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PGM 2 ↓

FORM **LGT-3161**
(7-20-92)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**1992 SURVEY
OF MATURE WOMEN**

**NATIONAL LONGITUDINAL
SURVEYS**

METHODS OF LOCATING RESPONDENT WHO HAS MOVED

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

Successful

Unsuccessful

0001

1

☐

0002

3

☐

0003

5

☐

0004

7

☐

0005

1

☐

0006

3

☐

0007

5

☐

2

New occupants

4

Neighbors

6

Landlord or apartment manager

8

Post office

2

Telephone company (including
directory and information operator)

4

Persons listed on back of record card

6

Other – *Specify* ⌵

RECORD OF CALLS

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

RECORD OF INTERVIEW

Respondent for this questionnaire is:

0008

☐ Sample person

☐ Proxy for sample person

☐ Sample person's husband – *Mark this box only on Book 2 of 2 books questionnaire*

Method of interview

0009

☐ Telephone

☐ Personal visit

☐ Both

Date completed

0010

Month	Day	Year

Length of interview
(Minutes)

0011

Interview time

Began

a.m.
p.m.

Ended

a.m.
p.m.

Regional Office
code

00

Interviewed by (Name and code)

NONINTERVIEW REASON

0012

☐ Unable to contact – Other

☐ Mover – Good address in U.S. but interview impossible

☐ Mover – Good address in U.S. but unable to obtain interview after repeated attempts

☐ Mover – No good address

☐ Nonmover – Unable to obtain interview after repeated attempts

☐ Temporarily absent – *Give return date in NOTES, page 2*

☐ Armed Forces – *Give source and date of expected return to civilian life in NOTES, page 2*

Explain in NOTES, page 2

☐ Institutionalized – *Specify name, type, and date of return in NOTES, page 2*

☐ Refused – *Explain in NOTES, page 2*

☐ Deceased – *Give source and date of death in NOTES, page 2*

☐ Moved outside U.S. (other than Armed forces) – *Give source in NOTES, page 2*

☐ 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 2b.*

0013

☐ Same as questionnaire label – *GO to R2*

☐ Different from questionnaire label – *Transcribe* ⌵

Number and street

Place

State

ZIP Code

County

R2. Permanent address – *Transcribe information from LGT-1D record card item 2e.*

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

Number and street

Place

State

ZIP Code

County

NOTES

Lined area for notes.

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY

<p>1. What were you doing most of LAST WEEK – working, keeping house, or something else?</p> <p>0023 1 <input type="checkbox"/> WK – Working – Mark (X) box 1 in R10 on the Information sheet and SKIP to 2b</p> <p>2 <input type="checkbox"/> J – With a job but not at work – Mark (X) box 1 in R10 on the Information sheet and GO to 2a</p> <p>3 <input type="checkbox"/> LK – Looking for work } ASK 2a</p> <p>4 <input type="checkbox"/> S – Going to school }</p> <p>5 <input type="checkbox"/> KH – Keeping house }</p> <p>6 <input type="checkbox"/> U – Unable to work – SKIP to Check Item A-2, page 4</p> <p>7 <input type="checkbox"/> R – Retired } ASK 2a</p> <p>8 <input type="checkbox"/> OT – Other – Specify _____</p>	<p>2a. Did you do any work at all LAST WEEK, not counting work around the house?</p> <p>NOTE: If farm or business operator in household, ask about unpaid work.</p> <p>0026 1 <input type="checkbox"/> Yes – Mark (X) box 1 in R10 on the Information sheet and GO to 2b</p> <p>2 <input type="checkbox"/> No – SKIP to 3a</p> <p>2b. How many hours did you work LAST WEEK at all jobs?</p> <p>0027 _____ Hours</p> <p style="text-align: center;">CHECK ITEM A-1</p> <p>Respondent worked –</p> <p>0028 1 <input type="checkbox"/> 49 hours or more – SKIP to 6a, page 4, and enter job worked at last week</p> <p>2 <input type="checkbox"/> 1–34 hours – ASK 2c</p> <p>3 <input type="checkbox"/> 35–48 hours – SKIP to 2d</p> <p>2d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?</p> <p>0029 2 <input type="checkbox"/> No – ASK 2e</p> <p>1 <input type="checkbox"/> Yes – How many hours did you take off? _____</p> <p>0030 _____ Hours</p> <p>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 4.</p> <p>2e. Did you work any overtime or at more than one job LAST WEEK?</p> <p>0031 2 <input type="checkbox"/> No – SKIP to 6a, page 4</p> <p>1 <input type="checkbox"/> Yes – How many extra hours did you work? _____</p> <p>0032 _____ Hours</p> <p>NOTE: Correct item 2b if extra hours not already included and SKIP to 6a, page 4.</p>	<p style="text-align: right;">If "J" is marked in item 1, SKIP to 3b</p> <p>3a. Did you have a job or business from which you were temporarily absent or on layoff LAST WEEK?</p> <p>0033 1 <input type="checkbox"/> Yes – Mark (X) box 1 in R10 on the Information sheet and GO to 3b</p> <p>2 <input type="checkbox"/> No – SKIP to 4a, page 4</p> <p>3b. Why were you absent from work LAST WEEK?</p> <p>0034 1 <input type="checkbox"/> Own illness } ASK 3c</p> <p>2 <input type="checkbox"/> Illness of family member }</p> <p>3 <input type="checkbox"/> On vacation }</p> <p>4 <input type="checkbox"/> Bad weather }</p> <p>5 <input type="checkbox"/> New job to begin within 30 days – ASK 4c and 4d(2), page 4</p> <p>6 <input type="checkbox"/> Temporary layoff (under 30 days) } ASK 4d(3), page 4</p> <p>7 <input type="checkbox"/> Indefinite layoff (30 days or more or no definite recall date) }</p> <p>8 <input type="checkbox"/> Labor dispute } ASK 3c</p> <p>9 <input type="checkbox"/> Other – Specify _____</p> <p>3c. Are you getting wages or salary for any of the time off LAST WEEK?</p> <p>0035 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Self-employed</p> <p>3d. Do you usually work 35 hours or more a week at this job?</p> <p>0036 1 <input type="checkbox"/> Yes } SKIP to 6a, page 4, and enter job held last week.</p> <p>2 <input type="checkbox"/> No }</p>
<p>2c. Do you USUALLY work 35 hours or more a week at this job?</p> <p>0024 1 <input type="checkbox"/> Yes – What is the reason you worked less than 35 hours LAST WEEK?</p> <p>2 <input type="checkbox"/> No – What is the reason you USUALLY work less than 35 hours a week?</p> <p>Mark (X) the appropriate reason; do not read list.</p> <p>0025 1 <input type="checkbox"/> Slack work</p> <p>2 <input type="checkbox"/> Material shortage</p> <p>3 <input type="checkbox"/> Plant or machine repair</p> <p>4 <input type="checkbox"/> New job started during week</p> <p>5 <input type="checkbox"/> Job terminated during week</p> <p>6 <input type="checkbox"/> Could find only part-time work</p> <p>7 <input type="checkbox"/> Holiday (legal or religious)</p> <p>8 <input type="checkbox"/> Labor dispute</p> <p>9 <input type="checkbox"/> Bad weather</p> <p>10 <input type="checkbox"/> Own illness</p> <p>11 <input type="checkbox"/> Illness of family member</p> <p>12 <input type="checkbox"/> On vacation</p> <p>13 <input type="checkbox"/> Too busy with housework</p> <p>14 <input type="checkbox"/> Too busy with school, personal business, etc.</p> <p>15 <input type="checkbox"/> Did not want full-time work</p> <p>16 <input type="checkbox"/> Full-time work week under 35 hours</p> <p>17 <input type="checkbox"/> Other reason – Specify _____</p>	<p style="text-align: center;">SKIP to 6a, page 4, and enter job worked at last week</p>	

