-time or full-time? (READ CATEGORIES IF NECESSARY)

- 1 YEAR AGO OR LESS ......................1
- MORE THAN 1 YEAR TO 2 YEARS ......2
- MORE THAN 2 YEARS TO 3 YEARS .......3
- MORE THAN 3 YEARS TO 5 YEARS ......4
- 5 YEARS OR MORE .......................5
- NEVER WORKED .............................6
- DON’T KNOW .................................9

IF NOT LOOKING FOR WORK FROM Q12 OR UNABLE TO WORK FROM Q1, ASK:

24. *(If you could work, would) (Do) you want a regular job now, either full or part-time? *If disabled

- YES ..................................................1
- NO....................................................2
- DON’T KNOW .....................................9

THERE IS NO QUESTION 23

THERE IS NO QUESTION 25

26. Do you intend to look for work of any kind in the next 12 months?

- YES ..................................................1
- NO....................................................2
- DON’T KNOW .....................................9
IF WORKING FROM Q1 OR EMPLOYED FOR PAY/PROFIT FROM Q2, OR Q9=1,2,3 OR 4, OR WORKED WITHIN PAST YEAR
FROM Q22, ASK:

27. During the last 12 months, how many weeks were you working for pay even if only for a few hours? (Include paid vacation and sick leave as work) (IF ALL, ENTER “52”)

_______________________ WEEKS

WEKWRK99

DON’T KNOW ...................................99

28. During the past 12 months, how many hours a week did you usually work (when you were working)?

_______________________ HOURS

HRSWK99

DON’T KNOW ...................................99

* IF NOT WORKING FROM Q1 OR NOT WORKING FOR PAY/PROFIT FROM Q2, OR Q9 DOES NOT EQUAL 1,2,3, OR 4, SKIP TO Q138A

Now I have some questions about the (main) job (at which you worked) (from which you were absent) last week.

33. (At this main job,) are you self-employed or do you work for someone else?

SELF-EMPLOYED ......................1 (GO TO Q34A)

WORKING FOR SOMEONE ELSE ....2 (SKIP TO Q34C)

DON’T KNOW .......................9 (SKIP TO Q36)

SELFEM99

IF SELF-EMPLOYED FROM Q33, ASK:

34a. Are you self-employed as an independent contractor, independent consultant, freelance worker, or something else? (IF NECESSARY: such as a shop or restaurant owner)

INDEPENDENT CONTRACTOR/CONSULTANT/FREELANCER ..........1 (SKIP TO 35)

SOMETHING ELSE ..............2 (SKIP TO Q36)

DON’T KNOW .......................9

CONTRC99

IF WORKING FOR SOMEONE ELSE FROM Q33, ASK:

THERE IS NO QUESTION 34B

34c. Do you work as an independent contractor, independent consultant, or free-lance worker on this job?

YES ................... 1 (SKIP TO 35)

NO ................... 2 (GO TO Q36)

DON’T KNOW .... 9

CONSLT99

IF Q34A=1 OR 34C=1, ASK:

35. Do you work exclusively for one company or customer, or do you work for more than one company or customer?

ONLY ONE ...................... 1

MORE THAN ONE............. 2

DON’T KNOW ............ 9

ONE99

36. What kind of business or industry do you work in? (IF NECESSARY:) What do they make or do at this business?

ACCOUNTING .............................. 01

ADVERTISING/ PUBLIC RELATIONS .... 02

AGRICULTURE/ MINING .............. 03

ARCHITECTURE/ DESIGN/ LANDSCAPING .... 04

BANKING/ FINANCE ................. 05

BUSINESS CONSULTANT ............ 06

BUSINESS SERVICES ............... 07

COMMUNICATIONS/ TV/ RADIO/ MEDIA .... 08

COMPUTER MANUFACTURER/ ELECTRONICS ... 09

INTERNET SERVICE/ COMPUTER CONSULTANT/ ELECTRONICS 10

CONSTRUCTION ...................... 11

EDUCATION/ DAY CARE PROVIDER .... 12

ENGINEERING/ SCIENTIFIC/ R&D 13

GOVERNMENT ...................... 14

GRAPHICS .......................... 15

INSURANCE ............................. 16

LEGAL .................................... 17

MANUFACTURING ..................... 18

MEDICAL/ DENTAL/ HEALTH CARE/ PHARM .... 19

OIL/ GAS .............................. 20

PUBLIC UTILITIES ................. 21

PUBLISHING/ PRINTING/ COPY .... 22

REAL ESTATE ....................... 23

RETAIL TRADE ..................... 24

TRANSPORTATION .................. 25

WHOLESALE TRADE ............ 26

ENTERTAINMENT/ RECREATION .... 29

HOUSEKEEPING/ JANITORIAL .... 30

NON-PROFIT ORG .................. 31

THERE IS NO QUESTION 37
38. How long have you worked there? How many years? (IF LESS THAN THREE YEARS, ENTER "0" AND ASK:) How many months?

<table>
<thead>
<tr>
<th>YEARS</th>
<th>MONTHS (ONLY IF &lt;3 YRS.)</th>
</tr>
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<tbody>
<tr>
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</table>

DON'T KNOW ................................... 99

WORKED99

IF 1 YEAR OR MORE FROM Q38, ASK:

39. During the past 12 months, have you received a promotion?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
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PROMO99

IF LESS THAN 1 YEAR FROM Q38, ASK:

40. Did your current job represent an improvement in pay or status from a previous job?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
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</table>

CHANGE99

41. What kind of work do you do; that is, what is your occupation?

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<tr>
<th>OCCUPATION</th>
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OCC199

42. What are your usual activities or duties?

1. Professional
   11. Scientific and Engineering
   12. Medical
   13. Education
   14. Social Science
   15. Law
   16. Arts and Athletics

2. Managerial
   21. Executive, Corporate, and Military Officer, Owner
   22. Public Officials and Administrators (City, County, State, Federal)
   23. Other Managers and Buyers
   24. Proprietors, Consultants, Contractors

3. Technical, Sales, and Administrative Support
   31. Technicians and Related Support
   32. Sales
   33. Administrative Support, including Clerical

4. Services
   41. Private Household
   42. Protective
   43. Other Service Occupations

5. Farming, Forestry, and Fishing
   51. Farm Operators and Managers
   52. Agriculture and Related Occupations
   53. Forestry and Logging Occupations
   54. Fishers, Hunters, and Trappers

6. Precision Production, Crafts, Repairs
   61. Mechanics and Repairers
   62. Construction Trades
   63. Precision Production
   64. Armed Forces Personnel (Non-Officer)

7. OPERATORS, FABRICATORS, LABORERS
   71. MACHINE OPERATORS AND TENDERS (EXCEPT PRECISION)
   72. TRANSPORTATION AND MATERIAL MOVING
   73. EQUIPMENT CLEANERS, HELPERS, AND LABORERS

. R Don't Know/Refused/No Answer

43. Altogether, how long have you worked in your present occupation? How many years? (IF LESS THAN ONE YEAR, ENTER "0" AND ASK:) How many months?

<table>
<thead>
<tr>
<th>YEARS</th>
<th>MONTHS</th>
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</table>

DON'T KNOW ................................... 99

PRESOC99

44. Counting all locations where (your employer) (you) operate(s), what is the total number of persons who work for (this employer) (you)?

<table>
<thead>
<tr>
<th>LESS THAN 10</th>
<th>10-49</th>
<th>50-99</th>
<th>100-499</th>
<th>500-999</th>
<th>1000-9999</th>
<th>10,000 OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

WORKER99

29. In your main job, do you usually work during the daytime, during the evening, during the nighttime, or do you work a rotating shift?

