OMB No. 3145-0020: Approval Expires 04/30/2001



1999 Survey of Doctorate Recipients

This information is solicited under the authority of the National Science Foundation Act of 1950, as amended. All information you provide will be treated as confidential and used only for research or statistical purposes by the survey sponsors (the National Science Foundation and the National Institutes of Health), their contractors, and collaborating researchers for the purpose of analyzing data and preparing scientific reports and articles. Any information publicly released (such as statistical summaries) will be in a form that does not personally identify you. Your response is voluntary and failure to provide some or all of the requested information will not in any way adversely affect you. Actual time to complete the questionnaire may vary depending on your circumstances. On the average, it will take about 25 minutes to complete the questionnaire. If you have any comments on the time required for this survey, please send them to Suzanne H. Plimpton, National Science Foundation, 4201 Wilson Boulevard, Suite 295, Arlington, VA 22230. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Conducted by:

U.S. Department of Commerce BUREAU OF THE CENSUS

> for the National Science Foundation Arlington, VA

FORM **SDR-1** (3-5-99)

INSTRUCTIONS

Thank you for taking the time to complete this questionnaire. Directions for filling it out are provided with each question. Because not all questions will apply to everyone, you may be asked to skip certain questions.

- In order to get comparable data, we will be asking you to refer to the week of April 15, 1999 (e.g., April 11 – April 17, 1999) when answering most questions
- Follow all "SKIP" instructions AFTER marking a box. If no "SKIP" instruction is provided, you should continue to the NEXT question
- Either a pen or pencil may be used
- When answering questions that require marking a box, please use an "X"
- If you need to change an answer, please make sure that your old answer is either completely erased or clearly crossed out

Thanks again for your help, we really appreciate it.

Page 1 **PART A – Employment Status During the** A6. Using the JOB CODES LIST (pages Reference Week of April 11 – 17, 1999 12–13), choose the code that BEST describes the work you were doing A1. Were you working for pay (or profit) during the week of April 15, 1999? This includes a poston this last job. doctoral appointment, being self-employed or temporarily absent from a job even if unpaid SKIP to A41. (e.g., illness, vacation or parental leave). page 6 CODE 1 Yes -> SKIP to A7 **A7.** (IF WORKED DURING WEEK OF APRIL 15TH) -2 🗌 No Counting all jobs held during the week of April 15, 1999, did you USUALLY work . . . A2. (IF NO) Did you look for work during the four weeks preceding April 15, 1999 (that is, any-1 A total of 35 or more hours per time between March 19 and April 15, 1999)? week -> SKIP to A10 – 2 🗌 Fewer than 35 hours per week 1 Yes 2 🗌 No **A8.** (IF FEWER THAN 35 HOURS) **During the** week of April 15, did you want to work a full-time work week of 35 or more hours? A3. What were your reasons for not working during the week of April 15? 1 Ves Mark (X) all that apply Year Retired 2 🗌 No 1 Retired →19 A9. What were your reasons for working a ² On layoff from a job part-time work week (i.e., less than 35 hours) during the week of April 15? 3 Student Mark (X) all that apply 4 Family responsibilities Year Retired 5 Chronic illness or permanent disability 1 Retired or 6 Suitable job not available **⊾**19 semi-retired ----7 Did not need or want to work 2 Student \otimes Other – Specify $\overline{\nabla}$ ³ Family responsibilities 4 Chronic illness or permanent disability **SKIP** 5 Suitable full-time work week to A4. Prior to the week of April 15, 1999, when did job not available A11, you last work for pay (or profit)? page 2 6 Did not need or want to work full-time □ — Mark (X) this box if never worked for 7 Other – Specify $\overline{\mathcal{V}}$ pay (or profit) and SKIP to Part D, page 7 Month Year 19 LAST WORKED A10. (IF 35 OR MORE HOURS) Although you were A5. What kind of work were you doing on this working during the week of April 15, had last job – that is, what was your occupation? you previously RETIRED from any position? Please be as specific as possible, including any area of specialization. Examples of retirement include mandatory retirement, early retirement, or voluntary EXAMPLE: College professor – Electrical retirement engineering Year Retired → 19 1 Yes -2 🗌 No

| raye z | | | |
|--------|---|------|---|
| | e next several questions ask about your ncipal employer. | A14. | Did your principal employer come into being as a new business within the past 5 years? |
| A11. | Who was your principal employer during | | 1 🗆 Yes |
| | the week of April 15, 1999? | | $2 \square No$ |
| | IF MORE THAN ONE JOB: <i>Record employer for</i> whom you worked the most hours that week | | |
| | IF EMPLOYER HAD MORE THAN ONE LOCATION: <i>Record location where you usually worked</i> | A15. | Was your principal employer during the week of April 15 |
| | Employer Name | | IF EMPLOYER WAS A SCHOOL: Mark (X) the type of organizational charter (e.g., mark "state government" for state schools; most private schools are "private not-for-profit") |
| | City/Town | | Mark (X) ONLY One |
| | | | |
| | State/Foreign Country ZIP Code | | A PRIVATE FOR-PROFIT company, business or individual, working for wages, salary or commissions |
| Δ12 | Thinking about your employer's main | | 2 A PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization |
| A12. | business (i.e., what your employer small does), under which of these categories does your employer's <i>main business</i> BEST fit? | | 3 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm |
| | IF PRINCIPAL EMPLOYER HAS MORE THAN ONE TYPE OF BUSINESS: <i>Please answer for the type</i> | | 4 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm |
| | of business primarily performed at the location | | 5 🗌 Local GOVERNMENT (e.g., city, county) |
| | where you work | | 6 🗌 State GOVERNMENT |
| | Mark (X) ONLY One | | 7 U.S. military service, active duty or |
| | Agriculture, forestry, or fishing Biotechnology | | Commissioned Corps (e.g., USPHS, NOAA) |
| | $3 \square$ Construction or mining | | 8 □ U.S. GOVERNMENT (e.g., civilian employee) |
| | 4 🗆 Education | | 9 🗌 Other – Specify 📈 |
| | 5 | | |
| | 7 Information technology or computer services 8 Other services (e.g., social, legal, business) | A16. | Was your principal employer an educational institution? |
| | 9 Manufacturing | | - 1 🗌 Yes |
| | 10 Public administration/government | | |
| | 11 \square Research – Specify \downarrow | ↓ | 2 □ No → <i>SKIP to A20, page 3</i> |
| | | A17. | (IF EDUCATIONAL INSTITUTION) Was this educational institution a |
| | 12 Transportation services, utilities or communications | | Mark (X) ONLY One |
| | ¹³ Wholesale or retail trade | | |
| | $14 \square$ Other | | 1 Preschool, elementary, or middle school or system SKIP to A20, |
| | | | 2 □ Secondary school or system page 3 |
| A13. | Counting all locations where this employer operates, how many people work for your principal employer? Your best estimate is fine. | | 3 Two-year college, community college, technical institute |
| | Mark (X) ONLY One | | 4 General Four-year college or university, other than a medical school |
| | 1 Under 10 employees | | 5 Medical school (including university- |
| | $2 \square 10-24 \text{ employees}$ | | affiliated hospital or medical center) |
| | 3 🗌 25–99 employees | | 6 🗌 University-affiliated research institute |
| | 4 🗌 100–499 employees | | 7 □ Something else – <i>Specify</i> 📈 |
| | 5 🗌 500–999 employees | | |
| | 6 🗌 1,000–4,999 employees | | |
| | 7 🗌 5,000+ employees | | |

A18. What was your faculty rank?

