

CASE ID: H-|_|_|_|_|

Ethnic Entrepreneurship in Chicago: I

Center for Urban Studies
University of Chicago

READ TO RESPONDENTS:

This is a study aimed at identifying those elements that allow individuals and families to make it financially, as well as those obstacles that prevent them from getting ahead. Your responses will contribute to identify issues that concern us all. You have been randomly selected to participate in the study. While your participation is voluntary, it is vital to the success of the study. If we should come to any question you do not want to answer, let me know and we will go on to the next question. Feel free to consult any person or records at any time during this interview. You will receive a cash payment of \$25 for your participation in this project. The survey takes about 45 minutes to complete and most people find it pretty interesting.

All the information you give will be held in confidence and will be used for research purposes only. Results of the study will be made public only in summary or statistical form, so that individuals or businesses who participate cannot be identified.

INTERVIEW DATE: |_|_| |_|_| 1994
MONTH DAY

STARTING TIME: |_|_| |_|_| AM/PM
HOUR MINUTES

Contact number:

Coordinating Survey Field Office (312) 702-0785

Section A. Household and Respondent Characteristics

Before we start the interview, I need to list the people who live in your household, and obtain some basic information about each one.

1. First, may I have the names of all the persons who live in your household? Let's start with yourself. IF NECESSARY, READ: A first name or initials are fine. ENTER NAMES IN COLUMN 1 OF HHE GRID BELOW.

[illegible]

Have I missed anyone, such as new babies or small children, roomers or boarders, or other relatives staying in your household?
ENTER ADDITIONAL NAMES IN HHE GRID.

Are there any other persons who usually stay there but who are away now on vacation or a business trip, at school, or in the hospital?
ENTER ADDITIONAL NAMES IN HHE GRID.

BOX A-1	ASK QS. 2 THROUGH 15 FOR FIRST NAME LISTED IN THE HOUSEHOLD ENUMERATION ABOVE. ASK A QUESTION FOR EACH MEMBER BEFORE PROCEEDING TO NEXT QUESTION
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2. FOR ALL BUT RESPONDENT: How is (NAME) related to you? ENTER IN COLUMN 2 ON HHE GRID.

3. [Are you/Is (NAME)] male or female? ENTER IN COLUMN 3 ON HHE GRID.

4.How old [were you/was (NAME)] at (your/his/her) last birthday? ENTER IN COLUMN 4 ON HHE GRID.

5.[Are you/Is (NAME)] currently married, living in a marriage-like relationship, widowed, divorced, separated, or [have you/has (NAME)] never been married? CODE ONE ONLY.

MarriedWRITE 1 ON GRID

Marriage-like relationship WRITE 2 ON GRID

Widowed WRITE 3 ON GRID

Divorced WRITE 4 ON GRID

Separated WRITE 5 ON GRID

Never married..... WRITE 6 ON GRID

6.In what city and state [were you/was (NAME)] born? IF FOREIGN-BORN, RECORD COUNTRY AS WELL. ENTER IN COLUMN 6 ON HHE GRID.

7.ASK ONLY IF (NAME) IS FOREIGN-BORN. For how many years have you lived in the United States? RECORD IN COLUMN 7 ON HHE GRID.

8.Which of the categories on this card best describes [your/(NAME)'s] ethnic background? CODE ONE ONLY.

HAND
CARD
A-1

White or caucasian..... WRITE 01 ON GRID

Black or African-American WRITE 02 ON GRID

Asian or Pacific Islander WRITE 03 ON GRID

Native American or Alaskan native WRITE 04 ON GRID

Hispanic/Latino/Chicano..... WRITE 05 ON GRID

Other (SPECIFY ON GRID) WRITE 06 ON GRID

9.What is the highest grade or year of regular school that you have completed and gotten credit for? RECORD GRADE OR YEAR IN COLUMN 9 ON HHE GRID.

10.ASK ONLY IF (NAME) COMPLETED **MORE** THAN 12 YEARS OF SCHOOL. What is the name of the highest degree that you have received?

HAND
CARD
A-2

No degree received WRITE 00 ON GRID

High school diploma (or equivalent)..... WRITE 01 ON GRID

Associate/Junior College (AA)..... WRITE 02 ON GRID

Bachelor of Arts Degree (BA)..... WRITE 03 ON GRID

Master's Degree (MA,MBA,MS,MSW)..... WRITE 04 ON GRID

Doctoral Degree (Ph.D)..... WRITE 05 ON GRID

Professional Degree (MD, LLD, DDS)..... WRITE 06 ON GRID

Other (SPECIFY ON GRID)..... WRITE 07 ON GRID

11.In what country did you obtain that degree? RECORD IN COLUMN 11 ON HHE GRID.

12. What is [your/(NAME's)] main occupation? (For example, nurse, sanitation worker, clerk). RECORD IN COLUMN 12 ON HHE GRID.

13. What is [your/(NAME's)] current employment status? CODE ONE ONLY.

HAND CARD A-3

A wage or salary worker.....	WRITE 01 ON GRID
Self-employed or Business Owner.....	WRITE 02 ON GRID
Unemployed.....	WRITE 03 ON GRID
Unpaid Family Worker	WRITE 04 ON GRID
Retired	WRITE 05 ON GRID
Disabled	WRITE 06 ON GRID
Keeping house	WRITE 07 ON GRID
In school.....	WRITE 08 ON GRID
Other (SPECIFY ON GRID)	WRITE 09 ON GRID

14. Where is [your/(NAME's)] place of employment? RECORD IN COLUMN 14 ON HHE GRID.

15. What other ways of making money, such as other businesses, jobs, or investments [do you/does (NAME)] have? RECORD IN COLUMN 15 ON HHE GRID.

BOX A-2	REPEAT QS. 2 TO 15 FOR NEXT PERSON ON HHE UNTIL YOU HAVE ASKED THEM FOR ALL.
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16. During the past year, that is since (MONTH OF INTERVIEW) of 1993, have there been any other persons living here for at least one month?

Yes1 ASK Q.17

No 2 SKIP TO Q.22

17. Please
tell me
their
names.

D. _____

_____ |||

18. How is
(NAME)
related to
you?

_____ |||

19. What is
(NAME)'s
ethnic
back-
ground?

_____ |||

A. _____

_____ |||

B. _____

_____ |||

C. _____

_____ |||

_____ |||

_____ |||

20. Why was
(NAME)
staying
here?

_____ |__|

_____ |__|

_____ |__|

_____ |__|

21. How long
did
(NAME)
stay?

MOS.: |__|

MOS.: |__|

MOS.: |__|

MOS.: |__|

22. Now I have a few more specific questions just about yourself.

BOX A-3	IF HHE GRID SHOWS R IS WORKING, ASK Q.23. OTHERWISE SKIP TO Q.27.
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23. What kind of work do you usually do at your (main) job?

A. What are some of your main activities or duties?

24. In what kind of business or industry is that? IF NECESSARY, PROBE: What do they make or do?

25. How many hours do you usually work per week?

OF HOURS:

26. Altogether, how much do you **usually** earn at that job? IF NECESSARY, PROBE: Is that per hour, per day, per week, or what?

\$, .
DOLLARS CENTS

Per hour..... 01
 Per day 02
 Per week..... 03
 Bi-weekly..... 04
 Per month..... 05
 Per year 06
 Other (SPECIFY)..... 07

27. What is your native language?

English 01 SKIP TO Q.28

Other (SPECIFY) _____ 02 ASK A |__|__|

A. How well do you feel you speak English? Are you... CODE ONE ONLY.

Very proficient 1
Moderately proficient 2
Not proficient 3

B. How well do you feel you write English? Are you... CODE ONE ONLY.

Very proficient 1
Moderately proficient 2
Not proficient 3

BOX A-4	DOES THE RESPONDENT SPEAK WITH A ... HEAVY ACCENT1 MODERATE ACCENT2 IMPERCEPTIBLE ACCENT.....3
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28. What language do you usually speak at home? CODE ONE ONLY.

