COLUMN GUIDE

HOUSEHOLD TAPE

WEIGHT IS IN
442 443 444 445 446
DEC
PT

101 = 1

CASE #: ____ - ____ (102–105)

110 = "1" (CARD #)

AREA ____

EDITOR #: ____

DATE: ____ (MO) ____ (DAY) ____ (YR)

CODER #: ____

DATE: ____ (MO) ____ (DAY) ____ (YR)

DATE: ____ (MO) ____ (DAY) ____ (YR)

INTERVIEWER #: ____

TIME BEGAN: ____ : ____

TOTAL TIME: ____

ATLANTIC COUNTY
JEWISH POPULATION STUDY

Hello, this is (YOUR NAME) from _____, a survey research firm, and we're conducting a population study for the Federation of Jewish Agencies of Atlantic County. We are interested in interviewing households with one or more Jewish persons. We are not soliciting for contributions. We are interviewing people in the Atlantic County area to obtain demographic and other data about the Jewish community. The information from these interviews will be used by the Federation to help identify needs in the community and to plan better services. The interview is entirely voluntary and your answers will be kept in strict confidence.

I. DEMOGRAPHICS

RELATIONSHIP CODES

RESPONDENT.....01
Spouse.....02
Partner.....03
Child.....04
Parent.....05
Sibling.....06
Relative.....07
Friend.....08
Other.....09

01	02	03
FIRST NAME (RESPONDENT)	FIRST NAME	FIRST NAME
	RELATIONSHIP	RELATIONSHIP
(11)		
AGE (12 13)	AGE	AGE
MALE.....1 FEMALE.....2 14	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2

First, I would like to ask you some questions about the people living in your household.

1. Would you please give me the first name of each person who is living in this household, beginning with yourself.

WRITE FIRST NAMES IN SPACES PROVIDED ACROSS TOP OF PAGE.

ASK ACROSS FOR EACH PERSON AND ENTER IN SPACES PROVIDED.

2. What is PERSON's relationship to you? BEGIN WITH PERSON 02 RECORD AND ENTER CODE FROM LIST.

3. And how old (are you/is PERSON)?

4. ASK IF NOT OBVIOUS. What is the sex of PERSON?

04	05	06	07	08	09
FIRST NAME (RESPONDENT)	FIRST NAME	FIRST NAME	FIRST NAME (RESPONDENT)	FIRST NAME	FIRST NAME
RELATIONSHIP	RELATIONSHIP	RELATIONSHIP	RELATIONSHIP	RELATIONSHIP	RELATIONSHIP
AGE	AGE	AGE	AGE	AGE	AGE
MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2

	1	2	3
ASK Q'S 5-8 DOWN FOR EACH PERSON.			
5. Since September, 1984 (have you/has PERSON) attended <u>any</u> regular school or college?	YES.....1 NO.....(Q8).....2 115	YES.....1 NO.....(Q8).....2	YES.....1 NO.....(Q8).....2
6. Is/Was this school full- or part-time?	FULL-TIME.....1 PART-TIME.....2 116	FULL-TIME.....1 PART-TIME.....2	FULL-TIME.....1 PART-TIME.....2
7. What is the name of this school?	OFFICE 117 118	OFFICE	OFFICE
8. What is the highest grade of school (you/PERSON) (have/has) completed or degree (you/PERSON) (have/has) earned? 16 = BACHELORS 17 = MASTERS 19 = DOCTORATE 20 = M.D., D.D.S., LAWYER	GRADE 119 120 (NP OR Q9)	GRADE (NP OR Q9)	GRADE (NP OR Q9)

4	5	6	7	8
YES.....1 NO.....(Q8).....2	YES.....1 NO.....(Q8).....2	YES.....1 NO.....(Q8).....2	YES.....1 NO.....(Q8).....2	YES.....1 NO.....(Q8).....2
FULL-TIME.....1 PART-TIME.....2	FULL-TIME.....1 PART-TIME.....2	FULL-TIME.....1 PART-TIME.....2	FULL-TIME.....1 PART-TIME.....2	FULL-TIME.....1 PART-TIME.....2
OFFICE	OFFICE	OFFICE	OFFICE	OFFICE
GRADE	GRADE	GRADE	GRADE	GRADE
(NP OR Q9)	(NP OR Q9)	(NP OR Q9)	(NP OR Q9)	(NP OR Q9)

	1	2	3
ASK Q'S 9-14 FOR EACH PERSON			
9. In what state or foreign country (were you/was PERSON) born? LIST STATE OR FOREIGN COUNTRY.	OFFICE 121 122	OFFICE	OFFICE
FOR EACH PERSON BORN IN A FOREIGN COUNTRY, ASK Q.10; OTHERWISE SKIP TO Q.11.			
10. What year (did you/did PERSON) come to this country?	YR 123 124	YR	YR
11. What is (your/PERSON's) current religion?	JEWISH.....1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5 125	JEWISH.....1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH.....1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5
12. In what religion (were you/was PERSON) born or raised?	JEWISH...(Q15)...1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5 126	JEWISH...(Q15)...1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH...(Q15)...1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5
13. IF PERSON WAS NOT BORN OR RAISED A JEW, BUT CURRENTLY CONSIDERS HIM/HERSELF A JEW, Did (you/PERSON) have a formal conversion to Judaism?	YES.....1 NO..(GO TO Q.15).2 DK..(GO TO Q.15).9 127	YES.....1 NO..(GO TO Q.15).2 DK..(GO TO Q.15).9	YES.....1 NO..(GO TO Q.15).2 DK..(GO TO Q.15).9

4	5	6	7	8
_____ OFFICE	_____ OFFICE	_____ OFFICE	_____ OFFICE	_____ OFFICE
YR	YR	YR	YR	YR
JEWISH.....1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH.....1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH.....1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH.....1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH.....1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5
JEWISH...(Q15)...1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH...(Q15)...1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH...(Q15)...1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH...(Q15)...1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5	JEWISH...(Q15)...1 CATHOLIC.....2 PROTESTANT.....3 OTHER.....4 NONE.....5
YES.....1 NO..(GO TO Q.15).2 DK..(GO TO Q.15).9	YES.....1 NO..(GO TO Q.15).2 DK..(GO TO Q.15).9	YES.....1 NO..(GO TO Q.15).2 DK..(GO TO Q.15).9	YES.....1 NO..(GO TO Q.15).2 DK..(GO TO Q.15).9	YES.....1 NO..(GO TO Q.15).2 DK..(GO TO Q.15).9

