



GIVEN NAME:

GIVEN NAME:

GIVEN NAME:

GIVEN NAME:

FAMILY NAME:

FAMILY NAME:

FAMILY NAME:

FAMILY NAME:

### ADULT SELECTION TABLE FOR SECTION I

In the listing box below, list:

- a) All males actually living in the household (not including those who are away in college or in the service, etc.) and who are 21 years of age or older. Include the Head of the Household even if he is less than 21 years of age. BE SURE TO LIST THEM IN ORDER OF AGE, OLDEST FIRST.
- b) Then list all females actually living in the household (not including those who are away) and who are 21 years of age or older. Include a female head of household or spouse even if she is less than 21 years of age. BE SURE TO LIST THEM IN ORDER OF AGE, OLDEST FIRST.

DO NOT PLACE ANY FEMALES ON THE LIST UNTIL YOU HAVE INCLUDED ALL MALES. THE OLDEST FEMALE SHOULD FOLLOW THE YOUNGEST MALE ON THE LIST.

Then write in the information on age and sex.

Assign each individual a number in the order in which he or she is listed (the oldest male will receive number 1) and write these numbers in the column headed "ADULT NO".

Finally, using the selection table on the right, below, find out which member of the household is the designated Adult Respondent for Section I and place a check mark in the correct space under "Check R".

**SECTION I IS TO BE COMPLETED ONLY BY THE DESIGNATED ADULT RESPONDENT**

Adult Listing Box

RELATION TO HEAD	SEX	AGE	ADULT NO.	CHECK R

Selection Table

**SECTION 5**  
**SCREENING SECTION**

HOUSEHOLD SURNAME: \_\_\_\_\_

INTERVIEW NUMBER: \_\_\_\_\_

STREET AND NUMBER: \_\_\_\_\_

TIME INTERVIEW BEGAN: \_\_\_\_\_

CITY/TOWN/POST OFFICE: \_\_\_\_\_

TIME INTERVIEW ENDED: \_\_\_\_\_

STATE: \_\_\_\_\_

PSU CATEGORY: \_\_\_\_\_

INTERVIEWER NAME: \_\_\_\_\_

**SCREENING INTERVIEW**

**A**

**B**

**C**

**D**

<p>S-1. Would you please tell me how many people are living in this household?</p>	<p>_____ NUMBER OF PEOPLE LIVING IN HOUSEHOLD</p>			
<p>S-2. What is the first and last name of each person? (LIST HOUSEHOLD HEAD IN COLUMN A.)</p>	<p>NAME: FIRST: _____ LAST: _____ (Go to S-2 in next column)</p>	<p>NAME: FIRST: _____ LAST: _____ (Go to S-2 in next column)</p>	<p>NAME: FIRST: _____ LAST: _____ (Go to S-2 in next column)</p>	<p>NAME: FIRST: _____ LAST: _____ (Go to S-2 in next column)</p>
<p>S-3. How is (PERSON) related to the head of the household?</p>	<p>HEAD OF HOUSEHOLD  (Go to S-3 in next column)</p>	<p>RELATIONSHIP TO HEAD OF HOUSEHOLD  (Go to S-3 in next column)</p>	<p>RELATIONSHIP TO HEAD OF HOUSEHOLD  (Go to S-3 in next column)</p>	<p>RELATIONSHIP TO HEAD OF HOUSEHOLD  (Go to S-3 in next column)</p>
<p>S-4. INTERVIEWER: CIRCLE NAME OF RESPONDENT OR RESPONDENTS IN S-2 AND WRITE IN EACH NAME OF HOUSEHOLD MEMBER IN THE SPACE PROVIDED ON THE COVER SHEET ABOVE.</p>				
<p>S-5. Are there any other members of this household who are temporarily living somewhere else, for example, someone on military service, away on business, in a hospital or nursing home, away at school or on vacation?</p>	<p><input type="checkbox"/> YES (ASK S-6)</p> <p><input type="checkbox"/> NO (SKIP TO S-9 UNLESS RESPONDENT INDICATES THAT SOMEONE LISTED IN S-2 IS NOT ACTUALLY LIVING IN THE HOUSEHOLD, IN WHICH CASE COMPLETE S-6, S-7, and S-8 FOR THAT PERSON.)</p>			

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NAME: FIRST: _____ LAST: _____ <i>(Go to S-2 in next column)</i>	NAME: FIRST: _____ LAST: _____ <i>(Go to S-2 in next column)</i>	NAME: FIRST: _____ LAST: _____ <i>(Go to S-2 in next column)</i>	NAME: FIRST: _____ LAST: _____ <i>(Go to S-3, column A)</i>	
RELATIONSHIP TO HEAD OF HOUSEHOLD _____ _____ <i>(Go to S-3 in next column)</i>	RELATIONSHIP TO HEAD OF HOUSEHOLD _____ _____ <i>(Go to S-3 in next column)</i>	RELATIONSHIP TO HEAD OF HOUSEHOLD _____ _____ <i>(Go to S-3 in next column)</i>	RELATIONSHIP TO HEAD OF HOUSEHOLD _____ _____ <i>(Go to S-4)</i>	

**SCREENING INTERVIEW**

**A**

**B**

**C**

**D**

<p>S-6. What is the name of each of these persons? How is each related to the head of the household? (RECORD BEGINNING WITH THE LETTER FOLLOWING THE LAST ONE ALREADY ASSIGNED. THEN WRITE EACH NAME IN THE PROPER SPACE ON THE COVER SHEET ABOVE.)</p>	<p>NAME: _____ _____ HEAD OF HOUSEHOLD</p> <p>(Continue with S-7)</p>	<p>NAME: _____ _____ RELATIONSHIP TO HEAD OF HOUSEHOLD</p> <p>(Continue with S-7)</p>	<p>NAME: _____ _____ RELATIONSHIP TO HEAD OF HOUSEHOLD</p> <p>(Continue with S-7)</p>	<p>NAME: _____ _____ RELATIONSHIP TO HEAD OF HOUSEHOLD</p> <p>(Continue with S-7)</p>
<p>S-7. At what address is (PERSON) living now?</p>	<p>NUMBER AND STREET: _____ _____ CITY: _____ _____ STATE OR FOREIGN COUNTRY: _____ _____ (Continue with S-8)</p>	<p>NUMBER AND STREET: _____ _____ CITY: _____ _____ STATE OR FOREIGN COUNTRY: _____ _____ (Continue with S-8)</p>	<p>NUMBER AND STREET: _____ _____ CITY: _____ _____ STATE OR FOREIGN COUNTRY: _____ _____ (Continue with S-8)</p>	<p>NUMBER AND STREET: _____ _____ CITY: _____ _____ STATE OR FOREIGN COUNTRY: _____ _____ (Continue with S-8)</p>

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NOTES

NAME:

NAME:

NAME:

NAME:

RELATIONSHIP TO  
HEAD OF HOUSEHOLD

RELATIONSHIP TO  
HEAD OF HOUSEHOLD

RELATIONSHIP TO  
HEAD OF HOUSEHOLD

RELATIONSHIP TO  
HEAD OF HOUSEHOLD

*(Continue with S-7)*

*(Continue with S-7)*

*(Continue with S-7)*

*(Continue with S-7)*

NUMBER AND STREET:

NUMBER AND STREET:

NUMBER AND STREET:

NUMBER AND STREET:

CITY:

CITY:

CITY:

CITY:

STATE OR FOREIGN  
COUNTRY:

STATE OR FOREIGN  
COUNTRY:

STATE OR FOREIGN  
COUNTRY:

STATE OR FOREIGN  
COUNTRY:

*(Continue with S-8)*

*(Continue with S-8)*

*(Continue with S-8)*

*(Continue with S-8)*

SCREENING INTERVIEW

A

B

C

D

S-8. What is (PERSON'S) reason for living there?

- IN MILITARY SERVICE
  - IN COLLEGE, HAS OWN APARTMENT
  - IN COLLEGE, IN RESIDENCE, SORORITY OR FRATERNITY HOUSE
  - ON VACATION
  - IN HOME FOR THE AGED
  - IN HOSPITAL OR SANITARIUM
  - ON EXTENDED BUSINESS
  - EXTENDED RESIDENCE ELSEWHERE FOR SEVERAL MONTHS EACH YEAR (FROM WHEN TO WHEN?)

---

  - OTHER: WHAT REASON?

---

  - DON'T KNOW
- (Go back to S-6, next column)*

- IN MILITARY SERVICE
  - IN COLLEGE, HAS OWN APARTMENT
  - IN COLLEGE, IN RESIDENCE, SORORITY OR FRATERNITY HOUSE
  - ON VACATION
  - IN HOME FOR THE AGED
  - IN HOSPITAL OR SANITARIUM
  - ON EXTENDED BUSINESS
  - EXTENDED RESIDENCE ELSEWHERE FOR SEVERAL MONTHS EACH YEAR (FROM WHEN TO WHEN?)

---

  - OTHER: WHAT REASON?

---

  - DON'T KNOW
- (Go back to S-6, next column)*

- IN MILITARY SERVICE
  - IN COLLEGE, HAS OWN APARTMENT
  - IN COLLEGE, IN RESIDENCE, SORORITY OR FRATERNITY HOUSE
  - ON VACATION
  - IN HOME FOR THE AGED
  - IN HOSPITAL OR SANITARIUM
  - ON EXTENDED BUSINESS
  - EXTENDED RESIDENCE ELSEWHERE FOR SEVERAL MONTHS EACH YEAR (FROM WHEN TO WHEN?)

---

  - OTHER: WHAT REASON?

---

  - DON'T KNOW
- (Go back to S-6, next column)*

- IN MILITARY SERVICE
  - IN COLLEGE, HAS OWN APARTMENT
  - IN COLLEGE, IN RESIDENCE, SORORITY OR FRATERNITY HOUSE
  - ON VACATION
  - IN HOME FOR THE AGED
  - IN HOSPITAL OR SANITARIUM
  - ON EXTENDED BUSINESS
  - EXTENDED RESIDENCE ELSEWHERE FOR SEVERAL MONTHS EACH YEAR (FROM WHEN TO WHEN?)

---

  - OTHER: WHAT REASON?

---

  - DON'T KNOW
- (Go back to S-6, next column)*



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NOTES

 IN MILITARY SERVICE IN COLLEGE, HAS OWN APARTMENT IN COLLEGE, IN RESIDENCE, SORORITY OR FRATERNITY HOUSE ON VACATION IN HOME FOR THE AGED IN HOSPITAL OR SANITARIUM ON EXTENDED BUSINESS EXTENDED RESIDENCE ELSEWHERE FOR SEVERAL MONTHS EACH YEAR (FROM WHEN TO WHEN?) OTHER: WHAT REASON? DON'T KNOW*(Go back to S-6, next column)* IN MILITARY SERVICE IN COLLEGE, HAS OWN APARTMENT IN COLLEGE, IN RESIDENCE, SORORITY OR FRATERNITY HOUSE ON VACATION IN HOME FOR THE AGED IN HOSPITAL OR SANITARIUM ON EXTENDED BUSINESS EXTENDED RESIDENCE ELSEWHERE FOR SEVERAL MONTHS EACH YEAR (FROM WHEN TO WHEN?) OTHER: WHAT REASON? DON'T KNOW*(Go back to S-6, next column)* IN MILITARY SERVICE IN COLLEGE, HAS OWN APARTMENT IN COLLEGE, IN RESIDENCE, SORORITY OR FRATERNITY HOUSE ON VACATION IN HOME FOR THE AGED IN HOSPITAL OR SANITARIUM ON EXTENDED BUSINESS EXTENDED RESIDENCE ELSEWHERE FOR SEVERAL MONTHS EACH YEAR (FROM WHEN TO WHEN?) OTHER: WHAT REASON? DON'T KNOW*(Go back to S-6, next column)* IN MILITARY SERVICE IN COLLEGE, HAS OWN APARTMENT IN COLLEGE, IN RESIDENCE, SORORITY OR FRATERNITY HOUSE ON VACATION IN HOME FOR THE AGED IN HOSPITAL OR SANITARIUM ON EXTENDED BUSINESS EXTENDED RESIDENCE ELSEWHERE FOR SEVERAL MONTHS EACH YEAR (FROM WHEN TO WHEN?) OTHER: WHAT REASON? DON'T KNOW*(Go to S-9, column A)*

SCREENING INTERVIEW

A

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D

<p>S-9. Was (PERSON) born Jewish? (ANY DEFINITION OF "JEWISH" BY RESPONDENT IS ACCEPTABLE.)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Continue with S-10)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Continue with S-10)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Continue with S-10)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Continue with S-10)</p>
<p>S-10. Is (PERSON) Jewish now? (ANY DEFINITION OF "JEWISH" BY RESPONDENT IS ACCEPTABLE)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Go back to S-9 next column)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Go back to S-9 next column)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Go back to S-9 next column)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Go back to S-9 next column)</p>
<p>S-11. (INTERVIEWER: CHECK ONE)  (IS FATHER OF [PERSON] A MEMBER OF THE HOUSEHOLD? REFER TO S-3 AND S-6.)</p>	<p><input type="checkbox"/> YES (SKIP TO S-13)  <input type="checkbox"/> NO (ASK S-12)</p>	<p><input type="checkbox"/> YES (SKIP TO S-13)  <input type="checkbox"/> NO (ASK S-12)</p>	<p><input type="checkbox"/> YES (SKIP TO S-13)  <input type="checkbox"/> NO (ASK S-12)</p>	<p><input type="checkbox"/> YES (SKIP TO S-13)  <input type="checkbox"/> NO (ASK S-12)</p>
<p>S-12. Was (PERSON'S) father born Jewish? (ANY DEFINITION of "JEWISH" BY RESPONDENT IS ACCEPTABLE.)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Continue with S-13)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Continue with S-13)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Continue with S-13)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (Continue with S-13)</p>

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NOTES

YES  
 NO  
 DON'T KNOW  
*(Continue with S-10)*

YES  
 NO  
 DON'T KNOW  
*(Continue with S-10)*

YES  
 NO  
 DON'T KNOW  
*(Continue with S-10)*

YES  
 NO  
 DON'T KNOW  
*(Continue with S-10)*

YES  
 NO  
 DON'T KNOW  
*(Go back to S-9 next column)*

YES  
 NO  
 DON'T KNOW  
*(Go back to S-9 next column)*

YES  
 NO  
 DON'T KNOW  
*(Go back to S-9 next column)*

YES  
 NO  
 DON'T KNOW  
*(Go to S-11, column A)*

YES  
 (SKIP TO S-13)  
 NO  
 (ASK S-12)

YES  
 (SKIP TO S-13)  
 NO  
 (ASK S-12)

YES  
 (SKIP TO S-13)  
 NO  
 (ASK S-12)

YES  
 (SKIP TO S-13)  
 NO  
 (ASK S-12)

YES  
 NO  
 DON'T KNOW  
*(Continue with S-13)*

YES  
 NO  
 DON'T KNOW  
*(Continue with S-13)*

YES  
 NO  
 DON'T KNOW  
*(Continue with S-13)*

YES  
 NO  
 DON'T KNOW  
*(Continue with S-13)*

SCREENING INTERVIEW

A

B

C

D

<p>S-13. (INTERVIEWER: CHECK ONE)</p> <p>(IS MOTHER OF PERSON A MEMBER OF THE HOUSEHOLD? REFER TO S-3 AND S-6.)</p>	<p><input type="checkbox"/> YES (GO BACK TO S-11 NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK S-14)</p>	<p><input type="checkbox"/> YES (GO BACK TO S-11 NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK S-14)</p>	<p><input type="checkbox"/> YES (GO BACK TO S-11 NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK S-14)</p>	<p><input type="checkbox"/> YES (GO BACK TO S-11 NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK S-14)</p>
<p>S-14. Was (PERSON'S) mother born Jewish?</p> <p>(ANY DEFINITION OF "JEWISH" BY RESPONDENT IS ACCEPTABLE)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW (Go back to S-11, next column)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW (Go back to S-11, next column)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW (Go back to S-11, next column)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW (Go back to S-11, next column)</p>

S-15. (INTERVIEWER: CHECK ONE)

- "YES" TO ANY QUESTIONS S-9, S-10, S-12 OR S-14 (CONTINUE WITH INTERVIEW)
- "NO" TO ALL QUESTIONS S-9, S-10, S-12 AND S-14 (TERMINATE INTERVIEW AT END OF SCREENING)
- ANY OTHER PATTERNS INVOLVING NOS AND DON'T KNOWS, ASK IF ANOTHER HOUSEHOLD MEMBER CAN PROVIDE ANSWERS TO THESE QUESTIONS. IN ANY EVENT, COMPLETE THE REST OF THE SCREENING SECTION.

S-16. (INTERVIEWER: CHECK ONE TO INDICATE TYPE OF STRUCTURE.)

- |   |  |
|---|--|
| <input type="checkbox"/> ONE FAMILY HOUSE, DETACHED | <input type="checkbox"/> 10-19 UNITS             |
| <input type="checkbox"/> ONE FAMILY HOUSE, ATTACHED | <input type="checkbox"/> 20-49 UNITS             |
| <input type="checkbox"/> TWO FAMILY HOUSE           | <input type="checkbox"/> 50 OR MORE UNITS        |
| <input type="checkbox"/> THREE OR FOUR UNITS        | <input type="checkbox"/> MOBILE OR TRAILER       |
| <input type="checkbox"/> FIVE TO NINE UNITS         | <input type="checkbox"/> OTHER (SPECIFY: _____ ) |

S-17. (INTERVIEWER: CHECK ONE TO INDICATE ETHNIC GROUP OF HOUSEHOLD)

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> WHITE  | <input type="checkbox"/> LATIN-PUERTO RICAN |
| <input type="checkbox"/> NEGRO  | <input type="checkbox"/> ORIENTAL           |
| <input type="checkbox"/> INDIAN | <input type="checkbox"/> DON'T KNOW         |

E	F	G	H	NOTES
<input type="checkbox"/> YES (GO BACK TO S-11 NEXT COLUMN)  <input type="checkbox"/> NO (ASK S-14)	<input type="checkbox"/> YES (GO BACK TO S-11 NEXT COLUMN)  <input type="checkbox"/> NO (ASK S-14)	<input type="checkbox"/> YES (GO BACK TO S-11 NEXT COLUMN)  <input type="checkbox"/> NO (ASK S-14)	<input type="checkbox"/> YES (GO TO S-15)  <input type="checkbox"/> NO (ASK S-14)	
<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW <i>(Go back to S-11, next            column)</i>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW <i>(Go back to S-11, next            column)</i>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW <i>(Go back to S-11, next            column)</i>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW <i>(Go to S-15)</i>	

**SCREENING INTERVIEW**

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S-18. (INTERVIEWER: IS INTERVIEW TERMINATING?)

YES (COMPLETE REST OF SCREENING SECTION)

NO (GO TO S-21)

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S-19. SEX OF DOOR INFORMANT

MALE

FEMALE

---

S-20. ESTIMATED AGE OF DOOR  
INFORMANT

UNDER 18

18 - 34

35 - 49

50 - 64

65 AND OVER

---

S-21. (INTERVIEWER: CHECK ONE FOR ESTIMATION OF THE QUALITY OF THE HOME)

LUXURIOUS

VERY WELL TO DO

ABOVE AVERAGE

AVERAGE

SOMEWHAT BELOW AVERAGE

SOMEWHAT DEPRIVED

SEVERELY DEPRIVED

---

**END OF SCREENING SECTION**

SECTION A  
FAMILY BACKGROUND

HOUSEHOLD SURNAME:

**MID-JERSEY**

PSU CATEGORY:

INTERVIEW NUMBER:

**FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

A-1. What is the sex of (PERSON)?

MALE

FEMALE  
(CONTINUE WITH A-1  
IN NEXT COLUMN)

MALE

FEMALE  
(CONTINUE WITH A-1  
IN NEXT COLUMN)

MALE

FEMALE  
(CONTINUE WITH A-1  
IN NEXT COLUMN)

MALE

FEMALE  
(CONTINUE WITH A-1  
IN NEXT COLUMN)

A-2. What was the month and year  
of birth of (PERSON)?

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

DON'T KNOW

(CONTINUE WITH A-3)

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

DON'T KNOW

(CONTINUE WITH A-3)

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

DON'T KNOW

(CONTINUE WITH A-3)

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

DON'T KNOW

(CONTINUE WITH A-3)

A-3. What was the age of (PERSON)  
on his last birthday?