English 1 SKIP TO BOX A-4
English and something 2 ASK A
Something else 3 ASK A

A. What language is that? RECORD VERBATIM

LANGUAGE: _____

BOX A-4	SEE R.'s PLACE OF BIRTH ON P.1. IF R. WAS BORN IN THE U.S., ASK 29, OTHERWISE SKIP TO Q.30
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29. From what countries or parts of the world did your ancestors come? IF NECESSARY, PROBE FOR
ARE SMALLER THAN CONTINENT. RECORD UP TO THREE RESPONSES.

1ST MENTION _____|__|__|

2ND MENTION: _____|__|__|

3RD MENTION: _____|__|__|

30. In what religion were you raised?

Protestant.....	01	ASK A
Roman Catholic.....	02	SKIP TO Q.31
Greek or Russian Orthodox.....	03	SKIP TO Q.31
Jewish.....	04	SKIP TO Q.31
Muslim.....	05	SKIP TO Q.31
Hindu.....	06	SKIP TO Q.31
Not raised in any religion/ atheist/agnostic.....	07	SKIP TO Q.31
Other (SPECIFY).....	08	SKIP TO Q.31

A. What specific denomination is that, if any?

Baptist.....	01
Methodist.....	02
Lutheran.....	03
Presbyterian.....	04
Episcopalian.....	05
United Church of Christ (UCC).....	06
African Methodist Episcopal.....	07

31. Is your current religious preference the same?

Yes.....	1	SKIP TO SEC.B
No.....	2	ASK Q.32

32. What is your current religious preference?

Protestant.....	01	ASK A
Roman Catholic.....	02	SKIP TO SEC.B
Greek or Russian Orthodox.....	03	SKIP TO SEC.B
Jewish.....	04	SKIP TO SEC.B
Muslim.....	05	SKIP TO SEC.B
Hindu.....	06	SKIP TO SEC.B
Not raised in any religion/ atheist/agnostic.....	07	SKIP TO SEC.B
Other (SPECIFY).....	08	SKIP TO SEC.B

A. What specific denomination is that, if any?

Baptist.....	01
Methodist.....	02
Lutheran.....	03
Presbyterian.....	04
Episcopalian.....	05
United Church of Christ (UCC).....	06

African Methodist Episcopal.....	07
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Section B: Family Background

Now I have a few questions about your parents.

1. What was your father's **main** occupation when you were growing up at home? What exactly were his duties? (For example, nurse, sanitation worker, clerk). **PROBE FOR DETAIL.**

|_|_|_|

BOX B-1	IF FATHER WAS DISABLED, CHRONICALLY UNEMPLOYED, OR HAD NO OCCUPATION SKIP TO Q.2 OTHERWISE, ASK A.
------------	--

A. Was he...

HAND CARD B-1	A wage or salary worker 01 Self-employed 02 A business Owner..... 03 An unpaid family worker 04 Other (SPECIFY) 05 <hr style="width: 100%;"/> <div style="text-align: right;"> _ _ </div>
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B. Did he have other ways of earning money, for example, part-time jobs, weekend jobs, etc.?

Yes1 ASK C

No 2 SKIP TO Q.2

C. What else did he do?

|_|_|

2. Did your mother work outside the home when you were growing up?

Yes 1 ASK A
No 2 SKIP TO C

A. What was your mother's **main** occupation when you were growing up at home? What exactly were her duties? PROBE FOR DETAIL.

_____ | | |

B. Was she...

HAND
CARD
B-1

A wage or salary worker 01
Self-employed 02
A business Owner..... 03
An unpaid family worker 04
Other (SPECIFY) 05
_____ | | |

C. Did she have other ways of earning money, for example, did she work at home, have part-time jobs, weekend jobs, etc.?

Yes 1 ASK D

No 2 SKIP TO BOX B-2

D. What else did she do?

_____ | | |

BOX	IF AT LEAST ONE PARENT WAS SELF-EMPLOYED OR BUSINESS OWNER, ASK Q.3. OTHERWISE SKIP TO Q.4.
-----	---

3.You told me that (one/both) of your parents were self-employed or business owners when you were growing up. Were they running a family business?

Yes1
No2

BOX	CHECK A5 ON HHE GRID. IF R IS MARRIED OR IN MARRIAGE-LIKE RELATIONSHIP, ASK Q.4. OTHERWISE SKIP TO SECTION C, PAGE 12.
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4.Now I would like to ask you some questions about your spouse's parents. What was his/her father's **main** occupation when s/he was growing up at home? (For example, nurse, sanitation worker, clerk). What exactly were his duties? PROBE FOR DETAIL.

BOX B-4	IF FATHER-IN-LAW WAS DISABLED, CHRONICALLY UNEMPLOYED, OR HAD NO OCCUPATION SKIP TO B. OTHERWISE, ASK A.
------------	--

A.Was he...

HAND CARD B-3	A wage or salary worker	01
	Self-employed	02
	A business Owner.....	03
	An unpaid family worker	04
	Other (SPECIFY)	05

B.Did he have other ways of earning money, for example, part-time jobs, weekend jobs, etc.?

Yes1 ASK C
No2 SKIP TO Q.5

C. 1.What else did he do?

_____ |__|

5.When your spouse was growing up, did his/her mother work outside the home?

Yes 1 ASK A
No 2 SKIP TO C

A.What was his/her mother's **main** occupation when you s/he was growing up at home? (For example, nurse, sanitation worker, clerk). What exactly were her duties? PROBE FOR DETAIL.

_____ |__|

B.Was she...

HAND
CARD
B-4

A wage or salary worker 01
Self-employed 02
A business Owner..... 03
An unpaid family worker 04
Other (SPECIFY) 05
_____ |__|

C.Did she have other ways of earning money, for example, did she work at home, have part-time jobs, weekend jobs, etc.?

Yes1 ASK D
No 2 SKIP TO BOX B-4

D.What else did she do?

_____ |__|

BOX	IF AT LEAST ONE PARENT WAS SELF-EMPLOYED OR BUSINESS OWNER, ASK Q.6. OTHERWISE SKIP TO SECTION C.
-----	---

6. You told me that (one/both) of your (spouse/partner)'s parents were self-employed or business owners when you s/he was growing up. Were they running a family business?

Yes 1

No 2

Section C. Use of Credit

Now we want to know how families get a loan in good times or in bad times. The following questions will help us to understand that.

1. In the event that you needed extra money for unexpected expenses, or decided to make an investment, where would you go to get the money? READ EACH RESPONSE AND WAIT FOR AN ANSWER. CODE ALL THAT APPLY.

- | | | | |
|---------------------|--|--|---|
| HAND
CARD
C-1 | A. | Personal savings..... | 1 |
| | B. | Family savings..... | 1 |
| | C. | Spouse income | 1 |
| | D. | Gifts or loans from relatives | 1 |
| | E. | Bank loan | 1 |
| | F. | Private lenders | 1 |
| | G. | Ethnic or community-based association..... | 1 |
| | H. | Mortgage | 1 |
| | I. | Other private sources (foundations) | 1 |
| | J. | Gifts or loans from friends | 1 |
| K. | Rotating saving and credit associations..... | 1 | |
| L. | Other (SPECIFY) | 1 | |

2. In the last five years, have you (or your immediate family) suffered any personal setback that caused financial difficulties?

Yes 1 ASK A

No 2 SKIP TO Q.3

A. What was this personal setback about?

3.To make sure we have not left anything out, let me review some difficulties that other people have encountered, and tell me if they apply to your case. READ EACH RESPONSE AND WAIT FOR AN ANSWER. CODE ALL THAT APPLY.

- A. Death of a spouse 1
- B. Substantial unemployment 1
- C. Periods of unusually low income 1
- D. Illness 1
- E. Substantial increase in living expenses (e.g. rent) 1
- F. Substantial increase in the number of dependents 1
- G. Bankruptcy 1
- H. Major theft 1
- I. NONE 1
- J. OTHER (SPECIFY) 1

BOX C-1	IF R. ANSWERED "NONE", SKIP TO Q.20. OTHERWISE, ASK Q. 4.
------------	---

4.What steps did you take to deal with the situation?

