

NOTICE - Your report to the Census Bureau is confidential by law (Title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

FORM LGT-341  
(2-1-71)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

NATIONAL LONGITUDINAL SURVEYS  
SURVEY OF WORK EXPERIENCE  
OF MATURE WOMEN

1971

(001) 1 ☐ Respondent a noninterview in 1969 - Go to page 23

METHODS OF LOCATING RESPONDENT WHO HAS MOVED

Successful	Unsuccessful
(002) 1 <input type="checkbox"/>	2 <input type="checkbox"/> New occupants
(003) 1 <input type="checkbox"/>	2 <input type="checkbox"/> Neighbors
(004) 1 <input type="checkbox"/>	2 <input type="checkbox"/> Apartment house manager
(005) 1 <input type="checkbox"/>	2 <input type="checkbox"/> Post office
(006) 1 <input type="checkbox"/>	2 <input type="checkbox"/> School
(007) 1 <input type="checkbox"/>	2 <input type="checkbox"/> Persons listed on information sheet
(008) 1 <input type="checkbox"/>	2 <input type="checkbox"/> Other - Specify <u>7</u>

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

Date completed Month / Day / Year	Interview time		Interviewed by
	Began	Ended	
(009) _____	a.m.	a.m.	
(010) Length of interview (minutes)	p.m.	p.m.	

NONINTERVIEW REASON

(011) ☐ Unable to contact respondent - Specify \_\_\_\_\_

6 ☐ Temporarily absent - Give return date \_\_\_\_\_

8 ☐ Institutionalized - Specify type \_\_\_\_\_

9 ☐ Refused \_\_\_\_\_

0 ☐ Deceased \_\_\_\_\_

A ☐ Other - Specify \_\_\_\_\_

TRANSCRIPTION FROM HOUSEHOLD RECORD CARD

Item 13 - Marital status of respondent

(012) 1 ☐ Married, spouse present      3 ☐ Widowed      5 ☐ Separated  
 2 ☐ Married, spouse absent      4 ☐ Divorced      6 ☐ Never married

(013) If respondent has moved, enter new address  
 1. Number and street \_\_\_\_\_

(014) \_\_\_\_\_

(015) 2. City \_\_\_\_\_ 3. County \_\_\_\_\_ 4. State \_\_\_\_\_ 5. ZIP code \_\_\_\_\_

# I. CURRENT LABOR FORCE STATUS

1. What were you doing most of LAST WEEK – working, keeping house, or something else?
- (016) 1 ☐ WK – Working – SKIP to 2b  
 2 ☐ J – With a job but not at work  
 3 ☐ LK – Looking for work  
 4 ☐ S – Going to school  
 5 ☐ KH – Keeping house  
 6 ☐ U – Unable to work – SKIP to 5  
 7 ☐ OT – Other – Specify →

- 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.
- (019) 1 ☐ Yes 2 ☐ No – SKIP to 3a

- 3a. Did you have a job (or business) from which you were temporarily absent or on layoff LAST WEEK?
- (023) 1 ☐ Yes 2 ☐ No – SKIP to 4a

- 2b. How many hours did you work LAST WEEK at all jobs?
- (020) \_\_\_\_\_ Hours

## CHECK ITEM A

- Respondent worked –
- ☐ 49 or more – SKIP to 6a
- ☐ 1 – 34 – ASK 2c
- ☐ 35 – 48 – ASK 2d

- 2d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?
- ☐ Yes – How many hours did you take off?
- (021) \_\_\_\_\_ Hours

- ☐ No
- NOTE: Correct 2b if lost time not already deducted; if 2b reduced below 35, fill 2c, otherwise SKIP to 6a.

- 2e. Did you work any overtime or at more than one job LAST WEEK?
- ☐ Yes – How many extra hours did you work?
- (022) \_\_\_\_\_ Hours
- ☐ No

NOTE: Correct 2b if extra hours not already included and SKIP to 6a

- 3b. Why were you absent from work LAST WEEK?
- (024) 1 ☐ Own illness  
 2 ☐ Illness of family member  
 3 ☐ On vacation  
 4 ☐ Too busy with housework, school, personal business  
 5 ☐ Bad weather  
 6 ☐ Labor dispute  
 7 ☐ New job to begin within 30 days – ASK 4c and 4d(2)  
 8 ☐ Temporary layoff (under 30 days)  
 9 ☐ Indefinite layoff (30 days or more or no definite recall date) ASK 4d(3)  
 10 ☐ Other – Specify →

- 3c. Are you getting wages or salary for any of the time off LAST WEEK?
- (025) 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Self-employed

- 3d. Do you usually work 35 hours or more a week at this job?
- (026) 1 ☐ Yes  
 2 ☐ No

SKIP to 6 and enter job held last week.

- 2c. Do you USUALLY work 35 hours or more a week at this job?
- (017) 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 the appropriate reason)
- (018) 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 ☐ Holiday (legal or religious)  
 8 ☐ Labor dispute  
 9 ☐ Bad weather  
 10 ☐ Own illness  
 11 ☐ Illness of family member  
 12 ☐ On vacation  
 13 ☐ Too busy with housework  
 14 ☐ Too busy with school, personal business, etc.  
 15 ☐ Did not want full-time work  
 16 ☐ Full-time work week under 35 hours  
 17 ☐ Other reason – Specify →

(If entry in 2c, SKIP to 6 and enter job worked at last week.)

Notes

# I. CURRENT LABOR FORCE STATUS - Continued

(If "LK" in 1, SKIP to b)

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

(027) 1 ☐ Yes - ASK 4b  
2 ☐ No - SKIP to 5

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

(Mark all methods used; do not read list)

(028) 0 ☐ Nothing - SKIP to 5

Checked with

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

5 ☐ Placed or answered ads

6 ☐ Other - Specify - e.g., MDTA, union or professional register, etc. →

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?

(029) 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 →

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?

(030) \_\_\_\_\_ Weeks

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

(031) 1 ☐ Full-time  
2 ☐ Part-time

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

(032) Yes →

- 1 ☐ Already has a job
- 2 ☐ Temporary illness
- 3 ☐ Going to school
- 4 ☐ Other - Specify →

5 ☐ No

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

☐ Date of last interview or later (item 84R on Information Sheet) - Specify →

(033) 

Month	Day	Year
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 - SKIP to 11a on page 5

2 ☐ All others - SKIP to 12a on page 5

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

☐ Date of last interview or later (item 84R on Information Sheet) - Specify →

(034) 

Month	Day	Year
-------	-----	------

 - SKIP to 11a on page 5

2 ☐ Before date of last interview (item 84R on Information Sheet) and "unable" now and "unable" in item 85R on the Information Sheet - SKIP to 38a

3 ☐ All others - SKIP to 12a on page 5

DESCRIPTION OF JOB OR BUSINESS

6a. Did you have more than one job?

(035) 1 ☐ Yes - Record information about primary job only  
2 ☐ No

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

(036) \_\_\_\_\_

(037) 

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c. In what city and State is . . . located?

\_\_\_\_\_ City \_\_\_\_\_ State

(038) 

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

e. Were you -

(039) 10 ☐ P - An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?  
20 ☐ G - A GOVERNMENT employee (Federal, State, county, or local)?  
30 ☐ O - Self-employed in your OWN business, professional practice, or farm? (If not a farm)  
Is this business incorporated?  
31 ☐ Yes 32 ☐ No  
40 ☐ WP - Working WITHOUT PAY in family business or farm?

(040) 

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f. What kind of work were you doing? (For example: registered nurse, high school English teacher, waitress)

g. What were your most important activities or duties? (For example: types, keeps account books, files, sells millinery, operates business machine, cleans buildings)

h. What was your job title?

i. When did you start working for (ENTRY IN 6b)?

☐ Date of last interview or later (item 84R on Information Sheet) - Specify →

(041) 

Month	Day	Year
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2 ☐ Before date of last interview (item 84R on Information Sheet)

**I. CURRENT LABOR FORCE STATUS – Continued**

**CHECK  
ITEM B**

- ☐ "P" or "G" in item 6e – ASK 7a  
☐ "O" or "WP" in item 6e – SKIP to 8a

7a. Altogether, how much do you usually earn at this job before deductions?

7a.

(042) \$ \_\_\_\_\_ per:   
                   (Dollars)                   (Cents)

(043) 1 ☐ Hour

(044) \$ \_\_\_\_\_ per:   
                   (Dollars only)

(045) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Other – Specify \_\_\_\_\_

7b. How many hours per week do you usually work at this job?

b.

(046) \_\_\_\_\_ Hours

c. Do you receive extra pay when you work over a certain number of hours?

c.

(047) 1 ☐ Yes – ASK d

2 ☐ No

3 ☐ No, but received compensating time off

4 ☐ Never work overtime

} SKIP to f

d. After how many hours do you receive extra pay?

d.

(048) \_\_\_\_\_ Hours per day

(049) \_\_\_\_\_ Hours per week

e. For all hours worked over (entry in d) are you paid straight time, time and one-half, double time or what?

e.

(050) 1 ☐ Compensating time off

2 ☐ Straight time

3 ☐ Time and one-half

4 ☐ Double time

5 ☐ Other – Specify \_\_\_\_\_

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

f.

(051) 1 ☐ Yes – ASK g

2 ☐ No – SKIP to 8a

g. What is the name of the union or employee association?

g.

(052) ☐ \_\_\_\_\_

h. Are you a member of that union or employee association?

h.

(053) 1 ☐ Yes

2 ☐ No

8a. Before you began to work as a (entry in 6f) for (entry in 6b) did you do any other kind of work for (entry in 6b)?

8a.

(054) 1 ☐ Yes – SKIP to 9a

2 ☐ No

b. Excluding vacations and paid sick leave, during the time you have worked at this job, were there any full weeks in which you didn't work since (date of last interview)?

b.

