

The logo for the After the JD Study (AJD) features the letters 'AJD' in a white, serif font, centered within a dark blue square.

**AFTER THE JD:**  
*A Longitudinal Study of  
Careers in Transition*

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*After the JD3*

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**Please note that you can  
complete this survey on the Web.  
Consult the enclosure on the  
Web survey access.**

## AJD 3 QUESTIONNAIRE

The *After the JD Study* (AJD) is the largest and most ambitious study of the careers of law graduates in the contemporary United States. You are part of this unique and historic study during a remarkable time of changes in the economy and the legal profession. This survey asks about your experience of these changes.

Sponsored by a consortium of organizations, the study aims to create a definitive picture of the varied careers of individuals admitted to the bar in the early twenty-first century.

The longitudinal sample for this research contains a balanced number of men and women lawyers from a range of backgrounds to study changing careers across a 12 year period. In order to understand individuals' personal and professional development it is important that we have the same individuals we started with responding to this new survey. Every response increases the credibility of our effort, so we hope you can take the time to complete the survey. Your answers will be kept completely confidential, and will only be used for aggregated statistical purposes.

Thanks to you – along with the over 5,700 lawyers who responded to these surveys in 2002 and 2007 – we have gathered a variety of groundbreaking findings. Some of the highlights are:

- 17% of AJD2 respondents report they are not practicing law in their current jobs.
- Over one-half of our respondents had changed practice settings (not just jobs within the same kind of practice setting) between AJD1 and AJD2.
- The proportion of AJD respondents in the business sector has more than doubled, growing from 8% in 2002 to 19% in 2007.
- Fully 76% of our sample report that they are “extremely” or “moderately” satisfied with their career choice, yet we also have 24% who are not satisfied with their career choice.
- Overall 87% of AJD2 respondents considered law school a good investment, and 78% of those in business settings who were not practicing law thought it a good investment.

Many more findings are capturing the attention of scholars and others around the globe. The After the JD Principal Investigators are dedicated to providing quality research on trends in the legal profession. We hope that we will be able to include you and your experiences in the results of the third phase of this project, whether or not you are currently practicing law.

## INSTRUCTIONS

Thank you for taking the time to complete this questionnaire. Directions are provided for each question. Because not all questions will apply to everyone, you may be asked to skip certain questions.

1. When answering questions that require you to mark a box, **please use an “X”** and place it inside the box.
2. Please PRINT all responses to questions that ask you to write out a response.
3. As a study of the careers of individuals admitted to the bar, this questionnaire contains the following sections:
  - I. Current Professional Employment
  - II. Impact of Economic Downturn
  - III. Work, Clients, and Mentors
  - IV. Professional Employment History
  - V. Training, Education, and Debt
  - VI. Social, Political, and Community Participation
  - VII. Background Information and Family Information
4. We welcome comments from you beyond your responses to specific questions, and have provided a page at the end of the questionnaire where you may enter them.
5. If you have questions about the After the JD study or specifically about the questionnaire, please contact:

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# I. CURRENT PROFESSIONAL EMPLOYMENT

## 1. Describe your current employment status by checking the appropriate box(es) below:

- a.  Full time → **Skip to Question #2.**
- b.  Part time (Date started part-time for current employer \_\_\_\_\_ mo/yr)

Reasons, *Check all that apply, then* → **Skip to Question #2.**

1.  In order to care for children
2.  In order to care for other family members
3.  Due to a disability
4.  Can't find full-time employment
5.  For other reasons (*Please specify:* \_\_\_\_\_ )

- c.  Not employed (Current period of nonemployment began \_\_\_\_\_ mo/yr) ↓

If you are not employed, please answer Questions 1C(i) and 1C(ii), and then **skip to Section II Question #16.**

### i. Are you not employed for any of the following reasons?

*Check all that apply.*

1.  In order to care for children
2.  In order to care for other family members
3.  Due to a disability
4.  Can't find employment
5.  For other reasons (*Please specify:* \_\_\_\_\_ )

### ii. If you are not employed, are you doing any of the following? *Check all that apply.*

1.  Looking for full-time employment
2.  Looking for part-time employment
3.  Retired
4.  Left the paid workforce
5.  Other (*Please specify:* \_\_\_\_\_ )

## 2. What is the name of your CURRENT PRIMARY employer, and the city and state/country of your current place of primary employment?