<table>
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<tr>
<th>SHIFT</th>
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SHIFT99
31. Do you have flexible hours that allow you to vary or make changes in the time you begin and end work?
   - YES, FLEXIBLE ...................................1
   - NO, NOT FLEXIBLE .............................2
   - DON’T KNOW .....................................9
   FLXHRS99

32. As part of your regular hours on this job, do you work at home all of the time, some of the time, or none of the time? DO NOT INCLUDE TIMES WHEN YOU BRING EXTRA WORK HOME.
   - ALL OF THE TIME.........................1
   - SOME OF THE TIME ......................2
   - NONE OF THE TIME .....................3
   - DON’T KNOW ..............................9
   WHOME99

45. I am going to read some characteristics of jobs and for each, please tell me if you agree strongly, agree somewhat, disagree somewhat or disagree strongly that it applies to your job. (READ ITEMS IN RANDOM ORDER) Do you agree strongly, agree somewhat, disagree somewhat or disagree strongly that it applies to your job?
   - AGREE STRONGLY ..........................1
   - AGREE SOMEWHAT .......................2
   - DISAGREE SOMEWHAT ..................3
   - DISAGREE STRONGLY ....................4
   - DON’T KNOW ..............................9

   [ ] a. My job requires that I learn new things........................1 .............2 .............3 .............4 ..............9 NEW99
   [ ] b. On my job, I have very little freedom to decide how I do my work........................................1 .............2 .............3 .............4 ..............9 FREDOM99
   [ ] c. My job allows me to make a lot of decisions on my own ........................................1 .............2 .............3 .............4 ..............9 OWN99
   [ ] d. I have enough time to get the job done ......................1 .............2 .............3 .............4 ..............9 TIME99
   [ ] e. My job requires working very fast without having breaks ........................................1 .............2 .............3 .............4 ..............9 FAST99

46. At your (main) job, do you supervise the work of others or tell other employees what work to do?
   - YES........................................1
   - NO .......................................2
   - DON’T KNOW .............................9
   SUPER99

48. Thinking about where you go to work or the area where your workplace is, how much of a problem is each of the following. (READ ITEMS IN RANDOM ORDER) Is this a very serious problem, a somewhat serious problem, a minor problem, or not really a problem?
   - VERY SERIOUS ...........................1
   - SOMEWHAT SERIOUS ..................2
   - MINOR PROBLEM .........................3
   - NOT REALLY A PROBLEM ..............4
   - DON’T KNOW ..............................9

   [ ] a. crime in the area............................1 .............2 .............3 .............4 ..............9 CRIME99
   [ ] b. excessive noise ..............................1 .............2 .............3 .............4 ..............9 NOISE99
   [ ] c. trash and litter ..............................1 .............2 .............3 .............4 ..............9 TRASH99
   [ ] d. lighting at night ............................1 .............2 .............3 .............4 ..............9 LIGHT99
   [ ] e. accessibility to public transportation ..............1 .............2 .............3 .............4 ..............9 ACCESS99
   [ ] f. the variety of nearby shops and stores ..............1 .............2 .............3 .............4 ..............9 SHOPS99

49. How much of the following things do you have to do as part of the duties of your job. Do you have to (ITEM) a lot, sometimes, or not at all as part of the duties of your job? (READ ITEMS IN ORDER)
   - A LOT ........................................1
   - SOMETIMES ................................2
   - NOT AT ALL .................................3
   - DON’T KNOW ..............................9

   a. walk ...................................................................1 .............2 .............3 .............9 WALK99
   b. use stairs or inclines ..........................................1 .............2 .............3 .............9 STAIR99
   c. sit for long periods ............................................1 .............2 .............3 .............9 SIT99
   d. stoop, crouch or kneel .........................................1 .............2 .............3 .............9 STOOP99
   e. lift or carry weights as heavy as 50 pounds .............1 .............2 .............3 .............9 LIFT99
   f. lift or carry weights as heavy as 10 pounds ............1 .............2 .............3 .............9 CARRY99
   g. repeat the same hand motion at least 30 times per hour...........1 .............2 .............3 .............9 HAND99
h. bend over or twist around: ___________________________  A LOT  SOMETIMES  NOT AT ALL  DON’T KNOW
i. use hand tools: ___________________________  A LOT  SOMETIMES  NOT AT ALL  DON’T KNOW

50. Provided the economy does not change and your job performance is adequate, can you continue to work for your current employer as long as you wish?
   YES: ___________________________  (SKIP TO Q53)
   NO: ___________________________  (GO TO Q51)
   DON’T KNOW: ___________________________  (SKIP TO Q53)

IF NO FROM Q50, ASK:

51. Are you working only until a specific project is completed?
   YES: ___________________________  1
   NO: ___________________________  2
   DON’T KNOW: ___________________________  9

53. Are you paid by a temporary employment agency?
   YES: ___________________________  1
   NO: ___________________________  2
   DON’T KNOW: ___________________________  9

56. On your (main) job, are you a member of a labor union or other employee association similar to a union?
   YES: ___________________________  1
   NO: ___________________________  2
   DON’T KNOW: ___________________________  9

57. On your (main) job, are you covered by a union or employee association contract?
   YES: ___________________________  1
   NO: ___________________________  2
   DON’T KNOW: ___________________________  9

138a. What is your age? ___________________________

IF REFUSED, ASK:

138b. We don’t need to know exactly, but which of the following age categories are you?
   (READ CATEGORIES)
   18-20: ___________________________  01
   21-24: ___________________________  02
   25-29: ___________________________  03
   30-39: ___________________________  04
   40-44: ___________________________  05
   45-49: ___________________________  06
   50-59: ___________________________  07
   60-70: ___________________________  08
   -OR- OVER 70: ___________________________  09
   DON’T READ: ___________________________  99

142. Are you married, separated or divorced, widowed, never been married or are you a member of an unmarried couple?
   MARRIED: ___________________________  1
   SEPARATED/DIVORCED: ___________________________  2
   WIDOWED: ___________________________  3
   NEVER MARRIED: ___________________________  4
   UNMARRIED COUPLE: ___________________________  5
   DON’T KNOW: ___________________________  9

IF AGE 45-70 AND EVER WORKED FROM Q22, ASK:

A1. Do you consider yourself partially retired, completely retired, or not retired?
   PARTIALLY RETIRED: ___________________________  1
   COMPLETELY RETIRED: ___________________________  2
   NOT RETIRED: ___________________________  3
   DK: ___________________________  9

IF NOT RETIRED, ASK:

A2. At what age do you think you will retire? ___________________________  AGE OF RETIREMENT
   DK: ___________________________  99

A3. After you retire, do you expect to receive any income from the following sources? (READ ITEMS)
   YES  NO  DON’T KNOW
   a. from part-time work or a business? ___________________________  1  2  9

C:\DATA\CWHS\1999_CWHS_questionaire.doc
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DON'T</th>
<th>Category</th>
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<tbody>
<tr>
<td>02 b. from family members (other than your spouse)?</td>
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<td>FAM99</td>
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<td>03 c. from your own Social Security?</td>
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<td>SOCSEC99</td>
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<td>04 d. (IF MARRIED FROM Q142:) from your spouse's earnings?</td>
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<td>SPOUSE99</td>
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<td>05 e. (IF MARRIED/WIDOWED/DIVORCED/SEPARATED FROM Q142:) from your</td>
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<td>(former) spouse's Social Security?</td>
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<td>SSI99</td>
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<td>06 f. from Supplemental Security Income, a program for blind, disabled,</td>
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<td>PEN99</td>
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<td>or low-income elderly?</td>
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<td>SAV99</td>
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<td>08 h. from your own (or your spouse's) pensions or annuities?</td>
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<td>ASSET99</td>
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<td>09 i. from savings, interest, or dividends including automatic</td>
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<td>reinvestment?</td>
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<td>10 j. from the sale of a home, or other assets?</td>
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<tr>
<td>99 = Don't know</td>
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**IF MORE THAN ONE ‘YES’ TO A3, ASK:**

A4. Which of these income sources do you expect will provide you with the most money for your retirement? *(LIST ALL "YES" ITEMS FROM A3)*

**IF PARTIALLY OR COMPLETELY RETIRED, ASK:**

A5. At what age did you (retire) (become partially retired)?

A6. Which of the following were reasons for your retirement? Did you retire because … *(READ ITEMS)*?

A7 a. of your health? 

b. of your age? 

c. of the health of a family member? 

d. of other things you wanted to do? 

e. you didn't like your job? 

f. you were going to lose your job? 

g. your skills were no longer required at your job? 

h. (IF MARRIED/WIDOWED/DIVORCED/SEPARATED FROM Q142) your (former) spouse was retiring?

i. other?

99 = Don't know

**IF MORE THAN ONE YES TO A6A-H, ASK:**

A7. Of these, which would you say is the main reason you retired? *(READ BACK ALL ITEMS IF ANSWERED 'YES'; INCLUDE 'OTHER' AMONG ANSWER CATEGORIES)*

**IF COMPLETELY RETIRED, ASK:**

A8. Approximately how long were you employed at your last job? 

How many years? *(IF LESS THAN ONE YEAR, ENTER "0")*}

99 = Don't know

**THERE IS NO QUESTION A9 OR A9A**

A10. Now that you are (retired) (partially retired), would you say you are now financially better off, worse off, or about the same as you expected to be before you (retired) (partially retired)?