Mark (X) ONLY One

- 1 Not applicable at this institution
- 2 Not applicable for my position
- 3 🗌 Professor
- 4 Associate Professor
- 5 Assistant Professor
- 6 🗌 Instructor
- 7 🗌 Lecturer
- 8 Adjunct Faculty
- 9 Other Specify ∇

A19. What was your tenure status?

Mark (X) ONLY One

- 1 Not applicable: no tenure system at this institution
- 2 Not applicable: no tenure system for my position
- 3 🗌 Tenured
- ⁴ On tenure track but not tenured
- 5 🗌 Not on tenure track

The next set of questions ask about your work on your principal job during the week of April 15, 1999.

A20. What kind of work were you doing on your principal job held during the week of April 15, 1999 — that is, what was your occupation? Please be as specific as possible, including any area of specialization. EXAMPLE: College professor – Electrical engineering

| A21. | Using the JOB CODES LIST (pages 12–13), |
|------|---|
| | choose the code that BEST describes the |
| | work you were doing on your principal job |
| | during the week of April 15. |

CODE

| A22. | Did your duties on this job require the |
|------|--|
| | technical expertise of a bachelor's degree |
| | or higher in |

Mark (X) Yes or No for each YES NO

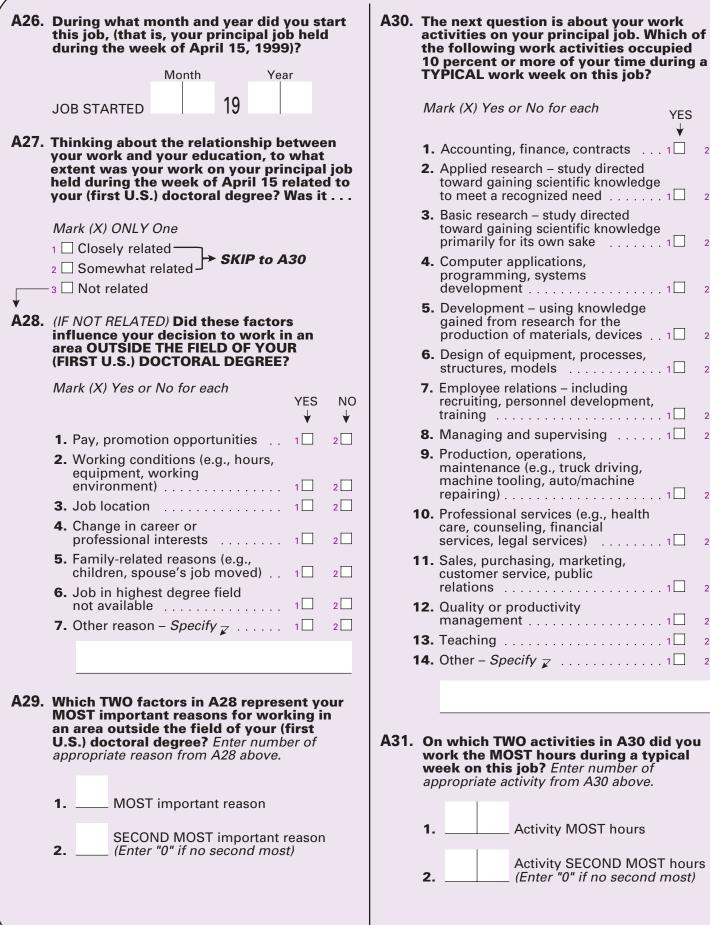
| 1. | Engineering, computer science, | • |
|----|---------------------------------|---|
| | math, or the natural sciences 1 | 2 |
| 2. | The social sciences | 2 |

A23. Was this job a "postdoc?" A "postdoc" is a temporary position awarded in academe, industry, or government primarily for gaining additional education and training in research 1 Ves A24. (IF YES) What were your reasons for taking this postdoc? Mark (X) Yes or No for each YES NO ♦ **1.** Additional training in PhD field1 2 2. Training in an area outside of PhD 2 3. Work with a specific person or 2 **4.** Other employment not 2 5. Postdoc generally expected for career in this field 2 **6.** Some other reason – Specify $\overline{\nabla}$. . .1 2 A25. What were your two MOST important reasons for taking this postdoc? Enter number of appropriate reason from A24 above.

| 1. | MOST important reason |
|----|-----------------------|
| | |

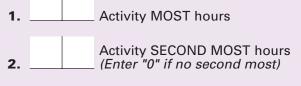
| SECOND MOST important reason |
|-------------------------------|
| (Enter "0" if no second most) |

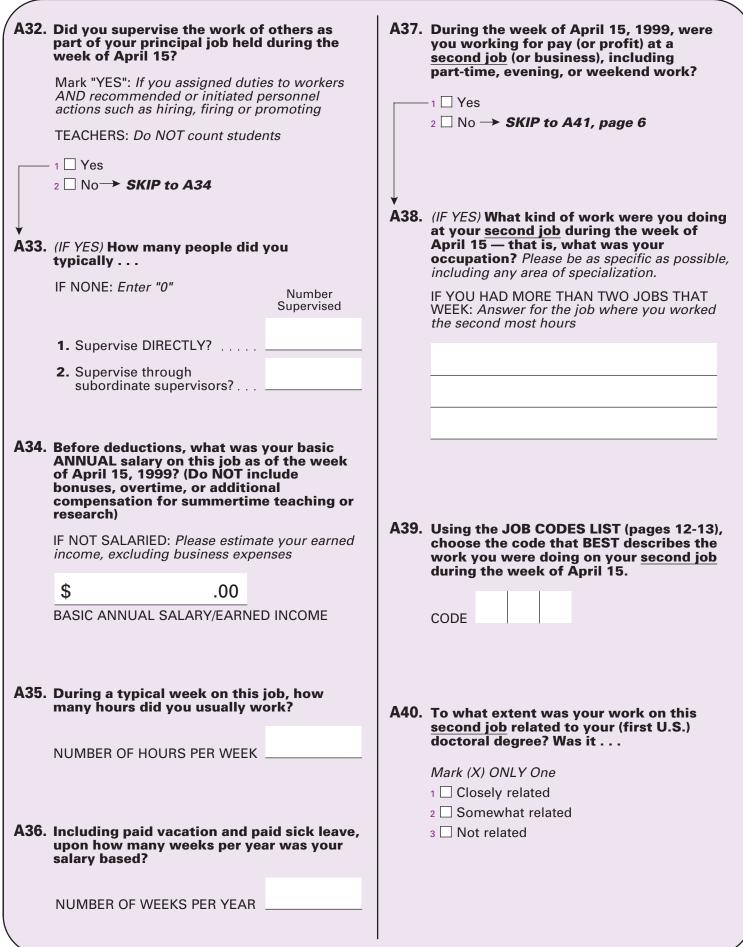
2.