5.To make sure we have not left anything out, let me review some examples of what others have done. CODE ALL THAT APPLY.

A. LOANS AND GIFTS

HAND CARD C-2

- A.1 Borrowed from banks or individual lenders 1
- A.2 Got gifts or other assistance from relatives 1
- A.3 Borrowed from friends 1
- A.4 Got gifts or assistance from friends 1
- A.5 Borrowed from ethnic associations,
formally or informally 1

B. OTHER

- B.1 Used cash or household savings account 1
- B.2 Sold assets 1
- B.3 Work harder/increase hours 1
- B.4 Got other job to tied over 1
- B.5 Put other family members to work 1
- B.6 Reduce household consumption expenditures 1
- B.7 Delay or Fail to pay debts 1
- B.8 Other (SPECIFY) 1

BOX C-2	IF LOANS OR GIFTS WERE CHOSEN, ASK Q.6. OTHERWISE, SKIP TO Q.21.
------------	---

ance?

6. You indicated you
sought
assistance. To
which insti-
tution or indiv-
idual person did
you apply for
assistance?
RECORD 3
LARGEST
SOURCES,
THEN ASK
Qs.7-15 FOR
EACH ONE.

7. Where is that
(ASSISTER)
located? ASK ABOUT
CONTACT PERSON
IN INST.

8. Was (ASSISTER) of
your ethnic
group?

A. What is his/ her
ethnic back-
ground?

9. How is (ASSISTER)
related to you?

10. On what date did
you receive
assistance from
(ASSISTER)?

11. What was the
amount of the
loan/gift/e-
conomic assist-

MONTH YEAR

UP ROUND CENTS UP

|
—
—
|
—
—
|

a loan.....1 ASK 12
a gift.....2 SKIP TO Q.20
something else..3 ASK 12

No.....2 SKIP No.....2 SKIP
a loan.....1 ASK 14
a gift.....2 SKIP TO Q.20
something else..3 ASK 12

YEARS & MONTHS

No.....2 SKIP
a loan.....1 ASK 14
a gift.....2 SKIP TO Q.20
something else..3 ASK 12

YEARS & MONTHS

No.....2 SKIP
a loan.....1 ASK 14
a gift.....2 SKIP TO Q.20
something else..3 ASK 12

YEARS & MONTHS

_____%

Yes.....1 ASK A
No.....2 SKIP
TO Q.15

Yes.....1 ASK A
No.....2 SKIP
TO Q.15

Yes.....1 ASK A
No.....2 SKIP
TO Q.15

\$_____
ROUND CENTS UP

\$_____
ROUND CENTS UP

\$_____
ROUND CENTS UP

Yes.....1 ASK A
No.....2 SKIP
TO Q.20

Yes.....1 ASK A
No.....2 SKIP
TO Q.20

Yes.....1 ASK A
No.....2 SKIP
TO Q.20

OF COSIGNERS

OF COSIGNERS

OF COSIGNERS

YES....1 BACK TO Q.6
NO.....2 BOX C-3

YES....1 BACK TO Q.6
NO.....2 BOX C-3

YES..1 BACK TO Q.6
NO...2 BOX C-3

IF 00 ASK A
OTHERWISE SKIP
TO Q.13

%
IF 00 ASK A
OTHERWISE SKIP
TO Q.13

IF 00 ASK A
OTHERWISE SKIP
TO Q.13

Yes.....1 ASK A

Yes.....1 ASK A

Yes.....1 ASK A

BOX C-3	CONTINUE BELOW, IF RESPONDENT HAD AT LEAST ONE CO-SIGNER. OTHERWISE SKIP TO Q.20
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For each co-signer, I will ask you a set of questions.

	CO-SIGNER # 1	CO-SIGNER # 2	CO-SIGNER # 3
17.First, please give me their first names or some other way to refer to them?	_____	_____	_____
A.How is (CO-SIGNER) related to you?	_____	_____	_____
18.Is (CO-SIGNER) of your same ethnic group?	Yes.....1 SKIP TO Q.19 No.....2 ASK A	Yes.....1 SKIP TO Q.19 No.....2 ASK A	Yes...1 SKIP TO Q.19 No....2 ASK A
A.What is his/her ethnic background?	_____	_____	_____
19.Where is s/he located?	ST.: _____ ST.: _____ CITY: _____ STATE: _____ COUNTRY: _____	ST.: _____ ST.: _____ CITY: _____ STATE: _____ COUNTRY: _____	ST.: _____ ST.: _____ CITY: _____ STATE: _____ COUNTRY: _____

20. Not counting what you have already mentioned, in the last five years have you ever applied to borrow money or ask for financial assistance for any of the following purposes? Please tell me about it, even if you were turned down. READ A-H AND RECORD ANSWER. THEN ASK QS. 22-28. FOR EACH YES. IN THIS SERIES, IF LENDER WAS AN INSTITUTION, ASK ABOUT CONTACT PERSON.

	21. Applied?	22. Lender?	23. Location?	24. Relationship?	25. Ethnicity?	26. Loan	27. Was loan amount?	28. Why was it granted?	not granted?
A. Mortgage	Yes....1	_____	ST.: _____	_____	_____				
	No.....2	_____	ST.: _____	_____	\$_____	Yes....1 ASK 28	_____		
		____ CITY: _____			ROUND CENTS UP No.....2 NEXT	_____			
			STATE: _____	ITEM _____					
			STATE: _____	_____				____	
			COUNTRY: _____						
B. Car	Yes....1	_____	ST.: _____	_____	_____				
	No.....2	_____	ST.: _____	_____	\$_____	Yes....1 ASK 28	_____		
		____ CITY: _____			ROUND CENTS UP No.....2 NEXT	_____			
			STATE: _____	ITEM _____					
			STATE: _____	_____				____	
			COUNTRY: _____						
C. Home Expansion	Yes....1	_____	ST.: _____	_____	_____				
	No.....2	_____	ST.: _____	_____	\$_____	Yes....1 ASK 28	_____		
		____ CITY: _____			ROUND CENTS UP No.....2 NEXT	_____			
			STATE: _____	ITEM _____					
			STATE: _____	_____				____	
			COUNTRY: _____						
D. Line of credit at local store	Yes....1	_____	ST.: _____	_____	_____				
	No.....2	_____	ST.: _____	_____	\$_____	Yes....1 ASK 28	_____		
		____ CITY: _____			ROUND CENTS UP No.....2 NEXT	_____			
			STATE: _____	ITEM _____					
			STATE: _____	_____				____	
			COUNTRY: _____						
E. Home equity loan	Yes....1	_____	ST.: _____	_____	_____				
	No.....2	_____	ST.: _____	_____	\$_____	Yes....1 ASK 28	_____		
		____ CITY: _____			ROUND CENTS UP No.....2 NEXT	_____			
			STATE: _____	ITEM _____					
			STATE: _____	_____				____	
			COUNTRY: _____						

F. Appliance/Furniture	Yes....1	_____	ST.:_____	_____			
	No.....2	_____	ST.:_____	_____.____	\$_____	Yes....1 ASK 28	_____
		____ CITY:_____					
					ROUND CENTS UPNo.....2 NEXT		
			STATE:_____	ITEM	____		
		STATE:_____	_____				____
		COUNTRY:_____					
G. Education	Yes....1	_____	ST.:_____	_____			
	No.....2	_____	ST.:_____	_____.____	\$_____	Yes....1 ASK 28	_____
		____ CITY:_____					
					ROUND CENTS UPNo.....2 NEXT		
			STATE:_____	ITEM	____		
		STATE:_____	_____				____
		COUNTRY:_____					
H. Other (SPECIFY)	Yes....1	_____	ST.:_____	_____			
	No.....2	_____	ST.:_____	_____.____	\$_____	Yes....1 ASK 28	_____
		____ CITY:_____					
					ROUND CENTS UPNo.....2 NEXT		
			STATE:_____	ITEM	____		
		STATE:_____	_____				____
		COUNTRY:_____					

21.Are you a member or customer of a Rotating Credit Association, Credit Union (Kye) or other Community or Neighborhood Financial Organization?