**BETTER OFF**

**WORSE OFF**

**ABOUT THE SAME**

**DON’T KNOW**
58. Do you currently have any kind of health care coverage? This would include health insurance, prepaid plans, such as H-M-O’s – health maintenance organizations – or any government sponsored plans, such as Medi-care or Medi-Cal?

YES ............................ 1 (GO TO Q58B)
NO .............................. 2 (GO TO Q58A)
DON’T KNOW .............. 9 (SEE BELOW)

IF Q58=NO, ASK:

58a. Did you have health care coverage at any point during the past 12 months?

YES ............................ 1 (SEE BELOW)
NO .............................. 2
DON’T KNOW .............. 9

IF Q58=INSURED, ASK:

58b. Was there any point during the past 12 months when you went without health insurance?

YES ............................. 1
NO .............................. 2
DON’T KNOW .............. 9

59. Which of the following best describes how you receive your health insurance. Do you receive it through... (READ CATEGORIES)? (IF MULTIPLE) Which type do you use to pay for most of your medical care?

YOUR OWN EMPLOYER, LABOR UNION OR TRADE ASSOCIATION ...................... 1
ANOTHER FAMILY MEMBER’S EMPLOYER, LABOR UNION OR TRADE ASSN .......... 2
MEDICARE, THE GOVERNMENT’S HEALTH INSURANCE PROGRAM FOR ELDERLY AND DISABLED PEOPLE ............................................. 3
MEDI-CAL, THE STATE HEALTH INSURANCE PROGRAM FOR PEOPLE ON PUBLIC ASSISTANCE AND OTHER LOW INCOME INDIVIDUALS ......................... 4
A HEALTH INSURANCE PLAN THAT YOU OR SOME OTHER FAMILY MEMBER BOUGHT DIRECTLY FOR YOU ......................................................... 5
A PREVIOUS EMPLOYER .................................................................................. 6
-OR- SOME OTHER SOURCE ......................................................................... 7
DON’T KNOW ............................................................................................... 9

IF INSURED THROUGH OWN EMPLOYER OR OWN LABOR UNION/TRADE ASSN. FROM Q59, ASK:

59a. Does your (employer or labor union) (temporary agency) pay for all, part or none of the insurance premium?

ALL ........................................ 1
PART .................................... 2
NONE.................................... 3
DON’T KNOW .......................... 9

IF Q59=MEDICARE, ASK:

A11. Do you have a Medigap policy, that is, a private insurance policy to supplement your Medicare?

YES ................................. 1
NO ...................................... 2
DON’T KNOW ....................... 9

IF A11=YES AND A1=PARTIALLY OR COMPLETELY RETIRED, ASK:

A12. Does your former employer pay for all, part or none of the costs of this Medigap policy?

ALL ....................................... 1
PART ..................................... 2
NONE .................................... 3
DON’T KNOW ....................... 9

• (IF NOT INSURED OR REFUSED FROM Q58) AND (WORKING FROM Q1 OR EMPLOYED FOR PAY/PROFIT FROM Q2, OR Q9=1,2,3 OR 4) GOTO Q61

• (IF NOT INSURED OR REFUSED FROM Q58) AND (UNABLE TO WORK FROM Q1 OR NOT WORKING FOR PAY/PROFIT FROM Q2 OR Q9 IS NOT 1,2,3, OR 4 AND LAST WORKED LESS THAN 3 YEARS AGO FROM Q22) SKIP TO Q65*

• (IF NOT INSURED OR REFUSED FROM Q58) AND (UNABLE TO WORK FROM Q1 OR NOT WORKING FOR PAY/PROFIT FROM Q2 OR Q9 IS NOT 1,2,3, OR 4 AND LAST WORKED MORE THAN 3 YEARS AGO FROM Q22) SKIP TO Q78A

* (IF AGE 45-70 ASK A13 BEFORE SKIPPING TO Q65/78A/80)
IF INSURED FROM Q58, ASK:

60. Is your health plan an HMO, or health maintenance organization, where you must generally receive care from the HMO’s doctors or else the expense is not covered?

- YES, HMO..........................................1
- NO, NOT AN HMO ...............................2
- DON’T KNOW .....................................9

Some health insurance plans require patients to sign up with a certain doctor or group of doctors or a certain clinic in which patients must go for all of their routine care.

60a. Are you required to use only a certain group of doctors, or can you go to any doctor you choose?

- ONLY CERTAIN MD’S..... 1 (SKIP TO Q60c)
- ANY MD’S................. 2 (GO TO Q60b)
- DON’T KNOW ............... 9

IF ANY MD’S OR DON’T KNOW FROM Q60A, ASK:

60b. Under your current health plan, do you pay less if you use a certain group of doctors?

- YES ..................................................1
- NO....................................................2
- DON’T KNOW .....................................9

60c. Will your health plan pay for any of the costs of visits to doctors who are not associated with your health plan?

- YES ..................................................1
- NO....................................................2
- DON’T KNOW .....................................9

60d. Have you changed insurance plans in the past year?

- YES ..................................................1
- NO....................................................2
- DON’T KNOW .....................................9

THERE IS NO QUESTION 60E

IF WORKING FROM Q1 OR EMPLOYED FOR PAY/PROFIT FROM Q2, OR Q9 EQUALS 1,2,3 OR 4, AND NOT INSURED OR REFUSED FROM Q58, ASK:

61. Does your (employer) (temporary agency) offer health insurance to any of its (temporary) employees?

- YES.................................................... 1
- NO ..................................................... 2
- DON’T KNOW ..................................... 9

IF YES FROM Q61, ASK:

62. Could you be on this plan if you wanted to?

- YES ..................................................1
- NO....................................................2
- DON’T KNOW .....................................9

IF AGE 45-70, ASK:

A13. Do you have a separate, long-term care insurance policy; insurance that would cover nursing home care or home health care?

- YES ................................... 1 
- NO..................................... 2
- DON’T KNOW ...................... 9

THERE IS NO QUESTION A14

IF WORKING FROM Q1 OR EMPLOYED FOR PAY/PROFIT FROM Q2, OR Q9 EQUALS 1,2,3 OR 4, ASK:

63. Are you included in any pension plan, retirement plan, or tax-deferred savings plan through your (main) job, whether sponsored by your employer or union?

- YES .......... 1 
- NO ............. 2
- DON’T KNOW ......... 9

(SEE BELOW)

IF YES TO Q63 AND AGE 45–70, GO TO Q64. IF NOT AGE 45-70, SKIP TO Q.65

IF NO OR DK FROM Q63 AND AGE 45–70, ASK:

63a. Does your employer or union offer any such plans to its employees or members?

- YES................. 1 (ASK Q63b)
- NO................. 2 (GO TO Q65)
- DON’T KNOW........ 9 (GO TO Q65)

IF YES FROM Q63A AND AGE 45-70, ASK:

63b. Are you eligible to be included in any of these plans?

- YES................. 1 (GO TO Q65)
- NO................. 2 (SKIP TO Q63b)
- ELIGIBLE IF WORKED FULL-TIME..... 3 (SKIP TO Q65)
- DON’T KNOW........ 9 (SKIP TO Q65)
THERE IS NO QUESTION 63C

IF NO TO Q63B, ASK:

63d. Will you be eligible for these plans if you continue to work for this employer?  
YES .............................................. 1
NO ................................................ 2
DEPENDS ...................................... 3
DON’T KNOW ................................. 9

(THE RE IS NO QUESTION 63E)

IF YES TO Q63 AND AGE 45-70, ASK:

64. In some retirement plans, benefits are based on a formula involving age, years of service, and salary. In other plans, money is accumulated in an account for you like a 401K (FOUR-OH-ONE-KAY) plan. Which of these two plans best describes the type of pension plan you have? (READ CATEGORIES)

- FORMULA .......................................... 1
- MONEY ACCUMULATED ...................... 2
- BOTH TYPES ..................................... 3
- DON’T KNOW ................................. 9

IF WORKING FROM Q1 OR EMPLOYED FOR PAY/PROFIT FROM Q2, OR Q9 EQUALS 1,2,3 OR 4, OR WORKED WITHIN PAST 3 YEARS FROM Q22, ASK:

65. In the past three years, did you ever lose a job?  
YES, LOST A JOB ................................... 1
NO, DID NOT ......................................... 2
DON’T KNOW ........................................ 9

66. In the past three years, did you leave a job specifically because you expected to be laid off?  
YES, EXPECTED TO BE LAID OFF ............ 1
NO, DID NOT ......................................... 2
DON’T KNOW ........................................ 9

IF YES FROM EITHER Q65 OR Q66, ASK:

Thinking about the last time you lost or left a job...

