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**You may also e-mail for help at [Ilona.Berkovits@ed.gov](mailto:Ilona.Berkovits@ed.gov) or [Jeffrey.Owings@ed.gov](mailto:Jeffrey.Owings@ed.gov).**

**Thank you.**

OMB #: 1850-0652  
Exp. 2/95  
4583  
6/94

**National Education Longitudinal Study**  
**Third Follow-Up**

National Opinion Research Center  
University of Chicago  
1155 E. 60th Street  
Chicago, IL 60637

All Identifying Information Will Be  
Removed From This Questionnaire.

R Name: \_\_\_\_\_

Case ID: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

AQ ID: |\_\_|\_\_|\_\_|\_\_|\_\_|

FI Name: \_\_\_\_\_

FI ID: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Date questionnaire completed \_\_\_/\_\_\_/\_\_\_

Start Time \_\_\_:\_\_\_ AM/PM

### NORC CONFIDENTIALITY ADHERENCES

As a matter of policy, NORC and the National Center for Education Statistics, of the U.S. Department of Education, are concerned with protecting the privacy of individuals who participate in voluntary surveys. We want to let you know that:

1. The collection of information in this survey is authorized by Section 406 of the General Education Provisions Act (20-USC-1221e-1) and Public Law 100-297.
2. We are asking these questions in order to gather information about the experiences of people beyond high school age as they go on for more training and education, take jobs, start families, and engage in other activities.
3. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can.
4. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d).

### Instructions

Please follow the skip patterns indicated on many of the item's responses. Otherwise, it will take you much longer to complete this instrument.

Generally, circle the number beside the best answer, write in numbers or text, or check the spaces provided. If multiple responses are possible for a single item, it will be indicated in the item stem.

1. In the middle of February 1994, what were you doing?

CIRCLE ALL THAT APPLY.

- 1 Working for pay at a full-time or part-time job
- 2 Taking vocational or technical courses at any kind of school or college
- 3 Taking academic courses at a two- or four- year college
- 4 Serving in an apprenticeship program or government training program
- 5 Serving on active duty in the armed forces
- 6 Keeping house (that is, a full-time homemaker)
- 7 Holding a job but on temporary layoff from work or waiting to report to work
- 8 Looking for work
- 9 None of the above

2. Are you currently...

CIRCLE ONE.

- 1 Single, never married
- 2 Married
- 3 Divorced/separated
- 4 Widowed or,
- 5 Not married but living in a marriage-like relationship

*The next few questions are about the composition of your household.*

3. **During the middle of February 1994, who lived in your household besides yourself?**  
**ENTER THE NUMBER OF EACH TYPE OF HOUSEHOLD MEMBER.**

- Husband, wife or partner
- Children or stepchildren
- Father (biological/natural)
- Other male guardian (such as a stepfather or foster father)
- Mother (biological/natural)
- Other female guardian (such as a stepmother or foster mother)
- Others not already listed above

4. **Have you ever been married?**

**CIRCLE ONE.**

- 1 Yes
- 2 No **SKIP TO ITEM 7 ON PAGE 3.**

5. **How many times have you been married?**

**ENTER NUMBER.**

\_\_\_\_\_ times

6. **When did your first marriage begin?**

**ENTER MONTH AND YEAR.**

\_\_\_\_ / \_\_\_\_

The next questions are about any children you may have.

7. Please tell me how many children have been born to you.  
 ENTER THE NUMBER OF CHILDREN. ENTER "0" IF NONE.

\_\_\_\_\_ children IF NONE, SKIP TO ITEM 9 ON PAGE 3.

8. For each child, please write in thier birthdates.  
 ENTER MONTH, DAY, AND YEAR OF BIRTH. ENTER OLDEST TO YOUNGEST.

Child	Month	Day	Year
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

9. Which of the following best describes your high school graduation status?  
 CIRCLE ONE.

- 0 Received a high school diploma, graduated with Class of 1992 **SKIP TO ITEM 19 ON PAGE 7.**
- 1 Received a high school diploma, did NOT graduate with class
- 2 Received a GED
- 3 Received a certificate of attendance
- 4 Currently enrolled in high school
- 5 Currently working toward the equivalent of a high school diploma (GED)
- 6 Did not graduate or earn GED/certificate & are not currently working toward GED/certificate

10. What is the name and address of the last high school you attended?  
WRITE IN NAME AND ADDRESS.

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

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

11. In what month and year did you **START** attending the high school identified in item 10?  
WRITE IN MONTH AND YEAR.

\_\_\_\_ / \_\_\_\_

12. In what month and year did you **STOP** attending the high school identified in item 10?  
WRITE IN MONTH AND YEAR OR CIRCLE STILL ENROLLED.

\_\_\_\_ / \_\_\_\_ -or- Still enrolled

13. What is the highest grade you have completed ?  
CIRCLE ONE.

1 9th grade

2 10th grade

3 11th grade

4 12th grade

SKIP TO ITEM 15 ON PAGE 5.

5 No grade system used

SKIP TO ITEM 15 ON PAGE 5.

14. What is the highest grade you have been enrolled in (even if you did not complete the grade)? CIRCLE ONE.

1 9th grade

2 10th grade

3 11th grade

4 12th grade

15. Please describe your program at the school indicated in item 10.

A. CIRCLE ONE.

- 1 A college prep, academic, or specialized academic program (i.e. Science or Math)  
SKIP TO ITEM 16 ON PAGE 6.
- 2 Another specialized high school program SKIP TO ITEM 16 ON PAGE 6.
- 3 A vocational, technical, or business and career program SKIP TO ITEM 16 ON PAGE 6.
- 4 A special education program SKIP TO ITEM 16 ON PAGE 6.
- 5 An alternative, Stay-in-School, or Dropout Prevention Program
- 6 A general high school program SKIP TO ITEM 16 ON PAGE 6.