	1	2	3
14. Was the conversion orthodox, conservative or reform?	Orthodox.....1 Conservative.....2 Reform.....3 Something else...4 DK.....9 128	Orthodox.....1 Conservative.....2 Reform.....3 Something else...4 DK.....9	Orthodox.....1 Conservative.....2 Reform.....3 Something else...4 DK.....9
ASK Q'S 15-19 FOR EACH PERSON			
15. (Have you/Has PERSON) ever received any formal Jewish education, such as Hebrew school or private tutoring?	YES....(ASK A)...1 NO.....(Q17)....2 DK.....(Q17)....9 129	YES....(ASK A)...1 NO.....(Q17)....2 DK.....(Q17)....9	YES....(ASK A)...1 NO.....(Q17)....2 DK.....(Q17)....9
a. What type of formal education (was/is) it? Sunday + Afternoon Hebrew 6; other + Afternoon Hebrew 7; Other multiple form 8	Sunday School only.....1 Afternoon Hebrew.....2 All day Jewish day school.....3 Private Tutor....4 Other.....5 130	Sunday School only.....1 Afternoon Hebrew.....2 All day Jewish day school.....3 Private Tutor....4 Other.....5	Sunday School only.....1 Afternoon Hebrew.....2 All day Jewish day school.....3 Private Tutor....4 Other.....5
16. How many years of formal Jewish education did (you/PERSON) receive?	__ YEARS 131 132	__ YEARS	__ YEARS
17. (Are you/Is PERSON) currently receiving any formal Jewish education?	YES.....1 NO.....(Q19)....2 133	YES.....1 NO.....(Q19)....2	YES.....1 NO.....(Q19)....2
18. How many hours per week on the average (do you/does PERSON) receive formal Jewish education?	__ HRS/WK 134 135	__ HRS/WK	__ HRS/WK

4	5	6	7	8
Orthodox.....1 Conservative.....2 Reform.....3 Something else...4 DK.....9	Orthodox.....1 Conservative.....2 Reform.....3 Something else...4 DK.....9	Orthodox.....1 Conservative.....2 Reform.....3 Something else...4 DK.....9	Orthodox.....1 Conservative.....2 Reform.....3 Something else...4 DK.....9	Orthodox.....1 Conservative.....2 Reform.....3 Something else...4 DK.....9
YES....(ASK A)...1 NO.....(Q17)....2 DK.....(Q17)....9	YES....(ASK A)...1 NO.....(Q17)....2 DK.....(Q17)....9	YES....(ASK A)...1 NO.....(Q17)....2 DK.....(Q17)....9	YES....(ASK A)...1 NO.....(Q17)....2 DK.....(Q17)....9	YES....(ASK A)...1 NO.....(Q17)....2 DK.....(Q17)....9
Sunday School only.....1 Afternoon Hebrew.....2 All day Jewish day school.....3 Private Tutor....4 Other.....5	Sunday School only.....1 Afternoon Hebrew.....2 All day Jewish day school.....3 Private Tutor....4 Other.....5	Sunday School only.....1 Afternoon Hebrew.....2 All day Jewish day school.....3 Private Tutor....4 Other.....5	Sunday School only.....1 Afternoon Hebrew.....2 All day Jewish day school.....3 Private Tutor....4 Other.....5	Sunday School only.....1 Afternoon Hebrew.....2 All day Jewish day school.....3 Private Tutor....4 Other.....5
___ YEARS	___ YEARS	___ YEARS	___ YEARS	___ YEARS
YES.....1 NO.....(Q19)....2	YES.....1 NO.....(Q19)....2	YES.....1 NO.....(Q19)....2	YES.....1 NO.....(Q19)....2	YES.....1 NO.....(Q19)....2
___ HRS/WK	___ HRS/WK	___ HRS/WK	___ HRS/WK	___ HRS/WK

19. Do you think (you/PERSON) will continue or attend a Jewish school or classes in the future?	YES.....1 NO.....2 MAYBE.....3 DK.....9 136	YES.....1 NO.....2 MAYBE.....3 DK.....9	YES.....1 NO.....2 MAYBE.....3 DK.....9

20. Would you rate the overall quality of your child(ren)'s Jewish education as excellent, good, fair or poor?

EXCELLENT.....(GO TO Q.22).....1
GOOD.....(GO TO Q.22).....2
FAIR.....(GO TO Q.22).....3
POOR.....(GO TO Q.22).....4
NO CHILDREN.....(GO TO Q.22).....5
NO JEWISH EDUCATION.....6
DK.....(GO TO Q.22).....9
137

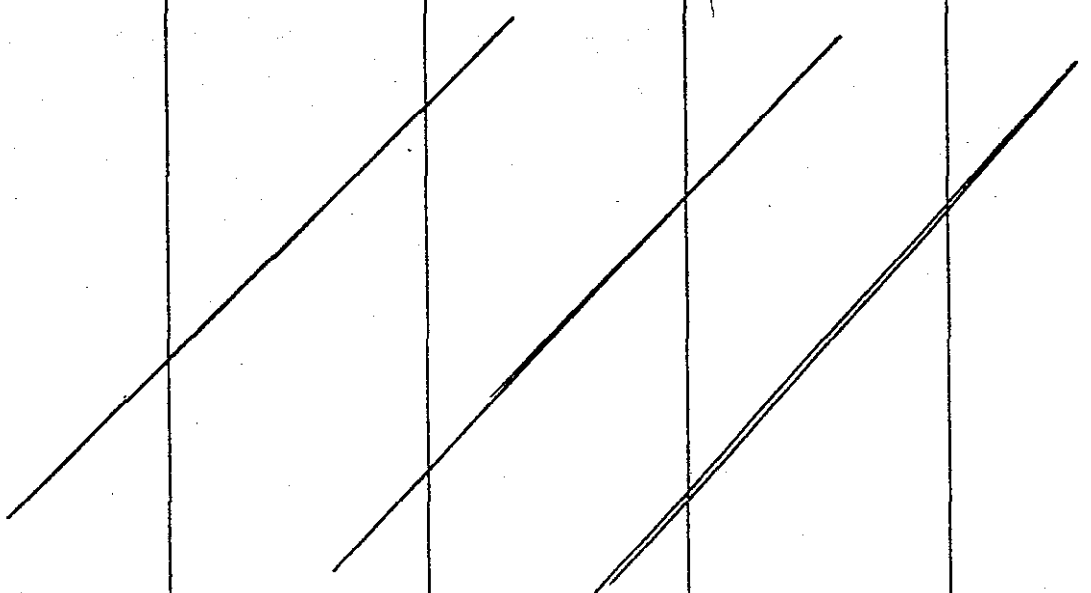
21. Will you please tell me the most important reason why your children (were not/are not) enrolled in a Jewish education program?