67. Did this occur within the past 12 months?  
PAST 12 MONTHS .................................. 1
BEFORE THIS ...................................... 2
DON’T KNOW ........................................ 9

68. How long had you been employed by this employer?  
How many years?  
________________________  YEARS
DON’T KNOW ...................................... 99

69. Were you employed by government, by a private company, a non-profit organization, or were you self-employed or working in a family business?  
GOVERNMENT ...................................... 1
PRIVATE COMPANY ................................ 2
NON-PROFIT ORG .................................. 3
SELF-EMPLOYED .................................. 4
FAMILY BUSINESS ................................. 5
DON’T KNOW ........................................ 9

72. What kind of work did you do; that is, what was your occupation?  
SEE CODES FOLLOWING Q. 42 (ABOVE)

OCCUPATION:  
DON’T KNOW ........................................ 9

ALSO ASK ONLY IF Q22=1,2 OR 3:

73. Have you worked for pay since that job ended?  
YES ..................................................... 1
NO ....................................................... 2
DON’T KNOW ........................................ 9

(THERE ARE NO QUESTIONS 74–76)
### IF WORKING FROM Q1 OR EMPLOYED FOR PAY/PROFIT FROM Q2, OR Q9=1,2,3 OR 4, ASK:

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>77. Earlier you told me that you'd worked at your present job for [(q38) years/months]. Have you been at any previous job longer than your current one?</td>
</tr>
<tr>
<td>YES ........................................ 1 (GO TO 77A)</td>
</tr>
<tr>
<td>NO ........................................... 2 (SKIP TO 80)</td>
</tr>
<tr>
<td>DON'T KNOW ............................ 9 (SKIP TO 80)</td>
</tr>
</tbody>
</table>

**IF YES TO 77, ASK:**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>77a. Thinking about the job where you worked the longest, what kind of business or industry was it? (IF NECESSARY:) What do they make or do at this business?</td>
</tr>
<tr>
<td>INDUSTRY</td>
</tr>
<tr>
<td>DON'T KNOW ........................................ 9</td>
</tr>
</tbody>
</table>

**SEE CODES FOLLOWING Q. 36 (ABOVE)**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>77b. What kind of work did you do; that is, what was your occupation?</td>
</tr>
<tr>
<td>OCCUPATION:</td>
</tr>
<tr>
<td>DON'T KNOW ........................................ 9</td>
</tr>
</tbody>
</table>

**SEE CODES FOLLOWING Q. 42 (ABOVE)**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>77c. How long had you been employed by this employer? How many years?</td>
</tr>
<tr>
<td>_____________________ YEARS</td>
</tr>
<tr>
<td>DON'T KNOW ............................ 99</td>
</tr>
</tbody>
</table>

### IF NOT WORKING OR EMPLOYED FROM Q1 OR Q2 AND Q9 IS NOT 1,2,3 OR 4, BUT HAVE WORKED FROM Q22, ASK:

Now I'd like to ask you about the job you worked at for the longest amount of time.

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>78a. At your longest job, what kind of business or industry was it? (IF NECESSARY:) What do they make or do at this business?</td>
</tr>
<tr>
<td>INDUSTRY</td>
</tr>
<tr>
<td>DON'T KNOW ........................................ 9</td>
</tr>
</tbody>
</table>

**SEE CODES FOLLOWING Q. 36 (ABOVE)**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>78b. What kind of work did you do; that is, what was your occupation?</td>
</tr>
<tr>
<td>OCCUPATION:</td>
</tr>
<tr>
<td>DON'T KNOW ........................................ 9</td>
</tr>
</tbody>
</table>

**SEE CODES FOLLOWING Q. 42 (ABOVE)**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>78c. How long were you employed by this employer? How many years?</td>
</tr>
<tr>
<td>_____________________ YEARS</td>
</tr>
<tr>
<td>DON'T KNOW ............................ 99</td>
</tr>
</tbody>
</table>

Now some questions about your health...

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>80. In general, would you say your health is excellent, very good, good, fair or poor?</td>
</tr>
<tr>
<td>EXCELLENT ........................................ 1</td>
</tr>
<tr>
<td>VERY GOOD ....................................... 2</td>
</tr>
<tr>
<td>GOOD .............................................. 3</td>
</tr>
<tr>
<td>FAIR ................................................ 4</td>
</tr>
<tr>
<td>POOR ............................................... 5</td>
</tr>
<tr>
<td>DON'T KNOW ...................................... 9</td>
</tr>
</tbody>
</table>

### 96. Has your doctor ever told you that you had (ITEM)?

(READ IN RANDOM ORDER)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. high blood pressure or hypertension</td>
<td>......1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>b. heart disease, including angina (an-gih-na), congestive heart failure, heart attack or other heart problems</td>
<td>......1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>c. diabetes (di-a-bee-tees) or sugar in the blood</td>
<td>......1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>d. any form of cancer</td>
<td>......1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>e. asthma</td>
<td>......1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>f. migraine headaches</td>
<td>......1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

C:\DATA\CWHS\1999_CWHS_questionaire.doc 12
g. a chronic lung disease, like emphysema (em-fah-zee-ma), or chronic bronchitis (bron-ki-tis) .......................................................... YES NO DON'T KNOW

h. an ulcer .............................................................................................

i. kidney or bladder problems ..............................................................

j. back problems ..................................................................................

k. repetitive strain injury or carpal tunnel syndrome ............................

l. arthritis .............................................................................................

97. In the past 12 months, how many times, have you been an overnight patient in a hospital for at least one day or longer? ______________________________ TIMES DON'T KNOW ...................................9

98. During the past 12 months how many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits? ______________________________ TIMES DON'T KNOW ...................................9

98a. About how long has it been since you saw or talked to a doctor or other health care professional? (READ CATEGORIES IF NECESSARY)

<table>
<thead>
<tr>
<th>Duration</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td>5 (GO TO Q.137)</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 1 YEAR TO 3 YEARS</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 6 MONTHS TO 1 YEAR</td>
<td>2</td>
</tr>
<tr>
<td>6 MONTHS OR LESS</td>
<td>1</td>
</tr>
</tbody>
</table>

DO NOT READ →

98b. When you are sick or need advice about your health, is there one particular place or health provider to whom you go most often?

IF YES TO Q.98B, ASK:

98c. What kind of place do you go most often — a doctor’s office, a clinic, an emergency room, or some other place?

<table>
<thead>
<tr>
<th>Place</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTOR’S OFFICE</td>
<td>1</td>
</tr>
<tr>
<td>CLINIC</td>
<td>2</td>
</tr>
<tr>
<td>EMERGENCY ROOM</td>
<td>3</td>
</tr>
<tr>
<td>OTHER</td>
<td>4</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

98aa. About how long has it been since you last visited a doctor for a routine checkup? (READ CATEGORIES IF NECESSARY)

<table>
<thead>
<tr>
<th>Duration</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td>5</td>
</tr>
<tr>
<td>5 OR MORE YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>3-4 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>1-2 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>WITHIN THE PAST YEAR</td>
<td>1</td>
</tr>
</tbody>
</table>

137. RECORD GENDER OF RESPONDENT:

MALE ..................................................1

FEMALE ..............................................2

99. During the past 12 months how many days did you stay in bed more than half the day because of illness or injury? ______________________________ TIMES DON’T KNOW ...................................9

104. Are you limited in any way in any activities because of a long-term physical or mental impairment or medical condition? (IF NECESSARY:) A long-term condition is one which has already lasted three months, or if it began less than three months ago, can be expected to last that long. (DO NOT COUNT RETIREMENT AS A LONG-TERM HEALTH PROBLEM)

IF YES FROM Q.104, ASK:
100. Does any long-term physical or mental impairment or medical condition now keep you from working at a job or business?  
YES ..................................................1  
NO ...................................................2  
DON'T KNOW ....................................9  

101. Are you limited in the kind or amount of work you can do because of any long-term impairment or health problem?  
YES ..................................................1  
NO ...................................................2  
DON'T KNOW ....................................9  

IF KEEPING HOUSE FROM Q1 AND YES FROM Q104, ASK:  
102. Does any long-term impairment or health problem now keep you from doing any housework at all?  
YES ..................................................1  
NO ...................................................2  
DON'T KNOW ....................................9  

IF NO OR REFUSED FROM Q102, ASK:  
103. Are you limited in the kind or amount of housework you can do because of any long-term impairment or health problem?  
YES ..................................................1  
NO ...................................................2  
DON'T KNOW ....................................9  

IF AGE 45-70, ASK:  
**THERE ARE NO QUESTIONS A15 OR A16**

A17. Are you able to perform personal care needs such as eating, bathing, going to the bathroom or dressing yourself without difficulty?  
YES ..................................................1  
NO ...................................................2  
DON'T KNOW ....................................9  

IF NO, ASK:  
A18. Do you need assistance from another person for these personal care needs?  
YES ..................................................1  
NO ...................................................2  
DON'T KNOW ....................................9  

**THERE ARE NO QUESTIONS 106 OR 107**

108. During the past month, how would you rate your sleep quality overall – excellent, very good, good, fair or poor?  
EXCELLENT .......................................1  
VERY GOOD ......................................2  
GOOD ...............................................3  
FAIR .................................................4  
POOR ...............................................5  
DON'T KNOW ....................................9  

**THERE ARE NO QUESTIONS 109 – 111**

81. Have you smoked at least 100 cigarettes in your entire life?  
YES .............................................1 (GO TO Q82)  
NO ....................................................2  
DON'T KNOW ....................................9 (SKIP TO Q87 OR 91)  

IF YES FROM Q81, ASK:  
82. How old were you when you first started smoking cigarettes?  