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued		
If "LK" marked in item 1, page 3 – SKIP to 4b		
4a. Have you been looking for work during the past 4 weeks?	0037	1 <input type="checkbox"/> Yes – ASK 4b 2 <input type="checkbox"/> No – SKIP to Check Item A-2
b. What have you been doing in the last 4 weeks to find work?	0038	8 <input type="checkbox"/> Nothing – SKIP to Check Item A-2
Anything else?	0039	1 <input type="checkbox"/> State employment agency
Mark (X) all that apply; do not read list.	0040	2 <input type="checkbox"/> Private employment agency
	0041	3 <input type="checkbox"/> Employer directly
	0042	4 <input type="checkbox"/> Friends or relatives
	0043	5 <input type="checkbox"/> Placed or answered ads
	0044	6 <input type="checkbox"/> School employment service
	0045	7 <input type="checkbox"/> Other – Specify (e.g., JTPA, 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?	0046	1 <input type="checkbox"/> Lost job 2 <input type="checkbox"/> Quit job 3 <input type="checkbox"/> Wanted temporary work 4 <input type="checkbox"/> Children are older 5 <input type="checkbox"/> Enjoy working 6 <input type="checkbox"/> Help with family expenses 7 <input type="checkbox"/> 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?	0047	Weeks
(3) How many weeks ago were you laid off?		
e. Have you been looking for full-time or part-time work?	0048	1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time
f. Is there any reason why you could not take a job LAST WEEK?	0049	2 <input type="checkbox"/> No – SKIP to Check Item A-2 1 <input type="checkbox"/> Yes – Why?
Mark (X) only one reason.	0050	1 <input type="checkbox"/> Already has a job 2 <input type="checkbox"/> Temporary illness 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Other – Specify
CHECK ITEM A-2		
Refer to items 1, 2a, and 3a, page 3, and 4a, above.		Respondent is in –
Mark (X) corresponding box in R10 on the Information sheet.	0051	1 <input type="checkbox"/> Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) 2 <input type="checkbox"/> Labor Force Group B ("LK" in 1 or "Yes" in 4a) 3 <input type="checkbox"/> Labor Force Group C (All others)
5. When did you last work at a regular job or business lasting 2 consecutive weeks or more, either full-time or part-time?	0052	Month Day Year Transcribe date to R11 on the Information sheet and mark (X) appropriate box (2 or 3) below
Enter date OR mark (X) "Never" box, then mark (X) box 2 or 3 as appropriate.	0053	1 <input type="checkbox"/> Never – Mark (X) box 3 below
	0054	2 <input type="checkbox"/> Date above is on or after date in R6 on the Information Sheet – Mark box 2 in R11, then ASK 6a 3 <input type="checkbox"/> Date above is before date in R6 on the Information Sheet OR "Never" box marked above – Mark Box 3 in R11, then SKIP to Check Item A-14, page 13
6a. For whom did you (last) work?	0055	
(Name of company, business organization, or other employer)	PGM 6	
	6005	

