

NOTICE — All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purpose.

FORM **LGT-3131**
(12-12-85)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1986 SURVEY OF WORK EXPERIENCE OF MATURE WOMEN

NATIONAL LONGITUDINAL SURVEYS

METHODS OF LOCATING RESPONDENT WHO HAS MOVED

(Fill only if respondent has MOVED.)

Successful Unsuccessful

- 001** 1 ☐ 2 ☐ New occupants
002 3 ☐ 4 ☐ Neighbors
003 5 ☐ 6 ☐ Landlord or apartment manager
004 7 ☐ 8 ☐ Post office
005 1 ☐ 2 ☐ Telephone company (including
 directory and information operator)
006 3 ☐ 4 ☐ Persons listed on back of record card
007 5 ☐ 6 ☐ Other — Specify _____

RECORD OF CALLS

Date	Time	Comments
	a.m.	
	p.m.	
	a.m.	
	p.m.	
	a.m.	
	p.m.	
	a.m.	
	p.m.	

RECORD OF INTERVIEW

Method of interview	Date completed	Length of interview	Interview time	Regional Office code	Interviewed by
008 1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit 3 <input type="checkbox"/> Both	Month Day Year 009	(Minutes) 010	Began Ended a.m. a.m. p.m. p.m.	____ 00	

NONINTERVIEW REASON

- 011** ☐ Unable to contact respondent — Specify _____
 6 ☐ Temporarily absent — Give return date (Mo., Day, Yr.) _____
 7 ☐ Armed Forces _____
 8 ☐ Institutionalized — Specify name, type, and date of return (Mo., Day, Yr.) _____
 9 ☐ Refused — Give full explanation _____
 10 ☐ Deceased — Give source of information and date of death (Mo., Day, Yr.) _____
 11 ☐ Moved outside U.S. (other than Armed Forces) — Give source of information _____
 12 ☐ Other — Specify _____

R1. Address where respondent living at time of interview —
Transcribe information for this item from LGT-1C record card item 1b.

- 012** 1 ☐ Same as questionnaire label — GO to R2
 2 ☐ Different from questionnaire label — Transcribe

Number and street

Place

State

ZIP code

R2. Permanent address — Transcribe information from
LGT-1C record card item 1e.

Enter permanent address in box ONLY if different
from R1. ↓

Number and street

Place

State

ZIP code

INFORMATION SHEET

Part A — INTERVIEWER TRANSCRIPTION ITEM

R3. Marital status

Transcribe from Household Record Card (LGT-1C) , item 7.

- 013** 1 ☐ Married, spouse present
 2 ☐ Married, spouse absent
 3 ☐ Widowed
 4 ☐ Divorced
 5 ☐ Separated
 6 ☐ Never married

Part B — 1984 INFORMATION

R4. Interview status in 1984

- 014** 1 ☐ Interview in 1984 — *SKIP to item 1, page 3, AND begin regular interview*
 2 ☐ Noninterview in 1984 — *ASK R5*

R5. What were you doing around May 15, 1984 — working, keeping house, or something else?

- 015** 1 ☐ Working } *SKIP to R7*
 2 ☐ With a job, but not at work . . }
 3 ☐ Looking for work }
 4 ☐ Going to school }
 5 ☐ Keeping house } *ASK R6*
 6 ☐ Unable to work }
 8 ☐ Other — *Specify* ↓

R6. Did you do any work at all at that time in 1984, not counting work around the house?

- 016** 1 ☐ Yes — *ASK R7*
 2 ☐ No — *Mark "Not employed in 1984" in R7 AND begin regular interview with item 1, page 3*

R7. For whom did you work then?

(Employer's name)

- 017** 1 ☐ Not employed in 1984 — *SKIP to item 1, page 3, and begin regular interview*
 2 ☐ Employed — *No name given*

Part C — PAST TRANSCRIPTION ITEMS

R8. Date of 1984 interview OR 05/15/84 if noninterview in 1984.

018

Month	Day	Year

R9. If interviewed in 1984, enter date of 1984 interview. If noninterview in 1984, enter date of last interview.

019

Month	Day	Year

R10. Marital status if interviewed in 1984, or marital status in 1982 if not interviewed in 1984.

- 020** 1 ☐ Married, spouse present
 2 ☐ Married, spouse absent
 3 ☐ Widowed
 4 ☐ Divorced
 5 ☐ Separated
 6 ☐ Never married
 9 ☐ Noninterview in 1982 and 1984

Part D — 1986 QUESTIONNAIRE TRANSCRIPTION

R11. Present Labor Force Group Status.

Refer to items 1, 2a, 3b, and 4a, page 3.

- 021** 1 ☐ Labor Force Group A ("WK" in 1, or "Yes" in 2a or "Other" in 3b)
 2 ☐ Labor Force B ("LK" in 1, or "Layoff" or "New job" in 3b, or "Yes" in 4a)
 3 ☐ Labor Force Group C (All others)

R12. Present Class of Worker

Refer to item 6f, page 4.

