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FORM **LGT-4151**
(2-21-91)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PGM 2 ↓

1991 SURVEY OF WORK EXPERIENCE OF YOUNG WOMEN

NATIONAL LONGITUDINAL SURVEYS

METHODS OF LOCATING RESPONDENT WHO HAS MOVED

PGM 3 ↓ Mark (X) only if respondent has MOVED.

Successful Unsuccessful

- | | | |
|------|----------------------------|---|
| 0001 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> New occupants |
| 0002 | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> Neighbors |
| 0003 | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> Landlord or apartment manager |
| 0004 | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> Post office |
| 0005 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Telephone company (including directory and information operator) |
| 0006 | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> Persons listed on back of record card |
| 0007 | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> 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 (Minutes)	Interview time	Regional Office code	Interviewed by (Name and code)												
0008 1 <input type="checkbox"/> Tel. 2 <input type="checkbox"/> Per. visit 3 <input type="checkbox"/> Both	0009 <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				0010	Began a.m. p.m.	Ended a.m. p.m.	<table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>						
Month	Day	Year															

NONINTERVIEW REASON

- | | | |
|---|----------------------------|--|
| 0011 1 <input type="checkbox"/> Unable to contact — Other
2 <input type="checkbox"/> Mover — Good address in U.S. but interview impossible
3 <input type="checkbox"/> Mover — Good address in U.S. but unable to obtain interview after repeated attempts
4 <input type="checkbox"/> Mover — No good address
5 <input type="checkbox"/> Nonmover — Unable to obtain interview after repeated attempts
6 <input type="checkbox"/> Temporarily absent — Give return date in NOTES, page 2
7 <input type="checkbox"/> Armed Forces — Give source and date of return in NOTES, page 2 | } Explain in NOTES, page 2 | 8 <input type="checkbox"/> Institutionalized — Specify name, type, and date of return in NOTES, page 2
9 <input type="checkbox"/> Refused — Explain in NOTES, page 2
10 <input type="checkbox"/> Deceased — Give source and date of death in NOTES, page 2
11 <input type="checkbox"/> Moved outside U.S. (other than Armed forces) — Give source in NOTES, page 2
12 <input type="checkbox"/> Other — Specify _____
_____ Explain in NOTES, page 2 |
|---|----------------------------|--|

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

- 0012 1 ☐ Same as questionnaire label — GO to R2
2 ☐ Different from questionnaire label — Transcribe ↗

PGM 4 →

Number and street	
Place	
State	ZIP Code
County	

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

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

Number and street	
Place	
State	ZIP Code
County	

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY

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

- 0013 1 ☐ WK — Working — Mark (X) box 1 in R8 and SKIP to 2b
- 2 ☐ J — With a job but not at work — Mark (X) box 1 in R8 and GO to 2a
- 3 ☐ LK — Looking for work
- 4 ☐ S — Going to school
- 5 ☐ KH — Keeping house
- 6 ☐ U — Unable to work — SKIP to Check Item A-2, page 4
- 7 ☐ R — Retired
- 8 ☐ OT — Other — Specify

2c. Do you USUALLY work 35 hours or more a week at this job?

- 0014 1 ☐ Yes — **What is the reason you worked less than 35 hours LAST WEEK?**
- 2 ☐ No — **What is the reason you USUALLY work less than 35 hours a week?**

Mark (X) the appropriate reason; do not read list.

- 0015 1 ☐ Slack work
- 2 ☐ Material shortage
- 3 ☐ Plant or machine repair
- 4 ☐ New job started during week
- 5 ☐ Job terminated during week
- 6 ☐ Could find only part-time work
- 7 ☐ Labor dispute
- 8 ☐ Did not want full-time work
- 9 ☐ Full-time work week under 35 hours
- 10 ☐ Attends school
- 11 ☐ Holiday (legal or religious)
- 12 ☐ Bad weather
- 13 ☐ Own illness
- 14 ☐ Illness of family member
- 15 ☐ On vacation
- 16 ☐ Too busy with housework, personal business, etc.
- 17 ☐ Other — Specify

SKIP to 6a, page 5, and enter job worked last week.

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

NOTE: If farm or business operator in household, ask about unpaid work.

- 0016 1 ☐ Yes — Mark (X) box 1 in R8 and GO to 2b
- 2 ☐ No — SKIP to 3a

2b. How many hours did you work LAST WEEK at all jobs?

0017 _____ Hours

CHECK ITEM A-1

Respondent worked —

- 0018 1 ☐ 49 hours or more — SKIP to 6a, page 5, and enter job worked at last week
- 2 ☐ 1–34 hours — ASK 2c
- 3 ☐ 35–48 hours — SKIP to 2d

2d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?

- 0019 2 ☐ No — ASK 2e
- 1 ☐ Yes — **How many hours did you take off?**

0020 _____ Hours

NOTE: Correct item 2b if lost time not already deducted; if item 2b is reduced below 35 hours, ask item 2c; otherwise SKIP to 6a, page 5.

2e. Did you work any overtime or at more than one job LAST WEEK?

- 0021 2 ☐ No — SKIP to 6a, page 5
- 1 ☐ Yes — **How many extra hours did you work?**

0022 _____ Hours

NOTE: Correct item 2b if extra hours not already included and SKIP to 6a, page 5.

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?

- 0023 1 ☐ Yes — Mark (X) box 1 in R8 and GO to 3b
- 2 ☐ No — SKIP to 4a, page 4

3b. Why were you absent from work LAST WEEK?

- 0024 1 ☐ Own illness
- 2 ☐ Illness of family member
- 3 ☐ On vacation
- 4 ☐ Bad weather
- 5 ☐ New job to begin within 30 days — ASK 4c and 4d(2), page 4
- 6 ☐ Temporary layoff (under 30 days)
- 7 ☐ Indefinite layoff (30 days or more or no definite recall date)
- 8 ☐ Labor dispute
- 9 ☐ Other — Specify
- ASK 3c
- ASK 4d(3), page 4
- ASK 3c

3c. Are you getting wages or salary for any of the time off LAST WEEK?

- 0025 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Self-employed

3d. Do you usually work 35 hours or more a week at this job?

- 0026 1 ☐ Yes } SKIP to 6a, page 5, and enter job held last week.
- 2 ☐ No }

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

If "LK" marked in item 1 — SKIP to 4b

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

0027

- 1 ☐ Yes — ASK 4b
2 ☐ No — SKIP to Check Item A-2

b. What have you been doing in the last 4 weeks to find work?

0028

- 8 ☐ Nothing — SKIP to Check Item A-2

Anything else?

0029

*

- Checked with {
1 ☐ State employment agency
2 ☐ Private employment agency
3 ☐ Employer directly
4 ☐ Friends or relatives

Mark (X) all that apply; do not read list.

- 5 ☐ Placed or answered ads
6 ☐ School employment service
7 ☐ Other — Specify (e.g., JTPA, union or professional register, etc.) ☒

0030

If box 5 marked in item 3b — ASK item 4c and then ASK 4d(2)

c. Why did you start looking for work? Was it because you lost or quit a job at that time (Pause) or was there some other reason?

0031

- 1 ☐ Lost job
2 ☐ Quit job
3 ☐ Wanted temporary work
4 ☐ Children are older
5 ☐ Enjoy working
6 ☐ Help with family expenses
7 ☐ Other — Specify ☒

ASK
4d(1)

d. (1) How many weeks have you been looking for work?
(2) How many weeks ago did you start looking for work?
(3) How many weeks ago were you laid off?

0032

_____ Weeks

e. Have you been looking for full-time or part-time work?

0033

- 1 ☐ Full-time
2 ☐ Part-time

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

0034

- 2 ☐ No — SKIP to Check Item A-2
1 ☐ Yes — **Why?** ☒

Mark (X) only one reason.

0035

- 1 ☐ Already has a job
2 ☐ Temporary illness
3 ☐ Going to school
4 ☐ Child care problems
5 ☐ Husband would not permit
6 ☐ Other family or personal reasons
7 ☐ Did not want to work
8 ☐ Other — Specify ☒

CHECK ITEM A-2

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

Mark (X) corresponding box in R8 (Information sheet).

0036

Respondent is in —

- 1 ☐ Labor Force Group A ("WK" or "J") in 1 or "Yes" in 2a or 3a)
2 ☐ Labor Force Group B ("LK" in 1 or "Yes" in 4a)
3 ☐ Labor Force Group C (All others)

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

5. When did you last work at a regular job or business lasting 2 consecutive weeks or more, either full-time or part-time?

Enter date OR mark (X) "Never" box, then mark (X) box 2 or 3 as appropriate.

Month	Day	Year

Mark (X) appropriate box (2 or 3) below ∇

0037

0038

0039

- 1 ☐ Never — Mark (X) box 3 below
- 2 ☐ Date above is on or after date in R5 (Information Sheet) — Complete R9, then ASK 6a
- 3 ☐ Date above is before date in R5 (Information Sheet) OR "Never" box marked above — Complete R9, then SKIP to Check Item A-20, page 22

6a. For whom did you (last) work?

(Name of company, business organization, or other employer)

0040

PGM 6 →

CHECK ITEM A-3

Refer to R4 (Information Sheet) and item 6a above.