\_\_\_\_\_ YEARS

DON'T KNOW  
(GO BACK TO A-2  
IN NEXT COLUMN)

\_\_\_\_\_ YEARS

DON'T KNOW  
(GO BACK TO A-2  
IN NEXT COLUMN)

\_\_\_\_\_ YEARS

DON'T KNOW  
(GO BACK TO A-2  
IN NEXT COLUMN)

\_\_\_\_\_ YEARS

DON'T KNOW  
(GO BACK TO A-2  
IN NEXT COLUMN)



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NOTES

 MALE MALE MALE MALE FEMALE FEMALE FEMALE FEMALE*(CONTINUE WITH A-1  
IN NEXT COLUMN)**(CONTINUE WITH A-1  
IN NEXT COLUMN)**(CONTINUE WITH A-1  
IN NEXT COLUMN)**(GO TO A-2,  
COLUMN A)*

\_\_\_\_ MONTH

\_\_\_\_ MONTH

\_\_\_\_ MONTH

\_\_\_\_ MONTH

\_\_\_\_ YEAR

\_\_\_\_ YEAR

\_\_\_\_ YEAR

\_\_\_\_ YEAR

 DON'T KNOW DON'T KNOW DON'T KNOW DON'T KNOW*(CONTINUE WITH A-3)**(CONTINUE WITH A-3)**(CONTINUE WITH A-3)**(CONTINUE WITH A-3)*

\_\_\_\_ YEARS

\_\_\_\_ YEARS

\_\_\_\_ YEARS

\_\_\_\_ YEARS

 DON'T KNOW DON'T KNOW DON'T KNOW DON'T KNOW*(GO BACK TO A-2  
IN NEXT COLUMN)**(GO BACK TO A-2  
IN NEXT COLUMN)**(GO BACK TO A-2  
IN NEXT COLUMN)**(GO TO A-4,  
COLUMN A)*

	A	B	C	D
A-4. (INTERVIEWER: IS FATHER OF PERSON A MEMBER OF THE HOUSEHOLD? REFER TO S-3 AND S-6)	<input type="checkbox"/> YES (GO TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-5)	<input type="checkbox"/> YES (GO TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-5)	<input type="checkbox"/> YES (GO TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-5)	<input type="checkbox"/> YES (GO TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-5)
A-5. Where was (PERSON'S) father born, that is, in what city and state, or foreign country?	U.S. CITY: _____  U.S. STATE: _____  FOREIGN COUNTRY: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-6)	U.S. CITY: _____  U.S. STATE: _____  FOREIGN COUNTRY: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-6)	U.S. CITY: _____  U.S. STATE: _____  FOREIGN COUNTRY: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-6)	U.S. CITY: _____  U.S. STATE: _____  FOREIGN COUNTRY: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-6)
A-6. (INTERVIEWER: WAS PERSON'S FATHER BORN JEWISH? REFER TO S-12.)	<input type="checkbox"/> YES (ASK A-7)  <input type="checkbox"/> NO (SKIP TO A-10)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-7)  <input type="checkbox"/> NO (SKIP TO A-10)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-7)  <input type="checkbox"/> NO (SKIP TO A-10)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-7)  <input type="checkbox"/> NO (SKIP TO A-10)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)
A-7. You have said that (PERSON'S) father was born Jewish. Did he ever convert to <u>another</u> religion?	<input type="checkbox"/> YES (ASK A-8)  <input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-8)  <input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-8)  <input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-8)  <input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)

E	F	G	H	NOTES
<input type="checkbox"/> YES (GO TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-5)	<input type="checkbox"/> YES (GO TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-5)	<input type="checkbox"/> YES (GO TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-5)	<input type="checkbox"/> YES (GO TO A-13, COLUMN A)  <input type="checkbox"/> NO (ASK A-5)	
U.S. CITY:	U.S. CITY:	U.S. CITY:	U.S. CITY:	
U.S. STATE:	U.S. STATE:	U.S. STATE:	U.S. STATE:	
FOREIGN COUNTRY:	FOREIGN COUNTRY:	FOREIGN COUNTRY:	FOREIGN COUNTRY:	
<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-6)	<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-6)	<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-6)	<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-6)	
<input type="checkbox"/> YES (ASK A-7)  <input type="checkbox"/> NO (SKIP TO A-10)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-7)  <input type="checkbox"/> NO (SKIP TO A-10)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-7)  <input type="checkbox"/> NO (SKIP TO A-10)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-7)  <input type="checkbox"/> NO (SKIP TO A-10)  <input type="checkbox"/> DON'T KNOW (GO TO A-13, COLUMN A)	
<input type="checkbox"/> YES (ASK A-8)  <input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-8)  <input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-8)  <input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-8)  <input type="checkbox"/> NO (GO TO A-13, COLUMN A)  <input type="checkbox"/> DON'T KNOW (GO TO A-13, COLUMN A)	

**A. FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

	A	B	C	D
<p>A-8. How old was he when he converted? (IF RESPONDENT DOES NOT KNOW EXACT AGE, ASK FOR AN APPROXIMATION)</p>	<p>AGE AT CONVERSION: ----- <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-9)</p>	<p>AGE AT CONVERSION: ----- <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-9)</p>	<p>AGE AT CONVERSION: ----- <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-9)</p>	<p>AGE AT CONVERSION: ----- <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-9)</p>
<p>A-9. Did he convert because of marriage or for some other reason?</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? ----- ----- (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? ----- ----- (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? ----- ----- (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? ----- ----- (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>
<p>A-10. You have said that (PERSON'S) father was <u>not</u> born Jewish. Did he ever convert to <u>Judaism</u>?</p>	<p><input type="checkbox"/> YES (ASK A-11)</p> <p><input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4, IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-11)</p> <p><input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-11)</p> <p><input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-11)</p> <p><input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>

E	F	G	H	NOTES
<p>AGE AT CONVERSION:</p> <p>_____</p> <p><input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-9)</p>	<p>AGE AT CONVERSION:</p> <p>_____</p> <p><input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-9)</p>	<p>AGE AT CONVERSION:</p> <p>_____</p> <p><input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-9)</p>	<p>AGE AT CONVERSION:</p> <p>_____</p> <p><input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-9)</p>	
<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER</p> <p>WHAT REASON?</p> <p>_____</p> <p>_____</p> <p>(GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER</p> <p>WHAT REASON?</p> <p>_____</p> <p>_____</p> <p>(GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER</p> <p>WHAT REASON?</p> <p>_____</p> <p>_____</p> <p>(GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO TO A-13, COLUMN A)</p> <p><input type="checkbox"/> OTHER</p> <p>WHAT REASON?</p> <p>_____</p> <p>_____</p> <p>(GO TO A-13, COLUMN A)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO A-13, COLUMN A)</p>	
<p><input type="checkbox"/> YES (ASK A-11)</p> <p><input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-11)</p> <p><input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-11)</p> <p><input type="checkbox"/> NO (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-11)</p> <p><input type="checkbox"/> NO (GO TO A-13, COLUMN A)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO A-13, COLUMN A)</p>	

**A. FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

<p>A-11. How old was he when he converted to Judaism? (IF RESPONDENT DOES NOT KNOW EXACT AGE, ASK FOR AN APPROXIMATION)</p>	<p>AGE AT CONVERSION: ----- <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-12)</p>	<p>AGE AT CONVERSION: ----- <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-12)</p>	<p>AGE AT CONVERSION: ----- <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-12)</p>	<p>AGE AT CONVERSION: ----- <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-12)</p>
<p>A-12. Did he convert because of marriage or for some other reason?</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER: WHAT REASON? -----  (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER: WHAT REASON? -----  (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER: WHAT REASON? -----  (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER: WHAT REASON? -----  (GO BACK TO A-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)</p>
<p>A-13. (INTERVIEWER: IS MOTHER OF PERSON A MEMBER OF THE HOUSEHOLD? REFER TO S-13.)</p>	<p><input type="checkbox"/> YES (GO TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK A-14)</p>	<p><input type="checkbox"/> YES (GO TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK A-14)</p>	<p><input type="checkbox"/> YES (GO TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK A-14)</p>	<p><input type="checkbox"/> YES (GO TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK A-14)</p>

E	F	G	H	NOTES
AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-12)	AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-12)	AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-12)	AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-12)	
<input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> OTHER: WHAT REASON? _____ _____ (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> OTHER: WHAT REASON? _____ _____ (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> MARRIAGE (GO BACK TO A-4 IN NEXT COLUMN)  <input type="checkbox"/> OTHER: WHAT REASON? _____ _____ (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> MARRIAGE (GO TO A-13, COLUMN A)  <input type="checkbox"/> OTHER: WHAT REASON? _____ _____ (GO TO A-13, COLUMN A)	
<input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> DON'T KNOW (GO BACK TO A-4 IN NEXT COLUMN)	<input type="checkbox"/> DON'T KNOW (GO TO A-13, COLUMN A)	
<input type="checkbox"/> YES (GO TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-14)	<input type="checkbox"/> YES (GO TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-14)	<input type="checkbox"/> YES (GO TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> NO (ASK A-14)	<input type="checkbox"/> YES (GO TO A-22, COLUMN A)  <input type="checkbox"/> NO (ASK A-14)	

**A. FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

A-14. Where was (PERSON'S) mother born, that is, in what city and state, or foreign country?

U.S. CITY:  
\_\_\_\_\_  
U.S. STATE:  
\_\_\_\_\_  
FOREIGN COUNTRY:  
\_\_\_\_\_  
 DON'T KNOW  
(CONTINUE WITH A-15)

U.S. CITY:  
\_\_\_\_\_  
U.S. STATE:  
\_\_\_\_\_  
FOREIGN COUNTRY:  
\_\_\_\_\_  
 DON'T KNOW  
(CONTINUE WITH A-15)

U.S. CITY:  
\_\_\_\_\_  
U.S. STATE:  
\_\_\_\_\_  
FOREIGN COUNTRY:  
\_\_\_\_\_  
 DON'T KNOW  
(CONTINUE WITH A-15)

U.S. CITY:  
\_\_\_\_\_  
U.S. STATE:  
\_\_\_\_\_  
FOREIGN COUNTRY:  
\_\_\_\_\_  
 DON'T KNOW  
(CONTINUE WITH A-15)

A-15. (INTERVIEWER: WAS PERSON'S MOTHER BORN JEWISH? REFER TO S-14.)

YES  
(ASK A-16)  
 NO  
(SKIP TO A-19)  
 DON'T KNOW  
(GO BACK TO A-13  
IN NEXT COLUMN)

YES  
(ASK A-16)  
 NO  
(SKIP TO A-19)  
 DON'T KNOW  
(GO BACK TO A-13  
IN NEXT COLUMN)

YES  
(ASK A-16)  
 NO  
(SKIP TO A-19)  
 DON'T KNOW  
(GO BACK TO A-13  
IN NEXT COLUMN)

YES  
(ASK A-16)  
 NO  
(SKIP TO A-19)  
 DON'T KNOW  
(GO BACK TO A-13  
IN NEXT COLUMN)

A-16. You have said that (PERSON'S) mother was born Jewish. Did she ever convert to another religion?

YES  
(ASK A-17)  
 NO  
(GO BACK TO A-13  
IN NEXT COLUMN)  
 DON'T KNOW  
(GO BACK TO A-13  
IN NEXT COLUMN)

YES  
(ASK A-17)  
 NO  
(GO BACK TO A-13  
IN NEXT COLUMN)  
 DON'T KNOW  
(GO BACK TO A-13  
IN NEXT COLUMN)

YES  
(ASK A-17)  
 NO  
(GO BACK TO A-13  
IN NEXT COLUMN)  
 DON'T KNOW  
(GO BACK TO A-13  
IN NEXT COLUMN)

YES  
(ASK A-17)  
 NO  
(GO BACK TO A-13  
IN NEXT COLUMN)  
 DON'T KNOW  
(GO BACK TO A-13  
IN NEXT COLUMN)



E	F	G	H	NOTES
U.S. CITY: _____	U.S. CITY: _____	U.S. CITY: _____	U.S. CITY: _____	
U.S. STATE: _____	U.S. STATE: _____	U.S. STATE: _____	U.S. STATE: _____	
FOREIGN COUNTRY: _____	FOREIGN COUNTRY: _____	FOREIGN COUNTRY: _____	FOREIGN COUNTRY: _____	
<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-15)	<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-15)	<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-15)	<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-15)	
<input type="checkbox"/> YES (ASK A-16)  <input type="checkbox"/> NO (SKIP TO A-19)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-16)  <input type="checkbox"/> NO (SKIP TO A-19)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-16)  <input type="checkbox"/> NO (SKIP TO A-19)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-16)  <input type="checkbox"/> NO (SKIP TO A-19)  <input type="checkbox"/> DON'T KNOW (GO TO A-22, COLUMN A)	
<input type="checkbox"/> YES (ASK A-17)  <input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-17)  <input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-17)  <input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK A-17)  <input type="checkbox"/> NO (GO TO A-22, COLUMN A)  <input type="checkbox"/> DON'T KNOW (GO TO A-22, COLUMN A)	

**A. FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

<p>A-17. How old was she when she converted? (IF RESPONDENT DOES NOT KNOW EXACT AGE, ASK FOR AN APPROXIMATION.)</p>	<p>AGE AT CONVERSION: _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-18)</p>	<p>AGE AT CONVERSION: _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-18)</p>	<p>AGE AT CONVERSION: _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-18)</p>	<p>AGE AT CONVERSION: _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-18)</p>
<p>A-18. Did she convert because of marriage or for some other reason?</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____</p> <p>(GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____</p> <p>(GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____</p> <p>(GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____</p> <p>(GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>
<p>A-19. You have said that (PERSON'S) mother was <u>not</u> born Jewish. Did she ever convert to Judaism?</p>	<p><input type="checkbox"/> YES (CONTINUE WITH A-20)</p> <p><input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (CONTINUE WITH A-20)</p> <p><input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (CONTINUE WITH A-20)</p> <p><input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (CONTINUE WITH A-20)</p> <p><input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>

E	F	G	H	NOTES
AGE AT CONVERSION:  _____  <input type="checkbox"/> DON'T KNOW  (CONTINUE WITH A-18)	AGE AT CONVERSION:  _____  <input type="checkbox"/> DON'T KNOW  (CONTINUE WITH A-18)	AGE AT CONVERSION:  _____  <input type="checkbox"/> DON'T KNOW  (CONTINUE WITH A-18)	AGE AT CONVERSION:  _____  <input type="checkbox"/> DON'T KNOW  (CONTINUE WITH A-18)	
MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)  OTHER WHAT REASON?  _____ _____ _____  (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> OTHER WHAT REASON?  _____ _____ _____  (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> OTHER WHAT REASON?  _____ _____ _____  (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> MARRIAGE (GO TO A-22, COLUMN A)  <input type="checkbox"/> OTHER WHAT REASON?  _____ _____ _____  (GO TO A-22, COLUMN A)  <input type="checkbox"/> DON'T KNOW (GO TO A-22, COLUMN A)	
<input type="checkbox"/> YES (CONTINUE WITH A-20)  <input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> YES (CONTINUE WITH A-20)  <input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> YES (CONTINUE WITH A-20)  <input type="checkbox"/> NO (GO BACK TO A-13 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)	<input type="checkbox"/> YES (CONTINUE WITH A-20)  <input type="checkbox"/> NO (GO TO A-22, COLUMN A)  <input type="checkbox"/> DON'T KNOW (GO TO A-22, COLUMN A)	

**A. FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

<p>A-20. How old was she when she converted to Judaism? IF RESPONDENT DOES NOT KNOW EXACT AGE, ASK FOR AN APPROXIMATION.)</p>	<p>AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-21)</p>	<p>AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-21)</p>	<p>AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-21)</p>	<p>AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-21)</p>
<p>A-21. Did she convert because of marriage or for some other reason?</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____ _____ (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____ _____ (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____ _____ (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____ _____ (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>
<p>A-22. (INTERVIEWER: IS PERSON 15 YEARS OF AGE OR OLDER?) (REFER TO A-3)</p>	<p><input type="checkbox"/> YES (ASK A-23)</p> <p><input type="checkbox"/> NO (GO TO A-22 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-23)</p> <p><input type="checkbox"/> NO (GO TO A-22 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-23)</p> <p><input type="checkbox"/> NO (GO TO A-22 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-23)</p> <p><input type="checkbox"/> NO (GO TO A-22 IN NEXT COLUMN)</p>

E

F

G

H

NOTES

E	F	G	H	NOTES
<p>AGE AT CONVERSION:</p> <p>_____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-21)</p>	<p>AGE AT CONVERSION:</p> <p>_____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-21)</p>	<p>AGE AT CONVERSION:</p> <p>_____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-21)</p>	<p>AGE AT CONVERSION:</p> <p>_____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-21)</p>	
<p>MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p>OTHER WHAT REASON?</p> <p>_____</p> <p>_____</p> <p>(GO BACK TO A-13 IN NEXT COLUMN)</p> <p>DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON?</p> <p>_____</p> <p>_____</p> <p>(GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON?</p> <p>_____</p> <p>_____</p> <p>(GO BACK TO A-13 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-13 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO TO A-22, COLUMN A)</p> <p><input type="checkbox"/> OTHER WHAT REASON?</p> <p>_____</p> <p>_____</p> <p>(GO TO A-22, COLUMN A)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO A-22, COLUMN A)</p>	
<p>YES (ASK A-23)</p> <p>NO (GO TO A-22 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-23)</p> <p><input type="checkbox"/> NO (GO TO A-22 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-23)</p> <p><input type="checkbox"/> NO (GO TO A-22 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK A-23)</p> <p><input type="checkbox"/> NO (GO TO A-28, COLUMN A)</p>	

**A. FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

<p>A-23. In what country was (PERSON'S) grandfather on his/her father's side born?</p>	<p>(CONTINUE WITH A-24)</p>	<p>(CONTINUE WITH A-24)</p>	<p>(CONTINUE WITH A-24)</p>	<p>(CONTINUE WITH A-24)</p>
<p>A-24. In what country was (PERSON'S) grandmother on his/her father's side born?</p>	<p>(CONTINUE WITH A-25)</p>	<p>(CONTINUE WITH A-25)</p>	<p>(CONTINUE WITH A-25)</p>	<p>(CONTINUE WITH A-25)</p>
<p>A-25. In what country was (PERSON'S) grandfather on his/her mother's side born?</p>	<p>(CONTINUE WITH A-26)</p>	<p>(CONTINUE WITH A-26)</p>	<p>(CONTINUE WITH A-26)</p>	<p>(CONTINUE WITH A-26)</p>
<p>A-26. In what country was (PERSON'S) grandmother on his/her mother's side born?</p>	<p>(CONTINUE WITH A-27)</p>	<p>(CONTINUE WITH A-27)</p>	<p>(CONTINUE WITH A-27)</p>	<p>(CONTINUE WITH A-27)</p>
<p>A-27. How many of (PERSON'S) grandparents were Jewish and how many were not Jewish?</p>	<p>NO.</p> <p>_____ JEWISH</p> <p>_____ NON-JEWISH</p> <p>_____ DON'T KNOW</p> <p>4 (TOTAL)</p> <p>(GO BACK TO A-22 IN NEXT COLUMN)</p>	<p>NO.</p> <p>_____ JEWISH</p> <p>_____ NON-JEWISH</p> <p>_____ DON'T KNOW</p> <p>4 (TOTAL)</p> <p>(GO BACK TO A-22 IN NEXT COLUMN)</p>	<p>NO.</p> <p>_____ JEWISH</p> <p>_____ NON-JEWISH</p> <p>_____ DON'T KNOW</p> <p>4 (TOTAL)</p> <p>(GO BACK TO A-22 IN NEXT COLUMN)</p>	<p>NO.</p> <p>_____ JEWISH</p> <p>_____ NON-JEWISH</p> <p>_____ DON'T KNOW</p> <p>4 (TOTAL)</p> <p>(GO BACK TO A-22 IN NEXT COLUMN)</p>

E	F	G	H	NOTES
<i>(CONTINUE WITH A-24)</i>	<i>(CONTINUE WITH A-24)</i>	<i>(CONTINUE WITH A-24)</i>	<i>(CONTINUE WITH A-24)</i>	
<i>(CONTINUE WITH A-25)</i>	<i>(CONTINUE WITH A-25)</i>	<i>(CONTINUE WITH A-25)</i>	<i>(CONTINUE WITH A-25)</i>	
<i>(CONTINUE WITH A-26)</i>	<i>(CONTINUE WITH A-26)</i>	<i>(CONTINUE WITH A-26)</i>	<i>(CONTINUE WITH A-26)</i>	
<i>(CONTINUE WITH A-27)</i>	<i>(CONTINUE WITH A-27)</i>	<i>(CONTINUE WITH A-27)</i>	<i>(CONTINUE WITH A-27)</i>	
NO. ----- JEWISH ----- NON-JEWISH ----- DON'T KNOW 4 (TOTAL) <i>(GO BACK TO A-22            IN NEXT COLUMN)</i>	NO. ----- JEWISH ----- NON-JEWISH ----- DON'T KNOW 4 (TOTAL) <i>(GO BACK TO A-22            IN NEXT COLUMN)</i>	NO. ----- JEWISH ----- NON-JEWISH ----- DON'T KNOW 4 (TOTAL) <i>(GO BACK TO A-22            IN NEXT COLUMN)</i>	NO. ----- JEWISH ----- NON-JEWISH ----- DON'T KNOW 4 (TOTAL) <i>(GO TO A-28,            COLUMN A)</i>	

A. FAMILY BACKGROUND

A

B

C

D

<p>A-28. Where was (PERSON) born; that is, in what city and state or foreign country?</p>	<p>U.S. CITY: _____ U.S. STATE: _____ FOREIGN COUNTRY: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-29)</p>	<p>U.S. CITY: _____ U.S. STATE: _____ FOREIGN COUNTRY: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-29)</p>	<p>U.S. CITY: _____ U.S. STATE: _____ FOREIGN COUNTRY: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-29)</p>	<p>U.S. CITY: _____ U.S. STATE: _____ FOREIGN COUNTRY: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-29)</p>
<p>A-29. (INTERVIEWER: WAS PERSON BORN IN THE UNITED STATES?) (REFER TO PREVIOUS QUESTION)</p>	<p><input type="checkbox"/> YES (GO BACK TO A-28 IN NEXT COLUMN) <input type="checkbox"/> NO (ASK A-30)</p>	<p><input type="checkbox"/> YES (GO BACK TO A-28 IN NEXT COLUMN) <input type="checkbox"/> NO (ASK A-30)</p>	<p><input type="checkbox"/> YES (GO BACK TO A-28 IN NEXT COLUMN) <input type="checkbox"/> NO (ASK A-30)</p>	<p><input type="checkbox"/> YES (GO BACK TO A-28 IN NEXT COLUMN) <input type="checkbox"/> NO (ASK A-30)</p>
<p>A-30. In what year did (PERSON) come to the United States permanently?</p>	<p>_____ YEAR CAME <input type="checkbox"/> DON'T KNOW (GO BACK TO A-28, IN NEXT COLUMN)</p>	<p>_____ YEAR CAME <input type="checkbox"/> DON'T KNOW (GO BACK TO A-28 IN NEXT COLUMN)</p>	<p>_____ YEAR CAME <input type="checkbox"/> DON'T KNOW (GO BACK TO A-28 IN NEXT COLUMN)</p>	<p>_____ YEAR CAME <input type="checkbox"/> DON'T KNOW (GO BACK TO A-28 IN NEXT COLUMN)</p>



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NOTES

U.S. CITY: _____	U.S. CITY: _____	U.S. CITY: _____	U.S. CITY: _____	
U.S. STATE: _____	U.S. STATE: _____	U.S. STATE: _____	U.S. STATE: _____	
FOREIGN COUNTRY: _____	FOREIGN COUNTRY: _____	FOREIGN COUNTRY: _____	FOREIGN COUNTRY: _____	
<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-29)	<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-29)	<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-29)	<input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-29)	
<input type="checkbox"/> YES (GO BACK TO A-28 IN NEXT COLUMN)	<input type="checkbox"/> YES (GO BACK TO A-28 IN NEXT COLUMN)	<input type="checkbox"/> YES (GO BACK TO A-28 IN NEXT COLUMN)	<input type="checkbox"/> YES (GO TO A-31, COLUMN A)	
<input type="checkbox"/> NO (ASK A-30)	<input type="checkbox"/> NO (ASK A-30)	<input type="checkbox"/> NO (ASK A-30)	<input type="checkbox"/> NO (ASK A-30)	
_____ YEAR CAME	_____ YEAR CAME	_____ YEAR CAME	_____ YEAR CAME	
<input type="checkbox"/> DON'T KNOW (GO BACK TO A-28 IN NEXT COLUMN)	<input type="checkbox"/> DON'T KNOW (GO BACK TO A-28 IN NEXT COLUMN)	<input type="checkbox"/> DON'T KNOW (GO BACK TO A-28 IN NEXT COLUMN)	<input type="checkbox"/> DON'T KNOW (GO TO A-31, COLUMN A)	

**A. FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

A-31. (INTERVIEWER: CHECK ONE)  
(REFER TO S-9 AND S-10.)