Yes..... 1
No..... 2

22.Have you ever borrowed money from any of these institutions?

Yes..... 1 ASK Q.23
No..... 2 SKIP TO SEC.D

23.Please tell me the
names of the
three institutions
from which you
borrowed?

RECORD 3 INST., THEN
ASK Qs.24-28
FOR EACH.

24.When did you apply
for the loan?

19 | | | 19 | | | 19 | | |

25.For what purpose did
you apply for the
loan/ economic
assistance?

| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

26.What was the amount
of the
loan/economic
assistance?

\$ | | | | | \$ | | | | | \$ | | | | |

27.What was the rate of
interest for your
loan/ economic
assistance?

| | | % | | | % | | | %
IF OO ASK 28IF OO ASK 28IF OO ASK 28
OTHERWISEOTHERWISEOTHERWISE
SKIP TO Q.29SKIP TO Q.29SKIP TO Q.29

28.Why was the loan free
of interest?

29.Was a specific amount
of time agreed
upon to repay it?

| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

A.What was the length
of time?

Yes....ASK AYesASK AYes.....ASK A
No.....SKIP TO No.....SKIP TO No.....SKIP TO
SEC.D SEC.D SEC.D

| | | | | | | | | | | | | | | |
YEARS & MONTHSYEARS & MONTHSYEARS & MONTHS

INST.#1

INST.#2 INST.#3

Section D. Social Networks: Talking about business and helping others in business

Now I would like to talk with you about doing business.

1. Do you often talk about doing any kind of business with relatives or friends?

Yes 1 ASK Q.2

No 2 SKIP TO Q.8

2. I want to ask you about the three people with whom you talk most often. Please give me their first names or some other way to refer to them.

NAME # 1

NAME # 2

NAME # 3

3. How is (NAME) related to you?

A. IF NON FAMILY:

How did you meet (NAME)?

B. Where do you meet to talk?

C. How often do you talk?

4. Is (NAME) of your same ethnic group?

Yes.....1 SKIP TO 5

Yes.....1 SKIP TO 5

Yes.....1 SKIP TO 5

No.....2 ASK A

No.....2 ASK A

No.....2 ASK A

A. What is his/her ethnic background?

5. What is (NAME)'s occupation?

GO TO Q.6

GO TO Q.6

GO TO Q.6

6. Where is s/he located?	MAJ.INT: _____	MAJ.INT: _____	MAJ.INT: _____
	_____	_____	_____
	CITY: _____	CITY: _____	CITY: _____
	STATE: _____	STATE: _____	STATE: _____
	COUNTRY: _____	COUNTRY: _____	COUNTRY: _____

7. What do you talk about?

_____	_____	_____
_____	_____	_____
_____	_____	_____

A. IS THERE
ANOTHER
NAME TO ASK
ABOUT?

_____	_____	_____
Yes.....1 BACK TO Q.3	Yes...1 BACK TO Q.3	
No.....2 GO TO Q.8	No....2 GO TO Q.8	No.....2 GO TO Q.8

8. Have you ever helped financially someone else going into business, or someone already in business?

Yes.....1 ASK Q.9
No2 SKIP TO Q.18

	ASSISTED # 1	ASSISTED # 2	ASSISTED # 3
9. Please give me the name of the last three persons you helped financially with their business?	_____	_____	_____

10. Where is (ASSISTED) located?	MAJ.INT: _____	MAJ.INT: _____	MAJ.INT: _____
	_____	_____	_____
	CITY: _____	CITY: _____	CITY: _____
	STATE: _____	STATE: _____	STATE: _____
	COUNTRY: _____	COUNTRY: _____	COUNTRY: _____

11. Is (ASSISTED) of your ethnic group?	Yes.....1 ASK A	Yes.....1 ASK A	Yes.....1 ASK A
	No.....2 SKIP TO Q.12	No.....2 SKIP TO Q.12	No.....2 SKIP TO Q.12

A. What is his/ her ethnic background?

_____	_____	_____
-------	-------	-------

12. How is (ASSISTED) related to you?

_____	_____	_____
-------	-------	-------

13. What type of assistance did you provide?	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
A. How much was your capital contribution?	\$ _ _ _ _ _ _	\$ _ _ _ _ _ _	\$ _ _ _ _ _ _
	ROUND CENTS UP	ROUND CENTS UP	ROUND CENTS UP
B. Was that a loan, a gift, or an investment?	Loan.....1	Loan.....1	Loan.....1
	Gift.....2	Gift.....2	Gift.....2
14. What kind of arrangement did you reach with (ASSISTED)?	Invest.....3	Invest.....3	Invest.....3
	_____	_____	_____
	_____	_____	_____
15. Was a specific amount of time agreed upon to repay the loan?			
	Yes.....1 ASK A	Yes.....1 ASK A	Yes.....1 ASK A
A. What was the length of time?	No.....2 SKIP	No.....2 SKIP	No.....2 SKIP
	TO Q.16	TO Q.16	TO Q.16
16. What was the rate of interest for your loan, gift, or other type of economic assistance?	MOS: _ _	MOS: _ _	MOS: _ _
	YRS: _ _	YRS: _ _	YRS: _ _
	_ _ _ %	_ _ _ %	_ _ _ %
	IF 00 ASK A	IF 00 ASK A	IF 00 ASK A
	OTHERWISE SKIP	OTHERWISE SKIP	OTHERWISE SKIP
A. Why was the loan free of interest?	TO Q.17	TO Q.17	TO Q.17
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
17. Did s/he have to put something up against the loan?			
	Yes.....1 ASK A	Yes.....1 ASK A	Yes.....1 ASK A
A. What was it?	No.....2 SKIP	No.....2 SKIP	No.....2 SKIP
	TO Q.18	TO Q.18	TO Q.18
B. What was its value?			
	_____	_____	_____
	\$ _ _ _ _ _ _	\$ _ _ _ _ _ _	\$ _ _ _ _ _ _
	ROUND CENTS UP	ROUND CENTS UP	ROUND CENTS UP

18. Did you ever guarantee a loan?

Yes.....1 ASK Q.19
No2 SKIP TO Q.23

GUARANTEED #1 GUARANTEED #2 GUARANTEED #3

19. Please give the name of
the last three persons
for whom you
guaranteed a loan.

20. Where is (ASSISTED)
located?

ST.: _____	ST.: _____	MAJ. INT: _____
ST.: _____	ST.: _____	_____
CITY: _____	CITY: _____	CITY: _____
STATE: _____	STATE: _____	STATE: _____
COUNTRY: _____	COUNTRY: _____	COUNTRY: _____

21. Is (ASSISTED) of your
ethnic group?

Yes.....1 ASK A	Yes.....1 ASK A	Yes.....1 ASK A
No.....2 SKIP	No.....2 SKIP	No.....2 SKIP
TO Q.22	TO Q.22	TO Q.22

A. What is his/ her ethnic
background?

_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

22. How is (ASSISTED)
related to you?

A. IS THERE
ANOTHER
ASSISTED TO
ASK ABOUT?

_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

YES...1 BACK TO Q.20	YES..1 BACK TO 20	
NO....2 GO TO Q.23	NO...2 GO TO 23	NO.....2 GO TO 23

23.Are any of your close family members in business or self-employed, in the United States or elsewhere?