B. CIRCLE ONE.

- 1 school-within-a-school
- 2 program for teenage parents
- 3 dropout prevention program
- 4 street academy
- 5 high school re-entry program
- 6 other

C. How many hours per week did you attend this program?

\_\_\_\_\_ hours per week WRITE IN NUMBER.

D. What type of degree or certification did this program offer?

CIRCLE ONE.

- 1 GED
- 2 State certificate
- 3 Other



E. Did the school offer any of the following services?

CIRCLE ALL THAT APPLY.

- 1 Special instructional programs
- 2 Tutoring by teachers
- 3 Tutoring by other students
- 4 Incentives or rewards for attendance or classroom performance
- 5 Individual or group counseling
- 6 Career counseling
- 7 Job placement assistance
- 8 Health care or health care referrals
- 9 Childcare or nurseries for your children
- 10 None of the above

16. Have you ever taken a GED or certification exam?

CIRCLE ONE.

- 1 Yes
- 2 No SKIP TO ITEM 19 ON PAGE 7.

17. In what month and year did you receive your GED or certificate?

WRITE IN MONTH AND YEAR. IF YOU DID NOT PASS CIRCLE THAT.

\_\_\_\_ / \_\_\_\_

Did not pass SKIP TO ITEM 19 ON PAGE 7.

18. From what state did you receive your GED or certificate?

WRITE IN STATE.

\_\_\_\_\_

19. Which of the following examinations have you taken?  
CIRCLE ALL THAT APPLY.

- 1 SAT (Scholastic Aptitude Test)
- 2 ACT (American College Testing test)
- 3 ASVAB (Armed Services Vocational Aptitude Battery)
- 4 Other
- 5 None

20. Since June 1992, have you ever attended a university, college, or vocational/ technical/ trade school where you took courses for academic credit?  
CIRCLE ONE.

- 1 Yes
- 2 No SKIP TO ITEM 31 ON PAGE 29.

21. For the FIRST university, college, or school ....

A. What is the name and location of the university, college, or school attended?  
WRITE IN NAME, CITY, AND STATE.

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

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

**B. What type of institution is (was) this?**

CIRCLE ONE.

1 Public, 4-year or above?

2 Private nonprofit, 4-year or above?

SKIP TO D ON PAGE 8.

3 Private for-profit, 4-year or above?

SKIP TO D ON PAGE 8.

4 Public, 2-year?

5 Private nonprofit, 2-year?

SKIP TO D ON PAGE 8.

6 Private for-profit, 2-year?

SKIP TO D ON PAGE 8.

7 Public, less than 2-year?

8 Private nonprofit, less than 2-year?

SKIP TO D ON PAGE 8.

9 Private for-profit, less than 2-year?

SKIP TO D ON PAGE 8.

**C. Were you charged in-state or out-of-state tuition?**

CIRCLE ONE.

1 In-state

2 Out-of-state

**D. What was the total amount of tuition and fees you were charged last year or the most year you were enrolled?**

WRITE IN DOLLAR AMOUNT.

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

**E. When did you start attending? WRITE IN MONTH AND YEAR.**

\_\_\_\_ / \_\_\_\_

**F. When did you stop attending? WRITE IN MONTH AND YEAR OR CIRCLE STILL ATTENDING.**

\_\_\_\_ / \_\_\_\_      Still attending

G. While attending, were you enrolled . . . **CIRCLE ONE.**

- 1 Full-time
- 2 Half-time but less than full-time, or,
- 3 Less than half-time

H. What was your major field of study? **WRITE IN MAJOR.**

---

I. What type of degree or certificate are (were) you studying for?  
**CIRCLE ONE.**

- 1 None **SKIP TO M ON PAGE 10.**
- 2 Certificate
- 3 Associate's degree
- 4 Bachelor's degree
- 5 Other

J. Have you completed the requirements for that degree/certificate?  
**CIRCLE ONE.**

- 1 Yes
- 2 No **SKIP TO M ON PAGE 10.**

K. When did you receive your degree/certificate?  
**WRITE IN MONTH AND YEAR.**

\_\_\_\_ / \_\_\_\_

L. Did receiving your degree/certificate result in a job change or promotion?  
**CIRCLE ONE.**

- 1 Yes
- 2 No

M. What types of student financial aid did you receive while attending?  
CIRCLE ALL THAT APPLY.

- 1 Grants/scholarships/fellowships
- 2 Loans
- 3 College work-study
- 4 Other
- 5 None SKIP TO O ON PAGE 10.

N. During your most recent term of enrollment, what is (was) the total amount of financial aid you received?  
WRITE IN DOLLAR AMOUNT.

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

O. Did you ever have a paying job on campus while enrolled?  
CIRCLE ONE.

- 1 Yes
- 2 No

P. While enrolled, did you ever have a job related to your education, such as an apprenticeship, internship or co-op?  
CIRCLE ONE.

- 1 Yes
- 2 No

Q. Did you take academic courses that you plan(ned) to transfer to a 4-year college or university? CIRCLE ONE.

- 1 Yes
- 2 No

R. During a typical term, how many hours per week (are) were your classes scheduled to meet?  
WRITE IN NUMBER OF HOURS PER WEEK.

\_\_\_\_\_ hours per week

S. Not including summer or holiday breaks, have you attended this school more than one time, that is, stopped attending for a period of one term or more and then started attending again at a later date?

CIRCLE ONE.

1 Yes

2 No

T. How many different times have you attended?

WRITE IN THE NUMBER OF DIFFERENT TIMES YOU WERE ENROLLED.

\_\_\_\_\_ times

U. Have you attended any other postsecondary education institutions?

CIRCLE ONE.

1 Yes

2 No SKIP TO ITEM 26 ON PAGE 27.

22. For the SECOND university, college, or school ....

A. What is the name and location of the university, college, or school attended?

WRITE IN NAME, CITY, AND STATE.

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

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

**B. What type of institution is (was) this?**

CIRCLE ONE.