TOO EXPENSIVE.....01
POOR QUALITY.....02
TOO FAR.....03
CHILDREN DON'T WANT TO.....04
BAD EXPERIENCE.....05
NOT IMPORTANT.....06
CHILD TOO YOUNG.....07
OTHER.....(SPECIFY).....08
138

SPECIFY: _____

OFFICE

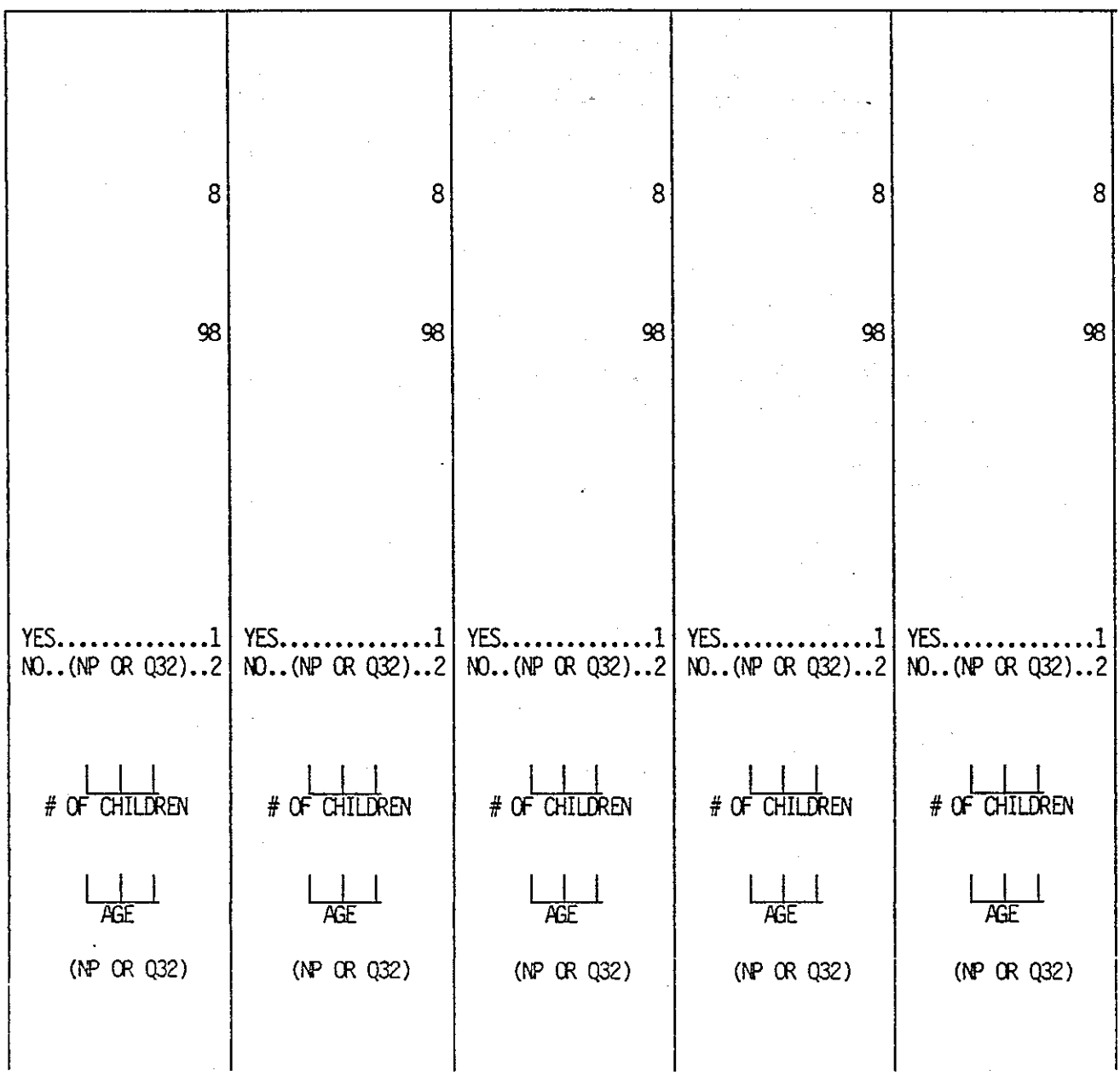
YES.....1 NO.....2 MAYBE.....3 DK.....9 (GO TO NP OR Q.20)	YES.....1 NO.....2 MAYBE.....3 DK.....9 (GO TO NP OR Q.20)	YES.....1 NO.....2 MAYBE.....3 DK.....9 (GO TO NP OR Q.20)	YES.....1 NO.....2 MAYBE.....3 DK.....9 (GO TO NP OR Q.20)	YES.....1 NO.....2 MAYBE.....3 DK.....9 (GO TO NP OR Q.20)



ASK Q'S 22-26 DOWN FOR ALL PERSONS 18 AND OVER.			
22. (Are you/Is PERSON) currently married, widowed, divorced, separated or have (you/s/he) never been married?	MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 NEVER MARRIED.. (NP OR Q27)....5 139	MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 NEVER MARRIED.. (NP OR Q27)....5	MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 NEVER MARRIED.. (NP OR Q27)....5
a. What is the year of your most recent marriage?	|_|_| YEAR 140 141	|_|_| YEAR	|_|_| YEAR
23. How old were (you/PERSON) when (you/PERSON) was first married?	|_|_| AGE 142 143	|_|_| AGE	|_|_| AGE
24. How many times (have you/has PERSON) been married (including the present marriage)?	|_|_| # OF TIMES 144	|_|_| # OF TIMES	|_|_| # OF TIMES
ONLY MARRIED ONCE Q.27			
25. How many times have you been divorced?	|_|_| # OF TIMES 145	|_|_| # OF TIMES	|_|_| # OF TIMES
26. What was the total number of years between (your/PERSON's) (spouse's death/divorce) and (your/PERSON's) most recent remarriage?	|_|_| # YEARS 146 147 (NP OR Q27)	|_|_| # YEARS (NP OR Q27)	|_|_| # YEARS (NP OR Q27)

MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 NEVER MARRIED.. (NP OR Q27)....5	MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 NEVER MARRIED.. (NP OR Q27)....5	MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 NEVER MARRIED.. (NP OR Q27)....5	MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 NEVER MARRIED.. (NP OR Q27)....5	MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 NEVER MARRIED.. (NP OR Q27)....5
YEAR	YEAR	YEAR	YEAR	YEAR
AGE	AGE	AGE	AGE	AGE
# OF TIMES	# OF TIMES	# OF TIMES	# OF TIMES	# OF TIMES
# OF TIMES	# OF TIMES	# OF TIMES	# OF TIMES	# OF TIMES
# YEARS	# YEARS	# YEARS	# YEARS	# YEARS
(NP OR Q27)	(NP OR Q27)	(NP OR Q27)	(NP OR Q27)	(NP OR Q27)