PGM 7 ↓

0041

- 1 ☐ Employer's name in R4 SAME as 6a — SKIP to 7b
- 2 ☐ Employer's name in R4 DIFFERENT from 6a — ASK 6b
- 3 ☐ All others — SKIP to 7a

6b. Our records show that you were working for (Employer's name in R4) when we last interviewed you on (Date in R5). Is (Employer's name in 6a) the same employer?

0042

- 1 ☐ Yes — SKIP to 7b
- 2 ☐ No

7a. When did you first start working for (Employer in 6a)?

0043

Month	Year

b. Have you ever left (Employer in 6a) to work somewhere else since (Date in R5/date in 7a)?

0044

- 1 ☐ Yes — ASK 7c
- 2 ☐ No — SKIP to 8a

c. When did you (last) return to (Employer in 6a)?

0045

Month	Year

8a. About how many people (are/were) employed in the whole (company/organization)?

Do not read answer categories.

0046

- 1 ☐ Less than 10
- 2 ☐ 10—24
- 3 ☐ 25—99
- 4 ☐ 100—499
- 5 ☐ 500—999
- 6 ☐ 1,000 or more

b. About how many people (work/worked) in the same plant or office as you (do/did)?

Do not read answer categories.

0047

- 1 ☐ Less than 10
- 2 ☐ 10—24
- 3 ☐ 25—99
- 4 ☐ 100—499
- 5 ☐ 500—999
- 6 ☐ 1,000 or more

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

**9a. In what city, State, and county (is/was)
(Employer in 6a, page 5) located?**

0048

City

State

County

b. What kind of business or industry (is/was) this?
(For example: TV and radio manufacturer,
retail shoe store, State Labor Department, farm.)

0049

1960 code

0050

1980 code

c. (Are/Were) you —

Transcribe entry in 9c to R10 (Information Sheet).

0051

*

1 ☐ **P — An employee of a PRIVATE
company, business, or
individual for wages, salary,
or commissions? — ASK 9d**

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?**

SKIP
to 9e

d. (Is/Was) this a nonprofit organization?

0052

1 ☐ Yes

2 ☐ No

**e. (Are/Were) you covered by Social Security or
Railroad Retirement on this job?**

0053

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

f. What kind of work (are/were) you doing?
(For example: electrical engineer, waitress, stock
clerk, farmer.)

0054

1960 code

0055

1980 code

**g. What (are/were) your most important activities
or duties?**
(For example: selling cars, operating printing press,
finishing concrete, cleaning buildings.)

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

CHECK ITEM A-4

Refer to item 7c, page 5.

0056

- 1 ☐ 7c is blank — ASK 10, OMIT phrase in brackets
- 2 ☐ Date entered in 7c — ASK 10, READ phrase in brackets

10. [Since the time you (last) returned to (Employer in 6a, page 5), that is, since (Date entered in 7c, page 5),] when did you start working as a (Entry in 9f, page 6) for (Employer in 6a, page 5)?

0057

Month	Year

11. How (do/did) you feel about the job you (have now/had)? (Do/Did) you (Read answer categories) —

0058

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

CHECK ITEM A-5

Refer to R10 (Information Sheet).

0059

- 1 ☐ "P" or "G" in R10 — GO to Check Item A-6
- 2 ☐ All others — SKIP to 22, page 16

CHECK ITEM A-6

Refer to item 9g, page 6.

0060

- 1 ☐ "Teaching" mentioned in 9g — SKIP to 12b
- 2 ☐ All others — ASK 12a


12a. Altogether, how much (do/did) you usually earn at this job before deductions?

0061

\$ _____ . _____ per hour — SKIP to 12f
(Dollars) (Cents)

OR

0062

\$ _____ . per 
(Dollars only)

0063

- 2 ☐ Day
- 3 ☐ Week
- 4 ☐ Biweekly (every two weeks)
- 5 ☐ Twice a month
- 6 ☐ Month
- 7 ☐ Year
- 8 ☐ Other — Specify _____

SKIP
to
12d

b. In the last 12 months (you worked), what was your total pay for (this/that) teaching job, before deductions?

0064

\$ _____ .
(Dollars only)

c. How many months of work (does/did) this pay cover?

0065

_____ Months

d. (Are/Were) you paid by the hour on this job?

0066

- 1 ☐ Yes — ASK 12e
- 2 ☐ No — SKIP to 12f

e. How much (do/did) you earn per hour?

0067

\$ _____ . _____ per hour
(Dollars) (Cents)

f. How many hours per day (do/did) you USUALLY work at this job?

0068

_____ Hours per day

g. How many hours per week (do/did) you USUALLY work at this job?

0069

_____ Hours per week

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

13a. (Do/Did) you receive extra pay when you (work/worked) over a certain number of hours?

0070

- 1 ☐ Yes — ASK 13b
 2 ☐ No } SKIP to 14a
 3 ☐ No, but receive compensating time off
 4 ☐ Never worked overtime

b. After how many hours (do/did) you receive extra pay?

0071

_____ Hours per day

AND/OR

0072

_____ Hours per week

C. For all hours worked over (Entry in 13b), (are/were) you paid straight time, time and one-half, double time, or something else?

Mark (X) all that apply.

0073

*

- 1 ☐ Compensating time off
 2 ☐ Straight time
 3 ☐ Time and one-half
 4 ☐ Double time
 5 ☐ Other — Specify _____

14a. Now, I'd like to ask you a few questions about working at home.

(Do/Did) you ever do any of your regularly scheduled work for (Employer in 6a, page 5) at home?

0074

- 1 ☐ Yes — ASK 14b
 2 ☐ No — SKIP to 15a

b. How many hours per week (do/did) you usually work for (Employer in 6a, page 5) at home?

0075

_____ Hours per week on average

15a. (Are/Were) your wages (salary) on this job set by a collective bargaining agreement between your employer and a union or employee association?

0076

- 1 ☐ Yes — ASK 15b
 2 ☐ No } SKIP to 16a, page 9
 3 ☐ DK }

b. (Are/Were) you a member of that union or employee association?

0077

- 1 ☐ Yes
 2 ☐ No

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

16a. (Do/Did) you supervise the work of other employees, or tell them what work to do?

0078

- 1 ☐ Yes — ASK 16b
2 ☐ No — SKIP to 16e

b. About how many people (do/did) you supervise on a day-to-day basis?

0079

_____ Number of people

c. (Do/Did) you have any say about their pay or promotion?

0080

- 1 ☐ Yes
2 ☐ No

d. (Do/Did) any of the employees that you supervise, supervise OTHER employees?

0081

- 1 ☐ Yes
2 ☐ No

e. (Does/Did) your boss have a supervisor over him or her?

0082

- 1 ☐ Yes
2 ☐ No

f. (Have/Had) you been promoted at any time since (Date in R5)?

0083

- 1 ☐ Yes — ASK 16g
2 ☐ No — SKIP to 17, page 10

g. Was your promotion within the last 12 months?

0084

- 1 ☐ Yes
2 ☐ No

h. 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?

0085

- 1 ☐ Yes
2 ☐ No

(2) More challenging work?

0086

- 1 ☐ Yes
2 ☐ No

(3) More authority over other workers?

0087

- 1 ☐ Yes
2 ☐ No

(4) More responsibility?

0088

- 1 ☐ Yes
2 ☐ No

(5) Anything else?

0089

- 1 ☐ Yes — Specify _____
2 ☐ No

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

SHOW FLASHCARD A.

17. Which of the fringe benefits on this card (does/did) your employer make available to you?

Any others?

Mark (X) all that apply.

0090

*

- 1 ☐ Medical, surgical, hospital, dental, or vision insurance that covers any illness or injury **off** the job

- 2 ☐ Life insurance that would cover a death for reasons **not** connected with your job

- 3 ☐ A retirement pension program

- 4 ☐ Training or educational opportunities

- 5 ☐ Profit sharing

- 6 ☐ Stock options

0091

*

- 7 ☐ Free or discounted meals

- 8 ☐ Free or discounted merchandise

- 9 ☐ Paid sick leave

0092

- 10 ☐ Paid maternity leave

0093

- 11 ☐ Unpaid maternity leave

0094

- 12 ☐ Paid vacation or leave

0095

- 13 ☐ Flexible work hours

0096

- 14 ☐ Child day care

0097

- 15 ☐ Paid personal time

0098

- 16 ☐ Time off for child care

0099

- 17 ☐ Time off for elder care

0100

- 18 ☐ Flexible menu of benefits (ability to choose benefit options)

0101

- 19 ☐ Any other benefits — Specify

0102

- 20 ☐ None

CHECK ITEM A-7

Refer to item 17 above.

0103

- 1 ☐ Box 1, 3, 12, or 15 marked in 17 — *Mark corresponding box in R11 (Information Sheet), then GO to Check Item A-8, page 11*
- 2 ☐ All others — *SKIP to 20a, page 15*

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

CHECK ITEM A-8

Refer to R11 (Information Sheet).

0104

- 1 ☐ Box 1 marked in R11 — *ASK 18a*
 2 ☐ All others — *SKIP to Check Item A-10, page 13*

18a. Now let's talk about fringe benefits made available to you by your employer.