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

CHECK ITEM A-3		PGM 3	
<p><i>Refer to R5 on the Information sheet and item 6a, page 4</i></p>		0056	<p>1 <input type="checkbox"/> Employer's name in R5 SAME as 6a – <i>SKIP to 7b</i></p> <p>2 <input type="checkbox"/> Employer's name in R5 DIFFERENT from 6a – <i>ASK 6b</i></p> <p>3 <input type="checkbox"/> All others – <i>SKIP to 7a</i></p>
<p>6b. Our records show that you were working for (Employer's name in R5) when we last interviewed you on (Date in R6). Is (Employer's name in 6a, page 4) the same employer?</p>		0057	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 7b</i></p> <p>2 <input type="checkbox"/> No – <i>ASK 7a</i></p>
<p>7a. When did you first start working for (Employer in 6a, page 4)?</p>		<p>0058</p> <div> <div>Month</div> <div></div> </div>	
		<p>0059</p> <div> <div>Year</div> <div>19</div> </div>	
<p>b. Have you ever left (Employer in 6a, page 4) to work somewhere else since (Date in R6/date in 7a)?</p> <p><i>Read whichever date is most recent.</i></p>		0060	<p>1 <input type="checkbox"/> Yes – <i>ASK 7c</i></p> <p>2 <input type="checkbox"/> No – <i>SKIP to 8a</i></p>
<p>c. When did you (last) return to (Employer in 6a, page 4)?</p>		<p>0061</p> <div> <div>Month</div> <div></div> </div>	
		<p>0062</p> <div> <div>Year</div> <div>19</div> </div>	
<p>8a. Many companies or organizations have employees at more than one location. BESIDES the place where you (work/worked), [(does/did) (Employer in 6a, page 4)/do you] have any employees working at any OTHER locations, as far as you know?</p>		0063	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
<p>b. At the place where you (work/worked), how many employees [(does/did) (Employer in 6a, page 4)/do you] have?</p>		<p>0064</p> <p>0065</p>	<p>_____ Number of employees</p> <p>1 <input type="checkbox"/> Varies</p> <p>2 <input type="checkbox"/> Don't know</p>
<p>CHECK ITEM A-4</p> <p><i>Refer to 8a above.</i></p>		0066	<p>1 <input type="checkbox"/> Box 1 marked in 8a – <i>ASK 8c</i></p> <p>2 <input type="checkbox"/> All others – <i>SKIP to 9a, page 6</i></p>
<p>8c. As far as you know, about how many employees [(does/did) (Employer in 6a, page 4)/do you] have working at all of (its/your) OTHER locations – under 1,000 employees or 1,000 employees or more?</p>		0067	<p>1 <input type="checkbox"/> Under 1,000 employees</p> <p>2 <input type="checkbox"/> 1,000 employees or more</p> <p>3 <input type="checkbox"/> Don't know</p>
<p>NOTES</p>			

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued		
9a. In what city, State, and county (is/was) (Employer in 6a, page 4) located?	0068	
	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.)	0069	1960 code
	0070	1980 code
c. (Are/Were) you – Transcribe entry in 9c to R12 on the Information Sheet.	0071	1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? – Transcribe entry to R12 and ASK 9d
	*	2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> Federal 4 <input type="checkbox"/> State 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? Is this business incorporated? 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No (or farm) 9 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?
d. (Is/Was) this a nonprofit organization?	0072	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. (Are/Were) you covered by Social Security or Railroad Retirement on this job?	0073	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
f. What kind of work (are/were) you doing? (For example: registered nurse, high school chemistry teacher, waitress.)	0074	1960 code
	0075	1980 code
g. What (are/were) your most important activities or duties? (For example: typed, kept account books, filed, sold real estate, operated business machine, cleaned buildings.)		
CHECK ITEM A-5 Refer to item 7c, page 5.	0076	1 <input type="checkbox"/> 7c is blank – ASK 10, OMIT phrase in brackets 2 <input type="checkbox"/> Date entered in 7c – ASK 10, READ phrase in brackets
10. [Since the time you (last) returned to (Employer in 6a, page 4), 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 4)?	0077	Month
	0078	Year
	0079	1 <input type="checkbox"/> Same date as in 7c
11. How (do/did) you feel about the job you (have now/had)? (Do/Did) you (Read answer categories) –	0080	1 <input type="checkbox"/> Like it very much? 2 <input type="checkbox"/> Like it fairly well? 3 <input type="checkbox"/> Dislike it somewhat? 4 <input type="checkbox"/> Dislike it very much?