Name of Employer:	
City:	State/Country:

## 3. On what date did you begin to work for this employer?

\_\_\_\_\_ Month \_\_\_\_\_ Year

## 4. What type of organization is it? *Check one box only.*

1.  Solo practice
2.  Private law firm
3.  Federal government (including judiciary)
4.  State or local government (including judiciary)
5.  Legal services
6.  Public defender
7.  Public Interest organization
8.  Other non-profit organization
9.  Educational institution
10.  Professional service firm (e.g., accounting, investment banking, consulting)
11.  Other Fortune 1000 industry/service
12.  Other business/industry
13.  Labor union, trade association
14.  Military
15.  Other (*Specify:* \_\_\_\_\_ )

## 5. What is your *current* position with this employer?

1.  Solo practitioner
2.  Associate
3.  Non-equity partner
4.  Equity partner/Shareholder
5.  Inside/general counsel (Specific title: \_\_\_\_\_)
6.  Contract attorney
7.  Of Counsel/Counsel
8.  Staff attorney (Specific title: \_\_\_\_\_)
9.  Supervising/managing attorney (Specific title: \_\_\_\_\_)
10.  Judge
11.  Law professor
12.  Law school/Academic administrator (Specific title) \_\_\_\_\_
13.  Entry level manager/Consultant
14.  Mid-level manager/Consultant
15.  Senior-level manager/Consultant
16.  Business owner/Operator
17.  Other (*Specify:* \_\_\_\_\_ )

## 6. When did you start this position for this employer?

\_\_\_\_\_ Month \_\_\_\_\_ Year

## 7. What other positions have you held with this employer, if any?

Positions (use number from list above in Question 5)	Start Date (mo/yr)
(1) _____	_____/____/____
(2) _____	_____/____/____
(3) _____	_____/____/____
(4) _____	_____/____/____

## 8. Are you a practicing lawyer in your primary job?

- 1  Yes → **Skip to Question # 10.**
- 0  No

## 9 a. If you are not practicing law, what type of business or industry are you currently working in? (*for example: hospital, bank, newspaper publishing*)

### b. What is your current occupation? (*for example: management consultant, accountant, personnel manager*)

### c. What are your most important activities or duties in this current job? (*for example: developing and directing policies, project management, reconciling financial records*)

**10. Are you self-employed in your current job?**

- 1  Yes
- 0  No

**11. How many people are employed in your organization (i.e. business, professional practice, or firm)?**

# of people

**12 a. How many lawyers work in your *entire* firm or organization?**

(Enter "1" if in solo practice)

b. How many lawyers work in *your* office?  # of lawyers

**13. Do you supervise anyone (e.g., secretary, associate, clerks) on your job?**

- 1  Yes (If yes, enter # of individuals you supervise)
- 0  No → Skip to Question # 15.

**14 a. If you supervise anyone, do you give directions to this (these) person(s)?**

- 1  Yes
- 0  No

**b. Can you reward this person(s)?**

- 1  Yes
- 0  No

**c. Does anyone you supervise (e.g., a secretary, associate) in turn supervise anyone as part of his/her job?**

- 1  Yes
- 0  No

**15 a. Do you receive supervision from anyone (e.g., a partner or manager) on your job?**

- 1  Yes
- 0  No → Skip to Question #16.

**b. If yes, does this person give you directions?**

- 1  Yes
- 0  No

**c. Can this person reward you?**

- 1  Yes
- 0  No

**d. Does this person, in turn, receive supervision from someone else or others (e.g., senior partner/s)?**

- 1  Yes
- 0  No

**II. IMPACT OF ECONOMIC DOWNTURN**

**16. What has been the impact of the economic downturn that began in 2008 on your organization (or if you are unemployed, on your former employer)? Please check all that apply.**

- a.  The impact has been positive
- b.  No noticeable impact
- c.  Experienced downturn in business
- d.  Laid-off support personnel (secretaries and paralegals)
- e.  Laid-off lawyers
- f.  Temporarily suspended promotions
- g.  Increased time for promotion to partner
- h.  Eliminated one or more departments
- i.  Changed the partnership structure (e.g., creating new statuses)
- j.  Merged with another firm(s)
- k.  Hired more contract lawyers than prior to the downturn
- l.  Went out of business
- m.  Adopted a new billing structure
- n.  Instituted furloughs to reduce expenses
- o.  Pay freezes
- p.  Pay decreases
- q.  Change in benefits (pension, health, etc.)
- r.  Eliminated or reduced bonuses
- s.  Reduced hiring
- t.  Other (*Specify:* \_\_\_\_\_)

**17. What has been the impact of the economic downturn that began in 2008 on you personally? Please check all that apply.**

- a.  The impact has been positive
- b.  No noticeable impact
- c.  Affected loan repayment
- d.  Unable to meet goals for billable hours requirements
- e.  Laid off
- f.  Passed over for promotion
- g.  Increased time for promotion to partner
- h.  No longer on the partnership track
- i.  Changed area of specialization
- j.  Changed sectors (e.g., from private practice to in-house or government practice)
- k.  Changed jobs
- l.  Exited the legal profession
- m.  Reduction in compensation
- n.  Relocated
- o.  Other (*Specify:* \_\_\_\_\_)

### III. WORK, CLIENTS, AND MENTORS

**18. How frequently are you required to design important aspects of your own work and to put your ideas into practice?**