| 10 | e following work activities occup percent or more of your time du PICAL work week on this job? | ring | a |
|-----|---|----------|---------|
| М | ark (X) Yes or No for each | YES ∳ | NO ∳ |
| 1. | Accounting, finance, contracts | 1 | 2 |
| 2. | Applied research – study directed toward gaining scientific knowledge to meet a recognized need | 1 | 2 |
| 3. | Basic research – study directed toward gaining scientific knowledge primarily for its own sake | 1 | 2 |
| 4. | Computer applications, programming, systems development | 1 | 2 |
| 5. | Development – using knowledge gained from research for the production of materials, devices | 1 | 2 |
| 6. | Design of equipment, processes, structures, models | 1 | 2 |
| 7. | Employee relations – including recruiting, personnel development, training | 1 | 2 |
| | Managing and supervising | 1 | 2 |
| 9. | Production, operations, maintenance (e.g., truck driving, machine tooling, auto/machine repairing) | 1 | 2 |
| 10. | Professional services (e.g., health care, counseling, financial services, legal services) | 1 | 2 |
| 11. | Sales, purchasing, marketing, customer service, public relations | 1 | 2 |
| 12. | Quality or productivity management | 1 | 2 |
| 13. | Teaching | 1 | 2 |
| 14. | Other – Specify <i>∡</i> | 1 | 2 |
| | | | |

A31. On which TWO activities in A30 did you work the MOST hours during a typical week on this job? Enter number of appropriate activity from A30 above.





PART B – Past Employment A41. Thinking back now to 1998, was any of The next few questions will help us better your work during 1998 supported by understand employment changes over time. **CONTRACTS OR GRANTS from the U.S.** government? **B1.** Were you working for pay (or profit) during BOTH of these time periods - the in 1998 and SKIP to B1 week of April 15, 1997 AND the week of FEDERAL EMPLOYEES: Please answer "No" April 15, 1999? IF YOU WERE A STUDENT: Do NOT count Mark (X) ONLY One financial aid awards with no work requirement 1 Yes 1 Ves 2 🗌 No — 2 □ No → SKIP to C1 SKIP to A43 3 Don't know **B2.** (IF YES) During these two time periods — the week of April 15, 1997, and the week of April 15, 1999 — were you working for ... A42. (IF YES) Which Federal agencies or departments were supporting your work? Mark (X) ONLY One 1 Same employer AND same job -> SKIP Mark (X) all that apply to C1 1 Agency for International Development (AID) -2 🗌 Same employer BUT different job ² Agriculture Department (USDA) 3 Different employer BUT same job 3 Commerce Department (DOC) -4 Different employer AND different job 4 Defense Department (DOD) 5 Department of Education (include NCES. **B3.** (IF DIFFERENT) Why did you change your OERI, FIPSE, FIRST) employer or your job? 6 Energy Department (DOE) Mark (X) Yes or No for each 7 D Environmental Protection Agency (EPA) 8 Health and Human Services Department **1.** Pay, promotion opportunities . . . 1 (Excluding NIH) 2. Working conditions (e.g., hours, 9 Interior Department equipment, working 10 National Aeronautics and Space Administration (NASA) **4.** Change in career or professional 11 National Institutes of Health (NIH) 12 National Science Foundation (NSF) **5.** Family-related reasons (e.g., children, spouse's job moved) ...1 13 Transportation Department (DOT) 6. School-related reasons (e.g., 14 \Box Other – Specify $\overline{\nabla}$ returned to school, completed a **7.** Laid off or job terminated (includes company closings, 15 DON'T KNOW SOURCE AGENCY mergers, buyouts, grant or

A43. Counting all jobs held in 1998, what was your TOTAL EARNED income for 1998, **BEFORE deductions?** Include all wages, salaries, bonuses, overtime, commissions, consulting fees, net income from businesses, summertime teaching or research, postdoctoral appointment, or other work associated with scholarships



Page 6

PART C – Other Work and Career Related **Experience** C1. During the past year, did you attend any professional society or association meetings or professional conferences? Include regional, national, or international meetings

9. Other – Specify \swarrow 1

YES

NO

¥

2

2

2

2

2

2

2

2

2

- 1 🗌 Yes
- $2 \square No$

| 00 | | PART D – Background Information |
|----------|--|--|
| | To how many national or international professional societies or associations do you currently belong? | D1. Between April 1997 and April 1999, did you take any college or university courses or enroll in a college or university for other reasons, such as completing |
| | Number OR 0 🗌 NONE | another Master's or doctorate? |
| C3. | During the past year, did you attend any WORK-RELATED workshops, seminars, or other work-related training activities? Do NOT include college courses – these will be discussed in PART D | 1 ☐ Yes 2 ☐ No → SKIP to E1, page 8 D2. (<i>IF YES</i>) In which college or university department were you primarily taking |
| | Do NOT include professional meetings unless you attended a special training session conducted at the meeting/conference | classes or doing research, etc. (e.g., English, chemistry)? DEPARTMENT |
| | 2 □ No → SKIP to D1 | |
| • C4. | (<i>IF YES</i>) During the past year, in which of the following areas did you attend work-related workshops, seminars, or other work-related training activities? | D3. During that time, toward what degree or certificate, if any, were you (or are you) working? |
| | $\begin{array}{cc} \textit{Mark} (X) \textit{ Yes or No for each} & \texttt{YES} & \texttt{NO} \\ \psi & \psi \end{array}$ | Mark (X) this box if no specific degree or certificate and SKIP to D7, page 8 |
| | Management or supervisor training 1 2 Training in your occupational field 1 2 General professional training (e.g., | IF MORE THAN ONE APPLIES: <i>Mark the</i> highest level |
| | public speaking, business writing) $1 \square 2 \square$ 4. Other work-related training – <i>Specify</i> \swarrow $1 \square 2 \square$ | Mark (X) ONLY One 1 Bachelor's degree 2 Post baccalaureate certificate Amount of the second secon |
| | | 3 Master's degree (including MBA) 4 Post master's certificate |
| C5. | For which of the following reasons did you attend training activities during the past year? | 5 Doctorate (e.g., Ph.D., D.S.C., D.Sc., Ed.D.) 6 Other professional degree (e.g., JD, LLB, |
| | Mark (X) Yes or No for eachYES NO1. To facilitate a change in your♦ | ThD, MD, DDS) – Specify _⋠ |
| | a change in your occupational field a change in your occupational field a change in your occupation of the second s | |
| | your occupational field | 7 \Box Other – Specify \mathbf{k} |
| | 4. To increase opportunities for promotion/advancement/higher | |
| | salary 1 2 5. To learn skills or knowledge needed for a recently acquired position 1 2 | D4. Between April 1997 and April 1999, did you complete a degree or certificate? |
| | 6. Required or expected by employer $1 \ 2 \ 2$ 7. Other – <i>Specify</i> \mathbb{Z} 1 | |
| | | 2 □ No → SKIP to D7, page 8 |
| C6. | What was your most important reason for attending training activities? Enter number of appropriate reason from C5 above. | D4a. (<i>IF YES</i>) What degree or certificate did you receive? Enter number of appropriate TYPE OF DEGREE/CERTIFICATE received from D3 above. |
| | MOST IMPORTANT REASON FROM C5 | TYPE OF DEGREE/CERTIFICATE FROM D3 |