You said your employer offer(s/ed) medical, surgical, hospital, dental, or vision insurance. Are you currently covered by any of these plans?

0105

- 1 ☐ Yes — *ASK 18b*
 2 ☐ No — *SKIP to Check Item A-10, page 13*

b. Are you currently covered by any plan of your employer's that covers medical, surgical, or hospital care?

0106

- 1 ☐ Yes — *ASK 18c*
 2 ☐ No — *SKIP to 18k, page 12*

c. Is anyone else in your household currently covered by this plan?

0107

- 1 ☐ Yes — *ASK 18d*
 2 ☐ No — *SKIP to 18e*

d. Who else is covered by this plan?

Anyone else?

Mark (X) all that apply.

0108

- 1 ☐ Husband/Partner
 2 ☐ Children under 18
 3 ☐ Children 18–21, not in college
 4 ☐ Children 18–22, in college
 5 ☐ Disabled dependents
 6 ☐ Elderly dependents

0109

- 7 ☐ Other — *Specify*

e. What is the name of the plan?

0110

--	--

f. Does this plan pay any part of hospital expenses?

0111

- 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know

g. Does this plan pay any part of doctors' or surgeons' bills?

0112

- 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know

h. Does your employer pay all, part, or none of the premium?

0113

- 1 ☐ All — *SKIP to 18j, page 12*
 2 ☐ Part
 3 ☐ None
 4 ☐ Don't know — *SKIP to 18j, page 12*

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

18i. What is the amount of premium that you pay?

0114

\$ _____ . **00** per ☒ Year

0115

- 1 ☐ Month
 2 ☐ Quarter
 3 ☐ Semiannually
 4 ☐ Year
 5 ☐ Other time period — *Specify* _____

6 ☐ Don't know

j. Does this plan require a deductible to be paid for medical care?

0116

- 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know

k. Are you currently covered by any plan of your employer's that pays for any DENTAL services other than surgery?

0117

- 1 ☐ Yes — *ASK 18l*
 2 ☐ No
 3 ☐ Don't know } *SKIP to 18n*

SHOW FLASHCARD B.

l. What type of services does that plan pay for?
Any others?

Mark (X) all that apply.

0118

*

- 1 ☐ Routine office visits/cleaning
 2 ☐ Elective/cosmetic services
 3 ☐ Non-elective, non-surgical services
 4 ☐ Other — *Specify* _____

5 ☐ Don't know

m. Does this plan require a deductible to be paid for dental care?

0119

- 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know

n. Are you currently covered by any plan of your employer's that pays for vision care?

0120

- 1 ☐ Yes — *ASK 18o*
 2 ☐ No
 3 ☐ Don't know } *SKIP to 18q, page 13*

SHOW FLASHCARD C.

o. What type of services does the plan pay for?
Any others?

Mark (X) all that apply.

0121

*

- 1 ☐ Routine eye exams
 2 ☐ Corrective glasses/contacts
 3 ☐ Surgical services
 4 ☐ Other — *Specify* _____

5 ☐ Don't know

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

18p. Does this plan require a deductible to be paid for vision care?

0122

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

q. Are you currently covered by any plan of your employer's that pays for any prescription drugs other than those administered during a hospital stay?

0123

- 1 ☐ Yes — ASK 18r
2 ☐ No
3 ☐ Don't know } SKIP to Check Item A-9

r. Does this plan require a deductible to be paid for prescription drugs?

0124

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

CHECK ITEM A-9

Refer to items 18k and 18n, page 12, and 18q above.

0125

- 1 ☐ "Yes" in 18k, 18n, or 18q — ASK 18s
2 ☐ All others — SKIP to 18u

18s. Does the (dental/vision care/prescription drug) coverage you mentioned require (an) extra deduction(s) from your paychecks?

0126

- 1 ☐ Yes — ASK 18t
2 ☐ No
3 ☐ Don't know } SKIP to 18u

t. How much? (Total of all deductions)

0127

\$ _____ . per
(Dollars only)

0128

- 1 ☐ Month
2 ☐ Quarter
3 ☐ Semiannually
4 ☐ Per year
5 ☐ Other time period — Specify

6 ☐ Don't know

u. Is this medical plan a Health Maintenance Organization or HMO?

0129

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

CHECK ITEM A-10

Refer to R11 (Information Sheet).

0130

- 1 ☐ Box 12 or 15 marked in R11 — ASK 18v
2 ☐ All others — SKIP to Check Item A-11, page 14

18v. How many days per year of paid vacation and/or personal time does your employer provide for?

0131

_____ Vacation days (Leave)
AND/OR

0132

_____ Personal time

0133

- 1 ☐ Don't know

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

CHECK ITEM A-11

Refer to R11 (Information Sheet).

0134

- 1 ☐ Box 3 marked in R11 — ASK 19a
2 ☐ All others — SKIP to 20a, page 15

19a. You said that your employer offer(s) a retirement pension program. Are you currently enrolled in this plan?

0135

- 1 ☐ Yes — ASK 19b
2 ☐ No
3 ☐ Don't know } SKIP to 20a, page 15

b. Some pension plans have a definite formula based on years of service or salary. Some plans base benefits on how much money has accumulated in a person's account. Other plans use both ways of setting benefits. How are the benefits for your pension determined: by a definite formula based on years of service or salary, OR by the amount of money in your account, OR in both ways?

0136

- 1 ☐ Definite benefit formula
2 ☐ Money accumulated in account
3 ☐ Both
4 ☐ Don't know

c. All pension plans have vesting rules that guarantee that an employee who has been in the plan a certain number of years earns the right to some pension benefits, even if the employee leaves and is no longer covered by the plan. Have you worked under the main or basic plan long enough to earn this right?

0137

- 1 ☐ Yes — SKIP to 20a, page 15
2 ☐ No — ASK 19d
3 ☐ Don't know — SKIP to 20a, page 15

d. How many MORE years must you be included in this plan in order to eventually earn the right to receive some benefits?

0138

_____ Years

0 ☐ Less than one year

0139

1 ☐ Don't know

e. If you were to leave this job now, what would happen to the money in your account? Would it stay there until you retired, would you receive a total cash settlement, a partial cash settlement, would you lose it, or something else?

0140

- 1 ☐ Stay in account — ASK 19f
2 ☐ Total cash settlement
3 ☐ Partial cash settlement } SKIP to 19g
4 ☐ Lose it — ASK 19f
5 ☐ Other — Specify _____

6 ☐ Don't know

} SKIP to 20a, page 15

f. How much is in your account now?

0141

\$ _____ . 00 — SKIP to 20a, page 15

g. How much would you receive now?

0142

\$ _____ . 00

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

20a. Now let's look at your typical work week.

What hours (do/did) you usually work?

Read answer categories.

Mark (X) only one category.

0143

- 1 ☐ **Regular day shift**
- 2 ☐ **Regular evening shift**
- 3 ☐ **Regular night shift**
- 4 ☐ **Split shift**
- 5 ☐ **Hours vary**

b. How long (does/did) it usually take to get to work?

0144

_____ Minutes

CHECK ITEM A-12

Refer to R8 (Information Sheet). If R8 is not marked refer to items 1, 2a, and 3a, page 3, and 4a, page 4.

Mark corresponding box in R8 (Information Sheet), if not already marked.

0145

Respondent is in —

- 1 ☐ Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) — ASK 21a
 - 2 ☐ Labor Force Group B ("LK" in 1 or "Yes" in 4a)
 - 3 ☐ Labor Force Group C (All others)
- } **SKIP to 25a, page 16**

21a. In some jobs it is possible for the employees to adjust the amount of time they work, but for other jobs the number of hours to be worked is pretty much fixed, with the worker being paid with the understanding that she will work this number of hours.

In this job, will your employer allow you to increase the hours you work and pay you for these extra hours at the same or a higher rate of pay?

0146

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

b. In this job, will your employer allow you to work fewer hours, paying you only for the hours you actually work?

0147

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

CHECK ITEM A-13

Refer to items 21a and 21b above.

0148

- 1 ☐ "Yes" in both 21a and 21b — **SKIP to Check Item A-17, page 18**
- 2 ☐ Box 2 or 3 marked in 21a — ASK 21c
- 3 ☐ All others — **SKIP to Check Item A-14, page 16**

21c. Some workers are pretty much happy with the total number of hours they work per week on a job, and others feel they must work either more hours or fewer hours per week on that job than they would like.

If you had a choice, would you work more hours per week on this job if you were paid for these additional hours at your regular rate of pay?

0149

- 1 ☐ Yes
- 2 ☐ No — **SKIP to Check Item A-14, page 16**

d. By how many hours per week would you actually increase your hours worked if your employer let you and paid you for these additional hours at your regular rate of pay?

0150

_____ Hours per week — **SKIP to Check Item A-17, page 18**

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

CHECK ITEM A-14

Refer to item 21a, page 15.

0151

- 1 ☐ Box 2 or 3 marked in 21a — ASK 21e, OMIT phrase in parentheses
- 2 ☐ All others — ASK 21e, READ phrase in parentheses

21e. (Some workers are pretty much happy with the total number of hours they work per week on a job, and others feel they must work either more or fewer hours per week on that job than they would like.)

If you had a choice, would you work fewer hours per week on this job if you were paid only for those hours you actually worked?