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued		
CHECK ITEM A-6	0081	1 <input type="checkbox"/> "P" or "G" in R12 – GO to Check Item A-7 2 <input type="checkbox"/> "O" in R12 – SKIP to 17a, page 9 3 <input type="checkbox"/> "WP" in R12 – SKIP to 17c, page 9
Refer to R12 on the Information Sheet.		
CHECK ITEM A-7	0082	1 <input type="checkbox"/> "Teaching" mentioned in 9g – SKIP to 12b 2 <input type="checkbox"/> All others – ASK 12a
Refer to item 9g, page 6.		
12a. Altogether, how much (do/did) you usually earn at this job before deductions?	0083	\$ _____ per hour – SKIP to 12f (Dollars) (Cents)
		OR
	0084	\$ _____ per <div>00</div> (Dollars only)
	0085	2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify _____
	0086	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused
		SKIP to 12d
b. In the last 12 months (you worked), what was your total pay for (this/that) teaching job, before deductions?	0087	\$ _____ <div>00</div> (Dollars only)
c. How many months of work (does/did) this pay cover?	0088	_____ Months
d. (Are/Were) you paid by the hour on this job?	0089	1 <input type="checkbox"/> Yes – ASK 12e 2 <input type="checkbox"/> No – SKIP to 12f
e. How much (do/did) you earn per hour?	0090	\$ _____ per hour (Dollars) (Cents)
f. How many hours per day (do/did) you USUALLY work at this job?	0091	_____ Hours per day
g. How many hours per week (do/did) you USUALLY work at this job?	0092	_____ Hours per week
CHECK ITEM A-8	0093	1 <input type="checkbox"/> 12g is equal to or more than 35 hours per week – ASK 12h 2 <input type="checkbox"/> All others – SKIP to 12i
Refer to 12g above.		
12h. Not counting overtime hours, would your employer (allow/have allowed) you to change your work schedule to REDUCE the number of hours you (work/ worked) each week?	0094	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
i. Counting paid vacations and paid sick leave as weeks of work, how many weeks per year (do/did) you usually work at (this/that) job?	0095	_____ Weeks per year
13a. (Do/Did) you receive extra pay when you (work/worked) over a certain number of hours?	0096	1 <input type="checkbox"/> Yes – ASK 13b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, but receive compensating time off 4 <input type="checkbox"/> Never worked overtime
		SKIP to 14a, page 8
b. After how many hours (do/did) you receive extra pay?	0097	_____ Hours per day
	0098	AND/OR _____ 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?	0099	1 <input type="checkbox"/> Compensating time off
	0100	2 <input type="checkbox"/> Straight time
	0101	3 <input type="checkbox"/> Time and one-half
	0102	4 <input type="checkbox"/> Double time
	0103	5 <input type="checkbox"/> Other – Specify _____
Mark (X) all that apply.		

Section 1 - CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued	
14a. Now , I'd like to ask you a few questions about working at home. (Do/Did) you usually do any of your work for (Employer in 6a, page 4) at home?	<div>0104</div> <div>1 <input type="checkbox"/> Yes - ASK 14b 2 <input type="checkbox"/> No - SKIP to 14e</div>
b. How many hours per week (do/did) you usually work for (Employer in 6a, page 4) at home?	<div>0105</div> <div>_____ Hours per week on average</div>
c. When you said earlier that you usually (work/worked) (Number of hours in 12g, page 7) hours per week, had you already included the (Number of hours in 14b) hours per week that you usually (work/ worked) at home?	<div>0106</div> <div>1 <input type="checkbox"/> Yes - SKIP to 14e 2 <input type="checkbox"/> No - ASK 14d</div>
d. Thinking of the number of hours per week that you usually (work/worked) at home and the number of hours per week that you usually (work/worked) at your place of employment, altogether how many hours per week (do/did) you USUALLY work at this job?	<div>0107</div> <div>_____ Hours per week</div>
e. (Is/Was/Are/Were) your (wages/salary) on this job set by a collective bargaining agreement between your employer and a union or employee association?	<div>0108</div> <div>1 <input type="checkbox"/> Yes - ASK 14f 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 14g</div>
f. (Are/Were) you a member of that union or employee association?	<div>0109</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
g. (Do/Did) you supervise the work of other employees, or tell them what work to do?	<div>0110</div> <div>1 <input type="checkbox"/> Yes - ASK 14h 2 <input type="checkbox"/> No - SKIP to 14k</div>
h. About how many people (do/did) you supervise on a day-to-day basis?	<div>0111</div> <div>_____ Number of people</div>
i. (Do/Did) you have any say about their pay or promotion?	<div>0112</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
j. (Do/Did) any of the employees that you supervise, supervise OTHER employees?	<div>0113</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
k. (Does/Did) your boss have a supervisor over him or her?	<div>0114</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
NOTES	

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued		
SHOW FLASHCARD A		
15. I am going to read you some statements that are true for some people’s jobs but not for other people’s jobs. Thinking of your (current/last) job, please tell me whether these statements are true MOST OF THE TIME, SOME OF THE TIME, OR NONE OF THE TIME as it applies to your job.		
a. My job (requires/required) working very hard.	0115	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> None of the time
b. My job (requires/required) lots of physical effort.	0116	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> None of the time
c. I often (have/had) to work in physically awkward positions.	0117	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> None of the time
d. My job (requires/required) intense concentration or attention.	0118	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> None of the time
e. I (determine/determined) the speed at which I work.	0119	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> None of the time
f. I (have/had) a lot of freedom to decide how I do my own work.	0120	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> None of the time
16. SHOW FLASHCARD B		
Here are some more statements that are true for some people’s jobs but not for others. Again, thinking of your (current/last) job, this time please indicate whether you STRONGLY AGREE, AGREE, DISAGREE, or STRONGLY DISAGREE with each statement as it applies to your job.		
a. My (employer/former employer) would let an older worker move to a less demanding job with correspondingly less pay if they wanted to.	0121	1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> Don’t know
b. It (is harder/was harder) for me to keep up with my job (now) than it used to be.	0122	1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> Don’t know
c. In general, I (am satisfied/was satisfied) with my job.	0123	1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> Don’t know
d. Work (is/was) the most important thing in my life.	0124	1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> Don’t know
} SKIP to Check Item A-9, page 10		
17a. (Do/Did) you employ other people at your place of business?	0125	1 <input type="checkbox"/> Yes – ASK 17b 2 <input type="checkbox"/> No – SKIP to 17c
b. How many?	0126	_____ Number of people
c. How many hours per week (do/did) you usually work at this job?	0127	_____ Hours per week
d. (Do/Did) you usually do any of your work for this job at home?	0128	1 <input type="checkbox"/> Yes – ASK 17e 2 <input type="checkbox"/> No – SKIP to Check Item A-9, page 10
e. How many hours per week (do/did) you usually work for this job at home?	0129	_____ Hours per week on average – ASK 17f, page 10
	0130	1 <input type="checkbox"/> Works at home all the time – SKIP to Check Item A-9, page 10