☐ Yes – How many weeks?

(055) \_\_\_\_\_ Weeks

0 ☐ No – SKIP to Check Item C

c. Why were you not working during these \_\_\_\_\_ weeks?

c.

(056) 1 ☐ Personal family reasons

2 ☐ Own illness

3 ☐ Child-care problems

4 ☐ Pregnancy

5 ☐ Layoff

6 ☐ Labor dispute

7 ☐ Did not want to work

8 ☐ Vacation

9 ☐ Other – Specify \_\_\_\_\_

**CHECK  
ITEM C**

Refer to item 6i

- ☐ Current job started before date of last interview – SKIP to Check Item J on page 8  
☐ Current job started date of last interview or later – SKIP to 10

# I. CURRENT LABOR FORCE STATUS - Continued

9a. When did you start working as a (entry in 6f) for (entry in 6b)?

9a.

Month	Day	Year
(057)		

b. Excluding vacations and paid sick leave, during the time you have worked as a (entry in 6f) for (entry in 6b), were there any full weeks in which you didn't work, since (date of last interview).

b.

☐ Yes - How many weeks?

(058)

\_\_\_\_\_ Weeks

o ☐ No - SKIP to Check Item D

c. Why were you not working during these \_\_\_\_\_ weeks?

c.

(059)

- 1 ☐ Personal, family reasons
- 2 ☐ Own illness
- 3 ☐ Child care problems
- 4 ☐ Pregnancy
- 5 ☐ Layoff
- 6 ☐ Labor dispute
- 7 ☐ Did not want to work
- 8 ☐ Vacation
- 9 ☐ Other - Specify \_\_\_\_\_

**CHECK  
ITEM D**

- ☐ Item 9a is earlier than date of last interview - SKIP to Check Item J on page 8  
☐ Item 9a is date of last interview or later - ASK 10

10. Just before you started on this job, was there a period of a week or more in which you were not working?

10.

(060)

- 1 ☐ Yes - SKIP to 23 on page 6
- 2 ☐ No - SKIP to 13a

11a. You said you last worked at a regular job on (entry in 4g or 5).

11a.

(Interviewer: Use calendar to determine the number of weeks since respondent last worked.)

That would be about \_\_\_\_\_ weeks since you last worked. In how many of these weeks were you looking for work or on layoff from a job?

(1)

(061)

\_\_\_\_\_ Weeks since last worked

(2)

(062)

\_\_\_\_\_ Weeks looking or on layoff

**CHECK  
ITEM E**

- ☐ 11a(1) is equal to 11a(2) - SKIP to 13a  
☐ 11a(1) is greater than 11a(2) - ASK b

11b. That leaves \_\_\_\_\_ weeks that you were not working or looking for work. What would you say was the main reason you were not looking for work during that period?

11b.

(063)

\_\_\_\_\_ Weeks

(064)

- 1 ☐ Personal, family reasons
- 2 ☐ Own illness
- 3 ☐ Child care problems
- 4 ☐ Pregnancy
- 5 ☐ Layoff
- 6 ☐ Labor dispute
- 7 ☐ Did not want to work
- 8 ☐ Vacation
- 9 ☐ Other - Specify \_\_\_\_\_

SKIP  
to 13a

12a. Since (date of last interview) in how many different weeks did you do any work at all?

12a.

(065)

\_\_\_\_\_ Weeks

o ☐ None

b. Since (date of last interview) have you spent any weeks looking for work or on layoff from a job?

b.

☐ Yes - How many weeks?

(066)

\_\_\_\_\_ Weeks

o ☐ No

**CHECK  
ITEM F**

Interviewer: Use calendar to determine the number of weeks since (date of last interview).

(1)

(067)

\_\_\_\_\_ Weeks since (date of last interview)

(2)

(068)

\_\_\_\_\_ Weeks on layoff or looking for work

☐ (1) is equal to (2) - SKIP to Check Item J on page 8

☐ (1) is greater than (2) - ASK c

12c. What would you say was the main reason you were not looking for work during (the rest of) that time?

12c.

(069)

- 1 ☐ Personal, family reasons
- 2 ☐ Own illness
- 3 ☐ Child care problems
- 4 ☐ Pregnancy
- 5 ☐ Layoff
- 6 ☐ Labor dispute
- 7 ☐ Did not want to work
- 8 ☐ Vacation
- 9 ☐ Other - Specify \_\_\_\_\_

SKIP to  
Check Item J  
on page 8

Notes

(070)

(071)

(072)

## II. WORK EXPERIENCE AND ATTITUDES

<b>13. Now let's talk about —</b> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px; margin: 0 10px;">                 The job you worked at before you started to work as a                  (ENTRY IN 6f OR 13e) for (ENTRY IN 6b OR 13a)             </div> <div style="border-left: 1px solid black; padding: 0 10px;">                 The last job you worked at; that is, the one which                  ended on (ENTRY IN 4g OR 5).             </div> </div>		<div style="text-align: right;">(1)</div> 13a. (073) <input type="checkbox"/> Never worked before — SKIP to Check Item J <input type="checkbox"/> Same as 6b — SKIP to 13e	
a. For whom did you work? (Name of company, business, organization or other employer)	b. (074) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> City, State		
c. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)	c. (075) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		
d. Class of worker	d. (076) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP		
e. What kind of work were you doing? (For example: registered nurse, high school English teacher, waitress)	e. (077) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		
f. What were your most important activities or duties? (For example: selling clothing, typing, keeping account books, filing)	f. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		
g. What was your job title?	g. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		
<b>14a. Altogether, how much did you usually earn at this job before all deductions?</b>		14a. (078) \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> (079) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> per <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	
b. How many hours per week did you usually work at this job?		b. (080) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Hours	
<b>15a. When did you start working as a (ENTRY IN 13e) for (ENTRY IN 13a)?</b>		15a. (081) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Month <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Day <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Year	
b. When did you stop working as a (ENTRY IN 13e) for (ENTRY IN 13a)?		b. (082) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Month <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Day <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Year <input type="checkbox"/> Still working there — SKIP to 17	
<b>16a. Why did you happen to leave this job (change the kind of work you were doing)?</b>		16a. (083) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	
b. Did you have a new job lined up at the time you left this one?		b. (084) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>17. Excluding vacations, during the time you worked at this job were there any full weeks in which you didn't work on this job since (date of last interview)?</b>		17. (085) <input type="checkbox"/> Yes — How many weeks? <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Weeks — ASK 18a 0 <input type="checkbox"/> No — SKIP to 19	
<b>18a. Why were you not working during these . . . weeks at this job?</b>		18a. (086) 1 <input type="checkbox"/> Personal family reasons 6 <input type="checkbox"/> Labor dispute 2 <input type="checkbox"/> Own illness 7 <input type="checkbox"/> Did not want to work 3 <input type="checkbox"/> Child care problems 8 <input type="checkbox"/> Vacation 4 <input type="checkbox"/> Pregnancy 9 <input type="checkbox"/> Other — Spec. 4. 5 <input type="checkbox"/> Layoff	
b. Were you working for someone else during this period(s)?		b. (087) 1 <input type="checkbox"/> Yes — GO to next column and record information about this job 2 <input type="checkbox"/> No	
<b>19. Did you do any other kind of work for (ENTRY IN 13a) just before (ENTRY IN 15a)?</b>		19. (088) 1 <input type="checkbox"/> Yes — GO to next column and record information about this job 2 <input type="checkbox"/> No	
<b>CHECK ITEM G</b>	Item 15a is: 1. Date of last interview or later 2. Before date of last interview		
<b>20. Have you worked for anyone else since (date of last interview)?</b>		20. (089) 1 <input type="checkbox"/> Yes — GO to next column and record information 2 <input type="checkbox"/> No — SKIP to Check Item J	
<b>21. While you were working for (ENTRY IN 13a), were you also working for someone else?</b>		21. (090) 1 <input type="checkbox"/> Yes — GO to next column and record information about simultaneous job 2 <input type="checkbox"/> No — ASK 22	
<b>22. JUST before you started working as a (ENTRY IN 13a) for (ENTRY IN 13a) was there a period of a week or more in which you were not working?</b>		22. (091) 1 <input type="checkbox"/> Yes — ASK 23 2 <input type="checkbox"/> No — GO to next column and record information about previous job	
<b>23. When did this period in which you were not working start?</b>		23. (092) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Month <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Day <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Year x <input type="checkbox"/> Never worked before	
<b>24a. Interviewer: Determine number of weeks not working. If item 23 is before date of last interview, count only weeks since that time.</b>		24a. (093) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Weeks not working	
b. That would be about . . . weeks that you were not working. How many of those weeks were you looking for work or on layoff from a job?		b. (094) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Weeks looking or on layoff	
<b>CHECK ITEM H</b>	1. 24a is equal to 24b 2. 24a is greater than 24b		
<b>25. That leaves . . . weeks that you were not working or looking for work. What would you say was the main reason that you were not looking for work during that period?</b>		25. (095) 1 <input type="checkbox"/> Personal family reasons 6 <input type="checkbox"/> Labor dispute 2 <input type="checkbox"/> Own illness 7 <input type="checkbox"/> Did not want to work 3 <input type="checkbox"/> Child care problems 8 <input type="checkbox"/> Vacation 4 <input type="checkbox"/> Pregnancy 9 <input type="checkbox"/> Other — Spec. 4. 5 <input type="checkbox"/> Layoff	
<b>CHECK ITEM I</b>	1. Item 23 is date of last interview or later 2. Item 23 is before date of last interview		