BORN JEWISH,  
IS JEWISH NOW  
(GO TO A-31  
IN NEXT COLUMN)

BORN JEWISH,  
NOT JEWISH NOW  
(SKIP TO A-35)

NOT BORN JEWISH,  
IS JEWISH NOW  
(ASK A-32)

NOT BORN JEWISH,  
NOT JEWISH NOW  
(GO TO A-31  
IN NEXT COLUMN)

DON'T KNOW  
(GO TO A-31  
IN NEXT COLUMN)

BORN JEWISH,  
IS JEWISH NOW  
(GO TO A-31  
IN NEXT COLUMN)

BORN JEWISH,  
NOT JEWISH NOW  
(SKIP TO A-35)

NOT BORN JEWISH,  
IS JEWISH NOW  
(ASK A-32)

NOT BORN JEWISH,  
NOT JEWISH NOW  
(GO TO A-31  
IN NEXT COLUMN)

DON'T KNOW  
(GO TO A-31  
IN NEXT COLUMN)

BORN JEWISH,  
IS JEWISH NOW  
(GO TO A-31  
IN NEXT COLUMN)

BORN JEWISH,  
NOT JEWISH NOW  
(SKIP TO A-35)

NOT BORN JEWISH,  
IS JEWISH NOW  
(ASK A-32)

NOT BORN JEWISH,  
NOT JEWISH NOW  
(GO TO A-31  
IN NEXT COLUMN)

DON'T KNOW  
(GO TO A-31  
IN NEXT COLUMN)

BORN JEWISH,  
IS JEWISH NOW  
(GO TO A-31  
IN NEXT COLUMN)

BORN JEWISH,  
NOT JEWISH NOW  
(SKIP TO A-35)

NOT BORN JEWISH,  
IS JEWISH NOW  
(ASK A-32)

NOT BORN JEWISH,  
NOT JEWISH NOW  
(GO TO A-31  
IN NEXT COLUMN)

DON'T KNOW  
(GO TO A-31  
IN NEXT COLUMN)

A-32. You said that (PERSON)  
is *now* Jewish but that (PER-  
SON) was not born Jewish.  
Through which branch of  
Judaism was (PERSON)  
converted?

ORTHODOX  
 CONSERVATIVE  
 REFORM  
 OTHER  
WHAT BRANCH?

DON'T KNOW  
  
(CONTINUE WITH A-33)

ORTHODOX  
 CONSERVATIVE  
 REFORM  
 OTHER  
WHAT BRANCH?

DON'T KNOW  
  
(CONTINUE WITH A-33)

ORTHODOX  
 CONSERVATIVE  
 REFORM  
 OTHER  
WHAT BRANCH?

DON'T KNOW  
  
(CONTINUE WITH A-33)

ORTHODOX  
 CONSERVATIVE  
 REFORM  
 OTHER  
WHAT BRANCH?

DON'T KNOW  
  
(CONTINUE WITH A-33)

E	F	G	H	NOTES
BORN JEWISH, IS JEWISH NOW <i>(GO TO A-31            IN NEXT COLUMN)</i>	<input type="checkbox"/> BORN JEWISH, IS JEWISH NOW <i>(GO TO A-31            IN NEXT COLUMN)</i>	<input type="checkbox"/> BORN JEWISH, IS JEWISH NOW <i>(GO TO A-31            IN NEXT COLUMN)</i>	<input type="checkbox"/> BORN JEWISH, IS JEWISH NOW <i>(SKIP TO NEXT            SECTION)</i>	
BORN JEWISH, NOT JEWISH NOW <i>(SKIP TO A-35)</i>	<input type="checkbox"/> BORN JEWISH, NOT JEWISH NOW <i>(SKIP TO A-35)</i>	<input type="checkbox"/> BORN JEWISH, NOT JEWISH NOW <i>(SKIP TO A-35)</i>	<input type="checkbox"/> BORN JEWISH, NOT JEWISH NOW <i>(SKIP TO A-35)</i>	
NOT BORN JEWISH, IS JEWISH NOW <i>(ASK A-32)</i>	<input type="checkbox"/> NOT BORN JEWISH, IS JEWISH NOW <i>(ASK A-32)</i>	<input type="checkbox"/> NOT BORN JEWISH, IS JEWISH NOW <i>(ASK A-32)</i>	<input type="checkbox"/> NOT BORN JEWISH, IS JEWISH NOW <i>(ASK A-32)</i>	
NOT BORN JEWISH, NOT JEWISH NOW <i>(GO TO A-31            IN NEXT COLUMN)</i>	<input type="checkbox"/> NOT BORN JEWISH, NOT JEWISH NOW <i>(GO TO A-31            IN NEXT COLUMN)</i>	<input type="checkbox"/> NOT BORN JEWISH, NOT JEWISH NOW <i>(GO TO A-31            IN NEXT COLUMN)</i>	<input type="checkbox"/> NOT BORN JEWISH, NOT JEWISH NOW <i>(SKIP TO NEXT            SECTION)</i>	
DON'T KNOW <i>(GO TO A-31            IN NEXT COLUMN)</i>	<input type="checkbox"/> DON'T KNOW <i>(GO TO A-31            IN NEXT COLUMN)</i>	<input type="checkbox"/> DON'T KNOW <i>(GO TO A-31            IN NEXT COLUMN)</i>	<input type="checkbox"/> DON'T KNOW <i>(SKIP TO NEXT            SECTION)</i>	
ORTHODOX  CONSERVATIVE  REFORM  OTHER WHAT BRANCH?	<input type="checkbox"/> ORTHODOX  <input type="checkbox"/> CONSERVATIVE  <input type="checkbox"/> REFORM  <input type="checkbox"/> OTHER WHAT BRANCH?	<input type="checkbox"/> ORTHODOX  <input type="checkbox"/> CONSERVATIVE  <input type="checkbox"/> REFORM  <input type="checkbox"/> OTHER WHAT BRANCH?	<input type="checkbox"/> ORTHODOX  <input type="checkbox"/> CONSERVATIVE  <input type="checkbox"/> REFORM  <input type="checkbox"/> OTHER WHAT BRANCH?	
DON'T KNOW  <i>(CONTINUE WITH A-33)</i>	<input type="checkbox"/> DON'T KNOW  <i>(CONTINUE WITH A-33)</i>	<input type="checkbox"/> DON'T KNOW  <i>(CONTINUE WITH A-33)</i>	<input type="checkbox"/> DON'T KNOW  <i>(CONTINUE WITH A-33)</i>	

**A. FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

<p>A-33. How old was (PERSON) when he/she converted to Judaism? (IF RESPONDENT DOES NOT KNOW EXACT AGE, ASK FOR AN APPROXIMATION:)</p>	<p>AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-34)</p>	<p>AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-34)</p>	<p>AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-34)</p>	<p>AGE AT CONVERSION: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-34)</p>
<p>A-34. Did (PERSON) convert because of marriage or for some other reason?</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____ _____ (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____ _____ (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____ _____ (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER WHAT REASON? _____ _____ _____ (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)</p>

E	F	G	H	NOTES
<p>AGE AT CONVERSION:</p> <hr/> <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-34)	<p>AGE AT CONVERSION:</p> <hr/> <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-34)	<p>AGE AT CONVERSION:</p> <hr/> <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-34)	<p>AGE AT CONVERSION:</p> <hr/> <input type="checkbox"/> DON'T KNOW (CONTINUE WITH A-34)	
<p><input type="checkbox"/> MARRIAGE            (GO BACK TO A-31            IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER            WHAT REASON?</p> <hr/> <hr/> <p>(GO BACK TO A-31            IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW            (GO BACK TO A-31            IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE            (GO BACK TO A-31            IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER            WHAT REASON?</p> <hr/> <hr/> <p>(GO BACK TO A-31            IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW            (GO BACK TO A-31            IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE            (GO BACK TO A-31            IN NEXT COLUMN)</p> <p><input type="checkbox"/> OTHER            WHAT REASON?</p> <hr/> <hr/> <p>(GO BACK TO A-31            IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW            (GO BACK TO A-31            IN NEXT COLUMN)</p>	<p><input type="checkbox"/> MARRIAGE            (SKIP TO NEXT            SECTION)</p> <p><input type="checkbox"/> OTHER            WHAT REASON?</p> <hr/> <hr/> <p>(SKIP TO NEXT            SECTION)</p> <p><input type="checkbox"/> DON'T KNOW            (SKIP TO NEXT            SECTION)</p>	

**A. FAMILY BACKGROUND**

**A**

**B**

**C**

**D**

<p>A-35. You said that (PERSON) is not now Jewish but that (PERSON) was born Jewish. What is (PERSON'S) current religious preference, if any?</p>	<p>CURRENT PREFERENCE: _____ (CONTINUE WITH A-36)</p> <p><input type="checkbox"/> ATHEIST (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> AGNOSTIC (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NONE (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)</p>	<p>CURRENT PREFERENCE: _____ (CONTINUE WITH A-36)</p> <p><input type="checkbox"/> ATHEIST (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> AGNOSTIC (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NONE (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)</p>	<p>CURRENT PREFERENCE: _____ (CONTINUE WITH A-36)</p> <p><input type="checkbox"/> ATHEIST (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> AGNOSTIC (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NONE (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)</p>	<p>CURRENT PREFERENCE: _____ (CONTINUE WITH A-36)</p> <p><input type="checkbox"/> ATHEIST (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> AGNOSTIC (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NONE (GO BACK TO A-31 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)</p>
<p>A-36. How old was (PERSON) when he/she converted? (IF RESPONDENT DOES NOT KNOW EXACT AGE, ASK FOR AN APPROXIMATION.)</p>	<p>AGE AT CONVERSION: _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-37)</p>	<p>AGE AT CONVERSION: _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-37)</p>	<p>AGE AT CONVERSION: _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-37)</p>	<p>AGE AT CONVERSION: _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH A-37)</p>

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NOTES

CURRENT PREFERENCE:	CURRENT PREFERENCE:	CURRENT PREFERENCE:	CURRENT PREFERENCE:	
<p><i>(CONTINUE WITH A-36)</i></p> <p><input type="checkbox"/> ATHEIST <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p> <p><input type="checkbox"/> AGNOSTIC <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p> <p><input type="checkbox"/> NONE <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p> <p><input type="checkbox"/> DON'T KNOW <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p>	<p><i>(CONTINUE WITH A-36)</i></p> <p><input type="checkbox"/> ATHEIST <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p> <p><input type="checkbox"/> AGNOSTIC <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p> <p><input type="checkbox"/> NONE <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p> <p><input type="checkbox"/> DON'T KNOW <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p>	<p><i>(CONTINUE WITH A-36)</i></p> <p><input type="checkbox"/> ATHEIST <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p> <p><input type="checkbox"/> AGNOSTIC <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p> <p><input type="checkbox"/> NONE <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p> <p><input type="checkbox"/> DON'T KNOW <i>(GO BACK TO A-31 IN NEXT COLUMN)</i></p>	<p><i>(CONTINUE WITH A-36)</i></p> <p><input type="checkbox"/> ATHEIST <i>(SKIP TO NEXT SECTION)</i></p> <p><input type="checkbox"/> AGNOSTIC <i>(SKIP TO NEXT SECTION)</i></p> <p><input type="checkbox"/> NONE <i>(SKIP TO NEXT SECTION)</i></p> <p><input type="checkbox"/> DON'T KNOW <i>(SKIP TO NEXT SECTION)</i></p>	
<p>AGE AT CONVERSION:</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><i>(CONTINUE WITH A-37)</i></p>	<p>AGE AT CONVERSION:</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><i>(CONTINUE WITH A-37)</i></p>	<p>AGE AT CONVERSION:</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><i>(CONTINUE WITH A-37)</i></p>	<p>AGE AT CONVERSION:</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><i>(CONTINUE WITH A-37)</i></p>	

**A. FAMILY BACKGROUND**

	A	B	C	D
A-37. Was this in connection with marriage or for some other reason?	<input type="checkbox"/> MARRIAGE (GO BACK TO A-31 IN NEXT COLUMN)	<input type="checkbox"/> MARRIAGE (GO BACK TO A-31 IN NEXT COLUMN)	<input type="checkbox"/> MARRIAGE (GO BACK TO A-31 IN NEXT COLUMN)	<input type="checkbox"/> MARRIAGE (GO BACK TO A-31 IN NEXT COLUMN)
	<input type="checkbox"/> OTHER WHAT REASON?  _____  _____	<input type="checkbox"/> OTHER WHAT REASON?  _____  _____	<input type="checkbox"/> OTHER WHAT REASON?  _____  _____	<input type="checkbox"/> OTHER WHAT REASON?  _____  _____
	(GO BACK TO A-31 IN NEXT COLUMN)	(GO BACK TO A-31 IN NEXT COLUMN)	(GO BACK TO A-31 IN NEXT COLUMN)	(GO BACK TO A-31 IN NEXT COLUMN)
	<input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)	<input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)	<input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)	<input type="checkbox"/> DON'T KNOW (GO BACK TO A-31 IN NEXT COLUMN)

**END OF SECTION A**



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NOTES

MARRIAGE  
(GO BACK TO A-31  
IN NEXT COLUMN)

MARRIAGE  
(GO BACK TO A-31  
IN NEXT COLUMN)

MARRIAGE  
(GO BACK TO A-31  
IN NEXT COLUMN)

MARRIAGE  
(SKIP TO NEXT  
SECTION)

OTHER  
WHAT REASON?

OTHER  
WHAT REASON?

OTHER  
WHAT REASON?

OTHER  
WHAT REASON?

BACK TO A-31  
NEXT COLUMN)

(GO BACK TO A-31  
IN NEXT COLUMN)

(GO BACK TO A-31  
IN NEXT COLUMN)

(SKIP TO NEXT  
SECTION)

DON'T KNOW  
(GO BACK TO A-31  
IN NEXT COLUMN)

DON'T KNOW  
(GO BACK TO A-31  
IN NEXT COLUMN)

DON'T KNOW  
(GO BACK TO A-31  
IN NEXT COLUMN)

DON'T KNOW  
(SKIP TO NEXT  
SECTION)

**SECTION C**  
**JEWISH EDUCATION**

HOUSEHOLD SURNAME: \_\_\_\_\_

INTERVIEW NUMBER: \_\_\_\_\_

PSU CATEGORY: \_\_\_\_\_

**C. JEWISH EDUCATION**

**A**

**B**

**C**

**D**

<p>C-1. Is (PERSON) now receiving any Jewish education?</p>	<p><input type="checkbox"/> YES (ASK C-2)</p> <p><input type="checkbox"/> NO (GO TO C-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO C-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK C-2)</p> <p><input type="checkbox"/> NO (GO TO C-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO C-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK C-2)</p> <p><input type="checkbox"/> NO (GO TO C-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO C-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK C-2)</p> <p><input type="checkbox"/> NO (GO TO C-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO C-1 IN NEXT COLUMN)</p>
<p>C-2. Which of these kinds of Jewish education is (PERSON) now receiving? (SHOW CARD E AND WRITE IN APPROPRIATE LETTER)</p>	<p>CODE LETTER: _____</p> <p>(Go back to C-1 in next column)</p>	<p>CODE LETTER: _____</p> <p>(Go back to C-1 in next column)</p>	<p>CODE LETTER: _____</p> <p>(Go back to C-1 in next column)</p>	<p>CODE LETTER: _____</p> <p>(Go back to C-1 in next column)</p>
<p>C-3. Which of these kinds of Jewish education has (PERSON) had altogether until now, if any and how many years of each kind has (PERSON) had? (WRITE IN THE APPROPRIATE LETTERS AND NUMBER OF YEARS FOR EACH KIND OF JEWISH EDUCATION) SHOW CARD E.</p>	<p>CODE LETTER: YEARS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> DON'T KNOW (Go to C-3 in next column)</p>	<p>CODE LETTER: YEARS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> DON'T KNOW (Go to C-3 in next column)</p>	<p>CODE LETTER: YEARS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> DON'T KNOW (Go to C-3 in next column)</p>	<p>CODE LETTER: YEARS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> DON'T KNOW (Go to C-3 in next column)</p>
<p>C-4. (INTERVIEWER: CHECK ONE) (REFER TO C-3)</p>	<p><input type="checkbox"/> RESPONDENT HAS CHILDREN WHO ARE MEMBERS OF THE HOUSEHOLD WHO HAVE HAD SOME JEWISH EDUCATION (ASK C-5)</p> <p><input type="checkbox"/> RESPONDENT'S CHILDREN ARE NOT NOW HAVING AND HAVE NEVER HAD ANY JEWISH EDUCATION (SKIP TO C-7)</p> <p><input type="checkbox"/> RESPONDENT HAS NO CHILDREN (SKIP TO C-12)</p>			

E	F	G	H	NOTES
<input type="checkbox"/> YES (ASK C-2)  <input type="checkbox"/> NO (GO TO C-1 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO C-1 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK C-2)  <input type="checkbox"/> NO (GO TO C-1 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO C-1 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK C-2)  <input type="checkbox"/> NO (GO TO C-1 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO C-1 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK C-2)  <input type="checkbox"/> NO (GO TO C-3, COLUMN A)  <input type="checkbox"/> DON'T KNOW (GO TO C-3, COLUMN A)	
CODE LETTER:  _____ <i>(Go back to C-1 in next column)</i>	CODE LETTER:  _____ <i>(Go back to C-1 in next column)</i>	CODE LETTER:  _____ <i>(Go back to C-1 in next column)</i>	CODE LETTER:  _____ <i>(Go to C-3, column A)</i>	
CODE LETTER: YEARS  _____ _____ _____  <input type="checkbox"/> NONE  <input type="checkbox"/> DON'T KNOW <i>(Go to C-3 in next column)</i>	CODE LETTER: YEARS  _____ _____ _____  <input type="checkbox"/> NONE  <input type="checkbox"/> DON'T KNOW <i>(Go to C-3 in next column)</i>	CODE LETTER: YEARS  _____ _____ _____  <input type="checkbox"/> NONE  <input type="checkbox"/> DON'T KNOW <i>(Go to C-3 in next column)</i>	CODE LETTER: YEARS  _____ _____ _____  <input type="checkbox"/> NONE  <input type="checkbox"/> DON'T KNOW <i>(Go to C-4)</i>	

**JEWISH EDUCATION**

**A**

**B**

**C**

**D**

C-5. For each of your children, how would you rate the quality of (CHILD'S) Jewish education? (SHOW CARD F)

HEAD OF HOUSEHOLD

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- VERY POOR  
(Go to C-5 in next column)

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- VERY POOR  
(Go to C-5 in next column)

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- VERY POOR  
(Go to C-5 in next col)

C-6. Why do you feel this way? (PROBE FOR EACH CHILD INDIVIDUALLY)


C-7. (INTERVIEWER: CHECK ONE)

- RESPONDENT HAS NO CHILDREN UNDER 6 (SKIP TO C-12)
- RESPONDENT HAS CHILDREN UNDER 6 (ASK C-8)

C-8. (INTERVIEWER: HAVE ALL RESPONDENT'S CHILDREN UNDER 6 HAD ANY JEWISH EDUCATION? REFER TO C-2 AND C-3)

- YES  
(SKIP TO C-12)
- NO  
(ASK C-9)
- DON'T KNOW  
(SKIP TO C-12)

E

F

G

H

NOTES

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

VERY POOR  
*(Go to C-5 in next column)*

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

VERY POOR  
*(Go to C-5 in next column)*

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

VERY POOR  
*(Go to C-5 in next column)*

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

VERY POOR  
*(Go to C-6)*




E

F

G

H

NOTES

YES  
(ASK C-10)

NO  
(ASK C-9 FOR NEXT  
CHILD UNDER 6)

DON'T KNOW  
(ASK C-9 FOR NEXT  
CHILD UNDER 6)

YES  
(ASK C-10)

NO  
(ASK C-9 FOR NEXT  
CHILD UNDER 6)

DON'T KNOW  
(ASK C-9 FOR NEXT  
CHILD UNDER 6)

YES  
(ASK C-10)

NO  
(ASK C-9 FOR NEXT  
CHILD UNDER 6)

DON'T KNOW  
(ASK C-9 FOR NEXT  
CHILD UNDER 6)

YES  
(ASK C-10)

NO  
(GO TO C-12)

DON'T KNOW  
(GO TO C-12)

AGE

\_\_\_\_\_

(ASK C-11)

DON'T KNOW  
(ASK C-11)

AGE

\_\_\_\_\_

(ASK C-11)

DON'T KNOW  
(ASK C-11)

AGE

\_\_\_\_\_

(ASK C-11)

DON'T KNOW  
(ASK C-11)

AGE

\_\_\_\_\_

(ASK C-11)

DON'T KNOW  
(ASK C-11)

CODE LETTERS

\_\_\_\_\_

(Go back to C-9 in next  
column of child under 6)

CODE LETTERS

\_\_\_\_\_

(Go back to C-9 in next  
column of child under 6)

CODE LETTERS

\_\_\_\_\_

(Go back to C-9 in next  
column of child under 6)

CODE LETTERS

\_\_\_\_\_

(GO TO C-12)



C-13. Among the people of this household who are less than 13 years of age, who will be Bar Mitzvah or Bat Mitzvah?

	A	B	C	D	E	F	G	H
BAR MITZVAH . . . . .								
BAT MITZVAH . . . . .								
NEITHER . . . . .								
PERSON IS 13 OR OVER . .								
DON'T KNOW . . . . .								