*Check one box below.*

Never Very Frequently  
 1  2  3  4  5  6  7

**19. Aside from your primary position, do you hold any other paid jobs or receive income from any other businesses (including running your own business)?**

1  Yes  
 0  No → **Skip to Question #21.**

**20. What is the nature of your additional business and/or job?**

**21. In the last week, how many hours did you spend in each of the following activities.... If you were on vacation or sick leave last week, use the last week that you worked. Please enter the number of hours for each function. Enter "0" if you spent no time in any of the categories.**

- a. Working at the office or firm (including being at court, clients' office, etc.) on weekdays?**  
# of hours \_\_\_\_\_
- b. Working from home on weekdays?**  
# of hours \_\_\_\_\_
- c. Working on the weekend?**  
# of hours \_\_\_\_\_
- d. Attending networking functions?**  
# of hours \_\_\_\_\_
- e. Participating in recreational activities (e.g., golf) for networking purposes with other lawyers or clients?**  
# of hours \_\_\_\_\_

**22. During the past year, how many hours have you devoted to pro bono work:**

- a. as part of your job, (your law firm/employer was not compensated but these hours were considered by your employer as a legitimate part of your total hours worked).**  
# of hours \_\_\_\_\_
- b. not as part of your job?**  
# of hours \_\_\_\_\_
- c. What percent of all your pro bono hours were spent on the following activities:**
  - 1. Providing legal services to poor or low income individuals** \_\_\_\_\_%
  - 2. Providing legal services to charitable organizations** \_\_\_\_\_%
  - 3. Other (specify:)** \_\_\_\_\_%

→ If you are *not a practicing attorney*, skip to Question #34.

**23. Approximately what percentage of the lawyers in your workplace are men?**

\_\_\_\_\_ %  NA

**24. Approximately what percentage of the lawyers in your workplace are members of racial/ethnic minority groups?**

\_\_\_\_\_ %  NA

**25. Approximately what percentage of your time do you spend in each of the following areas of law? Enter "0" if you spend no time in any given area. These allocations should total 100% of your time.**

- a. Antitrust** . . . . . \_\_\_\_\_ a
  - b. Bankruptcy** . . . . . \_\_\_\_\_ b
  - c. Civil and Commercial litigation** . . . . . \_\_\_\_\_ c
  - d. Civil rights/liberties** . . . . . \_\_\_\_\_ d
  - e. Commercial law (Banking, Consumer law, Uniform Commercial Code)** . . . . . \_\_\_\_\_ e
  - f. Criminal law** . . . . . \_\_\_\_\_ f
  - g. Employment law – management** . . . . . \_\_\_\_\_ g
  - h. Employment law – unions** . . . . . \_\_\_\_\_ h
  - i. Environmental law** . . . . . \_\_\_\_\_ i
  - j. Family law (Divorce, Adoption)** . . . . . \_\_\_\_\_ j
  - k. General corporate** . . . . . \_\_\_\_\_ k
  - l. General practice** . . . . . \_\_\_\_\_ l
  - m. Health law** . . . . . \_\_\_\_\_ m
  - n. Immigration law** . . . . . \_\_\_\_\_ n
  - o. Insurance** . . . . . \_\_\_\_\_ o
  - p. Intellectual property (Patents, Trademarks, Copyrights)** . . . . . \_\_\_\_\_ p
  - q. Municipal law (including bond issues)** . . . . . \_\_\_\_\_ q
  - r. Personal injury – defense** . . . . . \_\_\_\_\_ r
  - s. Personal injury – plaintiffs** . . . . . \_\_\_\_\_ s
  - t. Probate (Wills and Trusts)** . . . . . \_\_\_\_\_ t
  - u. Public utilities, Administrative law, and Regulated industries** . . . . . \_\_\_\_\_ u
  - v. Real estate – Commercial** . . . . . \_\_\_\_\_ v
  - w. Real estate – Personal/Residential** . . . . . \_\_\_\_\_ w
  - x. Securities (Mergers, Security fraud)** . . . . . \_\_\_\_\_ x
  - y. Tax** . . . . . \_\_\_\_\_ y
  - z. Workers compensation** . . . . . \_\_\_\_\_ z
  - aa. Other (Specify: \_\_\_\_\_)** . . . . . \_\_\_\_\_ aa
- TOTAL . . . . . = 100%

**26. Whether or not you are certified as a specialist by your state, do you consider yourself a specialist?**

1  Yes **If yes, please enter the name of your specialty in the box below** ↴  
 0  No

27. What percentage of your work over the past year has involved non-U.S. clients or cross-border matters?

\_\_\_\_\_ %

28. Approximately, how many distinct legal matters have you worked on over the past three months? (A matter is a separate "billing matter"- a case, transaction, etc.)