## II. WORK EXPERIENCE AND ATTITUDES - Continued

	(2)	(3)	(4)
13a.	<b>(096)</b> <input type="checkbox"/> Never worked before - SKIP to Check Item J <input type="checkbox"/> Same as _____ - SKIP to 13e	<b>(119)</b> <input type="checkbox"/> Never worked before - SKIP to Check Item J <input type="checkbox"/> Same as _____ - SKIP to 13e	<b>(142)</b> <input type="checkbox"/> Never worked before - SKIP to Check Item J <input type="checkbox"/> Same as _____ - SKIP to 13e
b.	<b>(097)</b> _____ City, State	<b>(120)</b> _____ City, State	<b>(143)</b> _____ City, State
c.	<b>(098)</b> _____	<b>(121)</b> _____	<b>(144)</b> _____
d.	<b>(099)</b> 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	<b>(122)</b> 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	<b>(145)</b> 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP
e.	<b>(100)</b> _____	<b>(123)</b> _____	<b>(146)</b> _____
f.	_____	_____	_____
g.	_____	_____	_____
14a.	<b>(101)</b> \$ _____ <b>(102)</b> _____ per _____	<b>(124)</b> \$ _____ <b>(125)</b> _____ per _____	<b>(147)</b> \$ _____ <b>(148)</b> _____ per _____
b.	<b>(103)</b> _____ Hours	<b>(126)</b> _____ Hours	<b>(149)</b> _____ Hours
15a.	<b>(104)</b> Month   Day   Year	<b>(127)</b> Month   Day   Year	<b>(150)</b> Month   Day   Year
b.	<b>(105)</b> Month   Day   Year X <input type="checkbox"/> Still working there - SKIP to 17	<b>(128)</b> Month   Day   Year X <input type="checkbox"/> Still working there - SKIP to 17	<b>(151)</b> Month   Day   Year X <input type="checkbox"/> Still working there - SKIP to 17
16a.	<b>(106)</b> _____	<b>(129)</b> _____	<b>(152)</b> _____
b.	<b>(107)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>(130)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>(153)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
17.	<input type="checkbox"/> Yes - How many weeks? <b>(108)</b> _____ Weeks - ASK 18a 0 <input type="checkbox"/> No - SKIP to 19	<input type="checkbox"/> Yes - How many weeks? <b>(131)</b> _____ Weeks - ASK 18a 0 <input type="checkbox"/> No - SKIP to 19	<input type="checkbox"/> Yes - How many weeks? <b>(154)</b> _____ Weeks - ASK 18a 0 <input type="checkbox"/> No - SKIP to 19
18a.	<b>(109)</b> 1 <input type="checkbox"/> Personal family reasons 6 <input type="checkbox"/> Labor dispute reasons 2 <input type="checkbox"/> Own illness 7 <input type="checkbox"/> Did not want to work 3 <input type="checkbox"/> Child care problems 8 <input type="checkbox"/> Vacation 4 <input type="checkbox"/> Pregnancy 9 <input type="checkbox"/> Other - Specify 5 <input type="checkbox"/> Layoff	<b>(132)</b> 1 <input type="checkbox"/> Personal family reasons 6 <input type="checkbox"/> Labor dispute reasons 2 <input type="checkbox"/> Own illness 7 <input type="checkbox"/> Did not want to work 3 <input type="checkbox"/> Child care problems 8 <input type="checkbox"/> Vacation 4 <input type="checkbox"/> Pregnancy 9 <input type="checkbox"/> Other - Specify 5 <input type="checkbox"/> Layoff	<b>(155)</b> 1 <input type="checkbox"/> Personal family reasons 6 <input type="checkbox"/> Labor dispute reasons 2 <input type="checkbox"/> Own illness 7 <input type="checkbox"/> Did not want to work 3 <input type="checkbox"/> Child care problems 8 <input type="checkbox"/> Vacation 4 <input type="checkbox"/> Pregnancy 9 <input type="checkbox"/> Other - Specify 5 <input type="checkbox"/> Layoff
b.	<b>(110)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information about this job 2 <input type="checkbox"/> No	<b>(133)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information about this job 2 <input type="checkbox"/> No	<b>(156)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information about this job 2 <input type="checkbox"/> No
19.	<b>(111)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information about this job 2 <input type="checkbox"/> No	<b>(134)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information about this job 2 <input type="checkbox"/> No	<b>(157)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information about this job 2 <input type="checkbox"/> No
1.	<input type="checkbox"/> - SKIP to 21	<input type="checkbox"/> - SKIP to 21	<input type="checkbox"/> - SKIP to 21
2.	<input type="checkbox"/> - ASK 20	<input type="checkbox"/> - ASK 20	<input type="checkbox"/> - ASK 20
20.	<b>(112)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information 2 <input type="checkbox"/> No - SKIP to Check Item J	<b>(135)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information 2 <input type="checkbox"/> No - SKIP to Check Item J	<b>(158)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information 2 <input type="checkbox"/> No - SKIP to Check Item J
21.	<b>(113)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information about simultaneous job 2 <input type="checkbox"/> No - ASK 22	<b>(136)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information about simultaneous job 2 <input type="checkbox"/> No - ASK 22	<b>(159)</b> 1 <input type="checkbox"/> Yes - GO to next column and record information about simultaneous job 2 <input type="checkbox"/> No - ASK 22
22.	<b>(114)</b> 1 <input type="checkbox"/> Yes - ASK 23 2 <input type="checkbox"/> No - GO to next column and record information about previous job	<b>(137)</b> 1 <input type="checkbox"/> Yes - ASK 23 2 <input type="checkbox"/> No - GO to next column and record information about previous job	<b>(160)</b> 1 <input type="checkbox"/> Yes - ASK 23 2 <input type="checkbox"/> No - GO to next column and record information about previous job
23.	<b>(115)</b> Month   Day   Year X <input type="checkbox"/> Never worked before	<b>(138)</b> Month   Day   Year X <input type="checkbox"/> Never worked before	<b>(161)</b> Month   Day   Year X <input type="checkbox"/> Never worked before
24a.	<b>(116)</b> _____ Weeks not working	<b>(139)</b> _____ Weeks not working	<b>(162)</b> _____ Weeks not working
b.	<b>(117)</b> _____ Weeks looking or on layoff	<b>(140)</b> _____ Weeks looking or on layoff	<b>(163)</b> _____ Weeks looking or on layoff
1.	<input type="checkbox"/> - SKIP to Check Item I	<input type="checkbox"/> - SKIP to Check Item I	<input type="checkbox"/> - SKIP to Check Item I
2.	<input type="checkbox"/> - ASK 25	<input type="checkbox"/> - ASK 25	<input type="checkbox"/> - ASK 25
25.	<b>(118)</b> 1 <input type="checkbox"/> Personal family reasons 6 <input type="checkbox"/> Labor dispute reasons 2 <input type="checkbox"/> Own illness 7 <input type="checkbox"/> Did not want to work 3 <input type="checkbox"/> Child care problems 8 <input type="checkbox"/> Vacation 4 <input type="checkbox"/> Pregnancy 9 <input type="checkbox"/> Other - Specify 5 <input type="checkbox"/> Layoff	<b>(141)</b> 1 <input type="checkbox"/> Personal family reasons 6 <input type="checkbox"/> Labor dispute reasons 2 <input type="checkbox"/> Own illness 7 <input type="checkbox"/> Did not want to work 3 <input type="checkbox"/> Child care problems 8 <input type="checkbox"/> Vacation 4 <input type="checkbox"/> Pregnancy 9 <input type="checkbox"/> Other - Specify 5 <input type="checkbox"/> Layoff	<b>(164)</b> 1 <input type="checkbox"/> Personal family reasons 6 <input type="checkbox"/> Labor dispute reasons 2 <input type="checkbox"/> Own illness 7 <input type="checkbox"/> Did not want to work 3 <input type="checkbox"/> Child care problems 8 <input type="checkbox"/> Vacation 4 <input type="checkbox"/> Pregnancy 9 <input type="checkbox"/> Other - Specify 5 <input type="checkbox"/> Layoff
1.	<input type="checkbox"/> - GO to next column and record information about previous job	<input type="checkbox"/> - GO to next column and record information about previous job	<input type="checkbox"/> - GO to next column and record information about previous job
2.	<input type="checkbox"/> - SKIP to Check Item J	<input type="checkbox"/> - SKIP to Check Item J	<input type="checkbox"/> - SKIP to Check Item J

## II. WORK EXPERIENCE AND ATTITUDES - Continued

**CHECK  
ITEM J**

Respondent is in -

- ☐ Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) - SKIP to Check Item K  
☐ Labor Force Group B ("LK" in 1 or "Yes" in 4a) - SKIP to 28a  
☐ Labor Force Group C (All others) - ASK 26a

26a. Do you intend to look for work of any kind in the next 12 months?

- 26a. (234) 1 ☐ Yes - definitely I  
 2 ☐ Yes - probably I ASK b  
☐ Maybe - What does it depend on? \_\_\_\_\_  
 3 ☐ No  
 4 ☐ Don't know SKIP to 27a

b. When do you intend to start looking for work?

b. (235) \_\_\_\_\_ Month

c. What kind of work do you think you will look for?

c. (236) ☐ ☐ ☐

d. What will you do to find work?  
(Mark as many as apply)

- d. (237) Check with   
 1 ☐ State employment agency  
 2 ☐ Private employment agency  
 3 ☐ Directly with employer  
 4 ☐ Friends or relatives  
 5 ☐ Place or answer newspaper ads  
 6 ☐ Other - Specify \_\_\_\_\_

27a. Why would you say that you are not looking for work at this time?

- 27a. (238) 1 ☐ Health reasons  
 2 ☐ Husband would not agree  
 3 ☐ Believes no work available  
 4 ☐ Does not want to work  
 5 ☐ No adequate child care  
 6 ☐ Pregnancy  
 7 ☐ Personal, family reasons  
 8 ☐ Other - Specify \_\_\_\_\_

b. If you were offered a job by some employer in THIS AREA, do you think you would take it?