END OF SECTION C

**SECTION D**  
**ORGANIZATIONS**

HOUSEHOLD SURNAME: \_\_\_\_\_

INTERVIEW NUMBER: \_\_\_\_\_

PSU CATEGORY: \_\_\_\_\_

**D. ORGANIZATIONS**

**A**

**B**

**C**

**D**

<p>D-1. Does (PERSON) belong to any Jewish clubs or organizations? (SHOW CARD G)</p>	<p><input type="checkbox"/> YES (ASK D-2)</p> <p><input type="checkbox"/> NO (GO TO D-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO D-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK D-2)</p> <p><input type="checkbox"/> NO (GO TO D-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO D-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK D-2)</p> <p><input type="checkbox"/> NO (GO TO D-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO D-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK D-2)</p> <p><input type="checkbox"/> NO (GO TO D-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO D-1 IN NEXT COLUMN)</p>
<p>D-2. To how many Jewish clubs or organizations does (PERSON) belong?</p>	<p>NUMBER: _____</p> <p><input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-3)</p>	<p>NUMBER: _____</p> <p><input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-3)</p>	<p>NUMBER: _____</p> <p><input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-3)</p>	<p>NUMBER: _____</p> <p><input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-3)</p>
<p>D-3. What are the names of these Jewish clubs or organizations? (SHOW CARD G) (LIST NO MORE THAN FIVE ORGANIZATIONS, IN ORDER NAMED BY RESPONDENT.) (GIVE THE FULL NAMES OF THE ORGANIZATIONS.)</p>	<p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p> <p>(CONTINUE WITH D-4)</p>	<p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p> <p>(CONTINUE WITH D-4)</p>	<p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p> <p>(CONTINUE WITH D-4)</p>	<p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p> <p>(CONTINUE WITH D-4)</p>
<p>D-4. During the past year, did (PERSON) attend <i>all, most, some or none</i> of the meetings of the (ORGANIZATION)? (WRITE ALL, MOST, SOME OR NONE IN EACH SPACE, OR DON'T KNOW IF THE RESPONDENT DOES NOT KNOW.)</p>	<p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p> <p>(GO BACK TO D-1 IN NEXT COLUMN)</p>	<p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p> <p>(GO BACK TO D-1 IN NEXT COLUMN)</p>	<p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p> <p>(GO BACK TO D-1 IN NEXT COLUMN)</p>	<p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p> <p>(GO BACK TO D-1 IN NEXT COLUMN)</p>

E

F

G

H

NOTES

<input type="checkbox"/> YES (ASK D-2)  <input type="checkbox"/> NO (GO TO D-1 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO D-1 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK D-2)  <input type="checkbox"/> NO (GO TO D-1 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO D-1 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK D-2)  <input type="checkbox"/> NO (GO TO D-1 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO D-1 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK D-2)  <input type="checkbox"/> NO (GO TO D-5. COLUMN A)  <input type="checkbox"/> DON'T KNOW (GO TO D-5, COLUMN A)	
NUMBER:  <hr/> <input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-3)	NUMBER:  <hr/> <input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-3)	NUMBER:  <hr/> <input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-3)	NUMBER:  <hr/> <input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-3)	
(1) _____ (2) _____ (3) _____ (4) _____ (5) _____  (CONTINUE WITH D-4)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____  (CONTINUE WITH D-4)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____  (CONTINUE WITH D-4)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____  (CONTINUE WITH D-4)	
(1) _____ (2) _____ (3) _____ (4) _____ (5) _____  (GO BACK TO D-1 IN NEXT COLUMN)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____  (GO BACK TO D-1 IN NEXT COLUMN)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____  (GO BACK TO D-1 IN NEXT COLUMN)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____  (GO TO D-5, COLUMN A)	

**D. ORGANIZATIONS**

	A	B	C	D
D-5. Does (PERSON) belong to any general - that is, not specifically Jewish - clubs or organizations? (SHOW CARD H)	<input type="checkbox"/> YES (ASK D-6)  <input type="checkbox"/> NO (GO TO D-5 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO D-5 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK D-6)  <input type="checkbox"/> NO (GO TO D-5 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO D-5 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK D-6)  <input type="checkbox"/> NO (GO TO D-5 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO D-5 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK D-6)  <input type="checkbox"/> NO (GO TO D-5 IN NEXT COLUMN)  <input type="checkbox"/> DON'T KNOW (GO TO D-5 IN NEXT COLUMN)
D-6. To how many general clubs or organizations does (PERSON) belong?	NUMBER: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-7)	NUMBER: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-7)	NUMBER: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-7)	NUMBER: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH D-7)
D-7. What are the names of these clubs or organizations? (SHOW CARD H) (LIST NO MORE THAN FIVE ORGANIZATIONS, IN ORDER NAMED BY RESPONDENT. WRITE THE FULL NAMES OF THE ORGANIZATIONS.)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (CONTINUE WITH D-8)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (CONTINUE WITH D-8)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (CONTINUE WITH D-8)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (CONTINUE WITH D-8)
D-8. On the average, during the past year, did (PERSON) attend all, most, some, or none of the meetings of the (ORGANIZATION)? (WRITE ALL, MOST, SOME OR NONE, IN EACH SPACE, OR DON'T KNOW IF THE RESPONDENT DOES NOT KNOW.)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (GO BACK TO D-5 IN NEXT COLUMN)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (GO BACK TO D-5 IN NEXT COLUMN)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (GO BACK TO D-5 IN NEXT COLUMN)	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (GO BACK TO D-5 IN NEXT COLUMN)

E

F

G

H

NOTES

YES  
(ASK D-6)

NO  
(GO TO D-5 IN  
NEXT COLUMN)

DON'T KNOW  
(GO TO D-5 IN  
NEXT COLUMN)

YES  
(ASK D-6)

NO  
(GO TO D-5 IN  
NEXT COLUMN)

DON'T KNOW  
(GO TO D-5 IN  
NEXT COLUMN)

YES  
(ASK D-6)

NO  
(GO TO D-5 IN  
NEXT COLUMN)

DON'T KNOW  
(GO TO D-5 IN  
NEXT COLUMN)

YES  
(ASK D-6)

NO  
(GO TO D-9,  
COLUMN A)

DON'T KNOW  
(GO TO D-9,  
COLUMN A)

NUMBER:  
\_\_\_\_\_

DON'T KNOW  
(CONTINUE WITH D-7)

NUMBER:  
\_\_\_\_\_

DON'T KNOW  
(CONTINUE WITH D-7)

NUMBER:  
\_\_\_\_\_

DON'T KNOW  
(CONTINUE WITH D-7)

NUMBER:  
\_\_\_\_\_

DON'T KNOW  
(CONTINUE WITH D-7)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(CONTINUE WITH D-8)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(CONTINUE WITH D-8)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(CONTINUE WITH D-8)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(CONTINUE WITH D-8)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(GO BACK TO D-5  
IN NEXT COLUMN)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(GO BACK TO D-5  
IN NEXT COLUMN)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(GO BACK TO D-5  
IN NEXT COLUMN)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(GO TO D-9,  
COLUMN A)

## D. ORGANIZATIONS

A

B

C

D

D-9. (INTERVIEWER: CHECK ONE) (REFER TO D-1 AND D-5)	<input type="checkbox"/> BELONGS TO ONE OR MORE ORGANIZATIONS (ASK D-10)  <input type="checkbox"/> BELONGS TO NO ORGANIZATIONS (GO TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> BELONGS TO ONE OR MORE ORGANIZATIONS (ASK D-10)  <input type="checkbox"/> BELONGS TO NO ORGANIZATIONS (GO TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> BELONGS TO ONE OR MORE ORGANIZATIONS (ASK D-10)  <input type="checkbox"/> BELONGS TO NO ORGANIZATIONS (GO TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> BELONGS TO ONE OR MORE ORGANIZATIONS (ASK D-10)  <input type="checkbox"/> BELONGS TO NO ORGANIZATIONS (GO TO D-9 IN NEXT COLUMN)
D-10. Considering all memberships, Jewish and non-Jewish, in which organization was (PERSON) most active during the past year? (WRITE THE NAME OF THE ORGANIZATION)	NAME OF ORGANIZATION: <hr/> (CONTINUE WITH D-11)	NAME OF ORGANIZATION: <hr/> (CONTINUE WITH D-11)	NAME OF ORGANIZATION: <hr/> (CONTINUE WITH D-11)	NAME OF ORGANIZATION: <hr/> (CONTINUE WITH D-11)
D-11. Are all, most, half, or some of the members of this organization Jewish?	<input type="checkbox"/> ALL JEWISH  <input type="checkbox"/> MOSTLY JEWISH  <input type="checkbox"/> HALF JEWISH  <input type="checkbox"/> SOME JEWISH  <input type="checkbox"/> DON'T KNOW  (GO BACK TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> ALL JEWISH  <input type="checkbox"/> MOSTLY JEWISH  <input type="checkbox"/> HALF JEWISH  <input type="checkbox"/> SOME JEWISH  <input type="checkbox"/> DON'T KNOW  (GO BACK TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> ALL JEWISH  <input type="checkbox"/> MOSTLY JEWISH  <input type="checkbox"/> HALF JEWISH  <input type="checkbox"/> SOME JEWISH  <input type="checkbox"/> DON'T KNOW  (GO BACK TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> ALL JEWISH  <input type="checkbox"/> MOSTLY JEWISH  <input type="checkbox"/> HALF JEWISH  <input type="checkbox"/> SOME JEWISH  <input type="checkbox"/> DON'T KNOW  (GO BACK TO D-9 IN NEXT COLUMN)

END OF SECTION D

E	F	G	H	NOTES
<input type="checkbox"/> BELONGS TO ONE OR MORE ORGANIZATIONS (ASK D-10)  <input type="checkbox"/> BELONGS TO NO ORGANIZATIONS (GO TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> BELONGS TO ONE OR MORE ORGANIZATIONS (ASK D-10)  <input type="checkbox"/> BELONGS TO NO ORGANIZATIONS (GO TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> BELONGS TO ONE OR MORE ORGANIZATIONS (ASK D-10)  <input type="checkbox"/> BELONGS TO NO ORGANIZATIONS (GO TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> BELONGS TO ONE OR MORE ORGANIZATIONS (ASK D-10)  <input type="checkbox"/> BELONGS TO NO ORGANIZATIONS (GO TO NEXT SECTION)	
NAME OF ORGANIZATION: <hr/> (CONTINUE WITH D-11)	NAME OF ORGANIZATION: <hr/> (CONTINUE WITH D-11)	NAME OF ORGANIZATION: <hr/> (CONTINUE WITH D-11)	NAME OF ORGANIZATION: <hr/> (CONTINUE WITH D-11)	
<input type="checkbox"/> ALL JEWISH <input type="checkbox"/> MOSTLY JEWISH <input type="checkbox"/> HALF JEWISH <input type="checkbox"/> SOME JEWISH <input type="checkbox"/> DON'T KNOW  (GO BACK TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> ALL JEWISH <input type="checkbox"/> MOSTLY JEWISH <input type="checkbox"/> HALF JEWISH <input type="checkbox"/> SOME JEWISH <input type="checkbox"/> DON'T KNOW  (GO BACK TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> ALL JEWISH <input type="checkbox"/> MOSTLY JEWISH <input type="checkbox"/> HALF JEWISH <input type="checkbox"/> SOME JEWISH <input type="checkbox"/> DON'T KNOW  (GO BACK TO D-9 IN NEXT COLUMN)	<input type="checkbox"/> ALL JEWISH <input type="checkbox"/> MOSTLY JEWISH <input type="checkbox"/> HALF JEWISH <input type="checkbox"/> SOME JEWISH <input type="checkbox"/> DON'T KNOW  (GO TO NEXT SECTION)	



**SECTION E**  
**MARRIAGE AND CHILDREN**

HOUSEHOLD SURNAME: \_\_\_\_\_

INTERVIEW NUMBER: \_\_\_\_\_

PSU CATEGORY: \_\_\_\_\_

**E. MARRIAGE AND CHILDREN**

**A**

**B**

**C**

**D**

<p>E-1. Is (PERSON) currently married?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(GO TO E-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(GO TO E-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(GO TO E-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(GO TO E-1 IN NEXT COLUMN)</p>
<p>E-2. Has (PERSON) ever been married previously; that is, has he/she ever been divorced or widowed? (CHECK ALL THAT APPLY)</p>	<p><input type="checkbox"/> YES, DIVORCED (ASK E-3)</p> <p><input type="checkbox"/> YES, WIDOWED (ASK E-3)</p> <p><input type="checkbox"/> NO (GO TO E-2 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO E-2 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES, DIVORCED (ASK E-3)</p> <p><input type="checkbox"/> YES, WIDOWED (ASK E-3)</p> <p><input type="checkbox"/> NO (GO TO E-2 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO E-2 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES, DIVORCED (ASK E-3)</p> <p><input type="checkbox"/> YES, WIDOWED (ASK E-3)</p> <p><input type="checkbox"/> NO (GO TO E-2 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO E-2 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES, DIVORCED (ASK E-3)</p> <p><input type="checkbox"/> YES, WIDOWED (ASK E-3)</p> <p><input type="checkbox"/> NO (GO TO E-2 IN NEXT COLUMN)</p> <p><input type="checkbox"/> DON'T KNOW (GO TO E-2 IN NEXT COLUMN)</p>
<p>E-3. How many times has (PERSON) been married, not including (PERSON'S) current marriage, if any?</p>	<p>NUMBER OF PREVIOUS MARRIAGES:</p> <p>_____</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(GO BACK TO E-2 IN NEXT COLUMN)</p>	<p>NUMBER OF PREVIOUS MARRIAGES:</p> <p>_____</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(GO BACK TO E-2 IN NEXT COLUMN)</p>	<p>NUMBER OF PREVIOUS MARRIAGES:</p> <p>_____</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(GO BACK TO E-2 IN NEXT COLUMN)</p>	<p>NUMBER OF PREVIOUS MARRIAGES:</p> <p>_____</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(GO BACK TO E-2 IN NEXT COLUMN)</p>
<p>E-4. (INTERVIEWER: IS THERE AT LEAST ONE CURRENT MARRIAGE IN THE HOUSEHOLD?) (REFER TO E-1)</p>	<p><input type="checkbox"/> YES (ASK E-5)</p> <p><input type="checkbox"/> NO (SKIP TO E-31)</p>			

E	F	G	H	NOTES
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (GO TO E-1 IN NEXT COLUMN)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (GO TO E-1 IN NEXT COLUMN)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (GO TO E-1 IN NEXT COLUMN)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW (GO TO E-2, COLUMN A)	
<input type="checkbox"/> YES, DIVORCED (ASK E-3) <input type="checkbox"/> YES, WIDOWED (ASK E-3) <input type="checkbox"/> NO (GO TO E-2 IN NEXT COLUMN) <input type="checkbox"/> DON'T KNOW (GO TO E-2 IN NEXT COLUMN)	<input type="checkbox"/> YES, DIVORCED (ASK E-3) <input type="checkbox"/> YES, WIDOWED (ASK E-3) <input type="checkbox"/> NO (GO TO E-2 IN NEXT COLUMN) <input type="checkbox"/> DON'T KNOW (GO TO E-2 IN NEXT COLUMN)	<input type="checkbox"/> YES, DIVORCED (ASK E-3) <input type="checkbox"/> YES, WIDOWED (ASK E-3) <input type="checkbox"/> NO (GO TO E-2 IN NEXT COLUMN) <input type="checkbox"/> DON'T KNOW (GO TO E-2 IN NEXT COLUMN)	<input type="checkbox"/> YES, DIVORCED (ASK E-3) <input type="checkbox"/> YES, WIDOWED (ASK E-3) <input type="checkbox"/> NO (GO TO E-4) <input type="checkbox"/> DON'T KNOW (GO TO E-4)	
NUMBER OF PREVIOUS MARRIAGES: _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW (GO BACK TO E-2 IN NEXT COLUMN)	NUMBER OF PREVIOUS MARRIAGES: _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW (GO BACK TO E-2 IN NEXT COLUMN)	NUMBER OF PREVIOUS MARRIAGES: _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW (GO BACK TO E-2 IN NEXT COLUMN)	NUMBER OF PREVIOUS MARRIAGES: _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW (GO TO E-4)	

E-5. (INTERVIEWER: WRITE LETTER OF PERSON OR PERSONS WHOSE CURRENT MARRIAGE IS BEING DETAILED IN THIS SECTION BEGINNING WITH HEAD OF HOUSEHOLD AND SPOUSE.)

LETTER(S): \_\_\_\_\_  
\_\_\_\_\_

E-6. I'd like to ask you a few questions about (PERSON'S) current marriage. In what month and year did the marriage take place?

MONTH:

YEAR:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW

DON'T KNOW

E-7. What kind of ceremony was performed at the marriage? (IF THERE WAS BOTH A RELIGIOUS AND A CIVIL CEREMONY, OR TWO RELIGIOUS CEREMONIES, INDICATE BOTH.)

JEWISH RELIGIOUS CEREMONY

OTHER RELIGIOUS CEREMONY (WHICH: \_\_\_\_\_ )

CIVIL CEREMONY

ANOTHER KIND OF CEREMONY (WHICH: \_\_\_\_\_ )

NO CEREMONY

DON'T KNOW

E-8. What was the religion of the *husband* at the time that the couple met?

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH (WHICH: \_\_\_\_\_ )
- CATHOLIC
- PROTESTANT (DENOMINATION: \_\_\_\_\_ )
- OTHER (WHICH: \_\_\_\_\_ )
- NONE
- DON'T KNOW

E-9. What was the religion of the *wife* at the time that the couple met?

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH (WHICH: \_\_\_\_\_ )
- CATHOLIC
- PROTESTANT (DENOMINATION: \_\_\_\_\_ )
- OTHER (WHICH: \_\_\_\_\_ )
- NONE
- DON'T KNOW

E-10. Were there any children born into this marriage, *excluding stillbirths*?

YES (ASK E-11)

NO (SKIP TO E-12)

DON'T KNOW (SKIP TO E-12)

E-11. How many children were born into this marriage, *excluding stillbirths*?

NUMBER OF CHILDREN BORN INTO MARRIAGE:

\_\_\_\_\_

DON'T KNOW

E-12. Were there any other children raised in this marriage?

YES (ASK E-13)

NO (SKIP TO E-14)

DON'T KNOW (SKIP TO E-14)

E-13. How many other children were raised in this marriage?

NUMBER OF OTHER CHILDREN:

\_\_\_\_\_

DON'T KNOW

E-14. (INTERVIEWER: CHECK ONE)

RESPONDENT HAS REPLIED "YES" TO EITHER E-10 OR E-12 (ASK E-15)

RESPONDENT HAS REPLIED "NO" or "DON'T KNOW" TO BOTH E-10 and E-12 (SKIP TO E-25)

**OLDEST CHILD**

**SECOND CHILD**

**THIRD CHILD**

**FOURTH CHILD**

<p>E-15. Starting with the oldest, please tell me the first names of all children raised in this marriage. (RECORD NAMES IN BOXES, OLDEST CHILD FIRST.)</p>	<p>(GO TO E-15 IN NEXT COLUMN)</p>	<p>(GO TO E-15 IN NEXT COLUMN)</p>	<p>(GO TO E-15 IN NEXT COLUMN)</p>	<p>(GO TO E-16 OLDEST CHILD. For additional children - use Supplement EA.)</p>
<p>E-16. Was (CHILD) born into this marriage or adopted (whether or not the adoption was a legal one)?</p>	<p><input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW  (GO TO E-16 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW  (GO TO E-16 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW  (GO TO E-16 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW  (GO TO E-17, OLDEST CHILD IF THERE ARE NO ADDITIONAL CHILDREN)</p>
<p>E-17. (INTERVIEWER: IS CHILD LIVING IN HOUSEHOLD?)</p>	<p><input type="checkbox"/> YES (GO TO E-17 IN NEXT COLUMN)  <input type="checkbox"/> NO (CONTINUE WITH E-18)</p>	<p><input type="checkbox"/> YES (GO TO E-17 IN NEXT COLUMN)  <input type="checkbox"/> NO (CONTINUE WITH E-18)</p>	<p><input type="checkbox"/> YES (GO TO E-17 IN NEXT COLUMN)  <input type="checkbox"/> NO (CONTINUE WITH E-18)</p>	<p><input type="checkbox"/> YES (SKIP TO E-25 IF THERE ARE NO ADDITIONAL CHILDREN)  <input type="checkbox"/> NO (CONTINUE WITH E-18)</p>
<p>E-18. In what month and year was (CHILD) born?</p>	<p>MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW  (CONTINUE WITH E-19)</p>	<p>MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW  (CONTINUE WITH E-19)</p>	<p>MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW  (CONTINUE WITH E-19)</p>	<p>MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW  (CONTINUE WITH E-19)</p>

	OLDEST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD
E-19. How old was (CHILD) on his/her last birthday?	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH E-20)	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH E-20)	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH E-20)	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH E-20)
E-20. What is (CHILD'S) sex?	<input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE (CONTINUE WITH E-21)	<input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE (CONTINUE WITH E-21)	<input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE (CONTINUE WITH E-21)	<input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE (CONTINUE WITH E-21)
E-21. Is (CHILD) still living?	<input type="checkbox"/> YES (SKIP TO E-23)  <input type="checkbox"/> NO (ASK E-22)  <input type="checkbox"/> DON'T KNOW (SKIP TO E-23)	<input type="checkbox"/> YES (SKIP TO E-23)  <input type="checkbox"/> NO (ASK E-22)  <input type="checkbox"/> DON'T KNOW (SKIP TO E-23)	<input type="checkbox"/> YES (SKIP TO E-23)  <input type="checkbox"/> NO (ASK E-22)  <input type="checkbox"/> DON'T KNOW (SKIP TO E-23)	<input type="checkbox"/> YES (SKIP TO E-23)  <input type="checkbox"/> NO (ASK E-22)  <input type="checkbox"/> DON'T KNOW (SKIP TO E-23)
E-22. In what month and year did (CHILD) die?	MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW (GO BACK TO E-17, NEXT COLUMN)	MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW (GO BACK TO E-17, NEXT COLUMN)	MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW (GO BACK TO E-17, NEXT COLUMN)	MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW (GO TO E-25 IF THERE ARE NO ADDITIONAL CHILDREN)
E-23. At what age did (CHILD) leave home permanently?	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH E-24)	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH E-24)	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH E-24)	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH E-24)



**OLDEST CHILD**

**SECOND CHILD**

**THIRD CHILD**

**FOURTH CHILD**

E-24. In what religion was/is (CHILD) brought up?

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH WHICH:

\_\_\_\_\_  
\_\_\_\_\_

- CATHOLIC
- PROTESTANT DENOMINATION:

\_\_\_\_\_  
\_\_\_\_\_

- OTHER WHICH:

\_\_\_\_\_  
\_\_\_\_\_

- NONE

- DON'T KNOW

(GO BACK TO E-17 IN NEXT COLUMN)

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH WHICH:

\_\_\_\_\_  
\_\_\_\_\_

- CATHOLIC
- PROTESTANT DENOMINATION:

\_\_\_\_\_  
\_\_\_\_\_

- OTHER WHICH:

\_\_\_\_\_  
\_\_\_\_\_

- NONE

- DON'T KNOW

(GO BACK TO E-17 IN NEXT COLUMN)

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH WHICH:

\_\_\_\_\_  
\_\_\_\_\_

- CATHOLIC
- PROTESTANT DENOMINATION:

\_\_\_\_\_  
\_\_\_\_\_

- OTHER WHICH:

\_\_\_\_\_  
\_\_\_\_\_

- NONE

- DON'T KNOW

(GO BACK TO E-17 IN NEXT COLUMN)

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH WHICH:

\_\_\_\_\_  
\_\_\_\_\_

- CATHOLIC
- PROTESTANT DENOMINATION:

\_\_\_\_\_  
\_\_\_\_\_

- OTHER WHICH:

\_\_\_\_\_  
\_\_\_\_\_

- NONE

- DON'T KNOW

(GO TO E-25 IF THERE ARE NO ADDITIONAL CHILDREN)

E-25. (INTERVIEWER: CHECK ONE)

RESPONDENT IS A MEMBER OF THE MARRIED COUPLE UNDER DISCUSSION  
(ASK E-26)

RESPONDENT IS NOT A MEMBER OF THE MARRIED COUPLE UNDER DISCUSSION  
(SKIP TO E-30)

E-26. What is (WIFE'S) date of birth?

\_\_\_\_\_  
(MONTH)                      (DAY)                      (YEAR)

E-27. (INTERVIEWER: CHECK ONE) (REFER TO PREVIOUS QUESTION)

WIFE BORN ON OR BEFORE JUNE 30, 1924 (SKIP TO E-30)

WIFE BORN ON OR AFTER JULY 1, 1924 (ASK E-28)

E-28. How many (more) children do you and your spouse expect to have, in addition to those you already have?