ASK Q.27 OF RESPONDENTS UNDER 50 ONLY: IF RESPONDENT IS NOT UNDER 50, SKIP TO Q.29.			
27. Do you plan to have any children within the next three years?	YES.....1 NO.....2 DK.....9 148	8	8
28. How many children do you expect to have in your lifetime? DK = 99 NO CHILDREN = 98	⊠ | | # CHILDREN 149	98	98
ASK Q'S 29-31 FOR ALL FEMALES 18 AND OVER. IF NO FEMALES 18 OR OVER, SKIP TO Q.32.			
29. (Have you/has PERSON) given birth to any children? Do not count stillbirths, stepchildren, or adopted children.	YES.....1 NO..(NP OR Q32)..2 150	YES.....1 NO..(NP OR Q32)..2	YES.....1 NO..(NP OR Q32)..2
30. How many?	⊠ | | # OF CHILDREN 151	| | | # OF CHILDREN	| | | # OF CHILDREN
	152 IS A BLANK column		
31. At what age (did you/did PERSON) give birth to (your/their) first child? DK = 99	| | | AGE 153 154 (NP OR Q32)	| | | AGE (NP OR Q32)	| | | AGE (NP OR Q32)


8
98
YES.....1
NO..(NP OR Q32)..2
OF CHILDREN
AGE
(NP OR Q32)
8
98
YES.....1
NO..(NP OR Q32)..2
OF CHILDREN
AGE
(NP OR Q32)
8
98
YES.....1
NO..(NP OR Q32)..2
OF CHILDREN
AGE
(NP OR Q32)
8
98
YES.....1
NO..(NP OR Q32)..2
OF CHILDREN
AGE
(NP OR Q32)
8
98
YES.....1
NO..(NP OR Q32)..2
OF CHILDREN
AGE
(NP OR Q32)

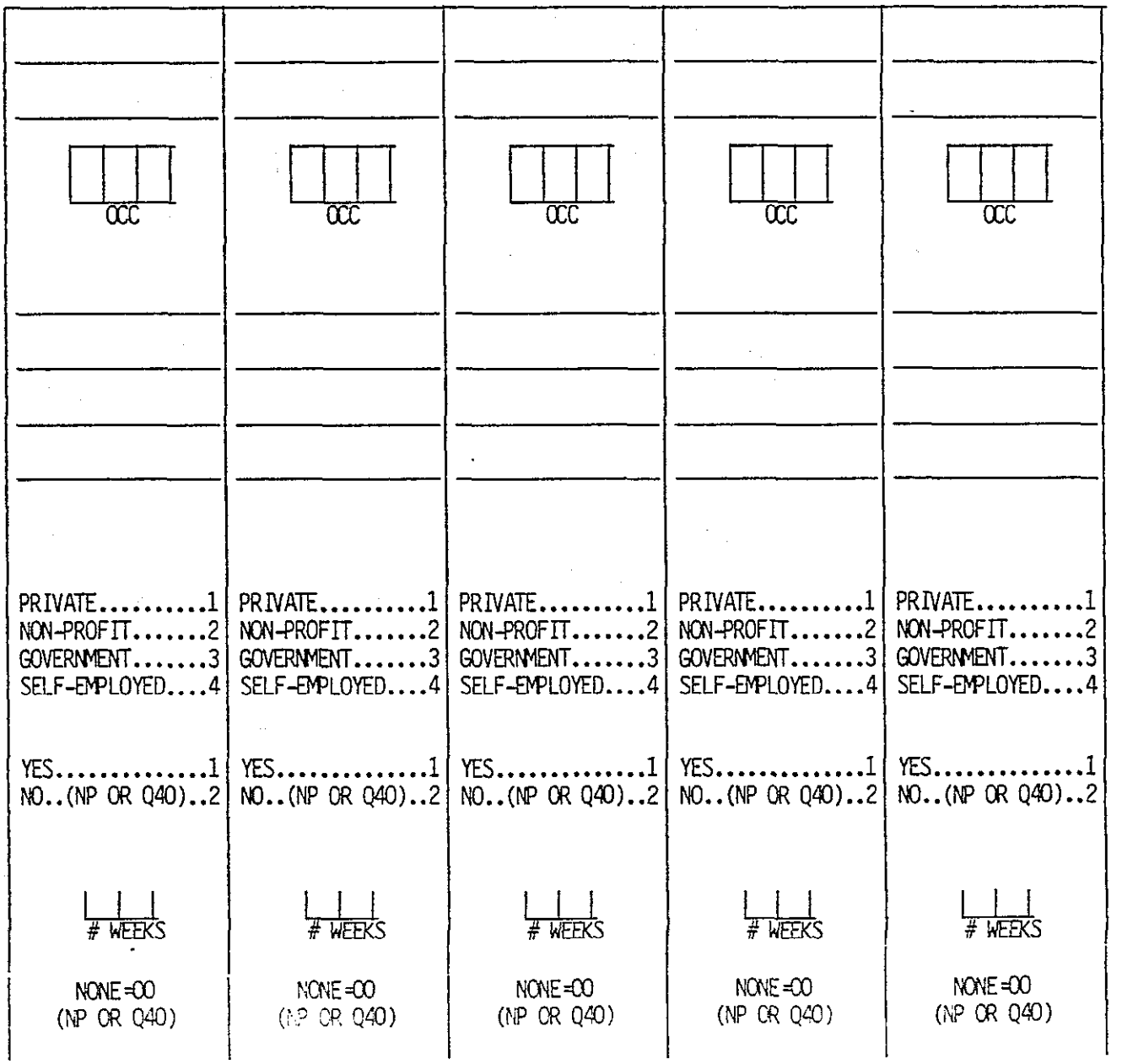
ASK Q'S 32-39, DOWN, FOR ALL PERSONS 18 AND OVER.

32. (Are you/Is PERSON) currently working full time, working part time, retired, a homemaker, disabled, unemployed, in school or something else?	FULL TIME.(Q34).01 PART TIME.(Q34).02 RETIRED.....03 HOMEMAKER.....04 DISABLED.....05 UNEMPLOYED.....06 STUDENT.....07 OTHER (SPECIFY).08 155	FULL TIME.(Q34).01 PART TIME.(Q34).02 RETIRED.....03 HOMEMAKER.....04 DISABLED.....05 UNEMPLOYED.....06 STUDENT.....07 OTHER (SPECIFY).08	FULL TIME.(Q34).01 PART TIME.(Q34).02 RETIRED.....03 HOMEMAKER.....04 DISABLED.....05 UNEMPLOYED.....06 STUDENT.....07 OTHER (SPECIFY).08
33. In what year (did you/did PERSON) last work for pay, even for a few days? IF NEVER WORKED, CIRCLE 91 AND GO TO NEXT PERSON. IF NO NEXT PERSON, SKIP TO Q.40.	156 157 __ YR NEVER WORKED.. (NP OR Q40)..91	__ YR NEVER WORKED.. (NP OR Q40)..91	__ YR NEVER WORKED.. (NP OR Q40)..91
34. For what kind of business or industry (do/does/did) (you/PERSON) work? PROBE IF EMPLOYMENT IS IN CASINO OR CASINO RELATED.	158 and 171 see code book 159-160		
a. What is the Zip Code of your place of employment?	_____ ZIP 161	_____ ZIP	_____ ZIP