0152

- 1 ☐ Yes — ASK 21f
- 2 ☐ No — SKIP to Check Item A-17, page 18

f. By how many hours per week would you actually decrease your hours worked if your employer let you and paid you only for those hours you actually worked?

0153

_____ Hours per week — SKIP to Check Item A-17, page 18

22. How many hours per week (do/did) you usually work at this job?

0154

_____ Hours per week

23a. (Do/Did) you ever do any of your regularly scheduled work for (Employer in 6a, page 5) at home?

0155

- 1 ☐ Yes — ASK 23b
- 2 ☐ No — SKIP to 24a

b. How many hours per week (do/did) you usually work for (Employer in 6a, page 5) at home?

0156

_____ Hours per week

24a. (Do/Did) you employ other people?

0157

- 1 ☐ Yes — ASK 24b
- 2 ☐ No — SKIP to Check Item A-15

b. How many?

0158

_____ People

CHECK ITEM A-15

Refer to R8 (Information Sheet). If R8 is not marked, refer to items 1, 2a, and 3a, page 3, and 4a, page 4.

Mark (X) corresponding box in R8 (Information Sheet), if not already marked.

Respondent is in —

0159

- 1 ☐ Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) — SKIP to Check Item A-17, page 18
- 2 ☐ Labor Force Group B ("LK" in 1 or "Yes" in 4a)
- 3 ☐ Labor Force Group C (All others)

} ASK 25a

25a. When did you stop working as a (Entry in 9f, page 6) for (Employer in 6a, page 5)?

0160

Month	Day	Year

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

25b. Why did you happen to leave this job?

Mark (X) main reason; do not read list.

If laid off, probe for specific reason.

INVOLUNTARY REASON

0161

- 1 ☐ Plant closed, employer went out of business
- 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 3 ☐ Temporary layoff or furloughed for economic reasons
- 4 ☐ Laid off for any other reason — Specify *X*

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — Specify *X*

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

25c. Did you have a new job lined up before you left this one?

0162

- 1 ☐ Yes
2 ☐ No

CHECK ITEM A-16

Refer to R10 (Information Sheet).

0163

- 1 ☐ Entry in R10 is "P" or "G" — ASK 26a
2 ☐ All others — SKIP to 26c

26a. While you were working for (Employer in 6a, page 5), were you also working for someone else?

0164

- 1 ☐ Yes — SKIP to 28a
2 ☐ No — ASK 26b

b. In addition to working for wages and salary, did you operate your own farm, business, or professional practice?

0165

- 1 ☐ Yes — SKIP to 28a
2 ☐ No — SKIP to Check Item A-20, page 22

c. In addition to working for (Employer in 6a, page 5), did you do any work for wages or salary?

0166

- 1 ☐ Yes — SKIP to 28a
2 ☐ No — SKIP to Check Item A-20, page 22

CHECK ITEM A-17

Refer to R10 (Information Sheet).

0167

- 1 ☐ Entry in R10 is "P" or "G" — ASK 27a
2 ☐ All others — SKIP to 27c

27a. Did you work for more than one employer last week?

0168

- 1 ☐ Yes — SKIP to 28a
2 ☐ No — ASK 27b

b. In addition to working for wages and salary, did you operate your own farm, business, or professional practice last week?

0169

- 1 ☐ Yes — SKIP to 28a
2 ☐ No — SKIP to 27d

c. In addition to working for (Employer in 6a, page 5), did you do any work for wages or salary last week?

0170

- 1 ☐ Yes — SKIP to 28a
2 ☐ No — ASK 27d

d. Did you have any other job at which you did not work last week?

0171

- 1 ☐ Yes — ASK 28a
2 ☐ No — SKIP to 29a, page 22

28a. For whom (do/did) you work in addition to (Employer in 6a, page 5)?

(Name of company, business organization or other employer)

0172

b. What kind of business or industry (is/was) this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)

0173

1960 code

0174

1980 code

c. (Are/Were) you —

0175

*

- 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?**

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

28d. What kind of work (are/were) you doing?

(For example: electrical engineer, high school chemistry teacher, waitress.)

0176

1960 code

0177

1980 code

e. What (are/were) your most important activities or duties?

(For example: typed, kept account books, filed, sold real estate, operated business machines, cleaned buildings.)

CHECK ITEM A-18

Refer to item 28c, page 18.

0178

- 1 ☐ "P" or "G" marked in item 28c — GO to Check Item A-19
- 2 ☐ All others — SKIP to 28i, page 20

CHECK ITEM A-19

Refer to item 28e above.

0179

- 1 ☐ "Teaching" mentioned in 28e — SKIP to 28g, page 20
- 2 ☐ All others — ASK 28f

28f. Altogether, how much (do/did) you usually earn at this job before deductions?

0180

\$ _____ . _____ per hour } SKIP to 28k, page 20
(Dollars) (Cents)

OR

0181

\$ _____ . per }
(Dollars only)

0182

- 2 ☐ Day
- 3 ☐ Week
- 4 ☐ Biweekly (Every two weeks)
- 5 ☐ Twice a month
- 6 ☐ Month
- 7 ☐ Year
- 8 ☐ Other — Specify

SKIP
to
28i,
page
20

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

28g. In the last 12 months (you worked), what was your total pay for (this/that) teaching job, before deductions?

0183

\$ _____ . 00
(Dollars only)

h. How many months of work (does/did) this pay cover?

0184

_____ Months

i. (Are/Were) you paid by the hour on this job?

0185

- 1 ☐ Yes — ASK 28j
2 ☐ No — SKIP to 28k

j. How much (do/did) you earn per hour?

0186

\$ _____ . _____ per hour
(Dollars) (Cents)

k. How many hours per day (do/did) you usually work at (this/that) job?

0187

_____ Hours per day

l. How many hours per week (do/did) you usually work at this job?

0188

_____ Hours per week

m. When did you start working for (Employer in 28a, page 18)?

0189

Month		Day		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

n. When did you stop working for (Employer in 28a, page 18)?

0190

Month		Day		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

— ASK 28o, page 21

0191

- 1 ☐ Still working there — SKIP to Check Item A-20, page 22

NOTES

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

280. Why did you leave that job?

Mark (X) main reason; do not read list.

If laid off, probe for specific reason.

INVOLUNTARY REASON

0192

- 1 ☐ Plant closed, employer went out of business
- 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 3 ☐ Temporary layoff or furloughed for economic reasons
- 4 ☐ Laid off for any other reason — Specify *✓*

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — Specify *✓*

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

CHECK ITEM A-20

Refer to item 5, page 5.

0193

- 1 ☐ Date in 5 is more than 12 months ago — Mark "None" in 29a, then GO to Check Item A-21
- 2 ☐ All others — ASK 29a

29a. In the last 12 months, in how many different weeks did you do any work at all, not including work around the house? Count any weeks in which you were on paid vacation or paid sick leave.

0194

_____ Weeks

0195

- 1 ☐ None

CHECK ITEM A-21

Refer to item 29a above.

0196

- 1 ☐ 52 weeks in 29a — SKIP to 29d, page 23
- 2 ☐ Less than 52 weeks in 29a — Complete Workspace 1, then ASK 29b

WORKSPACE 1

Subtract entry in 29a from 52 to obtain answer.

52

0197

— _____ (Entry in 29a)

0198

_____ (Answer)

29b. You said you (worked (Entry in 29a) weeks/did not work) in the last 12 months. How many of the (remaining) (Answer in Workspace 1) weeks were you looking for work or on layoff from a job?

0199

_____ Weeks

0200

- 1 ☐ None

CHECK ITEM A-22

Refer to items 29a and 29b above.

0201

- 1 ☐ Entry in 29a + entry in 29b = 52 weeks — SKIP to Check Item A-23
- 2 ☐ All others — ASK 29c

29c. What was the main reason you were not working or looking for work during (the remaining weeks in) the last 12 months?

Mark (X) the main reason; do NOT read list.

0202

- 1 ☐ Respondent ill or disabled; unable to work
- 2 ☐ Spouse ill or disabled; unable to work
- 3 ☐ Care for elderly parents, other elderly
- 4 ☐ Child care problems
- 5 ☐ Pregnancy
- 6 ☐ Other personal, family reasons
- 7 ☐ Did not want to work
- 8 ☐ No suitable jobs available, would not have done any good to look, believed no work available
- 9 ☐ Did not have enough education or training
- 10 ☐ Did not have necessary skills or experience
- 11 ☐ Seasonal work, part year work, work affected by weather, slack work
- 12 ☐ School, attending or returning to
- 13 ☐ Vacation
- 14 ☐ Layoff
- 15 ☐ Labor dispute, strike
- 16 ☐ Retired
- 17 ☐ Working for another employer
- 18 ☐ Job would interfere with SSI payments, Medicaid, or other government program
- 19 ☐ Other — Specify

CHECK ITEM A-23

Refer to R9 (Information Sheet).

0203

- 1 ☐ Box 3 marked in R9 — SKIP to 29h, page 23
- 2 ☐ All others — ASK 29d, page 23

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

29d. We've just been talking about the last 12 months, that is, from *(Present month)* 1990 to *(Present month)* 1991. Now I'd like you to think back to the 12 months before that, in other words, the time from *(Present month)* 1989 to *(Present month)* 1990. *(Pause.)* During that 12-month period, in how many different weeks did you do any work at all, not including work around the house? Count any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.