- 022** 1 ☐ **P** — Private
 2 ☐ **G** — Government
 6 ☐ **O** — Own business
 9 ☐ **WP** — Working without pay

Section 1 — EMPLOYMENT

1. What were you doing most of LAST WEEK — working, keeping house, or something else?

- 023** 1 ☐ **WK** — Working — *SKIP to 2b*
 2 ☐ **J** — With a job but not at work
 3 ☐ **LK** — Looking for work
 4 ☐ **S** — Going to school
 5 ☐ **KH** — Keeping house
 6 ☐ **U** — Unable to work — *SKIP to 5a*
 7 ☐ **R** — Retired
 8 ☐ **OT** — Other — *Specify* } *ASK 2a*
 } *ASK 2a*

2a. Did you do any work at all LAST WEEK, not counting work around the house?

NOTE: If farm, ask about unpaid work.

- 024** 1 ☐ Yes — *ASK 2b*
 2 ☐ No — *SKIP to 3a*

b. How many hours did you work LAST WEEK at all jobs?

025 _____ Hours — *SKIP to 6a*

If "J" is marked in item 1 — *SKIP to 3b*

3a. Did you have a job or business from which you were temporarily absent or on layoff LAST WEEK?

- 026** 1 ☐ Yes — *ASK 3b*
 2 ☐ No — *SKIP to 4a*

b. Why were you absent from work LAST WEEK?

- 027** 1 ☐ On layoff — *ASK 3c*
 2 ☐ New job to begin within 30 days — *SKIP to 4b*
 3 ☐ Other — *Specify* } *SKIP to 6a*

c. When did this layoff begin?

028

Month	Day	Year

 — *SKIP to 4b*

If "LK" is marked in item 1 — *SKIP to 4b*

4a. Have you been looking for work during the past 4 weeks?

- 029** 1 ☐ Yes — *ASK 4b*
 2 ☐ No — *SKIP to 5a*

b. Is there any reason why you could not take a job LAST WEEK?

- 030** 1 ☐ No — *GO to 5a*
 Yes — **Why?**
 2 ☐ Already had a job
 3 ☐ Temporary illness
 4 ☐ Going to school
 5 ☐ Child care problems
 6 ☐ Husband would not permit
 7 ☐ Other family or personal reasons
 8 ☐ Did not want to work
 9 ☐ Other — *Specify*

If "On Layoff" is marked in 3b — *SKIP to 6a*

5a. Between (Date in R 8) and LAST WEEK, were you ever employed at a full-time or part-time job?

- 031** 1 ☐ Yes — *Complete R11, then SKIP to 6a*
 2 ☐ No — *Complete R11, then ASK 5b*

b. Between (Date in R 8) and LAST WEEK, have you looked for work or been on layoff from a job?

- 032** 1 ☐ Yes — *ASK 5c*
 2 ☐ No — *SKIP to 5e*

c. How many weeks were you looking for work or on layoff in the past 12 months, that is from (Present month) 1985 to (Present month) 1986?

033 _____ Weeks
 o ☐ Less than one week

d. How many weeks were you looking for work or on layoff in the 12 months before that, from (Present month) 1984 to (Present month) 1985?

034 _____ Weeks
 o ☐ Less than one week

CHECK ITEM A

Refer to items 5c and 5d above.

- 035** 1 ☐ Entry in 5c + entry in item 5d = 104 weeks — *SKIP to 15a, page 11*
 2 ☐ All others — *ASK 5e*

5e. What was the main reason you were not working or looking for work during the remaining (these) weeks?

- 036** 01 ☐ Care for elderly parents
 02 ☐ Child care problems
 03 ☐ Other personal, family reasons
 04 ☐ Own illness
 05 ☐ Pregnancy
 07 ☐ Labor dispute
 08 ☐ Did not want to work
 09 ☐ Vacation
 10 ☐ No suitable jobs available, would not have done any good to look
 11 ☐ School
 12 ☐ Retired
 13 ☐ Other — *Specify*

SKIP to 15a, page 11

6a. For whom did you (last) work? (Name of company, business, organization, or other employer)

CHECK ITEM B

Refer to item R7 on page 2 and 6a above.

- 037** 1 ☐ Employer's name in R7 SAME as 6a — *SKIP to 6c, page 4*
 2 ☐ Employer's name in R7 DIFFERENT from 6a — *ASK 6b, page 4*
 3 ☐ All others — *SKIP to 6c, page 4*

Section 1 — EMPLOYMENT — Continued

6b. Our records show that you were working for (Employer's name in R 7, page 2) **when we last interviewed you on** (Date in R 8, page 2). **Is** (Employer's name in 6a, page 3) **the same employer?**

- 038** 1 ☐ Yes
2 ☐ No

C. What kind of business or industry (is/was) (Entry in 6a, page 3)? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.) — Specify

1960 Code

039

--	--	--

1980 Code

040

--	--	--

d. What kind of work (are/were) you doing? (For example: registered nurse, high school chemistry teacher, waitress) — Specify