- b. (239) 1 ☐ Yes, definitely  
 2 ☐ Yes, if it is something I can do  
 3 ☐ Yes, if satisfactory wage  
 4 ☐ Yes, if satisfactory location  
 5 ☐ Yes, if child care available  
 6 ☐ Yes, if husband agrees  
 7 ☐ Yes, if other \_\_\_\_\_  
 8 ☐ No, health won't permit  
 9 ☐ No, don't want to work (no need to)  
 10 ☐ No, husband doesn't want me to  
 11 ☐ No, too busy with home and/or family  
 12 ☐ No, other \_\_\_\_\_  
 ASK c  
 SKIP to 38a on page 11

c. How many hours per week would you be willing to work?

- c. (240) 1 ☐ 1-4  
 2 ☐ 5-14  
 3 ☐ 15-24  
 4 ☐ 25-34  
 5 ☐ 35-40  
 6 ☐ 41-48  
 7 ☐ 49 or more

d. What kind of work would it have to be?

d. (241) ☐ ☐ ☐

e. What would the wage or salary have to be?

- e. (242) \$ \_\_\_\_\_ per \_\_\_\_\_  
 (Dollars) (Cents)  
 (243) 1 ☐ Hour  
 (244) \$ \_\_\_\_\_ per \_\_\_\_\_  
 (Dollars only)  
 (245) 2 ☐ Day  
 3 ☐ Week  
 4 ☐ Biweekly  
 5 ☐ Month  
 6 ☐ Year  
 7 ☐ Any pay  
 8 ☐ Other - Specify \_\_\_\_\_  
 SKIP to 38a on page 11



## II. WORK EXPERIENCE AND ATTITUDES – Continued

28a. What type of work are you looking for?

28a. (246)

b. What would the wage or salary have to be for you to be willing to take it?

b. (247) \$ \_\_\_\_\_ per:   
 (Dollars) (Cents)

(248) 1 ☐ Hour

(249) \$ \_\_\_\_\_ per:   
 (Dollars only)

(250) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Other – Specify \_\_\_\_\_

8 ☐ Any pay

29a. Are there any restrictions, such as hours or location of job that would be a factor in your taking a job?

29a. (251) 1 ☐ Yes – ASK b  
2 ☐ No – SKIP to 38a on page 11

b. What are these restrictions?

b. (252)

SKIP to 38a on page 11

**CHECK  
ITEM K**

Respondent –

☐ Was in Labor Force Group C in 1969. (Item 85R on Information Sheet) – ASK 30

☐ All others – SKIP to 31

30. At this time in 1969, you were not looking for work. What made you decide to take a job?

30. (253) 1 ☐ Recovered from illness (include pregnancy)  
2 ☐ Bored  
3 ☐ Adequate child care available  
4 ☐ Needed money  
5 ☐ Children can care for themselves  
6 ☐ Other – Specify \_\_\_\_\_

31. How do you feel about the job you have now? Do you like it very much, like it fairly well, dislike it somewhat, dislike it very much?

31. (254) 1 ☐ Like it very much  
2 ☐ Like it fairly well  
3 ☐ Dislike it somewhat  
4 ☐ Dislike it very much

32. What are the things you like best about your job?

32. (255)

(1) (256)

(2) (257)

(3)

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

33. (258)

(1) (259)

(2) (260)

(3)

Notes

## II. WORK EXPERIENCE AND ATTITUDES – Continued

34. Suppose someone IN THIS AREA offered you a job in the same line of work you're in now. How much would the new job have to pay for you to be willing to take it? (If amount given per hour, record dollars and cents. Otherwise, round to the nearest dollar.)

34.

(261) \$ \_\_\_\_\_ per: ➤  
(Dollars) (Cents)

(262) 1 ☐ Hour

(263) \$ \_\_\_\_\_ per: ➤  
(Dollars only)

(264) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Any pay

8 ☐ Other – Specify \_\_\_\_\_

(265) 9 ☐ I wouldn't take it at any conceivable pay

10 ☐ I would take a steady job at same or less pay

11 ☐ Would accept job; don't know specific amount

12 ☐ Don't know

13 ☐ Other

**CHECK  
ITEM L**

- ☐ Respondent currently married – SKIP to Check Item M  
☐ Respondent not married – ASK 35

35. What if this job were IN SOME OTHER PART OF THE COUNTRY – how much would it have to pay in order for you to be willing to take it? (If amount given per hour, record dollars and cents. Otherwise, round to the nearest dollar.)

35.

(266) \$ \_\_\_\_\_ per: ➤  
(Dollars) (Cents)

(267) 1 ☐ Hour

(268) \$ \_\_\_\_\_ per: ➤  
(Dollars only)

(269) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Any pay

8 ☐ Other – Specify \_\_\_\_\_

(270) 9 ☐ I wouldn't take it at any conceivable pay

10 ☐ I would take a steady job at same or less pay

11 ☐ Would accept job; don't know specific amount

12 ☐ Depends on location, cost of living

13 ☐ Don't know

14 ☐ Other

**CHECK  
ITEM M**

Refer to item 85R on the Information Sheet

- ☐ Respondent in Labor Force Group A in 1969 – ASK 36  
☐ All other – SKIP to 38a

36. Would you say you like your present job more, less, or about the same as (the job you held) two years ago?

36.

(271) 1 ☐ More } ASK 37  
2 ☐ Less }  
3 ☐ Same – SKIP to 38a

37. What would you say is the main reason that you like your present job (more, less)?

37.

(272) ☐ ☐

Notes

(273)

(274)

(275)

### III. HEALTH

38a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?

- 38a. (276) 1 ☐ Yes — SKIP to 39a  
2 ☐ No — ASK b

b. Do you have any health problem or condition that limits in any way the amount or kind of housework you can do?

- b. (277) 1 ☐ Yes — SKIP to 39a  
2 ☐ No — ASK c

c. Do you have any health problems that in any way limit your other activities?

- c. (278) 1 ☐ Yes — ASK 39a  
2 ☐ No — SKIP to Check Item N

39a. How long have you been limited in this way?

- 39a. (279) 1 ☐ Less than 3 months  
2 ☐ 3 months, but less than 6 months  
3 ☐ 6 months, but less than 1 year  
4 ☐ 1 year, but less than 3 years  
5 ☐ 3 years, but less than 5 years  
6 ☐ 5 years, but less than 10 years  
7 ☐ 10 years or longer, but less than entire life  
8 ☐ All my life

SHOW FLASHCARD (A)

b. Do you ever have any difficulty performing any of the activities on this card?

- b. (280) 1 ☐ No  
2 ☐ Yes — Which ones? — Mark each activity mentioned and for each one marked ask —

Can you . . . at all?

- |  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| (281) 1 <input type="checkbox"/> Walking                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (282) 2 <input type="checkbox"/> Using stairs or inclines                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (283) 3 <input type="checkbox"/> Standing for long periods                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (284) 4 <input type="checkbox"/> Sitting for long periods                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (285) 5 <input type="checkbox"/> Stooping, kneeling, or crouching            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (286) 6 <input type="checkbox"/> Lifting or carrying weights up to 10 pounds | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (287) 7 <input type="checkbox"/> Lifting or carrying heavy weights           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (288) 8 <input type="checkbox"/> Reaching                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (289) 9 <input type="checkbox"/> Handling and fingering                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (290) 10 <input type="checkbox"/> Seeing (even with glasses)                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (291) 11 <input type="checkbox"/> Hearing                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (292) 12 <input type="checkbox"/> Dealing with people                        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (293) 13 <input type="checkbox"/> Other — Specify _____                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

SHOW FLASHCARD (B)

c. Are there any things on this card that bother you enough to be a problem?

- c. (294) 1 ☐ No  
2 ☐ Yes — Which ones? — Mark each problem mentioned
- (295) \*
- 1 ☐ Pain
  - 2 ☐ Tiring easily, no energy
  - 3 ☐ Weakness, lack of strength
  - 4 ☐ Aches, swelling, sick feeling
  - 5 ☐ Fainting spells, dizziness
  - 6 ☐ Nervousness, tension, anxiety, depression
  - 7 ☐ Shortness of breath, trouble breathing
  - 8 ☐ Other — Specify \_\_\_\_\_

SHOW FLASHCARD (C)

d. Which of these conditions would you have trouble working under because of your health?  
(Mark as many as apply)

- d. (296) \*
- 1 ☐ Fumes, dust, or smoke
  - 2 ☐ Hot places
  - 3 ☐ Cold places
  - 4 ☐ Damp places
  - 5 ☐ Noise or vibration
  - 6 ☐ Confusion or disorder
  - 7 ☐ Working indoors
  - 8 ☐ Working outdoors
  - 9 ☐ Other — Specify \_\_\_\_\_
  - 0 ☐ None

Notes

### III. HEALTH – Continued

<p>39e. Are you able to go outdoors without help from another person?</p>	39e.	<p>(297) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>f. Are you able to use public transportation, such as trains or buses, without help from another person?</p>	f.	<p>(298) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>g. Do you ever need help from others in looking after your personal care such as dressing, bathing, eating, and other daily activities?</p>	g.	<p>(299) 1 <input type="checkbox"/> Yes – ASK h 2 <input type="checkbox"/> No – SKIP to i</p>
<p>h. Would you say you need this kind of help frequently, occasionally, or rarely?</p>	h.	<p>(300) 1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Rarely</p>
<p>i. During the past three years, has your health condition become better, worse, or remained about the same?</p>	i.	<p>(301) 1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> Same</p>

**CHECK  
ITEM N**

- ☐ Respondent not currently married – SKIP to Check Item O
- ☐ All others – ASK 40

<p>40. Does your husband's health or physical condition limit the amount or kind of work he can do?</p>	40.	<p>(302) 1 <input type="checkbox"/> Yes – ASK 41a 2 <input type="checkbox"/> No – SKIP to Check Item O</p>
<p>41a. How long has he been limited in this way?</p>	41a.	<p>(303) 1 <input type="checkbox"/> Under 3 months 2 <input type="checkbox"/> 3 months, but less than 6 months 3 <input type="checkbox"/> 6 months, but less than 1 year 4 <input type="checkbox"/> 1 year, but less than 3 years 5 <input type="checkbox"/> 3 years or more</p>
<p>b. Is he able to go outdoors without help from another person?</p>	b.	<p>(304) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. Is he able to use public transportation, such as trains or buses, without help from another person?</p>	c.	<p>(305) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. Does he ever need help from others in looking after his personal care such as dressing, bathing, eating, and other daily activities?</p>	d.	<p>(306) 1 <input type="checkbox"/> Yes – ASK 41e 2 <input type="checkbox"/> No – SKIP to Check Item O</p>
<p>e. Would you say he needs this kind of help frequently, occasionally, or rarely?</p>	e.	<p>(307) 1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Rarely</p>

Notes

(308)

(309)

(310)

# IV. CHILD CARE

CHECK  
ITEM O

- ☐ Labor Force Group A with at least one child under 18 – ASK 42a  
☐ Labor Force Group B with at least one child under 18 – SKIP to 43a on page 15  
☐ Labor Force Group C with at least one child under 18 – SKIP to 44a on page 16  
☐ All others – SKIP to 45 on page 17

42a. Who usually takes care of your child(ren) while you are working?

a.