\_\_\_\_\_ ADDITIONAL CHILDREN EXPECTED

NONE (SKIP TO E-30)

"GOD'S WILL," "UP TO FATE," "DON'T KNOW" (ASK E-29)

E-29. However you think things will turn out for your family, how many (more) children do you think you are likely to have?

\_\_\_\_\_ ADDITIONAL CHILDREN EXPECTED

NONE

CAN'T SAY OR WON'T SAY

E-30. (INTERVIEWER: CHECK ONE: (REFER TO E-1)

THIS IS THE ONLY CURRENT MARRIAGE IN THE HOUSEHOLD (GO TO E-31)

THERE ARE ADDITIONAL CURRENT MARRIAGES IN THE HOUSEHOLD, (TAKE SUPPLEMENTARY FORM EA AND USE THAT)

E-31. (INTERVIEWER: IS THERE SOMEONE IN THE HOUSEHOLD WHO HAS A TERMINATED MARRIAGE?) (REFER TO E-3.)

YES (USE SUPPLEMENTARY FORM EB)

NO (PROCEED TO NEXT SECTION)

END OF SECTION E

SUPPLEMENT EA

ADDITIONAL CURRENT MARRIAGE OR ADDITIONAL CHILDREN

HOUSEHOLD SURNAME: \_\_\_\_\_

INTERVIEW NUMBER: \_\_\_\_\_

PSU CATEGORY: \_\_\_\_\_

Letter(s) of  
person(s) whose  
marriage is being  
detailed in this  
supplement: \_\_\_\_\_  
\_\_\_\_\_

OR:

Letter(s) of  
person(s) whose  
additional children  
are being detailed  
in this supplement: \_\_\_\_\_  
\_\_\_\_\_

EA. SUPPLEMENT FOR ADDITIONAL CURRENT MARRIAGE OR ADDITIONAL CHILDREN

EA-1. (INTERVIEWER: ON THE COVER OF THIS SUPPLEMENT, WRITE IN LETTER(S) AND NAME(S) OF AN ADDITIONAL MARRIED PERSON OR A MARRIED COUPLE LIVING IN THE HOUSEHOLD, OR WHOSE ADDITIONAL CHILDREN ARE BEING RECORDED HERE)

EA-2. In what month and year did the marriage take place?  
MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DON'T KNOW  DON'T KNOW

EA-3. What kind of ceremony was performed at the marriage? (IF THERE WAS BOTH A RELIGIOUS AND A CIVIL CEREMONY, OR TWO RELIGIOUS CEREMONIES, RECORD BOTH.)

JEWISH RELIGIOUS CEREMONY

OTHER RELIGIOUS CEREMONY (WHICH: \_\_\_\_\_)

CIVIL CEREMONY

ANOTHER KIND OF CEREMONY (WHICH: \_\_\_\_\_)

NO CEREMONY

DON'T KNOW

EA-4. What was the religion of the husband at the time the couple met?

- ORTHODOX JEWISH
  - CONSERVATIVE JEWISH
  - REFORM JEWISH
  - OTHER JEWISH (WHICH: \_\_\_\_\_)
  - CATHOLIC
  - PROTESTANT (DENOMINATION: \_\_\_\_\_)
  - OTHER (WHICH: \_\_\_\_\_)
  - NONE
  - DON'T KNOW
- 

EA-5. What was the religion of the wife at the time the couple met?

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH (WHICH: \_\_\_\_\_)
- CATHOLIC
- PROTESTANT (DENOMINATION: \_\_\_\_\_)
- OTHER (WHICH: \_\_\_\_\_)
- NONE
- DON'T KNOW

EA-6. Were there any children born into this marriage, excluding stillbirths?

- YES (ASK EA-7)
- NO (SKIP TO EA-8)
- DON'T KNOW (SKIP TO EA-8)
- 

EA-7. How many children were born into this marriage, excluding stillbirths?

NUMBER OF CHILDREN BORN INTO MARRIAGE:

---

- DON'T KNOW
- 

EA-8. Were there any other children raised in this marriage?

- YES (ASK EA-9)
- NO (SKIP TO EA-10)
- DON'T KNOW (SKIP TO EA-10)
- 

EA-9. How many other children were raised in this marriage?

NUMBER OF OTHER CHILDREN:

---

- DON'T KNOW
- 

EA-10. (INTERVIEWER: CHECK ONE)

- RESPONDENT HAS REPLIED "YES" TO EITHER EA-6 OR EA-8 (ASK EA-11)
- RESPONDENT HAS REPLIED "NO" OR "DON'T KNOW" TO BOTH EA-6 AND EA-8 (SKIP TO EA-21)

	OLDEST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD
EA-11. Please tell me the first names of all children raised in this marriage, oldest first. (RECORD NAMES IN BOXES, OLDEST FIRST.)	(GO TO EA-11 IN NEXT COLUMN)	(GO TO EA-11 IN NEXT COLUMN)	(GO TO EA-11 IN NEXT COLUMN)	(GO TO EA-12, OLDEST CHILD) FOR ADDITIONAL CHILDREN USE AN-OTHER SUPPLEMENT EA)
EA-12. Was (CHILD) born into this marriage or adopted (whether or not the adoption was a legal one)?	<input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW (GO TO EA-12 IN NEXT COLUMN)	<input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW (GO TO EA-12 IN NEXT COLUMN)	<input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW (GO TO EA-12 IN NEXT COLUMN)	<input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW (GO TO EA-13, OLDEST CHILD)
EA-13. (INTERVIEWER: IS CHILD LIVING IN HOUSEHOLD?)	<input type="checkbox"/> YES (GO TO EA-13 IN NEXT COLUMN)  <input type="checkbox"/> NO (CONTINUE WITH EA-14)	<input type="checkbox"/> YES (GO TO EA-13 IN NEXT COLUMN)  <input type="checkbox"/> NO (CONTINUE WITH EA-14)	<input type="checkbox"/> YES (GO TO EA-13 IN NEXT COLUMN)  <input type="checkbox"/> NO (CONTINUE WITH EA-14)	<input type="checkbox"/> YES (GO TO EA-21)  <input type="checkbox"/> NO (CONTINUE WITH EA-14)
EA-14. In what month and year was (CHILD) born?	MONTH: _____ YEAR: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-15)	MONTH: _____ YEAR: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-15)	MONTH: _____ YEAR: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-15)	MONTH: _____ YEAR: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-15)

	OLDEST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD
EA-15. How old was (CHILD) his/her on last birthday?	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-16)	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-16)	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-16)	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-16)
EA-16. What is (CHILD'S) sex?	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CONTINUE WITH EA-17)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CONTINUE WITH EA-17)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CONTINUE WITH EA-17)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CONTINUE WITH EA-17)
EA-17. Is (CHILD) still living?	<input type="checkbox"/> YES (SKIP TO EA-19) <input type="checkbox"/> NO (ASK EA-18) <input type="checkbox"/> DON'T KNOW (SKIP TO EA-19)	<input type="checkbox"/> YES (SKIP TO EA-19) <input type="checkbox"/> NO (ASK EA-18) <input type="checkbox"/> DON'T KNOW (SKIP TO EA-19)	<input type="checkbox"/> YES (SKIP TO EA-19) <input type="checkbox"/> NO (ASK EA-18) <input type="checkbox"/> DON'T KNOW (SKIP TO EA-19)	<input type="checkbox"/> YES (SKIP TO EA-19) <input type="checkbox"/> NO (ASK EA-18) <input type="checkbox"/> DON'T KNOW (SKIP TO EA-19)
EA-18. How old was (CHILD) when he died?	MONTH: _____ YEAR: _____ <input type="checkbox"/> DON'T KNOW (GO BACK TO EA-13 IN NEXT COLUMN)	MONTH: _____ YEAR: _____ <input type="checkbox"/> DON'T KNOW (GO BACK TO EA-13 IN NEXT COLUMN)	MONTH: _____ YEAR: _____ <input type="checkbox"/> DON'T KNOW (GO BACK TO EA-13 IN NEXT COLUMN)	MONTH: _____ YEAR: _____ <input type="checkbox"/> DON'T KNOW (GO TO EA-21)
EA-19. At what age did (CHILD) leave home permanently?	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-20)	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-20)	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-20)	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EA-20)



	OLDEST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD
EA-20. In what religion was/is (CHILD) brought up?	<input type="checkbox"/> ORTHODOX JEWISH	<input type="checkbox"/> ORTHODOX JEWISH	<input type="checkbox"/> ORTHODOX JEWISH	<input type="checkbox"/> ORTHODOX JEWISH
	<input type="checkbox"/> CONSERVATIVE JEWISH	<input type="checkbox"/> CONSERVATIVE JEWISH	<input type="checkbox"/> CONSERVATIVE JEWISH	<input type="checkbox"/> CONSERVATIVE JEWISH
	<input type="checkbox"/> REFORM JEWISH	<input type="checkbox"/> REFORM JEWISH	<input type="checkbox"/> REFORM JEWISH	<input type="checkbox"/> REFORM JEWISH
	<input type="checkbox"/> OTHER JEWISH WHICH: _____	<input type="checkbox"/> OTHER JEWISH WHICH: _____	<input type="checkbox"/> OTHER JEWISH WHICH: _____	<input type="checkbox"/> OTHER JEWISH WHICH: _____
	<input type="checkbox"/> CATHOLIC	<input type="checkbox"/> CATHOLIC	<input type="checkbox"/> CATHOLIC	<input type="checkbox"/> CATHOLIC
	<input type="checkbox"/> PROTESTANT DENOMINATION: _____	<input type="checkbox"/> PROTESTANT DENOMINATION: _____	<input type="checkbox"/> PROTESTANT DENOMINATION: _____	<input type="checkbox"/> PROTESTANT DENOMINATION: _____
	<input type="checkbox"/> OTHER WHICH: _____	<input type="checkbox"/> OTHER WHICH: _____	<input type="checkbox"/> OTHER WHICH: _____	<input type="checkbox"/> OTHER WHICH: _____
	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE
	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DON'T KNOW
	(GO BACK TO EA-13 IN NEXT COLUMN)	(GO BACK TO EA-13 IN NEXT COLUMN)	(GO BACK TO EA-13 IN NEXT COLUMN)	(GO TO EA-21)

EA-21. (INTERVIEWER: CHECK ONE)

RESPONDENT IS A MEMBER OF THE MARRIED COUPLE UNDER DISCUSSION. (ASK EA-22)

RESPONDENT IS NOT A MEMBER OF THE MARRIED COUPLE UNDER DISCUSSION. (SKIP TO EA-26)

EA-22. What is (WIFE'S) date of birth?

MONTH:                      DAY:                      YEAR:

\_\_\_\_\_

---

EA-23. (INTERVIEWER: CHECK ONE)

- WIFE WAS BORN ON OR BEFORE JUNE 30, 1924 (SKIP TO EA-26)
- WIFE WAS BORN ON OR AFTER JULY 1, 1924 (ASK EA-24)

---

EA-24. How many (more) children do you and your spouse expect to have in addition to those you already have?

\_\_\_\_\_ ADDITIONAL CHILDREN EXPECTED (SKIP TO EA-26)

- NONE (SKIP TO EA-26)
- "GOD'S WILL," "UP TO FATE," "DON'T KNOW," ETC. (ASK EA-25)

---

EA-25. However you think things will turn out for your family, how many (more) children do you think you are likely to have?

\_\_\_\_\_ ADDITIONAL CHILDREN EXPECTED

- NONE
- CAN'T SAY OR WON'T SAY

---

EA-26. (INTERVIEWER: CHECK ONE) (REFER TO E-1)

- THERE ARE NO MORE CURRENT MARRIAGES IN THE HOUSEHOLD (GO TO EA-27)
- THERE ARE ADDITIONAL CURRENT MARRIAGES IN THE HOUSEHOLD. (USE ANOTHER COPY OF SUPPLEMENTARY FORM EA TO RECORD THE ADDITIONAL MARRIAGE.)

---

EA-27. (INTERVIEWER: IS THERE SOMEONE IN THE HOUSEHOLD WHO HAS A TERMINATED MARRIAGE?) (REFER TO E-3)

- YES (USE SUPPLEMENTARY FORM EB)
- NO (PROCEED TO NEXT SECTION)

---

END OF SUPPLEMENT EA

SUPPLEMENT EB

TERMINATED MARRIAGE

HOUSEHOLD SURNAME: \_\_\_\_\_

INTERVIEW NUMBER: \_\_\_\_\_

PSU CATEGORY: \_\_\_\_\_

Letter of Person  
whose terminated  
marriage is being  
detailed in this  
supplement. \_\_\_\_\_

EB. SUPPLEMENT FOR TERMINATED MARRIAGE

---

EB-1. (INTERVIEWER: FILL OUT INFORMATION ON COVER OF THIS SUPPLEMENT, SELECTING ONE TERMINATED MARRIAGE IN THE HOUSEHOLD.)

---

EB-2. In what month and year did the marriage take place?

MONTH

YEAR

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW

DON'T KNOW

---

EB-3. What kind of ceremony was performed at the marriage? (IF THERE WAS BOTH A RELIGIOUS AND A CIVIL CEREMONY, OR TWO RELIGIOUS CEREMONIES, INDICATE BOTH.)

JEWISH RELIGIOUS CEREMONY

OTHER RELIGIOUS CEREMONY (WHICH: \_\_\_\_\_)

CIVIL CEREMONY

ANOTHER KIND OF CEREMONY (WHICH: \_\_\_\_\_)

NO CEREMONY

DON'T KNOW

EB-4. What was the religion of the husband at the time the couple met?

- ORTHODOX JEWISH
  - CONSERVATIVE JEWISH
  - REFORM JEWISH
  - OTHER JEWISH (WHICH: \_\_\_\_\_)
  - CATHOLIC
  - PROTESTANT (DENOMINATION: \_\_\_\_\_)
  - OTHER (WHICH: \_\_\_\_\_)
  - NONE
  - DON'T KNOW
- 

EB-5. What was the religion of the wife at the time the couple met?

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH (WHICH: \_\_\_\_\_)
- CATHOLIC
- PROTESTANT (DENOMINATION: \_\_\_\_\_)
- OTHER (WHICH: \_\_\_\_\_)
- NONE
- DON'T KNOW

EB-6. When was the marriage terminated?

MONTH

YEAR

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW

DON'T KNOW

---

EB-7. How was the marriage terminated? (CHECK ALL THAT APPLY)

A JEWISH DIVORCE (A "GET")

A CIVIL DIVORCE

A DIVORCE FROM ANOTHER RELIGION (WHICH: \_\_\_\_\_)

DEATH OF THE SPOUSE

ANNULMENT

SEPARATION WITH A COURT DECREE

SEPARATION WITHOUT A COURT DECREE

DON'T KNOW

OTHER (WHICH: \_\_\_\_\_)

EB-8. What was the religion of the husband at the time of the termination of the marriage?

- ORTHODOX JEWISH
  - CONSERVATIVE JEWISH
  - REFORM JEWISH
  - OTHER JEWISH (WHICH: \_\_\_\_\_)
  - CATHOLIC
  - PROTESTANT (DENOMINATION: \_\_\_\_\_)
  - OTHER (WHICH: \_\_\_\_\_)
  - NONE
  - DON'T KNOW
- 

EB-9. What was the religion of the wife at the time of the termination of the marriage?

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH (WHICH: \_\_\_\_\_)
- CATHOLIC
- PROTESTANT (DENOMINATION: \_\_\_\_\_)
- OTHER (WHICH: \_\_\_\_\_)
- NONE
- DON'T KNOW

EB-10. Were there any children born into this marriage, excluding stillbirths?

- YES (ASK EB-11)
  - NO (SKIP TO EB-12)
  - DON'T KNOW (SKIP TO EB-12)
- 

EB-11. How many children were born into this marriage, excluding stillbirths?

NUMBER OF CHILDREN BORN INTO MARRIAGE:

- \_\_\_\_\_
- DON'T KNOW
- 

EB-12. Were there any other children raised in this marriage?

- YES (ASK EB-13)
  - NO (SKIP TO EB-14)
  - DON'T KNOW (SKIP TO EB-14)
- 

EB-13. How many other children were raised in this marriage?

NUMBER OF OTHER CHILDREN:

- \_\_\_\_\_
- DON'T KNOW
- 

EB-14. (INTERVIEWER: CHECK ONE)

- RESPONDENT HAS REPLIED "YES" TO EITHER EB-10 OR EB-12 (ASK EB-15)
- RESPONDENT HAS REPLIED "NO" OR "DON'T KNOW" TO BOTH EB-10 AND EB-12 (SKIP TO EB-25)



	OLDEST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD
EB-15. Please tell me the first names of all children raised in this marriage, oldest first. (RECORD NAMES IN BOXES, OLDEST FIRST)	(GO TO EB-15 IN NEXT COLUMN)	(GO TO EB-15 IN NEXT COLUMN)	(GO TO EB-15 IN NEXT COLUMN)	(GO TO EB-16, OLDEST CHILD) FOR ADDITIONAL CHILDREN USE SUPPLEMENT EA)
EB-16. Was (CHILD) born into this marriage or adopted (whether or not the adoption was a legal one)?	<input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW (GO TO EB-16 IN NEXT COLUMN)	<input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW (GO TO EB-16 IN NEXT COLUMN)	<input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW (GO TO EB-16 IN NEXT COLUMN)	<input type="checkbox"/> BORN INTO THE MARRIAGE <input type="checkbox"/> ADOPTED <input type="checkbox"/> DON'T KNOW (GO TO EB-17, OLDEST CHILD)
EB-17. (INTERVIEWER: IS CHILD LIVING IN HOUSEHOLD?)	<input type="checkbox"/> YES (GO TO EB-17 IN NEXT COLUMN)  <input type="checkbox"/> NO (CONTINUE WITH EB-18)	<input type="checkbox"/> YES (GO TO EB-17 IN NEXT COLUMN)  <input type="checkbox"/> NO (CONTINUE WITH EB-18)	<input type="checkbox"/> YES (GO TO EB-17 IN NEXT COLUMN)  <input type="checkbox"/> NO (CONTINUE WITH EB-18)	<input type="checkbox"/> YES (GO TO EB-25)  <input type="checkbox"/> NO (CONTINUE WITH EB-18)
EB-18. In what month and year was (CHILD) born?	MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-19)	MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-19)	MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-19)	MONTH: _____  YEAR: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-19)

	OLDEST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD
EB-19. How old was (CHILD) on his/her last birthday?	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-20)	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-20)	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-20)	AGE: _____  <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-20)
EB-20. What is (CHILD'S) sex?	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CONTINUE WITH EB-21)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CONTINUE WITH EB-21)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CONTINUE WITH EB-21)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CONTINUE WITH EB-21)
EB-21. Is (CHILD) still living?	<input type="checkbox"/> YES (SKIP TO EB-23) <input type="checkbox"/> NO (ASK EB-22) <input type="checkbox"/> DON'T KNOW (SKIP TO EB-23)	<input type="checkbox"/> YES (SKIP TO EB-23) <input type="checkbox"/> NO (ASK EB-22) <input type="checkbox"/> DON'T KNOW (SKIP TO EB-23)	<input type="checkbox"/> YES (SKIP TO EB-23) <input type="checkbox"/> NO (ASK EB-22) <input type="checkbox"/> DON'T KNOW (SKIP TO EB-23)	<input type="checkbox"/> YES (SKIP TO EB-23) <input type="checkbox"/> NO (ASK EB-22) <input type="checkbox"/> DON'T KNOW (SKIP TO EB-23)
EB-22. How old was (CHILD) when he died?	MONTHS: _____  YEARS: _____  <input type="checkbox"/> DON'T KNOW (GO BACK TO EB-17 IN NEXT COLUMN)	MONTHS: _____  YEARS: _____  <input type="checkbox"/> DON'T KNOW (GO BACK TO EB-17 IN NEXT COLUMN)	MONTHS: _____  YEARS: _____  <input type="checkbox"/> DON'T KNOW (GO BACK TO EB-17 IN NEXT COLUMN)	MONTHS: _____  YEARS: _____  <input type="checkbox"/> DON'T KNOW (GO TO EB-25)

	OLDEST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD
EB-23. At what age did (CHILD) leave home permanently?	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-24)	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-24)	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-24)	AGE: _____ <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-24)
EB-24. In what religion was/is (CHILD) brought up?	<input type="checkbox"/> ORTHODOX JEWISH <input type="checkbox"/> CONSERVATIVE JEWISH <input type="checkbox"/> REFORM JEWISH <input type="checkbox"/> OTHER JEWISH WHICH: _____ <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT DENOMINATION: _____ <input type="checkbox"/> OTHER WHICH: _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW (GO BACK TO EB-17 IN NEXT COLUMN)	<input type="checkbox"/> ORTHODOX JEWISH <input type="checkbox"/> CONSERVATIVE JEWISH <input type="checkbox"/> REFORM JEWISH <input type="checkbox"/> OTHER JEWISH WHICH: _____ <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT DENOMINATION: _____ <input type="checkbox"/> OTHER WHICH: _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW (GO BACK TO EB-17 IN NEXT COL.)	<input type="checkbox"/> ORTHODOX JEWISH <input type="checkbox"/> CONSERVATIVE JEWISH <input type="checkbox"/> REFORM JEWISH <input type="checkbox"/> OTHER JEWISH WHICH: _____ <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT DENOMINATION: _____ <input type="checkbox"/> OTHER WHICH: _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW (GO BACK TO EB-17 IN NEXT COLUMN)	<input type="checkbox"/> ORTHODOX JEWISH <input type="checkbox"/> CONSERVATIVE JEWISH <input type="checkbox"/> REFORM JEWISH <input type="checkbox"/> OTHER JEWISH WHICH: _____ <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT DENOMINATION: _____ <input type="checkbox"/> OTHER WHICH: _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW (CONTINUE WITH EB-25)

EB-25. Has (PERSON) had other terminated marriages?

YES (RECORD OTHER TERMINATED MARRIAGES ON ADDITIONAL EB SUPPLEMENTS)

NO (ASK EB-26)

---

EB-26. Is there anyone else in the household who has had a terminated marriage?

YES (RECORD OTHER TERMINATED MARRIAGES ON ADDITIONAL EB SUPPLEMENTS)

NO (CONTINUE WITH NEXT SECTION)

---

END OF SUPPLEMENT EB

**SECTION F**  
**MOBILITY AND HOUSING**

HOUSEHOLD SURNAME: \_\_\_\_\_

INTERVIEW NUMBER: \_\_\_\_\_

PSU CATEGORY: \_\_\_\_\_

**F. MOBILITY AND HOUSING**

F-1. Do you or your family rent or own these living quarters?

RENT (SKIP TO F-5)

OWN - WITH OR WITHOUT A MORTGAGE (GO TO F-2)

F-2. (INTERVIEWER: CHECK ONE)

ONE FAMILY HOUSE (ASK F-3)

TWO OR MORE FAMILY HOUSE (SKIP TO F-14)

F-3. What is the approximate value of this property, that is, how much do you think this property (house and lot) would sell for if it were for sale?