Yes.....1 ASK Q.24
No2 SKIP TO Q.29

	BUS.RELAT. #1	BUS.RELAT.#2	BUS.RELAT. #3
24.Please give the name of the three closest family members who are in business or self-employed.	_____ _____ _____	_____ _____ _____	_____ _____ _____
25.How is (BUS. REL.) related to you?	_____ _____ □□□	_____ _____ □□□	_____ _____ □□□
26.Where is located? RECORD HOME ADDRESS.	MAJ.INT: _____ CITY: _____ STATE: _____ COUNTRY: _____	MAJ.INT: _____ CITY: _____ STATE: _____ COUNTRY: _____	MAJ.INT: _____ CITY: _____ STATE: _____ COUNTRY: _____
27.What does s/he do? PROBE FOR TYPE OF BUSINESS.	_____ _____ □□□	_____ _____ □□□	_____ _____ □□□
28.Have you ever helped him/her in any way?	Yes.....1 ASK A No.....2 SKIP TO Q.29	Yes.....1 ASK A No.....2 SKIP TO Q.29	Yes.....1 ASK A No.....2 SKIP TO Q.29
A.How did you help him/her?	_____ _____ □□□ IF HELP WAS \$\$, AND NOT MENTIONED IN Q.8, GO BACK AND FIX SEQUENCE. NOT MENTIONED IN Q.8, GO BACK	_____ _____ □□□ IF HELP WAS \$\$, AND NOT MENTIONED IN Q.8, GO BACK AND FIX SEQUENCE. AND FIX SEQUENCE.	_____ _____ □□□ IF HELP WAS \$\$, AND
B.IF HELP WAS NOT \$\$, ASK: Did you get paid for that?	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2

29. In the past year has anyone asked you for a loan or a gift of money because they were facing personal economic difficulties? Please tell me about it even if did not give them anything.

Yes.....1 ASK Q.30
No2 SKIP TO Q.40

BORROWER #1 BORROWER #2 BORROWER #3

30. Please tell me the names of the last three people who asked you for assistance.

31. How is (BORROWER) related to you?

_____ [] [] _____ [] [] _____ [] []

32. Where is (BORROWER) located?

MAJ.INT: _____ MAJ.INT: _____ MAJ.INT: _____
CITY: _____ CITY: _____ CITY: _____
STATE: _____ STATE: _____ STATE: _____
COUNTRY: _____ COUNTRY: _____ COUNTRY: _____

33. How much did s/he ask for?

\$ [] [] [] [] [] [] \$ [] [] [] [] [] [] \$ [] [] [] [] [] []
ROUND CENTS UP ROUND CENTS UP ROUND CENTS UP

34. What was it for?

35. Did you grant them the money they requested?

Yes.....1 ASK A Yes.....1 ASK A Yes.....1 ASK A
No.....2 SKIP No.....2 SKIP No.....2 SKIP
TO Q.36 TO Q.36 TO Q.36

A. Why did you not give him/her the money?

36. Was it a loan, gift or something else?

Loan.....1 Loan.....1 Loan.....1
Gift.....2 Gift.....2 Gift.....2
Other (SPEC).3 Other (SPEC) Other (SPEC)

37. Was a specific amount of time agreed upon to repay the loan?

Yes.....1 ASK A Yes.....1 ASK A Yes.....1 ASK A
No.....2 SKIP No.....2 SKIP No.....2 SKIP
TO Q.38 TO Q.38 TO Q.38

A.What was the length of time?	MOS: <input type="text"/> <input type="text"/> MOS: <input type="text"/> <input type="text"/>	MOS: <input type="text"/> <input type="text"/>
	YRS: <input type="text"/> <input type="text"/> YRS: <input type="text"/> <input type="text"/>	YRS: <input type="text"/> <input type="text"/>
38.What was the rate of interest for your loan, gift, or other type of economic assistance?	<input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> % IF 00 ASK AIF 00 ASK A OTHERWISE SKIP TO Q.39TO Q.39	<input type="text"/> <input type="text"/> <input type="text"/> % IF 00 ASK A OTHERWISE SKIP TO Q.39
A.Why was the loan free of interest?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
39.Did s/he have to put something up against the loan?	Yes.....1 ASK A No.....2 SKIP TO Q.40	Yes.....1 ASK A No.....2 SKIP TO Q.40
A.What was it?	<input type="text"/>	<input type="text"/>
B.What was its value?	<input type="text"/>	<input type="text"/>
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP
		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ROUND CENTS UP

40. Have there been occasions when people asked you for money to help start a business and you said no?

Yes
No

1 ASK Q.41
2 SKIP TO Q.46

	REQUESTER #1	REQUESTER #2	REQUESTER #3
41. Please give the name of the last three persons who asked for help to start a business, but did not get it.	_____	_____	_____
42. Where is (REQUESTER) located?	MAJ.INT: _____ CITY: _____ STATE: _____ COUNTRY: _____	MAJ.INT: _____ CITY: _____ STATE: _____ COUNTRY: _____	MAJ.INT: _____ CITY: _____ STATE: _____ COUNTRY: _____
43. Is (REQUESTER) of your ethnic group?	Yes.....1 SKIP TO 64 No.....2 ASK A	Yes.....1 SKIP TO 64 No.....2 ASK A	Yes.....1 SKIP TO 64 No.....2 ASK A
A. What is his/ her ethnic background?	_____ _ _	_____ _ _	_____ _ _
44. How is (RE-QUESTER) related to you?	_____ _ _	_____ _ _	_____ _ _
45. Why did you decline to help him/her?	_____ _ _ _____ _ _ _____ _ _	_____ _____ _____	_____ _ _ _____ _ _ _____ _ _

46. Have you or anyone else in this household ever started their own business in the U.S. or in any other country?

Yes.....1 ASK Q.47
No2 SKIP TO BOX D-1

BUS.START. #1BUS.START. #2BUS.START. #3

47. SHOW HHE TO
RESPONDENT.

Show me all of the
persons on this list
who ever started their
own business.

____	____		____	
LINE #	LINE #		LINE #	
ON HHE	ON HHE		ON HHE	

48. What type of business
was it?

_____	_____		_____	
_____	_____		_____	
_____	_____		_____	

49. Where was it located?

MAJ.INT: _____	MAJ.INT: _____	MAJ.INT: _____
CITY: _____	CITY: _____	CITY: _____
STATE: _____	STATE: _____	STATE: _____
COUNTRY: _____	COUNTRY: _____	COUNTRY: _____

50. What happened to the
business?

Still running..0 (BOX D1)Still running..0 (BOX D1)Still running..0 (BOX D1)
Sold.....1 ASK ASold.....1 (ASK A)Sold.....1 ASK A
Closed.....2 ASK AClosed.....2 (ASK A)Closed.....2 ASK A
Other (SP)..3Other (SP)..3Other (SP)..3

A. Why did he/she/you
sold (closed) the
business?

_____	____	_____	____	_____	____
-------	------	-------	------	-------	------

B. When did it happen?

____	____	____	____	____	____
MONTH	YEAR	MONTH	YEAR	MONTH	YEAR

BOX D-1	CURRENT BUSINESS OWNERS OR SELF-EMPLOYED SKIP TO SECTION E. ALL OTHERS CONTINUE BELOW.
------------	---

51. Have you ever thought of starting (again) your own business?

Yes.....1 ASK A
No2 SKIP TO Q.61

52. (Did/Do) you have a type of business in mind?

Yes.....1 ASK 53
No2 SKIP TO Q.54

53. What type of business?

54. When did you think about it?
MONTH YEAR

55. Did you take any specific steps to begin this business?

Yes 1 ASK Q.56
No 2 SKIP TO Q.57

56. What steps did you take?

SKIP TO Q.58

57. Why not?

SKIP TO Q.58

58. Why (do/did) you not do it?

59.What specific skills or knowledge to operate a business do you have? [PROBE: Anything else?]

60.What personal shortcomings, if any, do you have that could prevent you from running your own business successfully?

SKIP TO Q. 62

61.What is the main reason why you have never thought of starting a business?

Never crossed your mind01
Takes too much work 02
It is too much risk 03
I lack skills 04
 I lack capital05
 I lack connections 06
 Other (SPECIFY) 07

62.Has anyone ever prosposed to you to start a business?