Page 8

| D5. | In what month and year was this degree or certificate awarded? | F | PART E – Recent Docto | rate | Recipie | ents | |
|-----|--|-----------------|---|----------------|--------------------------|----------------------|-----------------|
| | IF YOU COMPLETED MORE THAN ONE: Enter the date for the highest degree or certificate awarded Month Year | E1. | Did you receive your (degree at any time be | first twee | U.S.) d en July | loctoral 1996 | |
| | 19 | | and June 1998? -1 □ Yes | | | | |
| D6. | From which academic institution did you receive this degree or certificate? | | 2 □ No → <i>SKIP to F1</i> , | , pag | ie 10 | | |
| | School Name | | | | | | |
| | | ∀ E2. | (IF YES) Between com | oleti | ηα νου | r | |
| | City/Town | | doctorate and the we have you <u>sought</u> or he consider a "career pat | ek of eld w | f April hat yo | 15, 199 | |
| | State/Foreign Country | | - | | | | |
| | | | A "career path" job is a j your career plans or is a want to make your care | job . | nat will i in a field | help furt d where | her you |
| D7. | What was your primary field of study during that time? | | -1 □ Yes, have sought or 2 □ No, have not sough | | | | b |
| | PRIMARY FIELD OF STUDY | | path job -> SKIP 1 | to E7 | , page | 9 | |
| D8. | For which of the following reasons were you taking classes or enrolled between April 1997 and April 1999? | ★ E3. | (<i>IF YES</i>) To what extensearch for a career pa | th jo | b limit | | |
| | | | Mark (X) ONLY One for | eacn | item | NL . | |
| | Mark (X) Yes or No for each YES NO | | | А | | Not Much/ | Not |
| | 1. To gain further education before beginning a career 1 □ 2 □ | | | | Some- what | / | Appli- cable |
| | 2. To prepare for graduate school 1 2 | | | | J | Ļ | |
| | 3. To change your academic or occupational field 1 | | 1. Family responsibilities | 1 | 2 | 3 | |
| | 4. To gain FURTHER skills or knowledge in your academic or | | 2. Spouse's career or employment | | 2 | 3 | 4 |
| | occupational field 1 2 5. For licensure/certification 2 | | 3. Debt burden from undergraduate | | 2 🛄 | 5 | 4 |
| | 6. To increase opportunities for promotion, advancement, or higher salary 1 | | or graduate degrees | 1 | 2 | 3 | 4 |
| | 7. Required or expected by employer $1 \square 2 \square$ | | 4. Desire to not | | | | |
| | 8. For leisure/personal interest 1 | | relocate or move to | . 🗆 | - 🗆 | - 🗆 | . 🗆 |
| | 9. Other – Specify \overrightarrow{v} $1 \square 2 \square$ | | place of job | 1 | 2 | 3 | 4 |
| | | | 5. Suitable job not available | 1 | 2 | 3 | 4 |
| | | | 6. Other – Specify \mathbf{k} | 1 | 2 | 3 | 4 |
| D9. | Were ANY of your school-related costs for taking college or university courses during this time paid for by an employer? | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 2 🗌 No | | | | | | |

E4. Which of the following resources did you use for seeking or finding your first career path job after receiving your doctorate?

If you have not yet obtained a career path job, please indicate the sources used in your job search

Mark (X) Yes or No for each

| | | YES | NC |
|-----|--|-----|----|
| | | ↓ | ↓ |
| 1. | Faculty or advisors | 1 | 2 |
| 2. | Professional recruiters such as "head hunters" | 1 | 2 |
| 3. | College or department placement office | 1 | 2 |
| 4. | Professional meetings | 1 | 2 |
| 5. | Electronic postings | 1 | 2 |
| 6. | Newspapers | 1 | 2 |
| 7. | Professional journals | 1 | 2 |
| 8. | Informal channels through colleagues or friends | 1 | 2 |
| 9. | Direct contacts you initiated with company (e.g., sent unsolicited vita) | 1 | 2 |
| 10. | Other – Specify Z | 1 | 2 |

- E5. Which TWO resources in E4 were most responsible for finding your first career path job? Enter number of appropriate resource from E4 above.
 - - **1.** ____ MOST important resource
 - 2. ____ SECOND MOST important resource (Enter "0" if no second resource)

E6. How many months elapsed between the time you <u>completed</u> your doctorate and the time you accepted your first career path job?

If your career path job began while you were completing or within one month of receiving your doctoral degree: Enter "0"

NUMBER OF MONTHS

E7. In terms of preparing you for a career, how adequate was your doctoral program or training in each of the following areas?

Mark (X) ONLY One for each item

| | | Very Ade- | Some- what Ade- quate | Not Ade- quate | Not Appli- cable |
|-----|--|--------------|--------------------------------|----------------------|------------------------|
| 1. | General problem solving skills | .↓ | ↓ | 3 | 4 |
| 2. | Subject matter knowledge | | 2 | 3 | 4 |
| | Oral communication skills | | 2 | 3 | 4 |
| | Teaching skills Collaboration and | 1 | 2 | 3 | 4 |
| э. | team work skills | 1 | 2 | 3 | 4 |
| 6. | Quantitative skills | 1 | 2 | 3 | 4 |
| 7. | Writing skills | 1 | 2 | 3 | 4 |
| 8. | Computer skills | 1 | 2 | 3 | 4 |
| 9. | Research integrity/ ethics | 1 | 2 | 3 | 4 |
| 10. | Establishing contacts with colleagues in field | 1 | 2 | 3 | 4 |
| 11. | Management or administrative skills | 1 | 2 | 3 | 4 |
| In | which TWO areas i | n E7 v | would | you ha | ave |