0204 _____ Weeks — ASK 29e

- 0205 1 ☐ None — SKIP to 29f
2 ☐ Don't know — ASK 29e

e. How many hours per week did you usually work during that 12-month period?

0206 _____ Hours per week

f. Now I'd like you to think back to the 12 months before that, in other words, the time from *(Present month)* 1988 to *(Present month)* 1989. *(Pause.)* During that 12-month period, in how many different weeks did you do any work at all, not including work around the house? Count any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.

0207 _____ Weeks — ASK 29g

- 0208 1 ☐ None — SKIP to 29h
2 ☐ Don't know — ASK 29g

g. How many hours per week did you usually work during that 12-month period?

0209 _____ Hours per week

CHECK ITEM A-24

Refer to item 29d above.

- 0210 1 ☐ "52" entered in 29d — SKIP to Check Item A-25
2 ☐ All others — ASK 29h

29h. Between *(Present month)* 1989 and *(Present month)* 1990, did you spend any weeks, while you were not working, looking for work or being on layoff from a job?

- 0211 2 ☐ No
1 ☐ Yes — How many weeks? ☒

0212 _____ Weeks

CHECK ITEM A-25

Refer to item 29f above.

- 0213 1 ☐ "52" entered in 29f — SKIP to Check Item A-26
2 ☐ All others — ASK 29i

29i. Between *(Present month)* 1988 and *(Present month)* 1989, did you spend any weeks, while you were not working, looking for work or being on layoff from a job?

- 0214 2 ☐ No
1 ☐ Yes — How many weeks? ☒

0215 _____ Weeks

CHECK ITEM A-26

Refer to R9 (Information Sheet).

- 0216 1 ☐ Box 3 marked in R9 — SKIP to 37a, page 44
2 ☐ All others — ASK 30a, page 24

Section 2 — RETROSPECTIVE WORK HISTORY

Now I'd like to talk about all of the employers for whom you have worked, either full-time or part-time, since (Date in R5).

	Employer 1	Employer 5
30a. For whom did you work just before you started to work for <i>(Employers in 6a, page 5 and 28a, page 18/Employer in 30a)?</i>	Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<div style="display: flex; justify-content: space-between;"> <div> 0217 <input type="checkbox"/> </div> <div> 0218 1 <input type="checkbox"/> Same as _____ <i>SKIP to 30b</i> 2 <input type="checkbox"/> Have not worked for anyone else — <i>SKIP to 37a, page 44</i> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 0337 <input type="checkbox"/> </div> <div> 0338 1 <input type="checkbox"/> Same as _____ <i>SKIP to 30b</i> 2 <input type="checkbox"/> Have not worked for anyone else — <i>SKIP to 37a, page 44</i> </div> </div>
CHECK ITEM B-1 <i>Refer to R4 (Information Sheet).</i>	<div style="display: flex; justify-content: space-between;"> <div> 0219 1 <input type="checkbox"/> No name entered in R4 — <i>SKIP to 30c</i> 2 <input type="checkbox"/> Same name in 30a and R4 — <i>SKIP to 30c</i> 3 <input type="checkbox"/> All others — <i>ASK 30b</i> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 0339 1 <input type="checkbox"/> No name entered in R4 — <i>SKIP to 30c</i> 2 <input type="checkbox"/> Same name in 30a and R4 — <i>SKIP to 30c</i> 3 <input type="checkbox"/> All others — <i>ASK 30b</i> </div> </div>
30b. Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R4)?	<div style="display: flex; justify-content: space-between;"> <div> 0220 1 <input type="checkbox"/> Yes — <i>SKIP to 30e</i> 2 <input type="checkbox"/> No — <i>ASK 30c</i> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 0340 1 <input type="checkbox"/> Yes — <i>SKIP to 30e</i> 2 <input type="checkbox"/> No — <i>ASK 30c</i> </div> </div>
c. In what city, State, and county was (Employer in 30a) located?	<div style="display: flex; justify-content: space-between;"> <div> 0221 <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>City</div> <div>State</div> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>County</div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 0341 <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>City</div> <div>State</div> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>County</div> </div>
d. What kind of business or industry was this? <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i>	<div style="display: flex; justify-content: space-between;"> <div> 0222 <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>1960 code</div> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<div style="display: flex; justify-content: space-between;"> <div> 0342 <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>1960 code</div> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
e. (Are/Were) you —	<div style="display: flex; justify-content: space-between;"> <div> 0223 1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm? </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 0343 1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm? </div> </div>
f. What kind of work were you doing? <i>(For example: stock clerk, high school English teacher, accountant.)</i>	<div style="display: flex; justify-content: space-between;"> <div> 0224 <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>1960 code</div> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<div style="display: flex; justify-content: space-between;"> <div> 0344 <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>1960 code</div> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
g. What were your most important activities or duties? <i>(For example: selling clothing, keeping account books, teaching mathematics.)</i>		

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

CHECK ITEM B-2

Refer to 30e, page 24.

Employer 1

- 0225 1 ☐ "P" or "G" marked
in 30e — ASK 31a
2 ☐ All others — SKIP to 31b

Employer 5

- 0345 1 ☐ "P" or "G" marked
in 30e — ASK 31a
2 ☐ All others — SKIP to 31b

31a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.

0226 \$ _____ per hour
(Dollars) (Cents)

OR

0227 \$ _____ per ☐ ☐ ☐ ☐
(Dollars only)

- 0228 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Other — Specify _____

0346 \$ _____ per hour
(Dollars) (Cents)

OR

0347 \$ _____ per ☐ ☐ ☐ ☐
(Dollars only)

- 0348 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Other — Specify _____

b. How many hours per week did you usually work at this job?

0229 _____ Hours per week

0349 _____ Hours per week

32. When did you start working for (Employer in 30a)?

0230

Month	Day	Year

0350

Month	Day	Year

CHECK ITEM B-3

Refer to item 32 above and R5 (Information Sheet).

Item 32 is —

- 0231 1 ☐ On or after date entered in R5 — ENTER date from item 32 in box below
2 ☐ Before date entered in R5 — ENTER date from R5 in box below

0232

Month	Day	Year

Item 32 is —

- 0351 1 ☐ On or after date entered in R5 — ENTER date from item 32 in box below
2 ☐ Before date entered in R5 — ENTER date from R5 in box below

0352

Month	Day	Year

33. When did you stop working for (Employer in 30a)?

0233

Month	Day	Year

- 0234 1 ☐ Still working there — SKIP to 35a, page 27

0353

Month	Day	Year

- 0354 1 ☐ Still working there — SKIP to 35a, page 27

NOTES

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

34. Why did you leave this employer?

Mark (X) main reason; do not read list.

If laid off, probe for specific reason.

Employer 1

INVOLUNTARY REASON

0235

- 1 ☐ Plant closed, employer went out of business
- 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 3 ☐ Temporary layoff or furloughed for economic reasons
- 4 ☐ Laid off for any other reason — Specify *✓*

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — Specify *✓*

Employer 5

INVOLUNTARY REASON

0355

- 1 ☐ Plant closed, employer went out of business
- 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 3 ☐ Temporary layoff or furloughed for economic reasons
- 4 ☐ Laid off for any other reason — Specify *✓*

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — Specify *✓*

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

35a. Between (Date in Check Item B-3) **and** ((Date in item 33)/now), **were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 30a)?**

0236 2 ☐ No — *SKIP to 36, page 28*
1 ☐ Yes — **How many weeks?** ☒

0237 _____ Weeks

0356 2 ☐ No — *SKIP to 36, page 28*
1 ☐ Yes — **How many weeks?** ☒

0357 _____ Weeks

b. Did the weeks in which you didn't work occur all at one time?

NOTE: If "No" in item 35b, ask items 35c—e about the longest time of not working.

0238 1 ☐ Yes
2 ☐ No — **How many times?** ☒

0239 _____ Times

0358 1 ☐ Yes
2 ☐ No — **How many times?** ☒

0359 _____ Times

c. When did the (longest) period in which you were not working start?

0240

Month	Day	Year

0360

Month	Day	Year

d. When did the (longest) period in which you were not working stop?

0241

Month	Day	Year

0361

Month	Day	Year

e. Why were you not working during these weeks?

Mark (X) the main reason; do not read list.