1960 Code

041

--	--	--

1980 Code

042

--	--	--

e. What (are/were) your most important activities or duties? (For example: typed, kept account books, filed, sold real estate, operated business machine, cleaned buildings.) — Specify

f. (Are/Were) you —

- 043** 1 ☐ **P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?**
*
- 2 ☐ **G — A GOVERNMENT employee (federal, state, county, or local)?**
3 ☐ . . Federal
4 ☐ . . State
5 ☐ . . Other
- 6 ☐ **O — Self-employed in your OWN business, professional practice, or farm?**
Is this business incorporated?
7 ☐ . . Yes
8 ☐ . . No (or farm)
- 9 ☐ **WP — Working WITHOUT PAY in family business or farm?**

NOTE: Transcribe entry in 6f to R12, page 2

6g. How many hours per week (do/did) you usually work at that job?

044 _____ Hours per week

h. When did you first start working for (Employer in 6a, page 3)?

045

Month	Day	Year

CHECK ITEM C

Refer to item 6h above.

- 046** 1 ☐ Date in 6h is 1/1/86 or later — **SKIP to Check Item D**
2 ☐ All others — **ASK 6i**

6i. Since (Date in 6h) **did you ever stop working for** (Employer in 6a) **for a period of 6 months or more?**

- 047** 2 ☐ No — **SKIP to Check Item D**
1 ☐ Yes — **How many times?** } **ASK 6j**

048 1 ☐ Once

j. When did you (last) return to (Employer in 6a, page 3)?

049

Month	Day	Year

CHECK ITEM D

Refer to item 6f this page.

- 050** 1 ☐ "O" or "WP" marked in item 6f — **SKIP to Check Item E, page 5**
2 ☐ All others — **ASK 7a**

7a. (Have/Had) you been promoted at any time since (Date in R 8, page 2)?

- 051** 1 ☐ Yes — **ASK 7b**
2 ☐ No — **SKIP to 8, page 5**

b. Was your promotion within the last 12 months?

- 052** 1 ☐ Yes
2 ☐ No

Section 1 — EMPLOYMENT — Continued

7c. Did the promotion give you —

If more than one promotion, ask about most recent.
Read each category and mark "Yes" or "No" box for each one.

(1) More pay?

- 053** 1 ☐ Yes
2 ☐ No

(2) More challenging work?

- 054** 1 ☐ Yes
2 ☐ No

(3) More authority over other workers?

- 055** 1 ☐ Yes
2 ☐ No

(4) More responsibility?

- 056** 1 ☐ Yes
2 ☐ No

(5) Anything else?

- 057** 1 ☐ Yes — Specify _____
2 ☐ No

8. Altogether, how much (do/did) you usually earn at this job before deductions?

058 \$ _____ Dollars . _____ Cents per hour

OR

059 \$ _____ Dollars only . **00** per

- 060** 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other — Specify _____

9a. How do you feel about the job you have now?

Do you — (Read each answer category.)

- 062** 1 ☐ Like it very much?
2 ☐ Like it fairly well?
3 ☐ Dislike it somewhat?
4 ☐ Dislike it very much?

b. What are the things you like most about your job?

- 063** _____ (1)
064 _____ (2)
065 _____ (3)
066 0 ☐ Nothing

c. What are the things you don't like about your job?

- 067** _____ (1)
068 _____ (2)
069 _____ (3)
070 0 ☐ Nothing

CHECK ITEM F

Refer to item 5a, page 3.

- 071** 1 ☐ Box 1 (Yes) marked in 5a — ASK 10a
2 ☐ All others — SKIP to Check Item G, page 6

10a. When did you stop working for (Employer in 6a, page 3)?

072

Month	Day	Year

CHECK ITEM E

Present Labor Force Group status. Refer to items 1, 2a, 3b, and 4a, page 3.

- 061** 1 ☐ Labor Force Group A ("WK" in 1, or "Yes" in 2a or "Other" in 3b) — ASK 9a
2 ☐ Labor Force B ("LK" in 1, or "Layoff" or "New job" in 3b, or "Yes" in 4a)
3 ☐ Labor Force Group C (All others)
- } SKIP to Check Item F

NOTE: Mark corresponding box in R11, page 2, if not already marked.

Section 1 — EMPLOYMENT — Continued

10b. Why did you leave (Employer in 6a, page 3)?

Mark (X) only one category; do not read list.

If laid off, probe for specific reason.