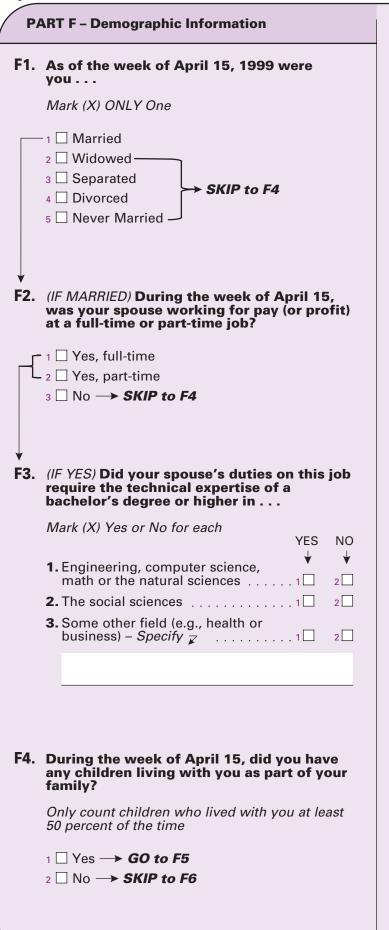
- E8. In which TWO areas in E7 would you have liked to have had more training or emphasis in your doctoral program? Enter number of appropriate area from E7 above.
 - □ ← Mark (X) this box if none (no additional training or emphasis desired)

| 1. | FIRST area |
|----|--|
| 2. | SECOND area (Enter "0" if no second area) |

E9. Overall, how satisfied are you with the doctoral program you completed?

Mark (X) ONLY One

- 1 Very satisfied
- 2 🗌 Somewhat satisfied
- 3 🗌 Somewhat dissatisfied
- 4 🗌 Very dissatisfied



| (<i>IF YES</i>) How many of these children living with you as part of your family were | | | | | | | |
|---|-----------------------|--|--|--|--|--|--|
| IF NO CHILDREN IN A CATEGORY: Enter "0" | | | | | | | |
| | lumber of Children | | | | | | |
| 1. Under age 2 | | | | | | | |
| 2. Aged 2 – 5 | | | | | | | |
| 3. Aged 6 – 11 | | | | | | | |
| 4. Aged 12 – 17 | | | | | | | |
| 5. Aged 18 or older | | | | | | | |
| | | | | | | | |

F6. During the week of April 15, 1999, were you living in the United States or one of its territories, or were you living in another country?

1 United States or one of its territories 2 Another country

F7. As of the week of April 15, 1999, were you a . . .

Mark (X) ONLY One

U.S. Citizen

F5.

- 1 □ Native born → SKIP to F9
 2 □ Naturalized → SKIP to F9
- Non-U.S. Citizen

| ٢ | -3 | With | а | Permanent | U.S. | Resident Visa |
|---|----|------|---|-----------|------|---------------|
| 1 | | | | | | |

4 🗌 With a Temporary U.S. Resident Visa

- 5 🗌 Living outside the United States

F8. (IF NON-U.S. CITIZEN) Of which country are you a citizen?

COUNTRY

F9. What is your birthdate?