1. In own home by relative
  - a. Father. . . . .
  - b. Older brother or sister of child(ren)  
Age? . . . . .
  - c. Other relative . . . . .
2. In own home by nonrelative . . . . .
3. In relative's home . . . . .
4. In nonrelative's home . . . . .
5. Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten
  - a. Public (i.e., Government sponsored)
  - b. Private . . . . .
6. Child cares for self (without supervision) . . . . .
7. Mother cares for child at work . . . . .
8. In "regular" school or kindergarten while mother is working . . . . .
9. Other . . . . .

Specify →

Youngest child in each column

0-2 years old	3-5 years old	6+ years old
(311) 1 <input type="checkbox"/>	(314) 1 <input type="checkbox"/>	(317) 1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
(312) <input type="checkbox"/>	(315) <input type="checkbox"/>	(318) <input type="checkbox"/>
(313) 1 <input type="checkbox"/>	(316) 1 <input type="checkbox"/>	(319) 1 <input type="checkbox"/>
* 2 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>

CHECK  
ITEM P

- ☐ Child in regular school or kindergarten (in item 42a) – ASK 42b  
☐ All others – SKIP to 42c

42b. Who usually takes care of your child(ren) while you are working when they are NOT in school?

b.

1. In own home by relative.
  - a. Father. . . . .
  - b. Older brother or sister of child(ren)  
Age? . . . . .
  - c. Other relative . . . . .
2. In own home by nonrelative . . . . .
3. In relative's home . . . . .
4. In nonrelative's home . . . . .
5. Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten
  - a. Public (i.e., Government sponsored)
  - b. Private . . . . .
6. Child cares for self (without supervision) . . . . .
7. Mother cares for child at work . . . . .
8. Mother works only when child is in school . . . . .
9. Other . . . . .

Specify →

Youngest child in each column

0-2 years old	3-5 years old	6+ years old
	(320) 1 <input type="checkbox"/>	(323) 1 <input type="checkbox"/>
	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	(321) <input type="checkbox"/>	(324) <input type="checkbox"/>
	(322) 1 <input type="checkbox"/>	(325) 1 <input type="checkbox"/>
	* 2 <input type="checkbox"/>	* 2 <input type="checkbox"/>
	3 <input type="checkbox"/>	3 <input type="checkbox"/>
	4 <input type="checkbox"/>	4 <input type="checkbox"/>
	5 <input type="checkbox"/>	5 <input type="checkbox"/>
	6 <input type="checkbox"/>	6 <input type="checkbox"/>
	7 <input type="checkbox"/>	7 <input type="checkbox"/>
	8 <input type="checkbox"/>	8 <input type="checkbox"/>
	9 <input type="checkbox"/>	9 <input type="checkbox"/>
	10 <input type="checkbox"/>	10 <input type="checkbox"/>

Notes

# IV. CHILD CARE - Continued


42c. How dependable are these (is this) arrangement(s)? For instance, during the past two months, how often have you had to make last minute plans for the care of your child(ren) in order for you to work? Does this occur frequently, occasionally, rarely, or very rarely?

- c.
1. Frequently . . . . .
  2. Occasionally . . . . .
  3. Rarely . . . . .
  4. Very rarely . . . . .

Youngest child in each column		
0-2 years old	3-5 years old	6+ years old
(326) 1 <input type="checkbox"/>	(327) 1 <input type="checkbox"/>	(328) 1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

d(1). What is the total cost of having all of your child(ren) cared for while you are working?

d(1).

(329) \$ \_\_\_\_\_ per   
 (330) ☐ \_\_\_\_\_ If hours - ASK 42d(2); All others, SKIP to Check Item Q  
 0 ☐ No cost - SKIP to 42g

d(2). How many hours per week are these services required?

d(2).

(331) \_\_\_\_\_ Hours

CHECK  
ITEM Q

- ☐ Response to item 42d (1) in dollars per day - ASK 42e  
☐ All others - SKIP to 42f

42e. How many days per week do you work?

e.

(332) \_\_\_\_\_ Days per week

f. Does any of this cost cover house-keeping or other services not related to supervision of your child(ren)?


f.

(333) 1 ☐ Yes  
 2 ☐ No

g. Of all the ways your child(ren) could be cared for while you are working, is there any one way that you would prefer to your current arrangement(s)? (If yes, specify)

g.

- No . . . . .  
 Yes:  
 1. In own home by relative  
     a. Father . . . . .  
     b. Older brother or sister . . . . .  
     c. Other relative . . . . .  
 2. In own home by nonrelative . . . . .  
 3. In relative's home . . . . .  
 4. In nonrelative's home . . . . .  
 5. Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten  
     a. Public (i.e., Government sponsored) . . . . .  
     b. Private . . . . .  
 6. Child cares for self (without supervision) . . . . .  
 7. Mother cares for child at work . . . . .  
 8. Other . . . . .

Youngest child in each column		
0-2 years old	3-5 years old	6+ years old
(334) 1 <input type="checkbox"/>	(336) 1 <input type="checkbox"/>	(338) 1 <input type="checkbox"/>
(335) 1 <input type="checkbox"/>	(337) 1 <input type="checkbox"/>	(339) 1 <input type="checkbox"/>
* 2 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Specify 		


CHECK  
ITEM R

- ☐ At least one child is being cared for in a child care center, or would prefer to have at least one child cared for in a child care center - SKIP to 45 on page 17  
☐ All others - ASK 42h

42h. You have not mentioned a child care center at all. If such a child care center were available at no higher cost than the arrangements you currently use, would you use it?

h.

Yes . . . . .  
 No . . . . .

Why not? 

Youngest child in each column		
0-2 years old	3-5 years old	6+ years old
(340) 1 <input type="checkbox"/>	(341) 1 <input type="checkbox"/>	(342) 1 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIP to 45		

# IV. CHILD CARE – Continued

43a. Who would take care of your child(ren) if you were to find a job?	a.	Youngest child in each column		
		0–2 years old	3–5 years old	6+ years old
	1. In own home by relative			
	a. Father . . . . .	(343) 1 <input type="checkbox"/>	(346) 1 <input type="checkbox"/>	(349) 1 <input type="checkbox"/>
	b. Older brother or sister of child(ren)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	Age? . . . . .	(344) _____	(347) _____	(350) _____
	c. Other relative . . . . .	(345) 1 <input type="checkbox"/>	(348) 1 <input type="checkbox"/>	(351) 1 <input type="checkbox"/>
	2. In own home by nonrelative . . . . .	* 2 <input type="checkbox"/>	* 2 <input type="checkbox"/>	* 2 <input type="checkbox"/>
	3. In relative's home . . . . .	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
	4. In nonrelative's home . . . . .	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
	5. Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten			
	a. Public (i.e., Government sponsored)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Private . . . . .	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	
6. Child would care for self (without supervision) . . . . .	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	
7. Mother would care for child at work	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	
8. In "regular" school or kindergarten while mother would work . . . . .	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	
9. Other . . . . .	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	
Specify _____				

CHECK  
ITEM S

- ☐ Child in regular school or kindergarten (in item 43a) – ASK 43b  
☐ All others – SKIP to 43c

43b. Who would take care of your child(ren) when they are NOT in school, if you were to find a job?	b.	Youngest child in each column		
		0–2 years old	3–5 years old	6+ years old
	1. In own home by relative			
	a. Father . . . . .		(352) 1 <input type="checkbox"/>	(355) 1 <input type="checkbox"/>
	b. Older brother or sister of child(ren)		2 <input type="checkbox"/>	2 <input type="checkbox"/>
	Age? . . . . .		(353) _____	(356) _____
	c. Other relative . . . . .		(354) 1 <input type="checkbox"/>	(357) 1 <input type="checkbox"/>
	2. In own home by nonrelative . . . . .		* 2 <input type="checkbox"/>	* 2 <input type="checkbox"/>
	3. In relative's home . . . . .		3 <input type="checkbox"/>	3 <input type="checkbox"/>
	4. In nonrelative's home . . . . .		4 <input type="checkbox"/>	4 <input type="checkbox"/>
	5. Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten			
	a. Public (i.e., Government sponsored)		5 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Private . . . . .		6 <input type="checkbox"/>	6 <input type="checkbox"/>	
6. Child would care for self (without supervision) . . . . .		7 <input type="checkbox"/>	7 <input type="checkbox"/>	
7. Mother would care for child at work		8 <input type="checkbox"/>	8 <input type="checkbox"/>	
8. Mother would work only when child is in school . . . . .		9 <input type="checkbox"/>	9 <input type="checkbox"/>	
9. Other . . . . .		10 <input type="checkbox"/>	10 <input type="checkbox"/>	
Specify _____				

43c(1). What do you think will be the TOTAL cost of having your child(ren) cared for while you are working?

c(1).