INVOLUNTARY REASON

- 073** 01 ☐ Plant closed, employer went out of business — ASK 10c
- 02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 03 ☐ Temporary layoff or furloughed for economic reasons
- 04 ☐ Laid off for any other reason — *Specify* _____
- 05 ☐ Discharged
- 06 ☐ Compulsory retirement

VOLUNTARY REASON

- 07 ☐ Found better job
- 08 ☐ Didn't like work, hours, working conditions
- 09 ☐ Dissatisfied with wages
- 10 ☐ Interpersonal relations at work
- 11 ☐ Health; disability
- 12 ☐ Care for elderly parents
- 13 ☐ Other family or personal reasons; child care
- 14 ☐ Husband's retirement
- 15 ☐ Husband's change in employment
- 16 ☐ Didn't like location, community
- 17 ☐ Returned to school
- 18 ☐ Voluntary retirement
- 19 ☐ Started own business, became self-employed
- 20 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 21 ☐ No opportunity for advancement
- 22 ☐ Transportation problem
- 23 ☐ Other — *Specify* _____

SKIP
to
Check
Item G

10c. In your opinion, did that plant close or that employer go out of business —

Read each category and mark "Yes" or "No" box for each one.

(1) Because of automation or modernization?

- 074** 1 ☐ Yes
- 2 ☐ No

(2) Because your employer transferred your work to another location IN the United States?

- 075** 1 ☐ Yes
- 2 ☐ No

(3) Because your employer subcontracted your work to another organization?

- 076** 1 ☐ Yes
- 2 ☐ No

(4) Because your employer transferred your work to a location OUTSIDE of the United States?

- 077** 1 ☐ Yes
- 2 ☐ No

(5) Because of foreign competition?

- 078** 1 ☐ Yes
- 2 ☐ No

(6) Because your employer went bankrupt?

- 079** 1 ☐ Yes
- 2 ☐ No

(7) Because of government environmental, health, or safety regulations?

- 080** 1 ☐ Yes
- 2 ☐ No

(8) Because of any other reason?

- 081** 1 ☐ Yes — *Specify* _____
- 2 ☐ No
- 3 ☐ Don't know

CHECK ITEM G

Refer to item 6b, page 4.

- 082** 1 ☐ Box 2 (No) marked in 6b — ASK 11a, page 7
- 2 ☐ All others — SKIP to 11d, page 7

Section 1 – EMPLOYMENT – Continued

11a. On (Date in R 8, page 2), you were working for
(Employer's name in R7, page 2). Why did you leave
that job?

Mark (X) only one category; do not read list.
If laid off, probe for specific reason.

083 21 ☐ Did not leave job — *SKIP* to 11d

INVOLUNTARY REASON

- 01 ☐ Plant closed, employer went out of business — *ASK 11b*
- 02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 03 ☐ Temporary layoff or furloughed for economic reasons
- 04 ☐ Laid off for any other reason — *Specify*

- 05 ☐ Discharged
- 06 ☐ Compulsory retirement

VOLUNTARY REASON

- 07 ☐ Found better job
- 08 ☐ Didn't like work, hours,
working conditions
- 09 ☐ Dissatisfied with wages
- 10 ☐ Interpersonal relations
at work
- 11 ☐ Health; disability
- 12 ☐ Care for elderly parents
- 13 ☐ Other family or personal
reasons; child care
- 14 ☐ Husband's retirement
- 15 ☐ Husband's change in employment
- 16 ☐ Didn't like location, community
- 17 ☐ Returned to school
- 18 ☐ Voluntary retirement
- 19 ☐ Started own business,
became self-employed
- 20 ☐ Respondent was self-employed
AND sold business or dissolved
partnership
- 22 ☐ No opportunity for advancement
- 23 ☐ Transportation problem
- 24 ☐ Other — *Specify*

SKIP
to
11c

11b. In your opinion, did that plant close or that employer go out of business —

Read each category and mark "Yes" or "No" box for each one.

(1) Because of automation or modernization?

084 1 ☐ Yes

2 ☐ No

(2) Because your employer transferred your work to another location IN the United States?

085 1 ☐ Yes

2 ☐ No

(3) Because your employer subcontracted your work to another organization?

086 1 ☐ Yes

2 ☐ No

(4) Because your employer transferred your work to a location OUTSIDE of the United States?

087 1 ☐ Yes

2 ☐ No

(5) Because of foreign competition?

088 1 ☐ Yes

2 ☐ No

(6) Because your employer went bankrupt?

089 1 ☐ Yes

2 ☐ No

(7) Because of government environmental, health, or safety regulations?

090 1 ☐ Yes

2 ☐ No

(8) Because of any other reason?

091 1 ☐ Yes — Specify_____

2 ☐ No

3 ☐ Don't know

C. When did you stop working for (Employer's name in R7, page 2)?

092	Month		Day		Year	

d. (Including) *(Employer in 6a, page 3)* **How many employers have you worked for since** *(Date in R 8, page 2)?*

093 _____ Employer(s)

CHECK ITEM H

094 1 ☐ 11d is GREATER THAN or EQUAL to 2 AND 11a is blank — ASK 12a

2 ☐ 11d is GREATER THAN 2 AND 11a is NOT blank — ASK 12a

3 ☐ All others — SKIP to Check Item J, page 10

Mark (X) only one category; do not read list.
If laid off, probe for specific reason.

