

SECTION B

EMPLOYMENT HISTORY, TRANSPORTATION, AND TIME SPENT AT HOME

BOX A	
REFER TO RESPONDENT INFORMATION SHEET. DID RESPONDENT HOLD AT LEAST ONE JOB IN THE 15 YEARS PRIOR TO THE REFERENCE DATE?	
YES.....	1 (CONTINUE)
NO	2 (B13)

B1. [I am going to ask you some questions about work you have performed outside the home, including both paid and volunteer positions. I am interested in jobs you held during the 15 year time period prior to (REFERENCE DATE), that would be from (15 YEARS PRIOR TO REFERENCE DATE) through (REFERENCE DATE).] During your last interview, you indicated that you worked as a (JOB TITLE) at (JOB LOCATION) from (START DATE) through (STOP DATE). [HAND EMPLOYMENT HISTORY REPORT TO RESPONDENT.]	B2. During this time period, did you ever work an evening shift, an overnight shift, or both types of shifts while working at this job? (An evening shift could start in the afternoon and could go as late as 2:00 a.m. An overnight shift, sometimes referred to as the "graveyard shift," could start as early as 7:00 p.m. and continue until the following morning.)	B3. During this time period, for how many months or years did you work an evening shift at this job? Please include each month in which you worked an evening shift at least once.	B4. During (that/ those) (month(s)/ year(s)), for how many days, weeks, months, or years did you work an evening shift at this job?
a. JOB TITLE: _____ JOB LOCATION: _____ START DATE: 19 ____ ____ STOP DATE: 19 ____ ____	YES, EVENING SHIFT 1 YES, OVERNIGHT SHIFT 2 (B5) YES, BOTH..... 3 NO 4 (B7)	_____ _____ _____ MONTHS..... 1 YEARS 2	_____ _____ _____ _____ _____ DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS..... 4
b. JOB TITLE: _____ JOB LOCATION: _____ START DATE: 19 ____ ____ STOP DATE: 19 ____ ____	YES, EVENING SHIFT 1 YES, OVERNIGHT SHIFT 2 (B5) YES, BOTH..... 3 NO 4 (B7)	_____ _____ _____ MONTHS..... 1 YEARS 2	_____ _____ _____ _____ _____ DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS..... 4
c. JOB TITLE: _____ JOB LOCATION: _____ START DATE: 19 ____ ____ STOP DATE: 19 ____ ____	YES, EVENING SHIFT 1 YES, OVERNIGHT SHIFT 2 (B5) YES, BOTH..... 3 NO 4 (B7)	_____ _____ _____ MONTHS..... 1 YEARS 2	_____ _____ _____ _____ _____ DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS..... 4

<p style="text-align: center;">B5.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> ASK ONLY IF WORKED OVERNIGHT SHIFT, B2 IS CODED "2" OR "3." OTHERWISE, SKIP TO B7. </div> <p>During this time period, for how many months or years did you work an overnight shift at this job? Please include each month in which you worked an overnight shift at least once.</p>	<p style="text-align: center;">B6.</p> <p>During (that/those) (month(s)/year(s)), for many days, weeks, months, or years did you work an overnight shift at this job?</p>	<p style="text-align: center;">B7.</p> <p>How much time did you spend using a Personal Computer or a monitor connected to a computer at this job? Would you say:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80px;"> SHOW CARD A </div>	<p style="text-align: center;">B8.</p> <p>For how many months or years did you use a Personal Computer or a monitor connected to a computer at this job?</p>
<div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div> MONTHS 1 YEARS 2	<div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div> DAYS 1 WEEKS 2 MONTHS 3 YEARS 4	Never,..... 1 (B9) Less than one hour a day, 2 One to three hours a day,..... 3 Four to six hours a day, or 4 More than six hours a day?..... 5	<div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div> MONTHS 1 YEARS 2
<div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div> MONTHS 1 YEARS 2	<div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div> DAYS 1 WEEKS 2 MONTHS 3 YEARS 4	Never,..... 1 (B9) Less than one hour a day, 2 One to three hours a day,..... 3 Four to six hours a day, or 4 More than six hours a day?..... 5	<div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div> MONTHS 1 YEARS 2
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<p>B9. How much time did you spend using a photocopy machine at this job? Would you say:</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">SHOW CARD A</p>	<p>B10. For how many months or years did you use a photocopy machine at this job?</p>	<p>B11. What was the <u>main</u> form of transportation you used to get to and from this job? Was it:</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">SHOW CARD B</p>	<p>B12. Please estimate the average number of minutes or hours a <u>week</u> you spent using (FORM) to get to and from this job.</p>
<p>Never, 1 (B11) Less than one hour a day, 2 One to three hours a day, 3 Four to six hours a day, or 4 More than six hours a day? 5</p>	<p style="text-align: center;"> _ _ </p> <p>MONTHS 1 YEARS 2</p>	<p>A car, van, or taxi; 01 A bus; 02 An electric train or subway; 03 A diesel train; 04 A bicycle; 05 Some other means of transportation (SPECIFY); ... 06 _____ Did you walk; or 07 Did you work at home? 08 (NEXT JOB OR B13)</p>	<p style="text-align: center;"> _ _ _ </p> <p>MINUTES 1 HOURS 2 } (NEXT JOB OR B13)</p> <p>PER WEEK</p>
<p>Never, 1 (B11) Less than one hour a day, 2 One to three hours a day, 3 Four to six hours a day, or 4 More than six hours a day? 5</p>	<p style="text-align: center;"> _ _ </p> <p>MONTHS 1 YEARS 2</p>	<p>A car, van, or taxi; 01 A bus; 02 An electric train or subway; 03 A diesel train; 04 A bicycle; 05 Some other means of transportation (SPECIFY); ... 06 _____ Did you walk; or 07 Did you work at home? 08 (NEXT JOB OR B13)</p>	<p style="text-align: center;"> _ _ _ </p> <p>MINUTES 1 HOURS 2 } (NEXT JOB OR B13)</p> <p>PER WEEK</p>
<p>Never, 1 (B11) Less than one hour a day, 2 One to three hours a day, 3 Four to six hours a day, or 4 More than six hours a day? 5</p>	<p style="text-align: center;"> _ _ </p> <p>MONTHS 1 YEARS 2</p>	<p>A car, van, or taxi; 01 A bus; 02 An electric train or subway; 03 A diesel train; 04 A bicycle; 05 Some other means of transportation (SPECIFY); ... 06 _____ Did you walk; or 07 Did you work at home? 08 (NEXT JOB OR B13)</p>	<p style="text-align: center;"> _ _ _ </p> <p>MINUTES 1 HOURS 2 } (NEXT JOB OR B13)</p> <p>PER WEEK</p>

B13. For the next few questions, please think about the 5 year time period prior to (REFERENCE DATE), that would be from (5 YEARS PRIOR TO REFERENCE DATE) through (REFERENCE DATE). During this time, (not including commuting to and from work,) how often did you take an electric train or subway? Would you say:

SHOW CARD C

- | | | |
|--|---|---------------|
| Less than once a month or never, | 1 | } (SECTION C) |
| One to three times a month,..... | 2 | |
| About once a week,..... | 3 | |
| Two to four times a week, or | 4 | |
| At least five times a week?..... | 5 | |

B14. During this five year time period, when you took an electric train or subway, for how long did you usually ride per day? Please estimate the total number of minutes or hours per day you spent riding an electric train or subway (not including commuting to and from work).

- | | | |
|---|--------------|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MINUTES..... | 1 |
| | HOURS..... | 2 |