Yes.....1 ASK Q.63
No2 SKIP TO Q.69

	SUGGESTER #1	SUGGESTER #2	SUGGESTER #3
63. Who made the proposition? Please tell me their first names?	_____	_____	_____
64. How is (PROPOSER) related to you?	_____	_____	_____
65. Is (PROPOSER) of your ethnic group?	Yes.....1 SKIP TO Q.66 No.....2 ASK A	Yes.....1 SKIP TO Q.66 No.....2 ASK A	Yes.....1 SKIP TO Q.66 No.....2 ASK A
A. What is his/ her ethnic background?	_____	_____	_____
66. What is his/her occupation?	_____ _ _____ _	_____ _ _____ _	_____ _ _____ _
67. What kind of business did s/he suggest you open?	_____ _ _____ _	_____ _ _____ _	_____ _ _____ _
68. What happened? [IF NOT REASONS]	_____ _ _____ _	_____ _ _____ _	_____ _ _____ _
[INTERVIEWER: PROBE REASONS]	_____ _ _____ _ _____ _	_____ _ _____ _ _____ _	_____ _ _____ _ _____ _

69.If you decided to start a business, do you know of agencies, groups, programs, or individuals that would help you get started or provide technical assistance?

Yes1 ASK A
No2 SKIP TO Q.70

A.What are they?

1. _____|_|_|
2. _____|_|_|
3. _____|_|_|

70.If you were going to start a business, which of these would be very serious, moderately serious or not serious problems for you?

SOMEWHAT MODERATELYNOT
SERIOUS SERIOUSSERIOUS

HAND CARD E-2	A. Keeping books.....	1	2	3
	B. Fear of losing everything	1	2	3
	C. Obtaining financing	1	2	3
	D. Finding help when needed.....	1	2	3
	E. Making the necessary contacts	1	2	3
	F. Resistance from spouse	1	2	3
	G. Management l	2	3	
	H. Doing taxes	1	2	3
	I. Other (SPECIFY).....	1	2	3

71.What kind of help or assistance would be the most useful for you to get your own business started? PROBE:
What else?

_____|_|_|
_____|_|_|
_____|_|_|

Now, I would like to ask some questions about how people think about some common problems.

HAND CARD E-1 Not at all willing 1 2 3 4 Very willing 5

	Strongly disagree.....	1
	Moderately disagree	2
	Neither agree nor disagree	3
HAND	Moderately agree.....	4
	Strongly agree	5

Strongly disagree.....	1
Moderately disagree	2
Neither agree nor disagree	3
Moderately agree.....	4
Strongly agree	5

4. Which view comes closest to your own? IF NECESSARY, PROBE: Which answer would govern the way you behave?

Some people say that if you start your own business, you are your own boss. That means you do not take orders from others or count them to see that you get fair pay or reward 1

HAND
CARD
E-2

It is true that you may be your own boss, but running your own company is too much work and responsibility and will only give you lots of headaches 2

5. Does this statement fit you? : "I like challenges. Some of the best times in my life are when my heart beats faster, I have trouble sleeping and I am fighting to reach a difficult goal."

It fits me exactly 1

It fits me quite well 2
It fits me somewhat 3
It fits me a little 4
It does not fit me at all 5

HAND
CARD
E-2

6. Suppose \$20,000 were suddenly to fall into your lap. For which **one** of the things on this card would you use **most** of the money? CODE ONE ONLY.

Buy a new car 01
Apply it towards a new house 02
Buy land 03
Put it in the bank 04
Take a long vacation 05
Donate to my church or favorite charity 06
Share it with my friends 07
Pay off debts 08
Invest in a new or existing business 09
Blow it 10
Other (SPECIFY) 11

HAND
CARD
E-2

_____ | | |

7. On a scale from 1 to 5, where 5 is the most desirable and 1 is the least desirable, please tell me how each of the following activities would rank in your mind. BE SURE RESPONDENT UNDERSTANDS THAT 1 = LEAST AND 5 = MOST. CODE ONE ONLY FOR EACH ITEM.

		LEAST				MOST			
HAND CARD E-2	A. Working for the government	1	2	3	4	5			
		----- ----- ----- -----							
	B. Working for a large company	1	2	3	4	5			
		----- ----- ----- -----							
	C. Having your own business	1	2	3	4	5			
		----- ----- ----- -----							
D. Being a farmer	1	2	3	4	5				
	----- ----- ----- -----								
E. Working for a small company	1	2	3	4	5				
	----- ----- ----- -----								
F. Working in a hospital or school	1	2	3	4	5				
	----- ----- ----- -----								

Section F. Community

Now, I would like to ask some questions about your community.

[INTERVIEWER: RECORD PLACE OF RESIDENCE]

1.How long have you lived in Chicago?

YEARS OR MONTHS

ALL MY LIFE 96

2.How long have you lived in this community?

YEARS OR MONTHS

ALL MY LIFE 96 SKIP TO Q.5

3.Why did you choose to move to this community?

4.Where did you live before moving to this community?

5.Do you have any plans to leave the community in the next 2 years?

Yes.....1 ASK A
No2 SKIP TO Q.8

A.Why are you planning to leave this community?

6.Where are you planning to move?

7.Why are you planning to move there?

8. Would you say that this area is...

Very safe.....1
Pretty safe2
Unsafe.....3
Very unsafe.....4

9. Have you or anybody in your household been the victim of a crime in the last two years, that is since (INTERVIEW MONTH) 1992?

Yes.....1 GO TO BOX F-1
No2 SKIP TO Q.12

BOX F-1	SHOW R THE HHE.
------------	-----------------

10. Please show me which of the people 11. What was the nature
on this list were they? RECORD of the crime?
HHE LINE NUMBER BELOW.

A. | | |

B. | | |

C. | | |

12. Below is a list of things people do to protect themselves from break-ins or street crime. Which, if any, of these does your have have? CODE ALL THAT APPLY

A. Special heavy duty locks1
B. Gates and grills over
doors and windows.....1
C. Burglar alarm system.....1
D. Have guard dogs in the building
or on the grounds at night.....1
E. Subscribe to a private
security system 1
F. Get to know the local police so they
keep an eye on my place1
G. Have fence around the property.....1
H. None1
I. Other [SPECIFY] 1
J. Already there 1

13.If you saw someone spraying graffiti on your neighbor's building, would you... [CHECK ALL THAT APPLY]

Tell him/her to stop 1
Call the Police 1
Alert your neighbors 1
Do nothing because it will
just happen again. 1
Ignore it because you don't
want trouble 1

14.How much of a problem are drugs in this neighborhood?

A big problem 1
A moderate problem 2
A small problem..... 3
Not much of a problem 4
No problem at all..... 5
DON'T KNOW 8

15.How much of a problem are gangs in this neighborhood?

A big problem 1
A moderate problem 2
A small problem..... 2
Not much of a problem 3
No problem at all..... 4
DON'T KNOW 8

16.Are people outside the neighborhood reluctant to come here for any reason?

Yes..... 1 ASK A
No 2 SKIP TO Q.17

A.What is the reason?

BOX F-2	IF R DID NOT MENTION "CRIME" AT 17A, ASK Q.18. OTHERWISE, SKIP TO Q.19.
------------	---

17.Are people outside the neighborhood afraid to come here because of crime?

Yes.....1
No2
DON'T KNOW8

18.Do you feel that you can count on your neighbors to keep up their property...

Always1
Usually2
Sometimes.....3
Never4

19.Do you ever socialize with your neighbors?

Yes.....1 ASK A
No2 SKIP TO B

A.Please tell me about the kind of instances in which you were accustomed to socialize with your neighbors?

BOX F-3	SKIP TO Q.22
------------	--------------

B.Why is it that you do not socialize with your neighbors?

20.Las siguientes cosas, ¿son ciertas o falsas en el caso de sus vecinos cercanos?

Cierto Falso Quizás NA

A. If I were sick, I could count on
my neighbors to shop for me at the
supermarket, go to the drugstore,
and so on. 1 2 3 4

B. If I had to borrow \$25 for an
emergency, I could turn to one of
my neighbors. 1 2 3 4

C. If I were called away in an emergency
I would feel comfortable leaving my
children or grandchildren with my
neighbors. 1 2 3 4

21.Es usted socio de alguna organización que tienen el propósito de mejorar la comunidad o que provee asistencia en caso de necesidad económica o social?