INVOLUNTARY REASON

- 01 ☐ Plant closed, employer went out of business — *ASK 12b*
- 02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 03 ☐ Temporary layoff or furloughed for economic reasons
- 04 ☐ Laid off for any other reason — *Specify,*

- 05 ☐ Discharged
- 06 ☐ Compulsory retirement

- 07 ☐ Found better job
- 08 ☐ Didn't like work, hours,
working conditions
- 09 ☐ Dissatisfied with wages
- 10 ☐ Interpersonal relations
at work
- 11 ☐ Health; disability
- 12 ☐ Care for elderly parents
- 13 ☐ Other family or personal
reasons; child care
- 14 ☐ Husband's retirement
- 15 ☐ Husband's change in employment
- 16 ☐ Didn't like location, community
- 17 ☐ Returned to school
- 18 ☐ Voluntary retirement
- 19 ☐ Started own business,
became self-employed
- 20 ☐ Respondent was self-employed
AND sold business or dissolved
partnership
- 22 ☐ No opportunity for advancement
- 23 ☐ Transportation problem
- 24 ☐ Other — *Specify*

SKIP
to
Check
Item 1

Read each category and mark "Yes" or "No" box for each one.

(1) Because of automation or modernization?

096 1 ☐ Yes
2 ☐ No

(2) Because your employer transferred your work to another location IN the United States?

097 1 ☐ Yes
2 ☐ No

(3) Because your employer subcontracted your work to another organization?

098 1 ☐ Yes
2 ☐ No

(4) Because your employer transferred your work to a location OUTSIDE of the United States?

099 1 ☐ Yes
2 ☐ No

(5) Because of foreign competition?

100 1 ☐ Yes
2 ☐ No

(6) Because your employer went bankrupt?

101 1 ☐ Yes
2 ☐ No

(7) Because of government environmental, health, or safety regulations?

102 1 ☐ Yes
2 ☐ No

(8) Because of any other reason?

103 1 ☐ Yes — *Specify* _____
2 ☐ No
3 ☐ Don't know

CHECK ITEM I

Refer to items 11a and 11d, page 7.

104 1 ☐ 11d is greater than 2 AND 11a is blank — *ASK 13a, page 9*
2 ☐ All others — *SKIP to Check Item J, page 10*

Section 1 – EMPLOYMENT – Continued

13a. Why did you leave your next most recent employer?
Mark (X) only one category; do not read list.
If laid off, probe for specific reason.

105 21 ☐ Did not leave job — SKIP to Check Item J, page 10

INVOLUNTARY REASON

01 ☐ Plant closed, employer went out of business — ASK 13b

02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)

03 ☐ Temporary layoff or furloughed for economic reasons

04 ☐ Laid off for any other reason — Specify

05 ☐ Discharged

06 ☐ Compulsory retirement

VOLUNTARY REASON

07 ☐ Found better job

08 ☐ Didn't like work, hours, working conditions

09 ☐ Dissatisfied with wages

10 ☐ Interpersonal relations at work

11 ☐ Health; disability

12 ☐ Care for elderly parents

13 ☐ Other family or personal reasons; child care

14 ☐ Husband's retirement

15 ☐ Husband's change in employment

16 ☐ Didn't like location, community

17 ☐ Returned to school

18 ☐ Voluntary retirement

19 ☐ Started own business, became self-employed

20 ☐ Respondent was self-employed AND sold business or dissolved partnership

22 ☐ No opportunity for advancement

23 ☐ Transportation problem

24 ☐ Other — Specify

SKIP to Check Item J, page 10

Mark (X) only one category; do not read list.
If laid off, probe for specific reason.

105 21 ☐ Did not leave job — *SKIP to Check Item J, page 10*

INVOLUNTARY REASON

- 01 ☐ Plant closed, employer went out of business — *ASK 13b*
- 02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 03 ☐ Temporary layoff or furloughed for economic reasons
- 04 ☐ Laid off for any other reason — *Specify*

- 05 ☐ Discharged
- 06 ☐ Compulsory retirement

VOLUNTARY REASON

- 07 ☐ Found better job
- 08 ☐ Didn't like work, hours,
working conditions
- 09 ☐ Dissatisfied with wages
- 10 ☐ Interpersonal relations
at work
- 11 ☐ Health; disability
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- 13 ☐ Other family or personal
reasons; child care
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- 18 ☐ Voluntary retirement
- 19 ☐ Started own business,
became self-employed
- 20 ☐ Respondent was self-employed
AND sold business or dissolved
partnership
- 22 ☐ No opportunity for advancement
- 23 ☐ Transportation problem
- 24 ☐ Other — *Specify*

SKIP
to
Check
Item J,
page
10

13b. In your opinion, did that plant close or that employer go out of business —

Read each category and mark "Yes" or "No" box for each one.

(1) Because of automation or modernization?

106 1 ☐ Yes
 2 ☐ No

(2) Because your employer transferred your work to another location IN the United States?

107 1 ☐ Yes
 2 ☐ No

(3) Because your employer subcontracted your work to another organization?

108 1 ☐ Yes
 2 ☐ No

(4) Because your employer transferred your work to a location OUTSIDE of the United States?