(358) \$ \_\_\_\_\_ per \_\_\_\_\_  
(359) \_\_\_\_\_ If hours – ASK 43c(2);  
All others, SKIP  
to 43d  
o ☐ No cost anticipated  
x ☐ Don't know SKIP to 43e

c(2). How many hours per week would these services be required?

c(2).

(360) \_\_\_\_\_ Hours

d. Will any of this cost cover house-keeping or other services not related to supervision of your child(ren)?

d.

(361) 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't know

# IV. CHILD CARE – Continued

43e. Of all the ways your child(ren) could be cared for while you are working, which arrangement would you prefer?

- e.
1. In own home by relative
    - a. Father . . . . .
    - b. Older brother or sister of child(ren) . . . . .
    - c. Other relative . . . . .
  2. In own home by nonrelative . . . . .
  3. In relative's home . . . . .
  4. In nonrelative's home . . . . .
  5. Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten
    - a. Public (i.e., Government sponsored) . . . . .
    - b. Private . . . . .
  6. Child would care for self (without supervision) . . . . .
  7. Mother would care for child at work . . . . .
  8. Other . . . . .

Youngest child in each column

0–2 years old      3–5 years old      6+ years old

(362) 1 [ ]	(363) 1 [ ]	(364) 1 [ ]
2 [ ]	2 [ ]	2 [ ]
3 [ ]	3 [ ]	3 [ ]
4 [ ]	4 [ ]	4 [ ]
5 [ ]	5 [ ]	5 [ ]
6 [ ]	6 [ ]	6 [ ]
7 [ ]	7 [ ]	7 [ ]
8 [ ]	8 [ ]	8 [ ]
9 [ ]	9 [ ]	9 [ ]
10 [ ]	10 [ ]	10 [ ]
11 [ ]	11 [ ]	11 [ ]

Specify →

CHECK  
ITEM T

- ☐ Intends to use or prefers to use a child care center for at least one child – SKIP to 45  
☐ All other – ASK 43f

43f. You have not mentioned a child care center at all. If such a child care center were available to you at no cost, would you use it?

f.

Yes . . . . .  
 No . . . . .

Why not? →

Youngest child in each column

0–2 years old      3–5 years old      6+ years old

(365) 1 [ ]	(366) 1 [ ]	(367) 1 [ ]
[ ]	[ ]	[ ]

SKIP to 45

44a. In the past 12 months, have you been unable to look for work or take a job due to a lack of child care arrangements?

a.

(368) 1 [ ] Yes  
 2 [ ] No

b. If a child care center or day care home were available for your child(ren) at no cost to you, do you think you might look for a job right now?

b.

(369) 1 [ ] Yes  
 2 [ ] No  
☐ Depends – Specify →

Notes

(370)

(371)

(372)



# V. EDUCATION AND TRAINING

45a. Since we last contacted you have you taken any training courses or educational programs of any kind, either on the job or elsewhere?

b. What kind of training or educational program did you take?  
(Specify below, then mark one box)

c. Where did you take this training or course?  
(Specify below, then mark one box)

d. How long did you attend this course or program?

e. How many hours per week did you spend on this program?

f. Did you complete this program?

g. Why didn't you complete this program?

h. Why did you decide to take this program?

☐ Respondent not currently employed - SKIP to 46a

i. Do you use this training on your present job?

46a. Did you receive a diploma, degree or a new certificate required for practicing any professions or trade such as teacher, practical nurse or beautician in the past two years?

b. What type of diploma, degree, or certificate is this?

c. Is this certificate currently valid?

45a.

- (373) 1 ☐ Yes - ASK b-i  
2 ☐ No - SKIP to 46a

b.

- (374) 1 ☐ Professional, technical  
2 ☐ Managerial  
3 ☐ Clerical  
4 ☐ Skilled manual  
5 ☐ Semi-skilled manual  
6 ☐ Service  
7 ☐ General courses (English, math, art)  
8 ☐ Other - Specify \_\_\_\_\_

c.

- (375) 1 ☐ University or college  
2 ☐ Business college, technical institute  
3 ☐ Company training school  
4 ☐ Correspondence course  
5 ☐ Adult education or night school  
6 ☐ Other - Specify \_\_\_\_\_

d.

(376) \_\_\_\_\_ Weeks

e.

- (377) 1 ☐ 1- 4  
2 ☐ 5- 9  
3 ☐ 10-14  
4 ☐ 15-19  
5 ☐ 20 or more

f.

- (378) 1 ☐ Yes - SKIP to h  
2 ☐ No, dropped out - ASK g  
3 ☐ No, still enrolled - SKIP to h

g.

- (379) 1 ☐ Found a job  
2 ☐ Too much time involved  
3 ☐ Lost interest  
4 ☐ Too difficult  
5 ☐ Marriage  
6 ☐ Pregnancy  
7 ☐ No one to care for children  
8 ☐ Other family reason  
9 ☐ Other - Specify \_\_\_\_\_

h.

- (380) 1 ☐ To obtain work  
2 ☐ To improve current job situation  
3 ☐ To get a better job  
4 ☐ Children have grown up  
5 ☐ Bored staying home  
6 ☐ Other - Specify \_\_\_\_\_

i.

- (381) 1 ☐ Yes  
2 ☐ No

46a.

- (382) 1 ☐ Yes - ASK b  
2 ☐ No - SKIP to 47a

b.

(383) \_\_\_\_\_

c.

- (384) 1 ☐ Yes  
2 ☐ No

Notes

(385)

(386)

# VI. ASSETS AND INCOME

47a. Is this house (apartment) owned or being bought by you (or your husband)?

47a. (387) 1 ☐ Yes  
2 ☐ No - SKIP to 48a

b. About how much do you think this property would sell for on today's market?

b. (388) \$ \_\_\_\_\_

c. About how much do you (or your husband) owe on this property for mortgages, back taxes, home improvement loans, etc.?

c. (389) \$ \_\_\_\_\_  
o ☐ None

48a. Do you (or your husband) have any money in savings or checking accounts, savings and loan companies, or credit unions?

48a. ☐ Yes - How much altogether?  
(390) \$ \_\_\_\_\_  
☐ No

b. Do you (or your husband) have any -  
(1) U.S. Savings Bonds?

b. ☐ Yes - What is their face value?  
(1) (391) \$ \_\_\_\_\_  
☐ No

(2) Stocks, bonds, or mutual funds?

(2) ☐ Yes - About how much is their market value?  
(392) \$ \_\_\_\_\_  
☐ No

49a. Do you (or your husband) rent, own, or have an investment in a farm, business, or any other real estate?

49a. (393) 1 ☐ Yes - ASK b-d  
2 ☐ No - SKIP to 50a

b. Which one?

b. (394) 1 ☐ Farm  
2 ☐ Business  
3 ☐ Real estate

c. About how much do you think this (business, farm, or other real estate) would sell for on today's market?

c. (395) \$ \_\_\_\_\_

d. What is the total amount of debt and other liabilities on this (business, farm, or other real estate)?

d. (396) \$ \_\_\_\_\_  
o ☐ None

50a. Do you (or your husband) own an automobile(s)?

50a. (397) 1 ☐ Yes - ASK b-d  
2 ☐ No - SKIP to 51

b. What is (are) the make and model year?

b. (398) \_\_\_\_\_ Model year \_\_\_\_\_ Make  
(399) \_\_\_\_\_ Model year \_\_\_\_\_ Make  
(400) \_\_\_\_\_ Model year \_\_\_\_\_ Make

c. Do you owe any money on this (these) automobile(s)?

c. ☐ Yes - How much?  
(401) \$ \_\_\_\_\_  
(402) \$ \_\_\_\_\_  
(403) \$ \_\_\_\_\_  
☐ No

d. How much would this (these) car(s) sell for on today's market?

d. (404) \$ \_\_\_\_\_  
(405) \$ \_\_\_\_\_  
(406) \$ \_\_\_\_\_

51. Do you (or your husband) owe any (other) money to stores, banks, doctors, or anyone else, excluding 30-day charge accounts?

51. ☐ Yes - How much?  
(407) \$ \_\_\_\_\_  
☐ No

52a. So far as your overall financial position is concerned, would you say you (and your husband) are better off, about the same or worse off now than you were when we last interviewed you?