FULL TIME.(Q34).01	FULL TIME.(Q34).01	FULL TIME.(Q34).01	FULL TIME.(Q34).01	FULL TIME.(Q34).01
PART TIME.(Q34).02	PART TIME.(Q34).02	PART TIME.(Q34).02	PART TIME.(Q34).02	PART TIME.(Q34).02
RETIRED.........03	RETIRED.........03	RETIRED.........03	RETIRED.........03	RETIRED.........03
HOMEMAKER.......04	HOMEMAKER.......04	HOMEMAKER.......04	HOMEMAKER.......04	HOMEMAKER.......04
DISABLED........05	DISABLED........05	DISABLED........05	DISABLED........05	DISABLED........05
UNEMPLOYED......06	UNEMPLOYED......06	UNEMPLOYED......06	UNEMPLOYED......06	UNEMPLOYED......06
STUDENT.........07	STUDENT.........07	STUDENT.........07	STUDENT.........07	STUDENT.........07
OTHER (SPECIFY).08	OTHER (SPECIFY).08	OTHER (SPECIFY).08	OTHER (SPECIFY).08	OTHER (SPECIFY).08
YR	YR	YR	YR	YR
NEVER WORKED.. (NP OR Q40)..91	NEVER WORKED.. (NP OR Q40)..91	NEVER WORKED.. (NP OR Q40)..91	NEVER WORKED.. (NP OR Q40)..91	NEVER WORKED.. (NP OR Q40)..91
ZIP	ZIP	ZIP	ZIP	ZIP

35. What kind of work (do you/did you/ does PERSON/did PERSON) do? PROBE FOR OCCUPATION OR JOB TITLE.	_____ _____ OCC	_____ _____ OCC	_____ _____ OCC
36. What (are/were) (your/his/her) most important activities or duties?	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
IF ALREADY ANSWERED, CODE WITHOUT ASKING.			
37. (Is/Was) that a private business, a non-profit organization, a government job or (are/were) you self-employed?	PRIVATE.....1 NON-PROFIT.....2 GOVERNMENT.....3 SELF-EMPLOYED....4 162	PRIVATE.....1 NON-PROFIT.....2 GOVERNMENT.....3 SELF-EMPLOYED....4	PRIVATE.....1 NON-PROFIT.....2 GOVERNMENT.....3 SELF-EMPLOYED....4
38. Have (you/this person) been unemployed and looking for work at any time in the past three years?	YES.....1 NO..(NP OR Q40)..2 163	YES.....1 NO..(NP OR Q40)..2	YES.....1 NO..(NP OR Q40)..2

39. How many weeks in 1984 were spent looking for work or waiting to be rehired?	# WEEKS
	164 165
	NONE=00
	(NP OR Q40)
		# WEEKS
		NONE=00
		(NP OR Q40)
			# WEEKS
			NONE=00
			(NP OR Q40)


OCC
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OCC
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PRIVATE.....1
NON-PROFIT.....2
GOVERNMENT.....3
SELF-EMPLOYED....4
PRIVATE.....1
NON-PROFIT.....2
GOVERNMENT.....3
SELF-EMPLOYED....4
PRIVATE.....1
NON-PROFIT.....2
GOVERNMENT.....3
SELF-EMPLOYED....4
PRIVATE.....1
NON-PROFIT.....2
GOVERNMENT.....3
SELF-EMPLOYED....4
PRIVATE.....1
NON-PROFIT.....2
GOVERNMENT.....3
SELF-EMPLOYED....4
YES.....1
NO..(NP OR Q40)..2
YES.....1
NO..(NP OR Q40)..2
YES.....1
NO..(NP OR Q40)..2
YES.....1
NO..(NP OR Q40)..2
YES.....1
NO..(NP OR Q40)..2
# WEEKS
# WEEKS
# WEEKS
# WEEKS
# WEEKS
NONE=00
(NP OR Q40)
NONE=00
(NP OR Q40)
NONE=00
(NP OR Q40)
NONE=00
(NP OR Q40)
NONE=00
(NP OR Q40)

ASK Q'S 40-44 DOWN FOR EACH PERSON.			
40. (Do you/Does PERSON) have any kind of a physical, mental or other health condition which has lasted for six months or more which would limit or prevent employment, educational opportunities or daily activities?	YES.....1 NO..(NP OR Q45)..2 166	YES.....1 NO..(NP OR Q45)..2	YES.....1 NO..(NP OR Q45)..2
41. Would you tell me what kind of condition (you/PERSON)(have/has)?	a. 167 b. OFFICE OFFICE	a. b. OFFICE OFFICE	a. b. OFFICE OFFICE
42. Does this condition prevent (you/PERSON) from working at a job or going to school?	YES....(Q44).....1 NO.....2 DK.....9 168	YES....(Q44).....1 NO.....2 DK.....9	YES....(Q44).....1 NO.....2 DK.....9
43. Does this condition limit the kind or amount of work (you/PERSON) (can/could) do at a job?	YES.....1 NO.....2 DK.....9 169	YES.....1 NO.....2 DK.....9	YES.....1 NO.....2 DK.....9
44. Does this condition require supervision or assistance on a daily basis?	YES.....1 NO.....2 170 (NP OR Q45)	YES.....1 NO.....2 (NP OR Q45)	YES.....1 NO.....2 (NP OR Q45)

YES..............1 NO..(NP OR Q45)..2	YES..............1 NO..(NP OR Q45)..2	YES..............1 NO..(NP OR Q45)..2	YES..............1 NO..(NP OR Q45)..2	YES..............1 NO..(NP OR Q45)..2
a. ______	a. ______	a. ______	a. ______	a. ______
b. ______	b. ______	b. ______	b. ______	b. ______
OFFICE OFFICE	OFFICE OFFICE	OFFICE OFFICE	OFFICE OFFICE	OFFICE OFFICE
YES....(Q44).....1 NO...............2 DK...............9	YES....(Q44).....1 NO...............2 DK...............9	YES....(Q44).....1 NO...............2 DK...............9	YES....(Q44).....1 NO...............2 DK...............9	YES....(Q44).....1 NO...............2 DK...............9
YES..............1 NO...............2 DK...............9	YES..............1 NO...............2 DK...............9	YES..............1 NO...............2 DK...............9	YES..............1 NO...............2 DK...............9	YES..............1 NO...............2 DK...............9
YES..............1 NO...............2 (NP OR Q45)	YES..............1 NO...............2 (NP OR Q45)	YES..............1 NO...............2 (NP OR Q45)	YES..............1 NO...............2 (NP OR Q45)	YES..............1 NO...............2 (NP OR Q45)

ASK FOR RESPONDENTS ONLY

Now, I'd like to ask you a few questions about your neighborhood.