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued								
17f. When you said earlier that you usually (work/worked) (Numbers of hours in 17c, page 9) hours per week, had you already included the (Number of hours in 17e, page 9) hours per week that you usually (work/worked) at home?	0131	<div><div><input type="checkbox"/> Yes – GO to Check Item A-9</div><div><input type="checkbox"/> No – ASK 17g</div></div>						
g. Thinking of the number of hours per week that you usually (work/worked) at home and the number of hours per week that you usually (work/worked) for yourself, altogether, how many hours per week (do/did) you USUALLY work at this job?	0132	<div><div></div>Hours per week</div>						
<div><div>CHECK ITEM A-9</div><div>Refer to R10 on the Information Sheet. If R10 is not marked refer to items 1, 2a, and 3a, page 3, and 4a, page 4.</div><div>Mark (X) corresponding box in R10 on the Information Sheet, if not already marked.</div></div>	0133	<div><div>Respondent is in —</div><div><div><div><input type="checkbox"/> Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) – SKIP to Check Item A-11, page 11</div><div><input type="checkbox"/> Labor Force Group B ("LK" in 1 or "Yes" in 4a)</div><div><input type="checkbox"/> Labor Force Group C (All others)</div></div><div>ASK 18a</div></div></div>						
18a. When did you stop working as a (Entry in 9f, page 6) for (Employer in 6a, page 4) ?	0134	<div><table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table></div>	Month	Day	Year			
Month	Day	Year						
b. Why did you leave (Employer in 6a, page 4) ? Mark (X) only one category; do not read list. If laid off, probe for specific reason.	0135	<div><div>EMPLOYER INITIATED – INVOLUNTARY REASON</div><div><div><div><input type="checkbox"/> Plant closed, employer went out of business</div><div><input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</div><div><input type="checkbox"/> Temporary layoff or furloughed for economic reasons</div><div><input type="checkbox"/> Laid off for any other reason – Specify</div></div><div></div><div></div><div></div></div><div><div><input type="checkbox"/> Discharged</div><div><input type="checkbox"/> Compulsory retirement</div></div><div><div>EMPLOYEE INITIATED – VOLUNTARY REASON</div><div><div><div><input type="checkbox"/> Found better job</div><div><input type="checkbox"/> Didn't like work, hours, working conditions</div><div><input type="checkbox"/> Dissatisfied with wages</div><div><input type="checkbox"/> Interpersonal relations at work</div><div><input type="checkbox"/> Respondent's health; disability</div><div><input type="checkbox"/> Husband's health; disability</div><div><input type="checkbox"/> Care for elderly parents</div><div><input type="checkbox"/> Other family or personal reasons; child care</div><div><input type="checkbox"/> Husband's retirement</div><div><input type="checkbox"/> Husband's change in employment</div><div><input type="checkbox"/> Didn't like location, community</div><div><input type="checkbox"/> Returned to school</div><div><input type="checkbox"/> Respondent's voluntary retirement</div><div><input type="checkbox"/> Started own business, became self-employed</div><div><input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</div><div><input type="checkbox"/> No opportunity for advancement</div><div><input type="checkbox"/> Transportation problem</div><div><input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</div><div><input type="checkbox"/> Other – Specify</div></div><div></div><div></div><div></div></div></div></div>						

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued		
18c. Did you have a new job lined up before you left this one?	0136	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM A-10 Refer to R12 on the Information Sheet.	0137	1 <input type="checkbox"/> Entry in R12 is "P" or "G" – ASK 18d 2 <input type="checkbox"/> All others – SKIP to 18f
18d. While you were working for (Employer in 6a, 6a, page 4) were you also working for someone else?	0138	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – ASK 18e
e. In addition to working for wages and salary, did you operate your own farm, business, or profession?	0139	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – SKIP to Check Item A-14, page 13
f. In addition to working for (Employer in 6a, page 4), did you do any work for wages or salary?	0140	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – SKIP to Check Item A-14, page 13
CHECK ITEM A-11 Refer to R12 on the Information Sheet.	0141	1 <input type="checkbox"/> Entry in R12 is "P" or "G" – ASK 19a 2 <input type="checkbox"/> All others – SKIP to 19c
19a. Did you work for more than one employer last week?	0142	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – ASK 19b
b. In addition to working for wages and salary, did you operate your own farm, business, or profession last week?	0143	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – SKIP to 19d
c. In addition to working for (Employer in 6a, page 4) did you do any (other) work for wages or salary last week?	0144	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – ASK 19d
d. Did you have any other job at which you did not work last week?	0145	1 <input type="checkbox"/> Yes – ASK 20a 2 <input type="checkbox"/> No – SKIP to Check Item A-14, page 13
20a. For whom (do/did) you work in addition to (Employer in 6a, page 4) ? (Name of company, business organization, or other employer)	0146	<div></div>
b. What kind of business or industry (is/was) this? (For example: TV and radio manufacturer retail shoe store, State Labor Department, farm.)	0147	<div></div> 1960 code
	0148	<div></div> 1980 code
c. (Are/Were) you –	0149	<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"/> Federal 4 <input type="checkbox"/> State 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? Is this business incorporated? 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No (or farm) 9 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div>
d. What kind of work (are/were) you doing? (For example: electrical engineer, high school chemistry teacher, waitress.)	0150	<div></div> 1960 code
	0151	<div></div> 1980 code