52a. (408) 1 ☐ About the same - SKIP to 53  
2 ☐ Better off | ASK b  
3 ☐ Worse off |

b. In what ways are you (better, worse) off?

b. (409) ☐ \_\_\_\_\_

53a. In 1969, how much did you receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

53a. (410) \$ \_\_\_\_\_  
☐ None

b. In 1969 what was the total income from all sources of all family members living here?

b. (411) \$ \_\_\_\_\_

Notes

# VI. ASSETS AND INCOME - Continued

<p>54. Now I'd like to ask a few questions on your income in 1970 -</p> <p>a. In 1970, how much did you receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?</p> <p><input type="checkbox"/> Respondent not married - SKIP to c</p> <p>b. In 1970, how much did your husband receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?</p> <p><input type="checkbox"/> No other family members 14 years or older - SKIP to 55a</p> <p>c. In 1970, how much did all other family members living here receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?</p>	<p>54a. (412) \$ _____</p> <p><input type="checkbox"/> None</p> <p>b. (413) \$ _____</p> <p><input type="checkbox"/> None</p> <p>c. (414) \$ _____</p> <p><input type="checkbox"/> None</p>																																				
<p>55a. In 1970, did you receive any income from working on your own or in your own business, professional practice, or partnership?</p> <p>\$ _____ less \$ _____ = \$ _____</p> <p style="text-align: center; font-size: small;">(Gross income) (Expenses) (Net income)</p> <p><input type="checkbox"/> No other family members 14 years or older - SKIP to 56</p> <p>b. In 1970, did any other family members living here receive any income from working on their own or in their own business, professional practice, or partnership?</p> <p>\$ _____ less \$ _____ = \$ _____</p> <p style="text-align: center; font-size: small;">(Gross income) (Expenses) (Net income)</p>	<p>55a. <input type="checkbox"/> Yes - How much?</p> <p>(415) \$ _____</p> <p><input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes - How much?</p> <p>(416) \$ _____</p> <p><input type="checkbox"/> No</p>																																				
<p>56. In 1970, did your family receive any income from operating a farm?</p> <p>\$ _____ less \$ _____ = \$ _____</p> <p style="text-align: center; font-size: small;">(Gross income) (Expenses) (Net income)</p>	<p>56. <input type="checkbox"/> Yes - How much?</p> <p>(417) \$ _____</p> <p><input type="checkbox"/> No</p>																																				
<p>57. In addition, during 1970, did anyone in this family living here receive any rental income from roomers and boarders, an apartment in this house or another building, or other real estate?</p> <p>\$ _____ less \$ _____ = \$ _____</p> <p style="text-align: center; font-size: small;">(Gross income) (Expenses) (Net income)</p>	<p>57. <input type="checkbox"/> Yes - How much?</p> <p>(418) \$ _____</p> <p><input type="checkbox"/> No</p>																																				
<p>58. In 1970, did anyone in this family living here receive interest or dividends, on savings, stocks, bonds, or income from estates or trusts?</p>	<p>58. <input type="checkbox"/> Yes - How much?</p> <p>(419) \$ _____</p> <p><input type="checkbox"/> No</p>																																				
<p>59a. In 1970, did you receive any unemployment compensation?</p> <p><input type="checkbox"/> Respondent not married - ASK c</p> <p>b. In 1970, did your husband receive any unemployment compensation?</p> <p><input type="checkbox"/> No other family members 14 years or older - SKIP to 60</p> <p>c. In 1970, did any other family members living here receive any unemployment compensation?</p>	<p>59a. <input type="checkbox"/> Yes</p> <p>(420) _____ How many weeks?</p> <p>How much did you receive altogether?</p> <p>(421) \$ _____</p> <p><input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes</p> <p>(422) _____ How many weeks?</p> <p>How much did he receive altogether?</p> <p>(423) \$ _____</p> <p><input type="checkbox"/> No</p> <p>c. <input type="checkbox"/> Yes - How much?</p> <p>(424) \$ _____</p> <p><input type="checkbox"/> No</p>																																				
<p>60. In 1970, did anyone in this family living here receive income as a result of disability or illness such as (Read list): If "Yes" to any items in list, enter amount, indicating whether received by respondent or other family member.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 20%; text-align: center;">Respondent</th> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">Other family member</th> </tr> </thead> <tbody> <tr> <td>(1) Veteran's compensation or pension? . . . . .</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(425) \$ _____</td> <td></td> <td>(430) \$ _____</td> </tr> <tr> <td>(2) Workmen's compensation? . . . . .</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(426) _____</td> <td></td> <td>(431) _____</td> </tr> <tr> <td>(3) Aid to the permanently and totally disabled or aid to the blind? . . .</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(427) _____</td> <td></td> <td>(432) _____</td> </tr> <tr> <td>(4) Social Security disability payments? . . . . .</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(428) _____</td> <td></td> <td>(433) _____</td> </tr> <tr> <td>(5) Any other disability payment? - Specify type →</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(429) _____</td> <td></td> <td>(434) _____</td> </tr> </tbody> </table>			Yes	No	Respondent		Other family member	(1) Veteran's compensation or pension? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(425) \$ _____		(430) \$ _____	(2) Workmen's compensation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(426) _____		(431) _____	(3) Aid to the permanently and totally disabled or aid to the blind? . . .	<input type="checkbox"/>	<input type="checkbox"/>	(427) _____		(432) _____	(4) Social Security disability payments? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(428) _____		(433) _____	(5) Any other disability payment? - Specify type →	<input type="checkbox"/>	<input type="checkbox"/>	(429) _____		(434) _____
	Yes	No	Respondent		Other family member																																
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(5) Any other disability payment? - Specify type →	<input type="checkbox"/>	<input type="checkbox"/>	(429) _____		(434) _____																																

VIII. INFORMATION SHEET  
DATA FROM LAST INTERVIEW

84R. Date of last interview

Month	Day	Year
-------	-----	------

(572)

☐ Not interviewed in 1969

85R. Labor Force Group in 1969

1. ☐ A
2. ☐ B
3. ☐ C
4. ☐ Unable to work

86R. (1) Name of employer in 1969

\_\_\_\_\_

(2) Kind of work done in 1969

\_\_\_\_\_

☐ Not employed in 1969

87R. Status of respondent's parents in 1969

- (573) 1 ☐ Both parents of respondent are dead  
2 ☐ All other

88R. Status of husband's parents in 1969

- (574) 1 ☐ Respondent not married  
2 ☐ Both parents of the respondent's husband are dead  
3 ☐ All other

89R. Marital status at last interview

- (575) 1 ☐ Married  
2 ☐ Separated  
3 ☐ Widowed  
4 ☐ Divorced  
5 ☐ Never married

90R. Names and addresses of persons who will always know where respondent can be reached:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# VI. ASSETS AND INCOME - Continued

<p>61. In 1970, did anyone in this family living here receive any other Social Security payments, such as old age or survivor's insurance?</p>	<p>61. <input type="checkbox"/> Yes - Who? <span style="float: right;">7</span>  <input type="checkbox"/> Respondent - How much?  (435) \$ _____  <input type="checkbox"/> Husband - How much?  (436) \$ _____  <input type="checkbox"/> Other - How much?  (437) \$ _____  <input type="checkbox"/> No</p>																																																																								
<p>62. In 1970, did anyone in this family living here receive any Aid to Families with Dependent Children payments, or other public assistance or welfare payments?</p>	<p>62. <input type="checkbox"/> Yes  <input type="checkbox"/> AFDC - How much?  (438) \$ _____  <input type="checkbox"/> Other - How much?  (439) \$ _____  <input type="checkbox"/> No</p>																																																																								
<p>63a. In 1970, did anyone in this family living here buy any food stamps under the Government's Food Stamp Plan?</p> <p>b. In how many months did you buy stamps?</p> <p>c. How much was your monthly bonus?</p>	<p>63a. <input type="checkbox"/> Yes - ASK b and c  <input type="checkbox"/> No - SKIP to 64a</p> <p>b. (440) _____ Months</p> <p>c. (441) \$ _____</p>																																																																								
<p>64a. In 1970, did anyone in this family living here receive any pensions from local, State, or Federal Government?</p> <p>b. In 1970, did anyone in this family living here receive any other retirement pensions, such as private employee or personal retirement benefits?</p>	<p>64a. <input type="checkbox"/> Yes - How much?  (442) \$ _____  <input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes - How much?  (443) \$ _____  <input type="checkbox"/> No</p>																																																																								
<p>65. In 1970, did anyone in this family living here receive any other type of income, such as alimony, child support, contributions from family members living elsewhere, annuities, or anything else?</p>	<p>65. <input type="checkbox"/> Yes - How much?  (444) \$ _____  <input type="checkbox"/> No</p>																																																																								
<p>66. In 1970, did you (or your husband) purchase any of the following items?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th></th> <th colspan="2">Was it -</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th>New?</th> <th>Used?</th> </tr> </thead> <tbody> <tr> <td>(1) Washing machine . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(445)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(2) Clothes dryer . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(446)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(3) Electric or gas stove . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(447)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(4) Refrigerator . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(448)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(5) Freezer . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(449)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(6) Room air-conditioner . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(450)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(7) Television . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(451)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(8) Garbage disposal . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(452)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(9) Hi-fi or stereo . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(453)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(10) Dishwasher . . . . .</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(454)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No		Was it -						New?	Used?	(1) Washing machine . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(445)	<input type="checkbox"/>	<input type="checkbox"/>	(2) Clothes dryer . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(446)	<input type="checkbox"/>	<input type="checkbox"/>	(3) Electric or gas stove . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(447)	<input type="checkbox"/>	<input type="checkbox"/>	(4) Refrigerator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(448)	<input type="checkbox"/>	<input type="checkbox"/>	(5) Freezer . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(449)	<input type="checkbox"/>	<input type="checkbox"/>	(6) Room air-conditioner . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(450)	<input type="checkbox"/>	<input type="checkbox"/>	(7) Television . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(451)	<input type="checkbox"/>	<input type="checkbox"/>	(8) Garbage disposal . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(452)	<input type="checkbox"/>	<input type="checkbox"/>	(9) Hi-fi or stereo . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(453)	<input type="checkbox"/>	<input type="checkbox"/>	(10) Dishwasher . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	(454)	<input type="checkbox"/>	<input type="checkbox"/>
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<p>67. In 1970, did you have any major expenditures on housing such as remodeling or redecorating, plumbing, electrical work, roofing, painting, or heating which amounted to more than \$200?</p>	<p>67. (455) 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>																																																																								
<p>68. Aside from anything else you have mentioned, did you (or other members of your family) have any other major expenses in 1970 such as medical, dental, accident, travel, or education which amounted to more than \$200?</p>	<p>68. (456) 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>																																																																								