UNDER \$10,000

\$10,000 - \$12,499

\$12,500 - \$14,999

\$15,000 - \$17,499

\$17,500 - \$19,999

\$20,000 - \$24,999

\$25,000 - \$34,999

\$35,000 - \$49,999

\$50,000 - \$74,999

\$75,000 AND OVER

F-4. (INTERVIEWER: FOR ALL HOUSEHOLDS OWNING THEIR LIVING QUARTERS, SKIP TO F-14)

F-5. What is the *monthly* rent that you and your family pay for these living quarters?

\$ \_\_\_\_\_ PER MONTH

MOBILITY AND HOUSING

F-6. Does that include electricity?

YES (SKIP TO F-8)

NO (ASK F-7)

F-7. About how much is the average *monthly* cost of electricity?

\$ \_\_\_\_\_ PER MONTH

F-8. And does your rent include gas?

YES (SKIP TO F-10)

NO (ASK F-9)

F-9. How much is the average *monthly* cost of gas?

\$ \_\_\_\_\_ PER MONTH

F-10. Does your rent include water?

YES (SKIP TO F-12)

NO (ASK F-11)

F-11. How much does your water cost *per year*?

\$ \_\_\_\_\_ PER YEAR

F-12. Do you use oil, coal, kerosene, wood, etc. to heat your home?

YES (ASK F-13)

NO (SKIP TO F-14)

F-13. How much do these cost *per year*?

\$ \_\_\_\_\_ PER YEAR

RENTAL RECORDING

AVERAGE MONTHLY RENTAL:

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

DON'T WRITE IN THIS SPACE:  
FOR OFFICE USE ONLY.

F-14. In what year did (HEAD) move into this home?

\_\_\_\_\_ YEAR  DON'T KNOW

F-15. What was (HEAD'S) previous address before he moved into this home?

NUMBER AND STREET: \_\_\_\_\_  DON'T KNOW

CITY OR TOWN: \_\_\_\_\_  DON'T KNOW

STATE OR FOREIGN COUNTRY: \_\_\_\_\_  DON'T KNOW

F-16. In what year did (PERSON) move into this city or town?

YEAR:

\_\_\_\_\_  
(Continue with F-17)

ALWAYS LIVED HERE  
(Skip to F-18)

DON'T KNOW  
(Continue with F-17)

YEAR:

\_\_\_\_\_  
(Continue with F-17)

ALWAYS LIVED HERE  
(Skip to F-18)

DON'T KNOW  
(Continue with F-17)

YEAR:

\_\_\_\_\_  
(Continue with F-17)

ALWAYS LIVED HERE  
(Skip to F-18)

DON'T KNOW  
(Continue with F-17)

YEAR:

\_\_\_\_\_  
(Continue with F-17)

ALWAYS LIVED H  
(Skip to F-18)

DON'T KNOW  
(Continue with F-17)

F-17. From what address did (PERSON) move to this city or town?

NUMBER AND STREET:

\_\_\_\_\_

CITY OR TOWN:

\_\_\_\_\_

STATE OR FOREIGN COUNTRY:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Continue with F-18)

NUMBER AND STREET:

\_\_\_\_\_

CITY OR TOWN:

\_\_\_\_\_

STATE OR FOREIGN COUNTRY:

\_\_\_\_\_

\_\_\_\_\_

SAME AS HEAD  
 DON'T KNOW  
(Continue with F-18)

NUMBER AND STREET:

\_\_\_\_\_

CITY OR TOWN:

\_\_\_\_\_

STATE OR FOREIGN COUNTRY:

\_\_\_\_\_

\_\_\_\_\_

SAME AS HEAD  
 DON'T KNOW  
(Continue with F-18)

NUMBER AND STREET:

\_\_\_\_\_

CITY OR TOWN:

\_\_\_\_\_

STATE OR FOREIGN COUNTRY:

\_\_\_\_\_

\_\_\_\_\_

SAME AS HEAD  
 DON'T KNOW  
(Continue with F-18)



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NOTES

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<p>YEAR:</p> <p>_____</p> <p><i>(Continue with F-17)</i></p> <p><input type="checkbox"/> ALWAYS LIVED HERE <i>(Skip to F-18)</i></p> <p><input type="checkbox"/> DON'T KNOW <i>(Continue with F-17)</i></p>	<p>YEAR:</p> <p>_____</p> <p><i>(Continue with F-17)</i></p> <p><input type="checkbox"/> ALWAYS LIVED HERE <i>(Skip to F-18)</i></p> <p><input type="checkbox"/> DON'T KNOW <i>(Continue with F-17)</i></p>	<p>YEAR:</p> <p>_____</p> <p><i>(Continue with F-17)</i></p> <p><input type="checkbox"/> ALWAYS LIVED HERE <i>(Skip to F-18)</i></p> <p><input type="checkbox"/> DON'T KNOW <i>(Continue with F-17)</i></p>	<p>YEAR:</p> <p>_____</p> <p><i>(Continue with F-17)</i></p> <p><input type="checkbox"/> ALWAYS LIVED HERE <i>(Skip to F-18)</i></p> <p><input type="checkbox"/> DON'T KNOW <i>(Continue with F-17)</i></p>	
<p>NUMBER AND STREET:</p> <p>_____</p> <p>_____</p> <p>CITY OR TOWN:</p> <p>_____</p> <p>_____</p> <p>STATE OR FOREIGN COUNTRY:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> SAME AS HEAD</p> <p><input type="checkbox"/> DON'T KNOW <i>(Continue with F-18)</i></p>	<p>NUMBER AND STREET:</p> <p>_____</p> <p>_____</p> <p>CITY OR TOWN:</p> <p>_____</p> <p>_____</p> <p>STATE OR FOREIGN COUNTRY:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> SAME AS HEAD</p> <p><input type="checkbox"/> DON'T KNOW <i>(Continue with F-18)</i></p>	<p>NUMBER AND STREET:</p> <p>_____</p> <p>_____</p> <p>CITY OR TOWN:</p> <p>_____</p> <p>_____</p> <p>STATE OR FOREIGN COUNTRY:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> SAME AS HEAD</p> <p><input type="checkbox"/> DON'T KNOW <i>(Continue with F-18)</i></p>	<p>NUMBER AND STREET:</p> <p>_____</p> <p>_____</p> <p>CITY OR TOWN:</p> <p>_____</p> <p>_____</p> <p>STATE OR FOREIGN COUNTRY:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> SAME AS HEAD</p> <p><input type="checkbox"/> DON'T KNOW <i>(Continue with F-18)</i></p>	

MOBILITY AND HOUSING

A

B

C

D

F-18. At what address did (PERSON) live on April 1, 1965?

NUMBER AND STREET:

\_\_\_\_\_

CITY OR TOWN:

\_\_\_\_\_

STATE OR FOREIGN COUNTRY:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Go back to F-16 in next column)

NUMBER AND STREET:

\_\_\_\_\_

CITY OR TOWN:

\_\_\_\_\_

STATE OR FOREIGN COUNTRY:

\_\_\_\_\_

\_\_\_\_\_

SAME AS HEAD  
 DON'T KNOW  
(Go back to F-16 in next column)

NUMBER AND STREET:

\_\_\_\_\_

CITY OR TOWN:

\_\_\_\_\_

STATE OR FOREIGN COUNTRY:

\_\_\_\_\_

\_\_\_\_\_

SAME AS HEAD  
 DON'T KNOW  
(Go back to F-16 in next column)

NUMBER AND STREET:

\_\_\_\_\_

CITY OR TOWN:

\_\_\_\_\_

STATE OR FOREIGN COUNTRY:

\_\_\_\_\_

\_\_\_\_\_

SAME AS HEAD  
 DON'T KNOW  
(Go back to F-16 in next column)

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NOTES

NUMBER AND STREET:

NUMBER AND STREET:

NUMBER AND STREET:

NUMBER AND STREET:

CITY OR TOWN:

CITY OR TOWN:

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STATE OR FOREIGN COUNTRY:

STATE OR FOREIGN COUNTRY:

STATE OR FOREIGN COUNTRY:

STATE OR FOREIGN COUNTRY:

SAME AS HEAD

SAME AS HEAD

SAME AS HEAD

SAME AS HEAD

DON'T KNOW  
*(Go back to F-16 in next column)*

DON'T KNOW  
*(Go back to F-16 in next column)*

DON'T KNOW  
*(Go back to F-16 in next column)*

DON'T KNOW  
*(Go to F-19)*

**MOBILITY AND HOUSING**

---

F-19. (INTERVIEWER: CHECK ONE)  
(REFER TO F-16)

HEAD HAS ALWAYS LIVED IN THIS CITY OR TOWN  
(SKIP TO F-21)

HEAD HAS NOT ALWAYS LIVED IN THIS CITY OR TOWN  
(ASK F-20)

---

F-20. What was the reason that (HEAD) moved to (NAME OF CITY OR TOWN)?  
(SHOW CARD I. CHECK ALL ANSWERS THAT APPLY.)

TO ENTER A SPECIFIC JOB OR BUSINESS

TO LOOK FOR A JOB OR BUSINESS

FOR FAMILY REASONS

TO LIVE IN A LARGER HOME

TO LIVE IN A SMALLER HOME

FOR REASONS OF HEALTH

BETTER CLIMATE

MORE PLEASANT COMMUNITY ENVIRONMENT

RETIREMENT

OTHER (WHICH: \_\_\_\_\_)

DON'T KNOW

---

F-21. Does (HEAD) have a home elsewhere, where he and other family members live two or more months in each year?

YES (ASK F-22)

NO (SKIP TO F-23)

DON'T KNOW (SKIP TO F-23)

---

F-22. At what address and in which city and state or foreign country is that other home?

NO. AND STREET: \_\_\_\_\_  DON'T KNOW

CITY OR TOWN: \_\_\_\_\_  DON'T KNOW

STATE OR FOREIGN COUNTRY: \_\_\_\_\_  DON'T KNOW

MOBILITY AND HOUSING

A

B

C

D

F-23. INTERVIEWER: IS (PERSON)  
18 YEARS OF AGE OR  
OLDER?

- YES  
(ASK F-24)
- NO  
*(Go to F-23 in next  
column)*

- YES  
(ASK F-24)
- NO  
*(Go to F-23 in next  
column)*

- YES  
(ASK F-24)
- NO  
*(Go to F-23 in next  
column)*

- YES  
(ASK F-24)
- NO  
*(Go to F-23 in next  
column)*

F-24. Does (PERSON) have any  
plans to move within the  
next five years?

- YES  
(ASK F-25)
- NO  
*(Go back to F-23 in next  
column)*
- DON'T KNOW  
*(Go back to F-23 in next  
column)*

- YES  
(ASK F-25)
- NO  
*(Go back to F-23 in next  
column)*
- DON'T KNOW  
*(Go back to F-23 in next  
column)*

- YES  
(ASK F-25)
- NO  
*(Go back to F-23 in next  
column)*
- DON'T KNOW  
*(Go back to F-23 in next  
column)*

- YES  
(ASK F-25)
- NO  
*(Go back to F-23 in  
column)*
- DON'T KNOW  
*(Go back to F-23 in  
column)*

F-25. What plans does (PERSON)  
have to move within the next  
five years? (SHOW CARD J)  
Which of these is closest to  
describing (PERSON'S) plans?

- (1)  
(ASK F-26)
- (2)  
(ASK F-26)
- (3)  
(ASK F-26)
- (4)  
*(Go back to F-23 in next  
column)*
- (5)  
*(Go back to F-23 in next  
column)*

- (1)  
(ASK F-26)
- (2)  
(ASK F-26)
- (3)  
(ASK F-26)
- (4)  
*(Go back to F-23 in next  
column)*
- (5)  
*(Go back to F-23 in next  
column)*

- (1)  
(ASK F-26)
- (2)  
(ASK F-26)
- (3)  
(ASK F-26)
- (4)  
*(Go back to F-23 in next  
column)*
- (5)  
*(Go back to F-23 in next  
column)*

- (1)  
(ASK F-26)
- (2)  
(ASK F-26)
- (3)  
(ASK F-26)
- (4)  
*(Go back to F-23 in  
column)*
- (5)  
*(Go back to F-23 in  
column)*

E

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H

NOTES

<input type="checkbox"/> YES (ASK F-24)  <input type="checkbox"/> NO (Go to F-23 in next column)	<input type="checkbox"/> YES (ASK F-24)  <input type="checkbox"/> NO (Go to F-23 in next column)	<input type="checkbox"/> YES (ASK F-24)  <input type="checkbox"/> NO (Go to F-23 in next column)	<input type="checkbox"/> YES (ASK F-24)  <input type="checkbox"/> NO (Go to F-28, column A)	
<input type="checkbox"/> YES (ASK F-25)  <input type="checkbox"/> NO (Go back to F-23 in next column)  <input type="checkbox"/> DON'T KNOW (Go back to F-23 in next column)	<input type="checkbox"/> YES (ASK F-25)  <input type="checkbox"/> NO (Go back to F-23 in next column)  <input type="checkbox"/> DON'T KNOW (Go back to F-23 in next column)	<input type="checkbox"/> YES (ASK F-25)  <input type="checkbox"/> NO (Go back to F-23 in next column)  <input type="checkbox"/> DON'T KNOW (Go back to F-23 in next column)	<input type="checkbox"/> YES (ASK F-25)  <input type="checkbox"/> NO (Go to F-28, column A)  <input type="checkbox"/> DON'T KNOW (Go to F-28, column A)	
<input type="checkbox"/> (1) (ASK F-26)  <input type="checkbox"/> (2) (ASK F-26)  <input type="checkbox"/> (3) (ASK F-26)  <input type="checkbox"/> (4) (Go back to F-23 in next column)  <input type="checkbox"/> (5) (Go back to F-23 in next column)	<input type="checkbox"/> (1) (ASK F-26)  <input type="checkbox"/> (2) (ASK F-26)  <input type="checkbox"/> (3) (ASK F-26)  <input type="checkbox"/> (4) (Go back to F-23 in next column)  <input type="checkbox"/> (5) (Go back to F-23 in next column)	<input type="checkbox"/> (1) (ASK F-26)  <input type="checkbox"/> (2) (ASK F-26)  <input type="checkbox"/> (3) (ASK F-26)  <input type="checkbox"/> (4) (Go back to F-23 in next column)  <input type="checkbox"/> (5) (Go back to F-23 in next column)	<input type="checkbox"/> (1) (ASK F-26)  <input type="checkbox"/> (2) (ASK F-26)  <input type="checkbox"/> (3) (ASK F-26)  <input type="checkbox"/> (4) (Go to F-28, column A)  <input type="checkbox"/> (5) (Go to F-28, column A)	

**MOBILITY AND HOUSING**

**A**

**B**

**C**

**D**

F-26. Where is (PERSON) likely to move to? (SHOW CARD K.)

- (1)  
(Go back to F-23 in next column)
- (2)  
(Go back to F-23 in next column)
- (3)  
(ASK F-27)
- (4)  
(ASK F-27)
- (5) (ASK F-27)
- (6) (ASK F-27)
- (7)  
(Go back to F-23 in next column)

- (1)  
(Go back to F-23 in next column)
- (2)  
(Go back to F-23 in next column)
- (3)  
(ASK F-27)
- (4)  
(ASK F-27)
- (5) (ASK F-27)
- (6) (ASK F-27)
- (7)  
(Go back to F-23 in next column)

- (1)  
(Go back to F-23 in next column)
- (2)  
(Go back to F-23 in next column)
- (3)  
(ASK F-27)
- (4)  
(ASK F-27)
- (5) (ASK F-27)
- (6) (ASK F-27)
- (7)  
(Go back to F-23 in next column)

- (1)  
(Go back to F-23 in next column)
- (2)  
(Go back to F-23 in next column)
- (3)  
(ASK F-27)
- (4)  
(ASK F-27)
- (5) (ASK F-27)
- (6) (ASK F-27)
- (7)  
(Go back to F-23 in next column)

F-27. To which city and state or foreign country is (PERSON) planning to move?

CITY OR TOWN:  
\_\_\_\_\_  
\_\_\_\_\_  
STATE OR FOREIGN COUNTRY

DON'T KNOW  
(Go back to F-23 in next column)

CITY OR TOWN:  
\_\_\_\_\_  
\_\_\_\_\_  
STATE OR FOREIGN COUNTRY

DON'T KNOW  
(Go back to F-23 in next column)

CITY OR TOWN:  
\_\_\_\_\_  
\_\_\_\_\_  
STATE OR FOREIGN COUNTRY

DON'T KNOW  
(Go back to F-23 in next column)

CITY OR TOWN:  
\_\_\_\_\_  
\_\_\_\_\_  
STATE OR FOREIGN COUNTRY

DON'T KNOW  
(Go back to F-23 in next column)

F-28. Has (PERSON) ever been to Israel?

- YES  
(ASK F-29)
- NO  
(SKIP TO F-30)
- DON'T KNOW  
(SKIP TO F-30)

- YES  
(ASK F-29)
- NO  
(SKIP TO F-30)
- DON'T KNOW  
(SKIP TO F-30)

- YES  
(ASK F-29)
- NO  
(SKIP TO F-30)
- DON'T KNOW  
(SKIP TO F-30)

- YES  
(ASK F-29)
- NO  
(SKIP TO F-30)
- DON'T KNOW  
(SKIP TO F-30)



E

F

G

H

NOTES

(1)  
(Go back to F-23 in next column)

(2)  
(Go back to F-23 in next column)

(3)  
(ASK F-27)

(4)  
(ASK F-27)

(5) (ASK F-27)

(6) (ASK F-27)

(7)  
(Go back to F-23 in next column)

(1)  
(Go back to F-23 in next column)

(2)  
(Go back to F-23 in next column)

(3)  
(ASK F-27)

(4)  
(ASK F-27)

(5) (ASK F-27)

(6) (ASK F-27)

(7)  
(Go back to F-23 in next column)

(1)  
(Go back to F-23 in next column)

(2)  
(Go back to F-23 in next column)

(3)  
(ASK F-27)

(4)  
(ASK F-27)

(5) (ASK F-27)

(6) (ASK F-27)

(7)  
(Go back to F-23 in next column)

(1)  
(Go to F-28, column A)

(2)  
(Go to F-28, column A)

(3)  
(ASK F-27)

(4)  
(ASK F-27)

(5) (ASK F-27)

(6) (ASK F-27)

(7)  
(Go to F-28, column A)

(CITY OR TOWN)

\_\_\_\_\_

\_\_\_\_\_

STATE OR FOREIGN COUNTRY

DON'T KNOW  
(Go back to F-23 in next column)

(CITY OR TOWN)

\_\_\_\_\_

\_\_\_\_\_

STATE OR FOREIGN COUNTRY

DON'T KNOW  
(Go back to F-23 in next column)

(CITY OR TOWN)

\_\_\_\_\_

\_\_\_\_\_

STATE OR FOREIGN COUNTRY

DON'T KNOW  
(Go back to F-23 in next column)

(CITY OR TOWN)

\_\_\_\_\_

\_\_\_\_\_

STATE OR FOREIGN COUNTRY

DON'T KNOW  
(Go to F-28, column A)

YES  
(ASK F-29)

NO  
(SKIP TO F-30)

DON'T KNOW  
(SKIP TO F-30)

YES  
(ASK F-29)

NO  
(SKIP TO F-30)

DON'T KNOW  
(SKIP TO F-30)

YES  
(ASK F-29)

NO  
(SKIP TO F-30)

DON'T KNOW  
(SKIP TO F-30)

YES  
(ASK F-29)

NO  
(SKIP TO F-30)

DON'T KNOW  
(SKIP TO F-30)

MOBILITY AND HOUSING

A

B

C

D

F-29. For what reason was (PERSON) in Israel?

- TOURIST
- STUDENT
- RESIDENT
- OTHER WHICH:  
\_\_\_\_\_  
\_\_\_\_\_
- DON'T KNOW  
(Continue with F-30)

- TOURIST
- STUDENT
- RESIDENT
- OTHER WHICH:  
\_\_\_\_\_  
\_\_\_\_\_
- DON'T KNOW  
(Continue with F-30)

- TOURIST
- STUDENT
- RESIDENT
- OTHER WHICH:  
\_\_\_\_\_  
\_\_\_\_\_
- DON'T KNOW  
(Continue with F-30)

- TOURIST
- STUDENT
- RESIDENT
- OTHER WHICH:  
\_\_\_\_\_  
\_\_\_\_\_
- DON'T KNOW  
(Continue with F-30)

F-30. Does (PERSON) intend to go to Israel sometime within the next three years?

- YES  
(ASK F-31)
- NO  
(Go back to F-28 in next column)
- DON'T KNOW  
(Go back to F-28 in next column)

- YES  
(ASK F-31)
- NO  
(Go back to F-28 in next column)
- DON'T KNOW  
(Go back to F-28 in next column)

- YES  
(ASK F-31)
- NO  
(Go back to F-28 in next column)
- DON'T KNOW  
(Go back to F-28 in next column)

- YES  
(ASK F-31)
- NO  
(Go back to F-28 in next column)
- DON'T KNOW  
(Go back to F-28 in next column)

F-31. For what reason does (PERSON) intend to go to Israel?

- TOURIST
- STUDENT
- RESIDENT
- OTHER WHICH:  
\_\_\_\_\_  
\_\_\_\_\_
- DON'T KNOW  
(Go back to F-28 in next column)

- TOURIST
- STUDENT
- RESIDENT
- OTHER WHICH:  
\_\_\_\_\_  
\_\_\_\_\_
- DON'T KNOW  
(Go back to F-28 in next column)

- TOURIST
- STUDENT
- RESIDENT
- OTHER WHICH:  
\_\_\_\_\_  
\_\_\_\_\_
- DON'T KNOW  
(Go back to F-28 in next column)

- TOURIST
- STUDENT
- RESIDENT
- OTHER WHICH:  
\_\_\_\_\_  
\_\_\_\_\_
- DON'T KNOW  
(Go back to F-28 in next column)

END OF SECTION F

E

F

G

H

NOTES

TOURIST

STUDENT

RESIDENT

OTHER  
WHICH:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Continue with F-30)

TOURIST

STUDENT

RESIDENT

OTHER  
WHICH:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Continue with F-30)

TOURIST

STUDENT

RESIDENT

OTHER  
WHICH:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Continue with F-30)

TOURIST

STUDENT

RESIDENT

OTHER  
WHICH:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Continue with F-30)

YES  
(ASK F-31)

NO  
(Go back to F-28 in next  
column)

DON'T KNOW  
(Go back to F-28 in next  
column)

YES  
(ASK F-31)

NO  
(Go back to F-28 in next  
column)

DON'T KNOW  
(Go back to F-28 in next  
column)

YES  
(ASK F-31)

NO  
(Go back to F-28 in next  
column)

DON'T KNOW  
(Go back to F-28 in next  
column)

YES  
(ASK F-31)

NO  
(Go to next section)

DON'T KNOW  
(Go to next section)

TOURIST

STUDENT

RESIDENT

OTHER  
WHICH:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Go back to F-28 in next  
column)

TOURIST

STUDENT

RESIDENT

OTHER  
WHICH:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Go back to F-28 in next  
column)

TOURIST

STUDENT

RESIDENT

OTHER  
WHICH:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Go back to F-28 in next  
column)

TOURIST

STUDENT

RESIDENT

OTHER  
WHICH:

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW  
(Go to next section)

**SECTION G**  
**COMMUNITY INVOLVEMENT**

HOUSEHOLD SURNAME: \_\_\_\_\_

INTERVIEW NUMBER: \_\_\_\_\_

PSU CATEGORY: \_\_\_\_\_

COMMUNITY INVOLVEMENT

G-1. In 1969, did (HEAD) make any contributions to any charitable or welfare campaigns?

