# Attachment 5—New Questions and Lines of Inquiry

BLS has undertaken a continuing design effort to examine the current content of the NLSY79 and provide direction for changes that may be appropriate as the respondent’s age. The 2022 instrument reflects a number of changes recommended by experts in various fields of social science and by our own internal review of the survey’s content. The major changes are described in this attachment. Additions to the questionnaire are accompanied by deletions of previous questions so that we expect the overall time required to complete the survey to be approximately 69 minutes.

**Main Youth Survey**

**Additions/Modifications**

*Additions*

The NLSY79 is the only U.S. data source that permits us to see a nationally representative sample over their entire working life. As the respondent’s approach retirement ages, the content of the survey is being adjusted to permit the study of retirement decisions. New questions ask about wealth and when the respondent expects to retire. There are also additional questions to address social and emotional loneliness, digital literacy, and perceived discrimination.

*Religion*. In Round 30, we will ask two additional questions about religion: whether the respondent considers themselves to be evangelical and how important religion is to the respondent. These two items will be in addition to asking the religion items most recently asked in Round 25. Users have asked us to re-field questions pertaining to religion to inform research on changing religious affiliation and church attendance over the life-course—a request that is consistent with our original design plan to re-field these questions on an occasional basis. Religion can be a factor in studying the quality of parent-child interactions, child health, child delinquency, and child socio-emotional outcomes. Religion can affect fertility decisions, family formation, job choice, and educational outcomes. How important religion is to the respondent could help provide a measure of engagement and health, as people move into later life.

*Employment.* In Round 30, respondents will be asked the job skills series that was introduced in Round 27 and asked again in Round 28. The job tasks provide data on how jobs differ both within and across occupations. This series was originally intended to be administered in several rounds. Repeated collection of information on what tasks people do at work and how frequently they do those tasks, will enable researchers to examine how changes in job tasks relate to wage growth, job changes, and retirement decisions.

*Perceived Discrimination*. In Round 30, we will ask questions about perceived discrimination in hiring, firing, promotions and medical care. These questions are excerpted from a series of questions originally developed by Dr. David Williams, Professor of Public Health, African and African American Studies, and Sociology at Harvard University for the Detroit Area Study. They have since been incorporated into MIDUS and the National Survey of American Life. We have previously asked them in the NLSY79 Young Adults survey. Researchers will be able to use the information collected to study how perceptions of discrimination may relate to a wide variety of factors including labor market outcomes, health, and retirement expectations.

*Health*. In Round 30, we will add questions that ask about exercise that have been asked previously, most recently in Round 27. We will also add two questions to the nutrition section, about consumption of vegetables and fruit, which aligns well with key questions asked in the National Health and Nutrition Examination Survey. Asking these health items is appropriate in the NLSY79 as they may have direct effects on current and future employment, functionality, and retirement decisions.

Using the same question as in Round 29 (which had been adopted to align with 2020-1 NCHS surveys), we will ask whether the respondent was diagnosed with COVID-19. We will also ask whether the respondent has received a Coronavirus vaccine, using a question that was used in Round 20 of the NLSY97. Questions that gather data on the health impact of the Coronavirus outbreak are appropriate in the NLSY79. It provides a unique opportunity to understand the employment effects of Coronavirus on health outcomes and consequently on employment.

In Round 30, we will also add questions about social and emotional loneliness. These questions, which employ the 3-item loneliness scale described by Hughes, *et al* (2004) and have been employed by the HRS, will help gauge engagement, which becomes more important as respondent age.

*Income, Recipiency, Debt and Assets.* In round 30, we will add one question last asked in Round 28, about whether the respondent has set aside emergency funds that would cover expenses for three months.

*Retirement Financing/Expectations*. In Round 30, we will ask a shortened retirement expectations module. It will cover expectations for whether one expects to receive Social Security and the age at which one expects to claim Social Security. There are questions that ask about net wealth, house value, and retirement planning. There are questions that ask about retirement expectations and whether one expects to work at 62, 65, and 67. There are questions about the expectation of needing long term care or whether one expects to live to age 75. There are questions about whether the respondent is working because they need health insurance or money. These questions have been asked in previous rounds of the NLSY97. There is also one question about housing insecurity, which comes from the Understanding America Study. It asks the respondent if they had been evicted, received a foreclosure notice, or were asked by a landlord to move, in the last 12 months.

*Wills.* In Round 30, questions on wills will rotate in. These questions were asked of all participants in Round 25 and of NIRs in Rounds 26 through 28. New items will skip the respondent out of the questions, if they previously had a will, unless modifications have been made.

*Questions Asked Only for Respondents Not Asked in Previous Interview*

A couple of modules are slotted to be asked in Round 30 only of respondents who were not interviewed in Round 28 or another previous round that included the module. These include:

*Business Ownership (asked only of respondents not interviewed in rounds 24-29).* This extensive set of retrospective questions on lifetime business ownership was added for Round 24. To collect the retrospective for all respondents, the full set of questions will be asked in Round 30 for respondents not interviewed in Rounds 24, 25, 26, 27, 28, and 29.

This retrospective identifies all businesses owned by respondents since age 18 (BUSOWN-1 to BUSOWN-22), asks about businesses owned by family members (BUSOWN-23A to BUSOWN-24B), asks about patent applications (BUSOWN-25 to BUSOWN-28B), and asks respondents if they consider themselves to be entrepreneurs (BUSOWN-29). These questions are found in the business ownership section of the instrument.