## VII. FAMILY BACKGROUND

<p><b>CHECK ITEM U</b></p>	<p>Refer to item 87R on Information Sheet</p> <p><input type="checkbox"/> Respondent's parents are dead - SKIP to Check Item V</p> <p><input type="checkbox"/> All other - ASK 69a</p>
<p>69a. Now I have some questions on your family background. Are your mother and father living?</p>	<p>69a. (457) 1 <input type="checkbox"/> BOTH parents alive  2 <input type="checkbox"/> MOTHER alive, father dead  3 <input type="checkbox"/> FATHER alive, mother dead  4 <input type="checkbox"/> NEITHER parent alive</p>
<p><b>CHECK ITEM V</b></p>	<p>Refer to items 88R and 89R on Information Sheet and item 13, cover page</p> <p><input type="checkbox"/> Respondent not married</p> <p><input type="checkbox"/> Respondent's husband's parents are dead } SKIP to 70a</p> <p><input type="checkbox"/> All other - ASK 69b</p>

# VII. FAMILY BACKGROUND - Continued

<p>69b. Are your husband's mother and father living?</p>	<p>69b. (458) 1 <input type="checkbox"/> BOTH parents alive          2 <input type="checkbox"/> MOTHER alive, father dead          3 <input type="checkbox"/> FATHER alive, mother dead          4 <input type="checkbox"/> NEITHER parent alive</p>
<p>70a. How many persons, not counting yourself, (and your husband) are dependent upon you (and your husband) for at least one-half of their support?</p> <p>b. Do any of these dependents live somewhere else other than here at home with you?</p> <p>c. What is their relationship to you?</p>	<p>70a. (459) _____ Number - ASK b          0 <input type="checkbox"/> None - SKIP to 71a</p> <p>b. <input type="checkbox"/> Yes - How many?          (460) _____ - ASK c          00 <input type="checkbox"/> No - SKIP to 71a</p> <p>c. (461) <input type="checkbox"/></p>
<p>71a. The last time we talked to you was about two years ago. Would you say that during the past two years there has been any change in your feeling about having a job outside the home for pay?</p> <p>b. In what way has your feeling changed?</p> <p>c. Why would you say your thinking has changed?</p>	<p>71a. (462) 1 <input type="checkbox"/> Yes - ASK b and c          2 <input type="checkbox"/> No          3 <input type="checkbox"/> Don't know } SKIP to 72</p> <p>b. (463) <input type="checkbox"/></p> <p>c. (464) <input type="checkbox"/></p>
<p>72. In what State did you last attend high school?</p>	<p>72. (465) <input type="text"/> State          x <input type="checkbox"/> Did not attend high school</p>
<p><b>CHECK ITEM W</b></p>	<p>Refer to item 89R on Information Sheet and item 13, cover page</p> <p><input type="checkbox"/> Marital status has changed since last interview - ASK 73</p> <p><input type="checkbox"/> Marital status has not changed since last interview - SKIP to Check Item X</p>
<p>73. When were you -</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Married?  <input type="checkbox"/> Divorced?  <input type="checkbox"/> Widowed?  <input type="checkbox"/> Separated?         </p>	<p>73. (466) _____ Month _____ Year</p>
<p><b>CHECK ITEM X</b></p>	<p>Determine whether or not respondent lives in the same area (SMSA or county) as when last interviewed</p> <p>(467) 1 <input type="checkbox"/> Respondent lives in same area (SMSA or county) as when last interviewed - SKIP to 74f          2 <input type="checkbox"/> Respondent lives in different area (SMSA or county) than when last interviewed - ASK 74a</p>
<p>74a. When we last interviewed you, you were living in a different area. How many miles from here is that?</p> <p>b. How did you happen to move here?</p> <p>c. Did you have a job lined up here at the time you moved?</p> <p>d. How many weeks did you look before you found work?</p> <p>(1) How many weeks did you look before you moved?</p> <p>(2) How many weeks did you look after you moved?</p> <p>e. Since we last interviewed you, have you lived in any area other than the present one or the one in which you lived when we interviewed you last?</p> <p>f. Have you lived in any area other than the present one since we last interviewed you?</p>	<p>74a. (468) _____ Miles</p> <p>b. (469) <input type="checkbox"/></p> <p>c. (470) 1 <input type="checkbox"/> Yes, different from job held at time of move          2 <input type="checkbox"/> Yes, same as job held at time of move          3 <input type="checkbox"/> Yes, transferred job in same company          4 <input type="checkbox"/> No - ASK d } SKIP to e</p> <p>d. (471) _____ Total weeks          00 <input type="checkbox"/> Did not look for work - SKIP to e          99 <input type="checkbox"/> Still haven't found work</p> <p>(1) (472) _____ Weeks before</p> <p>(2) (473) _____ Weeks after</p> <p>e. <input type="checkbox"/> Yes - How many?          (474) _____ } SKIP to 75          0 <input type="checkbox"/> No</p> <p>f. <input type="checkbox"/> Yes - How many?          (475) _____          0 <input type="checkbox"/> No</p>
<p>Notes</p>	<p>(476) _____</p> <p>(477) _____</p> <p>(478) _____</p>

Now I have a few questions about the education and work experience of the other family members living here.

Line number	Name List below all persons living here who are related to respondent. Enter the line number from the Household Record Card in column 75.	Relationship to respondent Example: husband, son, daughter-in-law, brother, etc.	Age As of April 1, 1971	Persons 6-24 years old				Persons 14 years old and over		
				Is . . . attending or enrolled in school? Circle Y - Yes N - No	If "Yes" - What grade (year)? If "No" - What is the highest grade (year) . . . ever attended?	Did finish this grade (year)?	How much school do you think . . . is going to get?	In 1970, how many weeks did . . . work either full or part-time (not counting work around the house)?	In the weeks that . . . worked, how many hours did . . . usually work per week?	If person worked at all in 1970
75	76a	76b	77	78	79	80	81	82	83a	83b
		(479) Respondent		(481) Y N		Y N		(482)		(483)
		(480)		(483) Y N		Y N		(486)		(487)
		(484)		(489) Y N		Y N		(490)		(491)
		(488)		(493) Y N		Y N		(494)		(495)
		(492)		(497) Y N		Y N		(498)		(499)
		(496)		(501) Y N		Y N		(502)		(503)
		(500)		(505) Y N		Y N		(506)		(507)
		(504)		(509) Y N		Y N		(510)		(511)
		(508)		(513) Y N		Y N		(514)		(515)
		(512)		(517) Y N		Y N		(518)		(519)
		(516)		(521) Y N		Y N		(522)		(523)
		(520)		(525) Y N		Y N		(526)		(527)
		(524)		(529) Y N		Y N		(530)		(531)
		(528)		(533) Y N		Y N		(534)		(535)
		(532)		(537) Y N		Y N		(538)		(539)
		(536)		(541) Y N		Y N		(542)		(543)
		(540)		(545) Y N		Y N		(546)		(547)
		(544)		(549) Y N		Y N		(550)		(551)
		(548)		(553) Y N		Y N		(554)		(555)
		(552)		(557) Y N		Y N		(558)		(559)
		(556)		(561) Y N		Y N		(562)		(563)
		(560)		(565) Y N		Y N		(566)		(567)
		(564)		(569) Y N		Y N		(570)		(571)

83c. When we last interviewed you, you mentioned (read names from item 90R on Information Sheet) as persons who will always know where you can be reached even if you moved away. Is this still true?  
(If so, verify the addresses and telephone numbers and enter below. If not, enter information about other persons who will know the respondent's whereabouts.)

Telephone number	Address	Relationship to respondent	Name
			(1)
			(2)

NONINTERVIEWS IN 1969

Ask the following questions of all respondents who were noninterviews in 1969. Transcribe the answers to the appropriate item on the Information Sheet, then proceed with the regular interview.

A. What were you doing at this time in 1969 – working, keeping house, or something else?

- 1 ☐ Working } ASK B  
2 ☐ With a job, not at work }  
3 ☐ Looking for work }  
4 ☐ Keeping house } END of  
5 ☐ Unable to work } questions  
6 ☐ Other – Specify 7 }

\_\_\_\_\_  
\_\_\_\_\_

B. For whom did you work?

\_\_\_\_\_  
\_\_\_\_\_

C. What kind of work were you doing?

\_\_\_\_\_  
\_\_\_\_\_

Transcribe entries as follows:

1. If box 1 or 2 is checked, mark "Labor Force Group A" in 85R.  
2. If box 3 is checked, mark "Labor Force Group B" in 85R.  
3. If box 4 or 6 is checked, mark "Labor Force Group C" in 85R.  
4. If box 5 is checked, mark "Unable to work" in 85R.

Transfer name of employer to 86R(1)

Transfer kind of work to 86R(2)

WHEN THE TRANSCRIPTION HAS BEEN COMPLETED,  
BEGIN THE REGULAR INTERVIEW WITH ITEM 1.

Notes

OFFICE USE ONLY

91R. ☐ Noninterview in 1968  
(1) Name of employer in 1968

☐ Not employed in 1968

92R. (1) Name of employer in 1967

☐ Not employed in 1967

93R. Residence in 1967

City \_\_\_\_\_

State \_\_\_\_\_



VIII. INFORMATION SHEET  
DATA FROM LAST INTERVIEW

84R. Date of last interview

(572)

Month	Day	Year
-------	-----	------

☐ Not interviewed in 1969

85R. Labor Force Group in 1969

1. ☐ A
2. ☐ B
3. ☐ C
4. ☐ Unable to work

86R. (1) Name of employer in 1969

\_\_\_\_\_

(2) Kind of work done in 1969

\_\_\_\_\_

☐ Not employed in 1969

87R. Status of respondent's parents in 1969

- (573) 1 ☐ Both parents of respondent are dead
- 2 ☐ All other

88R. Status of husband's parents in 1969

- (574) 1 ☐ Respondent not married
- 2 ☐ Both parents of the respondent's husband are dead
- 3 ☐ All other

89R. Marital status at last interview

- (575) 1 ☐ Married
- 2 ☐ Separated
- 3 ☐ Widowed
- 4 ☐ Divorced
- 5 ☐ Never married

90R. Names and addresses of persons who will always know where respondent can be reached:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_