YES (ASK G-2)

NO (SKIP TO NEXT SECTION)

DON'T KNOW (SKIP TO NEXT SECTION)

G-2. (INTERVIEWER: CHECK ONE:)

THE NUMBER OF THIS INTERVIEW ENDS WITH AN ODD NUMBER (ASK G-3)

THE NUMBER OF THIS INTERVIEW ENDS WITH AN EVEN NUMBER (SKIP TO G-4)

G-3. Not counting dues, of the total amount contributed by (HEAD) in 1969, about what percent was donated to Jewish charities?

NONE

50%

DON'T KNOW

20% OR LESS

51% - 79%

21% - 49%

80% OR MORE

(SKIP TO G-5)

G-4. Not counting dues, of the total amount contributed by (HEAD) in 1969 about what percent was donated to general (not specifically Jewish) charities?

NONE

50%

DON'T KNOW

20% OR LESS

51% - 79%

21% - 49%

80% OR MORE

G-5. (INTERVIEWER: CHECK ONE)

INTERVIEW IS TAKING PLACE IN THE NEW YORK PSU (ASK G-6)

INTERVIEW IS NOT TAKING PLACE IN THE NEW YORK PSU (SKIP TO G-7)

G-6. In 1969, did (HEAD) contribute to the Federation of Jewish Philanthropies?

YES

NO

DON'T KNOW

(SKIP TO G-8)

G-7. In 1969, did (HEAD) contribute to the United Jewish Appeal?

YES

NO

DON'T KNOW

G-8. In 1969, did (HEAD) contribute to the Jewish Welfare Fund or central Jewish community campaign (for Israel, national and local needs)?

YES

NO

DON'T KNOW

G-9. In 1969, to what other Jewish campaigns, if any, did (HEAD) contribute? (SHOW CARD L, WRITE FULL NAMES OF CAMPAIGNS)

NONE

DON'T KNOW

G-10. INTERVIEWER: CHECK ONE:

THE NUMBER OF THIS INTERVIEW ENDS WITH AN *ODD* NUMBER (ASK G-11)

THE NUMBER OF THIS INTERVIEW ENDS WITH AN *EVEN* NUMBER (SKIP TO G-12)

G-11. In 1969, of the amount contributed by (HEAD) to Jewish campaigns, about what percent was donated to the Jewish Welfare Fund or central Jewish community campaign (for Israel, national and local needs)?

NONE

50%

DON'T KNOW

20% OR LESS

51% - 79%

21% - 49%

80% OR MORE

(SKIP TO G-13)

G-12. In 1969, of the amount contributed by (HEAD) to Jewish campaigns, about what percent was donated to campaigns *other than* the Jewish Welfare Fund or central Jewish community campaign (for Israel, national and local needs)?

NONE

50%

DON'T KNOW

20% OR LESS

51% - 79%

21% - 49%

80% OR MORE

---

G-13. In 1969, did (HEAD) contribute to the general (not specifically Jewish) central community fund (such as United Way, United Crusade, United Fund, etc.)?

YES

NO

DON'T KNOW

---

G-14. In 1969, to what other general (not specifically Jewish) campaigns, if any, did (HEAD) contribute? (SHOW CARD M) (WRITE FULL NAMES OF CAMPAIGNS)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NONE

DON'T KNOW

---

**END OF SECTION G**

**SECTION H**  
**EDUCATION AND LABOR FORCE**

HOUSEHOLD SURNAME: \_\_\_\_\_

INTERVIEW NUMBER: \_\_\_\_\_

PSU CATEGORY: \_\_\_\_\_



**H. EDUCATION AND LABOR FORCE**

**A**

**B**

**C**

**D**

<p>H-1. What was the highest grade or year of regular school (PERSON) has ever attended? (HAND PERSON CARD N.) (WRITE IN APPROPRIATE LETTER.)</p>	<p>CODE LETTER: _____</p> <p>(CONTINUE WITH H-2)</p>	<p>CODE LETTER: _____</p> <p>(CONTINUE WITH H-2)</p>	<p>CODE LETTER: _____</p> <p>(CONTINUE WITH H-2)</p>	<p>CODE LETTER: _____</p> <p>(CONTINUE WITH H-2)</p>
<p>H-2. Is (PERSON) still attending the highest level of school indicated in H-1?</p>	<p><input type="checkbox"/> YES (GO BACK TO H-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK H-3)</p> <p><input type="checkbox"/> DON'T KNOW (ASK H-3)</p>	<p><input type="checkbox"/> YES (GO BACK TO H-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK H-3)</p> <p><input type="checkbox"/> DON'T KNOW (ASK H-3)</p>	<p><input type="checkbox"/> YES (GO BACK TO H-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK H-3)</p> <p><input type="checkbox"/> DON'T KNOW (ASK H-3)</p>	<p><input type="checkbox"/> YES (GO BACK TO H-1 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO (ASK H-3)</p> <p><input type="checkbox"/> DON'T KNOW (ASK H-3)</p>
<p>H-3. Did (PERSON) complete the highest level of school indicated in H-1?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO H-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO H-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO H-1 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW (GO BACK TO H-1 IN NEXT COLUMN)</p>
<p>H-4. (INTERVIEWER: WAS (PERSON) BORN BEFORE APRIL, 1956? (REFER TO A-2)</p>	<p><input type="checkbox"/> YES (ASK H-5)</p> <p><input type="checkbox"/> NO (GO TO H-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK H-5)</p> <p><input type="checkbox"/> NO (GO TO H-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK H-5)</p> <p><input type="checkbox"/> NO (GO TO H-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK H-5)</p> <p><input type="checkbox"/> NO (GO TO H-4 IN NEXT COLUMN)</p>
<p>H-5. Did (PERSON) work at one or more jobs at any time last week?</p>	<p><input type="checkbox"/> YES, AT ONE JOB ONLY (ASK H-6)</p> <p><input type="checkbox"/> YES, AT MORE THAN ONE JOB (ASK H-6)</p> <p><input type="checkbox"/> NO (SKIP TO H-7)</p>	<p><input type="checkbox"/> YES, AT ONE JOB ONLY (ASK H-6)</p> <p><input type="checkbox"/> YES, AT MORE THAN ONE JOB (ASK H-6)</p> <p><input type="checkbox"/> NO (SKIP TO H-7)</p>	<p><input type="checkbox"/> YES, AT ONE JOB ONLY (ASK H-6)</p> <p><input type="checkbox"/> YES, AT MORE THAN ONE JOB (ASK H-6)</p> <p><input type="checkbox"/> NO (SKIP TO H-7)</p>	<p><input type="checkbox"/> YES, AT ONE JOB ONLY (ASK H-6)</p> <p><input type="checkbox"/> YES, AT MORE THAN ONE JOB (ASK H-6)</p> <p><input type="checkbox"/> NO (SKIP TO H-7)</p>

E

F

G

H

NOTES

CODE LETTER:  
\_\_\_\_\_CODE LETTER:  
\_\_\_\_\_CODE LETTER:  
\_\_\_\_\_CODE LETTER:  
\_\_\_\_\_*(CONTINUE WITH H-2)**(CONTINUE WITH H-2)**(CONTINUE WITH H-2)**(CONTINUE WITH H-2)* YES (GO BACK TO H-1  
IN NEXT COLUMN) YES (GO BACK TO H-1  
IN NEXT COLUMN) YES (GO BACK TO H-1  
IN NEXT COLUMN) YES (GO TO H-4  
COLUMN A) NO (ASK H-3) NO (ASK H-3) NO (ASK H-3) NO (ASK H-3) DON'T KNOW (ASK H-3) DON'T KNOW (ASK H-3) DON'T KNOW (ASK H-3) DON'T KNOW (ASK H-3) YES YES YES YES NO NO NO NO DON'T KNOW  
*(GO BACK TO H-1  
IN NEXT COLUMN)* DON'T KNOW  
*(GO BACK TO H-1  
IN NEXT COLUMN)* DON'T KNOW  
*(GO BACK TO H-1  
IN NEXT COLUMN)* DON'T KNOW  
*(GO TO H-4, COLUMN A)* YES  
(ASK H-5) YES  
(ASK H-5) YES  
(ASK H-5) YES  
(ASK H-5) NO  
(GO TO H-4  
IN NEXT COLUMN) NO  
(GO TO H-4  
IN NEXT COLUMN) NO  
(GO TO H-4  
IN NEXT COLUMN) NO  
(GO TO H-22) YES, AT ONE JOB ONLY  
(ASK H-6) YES, AT ONE JOB ONLY  
(ASK H-6) YES, AT ONE JOB ONLY  
(ASK H-6) YES, AT ONE JOB ONLY  
(ASK H-6) YES, AT MORE THAN  
ONE JOB  
(ASK H-6) YES, AT MORE THAN  
ONE JOB  
(ASK H-6) YES, AT MORE THAN  
ONE JOB  
(ASK H-6) YES, AT MORE THAN  
ONE JOB  
(ASK H-6) NO  
(SKIP TO H-7) NO  
(SKIP TO H-7) NO  
(SKIP TO H-7) NO  
(SKIP TO H-7)

## H. EDUCATION AND LABOR FORCE

A

B

C

D

H-6. How many hours did (PERSON) work last week at all jobs?

 1-14 15-29 30-34 35-39 40 41-48 49-59 60 OR MORE DON'T KNOW*(SKIP TO H-11)* 1-14 15-29 30-34 35-39 40 41-48 49-59 60 OR MORE DON'T KNOW*(SKIP TO H-11)* 1-14 15-29 30-34 35-39 40 41-48 49-59 60 OR MORE DON'T KNOW*(SKIP TO H-11)* 1-14 15-29 30-34 35-39 40 41-48 49-59 60 OR MORE DON'T KNOW*(SKIP TO H-11)*

H-7. Does (PERSON) have a job or business from which he was temporarily absent or on layoff last week?

 YES  
LAYOFF  
(ASK H-8) YES  
VACATION  
(SKIP TO H-11) YES  
ILLNESS  
(SKIP TO H-11) YES  
LABOR DISPUTE  
(SKIP TO H-11) NO  
(ASK H-8) DON'T KNOW  
(SKIP TO H-11) YES  
LAYOFF  
(ASK H-8) YES  
VACATION  
(SKIP TO H-11) YES  
ILLNESS  
(SKIP TO H-11) YES  
LABOR DISPUTE  
(SKIP TO H-11) NO  
(ASK H-8) DON'T KNOW  
(SKIP TO H-11) YES  
LAYOFF  
(ASK H-8) YES  
VACATION  
(SKIP TO H-11) YES  
ILLNESS  
(SKIP TO H-11) YES  
LABOR DISPUTE  
(SKIP TO H-11) NO  
(ASK H-8) DON'T KNOW  
(SKIP TO H-11) YES  
LAYOFF  
(ASK H-8) YES  
VACATION  
(SKIP TO H-11) YES  
ILLNESS  
(SKIP TO H-11) YES  
LABOR DISPUTE  
(SKIP TO H-11) NO  
(ASK H-8) DON'T KNOW  
(SKIP TO H-11)

E

F

G

H

NOTES

- 1-14
- 15-29
- 30-34
- 35-39
- 40
- 41-48
- 49-59
- 60 OR MORE
- DON'T KNOW
- (SKIP TO H-11)

- 1-14
- 15-29
- 30-34
- 35-39
- 40
- 41-48
- 49-59
- 60 OR MORE
- DON'T KNOW
- (SKIP TO H-11)

- 1-14
- 15-29
- 30-34
- 35-39
- 40
- 41-48
- 49-59
- 60 OR MORE
- DON'T KNOW
- (SKIP TO H-11)

- 1-14
- 15-29
- 30-34
- 35-39
- 40
- 41-48
- 49-59
- 60 OR MORE
- DON'T KNOW
- (SKIP TO H-11)

- YES  
LAYOFF  
(ASK H-8)
- YES  
VACATION  
(SKIP TO H-11)
- YES  
ILLNESS  
(SKIP TO H-11)
- YES  
LABOR DISPUTE  
(SKIP TO H-11)
- NO  
(ASK H-8)
- DON'T KNOW  
(SKIP TO H-11)

- YES  
LAYOFF  
(ASK H-8)
- YES  
VACATION  
(SKIP TO H-11)
- YES  
ILLNESS  
(SKIP TO H-11)
- YES  
LABOR DISPUTE  
(SKIP TO H-11)
- NO  
(ASK H-8)
- DON'T KNOW  
(SKIP TO H-11)

- YES  
LAYOFF  
(ASK H-8)
- YES  
VACATION  
(SKIP TO H-11)
- YES  
ILLNESS  
(SKIP TO H-11)
- YES  
LABOR DISPUTE  
(SKIP TO H-11)
- NO  
(ASK H-8)
- DON'T KNOW  
(SKIP TO H-11)

- YES  
LAYOFF  
(ASK H-8)
- YES  
VACATION  
(SKIP TO H-11)
- YES  
ILLNESS  
(SKIP TO H-11)
- YES  
LABOR DISPUTE  
(SKIP TO H-11)
- NO  
(ASK H-8)
- DON'T KNOW  
(SKIP TO H-11)

**H. EDUCATION AND LABOR FORCE**

**A**

**B**

**C**

**D**

<p>H-8. Did (PERSON) look for work in the last <i>four weeks</i>?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH H-9)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH H-9)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH H-9)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH H-9)</p>
<p>H-9. Is there any reason why (PERSON) did not work <i>last week</i>?</p>	<p><input type="checkbox"/> YES, TEMPORARY ILLNESS (SKIP TO H-11)</p> <p><input type="checkbox"/> YES, NON-WORKING HOUSEWIFE (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> YES, RETIRED (ASK H-10)</p> <p><input type="checkbox"/> YES, NON-WORKING STUDENT (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO, COULD HAVE TAKEN A JOB (SKIP TO H-11)</p> <p><input type="checkbox"/> OTHER REASONS (SKIP TO H-11)</p> <p><input type="checkbox"/> DON'T KNOW (SKIP TO H-11)</p>	<p><input type="checkbox"/> YES, TEMPORARY ILLNESS (SKIP TO H-11)</p> <p><input type="checkbox"/> YES, NON-WORKING HOUSEWIFE (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> YES, RETIRED (ASK H-10)</p> <p><input type="checkbox"/> YES, NON-WORKING STUDENT (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO, COULD HAVE TAKEN A JOB (SKIP TO H-11)</p> <p><input type="checkbox"/> OTHER REASONS (SKIP TO H-11)</p> <p><input type="checkbox"/> DON'T KNOW (SKIP TO H-11)</p>	<p><input type="checkbox"/> YES, TEMPORARY ILLNESS (SKIP TO H-11)</p> <p><input type="checkbox"/> YES, NON-WORKING HOUSEWIFE (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> YES, RETIRED (ASK H-10)</p> <p><input type="checkbox"/> YES, NON-WORKING STUDENT (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO, COULD HAVE TAKEN A JOB (SKIP TO H-11)</p> <p><input type="checkbox"/> OTHER REASONS (SKIP TO H-11)</p> <p><input type="checkbox"/> DON'T KNOW (SKIP TO H-11)</p>	<p><input type="checkbox"/> YES, TEMPORARY ILLNESS (SKIP TO H-11)</p> <p><input type="checkbox"/> YES, NON-WORKING HOUSEWIFE (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> YES, RETIRED (ASK H-10)</p> <p><input type="checkbox"/> YES, NON-WORKING STUDENT (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO, COULD HAVE TAKEN A JOB (SKIP TO H-11)</p> <p><input type="checkbox"/> OTHER REASONS (SKIP TO H-11)</p> <p><input type="checkbox"/> DON'T KNOW (SKIP TO H-11)</p>
<p>H-10. In (PERSON'S) peak working years, what kind of work was (PERSON) doing? (FOR EXAMPLE: TEACHER, ENGINEER, ETC.)</p>	<p>KIND OF WORK:</p> <p>(GO BACK TO H-4 IN NEXT COLUMN)</p>	<p>KIND OF WORK:</p> <p>(GO BACK TO H-4 IN NEXT COLUMN)</p>	<p>KIND OF WORK:</p> <p>(GO BACK TO H-4 IN NEXT COLUMN)</p>	<p>KIND OF WORK:</p> <p>(GO BACK TO H-4 IN NEXT COLUMN)</p>
<p>H-11. In what kind of business or industry does (PERSON) work at his current main job? (DESCRIBE ACTIVITY AT LOCATION WHERE EMPLOYED. FOR EXAMPLE, HIGH SCHOOL, SUPERMARKET, ROAD CONSTRUCTION, ETC.)</p>	<p>(CONTINUE WITH H-12)</p>	<p>(CONTINUE WITH H-12)</p>	<p>(CONTINUE WITH H-12)</p>	<p>(CONTINUE WITH H-12)</p>

E	F	G	H	NOTES
<p>YES</p> <p>NO</p> <p>DON'T KNOW</p> <p>(CONTINUE WITH H-9)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH H-9)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH H-9)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(CONTINUE WITH H-9)</p>	
<p>YES, TEMPORARY ILLNESS (SKIP TO H-11)</p> <p>YES, NON-WORKING HOUSEWIFE (GO BACK TO H-4 IN NEXT COLUMN)</p> <p>YES, RETIRED (ASK H-10)</p> <p>YES, NON-WORKING STUDENT (GO BACK TO H-4 IN NEXT COLUMN)</p> <p>NO, COULD HAVE TAKEN A JOB (SKIP TO H-11)</p> <p>OTHER REASONS (SKIP TO H-11)</p> <p>DON'T KNOW (SKIP TO H-11)</p>	<p><input type="checkbox"/> YES, TEMPORARY ILLNESS (SKIP TO H-11)</p> <p><input type="checkbox"/> YES, NON-WORKING HOUSEWIFE (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> YES, RETIRED (ASK H-10)</p> <p><input type="checkbox"/> YES, NON-WORKING STUDENT (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO, COULD HAVE TAKEN A JOB (SKIP TO H-11)</p> <p><input type="checkbox"/> OTHER REASONS (SKIP TO H-11)</p> <p><input type="checkbox"/> DON'T KNOW (SKIP TO H-11)</p>	<p><input type="checkbox"/> YES, TEMPORARY ILLNESS (SKIP TO H-11)</p> <p><input type="checkbox"/> YES, NON-WORKING HOUSEWIFE (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> YES, RETIRED (ASK H-10)</p> <p><input type="checkbox"/> YES, NON-WORKING STUDENT (GO BACK TO H-4 IN NEXT COLUMN)</p> <p><input type="checkbox"/> NO, COULD HAVE TAKEN A JOB (SKIP TO H-11)</p> <p><input type="checkbox"/> OTHER REASONS (SKIP TO H-11)</p> <p><input type="checkbox"/> DON'T KNOW (SKIP TO H-11)</p>	<p><input type="checkbox"/> YES, TEMPORARY ILLNESS (SKIP TO H-11)</p> <p><input type="checkbox"/> YES, NON-WORKING HOUSEWIFE (GO TO H-22)</p> <p><input type="checkbox"/> YES, RETIRED (GO TO H-22)</p> <p><input type="checkbox"/> YES, NON-WORKING STUDENT (GO TO H-22)</p> <p><input type="checkbox"/> NO, COULD HAVE TAKEN A JOB (SKIP TO H-11)</p> <p><input type="checkbox"/> OTHER REASONS (SKIP TO H-11)</p> <p><input type="checkbox"/> DON'T KNOW (SKIP TO H-11)</p>	
<p>KIND OF WORK:</p> <p>(GO BACK TO H-4 IN NEXT COLUMN)</p> <p>(CONTINUE WITH H-12)</p>	<p>KIND OF WORK:</p> <p>(GO BACK TO H-4 IN NEXT COLUMN)</p> <p>(CONTINUE WITH H-12)</p>	<p>KIND OF WORK:</p> <p>(GO BACK TO H-4 IN NEXT COLUMN)</p> <p>(CONTINUE WITH H-12)</p>	<p>KIND OF WORK:</p> <p>(GO TO H-22)</p> <p>(CONTINUE WITH H-12)</p>	

H. EDUCATION AND LABOR FORCE

A

B

C

D

H-12. Is this mainly:  
(SHOW CARD O)

- MANUFACTURING
- WHOLESALE TRADE
- RETAIL TRADE
- PROFESSIONAL SERVICES
- RECREATION AND AMUSEMENT
- FINANCIAL, BUSINESS SERVICES
- COMMUNICATION
- GOVERNMENT (EXCEPT EDUCATION)
- EDUCATION
- CONSTRUCTION
- TRANSPORTATION
- OTHER WHICH:

(CONTINUE WITH H-13)

- MANUFACTURING
- WHOLESALE TRADE
- RETAIL TRADE
- PROFESSIONAL SERVICES
- RECREATION AND AMUSEMENT
- FINANCIAL, BUSINESS SERVICES
- COMMUNICATION
- GOVERNMENT (EXCEPT EDUCATION)
- EDUCATION
- CONSTRUCTION
- TRANSPORTATION
- OTHER WHICH:

(CONTINUE WITH H-13)

- MANUFACTURING
- WHOLESALE TRADE
- RETAIL TRADE
- PROFESSIONAL SERVICES
- RECREATION AND AMUSEMENT
- FINANCIAL, BUSINESS SERVICES
- COMMUNICATION
- GOVERNMENT (EXCEPT EDUCATION)
- EDUCATION
- CONSTRUCTION
- TRANSPORTATION
- OTHER WHICH:

(CONTINUE WITH H-13)

- MANUFACTURING
- WHOLESALE TRADE
- RETAIL TRADE
- PROFESSIONAL SERVICES
- RECREATION AND AMUSEMENT
- FINANCIAL, BUSINESS SERVICES
- COMMUNICATION
- GOVERNMENT (EXCEPT EDUCATION)
- EDUCATION
- CONSTRUCTION
- TRANSPORTATION
- OTHER WHICH:

(CONTINUE WITH H-13)

H-13. What kind of work is (PERSON) doing? (FOR EXAMPLE, HIGH SCHOOL TEACHER, CIVIL ENGINEER, SECRETARY, ETC.)