(Enter # of legal matters)

29. How often do you appear in court, administrative hearings or arbitrations?

- 1.  Almost never
- 2.  Daily
- 3.  Weekly
- 4.  Monthly
- 5.  A few times a year

30. How often do you travel for work that requires staying overnight?

- 1.  Almost never
- 2.  Less than once a month
- 3.  About once a month
- 4.  About twice a month
- 5.  About three times a month
- 6.  Four times a month or more

31. Which of the following do you do on a recurring basis? Check all that apply.

- a.  Participate on key firm/organizational committees
- b.  Consult with senior management about the future direction of the firm/organization
- c.  Join senior lawyers or colleagues for breakfast or lunch
- d.  Spend recreational time with senior lawyers or colleagues
- e.  Write for publications, presentations, or employer sponsored seminars
- f.  Participate at least monthly in either bar association activities, civic groups, or non-profit associations
- g.  Serve on boards of directors of business organizations or trade associations
- h.  Serve on boards of directors of charitable organizations, community groups, educational organizations, or other tax exempt organizations

32. Of your total work involving specific clients, approximately what percentage of your time is spent representing each of the following? Fill in blanks with percentages totaling 100%

- a. High-income individuals ..... %
  - b. Middle-income or low-income individuals ..... %
  - c. Fortune 500 businesses/services ..... %
  - d. Other large or middle-sized businesses ..... %
  - e. Small businesses ..... %
  - f. Governments, government agencies ..... %
  - g. Start-up businesses ..... %
  - h. Insurance companies ..... %
  - i. Non-profit organizations ..... %
  - j. Other (Specify: \_\_\_\_\_) ..... %
- TOTAL ..... = 100%

33. Is there a particular community or social group (e.g., gender, religious, racial/ethnic group, national origin) that you tend to represent more often than others in your practice?

- 1  Yes If yes, please enter the name of the group in the box below ↓
- 0  No

→ Please answer the question below regardless of your current work status.

34. Which of the following best describes how you found your current job (or if not employed, your last job):

- a.  Through formal methods of referral (e.g. through listings of openings or ads that were generally distributed, headhunters or placement offices, law school career services)
- b.  Through personal methods of referral (e.g. learned of the job directly through personal contacts, or through a series of personal contacts)
- c.  Through direct application (e.g. by going directly to the employer or writing a formal personal intermediary)
- d.  Established his own firm/business

**35. In taking your current job (or if not employed, your last job), how important were each of the following factors in making your choice?**  
*Check one box on each line.*

	Not At All Important							Extremely Important	NA
a. Compensation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
b. Benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
c. Opportunities to be involved in management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
d. Opportunities to grow my practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
e. Better support (e.g. secretarial, technological, etc)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
f. Office environment/collegiality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
g. Hours	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
h. Location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
i. Size of the organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
j. Prestige of the organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
k. Diversity of the workplace	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
l. Potential to balance work and personal life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
m. Opportunity to do socially responsible work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
n. Match of employer's mission and mine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
o. Substantive interest in a particular field of law	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
p. Personal relationships with coworkers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	
q. Other ( <i>Specify:</i> _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	

**→ The following questions concern billing practices in private law firm practice.**  
***If you are not in private law firm practice, please skip to Question #44.***

**36 a. How do you bill for your legal services? (check all that apply)**

1.  Bill by the hour
2.  Flat rate billing
3.  Value-based billing
4.  Contingency fees
5.  Other (*Specify:* \_\_\_\_\_)

**b. Which billing practice do you use most often? (please check one)**

1.  Bill by the hour
2.  Flat rate billing
3.  Value-based billing
4.  Contingency fees
5.  Other (*Specify:* \_\_\_\_\_)

**37. If you bill by the hour, what is your current billing rate?**

\_\_\_\_\_ dollars / hour

**38. How many hours were you expected to bill in 2011?**

\_\_\_\_\_ # of hours

**39. How many hours did you bill in 2011?**

\_\_\_\_\_ # of hours

**40 a. Were you personally responsible for bringing any new matters to your law firm or practice in 2011?**

- 1  Yes  
 0  No → **Skip to Question #41.**

**b. How many matters were you responsible for bringing to your firm in 2011?**

\_\_\_\_\_

**41. What is the estimated value of your ANNUAL book of business (the total value of your portfolio of clients)?**

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

**42. How would you rate your ability to obtain new business for your firm relative to your peers?**

- |                            |                            |                            |                            |                            |                            |                            |                         |  |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------|--|
| Much better than average   |                            |                            |                            |                            |                            |                            | Much worse than average |  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> |                         |  |

**43 a. Do you have primary responsibility for relations with one or more of the major clients of the firm?**

1  Yes

0  No → Skip to Question # 44.

**b. In obtaining your clients for whom you have primary responsibility, how important is each of the following....?**

	Not At All Important				Extremely Important	NA
a. Referrals from partner within firm . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
b. Inherited clients from senior partner(s) in the firm . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
c. Referrals from lawyer in another firm . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
d. Referrals from family or friends . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
e. Referrals from involvement in social clubs/voluntary associations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
f. Advertising (i.e., traditional print and media) . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
g. Online advertising . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
h. Internet networking sites (e.g., Facebook, Linked-in, blogs) . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
i. Professional organizations (non-law) . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
j. Bar associations (including specialty bars) . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
k. Referrals from other professionals . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
l. Other ( <i>Specify:</i> _____) . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>

**44. How many mentors (both formal and informal) have you had since you were admitted to the bar?**

#

Enter "0" if you have not had any mentors and skip to Question # 47.