83. Do you now smoke cigarettes every day, some days, or not at all?  
EVERY DAY ........................................1 (GO TO Q84)  
SOME DAYS .....................................2 (SKIP TO Q86)  
NOT AT ALL ......................................3  
DON'T KNOW ....................................9 (SKIP TO Q87/91)
84a. On average, how many cigarettes do you now smoke a day?  

<table>
<thead>
<tr>
<th>CIGARETTES</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>999</td>
</tr>
</tbody>
</table>

84b. On how many of the past 30 days did you smoke cigarettes?  

<table>
<thead>
<tr>
<th>DAYS</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99</td>
</tr>
</tbody>
</table>

85. During the past 12 months, did you smoke at (ITEM)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Bars, taverns or nightclubs, or right outside a bar ...........................................

c. Restaurants, or right outside a restaurant .........................................................

d. Work, or right outside the building ...........................................................................

IF (Q.1/Q.2=1) OR (Q.9=1,2,3 OR 4) OR (Q.22=1), ASK:

85bb. Bars, taverns or nightclubs, or right outside a bar .............................................

85cc. Restaurants, or right outside a restaurant ............................................................

85dd. Work, or right outside the building .................................................................

85x. Compared to 12 months ago, are you doing more or less of your smoking at (ITEM)?

<table>
<thead>
<tr>
<th>MORE</th>
<th>LESS</th>
<th>SAME</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

86. On the average, when you smoked, about how many cigarettes did you smoke a day?  

<table>
<thead>
<tr>
<th>CIGARETTES</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>999</td>
</tr>
</tbody>
</table>

86x. For how many years did you smoke?  

<table>
<thead>
<tr>
<th>YEARS</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99</td>
</tr>
</tbody>
</table>

IF ANY Q85B–D=YES, IMMEDIATELY ASK:

Compared to 12 months ago, are you doing more or less of your smoking at (ITEM)?

<table>
<thead>
<tr>
<th>MORE</th>
<th>LESS</th>
<th>SAME</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF Q.83 =3 (FORMER SMOKER), ASK:

86. On the average, when you smoked, about how many cigarettes did you smoke a day?  

<table>
<thead>
<tr>
<th>CIGARETTES</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>999</td>
</tr>
</tbody>
</table>

86x. For how many years did you smoke?  

<table>
<thead>
<tr>
<th>YEARS</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99</td>
</tr>
</tbody>
</table>

IF AGE 21 OR OVER, ASK:

87. During the past month, have you had at least one drink of any alcoholic beverage, such as beer, wine, or liquor?  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>

88. During the past month, how many days per week or month did you drink any alcoholic beverages, on the average?  

<table>
<thead>
<tr>
<th>DAYS PER WEEK</th>
<th>DAYS PER MONTH</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>99</td>
</tr>
</tbody>
</table>

89a. If a drink is considered one can or bottle of beer, one glass of wine, one cocktail or one shot of liquor, on the days when you drank, about how many drinks did you drink on the average?  

<table>
<thead>
<tr>
<th>DRINKS PER OCCASION</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99</td>
</tr>
</tbody>
</table>

89b. Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion?  

<table>
<thead>
<tr>
<th>TIMES</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99</td>
</tr>
</tbody>
</table>

90. During the past 12 months, did you drink at (ITEM)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b. Bars, taverns or nightclubs ........................................................... ...1 ... 2 ... 9 BARDNK99

c. Restaurants ................................................................................... ...1 ... 2 ... 9 RESTDK99

IF (Q.1/Q.2=1) OR (Q.9=1,2,3 OR 4) OR (Q.22=1), ASK:

d. Work, or right outside the building ..................................................... ...1 ... 2 ... 9 WKDNK99

IF ANY Q90B–D=YES, IMMEDIATELY ASK:

Compared to 12 months ago, are you doing more or less of your drinking at (ITEM)?

<table>
<thead>
<tr>
<th>ITEM</th>
<th>MORE</th>
<th>LESS</th>
<th>SAME</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bars, taverns or nightclubs</td>
<td>...1</td>
<td>...2</td>
<td>...3</td>
<td>...9 MBAR299</td>
</tr>
<tr>
<td>Restaurants</td>
<td>...1</td>
<td>...2</td>
<td>...3</td>
<td>...9 MREST299</td>
</tr>
<tr>
<td>Work, or right outside the building</td>
<td>...1</td>
<td>...2</td>
<td>...3</td>
<td>...9 MWORK299</td>
</tr>
</tbody>
</table>

90x. Compared to 12 months ago, are you doing more or less of your drinking at home?

MORE ................................................ 1 MDRINK99
LESS.................................................. 2
SAME................................................. 3
DON’T KNOW ...................................... 9

The next few questions are about exercise, recreation, or physical activities (other than your regular job duties).

91. During the past month, did you participate in any physical activities or exercises such as running, calisthenics (cal-is-then-ics), golf, gardening, or walking for exercise? YES ....................... 1 (GO TO Q92)
NO........................................ 2 (SKIP TO Q112)
DON’T KNOW .................... 9

IF YES FROM Q91, ASK:

92. What type of physical activity or exercise did you spend the most time doing during the past month? (DO NOT READ CATEGORIES) (RECORD ONLY ONE RESPONSE)

AEROBICS ........................................ 1
BASEBALL/SOFTBALL ..................... 2
BASKETBALL ..................................... 3
BICYCLING ........................................ 4
BOWLING ............................................ 5
CALISTHENICS ............................... 6
DANCE ............................................. 7
GARDENING/MOWING LAWN .......... 8
GOLF ................................................. 9
HIKING/CLIMBING .......................... 10
HORSEBACK RIDING ...................... 11
MARTIAL ARTS .............................. 12
ROWING .......................................... 13
RUNNING/JOGGING ....................... 14
SKATING/INLINE ......................... 15
SKIING/SNOWBOARDING ............... 16
SOCCER ........................................... 17
STAIRSTEPPING DEVICES/CARDIO ... 18
SURFING ......................................... 19
SWIMMING ...................................... 20
TENNIS ........................................... 21
VOLLEYBALL ................................... 22
WALKING FOR EXERCISE ............. 23
WEIGHT LIFTING ......................... 24
YOGA/T’AI CHI .............................. 25
OTHER(SPECIFY) ......................... 97
DON’T KNOW ................................... 99

IF RUNNING, JOGGING, WALKING OR SWIMMING FROM Q92, ASK:

94. How many times per week did you take part in this activity during the past month? .................................................. TIMES EXMTH99
DON’T KNOW .................... 99

95. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

.................................................. MINUTES
.................................................. HOURS EXTIME99
DON’T KNOW .................... 99

Now some questions about your relationship with friends (and coworkers).