109 1 ☐ Yes
 2 ☐ No

(5) Because of foreign competition?

110 1 ☐ Yes
 2 ☐ No

(6) Because your employer went bankrupt?

111 1 ☐ Yes
 2 ☐ No

(7) Because of government environmental, health, or safety regulations?

112 1 ☐ Yes
 2 ☐ No

(8) Because of any other reason?

113 1 ☐ Yes — *Specify* _____
 2 ☐ No
 3 ☐ Don't know

Read each category and mark "Yes" or "No" box for each one.

(1) Because of automation or modernization?

- 106** 1 ☐ Yes
2 ☐ No

(2) Because your employer transferred your work to another location IN the United States?

- 107** 1 ☐ Yes
2 ☐ No

(3) Because your employer subcontracted your work to another organization?

- 108** 1 ☐ Yes
2 ☐ No

(4) Because your employer transferred your work to a location OUTSIDE of the United States?

- 109** 1 ☐ Yes
2 ☐ No

(5) Because of foreign competition?

- 110** 1 ☐ Yes
2 ☐ No

(6) Because your employer went bankrupt?

- 111** 1 ☐ Yes
2 ☐ No

(7) Because of government environmental, health, or safety regulations?

- 112** 1 ☐ Yes
2 ☐ No

(8) Because of any other reason?

- 113** 1 ☐ Yes — Specify _____
2 ☐ No
3 ☐ Don't know

Section 1 — EMPLOYMENT — Continued

CHECK ITEM J

Refer to item 10a, page 5.

- 114** 1 ☐ Date in 10a is more than 12 months ago — Mark "None" box in 14a and SKIP to 14b
- 2 ☐ 10a is blank } ASK 14a
- 3 ☐ All others }

14a. In the last 12 months, how many different weeks did you work altogether? Count any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.

115 _____ Weeks — GO to Check Item K below

0 ☐ None — SKIP to 14b

CHECK ITEM K

Refer to item 14a above.

- 116** 1 ☐ 52 weeks in 14a — SKIP to 14d
- 2 ☐ 1—51 weeks in 14a — ASK 14b

14b. You said you worked (Entry in 14a) weeks in the last 12 months. How many of the remaining (52 minus entry in 14a) weeks were you looking for work or on layoff from a job?

117 _____ Weeks

0 ☐ None

118 1 ☐ Don't know

CHECK ITEM L

Refer to items 14a and 14b above.

- 119** 1 ☐ Entry in 14a + entry in 14b = 52 weeks — SKIP TO 14d
- 2 ☐ All others — ASK 14c

14c. What was the main reason you were not working or looking for work during the remaining weeks in the last 12 months?

Mark (X) only one category.

- 120** 01 ☐ Care for elderly parents
- 02 ☐ Child care problems
- 03 ☐ Other personal, family reasons
- 04 ☐ Own illness
- 05 ☐ Pregnancy
- 06 ☐ Layoff
- 07 ☐ Labor dispute
- 08 ☐ Did not want to work
- 09 ☐ Vacation
- 10 ☐ No suitable jobs available, would not have done any good to look
- 11 ☐ School
- 12 ☐ Retired
- 13 ☐ Other — Specify _____

d. We've just been talking about the last 12 months, that is from (Present month) 1985 to (Present month) 1986. Now I'd like you to think back to the 12 months before that, in other words, the time from (Present month) 1984 to (Present month) 1985.

During that 12-month period how many different weeks did you work altogether? Count any weeks in which you did any work at all and weeks in which you were on paid vacation or sick leave.

121 _____ Weeks

0 ☐ None

122 1 ☐ Don't know

CHECK ITEM M

Refer to item 14d above.

- 123** 1 ☐ 52 weeks in item 14d — SKIP to Check Item N, page 11
- 2 ☐ All others — ASK 14e

14e. How many of the remaining (52 minus entry in 14d) weeks were you looking for work or on layoff from a job?

124 _____ Weeks

0 ☐ None

125 1 ☐ Don't know

CHECK ITEM N

126 1 ☐ Box 1 marked in R11 — *SKIP to 15d.*
2 ☐ ALL others — *ASK 15a*

**SKIP
to
Check
Item 0**

128 _____ Hours per week

132 1 ☐ Yes
2 ☐ No
3 ☐ Undecided

135 _____ Hours per week

Page 11

Section 2 — HEALTH

17. Now I would like to ask you some questions about your health (and your husband's health).

CHECK ITEM P

Refer to item 1, page 3.

- 136** 1 ☐ "U" marked in item 1 — *SKIP to 18c*
 2 ☐ All others — *ASK 18a*

18a. Does your health or physical condition limit the AMOUNT of work you can do (other than housework)?

- 137** 1 ☐ Yes
 2 ☐ No

b. Does your health or physical condition limit the KIND of work you can do (other than housework)?

- 138** 1 ☐ Yes
 2 ☐ No

c. Do you have any health problem or condition that limits in any way the AMOUNT or KIND of housework you can do?