**45. Thinking of all the mentors (both formal and informal) you have had since being admitted to the bar, how important have the following forms of support been to your career?**

	Not At All Important				Extremely Important	NA
a. Providing exposure to influential people within the firm/organization . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
b. Counseling you on work-related issues . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
c. Providing you with opportunities that challenge you professionally . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
d. Acting as your advocate within the firm/organization . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
e. Safeguarding you from situations that could threaten your career achievement . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
f. Caring and sharing in ways that extend beyond the work requirements . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
g. Providing exposure to influential people outside the firm/organization . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
h. Connecting you to other informal social contacts outside the firm/organization . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>



**46. With respect to the mentor (either formal or informal) who has been the most important to you in your career, please check that person's**

**a. Race/Ethnicity**

- 1.  Black/African American
- 2.  White/Caucasian
- 3.  Asian/Pacific islander
- 4.  Hispanic/Latino
- 5.  Native American/American Indian
- 6.  Other (*Specify:*\_\_\_\_\_)

**b. Gender**

- 1.  Male
- 2.  Female

**c. Position in their organization**

- 1.  Two or more levels above me
- 2.  One level above me
- 3.  Same level as me
- 4.  One level below me
- 5.  Two or more levels below me

**d. Did/does this person work at the same firm/organization as you?**

- 1  Yes
- 0  No

**e. On average, how often do you and your mentor spend time socializing out of the office?**

- 1.  Never
- 2.  Less than monthly
- 3.  Monthly
- 4.  Weekly
- 5.  Daily

**47. How satisfied are you with each of the following aspects of your current position? Check one box on each line.**

	Highly Dissatisfied					Highly Satisfied		NA
a. Level of responsibility you have . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
b. Recognition you receive for your work . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
c. Substantive area of your work . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
d. Tasks you perform . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
e. Opportunities for advancement . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
f. Compensation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
g. Method by which compensation is determined (including salary, benefits and bonus, if applicable). . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
h. Control you have over the amount of work you do . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
i. Control you have over how you do your work . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
j. Relationships with colleagues . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
k. Opportunities for doing pro bono work . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
l. Intellectual challenge of your work. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
m. Opportunities for building skills . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
n. Amount of travel required . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
o. Diversity of the workplace . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
p. Performance evaluation process . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
q. Value of your work to society. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
r. Job security . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>
s. Balance between personal life and work . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>

**48. During the last two years, has any of the following ever happened to you in your place of work by virtue of your race, religion, ethnicity, gender, disability, or sexual orientation?**

*Check yes or no for each.*

- |  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| a. Experienced demeaning comments or other types of harassment. . . . .                                  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Missed out on a desirable assignment. . . . .   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Had a client request someone other than you to handle a matter . . . . .                              | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Had a colleague or supervisor request someone other than you to handle a matter . . . . .             | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Experienced one or more other forms of discrimination<br>(Please specify in the box below.) . . . . . | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Obtained a desirable assignment . . . . .   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**Briefly describe the experiences that you believe arose from your status above.  
If you need more room for your description, please continue your response in item #87.**

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**49 a. How satisfied are you with your decision to become a lawyer?**

- 1  Extremely satisfied
- 2  Moderately satisfied
- 3  Neither satisfied nor dissatisfied
- 4  Moderately dissatisfied
- 5  Extremely dissatisfied

**b. Indicate your level of agreement or disagreement with the following statements about your legal education. Check one box on each line.**

		Strongly Disagree						Strongly Agree
1. I consider my law degree to have been a good career investment . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
2. If I had to do it over again, I would still choose to have gone to law school. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	

**50. If the decision were up to you, approximately how much longer would you like to stay with your current employer?**

- 1  I am already looking for another position
- 2  Less than a year
- 3  1-2 years
- 4  3-5 years
- 5  More than 5 years

**51. How important are each of the following long term goals to you? Check one box on each line.**

	<b>Not At All Important</b>				<b>Extremely Important</b>
<b>a.</b> Intellectual challenge . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b.</b> Help individuals . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c.</b> Accumulate great wealth . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d.</b> Become an influential person . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e.</b> Change or improve society . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f.</b> Have a satisfying career . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g.</b> Have a satisfying personal life . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h.</b> Become a bar leader . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>i.</b> Become a high ranking corporate executive . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>j.</b> Move into management . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>k.</b> Become a politician . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>l.</b> Become a judge . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

If you have only worked for your current employer, please skip to Question #53 a.