- 0242
- 1 ☐ Respondent ill or disabled, unable to work
 - 2 ☐ Spouse ill or disabled, unable to work
 - 3 ☐ Care for elderly parents, other elderly
 - 4 ☐ Child care problems
 - 5 ☐ Pregnancy
 - 6 ☐ Other personal, family reasons
 - 7 ☐ Did not want to work
 - 8 ☐ No suitable jobs available, would not have done any good to look, believed no work available
 - 9 ☐ Did not have enough education or training
 - 10 ☐ Did not have necessary skills or experience
 - 11 ☐ Seasonal work, part year work, work affected by weather, slack work
 - 12 ☐ School, attending or returning to
 - 13 ☐ Vacation
 - 14 ☐ Layoff
 - 15 ☐ Labor dispute, strike
 - 16 ☐ Retired
 - 17 ☐ Working for another employer
 - 18 ☐ Job would interfere with SSI payments, Medicaid, or other government program
 - 19 ☐ Other — *Specify* ☒
- _____
- _____
- _____

- 0362
- 1 ☐ Respondent ill or disabled, unable to work
 - 2 ☐ Spouse ill or disabled, unable to work
 - 3 ☐ Care for elderly parents, other elderly
 - 4 ☐ Child care problems
 - 5 ☐ Pregnancy
 - 6 ☐ Other personal, family reasons
 - 7 ☐ Did not want to work
 - 8 ☐ No suitable jobs available, would not have done any good to look, believed no work available
 - 9 ☐ Did not have enough education or training
 - 10 ☐ Did not have necessary skills or experience
 - 11 ☐ Seasonal work, part year work, work affected by weather, slack work
 - 12 ☐ School, attending or returning to
 - 13 ☐ Vacation
 - 14 ☐ Layoff
 - 15 ☐ Labor dispute, strike
 - 16 ☐ Retired
 - 17 ☐ Working for another employer
 - 18 ☐ Job would interfere with SSI payments, Medicaid, or other government program
 - 19 ☐ Other — *Specify* ☒
- _____
- _____
- _____

Section 2 — RETROSPECTIVE WORK HISTORY — Continued		
CHECK ITEM B-4	Employer 1	Employer 5
Refer to item 35a, page 27.	0243 1 <input type="checkbox"/> Box 1 marked in 35a — ASK 35f 2 <input type="checkbox"/> All others — SKIP to 36	0363 1 <input type="checkbox"/> Box 1 marked in 35a — ASK 35f 2 <input type="checkbox"/> All others — SKIP to 36
35f. While you were NOT working for (Employer in 30a), were you working for someone else?	0244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0364 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
36. While you were WORKING for (Employer in 30a), were you also working for someone else?	0245 1 <input type="checkbox"/> Yes — SKIP to 30a for Employer 2, page 29, and record information about simultaneous employer 2 <input type="checkbox"/> No — GO to Check Item B-5	0365 1 <input type="checkbox"/> Yes — SKIP to 30a for Employer 6, page 29, and record information about simultaneous employer 2 <input type="checkbox"/> No — GO to Check Item B-5
CHECK ITEM B-5	Item 32 is —	Item 32 is —
Refer to item 32, page 25, and R5 (Information Sheet).	0246 1 <input type="checkbox"/> On or after date in R5 — GO to Employer 2, page 29, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R5 — SKIP to 37a, page 44	0366 1 <input type="checkbox"/> On or after date in R5 — GO to Employer 6, page 29, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R5 — SKIP to 37a, page 44

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

	Employer 2	Employer 6
30a. For whom did you work just before you started to work for <i>(Employers in 6a, page 5 and 28a, page 18/Employer in 30a)?</i>	Name <div style="border: 1px solid black; padding: 2px;">0247</div> <div style="border: 1px solid black; padding: 2px;">0248</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Same as _____ <i>SKIP to 30b</i> 2 <input type="checkbox"/> Have not worked for anyone else — <i>SKIP to 37a, page 44</i> </div>	Name <div style="border: 1px solid black; padding: 2px;">0367</div> <div style="border: 1px solid black; padding: 2px;">0368</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Same as _____ <i>SKIP to 30b</i> 2 <input type="checkbox"/> Have not worked for anyone else — <i>SKIP to 37a, page 44</i> </div>
	<div style="border: 1px solid black; padding: 2px;">0249</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> No name entered in R4 — <i>SKIP to 30c</i> 2 <input type="checkbox"/> Same name in 30a and R4 — <i>SKIP to 30c</i> 3 <input type="checkbox"/> All others — <i>ASK 30b</i> </div>	<div style="border: 1px solid black; padding: 2px;">0369</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> No name entered in R4 — <i>SKIP to 30c</i> 2 <input type="checkbox"/> Same name in 30a and R4 — <i>SKIP to 30c</i> 3 <input type="checkbox"/> All others — <i>ASK 30b</i> </div>
30b. Is that the same employer as the one where you had been working at our last interview, that is <i>(Employer name in R4)?</i>	<div style="border: 1px solid black; padding: 2px;">0250</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes — <i>SKIP to 30e</i> 2 <input type="checkbox"/> No — <i>ASK 30c</i> </div>	<div style="border: 1px solid black; padding: 2px;">0370</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes — <i>SKIP to 30e</i> 2 <input type="checkbox"/> No — <i>ASK 30c</i> </div>
C. In what city, State, and county was <i>(Employer in 30a) located?</i>	<div style="border: 1px solid black; padding: 2px;">0251</div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin-top: 5px;"> City _____ State _____ County _____ </div> </div>	<div style="border: 1px solid black; padding: 2px;">0371</div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin-top: 5px;"> City _____ State _____ County _____ </div> </div>
d. What kind of business or industry was this? <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i>	<div style="border: 1px solid black; padding: 2px;">0252</div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin-top: 5px;"> 1960 code _____ _____ </div> </div>	<div style="border: 1px solid black; padding: 2px;">0372</div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin-top: 5px;"> 1960 code _____ _____ </div> </div>
e. (Are/Were) you —	<div style="border: 1px solid black; padding: 2px;">0253</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm? </div>	<div style="border: 1px solid black; padding: 2px;">0373</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm? </div>
f. What kind of work were you doing? <i>(For example: stock clerk, high school English teacher, accountant.)</i>	<div style="border: 1px solid black; padding: 2px;">0254</div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin-top: 5px;"> 1960 code _____ _____ </div> </div>	<div style="border: 1px solid black; padding: 2px;">0374</div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin-top: 5px;"> 1960 code _____ _____ </div> </div>
g. What were your most important activities or duties? <i>(For example: selling clothing, keeping account books, teaching mathematics.)</i>	<div style="border: 1px solid black; height: 40px;"></div>	

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

CHECK ITEM B-2

Refer to 30e, page 29.


Employer 2

- 0255 1 ☐ "P" or "G" marked
in 30e – ASK 31a
2 ☐ All others – SKIP to 31b

31a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.

0256 \$ _____ per hour
(Dollars) (Cents)

OR

0257 \$ _____ per 
(Dollars only)


- 0258 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Other – Specify _____

Employer 6

- 0375 1 ☐ "P" or "G" marked
in 30e – ASK 31a
2 ☐ All others – SKIP to 31b

0376 \$ _____ per hour
(Dollars) (Cents)

OR

0377 \$ _____ per 
(Dollars only)

- 0378 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Other – Specify _____

b. How many hours per week did you usually work at this job?

0259 _____ Hours per week

0379 _____ Hours per week

32. When did you start working for (Employer in 30a)?

0260

Month	Day	Year

0380

Month	Day	Year

CHECK ITEM B-3

Refer to item 32 above and R5 (Information Sheet).

Item 32 is –

- 0261 1 ☐ On or after date entered in
R5 – ENTER date from
item 32 in box below
2 ☐ Before date entered in
R5 – ENTER date from
R5 in box below

0262

Month	Day	Year

Item 32 is –

- 0381 1 ☐ On or after date entered in
R5 – ENTER date from
item 32 in box below
2 ☐ Before date entered in
R5 – ENTER date from
R5 in box below

0382

Month	Day	Year

33. When did you stop working for (Employer in 30a)?

0263

Month	Day	Year

- 0264 1 ☐ Still working there –
SKIP to 35a, page 32

0383

Month	Day	Year

- 0384 1 ☐ Still working there –
SKIP to 35a, page 32

NOTES

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

34. Why did you leave this employer?

Mark (X) main reason; do not read list.

If laid off, probe for specific reason.

Employer 2

INVOLUNTARY REASON

0265

- 1 ☐ Plant closed, employer went out of business
- 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 3 ☐ Temporary layoff or furloughed for economic reasons
- 4 ☐ Laid off for any other reason — *Specify*

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — *Specify*

Employer 6

INVOLUNTARY REASON

0385

- 1 ☐ Plant closed, employer went out of business
- 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 3 ☐ Temporary layoff or furloughed for economic reasons
- 4 ☐ Laid off for any other reason — *Specify*