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued	
20e. What (are/were) your most important activities or duties? <i>(For example: typed, kept account books, filed, sold real estate, operated business machines, cleaned buildings.)</i>	<div></div> <div></div> <div></div>
CHECK ITEM A-12 Refer to item 20c, page 11.	0152 1 <input type="checkbox"/> "P" or "G" marked in item 20c – GO to Check Item A-13 2 <input type="checkbox"/> All others – SKIP to 20k
CHECK ITEM A-13 Refer to item 20e above.	0153 1 <input type="checkbox"/> "Teaching" mentioned in 20e – SKIP to 20g 2 <input type="checkbox"/> All others – ASK 20f
20f. Altogether, how much (do/did) you usually earn at this job before deductions?	0154 \$ _____ per hour – SKIP to 20k <div>(Dollars) (Cents)</div> <div>OR</div> <div>0155 \$ _____ per</div> <div>(Dollars only)</div> <div>0156 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify _____</div> <div>0157 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused</div> <div>00</div> <div>SKIP to 20i</div> <div>SKIP to 20k</div>
g. In the last 12 months (you worked), what was your total pay for (this/that) teaching job, before deductions?	0158 \$ _____ <div>(Dollars only)</div> <div>00</div>
h. How many months of work (does/did) this pay cover?	0159 _____ Months
i. (Are/Were) you paid by the hour on this job?	0160 1 <input type="checkbox"/> Yes – ASK 20j 2 <input type="checkbox"/> No – SKIP to 20k
j. How much (do/did) you earn per hour?	0161 \$ _____ per hour <div>(Dollars) (Cents)</div>
k. How many hours per day (do/did) you USUALLY work at (this/that) job?	0162 _____ Hours per day
l. How many hours per week (do/did) you USUALLY work at this job?	0163 _____ Hours per week
m. (Do/Did) you usually do any of your work for (this/that) job at home?	0164 1 <input type="checkbox"/> Yes – ASK 20n 2 <input type="checkbox"/> No – SKIP to 20q, page 13
n. How many hours per week (do/did) you usually work for (this/that) job at home?	0165 _____ Hours per week on average
o. When you said earlier that you usually (work/worked) (Number of hours in 20l) hours per week, had you already included the (Number of hours in 20n) hours per week that you usually (work/worked) at home?	0166 1 <input type="checkbox"/> Yes – SKIP to 20q, page 13 2 <input type="checkbox"/> No – ASK 20p
p. Thinking of the number of hours per week that you usually (work/worked) at home and the number of hours per week that you usually (work/worked) at your place of employment, altogether, how many hours per week (do/did) you USUALLY work at this job?	0167 _____ Hours per week

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued								
20q. When did you start working for <i>(Employer in 20a, page 11)?</i>	<div>0168</div> <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table>	Month	Day	Year				
Month	Day	Year						
r. When did you stop working for <i>(Employer in 20a, page 11)?</i>	<div>0169</div> <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> <div>0170</div>	Month	Day	Year				<div>– ASK 20s</div> <div>1 <input type="checkbox"/> Still working there – <i>SKIP to Check Item A-14</i></div>
Month	Day	Year						
s. Why did you leave that job? <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	<div>0171</div>	<div>EMPLOYER INITIATED – INVOLUNTARY REASON</div> <div>1 <input type="checkbox"/> Plant closed, employer went out of business</div> <div>2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</div> <div>3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons</div> <div>4 <input type="checkbox"/> Laid off for any other reason – <i>Specify</i> <input type="checkbox"/></div> <div></div> <div></div> <div></div> <div>5 <input type="checkbox"/> Discharged</div> <div>6 <input type="checkbox"/> Compulsory retirement</div> <div></div> <div>EMPLOYEE INITIATED – VOLUNTARY REASON</div> <div>7 <input type="checkbox"/> Found better job</div> <div>8 <input type="checkbox"/> Didn't like work, hours, working conditions</div> <div>9 <input type="checkbox"/> Dissatisfied with wages</div> <div>10 <input type="checkbox"/> Interpersonal relations at work</div> <div>11 <input type="checkbox"/> Respondent's health; disability</div> <div>12 <input type="checkbox"/> Husband's health; disability</div> <div>13 <input type="checkbox"/> Care for elderly parents</div> <div>14 <input type="checkbox"/> Other family or personal reasons; child care</div> <div>15 <input type="checkbox"/> Husband's retirement</div> <div>16 <input type="checkbox"/> Husband's change in employment</div> <div>17 <input type="checkbox"/> Didn't like location, community</div> <div>18 <input type="checkbox"/> Returned to school</div> <div>19 <input type="checkbox"/> Respondent's voluntary retirement</div> <div>20 <input type="checkbox"/> Started own business, became self-employed</div> <div>21 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</div> <div>22 <input type="checkbox"/> No opportunity for advancement</div> <div>23 <input type="checkbox"/> Transportation problem</div> <div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</div> <div>25 <input type="checkbox"/> Other – <i>Specify</i> <input type="checkbox"/></div> <div></div> <div></div> <div></div>						
CHECK ITEM A-14	<div>0172</div>	<div>1 <input type="checkbox"/> Box 3 marked in R11 – <i>SKIP to Check Item B-12, page 31</i></div> <div>2 <input type="checkbox"/> Box 2 is marked in R11 – <i>ASK 21, page 14</i></div> <div>3 <input type="checkbox"/> R11 is blank – <i>ASK 21, page 14</i></div>						
NOTES								