## IV. Employment History

We ask that you complete this work history section carefully. Please note that this section does not include your current employment or family leave.

**52. Please begin with the first employer you worked for after passing the bar and work forward to the position you held before your current position. The questions will refer you to list A and B which are presented on the following page.**

If needed, additional lists of employers are provided following Question #84.

### Employer 1

1. Type of organization (List A) : \_\_\_\_\_
2. Location (city/state/country): \_\_\_\_\_
3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
5. Top reason for leaving this employer: \_\_\_\_\_

### Employer 2

1. Type of organization (List A) : \_\_\_\_\_
2. Location (city/state/country): \_\_\_\_\_
3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
5. Top reason for leaving this employer: \_\_\_\_\_

### Employer 3

1. Type of organization (List A) : \_\_\_\_\_
2. Location (city/state/country): \_\_\_\_\_
3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
5. Top reason for leaving this employer: \_\_\_\_\_

### Employer 4

1. Type of organization (List A) : \_\_\_\_\_
2. Location (city/state/country): \_\_\_\_\_
3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
5. Top reason for leaving this employer: \_\_\_\_\_

### Employer 5

1. Type of organization (List A) : \_\_\_\_\_
2. Location (city/state/country): \_\_\_\_\_
3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
5. Top reason for leaving this employer: \_\_\_\_\_

**List A**

1. Solo practice
2. Private law firm
3. Federal government (including judiciary)
4. State or local government (including judiciary)
5. Legal services
6. Public defender
7. Public interest organization
8. Other non-profit organization
9. Educational institution
10. Professional service firm (e.g., accounting, investment banking, consulting)
11. Other Fortune 1000 industry/service
12. Other business/industry
13. Labor union, trade association
14. Military
15. Other (Specify: \_\_\_\_\_)

**List B**

1. Solo practitioner
2. Associate
3. Non-equity partner
4. Equity partner/Shareholder
5. Inside/general counsel
6. Contract attorney
7. Of Counsel/Counsel
8. Staff attorney
9. Supervising/managing attorney
10. Judge
11. Judicial clerkship
12. Law professor
13. Law school/Academic administrator
14. Entry level manager/Consultant
15. Mid-level manager/Consultant
16. Senior-level manager/Consultant
17. Business owner/Operator
18. Other (Specify: \_\_\_\_\_)

**Nonemployment**

Since graduating from law school, have you had durations of nonemployment (not including family leave)?

1  Yes → Please list the dates below.

0  No → Skip to Question # 53.

- |  |  |
|--|--|
| 1. From (mo/yr) _____ to (mo/yr) _____ | 4. From (mo/yr) _____ to (mo/yr) _____ |
| 2. From (mo/yr) _____ to (mo/yr) _____ | 5. From (mo/yr) _____ to (mo/yr) _____ |
| 3. From (mo/yr) _____ to (mo/yr) _____ | 6. From (mo/yr) _____ to (mo/yr) _____ |

**V. TRAINING, EDUCATION, AND DEBT**

**53 a. In what year did you receive your law degree?**

**b. From what law school did you receive your law degree?**

Specify which campus, if multiple locations.

**54. In which states are you admitted to the Bar? Please use two-letter state abbreviations.**

STATE	Date Admitted (Month/Year)
a. _____	_____ / _____
b. _____	_____ / _____
c. _____	_____ / _____
d. _____	_____ / _____
e. _____	_____ / _____
f. _____	_____ / _____

**55. Since being admitted to the Bar, have you obtained any other degrees or certifications?**

- 1  Yes **Please specify below** ↓  
 0  No

	Year Obtained
a. <input type="checkbox"/> Master of Arts or Science (M.A., M.S. or ScM.) . . . . .	
b. <input type="checkbox"/> LL.M (Specify type (e.g. Tax), if applicable): _____)	
c. <input type="checkbox"/> Certification as a specialist in a field of law . . . . .	
d. <input type="checkbox"/> MBA . . . . .	
e. <input type="checkbox"/> M.D. . . . . .	
f. <input type="checkbox"/> Doctorate (Specify field: _____ ) . . . . .	
g. <input type="checkbox"/> Other (Specify: _____ ) . . . . .	