112. In total, how many close friends do you have? (People that you feel at ease with, can talk to about private matters and can call on for help.) FRIENDW99
IF WORKING OR HAVE JOB/NOT AT WORK FROM Q1 OR WORKING FOR PAY/PROFIT FROM Q2 OR Q9=1,2,3 OR 4, ASK:

113. How many of these close friends are coworkers at your (main) job?  ______ FRIENDS AT WORK

114. How many relatives do you have that you feel close to?  ______ CLOSE RELATIVES

115. How many of these friends or relatives do you see at least once a month?  

116. How many of these close friends do you talk to on the telephone at least once a week?  

127. The next questions are about how you’ve been feeling over the past week. (READ ITEMS IN RANDOM ORDER)

a. Are you basically satisfied with your life?  .................................................... 1......

b. Have you dropped many of your activities and interests?  ........................................ 1......

c. Do you feel that your life is empty? ........................................................................ 1......

d. Do you often get bored? ...................................................................................... 1......

e. Are you in good spirits most of the time? ................................................................ 1......

f. Are you afraid that something bad is going to happen to you?  ................................ 1......

g. Do you feel happy most of the time? ........................................................................ 1......

h. Do you often feel helpless? ..................................................................................... 1......

i. Do you prefer to stay at home, rather than going out and doing new things? ................ 1......

j. Do you feel you have more problems with memory than most people?  ...................... 1......

k. Do you think it is wonderful to be alive now? .............................................................. 1......

l. Do you feel pretty worthless the way you are now? ..................................................... 1......

m. Do you feel full of energy? ....................................................................................... 1......

n. Do you feel that your situation is hopeless? ............................................................... 1......

o. Do you think most people are better off than you are?  ............................................. 1......

129. The next questions ask about your feelings and thoughts during the past month. In each case, please indicate how often you felt or thought this way (READ ITEMS IN RANDOM ORDER, ASKING) In the past month, how often have you felt or thought this way -- almost never, sometimes, often or very often?

a. You felt that you were unable to control the important things in your life. ................. 1......

b. You felt confident about your ability to handle your personal problems. ................. 1......

c. You felt that things were going your way. .................................................................. 1......

d. You felt difficulties were piling up so high that you couldn't overcome them. .......... 1......

IF WORKING OR HAVE JOB/NOT AT WORK FROM Q1, OR WORKING FOR PAY/PROFIT FROM Q2, OR Q9=1,2,3, OR 4, OR NOT RETIRED FROM Q1 AND EVER WORKED FROM Q22, ASK:

130. Have you ever been fired, not been hired, or not been promoted because of your age, sex, skin color or race, ethnic background, or because of a handicap or illness? (ANSWER CAN BE MULTIPLE)

IF YES FROM Q130, ASK:

YES, FIRED ............................................................... 1

YES, NOT HIRED ...................................................... 1

YES, NOT PROMOTED ............................................. 1

NO ........................................................................ 1

DON'T KNOW ....................................................... 1
131. Which of the following was a reason why you were fired, not hired, or not promoted? (READ CATEGORIES) (ANSWER CAN BE MULTIPLE)

AGE ...................................................... 1
GENDER ................................................ 1
SKIN COLOR/RACE ................................. 1
ETHNIC BACKGROUND............................ 1
HANDICAP/ILLNESS ................................ 1
DON’T KNOW ......................................... 1

134. Have you ever been fired, not been hired, or not been promoted because of your sexual orientation? (ANSWER CAN BE MULTIPLE)

YES, FIRED............................................ 1
YES, NOT HIRED..................................... 1
YES, NOT PROMOTED............................. 1
NO........................................................ 1
DON’T KNOW ......................................... 1

Finally, some questions about yourself for background purposes...

139. What is the highest level of school you have completed or the highest degree you have received?

4TH GRADE OR LESS.........................1
5TH–8TH GRADE................................2
9-12 (NO HIGH SCHOOL DIPLOMA).......3
HIGH SCHOOL GRADUATE .................4
SOME COLLEGE/NO DEGREE .............5
ASSOCIATE DEGREE/TRADE OR
VOCATIONAL SCHOOL...............6
COLLEGE GRADUATE/
BACHELOR’S DEGREE .................7
MASTER’S DEGREE .........................8
PROFESSIONAL SCHOOL DEGREE ....9
DOCTORATE ..................................10
DON’T KNOW ...................................99

THERE ARE NO QUESTIONS 140 – 141

IF MARRIED OR MEMBER OF UNMARRIED COUPLE FROM Q142, ASK:

143. What is the highest level of school your spouse or partner has completed or the highest degree he or she has received?

4TH GRADE OR LESS.........................1
5TH–8TH GRADE................................2
9-12 (NO HIGH SCHOOL DIPLOMA).......3
HIGH SCHOOL GRADUATE .................4
SOME COLLEGE/NO DEGREE .............5
ASSOCIATE DEGREE/TRADE OR
VOCATIONAL SCHOOL...............6
COLLEGE GRADUATE/
BACHELOR’S DEGREE .................7
MASTER’S DEGREE .........................8
PROFESSIONAL SCHOOL DEGREE ....9
DOCTORATE ..................................10
DON’T KNOW ...................................99

143a. Are you the parent or legal guardian of a child under age 18?

YES ..................................................1
NO....................................................2
DON’T KNOW .....................................9

IF YES, ASK:

143b. How many of your children under age 18 live in this household?

RECORD NUMBER________________
DON’T KNOW ..................................99

144. For classification purposes, are you Latino or of Hispanic origin or descent?

YES .................................................1 (GO TO Q145)
NO..................................................2 (SKIP TO Q146)
DON’T KNOW ....................................9

IF YES FROM Q144, ASK:

145. Which of the following best describes your national origin or descent? (READ CATEGORIES)

MEXICAN-AMERICAN OR CHICANO ......1
PUERTO RICAN .................................1
CUBAN-AMERICAN .............................1
CENTRAL AMERICAN ......................1
SOUTH AMERICAN .........................1
SPANISH-AMERICAN .................1
-OR-OTHER(SPECIFY) .................1
DON’T READ ⇒
DON’T KNOW ..................................1

C:\DATA\CWHS\1999_CWHS_questionaire.doc  18
146. For classification purposes, what is your racial background? Are you white, black or African-American, Asian or Pacific Islander, or are you a member of another race? (ANSWER CAN BE MULTIPLE)

- WHITE...............................................1
- BLACK/AFRICAN-AMERICAN ................1
- ASIAN/PACIFIC ISLANDER....................1
- OR-OTHER(SPECIFY) ___________.1
- DON'T KNOW ....................................1

147. About how tall are you without shoes?

_______________________ FEET TALL
_______________________ INCHES DON'T KNOW

148. About how much do you weigh without shoes?

(IF VOLUNTEERS THAT SHE IS PREGNANT:)
What was your pre-pregnancy weight?

_________________________ POUNDS DON'T KNOW

149. In what country were you born?

UNITED STATES ......................... 1
AUSTRALIA ................................. 2
BRAZIL ........................................ 3
CANADA ....................................... 4
CHINA/TAIWAN ............................. 5
COLUMBIA ................................... 6
FRANCE ....................................... 7
GERMANY ..................................... 8
GREAT BRITAIN ............................. 9
GUATEMALA ................................. 10
INDIA ......................................... 11
IRAN .......................................... 12
IRELAND .....................................13
ITALY .........................................14
JAPAN ........................................ 15
KOREA .........................................16
LAOS ......................................... 17
MEXICO ....................................... 18
NICARAGUA ..................................19
PAKISTAN ....................................20
RUSSIA .......................................21
OTHER (SPECIFY) _____________ .97
DON'T KNOW ..................................99

150. How old were you when you first came to live in the U.S.?

______________AGE WHEN ARRIVED
DON'T KNOW ...................................99

151. What language do you speak most often at home?

(ACCEPT ONLY ONE RESPONSE)

- ENGLISH ...........................................1
- SPANISH ...........................................2
- CANTONESE/MANDARIN .....................3
- KOREAN .........................................4
- VIETNAMESE ....................................5
- TAGALOG ........................................6
- JAPANESE ......................................7
- OTHER (SPECIFY) __________________ .0
- DON'T KNOW ....................................9

152. What language do you speak most often at work?

(ACCEPT ONLY ONE RESPONSE)

- ENGLISH ...........................................1
- SPANISH ...........................................2
- CANTONESE/MANDARIN .....................3
- KOREAN .........................................4
- VIETNAMESE ....................................5
- TAGALOG ........................................6
- JAPANESE ......................................7
- OTHER (SPECIFY) __________________ .0
- DON'T KNOW ....................................9

153. Including yourself, how many people live in your household?

_____________________ TOTAL HH
DON'T KNOW ...................................99

154. Including yourself, how many are adults age 18 or older?

DON'T KNOW ...................................99

IF MORE THAN ONE FROM Q153, ASK:

155. If you are a member of another race, please specify:

_________________________ SPECIFY

DON'T KNOW .....................................9
THERE IS NO QUESTION 155

156. How many are children age 5 through 17? _____________ 99 AG51799

157. How many are under age 5? _____________ 99 AGLES599

IF ANY CHILDREN IN HOUSEHOLD UNDER AGE 5 FROM Q157, ASK:

158. About how many hours in a typical day do you spend taking care of the physical needs of the children who are under age 5 in your household, things like feeding, bathing, dressing and putting them to bed? Just your best estimate. ________________ HOURS DON'T KNOW 99 CARHRS99

IF WORKING FROM Q1 OR EMPLOYED FOR PAY/PROFIT FROM Q2 OR Q9=1,2,3 OR 4, ASK:

159. For how many hours were the children under age five in paid child care last week? (IF MULTIPLE CHILDREN, ENTER HOURS APPLICABLE TO CHILD WITH MOST HOURS) ________________ HOURS DON'T KNOW 999 PDAYCA99

IF AGE 45-70, ASK:

A19. Thinking about your neighborhood, how much of a problem is each of the following (READ ITEMS IN RANDOM ORDER)? Is this a very serious problem, a somewhat serious problem, a minor problem or not really a problem in your neighborhood?