45. Do you currently live in a house, an apartment or a condominium?

SPECIFY _____

House.....1
Apartment.....2
Condominium.....3
Other (Specify).....4

211

46. Is this residence rented or is it owned by you or someone else in your household?

SPECIFY _____

Rented.....1
Owned.....2
Other (Specify).....3

212

47. Do you plan to buy (a/another) home within the next three years?

YES.....1
MAYBE.....2
NO.....3
DK.....9

213

48. What is your current zip code?

|_|_|_|_|_|
ZIP
214

49. What year did you move into the Atlantic County area (most recently)?
[ALWAYS LIVED HERE = 96]

|_|_|
YR
215-216

50. What year did you move into this residence?
[WHOLE LIFE = 96 GO TO Q.58.]

|_|_|
YR
217-218

51. Just before you moved into your current residence, were you still living within the Atlantic County area, in another New Jersey county in another state or another country?

STATE _____
COUNTRY _____

ATLANTIC COUNTY AREA.....1
OTHER NEW JERSEY COUNTY.....(GO TO Q.52).....2
OTHER STATE (Specify).....(GO TO Q.52).....3
OTHER COUNTRY (Specify).....(GO TO Q.52).....4

|_|_|
STATE
219-220

|_|_|
COUNTRY

52. Can you tell me the most important reason why you moved to the Atlantic County area?

SPECIFY _____

Always lived here.....1
Retirement.....2
Employment.....3
Family.....4
Other (Specify).....5
DK.....9
221

OFFICE

53. What was your former zip code?
DK = 99999

ZIP
222

54. How many months of the year do you live in Atlantic County?

MOS
223-224

IF 12 MONTHS, SKIP TO Q.58.

55. Do you own or rent a residence someplace else other than where you are currently living?

YES.....1
NO.....(GO TO Q.58).....2
225

56. Where is that other residence?

RECORD _____

OFFICE
226 227

57. How many months of the year do you live there?

MOS
228 229

58. Do you think it very likely, somewhat likely or not at all likely that you will move within the next three years?

VERY LIKELY.....1
SOMEWHAT LIKELY.....2
NOT AT ALL LIKELY...(GO TO Q.61).....3
DK.....(GO TO Q.61).....9
230

59. If you were to move, do you think it would be within the Atlantic County area, or to another state or country?

SPECIFY _____

Within the Atlantic County area.....1
Other (SPECIFY).....(GO TO Q.61).....3

OFFICE
231 232

60. If you were to move within the Atlantic County area, where would it be?

RECORD _____ OFFICE

61. Does your household own or have the use of at least one automobile, van or truck?

YES.....1
NO.....2
233

II. SERVICE NEEDS

We are trying to find out in this survey if certain services that the Federation or other agencies, including non-Jewish, are meeting the needs of the community.

I am going to read you a list of such services. I would like you to tell me if anyone in your household has used this service, any time, within the last year.

IF HH MEMBER 60 OR OVER, CONTINUE.
OTHERS, GO TO Q.64.

62. Has anyone in your household used any services for the elderly in the last year?

YES.....1
NO.....(GO TO Q.64).....2
DK.....(GO TO Q.64).....9
234

63. Which services were used?

	YES	NO	DK		----------> Where? RECORD.
a. Housing for the elderly.....	1	2	9	235	_____
b. Transportation for the elderly.....	1	2	9	236	_____
c. Day care for the elderly.....	1	2	9	237	_____
d. Nursing homes.....	1	2	9	238	_____
e. Home health services for the elderly.....	1	2	9	239	_____
f. Nutrition programs.....	1	2	9	240	_____
g. Temporary care.....	1	2	9	241	_____
h. Counseling programs.....	1	2	9	242	_____
i. Recreation programs.....	1	2	9	243	_____ OFFICE

64. Has anyone in your household used services for the disabled like day care or transportation in the last year?

YES.....1
NO.....(GO TO Q.66).....2
DK.....(GO TO Q.66).....9

244

65. Which services were used?

	YES	NO	DK		Where?	RECORD.
a. Day care for a disabled household member.....	1	2	9	245	_____	
b. Permanent residential care for a disabled household member.....	1	2	9	246	_____	
c. Transportation for the disabled..	1	2	9	247	_____	
d. Programs for the mentally or emotionally disabled.....	1	2	9	248	_____	OFFICE

66. Has anyone in your household used any services for children in the last year?

YES.....1
NO.....(GO TO Q.68).....2
DK.....(GO TO Q.68).....9

249

67. Which services were used?

	YES	NO	DK		Where?	RECORD.
a. Infant day care.....	1	2	9	250	_____	
b. Child care for pre-school children.....	1	2	9	251	_____	
c. Youth groups.....	1	2	9	252	_____	
d. Youth camps - day only.....	1	2	9	253	_____	
e. Youth camps - overnight.....	1	2	9	254	_____	
f. Programs for youths to visit Israel.....	1	2	9	255	_____	
g. Retreat programs for youths.....	1	2	9	256	_____	
h. Counseling services.....	1	2	9	257	_____	OFFICE

68. Has anyone used services for singles in the last year?

YES.....(ASK A).....1
NO.....2
DK.....9

258

A. Where?

RECORD _____ OFFICE

69. Has anyone used services for single parents in the last year?

YES.....(ASK A).....1
NO.....2
DK.....9

259

A. Where?

RECORD _____ OFFICE

70. Has anyone in your household used any of the following services in the past year?

	YES	NO	DK		Where? RECORD.
a. Family, marital, parent-child, or individual counseling and care...	1	2	9	260	_____
b. Programs for religiously intermarried couples.....	1	2	9	261	_____
c. Big brother/big sister programs..	1	2	9	262	_____
d. Assistance for individuals or families with drug or alcohol abuse problems.....	1	2	9	263	_____
e. Assistance for individuals or families with gambling abuse problems.....	1	2	9	264	_____
f. Vocational or employment services.....	1	2	9	265	_____ OFFICE

71. Are there any services not currently provided by the Jewish community that you would like to see provided? RECORD.

266

A. _____ ☐☐

B. _____ ☐☐

C. _____ ☐☐

OFFICE

IF HH MEMBER 60 OR OVER, CONTINUE.
OTHERS, GO TO Q.74.