**56. In the last three years, have you considered careers in addition to or instead of law?**

- 1  Yes **If Yes, Please enter the career you considered in the box below** ↓  
 0  No

**57. Do you have remaining educational debt?**

- 1  Yes  
 0  No → **Skip to Section VI, Question # 59.**

**58. If you have educational debt how much do you still owe?  
 Please indicate the actual dollar amount rounded to the  
 nearest \$1,000.**

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

## VI. SOCIAL, POLITICAL, AND COMMUNITY PARTICIPATION

**59. Who among the following people live within 50 miles of your current home? Check all that apply.**

- a.  Mother
- b.  Father
- c.  Two or more siblings
- d.  One sibling
- e.  Two or all of your three closest friends
- f.  One of your three closest friends
- g.  None of the above

**60. Which of the following best characterizes your national political party preference?**

- 1  Democrat
- 2  Independent
- 3  Republican
- 4  Unaffiliated
- 5  Other (Specify: \_\_\_\_\_ )

**61. Circle the number on each of the following scales that best characterizes your political leaning...**

**a. on social issues**

1	2	3	4	5	6	7
Liberal			Moderate		Conservative	

**b. on taxation, spending and social welfare issues**

1	2	3	4	5	6	7
Liberal			Moderate		Conservative	

**62. Indicate whether and at what level you have participated in each of the following organizations. Check all that apply.**

	<u>Level of participation</u>	
	Member	Leadership Role
a. Political party . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Political advocacy groups . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. PTA or other school organization . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. College alumni/ae associations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Law school alumni/ae associations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Charitable organizations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Religious organizations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. American Bar Association . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. State or local bar associations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Substantive sections of bar associations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Gender-based organizations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Race/ethnicity-based organizations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Community/civic associations . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
n. Service organizations (e.g. Kiwanis, Rotary) . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
o. Private clubs . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
p. Organized sports leagues . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
q. Other (Specify: _____ ) . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## BACKGROUND AND FAMILY INFORMATION

This final set of questions is intended to provide information on your background characteristics. You may, of course, omit any question that you prefer not to answer. All the information you provide will be held in the strictest confidence.

### 63. Are you male or female?

- 1  Female  
2  Male

### 64. What is your racial/ethnic group? *Check all that apply.*

- a.  Black/African American  
b.  Hispanic/Latino  
c.  Native American/American Indian  
d.  Asian/Pacific islander  
e.  White/Caucasian  
f.  Other (*Specify:* \_\_\_\_\_)

### 65. Are you gay, lesbian, transgender or bisexual?

- 1  Yes  
0  No

### 66. In what year were you born?

1	9		
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### 67. What is your marital status?

- 1  Never married or never in a domestic partnership  
    **→ Skip to Question # 71.**  
2  Married, first time  
3  Remarried after divorce, annulment or being widowed  
4  Domestic partnership  
5  Divorced or separated **→ Skip to Question # 71**  
6  Widowed **→ Skip to Question # 71**  
7  Other (*Specify:* \_\_\_\_\_)

### 68. If you are married or have a partner with whom you share a home, is your spouse/partner employed outside the home?

- 1  Yes **What is your spouse/partner's occupation?** ↴  
0  No

### 69. On average, how many hours a week does your spouse (partner) work in a paid position?

\_\_\_\_\_ hours/week

### 70. Approximately, what is your spouse's (partner's) current annual income before taxes?

\_\_\_\_\_ dollars

### 71. Approximately, what was your total compensation (pre-taxes) from your primary employer for the calendar year 2011 in each of the following categories?

- a. Salary \$ \_\_\_\_\_  
b. Bonus \$ \_\_\_\_\_  
c. Profit sharing/equity distribution \$ \_\_\_\_\_  
d. Stock Options (present value) \$ \_\_\_\_\_  
e. Other (*Specify:* \_\_\_\_\_) \$ \_\_\_\_\_

### 72 a. Do any minor or young children live with you for a significant part of the year?

- 0  No **→ Skip to Question # 76.**  
1  Yes

#### b. How many?

\_\_\_\_\_ # Number of Children

#### c. What are their ages? *Please list in order from the youngest to oldest.*

Child 1 <input style="width: 80px; height: 30px;" type="text"/> Child 2 <input style="width: 80px; height: 30px;" type="text"/> Child 3 <input style="width: 80px; height: 30px;" type="text"/>	Child 4 <input style="width: 80px; height: 30px;" type="text"/> Child 5 <input style="width: 80px; height: 30px;" type="text"/> Child 6 <input style="width: 80px; height: 30px;" type="text"/>
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**73. For each child, please circle whether you took maternity and/or parental leave and indicate the number of weeks for parental leave (if applicable) in the boxes below. Please list in order from the youngest to oldest.**

	Took Maternity/ Parental Leave?		Number of weeks of leave taken	Number of weeks leave that were paid by your employer
	Yes	No		
Child 1	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
Child 2	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
Child 3	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
Child 4	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
Child 5	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
Child 6	1 <input type="checkbox"/>	0 <input type="checkbox"/>		

**74. As a result of having a child, have you done, or do you intend to do any of the following: Check one box on each line.**