| The next question is designed to help us better understand the career paths of individuals with different physical abilities. MARK (X) ONE FOR EACH None Slight Moderate Severe Undo to have with 1. SEEING words or letters in ordinary newsprint (with glassestcontact lenses if you usually wear them) 1 2 A (Conversation with another person (with hearing address, and the career ying something as heavy as 10 pounds, such as a bag of groceries 10. What is the arribust age at which you FIRST began experiencing ANY difficulties in ANY of these areas? AGE OR © SINCE BIRTH 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Area Code Number Area Code | | The payt question is designed to help us better u | | | | | | |
|--|-----|--|--|---------------------------------|---|--|--|------|
| 10. What is the USUAL degree of difficulty you have Slight Moderate Severe Unable of the sevene structure of the sevene sevene sevene the sevene severe sevene severe sevene sevene sevene sevene sevene se | | individuals with different physical abilities. | Inderstand 1 | the care | er pa | aths of | | |
| 10. What is the USUAL degree of difficulty you have Slight Moderate Severe Unable of the sevene structure of the sevene sevene sevene the sevene severe sevene severe sevene sevene sevene sevene sevene se | | | | ΜΔ | RK (X | | REACH | |
| have with None Signit moderate supering to the supering to th | 10. | What is the USUAL degree of difficulty you | | | | | | Unab |
| I. SERING what is normally said in conversion with hearing aid, if you usually wear them) III. 1 2. HEARING what is normally said in conversion with hearing aid, if you usually wear one) 3. WALKING without human or mechanical assistance or using stairs 1. 2 3. 4. 5. 3. WALKING without human or mechanical assistance or using stairs 1. 2 3. 4. 5. 3. WALKING without human or mechanical assistance or using stairs 1. 2 3. 4. 5. 3. WALKING without human or mechanical assistance or using stairs 1. 2 3. 4. 5. 3. 4. 5. 3. 4. 5. 3. 4. 5. 3. 4. 5. 3. 4. 5. 3. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 5. | | have with | | | - | | Severe | to D |
| glasses/contact lenses if you usually wear them) 1 2 1 4 5 2. HEARING what is normally said in conversation with another person (with hearing aid, if you usually wear one) 1 2 1 4 5 3. WALKING without human or mechanical assistance or using stairs 1 2 1 4 5 4. LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries 1 2 1 5 11. 0 - Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 5 11. 0 - Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 11. 0 - Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 11. 0 - Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 11. 0 - Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 12. What is the earliest age at which you FIRST began experiencing ANY difficulties in ANY of these areas? AGE 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Number 2 14. Since we are interested in how education and employment change over time, we may be re | | 1. SEEING words or letters in ordinary newsprint (with | • | 1 | ¥ | ₩ | ¥ | ¥ |
| conversation with another person (with hearing aid, if you usually were one) 1 2 3 4 5 3. WALKING without human or mechanical assistance or using stairs 1 2 3 4 5 4. LIFTNG or carrying something as heavy as 10 pounds, such as a bag of groceries 1 2 3 4 5 11. a - Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 12. What is the earliest age at which you FIRST began experiencing ANY difficulties in ANY of these areas? AGE OR SINCE BIRTH 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Area Code Number As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contact of we have trouble contacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. To help us contact on a please of the information group in 2001. These people will only be contacted if we have trouble contacting you in 2001. To help us contact on a please of the please of the people will be provided. These people will only be contacted if we have trouble contacting you i | | | 1 | 2 | | 3 | 4 | 5 |
| hearing aid, if you usually wear one) 1 2 3 4 5 3. WALKING without human or mechanical assistance or using stairs 1 2 3 4 6 4. LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries 1 2 3 4 5 11. 0 - Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 12. What is the earliest age at which you FIRST began experiencing ANY difficulties in ANY of these areas? AGE OR SINCE BIRTH 13. In case we need to clarify some of the information you have provided, please list a phone number (and an email address if applicable) where you can be reached. MATIME | | | | | | | | |
| 3. WALKING without human or mechanical assistance or using stairs | | | 1 | | _ | 2 | | - 🗆 |
| assistance or using stairs assistance or using stairs 1 2 3 4 5 4. LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries 1 2 3 4 5 11. • | | | | | | 3 | 4 | 5 🗖 |
| 4. LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries 1 2 3 4 5 11. 0 - Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 12. What is the earliest age at which you FIRST began experiencing ANY difficulties in ANY of these areas? AGE OR 0 SINCE BIRTH 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Area Code Number Area Code Number DAYTIME | | | 1 | 2 | | 3 | 4 | 5 |
| 10 pounds, such as a bag of groceries I 2 3 4 5 11. 0 ← Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 12. What is the earliest age at which you FIRST began experiencing ANY difficulties in ANY of these areas? AGE OR 0 SINCE BIRTH 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Area Code Number Area Code Number Area Code Number In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. DAYTIME | | - | ••••• | | | | | |
| 11. 0 □ ← Mark (X) this box if you answered "None" TO ALL ACTIVITIES in F10 and SKIP to F13 12. What is the earliest age at which you FIRST began experiencing ANY difficulties in ANY of these areas? AGEOR 0 □ SINCE BIRTH 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Area Code Number As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name Ist trait of the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. | | 10 pounds, such as a bag of groceries | 1[| 2 | | 3 | 4 | 5 |
| 12. What is the earliest age at which you FIRST began experiencing ANY difficulties in ANY of these areas? AGE OR □ SINCE BIRTH 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Number Area Code Number Area Code Number DAYTIME Image: Code Number Area Code Number E-MAIL ADDRESS EVENING Image: Code Code Number 44. Since we are interested in how education and employment change over time, we may be recontacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUES SOMEONE WHO LIVES IN YOUM HOUSE HOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name In Last Name First Name MI City/Town State ZIP Code City/Town State ZIP Code City/Town Area Code Number Area Code Number Area Code Number Area Code Number | | | | | | | | |
| of these areas? OR Image: Since Birth 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Area Code Number Area Code Number DAYTIME Image: Since Birth EVENING Image: Since Birth I4. Since we are interested in how education and employment change over time, we may be recontacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name Number and Street Number and Street City/Town State ZIP Code City/Town State ZIP Code City/Town State ZIP Code Area Code Number Area Code Area Code Number Area Code | 11. | ₀ 🗆 ← Mark (X) this box if you answered "None" 1 | TO ALL ACT | IVITIES | in F1 | 0 and SK | IP to F1 | 3 |
| of these areas? OR ISINCE BIRTH 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Area Code Number Area Code Number DAYTIME | | | | | | | | |
| AGE OR ISINCE BIRTH 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Number Area Code Number Area Code Number DAYTIME | 12. | | n experienc | ing AN | Y dif | ficulties | in ANY | |
| 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Area Code Number Area Code Number DAYTIME | | of these areas: | | | | | | |
| 13. In case we need to clarify some of the information you have provided, please list a phone number (and an e-mail address if applicable) where you can be reached. Area Code Number Area Code Number DAYTIME | | | | | | | | |
| number (and an e-mail address if applicable) where you can be reached. Area Code Number BAYTIME Image: Color Co | | | | | | | | |
| number (and an e-mail address if applicable) where you can be reached. Area Code Number BAYTIME Image: Color Co | 12 | In each we need to clarify some of the information | | provid | ad m | loogo ligt | o nhon | ~ |
| Area Code Number Area Code Number DAYTIME | 13. | | | | | iease list | a pnon | e |
| DAYTIME | | | , ou our | | | | Number | |
| E-MAIL ADDRESS 14. Since we are interested in how education and employment change over time, we may be recontacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name Number and Street Number and Street City/Town State ZIP Code City/Town State ZIP Code Area Code Number Area Code Number | | | | 7 100 0 | Jouc | | | |
| E-MAIL ADDRESS 14. Since we are interested in how education and employment change over time, we may be recontacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name Number and Street Number and Street City/Town State ZIP Code City/Town State ZIP Code Country (If outside U.S.) Country (If outside U.S.) Area Code Area Code Number Area Code Number | | | | | _ | - | | |
| 14. Since we are interested in how education and employment change over time, we may be recontacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name Number and Street Number and Street City/Town State ZIP Code City/Town State ZIP Code Area Code Number Area Code Number Area Code Number | | | EVENING | | _ | | | |
| 14. Since we are interested in how education and employment change over time, we may be recontacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name Number and Street Number and Street City/Town State ZIP Code City/Town State ZIP Code Area Code Number Area Code Number | | | | | | | | |
| 14. Since we are interested in how education and employment change over time, we may be recontacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name Number and Street Number and Street City/Town State ZIP Code City/Town State ZIP Code Area Code Number Area Code Number Area Code Number | | | | | | | | |
| recontacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name Mumber and Street Number and Street City/Town State ZIP Code Country (If outside U.S.) Country (If outside U.S.) Country (If outside U.S.) Area Code Number Area Code Number | | E-MAIL ADDRESS | | | | | | |
| recontacting you in 2001. To help us contact you, please provide the name, address, and telephone number of two people who are likely to know where you can be reached. DO NOT INCLUDE SOMEONE WHO LUTES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name Mumber and Street Number and Street City/Town State ZIP Code Country (If outside U.S.) Country (If outside U.S.) Country (If outside U.S.) Area Code Number Area Code Number | | | | | | | | |
| INCLUDE SOMEONE WHO'LIVES IN YOUR HOUSEHOLD. As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name MI Last Name Number and Street Number and Street Number and Street Number and Street City/Town State ZIP Code City/Town State ZIP Code Country (If outside U.S.) Country (If outside U.S.) Country (If outside U.S.) Area Code Number Area Code Number Area Code Number Area Code Number | 14 | Since we are interested in how education and en | nnlovment d | hande | over | time we | may be | |
| As with all the information provided in this questionnaire, complete confidentiality will be provided. These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name Number and Street Number and Street City/Town State ZIP Code City/Town State ZIP Code Country (If outside U.S.) Country (If outside U.S.) Area Code Number Area Code Number | 14. | recontacting you in 2001. To help us contact you | u, please pro | ovide th | e na | me, addr | ess, and | |
| These people will only be contacted if we have trouble contacting you in 2001. First Name MI Last Name First Name MI Last Name Number and Street Number and Street City/Town State ZIP Code Country (If outside U.S.) Country (If outside U.S.) Area Code Number Area Code Number Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely t | u, please pro to know wh | ovide th | e na | me, addr | ess, and | |
| First Name MI Last Name Number and Street Number and Street City/Town State State ZIP Code City/Town State Country (If outside U.S.) Area Code Number Area Code Number Area Code Number Area Code Number Area Code Number Area Code Number Area Code Number Area Code Number Area Code Number Area Code Number Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely t INCLUDE SOMEONE WHO LIVES IN YOUR HOUS | u, please pro to know who EHOLD. | ovide th ere you | e na can | me, addro be reacho | ess, and ed. DO I | ΝΟΤ |
| Number and Street Number and Street City/Town State City/Town State Country (If outside U.S.) Area Code Number Area Code Number Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to INCLUDE SOMEONE WHO LIVES IN YOUR HOUS As with all the information provided in this questionne | u, please pro to know who EHOLD. aire, complet | ovide th ere you e confid | e na can ential | me, addro be reacho | ess, and ed. DO I | ΝΟΤ |
| City/Town State ZIP Code City/Town State ZIP Code Country (If outside U.S.) Country (If outside U.S.) Area Code Number Area Code Number Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to INCLUDE SOMEONE WHO LIVES IN YOUR HOUS As with all the information provided in this question These people will only be contacted if we have trouble | a, please pro to know who EHOLD. aire, complet e contacting | ovide th ere you e confid | e na can ential 001. | me, addro be reach lity will be | ess, and ed. DO I provide | νοτ |
| City/Town State ZIP Code Country (If outside U.S.) City/Town State Area Code Number Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to INCLUDE SOMEONE WHO LIVES IN YOUR HOUS As with all the information provided in this question These people will only be contacted if we have trouble | a, please pro to know who EHOLD. aire, complet e contacting | ovide th ere you e confid | e na can ential 001. | me, addro be reach lity will be | ess, and ed. DO I provide | ΝΟΤ |
| City/Town State ZIP Code City/Town State ZIP Code Country (If outside U.S.) Country (If outside U.S.) Area Code Number Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to INCLUDE SOMEONE WHO LIVES IN YOUR HOUS As with all the information provided in this question These people will only be contacted if we have trouble | a, please pro to know who EHOLD. aire, complet e contacting | ovide th ere you e confid | e na can ential 001. | me, addro be reach lity will be | ess, and ed. DO I provide | νοτ |
| Country (If outside U.S.) Country (If outside U.S.) Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEAs with all the information provided in this question These people will only be contacted if we have troubleFirst NameMILast Name | a, please pro to know whe EHOLD. aire, complet e contacting First Name | ere you e confid you in 2 | e na can ential 001. | me, addro be reach lity will be | ess, and ed. DO I provide | ΝΟΤ |
| Country (If outside U.S.) Country (If outside U.S.) Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEAs with all the information provided in this question These people will only be contacted if we have troubleFirst NameMILast Name | a, please pro to know whe EHOLD. aire, complet e contacting First Name | ere you e confid you in 2 | e na can ential 001. | me, addro be reach lity will be | ess, and ed. DO I provide | ΝΟΤ |
| Country (If outside U.S.) Country (If outside U.S.) Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to INCLUDE SOMEONE WHO LIVES IN YOUR HOUSEAs with all the information provided in this question These people will only be contacted if we have troubleFirst NameMILast Name | a, please pro to know whe EHOLD. aire, complet e contacting First Name | ere you e confid you in 2 | e na can ential 001. | me, addro be reach lity will be | ess, and ed. DO I provide | ΝΟΤ |
| Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question and the people will only be contacted if we have trouble First Name MI Last Name Number and Street | a, please pro to know whe EHOLD. <i>aire, complet</i> <i>e contacting</i> First Name Number and | ere you e confid you in 2 | e na can ential 001. | me, addro be reachd lity will be Last Na | ess, and ed. DO I provide ame | d. |
| Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question and the people will only be contacted if we have trouble First Name MI Last Name Number and Street | A, please protocological aire, complete e contacting First Name Number and | ere you e confid you in 2 | e na can ential 001. | me, addro be reachd lity will be Last Na | ess, and ed. DO I provide ame | d. |
| Area Code Number | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question and the people will only be contacted if we have trouble First Name MI Last Name Number and Street | A, please protocological aire, complete e contacting First Name Number and | ere you e confid you in 2 | e na can ential 001. | me, addro be reachd lity will be Last Na | ess, and ed. DO I provide ame | d. |
| | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question and the people will only be contacted if we have trouble First Name MI Last Name Number and Street | A, please protocological aire, complete e contacting First Name Number and | ere you e confid you in 2 | e na can ential 001. | me, addro be reachd lity will be Last Na | ess, and ed. DO I provide ame | d. |
| | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question. These people will only be contacted if we have trouble First Name MI Last Name Number and Street City/Town State ZIP Code | aire, complet e contacting First Name Number and City/Town | e confid you in 2 Street | ential can ential 001. MI | me, addro be reachd lity will be Last Na | ess, and ed. DO I provide ame | d. |
| | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question. These people will only be contacted if we have trouble First Name MI Last Name Number and Street City/Town State ZIP Code | aire, complet e contacting First Name Number and City/Town | e confid you in 2 Street | ential can ential 001. MI | me, addro be reachd lity will be Last Na | ess, and ed. DO I provide ame | d. |
| | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question. These people will only be contacted if we have trouble First Name MI Last Name Number and Street City/Town State ZIP Code | aire, complet e contacting First Name Number and City/Town | e confid you in 2 Street | ential can ential 001. MI | me, addro be reachd lity will be Last Na | ess, and ed. DO I provide ame | d. |
| 15. PLEASE TURN TO THE BACK COVER FOR THE LAST QUESTION (F16). | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question. These people will only be contacted if we have trouble First Name MI Last Name Number and Street City/Town State ZIP Code Country (If outside U.S.) | A, please protection of the second se | e confid you in 2 Street | ential can ential 001. MI .S.) | me, addro be reachd lity will be Last Na State | ess, and ed. DO I provide ame | d. |
| 15. PLEASE TURN TO THE BACK COVER FOR THE LAST QUESTION (F16). | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question. These people will only be contacted if we have trouble First Name MI Last Name Number and Street City/Town State ZIP Code Country (If outside U.S.) | A, please protection of the second se | e confid you in 2 Street | ential can ential 001. MI .S.) | me, addro be reachd lity will be Last Na State | ess, and ed. DO I provide ame | d. |
| 15. PLEASE TURN TO THE BACK COVER FOR THE LAST QUESTION (F16). | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question. These people will only be contacted if we have trouble First Name MI Last Name Number and Street City/Town State ZIP Code Country (If outside U.S.) | A, please protection of the second se | e confid you in 2 Street | ential can ential 001. MI .S.) | me, addro be reachd lity will be Last Na State | ess, and ed. DO I provide ame | d. |
| | 14. | recontacting you in 2001. To help us contact you telephone number of two people who are likely to include SOMEONE WHO LIVES IN YOUR HOUSE As with all the information provided in this question. These people will only be contacted if we have trouble First Name MI Last Name Number and Street City/Town State ZIP Code Country (If outside U.S.) | A, please protection of the second se | e confid you in 2 Street | ential can ential 001. MI .S.) | me, addro be reachd lity will be Last Na State | ess, and ed. DO I provide ame | d. |