- 1 Public, 4-year or above?
- 2 Private nonprofit, 4-year or above? SKIP TO D ON PAGE 12.
- 3 Private for-profit, 4-year or above? SKIP TO D ON PAGE 12.
- 4 Public, 2-year?
- 5 Private nonprofit, 2-year? SKIP TO D ON PAGE 12.
- 6 Private for-profit, 2-year? SKIP TO D ON PAGE 12.
- 7 Public, less than 2-year?
- 8 Private nonprofit, less than 2-year? SKIP TO D ON PAGE 12.
- 9 Private for-profit, less than 2-year? SKIP TO D ON PAGE 12.

**C. Were you charged in-state or out-of-state tuition?**

CIRCLE ONE.

- 1 In-state
- 2 Out-of-state

**D. What was the total amount of tuition and fees you were charged last year or the most recent year you were enrolled?**

WRITE IN DOLLAR AMOUNT.

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

**E. When did you start attending? WRITE IN MONTH AND YEAR.**

\_\_\_\_ / \_\_\_\_

**F. When did you stop attending? WRITE IN MONTH AND YEAR OR CIRCLE STILL ATTENDING.**

\_\_\_\_ / \_\_\_\_      Still attending

G. While attending, were you enrolled . . . CIRCLE ONE.

- 1 Full-time
- 2 Half-time but less than full-time, or,
- 3 Less than half-time

H. What was your major field of study? WRITE IN MAJOR.

---

I. What type of degree or certificate are (were) you studying for?  
CIRCLE ONE.

- 1 None SKIP TO M ON PAGE 14.
- 2 Certificate
- 3 Associate's degree
- 4 Bachelor's degree
- 5 Other

J. Have you completed the requirements for that degree/certificate?  
CIRCLE ONE.

- 1 Yes
- 2 No SKIP TO M ON PAGE 14.

K. When did you receive your degree/certificate?  
WRITE IN MONTH AND YEAR.

\_\_\_\_ / \_\_\_\_

L. Did receiving your degree/certificate result in a job change or promotion?  
CIRCLE ONE.

- 1 Yes
- 2 No



M. What types of student financial aid did you receive while attending?  
CIRCLE ALL THAT APPLY.

- 1 Grants/scholarships/fellowships
- 2 Loans
- 3 College work-study
- 4 Other
- 5 None SKIP TO O ON PAGE 14.

N. During your most recent term of enrollment, what is (was) the total amount of financial aid you received?  
WRITE IN DOLLAR AMOUNT.

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

O. Did you ever have a paying job on campus while enrolled?  
CIRCLE ONE.

- 1 Yes
- 2 No

P. While enrolled, did you ever have a job related to your education, such as an apprenticeship, internship or co-op?  
CIRCLE ONE.

- 1 Yes
- 2 No

Q. Did you take academic courses that you plan(ned) to transfer to a 4-year college or university? CIRCLE ONE.

- 1 Yes
- 2 No

R. During a typical term, how many hours per week (are) were your classes scheduled to meet?  
WRITE IN NUMBER OF HOURS PER WEEK.

\_\_\_\_\_ hours per week

S. Not including summer or holiday breaks, have you attended this school more than one time, that is, stopped attending for a period of one term or more and then started attending again at a later date?

CIRCLE ONE.

1 Yes

2 No

T. How many different times have you attended?

WRITE IN THE NUMBER OF DIFFERENT TIMES YOU WERE ENROLLED.

\_\_\_\_\_ times

U. Have you attended any other postsecondary education institutions?

CIRCLE ONE.

1 Yes

2 No SKIP TO ITEM 26 ON PAGE 27.

23. For the THIRD university, college, or school ....

A. What is the name and location of the university, college, or school attended?

WRITE IN NAME, CITY, AND STATE.

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

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

**B. What type of institution is (was) this?**

**CIRCLE ONE.**

- 1 Public, 4-year or above?
- 2 Private nonprofit, 4-year or above? **SKIP TO D ON PAGE 16.**
- 3 Private for-profit, 4-year or above? **SKIP TO D ON PAGE 16.**
- 4 Public, 2-year?
- 5 Private nonprofit, 2-year? **SKIP TO D ON PAGE 16.**
- 6 Private for-profit, 2-year? **SKIP TO D ON PAGE 16.**
- 7 Public, less than 2-year?
- 8 Private nonprofit, less than 2-year? **SKIP TO D ON PAGE 16.**
- 9 Private for-profit, less than 2-year? **SKIP TO D ON PAGE 16.**

**C. Were you charged in-state or out-of-state tuition?**

**CIRCLE ONE.**

- 1 In-state
- 2 Out-of-state

**D. What was the total amount of tuition and fees you were charged last year or the most recent year you were enrolled?**

**WRITE IN DOLLAR AMOUNT.**

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

**E. When did you start attending? **WRITE IN MONTH AND YEAR.****

\_\_\_\_ / \_\_\_\_

**F. When did you stop attending? **WRITE IN MONTH AND YEAR OR CIRCLE STILL ATTENDING.****

\_\_\_\_ / \_\_\_\_      Still attending

G. While attending, were you enrolled . . . **CIRCLE ONE.**

- 1 Full-time
- 2 Half-time but less than full-time, or,
- 3 Less than half-time

H. What was your major field of study? **WRITE IN MAJOR.**

---

I. What type of degree or certificate are (were) you studying for?  
**CIRCLE ONE.**

- 1 None **SKIP TO M ON PAGE 18.**
- 2 Certificate
- 3 Associate's degree
- 4 Bachelor's degree
- 5 Other

J. Have you completed the requirements for that degree/certificate?  
**CIRCLE ONE.**

- 1 Yes
- 2 No **SKIP TO M ON PAGE 18.**

K. When did you receive your degree/certificate?  
**WRITE IN MONTH AND YEAR.**

\_\_\_\_ / \_\_\_\_

L. Did receiving your degree/certificate result in a job change or promotion?  
**CIRCLE ONE.**

- 1 Yes
- 2 No

M. What types of student financial aid did you receive while attending?  
CIRCLE ALL THAT APPLY.

- 1 Grants/scholarships/fellowships
- 2 Loans
- 3 College work-study
- 4 Other
- 5 None SKIP TO O ON PAGE 18.

N. During your most recent term of enrollment, what is (was) the total amount of financial aid you received?  
WRITE IN DOLLAR AMOUNT.

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

O. Did you ever have a paying job on campus while enrolled?  
CIRCLE ONE.

- 1 Yes
- 2 No

P. While enrolled, did you ever have a job related to your education, such as an apprenticeship, internship or co-op?  
CIRCLE ONE.

- 1 Yes
- 2 No

Q. Did you take academic courses that you plan(ned) to transfer to a 4-year college or university? CIRCLE ONE.

- 1 Yes
- 2 No

R. During a typical term, how many hours per week (are) were your classes scheduled to meet?  
WRITE IN NUMBER OF HOURS PER WEEK

\_\_\_\_\_ hours per week

S. Not including summer or holiday breaks, have you attended this school more than one time, that is, stopped attending for a period of one term or more and then started attending again at a later date?

CIRCLE ONE.

1 Yes

2 No

T. How many different times have you attended?

WRITE IN THE NUMBER OF DIFFERENT TIMES YOU WERE ENROLLED.

\_\_\_\_\_ times

U. Have you attended any other postsecondary education institutions?

CIRCLE ONE.

1 Yes

2 No SKIP TO ITEM 26 ON PAGE 27.

24. For the FOURTH university, college, or school ....

A. What is the name and location of the university, college, or school attended?

WRITE IN NAME, CITY, AND STATE.

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

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

**B. What type of institution is (was) this?****CIRCLE ONE.**

- |   |                                       |                       |
|---|---------------------------------------|-----------------------|
| 1 | Public, 4-year or above?              |                       |
| 2 | Private nonprofit, 4-year or above?   | SKIP TO D ON PAGE 20. |
| 3 | Private for-profit, 4-year or above?  | SKIP TO D ON PAGE 20. |
| 4 | Public, 2-year?                       |                       |
| 5 | Private nonprofit, 2-year?            | SKIP TO D ON PAGE 20. |
| 6 | Private for-profit, 2-year?           | SKIP TO D ON PAGE 20. |
| 7 | Public, less than 2-year?             |                       |
| 8 | Private nonprofit, less than 2-year?  | SKIP TO D ON PAGE 20. |
| 9 | Private for-profit, less than 2-year? | SKIP TO D ON PAGE 20. |

**C. Were you charged in-state or out-of-state tuition?****CIRCLE ONE.**

- 1 In-state  
2 Out-of-state

**D. What was the total amount of tuition and fees you were charged last year or the most recent year you were enrolled?****WRITE IN DOLLAR AMOUNT.**

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

**E. When did you start attending? WRITE IN MONTH AND YEAR.**

\_\_\_\_ / \_\_\_\_

**F. When did you stop attending?****WRITE IN MONTH AND YEAR OR CIRCLE STILL ATTENDING.**

\_\_\_\_ / \_\_\_\_      Still attending

G. While attending, were you enrolled . . . CIRCLE ONE.

- 1 Full-time
- 2 Half-time but less than full-time, or,
- 3 Less than half-time

H. What was your major field of study? WRITE IN MAJOR.

---

I. What type of degree or certificate are (were) you studying for?  
CIRCLE ONE.

- 1 None SKIP TO M ON PAGE 22.
- 2 Certificate
- 3 Associate's degree
- 4 Bachelor's degree
- 5 Other

J. Have you completed the requirements for that degree/certificate?  
CIRCLE ONE.

- 1 Yes
- 2 No SKIP TO M ON PAGE 22.

K. When did you receive your degree/certificate?  
WRITE IN MONTH AND YEAR.

\_\_\_\_ / \_\_\_\_

L. Did receiving your degree/certificate result in a job change or promotion?  
CIRCLE ONE.

- 1 Yes
- 2 No



M. What types of student financial aid did you receive while attending?

CIRCLE ALL THAT APPLY.

- 1 Grants/scholarships/fellowships
- 2 Loans
- 3 College work-study
- 4 Other
- 5 None SKIP TO O ON PAGE 22.

N. During your most recent term of enrollment, what is (was) the total amount of financial aid you received?

WRITE IN DOLLAR AMOUNT.

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

O. Did you ever have a paying job on campus while enrolled?

CIRCLE ONE.

- 1 Yes
- 2 No

P. While enrolled, did you ever have a job related to your education, such as an apprenticeship, internship or co-op?

CIRCLE ONE.

- 1 Yes
- 2 No

Q. Did you take academic courses that you plan(ned) to transfer to a 4-year college or university? CIRCLE ONE.

- 1 Yes
- 2 No

- R. During a typical term, how many hours per week (are) were your classes scheduled to meet?

WRITE IN NUMBER OF HOURS PER WEEK.

\_\_\_\_\_ hours per week

- S. Not including summer or holiday breaks, have you attended this school more than one time, that is, stopped attending for a period of one term or more and then started attending again at a later date?

CIRCLE ONE.

1 Yes

2 No

- T. How many different times have you attended?

WRITE IN THE NUMBER OF DIFFERENT TIMES YOU WERE ENROLLED.

\_\_\_\_\_ times

- U. Have you attended any other postsecondary education institutions?

CIRCLE ONE.

1 Yes

2 No SKIP TO ITEM 26 ON PAGE 27.

25. For the FIFTH university, college, or school ....

- A. What is the name and location of the university, college, or school attended?

WRITE IN NAME, CITY, AND STATE.

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

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

**B. What type of institution is (was) this?****CIRCLE ONE**

- |   |                                       |                       |
|---|---------------------------------------|-----------------------|
| 1 | Public, 4-year or above?              |                       |
| 2 | Private nonprofit, 4-year or above?   | SKIP TO D ON PAGE 24. |
| 3 | Private for-profit, 4-year or above?  | SKIP TO D ON PAGE 24. |
| 4 | Public, 2-year?                       |                       |
| 5 | Private nonprofit, 2-year?            | SKIP TO D ON PAGE 24. |
| 6 | Private for-profit, 2-year?           | SKIP TO D ON PAGE 24. |
| 7 | Public, less than 2-year?             |                       |
| 8 | Private nonprofit, less than 2-year?  | SKIP TO D ON PAGE 24. |
| 9 | Private for-profit, less than 2-year? | SKIP TO D ON PAGE 24. |

**C. Were you charged in-state or out-of-state tuition?****CIRCLE ONE**

- |   |              |
|---|--------------|
| 1 | In-state     |
| 2 | Out-of-state |

**D. What was the total amount of tuition and fees you were charged last year or the most recent year you were enrolled?****WRITE IN DOLLAR AMOUNT**

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

**E. When did you start attending? WRITE IN MONTH AND YEAR.**

\_\_\_\_ / \_\_\_\_

**F. When did you stop attending? WRITE IN MONTH AND YEAR OR CIRCLE STILL ATTENDING.**

\_\_\_\_ / \_\_\_\_

Still attending

G. While attending, were you enrolled . . . **CIRCLE ONE.**

- 1 Full-time
- 2 Half-time but less than full-time, or,
- 3 Less than half-time

H. What was your major field of study? **WRITE IN MAJOR.**

---

I. What type of degree or certificate are (were) you studying for?  
**CIRCLE ONE.**

- 1 None **SKIP TO M ON PAGE 26.**
- 2 Certificate
- 3 Associate's degree
- 4 Bachelor's degree
- 5 Other

J. Have you completed the requirements for that degree/certificate?  
**CIRCLE ONE.**

- 1 Yes
- 2 No **SKIP TO M ON PAGE 26.**

K. When did you receive your degree/certificate?  
**WRITE IN MONTH AND YEAR.**

\_\_\_\_ / \_\_\_\_

L. Did receiving your degree/certificate result in a job change or promotion?  
**CIRCLE ONE.**

- 1 Yes
- 2 No

M. What types of student financial aid did you receive while attending?  
CIRCLE ALL THAT APPLY.

- 1 Grants/scholarships/fellowships
- 2 Loans
- 3 College work-study
- 4 Other
- 5 None SKIP TO O ON PAGE 26.

N. During your most recent term of enrollment, what is (was) the total amount of financial aid you received?  
WRITE IN DOLLAR AMOUNT.

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

O. Did you ever have a paying job on campus while enrolled?  
CIRCLE ONE.

- 1 Yes
- 2 No

P. While enrolled, did you ever have a job related to your education, such as an apprenticeship, internship or co-op?  
CIRCLE ONE.

- 1 Yes
- 2 No

Q. Did you take academic courses that you plan(ned) to transfer to a 4-year college or university? CIRCLE ONE.

- 1 Yes
- 2 No

R. During a typical term, how many hours per week (are) were your classes scheduled to meet?  
WRITE IN NUMBER OF HOURS PER WEEK.

\_\_\_\_\_ hours per week

S. Not including summer or holiday breaks, have you attended this school more than one time, that is, stopped attending for a period of one term or more and then started attending again at a later date?  
CIRCLE ONE.

- 1 Yes
- 2 No

T. How many different times have you attended?  
WRITE IN THE NUMBER OF DIFFERENT TIMES YOU WERE ENROLLED.

\_\_\_\_\_ times

U. Have you attended any other postsecondary education institutions?  
CIRCLE ONE.

- 1 Yes
- 2 No

26. Did your parents take out loans or borrow money to finance your postsecondary schooling?  
CIRCLE ONE.

- 1 Yes
- 2 No

27. What is the total amount you have borrowed to finance your postsecondary education?  
WRITE IN DOLLAR AMOUNT. WRITE IN "0" IF NONE.

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

28. During the last two years, have you had one or more courses in the following:  
 CIRCLE YES OR NO COLUMN FOR COURSES TAKEN SINCE LEAVING HIGH SCHOOL.

Course	YES	NO
Remedial English	1	2
Remedial math	1	2
Non-remedial math	1	2
Physics	1	2
Chemistry	1	2
Biology	1	2
Foreign languages	1	2

29. During the past two years, have you received the following services?  
 FOR EACH TYPE OF SERVICE, CIRCLE IF THE SERVICE WAS NOT AVAILABLE, WAS AVAILABLE BUT YOU DID NOT RECEIVE IT, OR YOU DID RECEIVE THE SERVICE.

	NOT AVAILABLE	AVAILABLE BUT DID NOT RECEIVE	RECEIVED
Formal tutoring (including tutoring by faculty or students)?	1	2	3
Counseling (on personal, academic, financial, or job or career choices)?	1	2	3
Special instruction (in areas such as Remedial English, Remedial Mathematics, reading improvement, improving writing skills, how to take tests or how to study more efficiently)?	1	2	3

30. Have you participated in any of the following extracurricular activities?  
CIRCLE YES OR NO COLUMN.

	YES	NO
Varsity intercollegiate athletics	1	2
Other intercollegiate athletics	1	2
Intramural athletics	1	2
Performing arts (such as, music groups, theater, etc.)	1	2
College newspaper or radio station	1	2
Student government or political groups	1	2
Social clubs, fraternities/sororities	1	2
Volunteer services to fellow students	1	2
Volunteer services to community groups	1	2

31. What is the highest level of education you ever expect to complete?  
CIRCLE ONE.

- 1 Some high school
- 2 Finish high school or earn high school equivalency diploma or certificate
- 3 Vocational/trade/business school after high school - less than 2 years
- 4 Vocational/trade/business school after high school - 2 or more years
- 5 College program - less than 2 years
- 6 College program - 2 or more years - associate's degree
- 7 College program - finish college - bachelor's degree
- 8 College program - master's degree or equivalent
- 9 College program - Ph.D. or equivalent
- 10 College program - M.D., L.L.B., J.D., D.D.S. or equivalent



32. The following table concerns your employment history from June 1992 to today. Now, please think back to June of 1992. At that time were you employed, unemployed and receiving unemployment compensation, unemployed and NOT receiving unemployment compensation, or were you out of the labor force (that is, not working, not looking for work AND not receiving unemployment compensation)? Again, out of the labor force means that you were not working, not looking for work AND not receiving unemployment compensation.

WRITE IN 1, 2, 3, OR 4 FOR EACH MONTH:

1 EMPLOYED (WORKING ANY PART OF THE MONTH)

2 UNEMPLOYED AND RECEIVING UNEMPLOYMENT COMPENSATION

3 UNEMPLOYED AND NOT RECEIVING UNEMPLOYMENT COMPENSATION

4 OUT OF THE LABOR FORCE

Month: Year-- >	1992	1993	1994
January	N/A		
February	N/A		
March	N/A		
April	N/A		
May	N/A		
June			
July			
August			
September			N/A
October			N/A
November			N/A
December			N/A

33. How many jobs did you have during the time period of June 1992 through December 1992? WRITE IN NUMBER OF JOBS. WRITE IN "0" IF NONE AND SKIP TO ITEM 34 ON PAGE 32.

\_\_\_\_\_ jobs IF NONE, SKIP TO ITEM 34 ON PAGE 32.

- A. Do you consider yourself to have been primarily a student or primarily employed during that time period?

CIRCLE ONE.

- 1 Student  
2 Employed SKIP TO C ON PAGE 31.

- B. Was this job related to your schooling?

CIRCLE ONE. IF MULTIPLE JOBS, PICK ONE HELD LONGEST.

- 1 Yes SKIP TO ITEM 34 ON PAGE 32.  
2 No SKIP TO ITEM 34 ON PAGE 32.

- C. On this job, were you a(n)...?

CIRCLE ONE. IF MULTIPLE JOBS, PICK ONE HELD LONGEST.

- 1 Employee of a private company  
2 Government employee (federal, state or local)  
3 Self-employed in your own business  
4 Working without pay on a family business or farm  
5 Working without pay in a volunteer job

- D. What type of business or industry was this? What did this firm make or do?

WRITE IN INDUSTRY DESCRIPTION.

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- E. Describe your job or occupation at this job (for example, cook, truck driver, cashier, salesman, nurse, school teacher, etc.). What was your job title?

WRITE IN OCCUPATION DESCRIPTION:

---

- F. On average, how many hours per week did you work at this job?

WRITE IN NUMBER OF HOURS PER WEEK:

\_\_\_\_\_ hours per week

- G. Would you have preferred to work more hours per week at this job?

CIRCLE ONE:

1 Yes

2 No

- H. Did you hold two or more jobs at the same time?

CIRCLE ONE:

1 Yes

2 No

- I. What were your total earnings from all the jobs you had?

WRITE IN TOTAL EARNINGS FOR THE PERIOD (JUNE, 1992 - DECEMBER, 1992).  
WRITE IN "0" IF NONE.

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

34. How many jobs did you have during the time period of January 1993 through December 1993?

WRITE IN NUMBER OF JOBS. WRITE IN "0" IF NONE AND SKIP TO ITEM 35 ON PAGE 39.

\_\_\_\_\_ jobs IF NONE, SKIP TO ITEM 35 ON PAGE 39.

- A. Do you consider yourself to have been primarily a student or primarily employed during that time period?

CIRCLE ONE.

- 1 Student  
2 Employed SKIP TO C ON PAGE 33.

- B. Was this job related to your schooling?

CIRCLE ONE.

- 1 Yes SKIP TO ITEM 35 ON PAGE 39.  
2 No SKIP TO ITEM 35 ON PAGE 39.

- C. On this job, were you a(n)...?

CIRCLE ONE. IF MULTIPLE JOBS, PICK ONE HELD LONGEST.

- 1 Employee of a private company  
2 Government employee (federal, state or local)  
3 Self-employed in your own business  
4 Working without pay on a family business or farm  
5 Working without pay in a volunteer job

- D. What type of business or industry was this? What did this firm make or do?

WRITE IN INDUSTRY DESCRIPTION.

---

---

- E. Describe your job or occupation at this job (for example, cook, truck driver, cashier, salesman, nurse, school teacher, etc.). What was your job title?

WRITE IN OCCUPATION DESCRIPTION.

---

- F. On average, how many hours per week did you work at this job?  
WRITE IN NUMBER OF HOURS PER WEEK.

\_\_\_\_\_ hours per week

- G. Would you have preferred to work more hours per week at this job?  
CIRCLE ONE.

1 Yes

2 No

- H. Did you hold two or more jobs at the same time?  
CIRCLE ONE.

1 Yes

2 No

- I. What were your total earnings from all the jobs you had?  
WRITE IN TOTAL EARNINGS FOR THE PERIOD. WRITE IN "0" IF NONE.

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

- J. Did you receive any formal training or education from this job?  
CIRCLE ONE.

1 Yes

2 No

**K. Did you participate in an apprenticeship?**

**CIRCLE ONE.**

1 Yes

2 No **SKIP TO ITEM N ON PAGE 36**

**L. Was that a formal or informal apprenticeship?**

**CIRCLE ONE.**

1 Formal

2 Informal

**M. Was this apprenticeship union-sponsored?**

**CIRCLE ONE.**

1 Yes

2 No

- N. Did your employer make available to you any of the following benefits:  
**CIRCLE YES OR NO BELOW.**

	YES	NO
Medical, surgical, or hospital insurance that covers injuries or major illness off the job	1	2
Dental benefits	1	2
Life insurance that would cover your death for reasons not connected with your job	1	2
Sick days with pay	1	2
Paid vacation	1	2
Paid maternity or paternity leave that will allow you to go back to your old job or one that pays the same as your old job	1	2
Unpaid maternity or paternity leave that will allow you to go back to your old job or one that pays the same as your old job	1	2
A pension plan	1	2
Childcare assistance	1	2
Unpaid leave to care for a parent, spouse, or child with a serious health condition, that will allow you to go back to your old job or one that has the equivalent pay and benefits as your old job	1	2
Unpaid leave for your own serious health condition	1	2
Intermittent or reduced leave for a serious health condition of yours, a parent, spouse or child, or for the birth, adoption or foster placement of a child	1	2

- O. Did you received employer-provided training benefits, such as attending an education program?

**CIRCLE ONE.**

- 1 Yes  
 2 No **SKIP TO ITEM U PAGE 38.**

**P. Did you participate in the following?****CIRCLE ALL THAT APPLY.**

- 1 On-site formal employer-provided training during working hours
- 2 Informal on-the-job training
- 3 Off-site formal employer-provided training during working hours
- 4 Tuition aid or financial assistance for attending educational institutions
- 5 None of the above

**Q. What was the total number of weeks you attended any training or education program?**

Please include ALL the training/education you received.

**WRITE IN NUMBER OF WEEKS.**

\_\_\_\_\_ weeks

**R. How many hours per week did you attend this training or education program?****WRITE IN NUMBER OF HOURS. IF ATTENDED MORE THAN ONE PROGRAM, ENTER NUMBER OF HOURS FOR PROGRAM THAT LASTED THE LONGEST.**

\_\_\_\_\_ hours

**S. Where did you receive this training or education?****CIRCLE ONE.**

- 1 A high school
- 2 A vocational, trade, business, or other career training school
- 3 A junior or community college
- 4 A college or university
- 5 An independent graduate or professional school
- 6 A military service
- 7 A job site
- 8 Other



- T. How did the training you received relate to your experiences on the job?  
 CIRCLE WHETHER YOU AGREE OR DISAGREE WITH EACH STATEMENT.

	AGREE	DISAGREE
I was able to apply most of what was learned	1	2
The job was different from the way I was trained	1	2
I did not use the tools or equipment I was trained to use	1	2
I could have gotten the job without training	1	2
Coursework I took was associated with but not helpful in performing job	1	2
Most of what I did on the job I learned to do in school	1	2

- U. How satisfied were you with the following aspects of your job?  
 CIRCLE LEVEL OF SATISFACTION FOR EACH ROW.

	VERY	SOMEWHAT	NOT
The job's pay and fringe benefits	1	2	3
Its importance and challenge	1	2	3
Its working conditions	1	2	3
The opportunity for promotion and advancement	1	2	3
The opportunity to use past training and education	1	2	3
Its security and permanence	1	2	3
The opportunity to further your education	1	2	3

35. How many jobs did you have during the time period of January 1994 through today?  
WRITE IN NUMBER OF JOBS. WRITE IN "0" IF NONE AND SKIP TO ITEM 36 ON  
PAGE 40.

\_\_\_\_\_ jobs

- A. Do you consider yourself to have been primarily a student or primarily employed during that time period?

CIRCLE ONE.

- 1 Student  
2 Employed SKIP TO C ON PAGE 39.

- B. Was this job related to your schooling?

CIRCLE ONE.

- 1 Yes SKIP TO ITEM 36 ON PAGE 40.  
2 No SKIP TO ITEM 36 ON PAGE 40.

- C. On this job, were you a(n)...?

CIRCLE ONE. IF MULTIPLE JOBS, PICK ONE HELD LONGEST.

- 1 Employee of a private company  
2 Government employee (federal, state or local)  
3 Self-employed in your own business  
4 Working without pay on a family business or farm  
5 Working without pay in a volunteer job

- D. What type of business or industry was this? What did this firm make or do?

WRITE IN INDUSTRY DESCRIPTION.

---

---

- E. Describe your job or occupation at this job (for example, cook, truck driver, cashier, salesman, nurse, school teacher, etc.). What was your job title?

WRITE IN OCCUPATION DESCRIPTION

---

- F. On average, how many hours per week did you work at this job?

WRITE IN NUMBER OF HOURS PER WEEK

\_\_\_\_\_ hours per week

- G. Would you have preferred to work more hours per week at this job?

CIRCLE ONE.

1 Yes

2 No

- H. Did you hold two or more jobs at the same time?

CIRCLE ONE.

1 Yes

2 No

- I. What were your total monthly earnings?

WRITE IN TOTAL MONTHLY EARNINGS. WRITE IN "0" IF NONE.

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

36. Are you limited in the kind of job or amount of work you can do because of any impairment or health problem?

CIRCLE ONE.

1 Yes

2 No

37. Do you plan on working overseas in the future?

CIRCLE ONE.

1 Yes

2 No

38. What job or occupation do you expect or plan to have when you are 30 years old?

WRITE IN OCCUPATION DESCRIPTION.

---

---

39. What was YOUR total income from all sources, before taxes, in 1993? This figure should include salaries, wages, pensions, dividends, interest, unemployment compensation, grants, financial aid, scholarships, government assistance (AFDC) and all other income.

WRITE IN DOLLAR AMOUNT. WRITE IN "0" IF NO INCOME.

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

40. What do you expect your total annual income to be when you are 30 years old?

WRITE IN DOLLAR AMOUNT.

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

41. What are your current monthly payments for the following?

WRITE IN DOLLAR AMOUNT. WRITE IN "0" IF NONE.

\$ \_\_\_\_\_ Home mortgage or rent for your primary residence

\$ \_\_\_\_\_ Automobile loans

\$ \_\_\_\_\_ Other debts

42. Do you contribute to anyone else's support, such as grandparents, aunts, or other relatives, regardless of whether or not they currently live with you?

CIRCLE ONE.

1 Yes

2 No SKIP TO ITEM 44 ON PAGE 42.

43. How much would you estimate you spend annually for this (these) person's support?

WRITE IN DOLLAR AMOUNT.

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

44. Since the time you left high school, have you earned any type of license (such as broadcasting, hairdresser, real estate, etc.)?

CIRCLE ONE.

1 Yes

2 No SKIP TO ITEM 47 ON PAGE 43.

45. How many licenses have you earned since leaving high school?

WRITE IN NUMBER.

\_\_\_\_\_

46. Please list all licenses and dates (month/year) received below:

WRITE IN.

DATE	LICENSE
/	
/	
/	
/	
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/	
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/	

47. During weekdays, that is, Monday through Friday, about how many hours per day do you watch TV?

CIRCLE ONE.

- 1 Don't watch TV during weekdays
- 2 Less than 1 hour
- 3 1 hour or more, less than 2
- 4 2 hours or more, less than 3
- 5 3 hours or more, less than 4
- 6 4 hours or more, less than 5
- 7 5 hours or more, less than 6
- 8 6 hours or more, less than 7
- 9 7 hours or more, less than 8
- 10 8 hours or more

48. For each activity listed, please indicate if, during an average week, you participate in that activity one or more times per week.

CIRCLE YES OR NO FOR EACH ACTIVITY.

	YES	NO
Working on hobbies, arts, or crafts on your own	1	2
Participating in religious activities	1	2
Talking or doing things with your mother or father	1	2
Participating in sports (not sponsored by your school)	1	2
Reading for pleasure	1	2

49. Please indicate how important each of the following is to your life:

CIRCLE ONE COLUMN FOR EACH STATEMENT.

	Very Important	Somewhat Important	Not Important
Being successful in your line of work	1	2	3
Having lots of money	1	2	3
Having strong friendships	1	2	3
Being able to find steady work	1	2	3
Being able to give your children better opportunities than you've had	1	2	3

50. The next few questions are about unpaid volunteer or community service work. Please indicate which organizations (if any) you have worked with during the past 12 months. **CIRCLE ALL THAT APPLY.**

- 1 Youth organizations-i.e., little league coach, scout leader, etc.
- 2 A union, farm, trade or professional association
- 3 Political clubs or organizations
- 4 A church or church-related activities (not including worship services)
- 5 Organized volunteer work--such as in a hospital
- 6 Sports teams or sports clubs
- 7 Educational organizations--such as an academic group
- 8 Other
- 9 None **SKIP TO ITEM 53 ON PAGE 46.**

51. Which one do (did) you participate in most frequently? **CIRCLE ONLY ONE.**

- 1 Youth organizations-i.e., little league coach, scout leader, etc.
- 2 A union, farm, trade or professional association
- 3 Political clubs or organizations
- 4 A church or church-related activities (not including worship services)
- 5 Organized volunteer work--such as in a hospital
- 6 Sports teams or sports clubs
- 7 Educational organizations--such as an academic group
- 8 Other

52. During the past 12 months, how many hours per week did you do volunteer work? **WRITE IN NUMBER OF HOURS PER WEEK.**

\_\_\_\_\_ hours per week



53. Are you currently registered to vote?

**CIRCLE ONE.**

1 Yes

2 No

54. During the past 12 months, have you voted in a local, state, or national election?

**CIRCLE ONE.**

1 Yes

2 No

55. Did you vote in the 1992 Presidential election?

**CIRCLE ONE.**

1 Yes

2 No

56. Lots of things happen to individuals or to their families that may affect young people's lives. For each item on the list, please indicate if that event has happened to you or a family member. These questions are voluntary and you may refuse to answer any or all of them. **CIRCLE YES OR NO FOR EACH ACTIVITY.**

	YES	NO
You or a close friend were arrested or incarcerated	1	2
You or a family member became seriously ill or disabled	1	2
You or a family member were a victim of a serious crime	1	2
There was a death in your family	1	2

The next items ask about your sexual activity. Let me remind you that all the information you provide is kept strictly confidential.

57. Have you ever had sexual intercourse?

CIRCLE ONE.

1 Yes

2 No SKIP TO 62 ON PAGE 48.

58. When did you have sexual intercourse for the first time?

WRITE IN MONTH AND YEAR.

\_\_\_\_\_ / \_\_\_\_\_

59. Thinking back to the first time you had sexual intercourse, did you and your partner use any method of birth control to prevent pregnancy or sexually transmitted disease?

CIRCLE ONE.

1 Yes

2 No

60. In the last month, how often did you have intercourse?

CIRCLE ONE.

1 Three or more times

2 Two times

3 Once

4 Not at all

61. The last time you had intercourse, did you and your partner use any method of birth control to prevent pregnancy or sexually transmitted disease; and if so, what method did you use?

CIRCLE ALL THAT APPLY.

1 None

2 Pill

3 Condom

4 Sterilization

5 Withdrawal

6 Diaphragm

7 Some other method (Write in: \_\_\_\_\_)

62. What percentage of the people in the neighborhood where you grew up were of the same race and ethnicity as you?

WRITE IN PERCENTAGE.

\_\_\_\_\_ %

63. What percentage of the people in your present neighborhood are of the same race and ethnicity as you?

WRITE IN PERCENTAGE.

\_\_\_\_\_ %

64. What percentage of the people in your workplace are of the same race and ethnicity as you?

WRITE IN PERCENTAGE.

\_\_\_\_\_ %

## LOCATING INFORMATION

*Please enter the correct spelling of your name and current address.*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

*Please enter the names, addresses and telephone numbers of two people who would most likely know where to reach you.*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Relationship to you: \_\_\_\_\_

What is your driver's license number? \_\_\_\_\_

In what state was it issued? \_\_\_\_\_

Thank you very much for your time and cooperation.

Stop Time \_\_\_\_ : \_\_\_\_ AM/PM