- 1) Sí ASK A
- 2) No SKIP TO Q.22

A. ¿Cuáles son esas organizaciones?

22. Where do you or members of your family usually go to receive the following services?

	This Neighborhood	Other Neighborhood	Name	NA
A. Schools	1	2	_____	9
B. Church	1	2	_____	9
C. Grocery Shopping	1	2	_____	9
D. Clothes shopping	1	2	_____	9
E. Movies	1	2	_____	9
F. Dining	1	2	_____	9
G. Medical Services	1	2	_____	9
H. Legal & Business Services	1	2	_____	9
I. Banking				
J. Financial services (currency exchange)	1	2	_____	9
K. Drug Stores	1	2	_____	9
L. Entertainment	1	2	_____	9
M. Personal Serv.	1	2	_____	9
N. Other (SPECIFY)	1	2	_____	9

Section G. Housing Acquisition

1. Do you currently own or rent your home?

Own 1 SKIP TO Q.3
Rent 2 ASK Q.2
Other (SPECIFY) 3 SKIP TO SEC.H

2. What is your monthly rent?

\$,

BOX G-1	SKIP TO SECTION H
------------	-------------------

3. What is the approximate current market value of your home?

\$, ,

A. On what month and year did you buy it?

MONTH YEAR

4. How did you raise the money to purchase your house? Did you... [CHECK ALL THAT APPLY]

Used personal savings 1
Borrowed money 1
Get a land contract 1
Receive gifts 1
Or something else

(SPECIFY) 1

BOX G-2	IF ONLY PERSONAL SAVINGS, SKIP TO SECTION H. OTHERWISE ASK Q.5
------------	---

ASSISTER # 1

ASSISTER # 2

ASSISTER # 3

5. You indicated you borrowed money/ got a gift or assistance. To which institution or individual person did you apply for assistance?

6. Where is that (ASSISTER) located?

MAJ.INT: _____ MAJ.INT: _____ MAJ.INT: _____

 CITY: _____ CITY: _____ CITY: _____
 STATE: _____ STATE: _____ STATE: _____
 COUNTRY: _____ COUNTRY: _____ COUNTRY: _____

7. Was (ASSISTER) of your ethnic group?

A. What is his/ her ethnic background?

Yes....1 SKIP TO 8 Yes....1 SKIP TO 8 Yes.....1 SKIP TO 8
 No.....2 ASK A No.....2 ASK A No.....2 ASK A

8. How is (ASSISTER) related to you?

_____|_|_|_|_|_|_|_|_|_|

9. On what date did you receive assistance from (ASSISTER)?

_____|_|_|_|_|_|_|_|_|_|

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 MONTH YEAR MONTH YEAR MONTH YEAR

10. What was the amount of the loan/gift/economic assistance?

\$|_|_|_|_|_|_|_|_|_|_| \$|_|_|_|_|_|_|_|_|_|_| \$|_|_|_|_|_|_|_|_|_|_|
 ROUND CENTS UP ROUND CENTS UP ROUND CENTS UP

11. What kind of financial assistance did you get?

A loan.....ASK 12 A loanASK 12 A loanASK 12
 A gift.....SKIP TO HA giftSKIP TO HA giftSKIP TO H
 SomethingSomethingSomething
 else.....ASK 12 else.....ASK 12 elseASK 12

12.What was the rate of interest for your loan, gift, or other type of economic assistance?

____|____| % ____|____| % ____|____| %
 IF 00 ASK Q.13 IF 00 ASK Q.13 IF 00 ASK Q.13
 OTHERWISE SKIP OTHERWISE SKIP OTHERWISE SKIP
 TO Q.14 TO Q.14 TO Q.14

13.Why was the loan free of interest?

14.Was a specific amount of time agreed upon to repay the loan?

A.What was the length of time?

Yes.....1 ASK A Yes.....1 ASK A Yes.....1 ASK A
 No.....2 SKIP No.....2 SKIP No.....2 SKIP
 TO Q.15 TO Q.15 TO Q.15

15.Did you have to put something up against the loan?

____|____| ____|____| ____|____|
 YEARS & MONTHS YEARS & MONTHS YEARS & MONTHS

A.What was it?

B.What was its value?

16.Were there co-signers?

Yes.....1 ASK A Yes.....1 ASK A Yes.....1 ASK A
 No.....2 SKIP No.....2 SKIP No.....2 SKIP
 TO Q.16 TO Q.16 TO Q.16

A.How many co-signers did you have?

\$____|____|____| \$____|____|____| \$____|____|____|
 ROUND CENTS UP ROUND CENTS UP ROUND CENTS UP

Yes.....1 ASK A Yes.....1 ASK A Yes.....1 ASK A
 No.....2 SKIP No.....2 SKIP No.....2 SKIP
 TO SEC.H TO SEC.H TO SEC.H

____|____| ____|____| ____|____|
 # OF COSIGNERS # OF COSIGNERS # OF COSIGNERS

BOX G-1	CONTINUE BELOW, IF RESPONDENT HAD AT LEAST ONE CO-SIGNER. OTHERWISE SKIP TO SECTION H.
------------	---

For each co-signer, I will ask you a set of questions.

	CO-SIGNER # 1	CO-SIGNER # 2	CO-SIGNER # 3
17.First, please give me their first names or some other way to refer to them?	_____	_____	_____
18.How is (CO-SIGNER) related to you?	_____	_____	_____
19.Is (CO-SIGNER) of your same ethnic group?	Yes.....1 SKIP TO Q.20 No.....2 ASK A	Yes.....1 SKIP TO Q.20 No.....2 ASK A	Yes.....1 SKIP TO Q.20 No.....2 ASK A
A.What is his/her ethnic background?	_____	_____	_____
20.Where is s/he located?	MAJ.INT: _____ _____ CITY: _____ STATE: _____ COUNTRY: _____	MAJ.INT: _____ _____ CITY: _____ STATE: _____ COUNTRY: _____	MAJ.INT: _____ _____ CITY: _____ STATE: _____ COUNTRY: _____

Section H. Income, Assets and Expenses

1.How many members of your household, including yourself, contribute to household expenses?

□□□

2.Are you currently providing financial help to any person who does not reside in this household?

Yes 1 ASK Q.3

No..... 2 SKIP TO Q.7

3.Please tell me the first
names of each
of the persons
you are
currently
helping.

4.How is (NAME)
related to you?

5.Where does (NAME)
live?

MAJ.INT: _____ MAJ.INT: _____ MAJ.INT: _____

6.Over the last 12
months, what is
the approximate
amount of
money you
have spend to
help (NAME)?

CITY: _____ CITY: _____ CITY: _____
STATE: _____ STATE: _____ STATE: _____
COUNTRY: _____ COUNTRY: _____ COUNTRY: _____

A.Is that per week,
per month, per
year, or what?

\$□□□□□□ □□□□□□ □□□□□□
ROUND CENTS UP ROUND CENTS UP ROUND CENTS UP

Per week....1 Per week.....1 Per week.....1
Per month...2 Per month.....2 Per month.....2
Per year....3 Per year.....3 Per year.....3
Other.....4 Other.....4 Other.....4

7. Besides what you already told me, do you send money to a home country or community of origin?

Yes, on a regular basis1 ASK A

Yes, on an irregular basis2 ASK A

No 3 SKIP TO Q.8

A. What is it for?

B. Over the last 12 months, approximately how much money have you sent?

\$ _____

C. Is that per week, per month, per year, or what?

Per week1

Per month2

Per year 3

Other (SPECIFY)4

D. Where is this community located?

8. Now, we would like to know about your income and expenses. What was your total household income --from all sources-- for 1993, before taxes or any other deductions?