*Highest Degree Ever Received (asked only of respondents not interviewed in Rounds 23-29).* In Round 23 (with follow-ups in Rounds 24 through 29), respondents were asked to report the highest degree they had ever received.  In Round 30, that follow-up will continue.

*Deletions*

*Health.* In Round 30, we will not ask questions on Cognition. We expect these Cognition questions to rotate back into Round 31. We will not ask whether you think you may have had Covid. We will not ask the questions about reading labels, reading ingredients, and how often the respondent snacks.

*Income, Recipiency, Debt and Assets.* In Round 30, the rotating assets module and questions on debt and assets, bankruptcy, and financial distress will rotate out.

References:

Hughes, M. E., Waite, L. J., Hawkley, L. C., & Cacioppo, J. T. (2004). A Short Scale for Measuring Loneliness in Large Surveys: Results from Two Population-Based Studies. Research on Aging, 26(6), 655–672.

Kessler, R.C., Mickelson, K.D., and Williams, D.R. (1999). “The prevalence, distribution, and mental health correlates of perceived discrimination in the United States.” *Journal of Health and Social Behavior*, 208-230.

Krieger, N., Smith K., Naishadham D., Hartman, C., Barbeau, E.M. (2005). “Experiences of discrimination, validity and reliability of a self-report measure for population health research on racism and health.” *Social Science and Medicine.* 61(7):1576-1596.

Levine, D.M., Lipsitz, S.R., and Linder, J.A. Trends in Seniors’ Use of Digital Health Technology in the United States, 2011-2014. JAMA. 2016 Aug 2: 316(5): 538-40. Doi:10.1001/jama.2016.9124. PMID:27483069.

Messer, Bonnie and Susan Harter. 2012 The Self-Perception Profile for Adults: Manual and Questionnaires Revision of the 1986 manual.

Namkung, E.H. and Carr, D. (2019). “Perceived interpersonal and institution discrimination among persons with disability in the US: Do patterns differ by age?”

Oh, S.S., Kim, K.A., Kim, M., Oh, J., Chu,S. H., and Choi, J. (2021). Measurement of Digital Literacy among Older Adults: Systematic Review. *Journal of Medical Internet Research*, 23(2): e26145.

Phelan, S. M., Burgess, D. J., Puhl, R., Dyrbye, L. N., Dovidio, J. F., Yeazel, M., … van Ryn, M. (2015). The Adverse Effect of Weight Stigma on the Well-Being of Medical Students with Overweight or Obesity: Findings from a National Survey. *Journal of General Internal Medicine*, *30*(9), 1251–1258.

Rico-Uribe, L. A., Caballero, F. F., Olaya, B., Tobiasz-Adamczyk, B., Koskinen, S., Leonardi, M., Miret, M. (2016). Loneliness, Social Networks, and Health: A Cross-Sectional Study in Three Countries. *PLoS ONE*, *11*(1), e0145264.

Russell, D.W. (1996). UCLA Loneliness Scale (Version 3): Reliability, Validity, and Factor Structure.” *Journal of Personality Assessment*, 66(1): 20-40.

Sansoni J, Marosszeky N, Sansoni E, Fleming G (2010) Final Report: Effective Assessment of Social Isolation. Centre for Health Service Development, University of Wollongong.

Smith, Bruce W, Jeanne Dalen, Kathryn Wiggins, Erin Tooley, Paulette Christopher and Jennifer Bernard. 2008 “The Brief Resilience Scale: Assessing the Ability to Bounce Back.” International Journal of Behavioral Medicine, 15: 194-200.

Smidt, C. E. (2021) “Born-Again Versus Evangelical: Does the Difference Make a Difference?” *Journal for the Scientific Study of Religion*, https://doi.org/10.1111/ussr.12762.

Sternthal, M.J., Slopen, N., Williams, D.R. (2011) “Racial Disparities in Health.” *Du Bois Review: Social Science Research on Race*, 8:95-113.

Taylor, T.R., Kamarck T.W., Shiffman, S. (2004) “Validation of the Detroit area study discrimination scale in a community sample of older African American adults: the Pittsburgh healthy heart project.” *International Journal of Behavioral Medicine,* 11:88-94.

US Census Bureau. (2021). Household Pulse Survey Phase 3.2. United States Department of Commerce. <https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase_3-2_Household_Pulse_Survey_FINAL_English_SKIPS_081821.pdf>

Valtorta NK, Kanaan M, Gilbody S, et al. Loneliness, social isolation and social relationships: what are we measuring? A novel framework for classifying and comparing tools. BMJ Open 2016;6:e010799. doi:10.1136/bmjopen-2015- 010799.

Williams, D.R., González, H.M,. Williams, S., Mohammed, S.A., Moomal, H., Stein, D.J. (2008) “Perceived Discrmination, Race and Health in South Africa: Findings from the South Africa Stress and Health Study.” *Social Science and Medicine*, 67:441-452.

Williams, D.R,. Yu, Y., Jackson, J.S., and Anderson, N.B. (1997). “Racial Differences in Physical and Mental Health: Socioeconomic Status, Stress, and Discrimination.” *Journal of health Psychology*, 2(3):335-351.

Zavaleta, D., Samuel, K. & Mills, C.T. Measures of Social Isolation. Social Indicators Research (2016).

Zavaleta, D., Samuel, K., and Mills, C. (2014). “Social Isolation: A Conceptual and Measurement Proposal.” *OPHI Working Papers*67, University of Oxford.