Section 2 – RETROSPECTIVE WORK HISTORY					
21. 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 R6). Have you worked for anyone besides (Employer in 6a, page 4 and employer in 20a, page 11) either full-time or part-time since (Date in R6)?		<div>0181</div> <div>1 <input type="checkbox"/> Yes – ASK 22a</div> <div>2 <input type="checkbox"/> No –SKIP to Check Item B-6, page 30</div>			
22a. For whom did you work just before you started to work for (Employers in 6a, page 4 and 20a, page 11/ Employer in 22a)? <i>[Alternate phrase for simultaneous employer: While you were working for (Employer in previous column) who else were you working for?]</i>	<div>PGM 3</div> <div>Employer 1</div>		<div>PGM 4</div> <div>Employer 5</div>		
	Name		Name		
	<div>0182</div> <div>0183</div> <div>1 <input type="checkbox"/> Same as SKIP to 22b</div> <div>2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30</div>	<div>0306</div> <div>0307</div> <div>1 <input type="checkbox"/> Same as SKIP to 22b</div> <div>2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30</div>			
CHECK ITEM B-1 <i>Refer to R5 on the Information Sheet and item 22a.</i>	<div>0184</div> <div>1 <input type="checkbox"/> No name entered in R5 – SKIP to 22c</div> <div>2 <input type="checkbox"/> Same name in 22a and R5 – SKIP to 22c</div> <div>3 <input type="checkbox"/> All others – ASK 22b</div>		<div>0308</div> <div>1 <input type="checkbox"/> No name entered in R5 – SKIP to 22c</div> <div>2 <input type="checkbox"/> Same name in 22a and R5 – SKIP to 22c</div> <div>3 <input type="checkbox"/> All others – ASK 22b</div>		
22b. Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R5)?	<div>0185</div> <div>1 <input type="checkbox"/> Yes – SKIP to 22e</div> <div>2 <input type="checkbox"/> No – ASK 22c</div>		<div>0309</div> <div>1 <input type="checkbox"/> Yes – SKIP to 22e</div> <div>2 <input type="checkbox"/> No – ASK 22c</div>		
c. In what city, State, and county was (Employer in 22a) located?	<div>0186</div> <div></div> <div>City</div> <div>State</div> <div>County</div>		<div>0310</div> <div></div> <div>City</div> <div>State</div> <div>County</div>		
	d. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)		d. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)		
	<div>0187</div> <div></div> <div>1960 code</div>		<div>0311</div> <div></div> <div>1960 code</div>		
e. (Are/Were) you –	<div>0188</div> <div>1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</div> <div>2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)?</div> <div>3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm?</div> <div>4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div>		<div>0312</div> <div>1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</div> <div>2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)?</div> <div>3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm?</div> <div>4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div>		
	f. What kind of work were you doing? (For example: stock clerk, high school English teacher, accountant.)		f. What kind of work were you doing? (For example: stock clerk, high school English teacher, accountant.)		
	<div>0189</div> <div></div> <div>1960 code</div>		<div>0313</div> <div></div> <div>1960 code</div>		
g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)					
CHECK ITEM B-2 <i>Refer to item 22e above.</i>	<div>0190</div> <div>1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 15</div> <div>2 <input type="checkbox"/> All others – SKIP to 23b, page 15</div>		<div>0314</div> <div>1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 15</div> <div>2 <input type="checkbox"/> All others – SKIP to 23b, page 15</div>		

Section 2 – RETROSPECTIVE WORK HISTORY – Continued																																		
23a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.	PGM 3	Employer 1				PGM 4	Employer 5																											
	0191	\$ _____ per hour <small>(Dollars) (Cents)</small>				0315	\$ _____ per hour <small>(Dollars) (Cents)</small>																											
	OR <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div style="margin-right: 5px;">per</div> <div style="font-size: 2em;">↘</div> </div>				OR <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div style="margin-right: 5px;">per</div> <div style="font-size: 2em;">↘</div> </div>																													
0192	\$ _____ <small>(Dollars only)</small>				0316	\$ _____ <small>(Dollars only)</small>																												
0193	2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify _____				0317	2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify _____																												
0194	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused				0318	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused																												
b. How many hours per week did you usually work at this job?	0195	_____ Hours per week				0319	_____ Hours per week																											
24. When did you start working for (Employer in 22a)?	0196	<table border="1" style="width: 100%; border-collapse: collapse; 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>				Month		Day		Year								0320	<table border="1" style="width: 100%; border-collapse: collapse; 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>				Month		Day		Year							
	Month		Day		Year																													
Month		Day		Year																														
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM B-3</div> <p style="margin-top: 10px;">Refer to item 24 above and R6 on the Information Sheet.</p>	Item 24 is –				Item 24 is –																													
	0197	1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 24 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below				0321	1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 24 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below																											
	0198	<table border="1" style="width: 100%; border-collapse: collapse; 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>				Month		Day		Year								0322	<table border="1" style="width: 100%; border-collapse: collapse; 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>				Month		Day		Year							
Month		Day		Year																														
Month		Day		Year																														
25. When did you stop working for (Employer in 22a)?	0199	<table border="1" style="width: 100%; border-collapse: collapse; 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>				Month		Day		Year								0323	<table border="1" style="width: 100%; border-collapse: collapse; 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>				Month		Day		Year							
	Month		Day		Year																													
Month		Day		Year																														
0200	1 <input type="checkbox"/> Still working there – SKIP to 27a, page 16				0324	1 <input type="checkbox"/> Still working there – SKIP to 27a, page 16																												

[illegible]