	Yes	No
a. Leave your job . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Find a job with fewer hours . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Reduce your work hours . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Work part time . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Leave the paid workforce . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Change sectors of practice (e.g. from private practice to government) . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Encourage your partner to cut down on his or her work hours . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Move closer to family . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Lobby to change workplace policies . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Work more hours . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Spend more time working from home . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other ( <i>Specify</i> _____) . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**75. As a result of having a child, have you experienced any of the following adverse consequences at work? Check one box on each line.**

	Yes	No
a. Delay in promotion . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Loss of seniority . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Questioning of commitment to work . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Loss of office space . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Pressure to work while on parental leave . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Difficulty in obtaining flexible hours or part time work . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Loss of clients . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Unreasonable work load following parental leave . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Loss of challenging assignments . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Loss of opportunities to travel . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Loss of income . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Other ( <i>Specify</i> _____) . . . . .	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**76. Do you hope to have one or more children in the future?**

- a.  Yes
- b.  No
- c.  Uncertain

**77. In your household, who is responsible for each of the following? Check one answer for each item listed below.**

	Myself	Equally Shared	My Spouse/ Partner	Someone Else	NA No children
a. Cooking meals . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
b. Grocery shopping . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c. House cleaning . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
d. Overseeing household repairs . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
e. Looking after household finances . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
f. Laundry . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
g. Arranging child care. . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
h. Leaving work for children's needs . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
i. Looking after the children during daytime hours . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
j. Looking after children during evening hours . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
k. Attending children's extra-curricular events (athletic, music, drama etc) . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>

**→ The following questions ask about personal well-being and overall health in your life.**

**78. Compared to most people your age, how would you rate your health? Would you say your overall health is...**

- 1  Much better than most people your own age
- 2  Somewhat better
- 3  About the same as most people your own age
- 4  Somewhat worse, or
- 5  Much worse than most people your own age

**79. How often do the demands of your job interfere with your family life?**

- 1  Often
- 2  Sometimes
- 3  Rarely
- 4  Never
- 5  NA

**80. How many days during the last week (0-7) have you:**

- # of days
- a. Felt you just couldn't get going? . . . . . \_\_\_\_\_
  - b. Felt sad? . . . . . \_\_\_\_\_
  - c. Had trouble getting to sleep or staying asleep? . . . . . \_\_\_\_\_
  - d. Felt that everything was an effort? . . . . . \_\_\_\_\_
  - e. Felt lonely? . . . . . \_\_\_\_\_
  - f. Felt you couldn't shake the blues? . . . . . \_\_\_\_\_
  - g. Had trouble keeping your mind on what you were doing? . . . . . \_\_\_\_\_



**83. PLEASE COMPLETE THIS LOCATOR FORM: Because of the importance of this study, we may be contacting you again. Please provide the names of two other persons (friend, family members, etc.) who will usually know where to get in touch with you. The persons you list below will not be contacted unless we cannot find you.**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**84. Please provide your email address so that we can keep in touch with you, and keep you updated about After the JD. Your email address will only be used for correspondence directly related to the After the JD Study.**

Email: \_\_\_\_\_

**Employment History (continued from page 10)**

If needed, please continue with the employer you worked for after passing the bar and work forward to the position you held before your current position. The questions will refer you to list A and B which are presented on page 11.

**Employer 6**

- 1. Type of organization (List A) : \_\_\_\_\_
- 2. Location (city/state/country): \_\_\_\_\_
- 3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
- 4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
- 5. Top reason for leaving this employer: \_\_\_\_\_

**Employer 7**

- 1. Type of organization (List A) : \_\_\_\_\_
- 2. Location (city/state/country): \_\_\_\_\_
- 3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
- 4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
- 5. Top reason for leaving this employer: \_\_\_\_\_

**Employer 8**

- 1. Type of organization (List A) : \_\_\_\_\_
- 2. Location (city/state/country): \_\_\_\_\_
- 3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
- 4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
- 5. Top reason for leaving this employer: \_\_\_\_\_

**Employer 9**

- 1. Type of organization (List A) : \_\_\_\_\_
- 2. Location (city/state/country): \_\_\_\_\_
- 3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
- 4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
- 5. Top reason for leaving this employer: \_\_\_\_\_

**Employer 10**

- 1. Type of organization (List A) : \_\_\_\_\_
- 2. Location (city/state/country): \_\_\_\_\_
- 3. Approximate number of lawyers at all locations of this organization: \_\_\_\_\_
- 4. Positions Held
  - a) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - b) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
  - c) Job title/Nature of position (List B): \_\_\_\_\_ Start date (mo/yr): \_\_\_\_\_ Full time  or Part-time
- 5. Top reason for leaving this employer: \_\_\_\_\_

**INDIVIDUAL ID NUMBER SHOULD BE PLACED HERE**

**Thank you for your cooperation.  
Please return the questionnaire in the postage-paid envelope provided to:**

**After the JD Study  
c/o Leo J. Shapiro & Associates, LLC.  
153 West Ohio Street, Suite 400  
Chicago, IL 60654**