- 139** 1 ☐ Yes
 2 ☐ No

19a. Since (Date in R 9, page 2), has your health condition become better, worse, or remained about the same?

- 140** 1 ☐ Better
 2 ☐ Worse
 3 ☐ Same

b. Would you rate your health, compared with other women of about your age, as excellent, good, fair, or poor?

- 141** 1 ☐ Excellent
 2 ☐ Good
 3 ☐ Fair
 4 ☐ Poor

20a. Does the health condition of any persons inside or outside of your household affect the KIND or AMOUNT of work you can do or where you can work?

- 142** 1 ☐ Yes — *ASK 20b*
 2 ☐ No — *SKIP to Check Item Q*

20b. What is (are) this (these) person's relationship(s) to you?

Mark (X) all that apply.

- 143** 1 ☐ Husband
 * 2 ☐ Son or daughter
 3 ☐ Respondent's mother
 4 ☐ Respondent's father
 5 ☐ Husband's mother
 6 ☐ Husband's father
144 7 ☐ Sister or brother
 * 8 ☐ Other relative — *Specify* _____
 9 ☐ Other nonrelative — *Specify* _____

CHECK ITEM Q

Refer to R3, page 2.

- 145** 1 ☐ Box 1 or 2 marked in R3 — *ASK 21*
 2 ☐ All others — *SKIP to 22a*

21. Does your husband's health or physical condition limit the AMOUNT or KIND of work he can do?

- 146** 1 ☐ Yes
 2 ☐ No

22a. In the last 12 months, have you (or your husband) incurred any large medical or health expenses not primarily covered by insurance for yourself (yourselves) or anyone else?

- 147** 1 ☐ Yes — *ASK 22b*
 2 ☐ No — *SKIP to 23a, page 13*

b. What was the total amount of these medical or health care expenses that you (or your husband) incurred in the last 12 months? Do not include amounts covered by insurance.

148 \$ _____ . 00

Notes

Section 2 — HEALTH — Continued

23a. Are you (or any other family member of this household) covered by any medical or hospital insurance like Blue Cross, Blue Shield or Medicaid?

- 149** 1 ☐ Yes — ASK 23b
 2 ☐ No — SKIP to 24a, page 14

23b. Which of the family members of this household are covered by hospital or medical insurance?

Mark (X) all that apply

For each box marked in 23b, ASK 23c (Read each category)

23c. Is this insurance for (Reference person(s) in 23b) —

Mark main source only

	Provided by a group policy at your job? (1)	Provided by a group policy at your husband's job? (2)	Bought directly from a medical insurance company? (3)	Provided through Medicaid? (4)	Provided through Veteran's benefits? (5)	Provided through any other source? — Specify (6)
150 1 <input type="checkbox"/> Respondent	151 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
152 2 <input type="checkbox"/> Husband	153 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
154 3 <input type="checkbox"/> Children	155 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
156 4 <input type="checkbox"/> Children under own policies	157 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
158 5 <input type="checkbox"/> Parents	159 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
160 6 <input type="checkbox"/> Husband's parents	161 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

CHECK ITEM R

Refer to items 23b and 23c above.

- 162** 1 ☐ Box 1 in 23b AND boxes 1—6 in 23c are blank for the respondent — ASK 24a, page 14
 2 ☐ All others — SKIP to 25a, page 14

Notes

Section 2 — HEALTH — Continued

24a. Since *(Date in R8, page 2)*, have **YOU** ever been covered by any medical or hospital insurance like Blue Cross or Blue Shield?

- 163** 1 ☐ Yes — ASK 24b
2 ☐ No — SKIP to 25g

b. What is the reason that you are not currently covered by any medical or hospital insurance? Is it because —

Read answer categories and mark (X) all that apply.

- 164** 1 ☐ Your husband left a job or changed a job
*
2 ☐ You left a job or changed a job?
3 ☐ You were divorced or separated?
4 ☐ You were widowed?
5 ☐ Employer does not offer insurance
6 ☐ Too expensive, can't afford
165 7 ☐ Have been healthy
*
8 ☐ Anything else? — *Specify* _____
- } SKIP to 25f

25a. Since *(Date in R8, page 2)* have you ever had a change in your medical or hospital coverage?

- 166** 1 ☐ Yes — ASK 25b
2 ☐ No — SKIP to Check Item S, page 15

b. Was the change in YOUR medical or hospital coverage because —

Read answer categories and mark (X) all that apply. If more than one change, mark the reason(s) for the most recent change.

- 167** 1 ☐ Your husband left a job or changed a job?
*
2 ☐ You left a job or changed a job?
3 ☐ You were divorced or separated?
4 ☐ You were widowed?
5 ☐ Other reason — *Specify* _____

25c. When your medical or hospital coverage changed, did you go without health insurance coverage for a period of time?

If more than one change, ask about the most recent.

- 168** 1 ☐ Yes — SKIP to 25f
2 ☐ No — ASK 25d

d. Did you temporarily pay for medical or hospital coverage on your own?

- 169** 1 ☐ Yes
2 ☐ No

e. Did you maintain your medical or hospital coverage through another family member's health insurance benefits?

- 170** 1 ☐ Yes
2 ☐ No } SKIP to Check Item S, page 15

f. How long (were you/have you been) without medical or hospital coverage?

If more than one change, ask about the most recent.

171 _____ Months

g. (Was/Has) your whole family (been) without medical or hospital coverage for this period of time?

- 172** 1 ☐ Yes
2 ☐ No

Notes

Section 3 — MARITAL STATUS

CHECK ITEM S

Refer to R10, page 2.

- 173** 1 ☐ Box 9 "Noninterview in 1982 and 1984" marked in R10 — *SKIP* to 26b
 2 ☐ All others — *ASK* 26a

Refer to R 9 and R10, page 2.

26a. When we talked to you on (Date in R9) you said you were (Entry in R10). Has there been any change in your marital status since then? That is, have you been married, widowed, divorced, separated, remarried, or reunited?

- 174** 1 ☐ Yes — *SKIP* to 27a
 2 ☐ No — *SKIP* to Check Item T

b. Has there been any change in your marital status since July 1, 1982? That is, have you been married, widowed, divorced, separated, remarried, or reunited?

- 175** 1 ☐ Yes — *SKIP* to 27a
 2 ☐ No — *GO* to Check Item T

CHECK ITEM T

Refer to R3, page 2.

- 176** 1 ☐ Box 1 or 2 marked in R3 — *SKIP* to 28, page 16
 2 ☐ All others — *SKIP* to 30, page 18

	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE	FOURTH CHANGE
27a. Since (Date in R9, page 2), what was the (first/second/third/fourth) change in your marital status?	177 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	181 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	185 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	189 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited
	b. When did that happen? <i>Enter month and year.</i>			
	178 <div style="border: 1px solid black; padding: 2px; text-align: center;"> Month <div style="display: flex; justify-content: space-around; width: 100px;"> </div> </div>	182 <div style="border: 1px solid black; padding: 2px; text-align: center;"> Month <div style="display: flex; justify-content: space-around; width: 100px;"> </div> </div>	186 <div style="border: 1px solid black; padding: 2px; text-align: center;"> Month <div style="display: flex; justify-content: space-around; width: 100px;"> </div> </div>	190 <div style="border: 1px solid black; padding: 2px; text-align: center;"> Month <div style="display: flex; justify-content: space-around; width: 100px;"> </div> </div>
	179 <div style="border: 1px solid black; padding: 2px; text-align: center;"> Year <div style="display: flex; justify-content: space-around; width: 100px;"> 1 9 </div> </div>	183 <div style="border: 1px solid black; padding: 2px; text-align: center;"> Year <div style="display: flex; justify-content: space-around; width: 100px;"> 1 9 </div> </div>	187 <div style="border: 1px solid black; padding: 2px; text-align: center;"> Year <div style="display: flex; justify-content: space-around; width: 100px;"> 1 9 </div> </div>	191 <div style="border: 1px solid black; padding: 2px; text-align: center;"> Year <div style="display: flex; justify-content: space-around; width: 100px;"> 1 9 </div> </div>
c. After that, was there any OTHER change in your marital status?	180 1 <input type="checkbox"/> Yes — <i>GO</i> to next column 2 <input type="checkbox"/> No — <i>SKIP</i> to Check Item U, page 16	184 1 <input type="checkbox"/> Yes — <i>GO</i> to next column 2 <input type="checkbox"/> No — <i>SKIP</i> to Check Item U, page 16	188 1 <input type="checkbox"/> Yes — <i>GO</i> to next column 2 <input type="checkbox"/> No — <i>SKIP</i> to Check Item U, page 16	192 1 <input type="checkbox"/> Yes — <i>ASK</i> 42a—c, enter info. in "Notes"; then, <i>GO</i> to Check Item U, page 16 2 <input type="checkbox"/> No — <i>GO</i> to Check Item U, page 16

Section 3 — MARITAL STATUS — Continued

CHECK ITEM U

Refer to most recent change entered in 27a, page 15.

- 193** 1 ☐ Box 1, 5, or 6 marked in item 27a — ASK 28
 2 ☐ All others — SKIP to 30, page 18

28. When was your husband born?

194	Month		195	Year	
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

29a. Since (Date entered in R9, page 2) has your husband been enrolled in regular school?

- 196** 1 ☐ Yes
 2 ☐ No

b. What is the highest grade or year of regular school that your husband has completed and gotten credit for?

Mark (X) the appropriate box.

Elementary

197	1	2	3	4	5	6	7	8
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

High school

198	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

College

199	1	2	3	4	5	6+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Never attended

200	1
	<input type="checkbox"/>

OFFICE USE ONLY

Total number of family members

201	<input type="text"/>	<input type="text"/>
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Total number of household members

202	<input type="text"/>	<input type="text"/>
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Notes

Notes