\$ _____

BOX H-1	IF RESPONDENT ANSWERS Q.8 SKIP TO Q.10, OTHERWISE ASK 9
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9. Taken altogether, would you estimate that your total household income from all sources last year was...

\$ 0,000 to \$ 15,0001 SKIP TO A

\$ 15,001 to \$ 30,0002 SKIP TO B

\$ 30,001 to \$ 45,0003 SKIP TO C

\$ 45,001 or more4 SKIP TO D

A. Would you say then that your total household income for 1993 was...

\$ 0,000 to \$ 3,0001 SKIP TO Q.10

\$ 3,001 to \$ 6,0002 SKIP TO Q.10

\$ 6,001 to \$ 9,0003 SKIP TO Q.10

\$ 9,001 to \$12,0004 SKIP TO Q.10

\$12,001 to \$15,0005 SKIP TO Q.10

B. Would you say then that your total household income for 1993 was...

\$15,001 to \$ 18,0001 SKIP TO Q.10
\$18,001 to \$ 21,0002 SKIP TO Q.10
\$21,001 to \$ 24,0003 SKIP TO Q.10
\$24,001 to \$ 27,0004 SKIP TO Q.10
\$27,001 to \$ 30,0005 SKIP TO Q.10

C. Would you say then that your total household income for 1993 was...

\$30,001 to \$33,0001 SKIP TO Q.10
\$33,001 to \$36,0002 SKIP TO Q.10
\$36,001 to \$39,0003 SKIP TO Q.10
\$39,001 to \$42,0004 SKIP TO Q.10
\$42,001 to \$45,0005 SKIP TO Q.10

D. Would you say then that your total household income for 1993 was...

\$45,001 to \$50,0001 SKIP TO Q.10
\$50,001 to \$55,0002 SKIP TO Q.10
\$55,001 to \$60,0003 SKIP TO Q.10
\$60,001 to \$65,0004 SKIP TO Q.10
\$65,001 or more5 SKIP TO Q.10

10. Now, thinking about the present, about how much is spent in this household on average each month on the following items:

Item	Average amount <u>per month</u>
A. Rent/mortgage	\$
B. Meals outside home (restaurants, etc)	\$
C. Transportation expenses	\$
D. Utilities (phone, gas, electricity)	\$
E. Recreation	\$
F. Other (SPECIFY):	\$

11. About how much do you currently spend per week on food and groceries?

\$ _____

12. Again, thinking about 1993, about how much was spent last year on the following items:

Item	Average amount <u>per year</u>
A. Clothing and shoes	
B. Medical services (not covered by insurance)	
C. Education	
D. Gifts	
E. Holidays-Personal vacations	
F. Durable goods	
G. Other: specify	
H. Other: specify	

13. Do you or anyone in this household receive any of the following benefits? PROBE: Is that per month or what? CODE ONE ONLY PER ITEM.

	NO	YES	Amount	Time unit
A. Social Security	2	1	\$ _____	_____
B. Disability	2	1	\$ _____	_____
C. SSI	2	1	\$ _____	_____
D. Alimony	2	1	\$ _____	_____
E. Veterans Benefits	2	1	\$ _____	_____
F. AFDC	2	1	\$ _____	_____
G. House Subsidy	2	1	\$ _____	_____
H. Food Stamps	2	1	\$ _____	_____
I. Medicaid, Medicare	2	1	\$ _____	_____
J. Public Assistance	2	1	\$ _____	_____
K. Educational Grants, scholarships	2	1	\$ _____	_____
L. Other (SPEC.)	2	1	\$ _____	_____

14. Besides those we have already discussed, are there any other sources of household income -i.e., income from other workers, business income, income from rent, interest income, economic assistance or gifts from relatives or friends?

Yes 1 ASK A
No 2 SKIP TO Q.15

A. What are they?

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

15. Do you have any of the following? A. In which institution? 16. How much (is/are) (it/they) worth now?

	Yes	No	
A. Savings Account	1	2	_____ \$ _____
B. Checking Account	1	2	_____ \$ _____
C. Other type Savings such as CDs, IRAs, mutual funds, etc.	1	2	_____ \$ _____

17. Do you have any of the following? 18. How much (is/are)

	Yes	No	(it/they) worth now?
A. Retirement funds	1	2	\$ _____
B. Cars	1	2	\$ _____
C. Land	1	2	\$ _____
D. Other property	1	2	\$ _____

(SPECIFY: _____)

19. Do you have any major sources of debt?

Yes (ASK A)
No (SKIP TO Q.20)

A. What are they?

Sources	Amount
_____	\$
_____	\$

_____ \$|_|_|_|_|_|_|_|_|_|
 _____ \$|_|_|_|_|_|_|_|_|_|

20. Do you carry any of the following kinds of insurance?

	Yes	No	Premiums
A. Life insurance	1	2	\$ _____
B. Theft insurance	1	2	\$ _____
C. Fire insurance	1	2	\$ _____
D. Health insurance	1	2	\$ _____
E. Car insurance	1	2	\$ _____
F. Other (SPECIFY)	1	2	\$ _____

24. Are you and all of your family members covered by health insurance?

Yes ASK A
 No SKIP TO SEC. 1

G. Who provides de coverage?

_____ |_|_| [EXAMPLE: own or spouse's employer,
 purchased privately or other)

H. What is your monthly contribution, if any?

_____ \$|_|_|_|_|_|_|_|

SKIP TO SECTION I

Section I. Referrals

1. Do you know people who were self-employed or business owners, whose business discontinued or failed?

Yes 1 ASK Q.2

No 2 SKIP TO BOX I-1

2. We would like to contact them to find out about their experiences in starting new firms or managing small firms. Would you please give me their names, their relationship to you, their telephone numbers and addresses?

BOX I-1	CHECK GRID IN P.1. ANY SELF EMPLOYED OR BUSINESS OWNER IN Q.13 (EMPLOYMENT STATUS) AND Q.15 (OTHER WAYS OF MAKING MONEY) IF YES WRITE NAMES AND RELATIONSHIPS TO THE RESPONDENT IN THE FOLLOWING GRID.
------------	--

NAMES	RELATIONSHIP	TELEPHONE	ADDRESS
A.			
B.			
C.			

3. We have a different questionnaire that we would like to administer to those Household members that are business owners or self-employed. The interview will take approximately 1 hour 30 minutes. If (you/he/she) agree (you/he/she) will receive another honorarium. ¿When are (you/he/she) available to do it?

BOX I-2	TRY TO SET AN APPOINTMENT FOR ANOTHER TIME.
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BOX I-3	CHECK Q.46 AND Q.50 IN PAGE 27. IF ANYONE IN THE HOUSEHOLD WAS INVOLVED IN A DISCONTINUED BUSINESS ASK 4, OTHERWISE SKIP TO 9.5
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4. Because you indicated that you (or NAME OF OTHER HOUSEHOLD MEMBER) were involved in running a business/were involved in a discontinued business), we have a different questionnaire that we would like to administer to (you/him/her). It will take approximately 1 hour 30 minutes, and (you/he/she) will receive another \$25.

BOX I-4	TRY TO SET AN APPOINTMENT FOR ANOTHER TIME.
------------	---

5. May I please have your telephone number in case my office wants to verify that I was here?

(| | |) | | | -- | | | |
AREA CODE

6. For some of our studies we like to be able to get in touch with participants again in the future, either to share the results of the study in which they participated, or to ask if they would like to participate in future studies we conduct. Would you please give me the name of a friend or relative not living in your household who would always stay in touch with you, even if you move?

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
TELEPHONE #: _____

7. Who would be a second person who would know how to get in touch with you?

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
TELEPHONE #: _____

BOX I-5	<p>ENTER ENDING TIME</p> <p>ENDING TIME: </p> <p> AM/PM</p> <p>HOUR MINUTES</p>
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BOX I-6	<p>WAS INTERVIEW</p> <p>HARD TO COMPLETE.....1</p> <p>OF AVERAGE DIFFICULTY.....2</p> <p>EASY TO COMPLETE.....3</p>
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