[ ] a. crime in the area .............................................. 1 2 3 4 9 CRIM299
[ ] b. excessive noise .............................................. 1 2 3 4 9 NOIS299
[ ] c. trash and litter .............................................. 1 2 3 4 9 TRAS299
[ ] d. lighting at night ............................................. 1 2 3 4 9 LIGH299
[ ] e. access to public transportation........................ 1 2 3 4 9 ACCES299
[ ] f. the variety of nearby shops and stores.............. 1 2 3 4 9 SHOP299

161. Now, we don’t need to know exactly, but just roughly could you tell me if your annual household income from all sources before taxes in 1998 was less than $20,000, $20,000 through $40,000, $40,000 through $60,000, $60,000 through $80,000 or more than $80,000?

LESS THAN $20,000 .... 1 $20,000 - $40,000 .... 2 $40,000 - $60,000 .... 3 $60,000 - $80,000 .... 4 MORE THAN $80,000 ... 5 REFUSED ............... 8 (GO TO Q162) (GO TO Q165) (GO TO Q162) HOSINC99

IF LESS THAN $40,000 FROM Q161, ASK:

162. Was your total annual income before taxes, less than or more than ________ (READ APPROPRIATE INCOME FOR HOUSEHOLD SIZE)? LESS THAN ......................... 1 MORE THAN ................... 2 REFUSED ..................... 8 HINC399

IF LESS THAN $20,000 FROM Q161, INSERT APPLICABLE DOLLAR AMOUNT INTO Q162

IF q153=1........... INSERT $10,300 IF q153=3........... INSERT $17,400

$20,000 – $40,000 FROM Q161, INSERT APPLICABLE DOLLAR AMOUNT INTO Q162

$20,000 – $40,000 FROM Q161, INSERT APPLICABLE DOLLAR AMOUNT INTO Q162
<table>
<thead>
<tr>
<th>Q153 Value</th>
<th>Insert Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>$20,900</td>
</tr>
<tr>
<td>5</td>
<td>$24,400</td>
</tr>
<tr>
<td>6</td>
<td>$27,900</td>
</tr>
<tr>
<td>7</td>
<td>$31,500</td>
</tr>
<tr>
<td>8</td>
<td>$35,000</td>
</tr>
<tr>
<td>9</td>
<td>$38,500</td>
</tr>
</tbody>
</table>

163. Not counting Social Security, Medicare, or unemployment insurance, at any time during the past twelve months, did you receive any government payments, such as public assistance or welfare?

YES ............................ 1 (ASK Q164)
NO.............................. 2
REFUSED .................... 8
**164. From which of the following government programs did you receive aid – (READ IN ORDER)?**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. AFDC or the Aid to Families with Dependent Children program</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>B. Food Stamps</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>C. ADC or the Aid to Dependent Children program</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>D. TANF or the Temporary Assistance for Needy Families program</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

**AFDC99**  
**FODSTP99**  
**ADC99**  
**TANF99**

**IF CHILDREN UNDER AGE 5 IN HOUSEHOLD FROM Q157, ASK:**

165. At any time during the past twelve months did your household receive aid under WIC (wick), the Women, Infants and Children Food Program?  
**YES** ..................................................1  
**NO**....................................................2  
**DON'T KNOW .....................................9**  

**WIC99**

**IF AGE 45-70, ASK:**

A21. In the past year, have you received any income from (ITEM)?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. (IF Q.1=1 OR Q.2=1 OR Q.9=1,2,3 OR 4, OR Q.22=1) a job or business</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>2. (IF MARRIED) a spouse’s earnings</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3. family members (other than a spouse)</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>4. your own Social Security</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>5. (IF MARRIED) a spouse’s Social Security</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>6. Supplemental Security Income program or SSI, the federal assistance program for blind, disabled, or low-income elderly people?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>7. (yours or a spouse’s) pensions or annuities</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>8. savings, interest or dividends from investments</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>9. the sale of a home or other assets</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>99 = Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**JOBINC99**  
**SPOUS299**  
**FAM299**  
**SOCSE299**  
**SSI299**  
**PEN299**  
**SAV299**  
**ASSET299**

**IF MORE THAN ONE ‘YES’ TO QA21, ASK:**

A22. Of all your income sources, which one provides you with the most income? (LIST “YES” ITEMS FROM A21)

**MOST299**

**IF A21D = YES, ASK:**

A23a. At what age did you first start receiving Social Security income?  
**AGE**  
**DON'T KNOW .....................................9**

**AGESOC99**

**IF A21E = YES, ASK:**

A23b. At what age did your spouse first start receiving Social Security income?  
**AGE**  
**DON'T KNOW .....................................9**

**SPOSOC99**

**IF RETIRED AND A21H = YES, ASK:**

A24. In some retirement plans, benefits are based on a formula involving age, years of service, and salary. In other plans, money is accumulated in an account for you like a 401k (Four-Oh-One-Kay) plan. Which of these two plans best describe the type of pension plan you have? (READ CATEGORIES)

**FORMULA ...................................... 1**  
**MONEY ACCUMULATED ................... 2**  
**BOTH TYPES ............................... 3**  
**DON'T KNOW ..................................9**

**PENTY299**

**IF FORMULA, ASK:**

A25. Are the benefits ever adjusted for the cost of living?  
**YES .....................................................1**  
**NO ......................................................2**  
**DON'T KNOW .....................................9**

**PENADJ99**
IF WORKING FROM Q1 OR WORKING FOR PAY/PROFIT FROM Q2 OR Q9=1,2,3 OR 4, ASK:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>166a. Thinking now about only your own individual earnings from</td>
<td>LESS THAN $20,000 .................. 1</td>
</tr>
<tr>
<td>wages, salaries and tips in 1998... which of the following</td>
<td>$20,000 - $40,000 .................. 2</td>
</tr>
<tr>
<td>categories best describes the amount you made -- less</td>
<td>$40,000 - $60,000 .................. 3</td>
</tr>
<tr>
<td>than $20,000, $20,000 through $40,000, $40,000 through</td>
<td>$60,000 - $80,000 .................. 4</td>
</tr>
<tr>
<td>$60,000, $60,000 through $80,000 or more than $80,000?</td>
<td>MORE THAN $80,000 .................. 5</td>
</tr>
<tr>
<td>REFUSED                    .................. 8</td>
<td></td>
</tr>
<tr>
<td>166b. Are you earning more, less, or about the same as you</td>
<td>MORE .................................. 1</td>
</tr>
<tr>
<td>were one year ago?</td>
<td>LESS .................................. 2</td>
</tr>
<tr>
<td></td>
<td>ABOUT THE SAME .................... 3</td>
</tr>
<tr>
<td></td>
<td>DK ................................... 9</td>
</tr>
<tr>
<td>166c. Do you own or rent your home?</td>
<td>OWN .................................... 1</td>
</tr>
<tr>
<td></td>
<td>RENT ................................... 2</td>
</tr>
<tr>
<td></td>
<td>DK ................................... 9</td>
</tr>
<tr>
<td>167. How difficult is it for you to live on your total household</td>
<td>NOT AT ALL DIFFICULT ................ 1</td>
</tr>
<tr>
<td>income right now -- not at all difficult, somewhat difficult,</td>
<td>SOMEWHAT DIFFICULT ................ 2</td>
</tr>
<tr>
<td>difficult, very difficult or extremely difficult?</td>
<td>DIFFICULT .......................... 3</td>
</tr>
<tr>
<td></td>
<td>VERY DIFFICULT .................... 4</td>
</tr>
<tr>
<td></td>
<td>EXTREMELY DIFFICULT ................ 5</td>
</tr>
<tr>
<td></td>
<td>DK ................................... 9</td>
</tr>
<tr>
<td>168. In the next two months, how likely is it that you and your</td>
<td>VERY LIKELY .......................... 1</td>
</tr>
<tr>
<td>family will experience actual hardships, such as</td>
<td>SOMEWHAT LIKELY .................... 2</td>
</tr>
<tr>
<td>inadequate housing, food, or medical attention -- very</td>
<td>NOT TOO LIKELY ..................... 3</td>
</tr>
<tr>
<td>likely, somewhat likely, not too likely or not at all likely?</td>
<td>NOT AT ALL LIKELY ................... 4</td>
</tr>
<tr>
<td></td>
<td>DK ................................... 9</td>
</tr>
<tr>
<td>169. In the next two months, how likely is it that you and your</td>
<td>VERY LIKELY .......................... 1</td>
</tr>
<tr>
<td>family will have to reduce your standard of living to the</td>
<td>SOMEWHAT LIKELY .................... 2</td>
</tr>
<tr>
<td>bare necessities in life -- very likely, somewhat likely, not</td>
<td>NOT TOO LIKELY ..................... 3</td>
</tr>
<tr>
<td>too likely or not at all likely?</td>
<td>NOT AT ALL LIKELY ................... 4</td>
</tr>
<tr>
<td></td>
<td>DK ................................... 9</td>
</tr>
</tbody>
</table>