72. Does any member of your household have any transportation problems?

YES.....1
NO.....(GO TO Q.74).....2

267

73. Do they have problems getting to:

	YES	NO	DK	
a. Shopping	1	2	9	268
b. Public transportation	1	2	9	269
c. Residences of other family members	1	2	9	270
d. Residences of friends	1	2	9	271
e. Jewish Social Services Agency	1	2	9	272
f. Medical services	1	2	9	273
g. Synagogue or temple	1	2	9	274
h. JCC	1	2	9	275

"3" ON 310

74. Which of the following agencies have you or someone in your household used in the last year? (READ OPTIONS A-E)

	YES	NO	DK	
a. Jewish Community Center	1	2	9	311
b. Hebrew Academy	1	2	9	312
c. Jewish Older Adult Services	1	2	9	313
d. Sea Shore Gardens	1	2	9	314
e. Jewish Family Services	1	2	9	315

75. Do you, or someone in your family, provide financial assistance on a regular basis to someone outside your household?

YES.....1
NO.....(GO TO Q.77).....2
DK.....(GO TO Q.77).....9

316

76. Is that person a child of your family, parent, other relative or someone else?

SPECIFY: _____

Child.....1
Parent.....2
Other relative.....3
Someone else.....(SPECIFY).....4
317

OFFICE

77. Do you, or someone in your family, receive financial assistance on a regular basis from someone outside your household?

YES.....1
NO.....(GO TO Q.79).....2
DK.....(GO TO Q.79).....9
318

78. Is that person a child of your family, parent, other relative or someone else?

SPECIFY: _____

Child.....1
Parent.....2
Other relative.....3
Someone else.....(SPECIFY).....4
319

79. Are there any stepchildren in your HH?

YES.....1
NO.....(GO TO Q.81).....2
320

80. How many?

#321

81. Do you have an elderly relative or parent now living in another city who needs nursing care?

YES.....1
NO.....(GO TO Q.83).....2
322

82. Are you planning to bring your relative to the Atlantic County area for nursing home services?

YES.....1
NO.....2
DK.....9
323

III. RELIGIOUS OBSERVANCE

83. Now, just a few questions about religious observance. Do you consider yourself orthodox, conservative, reform or something else?

SPECIFY _____

Orthodox.....1
Conservative.....2
Reform.....3
Just Jewish.....4
OTHER (SPECIFY).....5
Not Jewish.....8
324

84. Do you or does someone in your household currently belong to a synagogue or temple?

YES.....1
NO.....(GO TO Q.86).....2
325

85. Is it orthodox, conservative, reform or something else?

SPECIFY _____

Orthodox.....1
Conservative.....2
Reform.....3
OTHER (SPECIFY).....4
326

GO TO Q.89

86. Did you or someone in your HH ever belong to a synagogue or temple since you were grown?

YES.....1
NO.....(GO TO Q.88).....2
327

87. Was it orthodox, conservative, reform or something else?

SPECIFY _____

Orthodox.....1
Conservative.....2
Reform.....3
OTHER (SPECIFY).....4
328

GO TO Q.89

88. Do you intend to join a synagogue or temple in the future?

YES.....1
MAYBE.....2
NO.....3
DK.....9
329

89. How frequently do you attend Jewish services? DO NOT READ LIST.

NEVER.....01
NEVER, EXCEPT FOR WEDDINGS AND BAR MITZVAHS.....02
ONLY HIGH HOLIDAYS.....03
A FEW TIMES A YEAR.....04
ABOUT ONCE A MONTH.....05
A FEW TIMES A MONTH.....06
WEEKLY.....07
SEVERAL TIMES A WEEK.....08
OTHER (SPECIFY).....09
330

SPECIFY _____

OFFICE

90. I am going to read you a list of some religious traditions or practices. As I read each one, I would like you to tell me how often the practice is carried on in your house. Is it always, usually, sometimes or is it never done?

	Always	Usually	Sometimes	Never	
a. Light candles Friday night	1	2	3	4	331
b. Participate in a Passover Seder	1	2	3	4	332
c. Buy only Kosher meat for home use	1	2	3	4	333
d. Drive or ride on the Sabbath	1	2	3	4	334
e. Have a Christmas tree	1	2	3	4	335
f. Stay home from work, school or alter normal activities on the High Holidays	1	2	3	4	336
g. Fast on Yom Kippur	1	2	3	4	337
h. Eat non-Kosher meat outside your home	1	2	3	4	338
i. Keep two sets of dishes for purposes of keeping Kosher	1	2	3	4	339
j. Use a Mikvah	1	2	3	4	340

91. From what sources do you receive news about the Jewish Federation in the Atlantic County area? CIRCLE ALL THAT APPLY. DO NOT READ LIST.

SPECIFY: _____

FEDERATION REPORTER.....01 411
JEWISH RECORD.....02 412
RADIO NEWS.....03 413
TV NEWS.....04 414
NEWSPAPERS AND MAGAZINES.....05 415
SYNAGOGUE NEWSLETTER OR BULLETIN.....06 416
ORGANIZATION OR AGENCY BULLETIN OR NEWSLETTER.....07 417
DIRECT FEDERATION MAILING.....08 418
FRIENDS, WORD OF MOUTH.....09 419
OTHER.....(SPECIFY).....10 420
DK.....98 x 421

OFFICE

92. Of your three best friends, how many are Jewish?

NONE.....1
ONE.....2
TWO.....3
THREE.....4
NO FRIENDS.....5
342

93. Have you ever visited Israel?

YES.....1
NO.....2
DK.....9
343

94. Do you intend to visit Israel (again)?

YES.....1
NO.....2
DK.....9
344

IV. ANTI-SEMITISM

95. How much anti-Semitism would you say there is in the Atlantic County area? Would you say there is a great deal, a moderate amount, little or none?

Great deal.....1
Moderate amount.....2
Little.....3
None.....4
DK.....9
345

96. How much anti-Semitism have you personally experienced in your lifetime? Would you say a great deal, a moderate amount, little or none?

Great deal.....1
Moderate amount.....2
Little.....3
None.....(GO TO Q.103).....4
346

97. Have you personally experienced any anti-Semitism in the last 12 months?

YES.....1
NO.....(GO TO Q.103).....2
347

98. How many times have you experienced anti-Semitism in the last 12 months?

ONCE.....1
TWICE.....2
THREE TIMES.....3
FOUR OR MORE TIMES.....4
DK.....9
348

99. Please describe any recent anti-Semitic incident.

_____

_____

_____

_____

_____

_____

OFFICE

100. Did you report this incident to anyone?

YES.....1
NO.....(GO TO Q.102).....2
349

101. Did you report this to the police, the Federation, the Anti-Defamation League, or did you report it to another organization or person?