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — *Specify*

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

	Employer 2	Employer 6												
35a. Between <i>(Date in Check Item B-3) and ((Date in item 33)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 30a)?</i>	<div style="display: flex; justify-content: space-between;"> <div>0266</div> <div> 2 <input type="checkbox"/> No — <i>SKIP to 36, page 33</i> 1 <input type="checkbox"/> Yes — How many weeks? ✓ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>0267</div> <div>_____ Weeks</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>0386</div> <div> 2 <input type="checkbox"/> No — <i>SKIP to 36, page 33</i> 1 <input type="checkbox"/> Yes — How many weeks? ✓ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>0387</div> <div>_____ Weeks</div> </div>												
b. Did the weeks in which you didn't work occur all at one time? <i>NOTE: If "No" in item 35b, ask items 35c–e about the longest time of not working.</i>	<div style="display: flex; justify-content: space-between;"> <div>0268</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — How many times? ✓ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>0269</div> <div>_____ Times</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>0388</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — How many times? ✓ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>0389</div> <div>_____ Times</div> </div>												
c. When did the (longest) period in which you were not working start?	<div style="display: flex; justify-content: space-between;"> <div>0270</div> <div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th style="width: 25%;">Month</th> <th style="width: 25%;">Day</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> </div> </div>	Month	Day	Year				<div style="display: flex; justify-content: space-between;"> <div>0390</div> <div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th style="width: 25%;">Month</th> <th style="width: 25%;">Day</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> </div> </div>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
d. When did the (longest) period in which you were not working stop?	<div style="display: flex; justify-content: space-between;"> <div>0271</div> <div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th style="width: 25%;">Month</th> <th style="width: 25%;">Day</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> </div> </div>	Month	Day	Year				<div style="display: flex; justify-content: space-between;"> <div>0391</div> <div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th style="width: 25%;">Month</th> <th style="width: 25%;">Day</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> </div> </div>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
e. Why were you not working during these weeks? <i>Mark (X) the main reason; do not read list.</i>	<div style="display: flex; justify-content: space-between;"> <div>0272</div> <div> 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents, other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Retired 17 <input type="checkbox"/> Working for another employer 18 <input type="checkbox"/> Job would interfere with SSI payments, Medicaid, or other government program 19 <input type="checkbox"/> Other — <i>Specify</i> ✓ _____ _____ _____ </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>0392</div> <div> 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents, other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Retired 17 <input type="checkbox"/> Working for another employer 18 <input type="checkbox"/> Job would interfere with SSI payments, Medicaid, or other government program 19 <input type="checkbox"/> Other — <i>Specify</i> ✓ _____ _____ _____ </div> </div>												

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

CHECK ITEM B-4

Refer to item 35a, page 32.

Employer 2

- 0273 1 ☐ Box 1 marked in 35a —
ASK 35f
2 ☐ All others — SKIP to 36

Employer 6

- 0393 1 ☐ Box 1 marked in 35a —
ASK 35f
2 ☐ All others — SKIP to 36

35f. While you were NOT working for (Employer in 30a), were you working for someone else?

- 0274 1 ☐ Yes
2 ☐ No

- 0394 1 ☐ Yes
2 ☐ No

36. While you were WORKING for (Employer in 30a), were you also working for someone else?

- 0275 1 ☐ Yes — SKIP to 30a for Employer 3, page 34, and record information about simultaneous employer
2 ☐ No — GO to Check Item B-5

- 0395 1 ☐ Yes — SKIP to 30a for Employer 7, page 34, and record information about simultaneous employer
2 ☐ No — GO to Check Item B-5

CHECK ITEM B-5

Refer to item 32, page 30, and R5 (Information Sheet).

Item 32 is —

- 0276 1 ☐ On or after date in R5 — GO to Employer 3, page 34, and record information about previous employer
2 ☐ Before date entered in R5 — SKIP to 37a, page 44

Item 32 is —

- 0396 1 ☐ On or after date in R5 — GO to Employer 7, page 34, and record information about previous employer
2 ☐ Before date entered in R5 — SKIP to 37a, page 44

NOTES

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

	Employer 3	Employer 7
30a. For whom did you work just before you started to work for <i>(Employers in 6a, page 5 and 28a, page 18/Employer in 30a)?</i>	Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0277 <input type="checkbox"/> </div> <div style="width: 80%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0278 </div> <div style="width: 80%;"> 1 <input type="checkbox"/> Same as _____ <i>SKIP to 30b</i> 2 <input type="checkbox"/> Have not worked for anyone else — <i>SKIP to 37a, page 44</i> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0397 <input type="checkbox"/> </div> <div style="width: 80%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0398 </div> <div style="width: 80%;"> 1 <input type="checkbox"/> Same as _____ <i>SKIP to 30b</i> 2 <input type="checkbox"/> Have not worked for anyone else — <i>SKIP to 37a, page 44</i> </div> </div>
CHECK ITEM B-1 <i>Refer to R4 (Information Sheet).</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0279 </div> <div style="width: 80%;"> 1 <input type="checkbox"/> No name entered in R4 — <i>SKIP to 30c</i> 2 <input type="checkbox"/> Same name in 30a and R4 — <i>SKIP to 30c</i> 3 <input type="checkbox"/> All others — <i>ASK 30b</i> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0399 </div> <div style="width: 80%;"> 1 <input type="checkbox"/> No name entered in R4 — <i>SKIP to 30c</i> 2 <input type="checkbox"/> Same name in 30a and R4 — <i>SKIP to 30c</i> 3 <input type="checkbox"/> All others — <i>ASK 30b</i> </div> </div>
30b. Is that the same employer as the one where you had been working at our last interview, that is <i>(Employer name in R4)?</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0280 </div> <div style="width: 80%;"> 1 <input type="checkbox"/> Yes — <i>SKIP to 30e</i> 2 <input type="checkbox"/> No — <i>ASK 30c</i> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0400 </div> <div style="width: 80%;"> 1 <input type="checkbox"/> Yes — <i>SKIP to 30e</i> 2 <input type="checkbox"/> No — <i>ASK 30c</i> </div> </div>
C. In what city, State, and county was <i>(Employer in 30a) located?</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0281 </div> <div style="width: 80%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 10%; text-align: center;">State</div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0401 </div> <div style="width: 80%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 10%; text-align: center;">State</div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </div> </div>
d. What kind of business or industry was this? <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0282 </div> <div style="width: 80%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 70%;">1960 code</div> </div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0402 </div> <div style="width: 80%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 70%;">1960 code</div> </div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </div> </div>
e. (Are/Were) you —	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0283 </div> <div style="width: 80%;"> 1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm? </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0403 </div> <div style="width: 80%;"> 1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm? </div> </div>
f. What kind of work were you doing? <i>(For example: stock clerk, high school English teacher, accountant.)</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0284 </div> <div style="width: 80%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 70%;">1960 code</div> </div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 0404 </div> <div style="width: 80%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 70%;">1960 code</div> </div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </div> </div>
g. What were your most important activities or duties? <i>(For example: selling clothing, keeping account books, teaching mathematics.)</i>		

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

CHECK ITEM B-2

Refer to 30e, page 34.

Employer 3

- 0285 1 ☐ "P" or "G" marked
in 30e — ASK 31a
2 ☐ All others — SKIP to 31b


Employer 7


- 0405 1 ☐ "P" or "G" marked
in 30e — ASK 31a
2 ☐ All others — SKIP to 31b

31a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.

0286 \$ _____ per hour
(Dollars) (Cents)


OR

0287 \$ _____ per 
(Dollars only)

- 0288 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Other — Specify 

0406 \$ _____ per hour
(Dollars) (Cents)

OR

0407 \$ _____ per 
(Dollars only)

- 0408 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Other — Specify 

b. How many hours per week did you usually work at this job?

0289 _____ Hours per week

0409 _____ Hours per week

32. When did you start working for (Employer in 30a)?

0290

Month	Day	Year

0410

Month	Day	Year

CHECK ITEM B-3

Refer to item 32 above and R5 (Information Sheet).

Item 32 is —

- 0291 1 ☐ On or after date entered in
R5 — ENTER date from
item 32 in box below
2 ☐ Before date entered in
R5 — ENTER date from
R5 in box below

0292

Month	Day	Year

Item 32 is —

- 0411 1 ☐ On or after date entered in
R5 — ENTER date from
item 32 in box below
2 ☐ Before date entered in
R5 — ENTER date from
R5 in box below

0412

Month	Day	Year

33. When did you stop working for (Employer in 30a)?

0293

Month	Day	Year

0294

- 1 ☐ Still working there —
SKIP to 35a, page 37

0413

Month	Day	Year

0414

- 1 ☐ Still working there —
SKIP to 35a, page 37

NOTES

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

34. Why did you leave this employer?

Mark (X) main reason; do not read list.

If laid off, probe for specific reason.

Employer 3

INVOLUNTARY REASON

0295

- 1 ☐ Plant closed, employer went out of business
- 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 3 ☐ Temporary layoff or furloughed for economic reasons
- 4 ☐ Laid off for any other reason — Specify ✓

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — Specify ✓

Employer 7

INVOLUNTARY REASON

0415

- 1 ☐ Plant closed, employer went out of business
- 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 3 ☐ Temporary layoff or furloughed for economic reasons
- 4 ☐ Laid off for any other reason — Specify ✓

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — Specify ✓

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

35a. Between *(Date in Check Item B-3) and ((Date in item 33)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 30a)?*

Employer 3

0296 2 ☐ No — *SKIP to 36, page 38*
 1 ☐ Yes — **How many weeks?** *✓*

0297 _____ Weeks

Employer 7

0416 2 ☐ No — *SKIP to 36, page 38*
 1 ☐ Yes — **How many weeks?** *✓*

0417 _____ Weeks

b. Did the weeks in which you didn't work occur all at one time?

0298 1 ☐ Yes
 2 ☐ No — **How many times?** *✓*

0418 1 ☐ Yes
 2 ☐ No — **How many times?** *✓*

c. *NOTE: If "No" in item 35b, ask items 35c—e about the longest time of not working.*

0299 _____ Times

0419 _____ Times

When did the (longest) period in which you were not working start?

0300

Month		Day		Year	

0420

Month		Day		Year	

d. When did the (longest) period in which you were not working stop?