IF MORE THAN 1 ADULT FROM Q154, ASK:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>170. How many adults age 18 or older (besides yourself) in your</td>
<td>ENTER # __________________ (IF 1, GO TO Q171; ENTER # __________________ (IF</td>
</tr>
<tr>
<td>household worked for pay in the past week?</td>
<td>&gt;1, GO TO Q172)</td>
</tr>
<tr>
<td></td>
<td>NONE .......................... 0</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .................. 99 } (SKIP TO Q180a)</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO Q180a)</td>
</tr>
</tbody>
</table>

IF 1 OTHER ADULT WORKS FROM Q170, ASK:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>171. Did this person work during the daytime, during the evening,</td>
<td>DAYTIME .......................... 1</td>
</tr>
<tr>
<td>the evening, during the night time, or a rotating shift?</td>
<td>EVENING ............................ 2</td>
</tr>
<tr>
<td></td>
<td>NIGHT TIME ........................ 3</td>
</tr>
<tr>
<td></td>
<td>ROTATING/NOT FIXED ............. 4</td>
</tr>
<tr>
<td></td>
<td>DK ................................... 9</td>
</tr>
</tbody>
</table>

IF MORE THAN 1 ADULT WORKS FROM Q170, ASK:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>172. Of these (NUMBER FROM Q170) working adults, how many usually work</td>
<td>ENTER#  .................. 99</td>
</tr>
<tr>
<td>(ITEM)?</td>
<td>DK .......................... 99</td>
</tr>
<tr>
<td>a. during the day .......................................................... 99</td>
<td></td>
</tr>
<tr>
<td>b. during the evening .................................................... 99</td>
<td></td>
</tr>
<tr>
<td>c. during the night ......................................................... 99</td>
<td></td>
</tr>
<tr>
<td>d. rotating shifts ........................................................ 99</td>
<td></td>
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</table>
180a. In what county do you live?

<table>
<thead>
<tr>
<th>County</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALAMEDA</td>
<td>1</td>
</tr>
<tr>
<td>ALPINE</td>
<td>36</td>
</tr>
<tr>
<td>AMADOR</td>
<td>36</td>
</tr>
<tr>
<td>BUTTE</td>
<td>2</td>
</tr>
<tr>
<td>CALAWARES</td>
<td>36</td>
</tr>
<tr>
<td>COLUSA</td>
<td>36</td>
</tr>
<tr>
<td>CONTRA COSTA</td>
<td>3</td>
</tr>
<tr>
<td>DEL NORTE</td>
<td>36</td>
</tr>
<tr>
<td>EL DORADO</td>
<td>4</td>
</tr>
<tr>
<td>FRESNO</td>
<td>5</td>
</tr>
<tr>
<td>GLENN</td>
<td>36</td>
</tr>
<tr>
<td>HUMBOLDT</td>
<td>6</td>
</tr>
<tr>
<td>IMPERIAL</td>
<td>7</td>
</tr>
<tr>
<td>INY0</td>
<td>36</td>
</tr>
<tr>
<td>KERN</td>
<td>8</td>
</tr>
<tr>
<td>KINGS</td>
<td>9</td>
</tr>
<tr>
<td>LAKE</td>
<td>36</td>
</tr>
<tr>
<td>LASSEN</td>
<td>36</td>
</tr>
<tr>
<td>LOS ANGELES</td>
<td>10</td>
</tr>
<tr>
<td>MADERA</td>
<td>11</td>
</tr>
<tr>
<td>MARIN</td>
<td>12</td>
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<td>MARIPASA</td>
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<tr>
<td>MENDOCINO</td>
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<tr>
<td>MERCED</td>
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<tr>
<td>MODOC</td>
<td>36</td>
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<tr>
<td>MONO</td>
<td>36</td>
</tr>
<tr>
<td>MONTEREY</td>
<td>14</td>
</tr>
<tr>
<td>NAPA</td>
<td>15</td>
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<tr>
<td>NEVADA</td>
<td>36</td>
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<tr>
<td>ORANGE</td>
<td>16</td>
</tr>
<tr>
<td>PLACER</td>
<td>17</td>
</tr>
<tr>
<td>PLUMAS</td>
<td>36</td>
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<tr>
<td>RIVERSIDE</td>
<td>18</td>
</tr>
<tr>
<td>SACRAMENTO</td>
<td>19</td>
</tr>
<tr>
<td>SAN BENITO</td>
<td>36</td>
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<tr>
<td>SAN BERNARDINO</td>
<td>20</td>
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<tr>
<td>SAN DIEGO</td>
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<tr>
<td>SAN FRANCISCO</td>
<td>22</td>
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<tr>
<td>SAN JOAQUIN</td>
<td>23</td>
</tr>
<tr>
<td>SAN LUIS OBISPO</td>
<td>24</td>
</tr>
<tr>
<td>SAN MATEO</td>
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<tr>
<td>SANTA BARBARA</td>
<td>26</td>
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<tr>
<td>SANTA CLARA</td>
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<td>SANTA CRUZ</td>
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<td>SHASTA</td>
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<td>SIERRA</td>
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<td>SISKIYOU</td>
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<td>SONOMA</td>
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<td>STANISLAUS</td>
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<td>SUTER</td>
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<td>TEHAMA</td>
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<td>TRINITY</td>
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<tr>
<td>TULARE</td>
<td>33</td>
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<td>TUOLUMNE</td>
<td>36</td>
</tr>
<tr>
<td>VENTURA</td>
<td>34</td>
</tr>
<tr>
<td>YOLO</td>
<td>35</td>
</tr>
<tr>
<td>YUBA</td>
<td>36</td>
</tr>
</tbody>
</table>

IF DON’T KNOW OR REFUSED FROM Q169A, ASK:

180b. In what city or town do you live? (SPECIFY)__________________________

DON’T KNOW ............................................. 99

181. We may want to call you back next year at about this time to learn your views about some of these
same issues. Would it be all right if we called you back at that time?

(IF NECESSARY) Be assured that all answers are confidential and are for research purposes only.

YES, NOT HESITANT ...... 1 (GO TO Q182)
YES, BUT HESITANT ...... 2
NO................................. 3 { (SKIP TO END)

IF YES FROM Q181, ASK:

182. What is your name? (IF REFUSE, SKIP TO Q186)

(IF REFUSES) We need this information, so we know who to ask to speak to when we call next year.

(IF REFUSES) If you prefer, just your first name will do. (ALLOW “FIRST NAME” TO CONTINUE)

________________________

(FIRST NAME) REFUSED............... 888

________________________

(LAST NAME) REFUSED............... 888

183. What is your street address including apartment number?

a. STREET______________________________

REFUSED............................................. 888

b. APARTMENT NUMBER________________________

DON’T KNOW..................................... 999 (SKIP TO Q186)
184. In what city do you live?

CITY ___________________________________________________
REFUSED ........................................................................888

185. What is your zip code? (ALL ZIP CODES MUST BEGIN WITH "9")

ZIP CODE _______________________________________________
DK/REFUSED .....................................................................99999

186. Just to confirm your telephone number. (READ BACK PHONE #) Is this correct?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
</tbody>
</table>

TELEPHONE NUMBER ______  —  ____________________________

187. Are there any other alternative phone numbers where you can be reached next year?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

IF YES FROM Q187, ASK:

188. What is this number, area code first?

TELEPHONE NUMBER ______  —  ____________________________

These are all the questions I have. Thank you very much for your cooperation.