SPECIFY _____

POLICE.....01
FEDERATION.....02
ANTI-DEFAMATION LEAGUE.....03
JEWISH COMMUNITY COUNCIL.....04
BOSS, OR PERSON IN CHARGE.....05
NO ORGANIZATION.....06
ANOTHER ORGANIZATION...(SPECIFY)..07
RF.....97
350

GO TO Q.103

OFFICE

102. Why not?

RECORD _____

_____

_____

_____

351

OFFICE

IV. CHARITABLE ACTIVITIES

The next few questions are about charitable activities.

103. On the average, how much time per month do you spend on volunteer work with Jewish organizations?

HRS/MO
352 353

104. On the average, how much time per month do you currently spend on volunteer work with organizations other than Jewish ones?

HRS/MO
354 355

105. Do you or any member of your household currently belong to any Jewish organizations or agencies?

YES.....1
NO.....(GO TO Q.107).....2
RF.....7
DK.....9
356

106. Which Jewish organizations or agencies are they?
CIRCLE ALL THAT APPLY. DO NOT READ LIST.

JEWISH COMMUNITY CENTER	01	422
B'NAI BRITH	02	423
ANTI-DEFAMATION LEAGUE	03	424
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE (AIPAC)	04	425
AMERICAN JEWISH COMMITTEE	05	426
AMERICAN JEWISH CONGRESS	06	427
HADASSAH	07	428
PIONEER WOMEN	08	429
ORT	09	430
A SYNAGOGUE WOMEN'S OR MEN'S CLUB	10	431
NATIONAL COUNCIL OF JEWISH WOMEN	11	432
MIZRACHI WOMEN	12	433
AUXILLARIES	13	434
ZOA	14	435
OTHER.....(SPECIFY)	15	436

SPECIFY _____

OFFICE

107. Have you, or any members of your household, belonged to any Jewish organizations or agencies in the last five years that you no longer belong to?

YES	1
NO	2
DK	9

359

108. Do you or any members of your household make outright contributions or gifts to Jewish philanthropies? Please exclude dues or memberships.

YES	1
NO.....(GO TO Q.110)	2
RF	7
DK	9

360

109. I'm going to read some ranges of donations. Please stop me when I reach the total contributions of your household in 1984 to all Jewish philanthropies. Please exclude dues or membership.
READ CATEGORIES.

Less than $50	01
$51-$100	02
$101-$250	03
$251-$500	04
$501-$1,000	05
$1,001-$5,000	06
$5,001-$10,000	07
$10,001 OR MORE	08
RF	97
DK	99

361

110. Did you make a contribution to the Federation in 1984?

YES	1
NO.....(GO TO Q.112)	2
RF.....(GO TO Q.112)	7
DK.....(GO TO Q.112)	9

362

111. I'm going to read some ranges of donations. Please stop me when I reach the range of your household's 1984 contributions to the Federation.
READ CATEGORIES.

Less than $50.....01
$51-$100.....02
$101-$250.....03
$251-$500.....04
$501-$1,000.....05
$1001-$5,000.....06
$5001-$10,000.....07
$10,001 OR MORE.....08
RF.....97
DK.....99
363

GO TO Q.113

112. Can you tell me why you didn't contribute to the Federation in 1984?
CODE ALL THAT APPLY.

NO ONE ASKED ME.....01
CAN'T AFFORD TO.....02
NO PARTICULAR REASON.....03
GAVE TO DIFFERENT ORGANIZATION....04
DON'T LIKE FED.....05
DON'T WANT TO GIVE TO FED.....06
GAVE THRU PARENTS OR OTHER FAMILY MEMBERS.....07
NOT WORTHWHILE.....08
OTHER.....(SPECIFY).....09
RF.....97
DK.....99
364

SPECIFY: _____

OFFICE

113. What do you think are the two most important purposes of the Federation?

REASON #1:

SPECIFY: _____

FUNDS FOR THE ATLANTIC COUNTY AREA.....01
FUNDS FOR THE AMERICAN JEWISH COMMUNITY.....02
FUNDS FOR ISRAEL.....03
FUNDS FOR RUSSIAN JEWS AND JEWS WORLDWIDE, OTHER THAN ISRAEL.....04
OVERALL LOCAL COMMUNITY PLANNING.....05
TRAINING JEWISH COMMUNITY LEADERS.....06
SPONSORING PROGRAMS OF JEWISH INTEREST.....07
OTHER.....(SPECIFY).....08
RF.....97
DK.....99

365-366

OFFICE

REASON #2:

SPECIFY: _____

FUNDS FOR THE ATLANTIC COUNTY AREA.....01
FUNDS FOR THE AMERICAN JEWISH COMMUNITY.....02
FUNDS FOR ISRAEL.....03
FUNDS FOR RUSSIAN JEWS AND JEWS WORLDWIDE, OTHER THAN ISRAEL.....04
OVERALL LOCAL COMMUNITY PLANNING.....05
TRAINING JEWISH COMMUNITY LEADERS.....06
SPONSORING PROGRAMS OF JEWISH INTEREST.....07
OTHER.....(SPECIFY).....08
RF.....97
DK.....99

367-368

OFFICE

114. Does your household contribute to any non-Jewish philanthropies?

YES.....1
NO.....(GO TO Q.116).....2
RF.....(GO TO Q.116).....7
DK.....(GO TO Q.116).....9

369

A. Did you give to the United Way in the past year?

YES.....1
NO.....2
DK.....9

370

115. I'm going to read some ranges of donations. Please stop me when I reach the total 1984 contributions of your household to all non-Jewish philanthropies?
READ CATEGORIES.

Less than $50.....01
$51-$100.....02
$101-$250.....03
$251-$500.....04
$501-$1,000.....05
$1001-$5,000.....06
$5001-$10,000.....07
$10,001 OR MORE.....08
RF.....97
DK.....99

371

116. I'm going to read some income ranges. Please stop me when I reach the amount that represents your household's total gross income for 1984 before taxes. Please include all income from wages, dividends, Social Security, child support or any other income you may receive?

Less than $5,000.....00
$5,000 - $10,000.....01
$10,001 - $20,000.....02
$20,001 - $30,000.....03
$30,001 - $40,000.....04
$40,001 - $50,000.....05
$50,001 - $75,000.....06
$75,001 - $100,000.....07
$100,001 - $150,000.....08
$150,001 OR ABOVE.....09
RF.....97
DK.....99

372

117. In 1984 was the main source of your household income from a source other than salary or wages?

YES.....1
NO.....2
RF.....7
DK.....9

373

118. Do you have any additional comments you would like to make?

374

_____

_____

_____

Thank you very much for your cooperation. My supervisor may call back to verify that I completed this interview.

TOTAL MINUTES: |_|_|_|

DATE: |_|_| |_|_| |_|_|
MO DAY YR

INTERVIEWER #: |_|_|

END TIME: |_|_| : |_|_|