0301

Month		Day		Year	

0421

Month		Day		Year	

e. Why were you not working during these weeks?

Mark (X) the main reason; do not read list.

- 0302
- 1 ☐ Respondent ill or disabled, unable to work
 - 2 ☐ Spouse ill or disabled, unable to work
 - 3 ☐ Care for elderly parents, other elderly
 - 4 ☐ Child care problems
 - 5 ☐ Pregnancy
 - 6 ☐ Other personal, family reasons
 - 7 ☐ Did not want to work
 - 8 ☐ No suitable jobs available, would not have done any good to look, believed no work available
 - 9 ☐ Did not have enough education or training
 - 10 ☐ Did not have necessary skills or experience
 - 11 ☐ Seasonal work, part year work, work affected by weather, slack work
 - 12 ☐ School, attending or returning to
 - 13 ☐ Vacation
 - 14 ☐ Layoff
 - 15 ☐ Labor dispute, strike
 - 16 ☐ Retired
 - 17 ☐ Working for another employer
 - 18 ☐ Job would interfere with SSI payments, Medicaid, or other government program
 - 19 ☐ Other — *Specify* *✓*

- 0422
- 1 ☐ Respondent ill or disabled, unable to work
 - 2 ☐ Spouse ill or disabled, unable to work
 - 3 ☐ Care for elderly parents, other elderly
 - 4 ☐ Child care problems
 - 5 ☐ Pregnancy
 - 6 ☐ Other personal, family reasons
 - 7 ☐ Did not want to work
 - 8 ☐ No suitable jobs available, would not have done any good to look, believed no work available
 - 9 ☐ Did not have enough education or training
 - 10 ☐ Did not have necessary skills or experience
 - 11 ☐ Seasonal work, part year work, work affected by weather, slack work
 - 12 ☐ School, attending or returning to
 - 13 ☐ Vacation
 - 14 ☐ Layoff
 - 15 ☐ Labor dispute, strike
 - 16 ☐ Retired
 - 17 ☐ Working for another employer
 - 18 ☐ Job would interfere with SSI payments, Medicaid, or other government program
 - 19 ☐ Other — *Specify* *✓*

[illegible]

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

	Employer 4	Employer 8
30a. For whom did you work just before you started to work for (Employers in 6a, page 5 and 28a, page 18/Employer in 30a)?	Name <div>0307</div> <input type="checkbox"/> <div>0308</div> 1 <input type="checkbox"/> Same as _____ <div>SKIP to 30b</div> 2 <input type="checkbox"/> Have not worked for anyone else — <i>SKIP to 37a, page 44</i>	Name <div>0427</div> <input type="checkbox"/> <div>0428</div> 1 <input type="checkbox"/> Same as _____ <div>SKIP to 30b</div> 2 <input type="checkbox"/> Have not worked for anyone else — <i>SKIP to 37a, page 44</i>
CHECK ITEM B-1 Refer to R4 (Information Sheet).	<div>0309</div> 1 <input type="checkbox"/> No name entered in R4 — <i>SKIP to 30c</i> 2 <input type="checkbox"/> Same name in 30a and R4 — <i>SKIP to 30c</i> 3 <input type="checkbox"/> All others — <i>ASK 30b</i>	<div>0429</div> 1 <input type="checkbox"/> No name entered in R4 — <i>SKIP to 30c</i> 2 <input type="checkbox"/> Same name in 30a and R4 — <i>SKIP to 30c</i> 3 <input type="checkbox"/> All others — <i>ASK 30b</i>
30b. Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R4)?	<div>0310</div> 1 <input type="checkbox"/> Yes — <i>SKIP to 30e</i> 2 <input type="checkbox"/> No — <i>ASK 30c</i>	<div>0430</div> 1 <input type="checkbox"/> Yes — <i>SKIP to 30e</i> 2 <input type="checkbox"/> No — <i>ASK 30c</i>
C. In what city, State, and county was (Employer in 30a) located?	<div>0311</div> <input type="text"/> <input type="text"/> <input type="text"/> City State County	<div>0431</div> <input type="text"/> <input type="text"/> <input type="text"/> City State County
d. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	<div>0312</div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1960 code 	<div>0432</div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1960 code
e. (Are/Were) you —	<div>0313</div> 1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm?	<div>0433</div> 1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm?
f. What kind of work were you doing? (For example: stock clerk, high school English teacher, accountant.)	<div>0314</div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1960 code 	<div>0434</div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1960 code
g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)		

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

CHECK ITEM B-2

Refer to 30e, page 39.

Employer 4

- 0315 1 ☐ "P" or "G" marked
in 30e — ASK 31a
2 ☐ All others — SKIP to 31b


Employer 8

- 0435 1 ☐ "P" or "G" marked
in 30e — ASK 31a
2 ☐ All others — SKIP to 31b

31a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.

0316 \$ _____ per hour
(Dollars) (Cents)


OR

0317 \$ _____ per 
(Dollars only)

- 0318 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Other — Specify _____

0436 \$ _____ per hour
(Dollars) (Cents)

OR

0437 \$ _____ per 
(Dollars only)

- 0438 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Other — Specify _____

b. How many hours per week did you usually work at this job?

0319 _____ Hours per week

0439 _____ Hours per week

32. When did you start working for (Employer in 30a)?

0320

Month	Day	Year

0440

Month	Day	Year

CHECK ITEM B-3

Refer to item 32 above and R5 (Information Sheet).

- Item 32 is —
0321 1 ☐ On or after date entered in
R5 — ENTER date from
item 32 in box below
2 ☐ Before date entered in
R5 — ENTER date from
R5 in box below

0322

Month	Day	Year

- Item 32 is —
0441 1 ☐ On or after date entered in
R5 — ENTER date from
item 32 in box below
2 ☐ Before date entered in
R5 — ENTER date from
R5 in box below

0442

Month	Day	Year

33. When did you stop working for (Employer in 30a)?

0323

Month	Day	Year

- 0324 1 ☐ Still working there —
SKIP to 35a, page 42

0443

Month	Day	Year

- 0444 1 ☐ Still working there —
SKIP to 35a, page 42

NOTES

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

34. Why did you leave this employer?

Mark (X) main reason; do not read list.

If laid off, probe for specific reason.

Employer 4

INVOLUNTARY REASON

- 0325**
- 1 ☐ Plant closed, employer went out of business
 - 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
 - 3 ☐ Temporary layoff or furloughed for economic reasons
 - 4 ☐ Laid off for any other reason — Specify

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — Specify

Employer 8

INVOLUNTARY REASON

- 0445**
- 1 ☐ Plant closed, employer went out of business
 - 2 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
 - 3 ☐ Temporary layoff or furloughed for economic reasons
 - 4 ☐ Laid off for any other reason — Specify

- 5 ☐ Discharged
- 6 ☐ Compulsory retirement

VOLUNTARY REASON

- 7 ☐ To get married
- 8 ☐ Pregnancy
- 9 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — Specify

Section 2 — RETROSPECTIVE WORK HISTORY — Continued

	Employer 4	Employer 8																								
35a. Between <i>(Date in Check Item B-3) and ((Date in item 33)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 30a)?</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">0326</div> <div style="width: 85%;"> 2 <input type="checkbox"/> No — SKIP to 36, page 43 1 <input type="checkbox"/> Yes — How many weeks? <input checked="" type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;">0327</div> <div style="width: 85%;">_____ Weeks</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">0446</div> <div style="width: 85%;"> 2 <input type="checkbox"/> No — SKIP to 36, page 43 1 <input type="checkbox"/> Yes — How many weeks? <input checked="" type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;">0447</div> <div style="width: 85%;">_____ Weeks</div> </div>																								
b. Did the weeks in which you didn't work occur all at one time? <i>NOTE: If "No" in item 35b, ask items 35c—e about the longest time of not working.</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">0328</div> <div style="width: 85%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — How many times? <input checked="" type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;">0329</div> <div style="width: 85%;">_____ Times</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">0448</div> <div style="width: 85%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — How many times? <input checked="" type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;">0449</div> <div style="width: 85%;">_____ Times</div> </div>																								
c. When did the (longest) period in which you were not working start?	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">0330</div> <div style="width: 85%;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="2">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> </div>	Month		Day		Year								<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">0450</div> <div style="width: 85%;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="2">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> </div>	Month		Day		Year							
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d. When did the (longest) period in which you were not working stop?	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">0331</div> <div style="width: 85%;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="2">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> </div>	Month		Day		Year								<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">0451</div> <div style="width: 85%;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="2">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> </div>	Month		Day		Year							
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e. Why were you not working during these weeks? <i>Mark (X) the main reason; do not read list.</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">0332</div> <div style="width: 85%;"> <div style="display: flex;"> <div style="width: 15px; text-align: center;">1</div> <div><input type="checkbox"/> Respondent ill or disabled, unable to work</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 15px; text-align: center;">2</div> <div><input type="checkbox"/> Spouse ill or disabled, unable to work</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 15px; text-align: center;">3</div> <div><input type="checkbox"/> Care for elderly parents, other elderly</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 15px; text-align: center;">4</div> <div><input type="checkbox"/> Child care problems</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 15px; text-align: center;">5</div> <div><input type="checkbox"/> Pregnancy</div> </div> <div style="display: flex; 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