JOB CODES LIST

This list is ordered alphabetically. The titles in bold type are broad job categories. To make sure you have found the BEST code, please review ALL broad categories before making your choice. If you cannot find the code that BEST describes your job, use the "OTHER" code under the most appropriate broad category in bold print. If none of the codes fit your job, use code 500.

010 Artists, Broadcasters, Editors, Entertainers, Public Relations Specialists, Writers

Biological/Life Scientists

- 021 Agricultural and food scientists
- 022 Biochemists and biophysicists
- 023 Biological scientists (e.g., botanists, ecologists, zoologists)
- 024 Forestry and conservation scientists
- 025 Medical scientists (excluding practitioners)
- 026 Technologists and technicians in the biological/life sciences
- 027 OTHER biological/life scientists

Clerical/Administrative Support

- 031 Accounting clerks, bookkeepers
- 032 Secretaries, receptionists, typists
- 033 OTHER administrative (e.g., record clerks, telephone operators)

040 Clergy and Other Religious Workers

Computer Occupations (Also see 173)

- *** Computer engineers (See 087, 088 under Engineering)
- 051 Computer programmers (business, scientific, process control)
- 052 Computer system analysts
- 053 Computer scientists, except system analysts
- 054 Information systems scientists or analysts
- 055 OTHER computer, information science occupations
- *** **Consultants** (Select the code that comes closest to your usual area of consulting)
- 070 **Counselors, Educational and Vocational** (Also see 236)

Engineers, Architects, Surveyors

- 081 Architects
- *** Engineers (Also see 100-103)
 - 082 Aeronautical, aerospace, astronautical engineer
 - 083 Agricultural engineer
 - 084 Bioengineering and biomedical engineer
 - 085 Chemical engineer
 - 086 Civil, including architectural and sanitary engineer

- *** Engineers (Continued)
 - 087 Computer engineer hardware
 - 088 Computer engineer software
 - 089 Electrical, electronic engineer
 - 090 Environmental engineer
 - 091 Industrial engineer
 - 092 Marine engineer or naval architect engineer
 - 093 Materials or metallurgical engineer
 - 094 Mechanical engineer
 - 095 Mining or geological engineer
 - 096 Nuclear engineer
 - 097 Petroleum engineer
 - 098 Sales engineer
 - 099 Other engineer
- *** Engineering Technologists and Technicians
 - 100 Electrical, electronic, industrial, mechanical
 101 Drafting occupations, including computer drafting
 - 102 Surveying and mapping
 - 103 OTHER engineering technologists and technicians
- 104 Surveyors

110 Farmers, Foresters and Fishermen

Health Occupations

- 111 Diagnosing/Treating Practitioners (e.g., dentists, optometrists, physicians, psychiatrists, podiatrists, surgeons, veterinarians)
- 112 Registered nurses, pharmacists, dieticians, therapists, physician assistants
- 236 Psychologists, including clinical
- 113 Health Technologists and Technicians (e.g., dental hygienists, health record technologist/technicians, licensed practical nurses, medical or laboratory technicians, radiologic technologists/technicians)
- 114 OTHER health occupations
- 120 Lawyers, Judges

130 Librarians, Archivists, Curators

Managers, Executives, Administrators (Also see 151–153)

- 141 Top and mid-level managers, executives, administrators (people who manage other managers)
- *** All other managers, including the self-employed (Select the code that comes closest to the field you manage)

JOB CODES LIST – Continued

Management-Related Occupations

(Also see 141)

- 151 Accountants, auditors, and other financial specialists
- 152 Personnel, training, and labor relations specialists
- 153 OTHER management related occupations

Mathematical Scientists

- 171 Actuaries
- 172 Mathematicians
- 173 Operations research analysts, modeling
- 174 Statisticians
- 175 Technologists and technicians in the mathematical sciences
- 176 OTHER mathematical scientists

Physical Scientists

191 Astronomers

- 192 Atmospheric and space scientists
- 193 Chemists, except biochemists
- 194 Geologists, including earth scientists
- 195 Oceanographers
- 196 Physicists
- 197 Technologists and technicians in the physical sciences
- 198 OTHER physical scientists
- *** **Research Associates/Assistants** (Select the code that comes closest to your field)

Sales and Marketing

- 200 Insurance, securities, real estate, and business services
- 201 Sales Occupations Commodities Except Retail (e.g., industrial machinery/equipment/supplies, medical and dental equipment/supplies)
- 202 Sales Occupations Retail (e.g., furnishings, clothing, motor vehicles, cosmetics)
- 203 OTHER marketing and sales occupations

Service Occupations, Except Health (Also see 111–114)

- 221 Food Preparation and Service (e.g., cooks, waitresses, bartenders)
- 222 Protective services (e.g., fire fighters, police, guards)
- 223 OTHER service occupations, except health

Social Scientists

- 231 Anthropologists
- 232 Economists
- 233 Historians, science and technology
- 234 Historians, except science and technology
- 235 Political scientists
- 236 Psychologists, including clinical (Also see 070)
- 237 Sociologists
- 238 OTHER social scientist

240 Social Workers

Teachers/Professors

- 251 Pre-Kindergarten and kindergarten
- 252 Elementary
- 253 Secondary computer, math or sciences
- 254 Secondary social sciences
- 255 Secondary other subjects
- 256 Special education primary and secondary
- 257 OTHER precollegiate area

*** Postsecondary

- 271 Agriculture
- 272 Art, Drama, and Music
- 273 Biological Sciences
- 274 Business Commerce and Marketing
- 275 Chemistry
- 276 Computer Science
- 277 Earth, Environmental, and Marine Science
- 278 Economics
- 279 Education
- 280 Engineering
- 281 English
- 282 Foreign Language
- 283 History
- 284 Home Economics
- 285 Law
- 286 Mathematical Sciences
- 287 Medical Science
- 288 Physical Education
- , 289 Physics
- 290 Political Science
- 291 Psychology
- 292 Social Work
- 293 Sociology
- 294 Theology
- 295 Trade and Industrial
- 296 OTHER health specialties
- 290 OTHER nearly specialities
- 297 OTHER natural sciences
- 298 OTHER social sciences
- 299 OTHER postsecondary

Other Professions

- 401 Construction trades, miners and well drillers
- 402 Mechanics and repairers
- 403 Precision/production occupations (e.g., metal workers, woodworkers, butchers, bakers, printing occupations, tailors, shoemakers, photographic process)
- 404 Operators and related occupations (e.g., machine set-up, machine operators and tenders, fabricators, assemblers)
- 405 Transportation/material moving occupations

500 OTHER OCCUPATIONS (Not Listed)

| F16. | | | dress informations and for the second seco | | | | | | | |
|--|--|--|---|--------|-----------|---|-----------|-----------------|--|--|
| | 1 Yes | | | | | | | | | |
| | 2 □ No → make r and ad change needed Please clearly. | name Idress es as d below. print | | | | | | | | |
| | Ļ | | | | | | | | | |
| | Title | | First Name | Middle | Initial | L | .ast Name | | | |
| | | | | | | | | | | |
| | Numbe | r and Street | /Apt. No. | | City/Town | | State | ZIP Code Plus 4 | | |
| | | | | | | | | _ | | |
| | Countr | y (if outside | U.S.) | | | | | | | |
| THANK YOU FOR COMPLETING THE QUESTIONNAIRE Please return the completed form in the envelope provided. If you lose the envelope and want another, call 1-800-523-3205. Our address is: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |