CASE ID # _____
(FOR OFFICE USE ONLY)

WOMEN'S EMPLOYMENT STUDY
2001

P. 041143
Study Phase Code: 5
Fall 2001

	2. Interviewer's Label

3. This IW No. _____	8. Mode of Payment: ☐ 1. U/M Check ☐ 2. Iwer Paid
4. Length of IW: _____ (Minutes)	9. Amount of Payment: $_____
5. Length of Post-Edit: _____ (Minutes)	10. Date of Final Result: _____
6. Pers. Ltr Req.? ☐ 5. NO ☐ 1. YES _____(Date)	11. Final Result Code: _____
7. Total Calls (Call # of Final Call) _____	

REMEMBER TO COMPLETE OBSERVATION SECTION, THUMBNAIL SKETCH, AND EDIT CHECKLIST

12. Hello, my name is _____, and I work for the University of Michigan's Survey Research Center. Let me show you my identification (SHOW ID).

May I speak with (name on sample label)?

R RESIDES AT LABEL ADDRESS	R DECEASED	R INSTITUTIONALIZED LONG TERM	R HAS MOVED
IF SPEAKING WITH R, CONT. WITH 13 IF NOT, FIND GOOD TIME TO CONTACT	**CODE RESULT 92**	**CODE RESULT 93**	↓

12a. NEW ADDRESS

STREET ADDRESS: _____

CITY _____STATE _____ ZIP _____

TELEPHONE #: (_____)_____ - _____

12b. CHECK ONE:

☐ 1. R's NEW ADDRESS IS WITHIN 50 MILES OF ANY WES IWER → ATTEMPT IW AT NEW ADDRESS

☐ 2. R's NEW ADDRESS IS MORE THAN 50 MILES FROM ANY WES IWER → CODE 47

13. (Hello, my name is _____ and I work for the University of Michigan.) Two years ago you were kind enough to participate in the Women's Employment Study. We would like to interview you again this year to update our information. **PRESENT CONSENT FORM, THEN GO TO NEXT PAGE, HHL.**

2

SAMPLE ID:

IWER: Update the Wave 3 Household Listing by asking for current age and residency status for all persons listed on the HH roster. For each HH group, update information, then ask if there are any other persons in that group living in the HH, and obtain complete information for those persons (you will not ask residency item for the new members of the HH.) You will need to ask the "Caregiver" item for ALL 'Other Children.' SEE HOUSEHOLD LISTING QUESTIONS CARD FOR QUESTION WORDINGS.

FULL NAME (First) (Last)	REL TO R	SEX	AGE	W3TC	STILL IN HH?	CARE-GIVER?
ADULTS 18 OR OLDER						
R's CHILDREN						
OTHER CHILDREN						
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

14. WAVE 3 IW DATE:

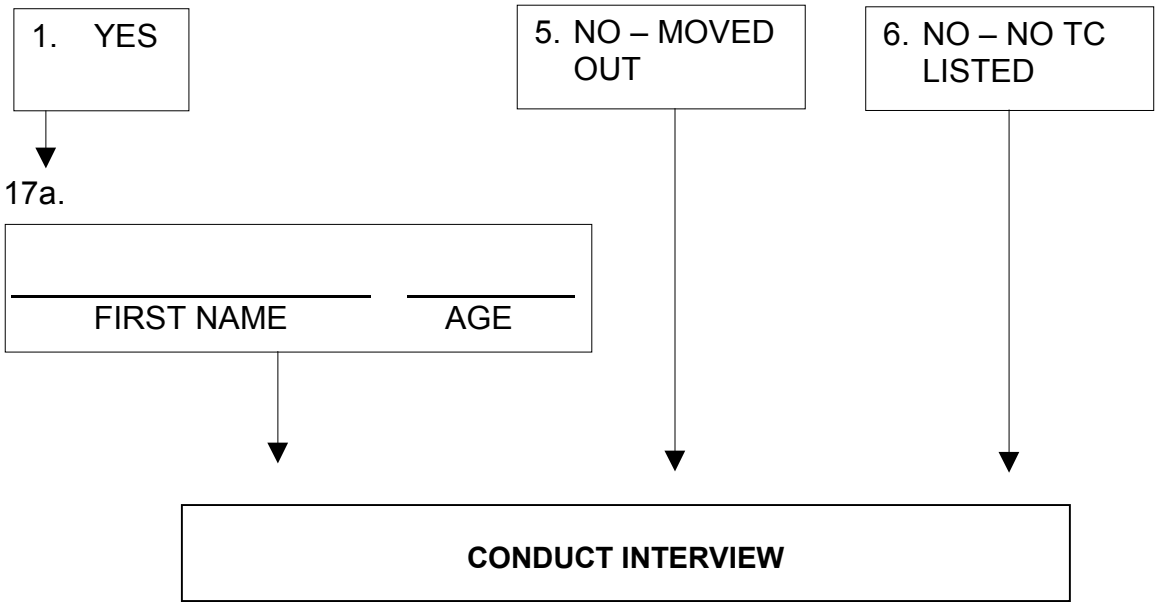
15. CHILDREN UNDER 18 IN HH?

1. YES	5. NO

16. CHILDREN UNDER 14 IN HH?

1. YES	5. NO

17. WAVE 3 TARGET CHILD IN HH NOW?



RECONTACT INFORMATION

R1. Thank you very much for this interview. We value people like you who are willing to contribute their experiences to our research. We will be sending you a report of some of our findings as a way of expressing our appreciation for your continuing cooperation. Our Supervisor may also be calling or writing you to verify this interview. For these reasons I would like to verify your name and ask for your mailing address and telephone number.

R1a. What is your full legal name as it appears on official documents such as your voter's registration, Social Security Card, or driver's license? (IWER: VERIFY SPELLING OF R'S FULL NAME AND WRITE CLEARLY.)

NAME REFUSED TITLE: MS MRS

FIRST NAME MIDDLE INITIAL LAST NAME

R1b. What is your address?

STREET ADDRESS

CITY STATE ZIP CODE

R2. INTERVIEWER CHECKPOINT: ADDRESS AT R1b ABOVE IS:

1. IDENTICAL TO SAMPLE LABEL ADDRESS — GO TO R4
2. CORRECTED VERSION OF SAMPLE LABEL ADDRESS — GO TO R4
3. DIFFERENT FROM SAMPLE LABEL
4. P.O. BOX — GO TO R4

R3. Is this a mailing address for your home, an address you will be moving to, a relative's address, the address of a friend, a business address, or what?

1. HOME
2. ADDRESS TO WHICH R IS MOVING
3. RELATIVE
4. FRIEND
5. BUSINESS
7. OTHER (SPECIFY): _____

R4. And, what is your telephone number? ___-___-____

R4a. Is there a second # where we can reach you? ___-___-____

R HAS NO PHONE
PHONE NUMBER REFUSED

NEXT PAGE, R6

R5. Is your phone number listed in the current telephone directory?

1. YES, LISTED
5. NO, NOT LISTED
8. NOT SURE, DON'T KNOW

NEXT PAGE, R6

R5a. Is the phone listed in your name?

1. YES
5. NO → R5b. In whose name is the phone listed? (What relation is this person to you?)

_____
NAME RELATIONSHIP

IF VOL. NOT LISTED

NEXT PAGE, R6

NEXT PAGE, R6

R6. Do you have another place of residence or somewhere else you live during different times of the year?

1. YES → R6a. We may wish to contact you at your other residence. May I have that address and phone number?

_____ ADDRESS REFUSED
STREET ADDRESS

_____
CITY STATE ZIP

TELEPHONE NUMBER: _____/ _____ NO PHONE PHONE REFUSED
AREA CODE

5. NO

R7. If for any reason we should have difficulty contacting you, could you give me the name, address, and telephone number of three close friends or relatives who will know how to get in touch with you? (And what is this person's relationship to you?)

1. NAME: _____

ADDRESS: _____

TELEPHONE: (__ __ __) __ __ __ - __ __ __ __ RELATIONSHIP TO R: _____

2. NAME: _____

ADDRESS: _____

TELEPHONE: (__ __ __) __ __ __ - __ __ __ __ RELATIONSHIP TO R: _____

3. NAME: _____

ADDRESS: _____

TELEPHONE: (__ __ __) __ __ __ - __ __ __ __ RELATIONSHIP TO R: _____