(CONTINUE WITH H-14)

(CONTINUE WITH H-14)

(CONTINUE WITH H-14)

(CONTINUE WITH H-14)

E	F	G	H	NOTES
MANUFACTURING WHOLESALE TRADE RETAIL TRADE PROFESSIONAL SERVICES RECREATION AND AMUSEMENT FINANCIAL, BUSINESS SERVICES COMMUNICATION GOVERNMENT (EXCEPT EDUCATION) EDUCATION CONSTRUCTION TRANSPORTATION OTHER WHICH:  _____ _____ (CONTINUE WITH H-13)	<input type="checkbox"/> MANUFACTURING <input type="checkbox"/> WHOLESALE TRADE <input type="checkbox"/> RETAIL TRADE <input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> RECREATION AND AMUSEMENT <input type="checkbox"/> FINANCIAL, BUSINESS SERVICES <input type="checkbox"/> COMMUNICATION <input type="checkbox"/> GOVERNMENT (EXCEPT EDUCATION) <input type="checkbox"/> EDUCATION <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> OTHER WHICH:  _____ _____ (CONTINUE WITH H-13)	<input type="checkbox"/> MANUFACTURING <input type="checkbox"/> WHOLESALE TRADE <input type="checkbox"/> RETAIL TRADE <input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> RECREATION AND AMUSEMENT <input type="checkbox"/> FINANCIAL, BUSINESS SERVICES <input type="checkbox"/> COMMUNICATION <input type="checkbox"/> GOVERNMENT (EXCEPT EDUCATION) <input type="checkbox"/> EDUCATION <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> OTHER WHICH:  _____ _____ (CONTINUE WITH H-13)	<input type="checkbox"/> MANUFACTURING <input type="checkbox"/> WHOLESALE TRADE <input type="checkbox"/> RETAIL TRADE <input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> RECREATION AND AMUSEMENT <input type="checkbox"/> FINANCIAL, BUSINESS SERVICES <input type="checkbox"/> COMMUNICATION <input type="checkbox"/> GOVERNMENT (EXCEPT EDUCATION) <input type="checkbox"/> EDUCATION <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> OTHER WHICH:  _____ _____ (CONTINUE WITH H-13)	
(CONTINUE WITH H-14)	(CONTINUE WITH H-14)	(CONTINUE WITH H-14)	(CONTINUE WITH H-14)	



H. EDUCATION AND LABOR FORCE

A

B

C

D

<p>H-14. What are (PERSON'S) most important activities? (FOR EXAMPLE, TYPES, KEEPS ACCOUNT BOOKS, SELLS CARS, ETC.)</p>	<p>(CONTINUE WITH H-15)</p>	<p>(CONTINUE WITH H-15)</p>	<p>(CONTINUE WITH H-15)</p>	<p>(CONTINUE WITH H-15)</p>
<p>H-15. What is (PERSON'S) job title?</p>	<p>(CONTINUE WITH H-16)</p>	<p>(CONTINUE WITH H-16)</p>	<p>(CONTINUE WITH H-16)</p>	<p>(CONTINUE WITH H-16)</p>
<p>H-16. Is (PERSON) employed by: (HAND PERSON CARD P)</p>	<p><input type="checkbox"/> PRIVATE COMPANY</p> <p><input type="checkbox"/> GOVERNMENT (EXCEPT SCHOOLS)</p> <p><input type="checkbox"/> SCHOOL</p> <p><input type="checkbox"/> SELF EMPLOYED</p> <p><input type="checkbox"/> WELFARE AGENCY</p> <p><input type="checkbox"/> ARMED FORCES</p> <p><input type="checkbox"/> OTHER WHICH:</p> <p>_____</p> <p>_____</p> <p>(CONTINUE WITH H-17)</p>	<p><input type="checkbox"/> PRIVATE COMPANY</p> <p><input type="checkbox"/> GOVERNMENT (EXCEPT SCHOOLS)</p> <p><input type="checkbox"/> SCHOOL</p> <p><input type="checkbox"/> SELF EMPLOYED</p> <p><input type="checkbox"/> WELFARE AGENCY</p> <p><input type="checkbox"/> ARMED FORCES</p> <p><input type="checkbox"/> OTHER WHICH:</p> <p>_____</p> <p>_____</p> <p>(CONTINUE WITH H-17)</p>	<p><input type="checkbox"/> PRIVATE COMPANY</p> <p><input type="checkbox"/> GOVERNMENT (EXCEPT SCHOOLS)</p> <p><input type="checkbox"/> SCHOOL</p> <p><input type="checkbox"/> SELF EMPLOYED</p> <p><input type="checkbox"/> WELFARE AGENCY</p> <p><input type="checkbox"/> ARMED FORCES</p> <p><input type="checkbox"/> OTHER WHICH:</p> <p>_____</p> <p>_____</p> <p>(CONTINUE WITH H-17)</p>	<p><input type="checkbox"/> PRIVATE COMPANY</p> <p><input type="checkbox"/> GOVERNMENT (EXCEPT SCHOOLS)</p> <p><input type="checkbox"/> SCHOOL</p> <p><input type="checkbox"/> SELF EMPLOYED</p> <p><input type="checkbox"/> WELFARE AGENCY</p> <p><input type="checkbox"/> ARMED FORCES</p> <p><input type="checkbox"/> OTHER WHICH:</p> <p>_____</p> <p>_____</p> <p>(CONTINUE WITH H-17)</p>
<p>H-17. (INTERVIEWER: IS PERSON SELF EMPLOYED?) (REFER TO PREVIOUS QUESTION.)</p>	<p><input type="checkbox"/> YES (ASK H-18)</p> <p><input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK H-18)</p> <p><input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK H-18)</p> <p><input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)</p>	<p><input type="checkbox"/> YES (ASK H-18)</p> <p><input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)</p>

E

F

G

H

NOTES

<i>(CONTINUE WITH H-15)</i>	<i>(CONTINUE WITH H-15)</i>	<i>(CONTINUE WITH H-15)</i>	<i>(CONTINUE WITH H-15)</i>	
<i>(CONTINUE WITH H-16)</i>	<i>(CONTINUE WITH H-16)</i>	<i>(CONTINUE WITH H-16)</i>	<i>(CONTINUE WITH H-16)</i>	
<input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> GOVERNMENT (EXCEPT SCHOOLS) <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> WELFARE AGENCY <input type="checkbox"/> ARMED FORCES <input type="checkbox"/> OTHER WHICH: <hr/> <hr/>	<input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> GOVERNMENT (EXCEPT SCHOOLS) <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> WELFARE AGENCY <input type="checkbox"/> ARMED FORCES <input type="checkbox"/> OTHER WHICH: <hr/> <hr/>	<input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> GOVERNMENT (EXCEPT SCHOOLS) <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> WELFARE AGENCY <input type="checkbox"/> ARMED FORCES <input type="checkbox"/> OTHER WHICH: <hr/> <hr/>	<input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> GOVERNMENT (EXCEPT SCHOOLS) <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> WELFARE AGENCY <input type="checkbox"/> ARMED FORCES <input type="checkbox"/> OTHER WHICH: <hr/> <hr/>	
<i>(CONTINUE WITH H-17)</i>	<i>(CONTINUE WITH H-17)</i>	<i>(CONTINUE WITH H-17)</i>	<i>(CONTINUE WITH H-17)</i>	
<input type="checkbox"/> YES (ASK H-18) <input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK H-18) <input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK H-18) <input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK H-18) <input type="checkbox"/> NO (GO TO H-22)	

H. EDUCATION AND LABOR FORCE

A

B

C

D

H-18. How many people does (PERSON) employ in addition to himself?

- NONE
- 1-9
- 10-99
- 100 OR MORE

(CONTINUE WITH H-19)

- NONE
- 1-9
- 10-99
- 100 OR MORE

(CONTINUE WITH H-19)

- NONE
- 1-9
- 10-99
- 100 OR MORE

(CONTINUE WITH H-19)

- NONE
- 1-9
- 10-99
- 100 OR MORE

(CONTINUE WITH H-19)

H-19. Does (PERSON) own his own business?

- YES  
(ASK H-20)
- NO  
(GO BACK TO H-4  
IN NEXT COLUMN)

- YES  
(ASK H-20)
- NO  
(GO BACK TO H-4  
IN NEXT COLUMN)

- YES  
(ASK H-20)
- NO  
(GO BACK TO H-4  
IN NEXT COLUMN)

- YES  
(ASK H-20)
- NO  
(GO BACK TO H-4  
IN NEXT COLUMN)

H-20. What is the name of the business (PERSON) owns?

\_\_\_\_\_

\_\_\_\_\_

(CONTINUE WITH H-21)

\_\_\_\_\_

\_\_\_\_\_

(CONTINUE WITH H-21)

\_\_\_\_\_

\_\_\_\_\_

(CONTINUE WITH H-21)

\_\_\_\_\_

\_\_\_\_\_

(CONTINUE WITH H-21)

H-21. What is its principal product or service?

\_\_\_\_\_

\_\_\_\_\_

(GO BACK TO H-4  
IN NEXT COLUMN)

\_\_\_\_\_

\_\_\_\_\_

(GO BACK TO H-4  
IN NEXT COLUMN)

\_\_\_\_\_

\_\_\_\_\_

(GO BACK TO H-4  
IN NEXT COLUMN)

\_\_\_\_\_

\_\_\_\_\_

(GO BACK TO H-4  
IN NEXT COLUMN)

E	F	G	H	NOTES
<input type="checkbox"/> NONE <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-99 <input type="checkbox"/> 100 OR MORE (CONTINUE WITH H-19)	<input type="checkbox"/> NONE <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-99 <input type="checkbox"/> 100 OR MORE (CONTINUE WITH H-19)	<input type="checkbox"/> NONE <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-99 <input type="checkbox"/> 100 OR MORE (CONTINUE WITH H-19)	<input type="checkbox"/> NONE <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-99 <input type="checkbox"/> 100 OR MORE (CONTINUE WITH H-19)	
<input type="checkbox"/> YES (ASK H-20)  <input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK H-20)  <input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK H-20)  <input type="checkbox"/> NO (GO BACK TO H-4 IN NEXT COLUMN)	<input type="checkbox"/> YES (ASK H-20)  <input type="checkbox"/> NO (GO TO H-22)	
_____ _____ (CONTINUE WITH H-21)	_____ _____ (CONTINUE WITH H-21)	_____ _____ (CONTINUE WITH H-21)	_____ _____ (CONTINUE WITH H-21)	
_____ _____ (GO BACK TO H-4 IN NEXT COLUMN)	_____ _____ (GO BACK TO H-4 IN NEXT COLUMN)	_____ _____ (GO BACK TO H-4 IN NEXT COLUMN)	_____ _____ (GO TO H-22)	

---

H-22. In his peak working years, what kind of work was (HEAD'S) father doing? (FOR EXAMPLE, HIGH SCHOOL TEACHER, CIVIL ENGINEER, CLOTHING SALESMAN, ETC.)

---

H-23. What was the highest level of regular school (HEAD'S) father completed? (HAND PERSON CARD N.)  
(WRITE IN APPROPRIATE LETTER.)

CODE LETTER: \_\_\_\_\_

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END OF SECTION H

INTERVIEW NO: \_\_\_\_\_ PSU CATEGORY: \_\_\_\_\_

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

SURVEY DEATH RECORD (SDR)

SDR-1. What was the name of (PERSON)?

\_\_\_\_\_  
(First Name)                      (Last Name)

DON'T KNOW                       DON'T KNOW

SDR-2. What was (PERSON'S) sex?

MALE  
 FEMALE  
 DON'T KNOW

SDR-3. What was the date of (PERSON'S) death?

\_\_\_\_\_  
(Month)                      (Year)

DON'T KNOW                       DON'T KNOW

SDR-4. How old was (PERSON) at the time of death?

AGE AT DEATH:  
\_\_\_\_\_

DON'T KNOW

SDR-5. In what city and state did (PERSON) die?

\_\_\_\_\_  
City                      State

DON'T KNOW                       DON'T KNOW

SDR-6. INTERVIEWER: WAS (PERSON) 16 YEARS OF AGE OR OLDER AT THE TIME OF DEATH?

- YES (ASK SDR-7)  
 NO (SKIP TO SDR-10)  
 DON'T KNOW (SKIP TO SDR-10)
- 

SDR-7. Was (PERSON) Jewish?

- YES  
 NO  
 DON'T KNOW
- 

SDR-8. Was (PERSON) married at the time of death?

- YES  
 NO  
 DON'T KNOW
- 

SDR-9. How many living children did (PERSON) have at the time of death?

NO. OF CHILDREN:

- \_\_\_\_\_  
 DON'T KNOW
- 

SDR-10. How many living brothers and sisters did (PERSON) have at the time of death?

NO. OF SIBLINGS:

- \_\_\_\_\_  
 DON'T KNOW
-

SDR-11.

INTERVIEWER: FILL OUT THE INFORMATION DETAILED BELOW FOR THE FOLLOWING PERSONS:

1. THE DEAD PERSON
2. THE SPOUSE, IF ANY (SEE SDR-8)
3. EACH OF THE LIVING CHILDREN, IF ANY, AT THE TIME OF THE DEATH (SEE SDR-9)
4. EACH OF THE LIVING SIBLINGS, IF ANY, AT THE TIME OF THE DEATH (SEE SDR-10)

NAME OF PERSON	RELATIONSHIP TO DEAD PERSON	PRESENT ADDRESS: WRITE CITY AND STATE. ALSO WRITE 1 IF IT IS THIS ADDRESS. 2 IF IT IS AN INSTITUTION OR THE ARMED FORCES.	INDICATE WHICH PERSONS ARE LIVING TOGETHER BY GIVING THEM NUMBERS, ALL PERSONS LIVING TOGETHER TO GET THE SAME NUMBER.
	SELF	Circle number that applies, if any: 1. died at this address 2. died in institution or armed forces.	1 →

IF THE DECEASED DIED AT THIS ADDRESS ASSIGN NUMBER 1 TO EVERYONE LIVING AT THIS ADDRESS.



INTERVIEW NO: \_\_\_\_\_ PSU CATEGORY: \_\_\_\_\_

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

SURVEY BIRTH RECORD (SBR)

SBR-1. Was this a single or a multiple birth?

- SINGLE BIRTH  
 MULTIPLE BIRTH  
 DON'T KNOW

(IF THIS WAS A MULTIPLE BIRTH, BE SURE TO COMPLETE AN SBR FOR EACH CHILD.)

SBR-2. What is/was the name of the baby?

\_\_\_\_\_  
(First Name)                      \_\_\_\_\_  
(Last name)  
 DON'T KNOW                       DON'T KNOW

SBR-3. When was the baby born?

\_\_\_\_\_  
(Month)                      \_\_\_\_\_  
(Year)  
 DON'T KNOW                       DON'T KNOW

SBR-4. Is the baby still living?

- YES (SKIP TO SBR-8)  
 NO (ASK SBR-5)  
 DON'T KNOW (SKIP TO SBR-8)

SBR-5. What was the month and year of the baby's death?

\_\_\_\_\_  
(Month)                      \_\_\_\_\_  
(Year)  
 DON'T KNOW                       DON'T KNOW

SBR-6. In which city and state did the baby die?

\_\_\_\_\_  
(City)                      \_\_\_\_\_  
(State)  
 DON'T KNOW                       DON'T KNOW

SBR-7. Is the baby's mother still alive? (ASK ONLY IF BABY IS DEAD)

2.

- YES  
 NO  
 DON'T KNOW
- 

SBR-8. What is/was the sex of the baby?

- MALE  
 FEMALE  
 DON'T KNOW
- 

SBR-9. What was the age of the mother at the time of the birth?

AGE OF MOTHER:

- \_\_\_\_\_
- DON'T KNOW
- 

SBR-10. Is the baby's mother Jewish?

- YES  
 NO  
 DON'T KNOW
- 

SBR-11. Is the baby's father Jewish?

- YES  
 NO  
 DON'T KNOW
- 

SBR-12. Does the baby's mother have living parents?

- YES, ONE  
 YES, TWO  
 NO  
 DON'T KNOW
- 

SBR-13. How many brothers and sisters does the baby's mother have?

NO. OF SIBLINGS:

- \_\_\_\_\_
- DON'T KNOW
-

SBR-14. FILL OUT THE INFORMATION DETAILED BELOW FOR THE FOLLOWING PERSONS:

1. THE BABY
2. THE BABY'S MOTHER (IF SHE IS ALIVE AND BABY IS DEAD - SEE SBR 7)
3. THE LIVING PARENTS OF THE MOTHER (SEE SBR-12)
4. ANY SIBLINGS OF THE MOTHER (SEE SBR-13)

NAME OF PERSON	RELATIONSHIP TO BABY	PRESENT ADDRESS: WRITE CITY AND STATE. ALSO WRITE <u>1</u> IF IT IS THIS ADDRESS <u>2</u> IF IT IS AN INSTITUTION OR THE ARMED FORCES.	INDICATE WHICH PERSONS ARE LIVING TOGETHER BY GIVING THEM NUMBERS BEGINNING WITH <u>1</u> FOR THE BABY AND ALL LIVING WITH THE BABY.
	SELF		1

INTERVIEW NO: \_\_\_\_\_ PSU CATEGORY: \_\_\_\_\_

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

SURVEY MARRIAGE RECORD (SMR)

SMR-1. What is the name of the husband in the marriage?

\_\_\_\_\_  
(First Name) (Last Name)

DON'T KNOW

DON'T KNOW

SMR-2. What is the name of the wife in the marriage?

\_\_\_\_\_  
(First Name) (Last Name)

DON'T KNOW

DON'T KNOW

SMR-3. In what month and year did the marriage take place?

\_\_\_\_\_  
(Month) (Year)

DON'T KNOW

DON'T KNOW

SMR-4. What is the present status of the marriage?

- The couple are still married  
(SKIP TO SMR-6)
- The couple are separated  
(SKIP TO SMR-6)
- The couple are divorced  
(ASK SMR-5)
- The husband is dead  
(SKIP TO SMR-7)
- The wife is dead  
(SKIP TO SMR-6)

SMR-5. In what month and year did the divorce take place?

\_\_\_\_\_  
(Month) (Year)

DON'T KNOW

DON'T KNOW

SMR-6. What is the age of the husband?

\_\_\_\_\_  
(AGE)

DON'T KNOW

---

SMR-7. What is the age of the wife?

\_\_\_\_\_  
(AGE)

DON'T KNOW

---

SMR-8. What was the religion of the husband at the time the couple met?

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH (WHICH: \_\_\_\_\_)
- CATHOLIC
- PROTESTANT (DENOMINATION: \_\_\_\_\_)
- OTHER (WHICH: \_\_\_\_\_)
- NONE
- DON'T KNOW
- 

SMR-9. What was the religion of the wife at the time the couple met?

- ORTHODOX JEWISH
- CONSERVATIVE JEWISH
- REFORM JEWISH
- OTHER JEWISH (WHICH: \_\_\_\_\_)
- CATHOLIC
- PROTESTANT (DENOMINATION: \_\_\_\_\_)
- OTHER (WHICH: \_\_\_\_\_)
- NONE
- DON'T KNOW
-

SMR-10. What is the religion of the husband today?

3.

- ORTHODOX JEWISH
  - CONSERVATIVE JEWISH
  - REFORM JEWISH
  - OTHER JEWISH (WHICH: \_\_\_\_\_)
  - CATHOLIC
  - PROTESTANT (DENOMINATION: \_\_\_\_\_)
  - OTHER (WHICH: \_\_\_\_\_)
  - NONE
  - DON'T KNOW
- 

SMR-11. What is the religion of the wife today?

- ORTHODOX JEWISH
  - CONSERVATIVE JEWISH
  - REFORM JEWISH
  - OTHER JEWISH (WHICH: \_\_\_\_\_)
  - CATHOLIC
  - PROTESTANT (DENOMINATION: \_\_\_\_\_)
  - OTHER (WHICH: \_\_\_\_\_)
  - NONE
  - DON'T KNOW
- 

SMR-12. Are the husband's parents still alive?

- YES, ONE PARENT
  - YES, TWO PARENTS
  - NO
  - DON'T KNOW
- 

SMR-13. Are the wife's parents still alive?

- YES, ONE PARENT
- YES, TWO PARENTS
- NO
- DON'T KNOW

SMR-14. INTERVIEWER: FILL OUT THE INFORMATION DETAILED BELOW FOR THE FOLLOWING PERSONS:

1. THE HUSBAND , OR FORMER HUSBAND, (IF STILL ALIVE)
2. THE WIFE, OR FORMER WIFE, (IF STILL ALIVE)
3. THE PARENTS OF THE HUSBAND WHO ARE STILL ALIVE (SEE SMR-12)
4. THE PARENTS OF THE WIFE WHO ARE STILL ALIVE (SEE SMR-13)

NAME OF PERSON	RELATIONSHIP TO HUSBAND	PRESENT ADDRESS: WRITE CITY AND STATE. ALSO WRITE <u>1</u> IF IT IS THIS ADDRESS <u>2</u> IF IT IS AN INSTITUTION OR THE ARMED FORCES.	INDICATE WHICH PERSONS ARE LIVING TOGETHER BY GIVING THEM NUMBERS. ALL PERSONS LIVING TOGETHER SHOULD GET THE SAME NUMBER.

SECTION J. INCOME AND CONTRIBUTIONS

---

J-1. (HAND RESPONDENT CARD Q AND ENVELOPE)

Please circle the letter which indicates your total family income for last year, before taxes.

Consider all sources of income, such as social security, interest, gifts, dividends, and so on.

Then put the card inside the envelope.

---

J-2. (HAND RESPONDENT CARD R)

Please circle the letter which indicates the total amount your family contributed last year to charitable drives and organizations, not counting synagogue or temple dues.

Then put the card inside the envelope.

---

J-3. (INTERVIEWER: MAKE SURE BOTH CARDS ARE WITHIN THE ENVELOPE, SEAL IT, AND ATTACH IT TO THE REST OF THE INTERVIEW.)



THE FOLLOWING SECTIONS OF THIS INTERVIEW  
HAVE BEEN COMPLETED:

- COVER SHEET INFORMATION
- SCREENING SECTION
- SECTION A
- SECTION B
- SECTION C
- SECTION D
- SECTION E
- SUPPLEMENT EA (YELLOW) NUMBER OF EA'S: \_\_\_\_\_
- SUPPLEMENT EB (GREEN) NUMBER OF EB'S: \_\_\_\_\_
- SECTION F
- SECTION G
- SECTION H
- MULTIPLICITY SECTION (IF REQUIRED)
- SECTION I
- TIE-IN SECTION (IF REQUIRED)
- CARDS Q & R

INTERVIEW COMPLETED:

..... DATE: .....

(Interviewer)

INTERVIEW EDITED:

..... DATE: .....

(Supervisor)

INTERVIEW VALIDATED:

..... DATE: .....

(Supervisor)

INTERVIEW CODED:

..... DATE: .....

(Coder)