Section 2 – RETROSPECTIVE WORK HISTORY – Continued																	
26. Why did you leave this employer? <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	PGM 3	Employer 1	PGM 4	Employer 5													
	0201	<div>EMPLOYER INITIATED – INVOLUNTARY REASON</div> <div>1 <input type="checkbox"/> Plant closed, employer went out of business</div> <div>2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</div> <div>3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons</div> <div>4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/></div> <div></div> <div></div> <div></div> <div>5 <input type="checkbox"/> Discharged</div> <div>6 <input type="checkbox"/> Compulsory retirement</div> <div>EMPLOYEE INITIATED – VOLUNTARY REASON</div> <div>7 <input type="checkbox"/> Found better job</div> <div>8 <input type="checkbox"/> Didn't like work, hours, working conditions</div> <div>9 <input type="checkbox"/> Dissatisfied with wages</div> <div>10 <input type="checkbox"/> Interpersonal relations at work</div> <div>11 <input type="checkbox"/> Respondent's health; disability</div> <div>12 <input type="checkbox"/> Husband's health, disability</div> <div>13 <input type="checkbox"/> Care for elderly parents</div> <div>14 <input type="checkbox"/> Other family or personal reasons; child care</div> <div>15 <input type="checkbox"/> Husband's retirement</div> <div>16 <input type="checkbox"/> Husband's change in employment</div> <div>17 <input type="checkbox"/> Didn't like location, community</div> <div>18 <input type="checkbox"/> Returned to school</div> <div>19 <input type="checkbox"/> Respondent's voluntary retirement</div> <div>20 <input type="checkbox"/> Started own business, became self-employed</div> <div>21 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</div> <div>22 <input type="checkbox"/> No opportunity for advancement</div> <div>23 <input type="checkbox"/> Transportation problem</div> <div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div> <div>25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div> <div></div> <div></div>	0325	<div>EMPLOYER INITIATED – INVOLUNTARY REASON</div> <div>1 <input type="checkbox"/> Plant closed, employer went out of business</div> <div>2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</div> <div>3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons</div> <div>4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/></div> <div></div> <div></div> <div></div> <div>5 <input type="checkbox"/> Discharged</div> <div>6 <input type="checkbox"/> Compulsory retirement</div> <div>EMPLOYEE INITIATED – VOLUNTARY REASON</div> <div>7 <input type="checkbox"/> Found better job</div> <div>8 <input type="checkbox"/> Didn't like work, hours, working conditions</div> <div>9 <input type="checkbox"/> Dissatisfied with wages</div> <div>10 <input type="checkbox"/> Interpersonal relations at work</div> <div>11 <input type="checkbox"/> Respondent's health; disability</div> <div>12 <input type="checkbox"/> Husband's health, disability</div> <div>13 <input type="checkbox"/> Care for elderly parents</div> <div>14 <input type="checkbox"/> Other family or personal reasons; child care</div> <div>15 <input type="checkbox"/> Husband's retirement</div> <div>16 <input type="checkbox"/> Husband's change in employment</div> <div>17 <input type="checkbox"/> Didn't like location, community</div> <div>18 <input type="checkbox"/> Returned to school</div> <div>19 <input type="checkbox"/> Respondent's voluntary retirement</div> <div>20 <input type="checkbox"/> Started own business, became self-employed</div> <div>21 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</div> <div>22 <input type="checkbox"/> No opportunity for advancement</div> <div>23 <input type="checkbox"/> Transportation problem</div> <div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div> <div>25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div> <div></div> <div></div>													
27a. Between (Date in Check Item B-3) and ((Date in item 25)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 22a)?	0202	2 <input type="checkbox"/> No – SKIP to 27g, page 17	0326	2 <input type="checkbox"/> No – SKIP to 27g, page 17													
		1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/>		1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/>													
	0203	_____ Weeks	0327	_____ Weeks													
b. Did the weeks in which you didn't work occur all at one time?	0204	1 <input type="checkbox"/> Yes	0328	1 <input type="checkbox"/> Yes													
		2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>		2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>													
NOTE: If "No" in item 27b, ask items 27c–e about the longest time of not working.	0205	_____ Times	0329	_____ Times													
c. When did the (longest) period in which you were not working start?	0206	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	0330	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year														
<input type="text"/>	<input type="text"/>	<input type="text"/>															
Month	Day	Year															
<input type="text"/>	<input type="text"/>	<input type="text"/>															

Section 2 – RETROSPECTIVE WORK HISTORY – Continued																
27d. When did the (longest) period in which you were not working stop?	PGM 3	Employer 1					PGM 4	Employer 5								
		Month	Day	Year				Month	Day	Year						
	0207															
e. Why were you not working during these weeks? Mark (X) the main reason; do not read list.	0208	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 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 					0332					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 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 				
	CHECK ITEM B-4															
Refer to item 27a, page 16.	0209	1 <input type="checkbox"/> Box 1, "Yes," marked in 27a – ASK 27f 2 <input type="checkbox"/> All others – SKIP to 27g					0333					1 <input type="checkbox"/> Box 1, "Yes," marked in 27a – ASK 27f 2 <input type="checkbox"/> All others – SKIP to 27g				
27f. While you were NOT working for (Employer in 22a), were you working for someone else?	0210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					0334					1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
g. While you were WORKING for (Employer in 22a), were you also working for someone else?	0211	1 <input type="checkbox"/> Yes – SKIP to 22a for Employer 2, page 18, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5					0335					1 <input type="checkbox"/> Yes – SKIP to 22a for Employer 6, page 18, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5				
CHECK ITEM B-5																
Refer to item 24, page 15 and R6 on the Information Sheet.	0212	Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to Employer 2, page 18, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30					0336					Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to Employer 6, page 18, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30				
NOTES																

Section 2 – RETROSPECTIVE WORK HISTORY – Continued					
22a. For whom did you work just before you started to work for (Employers in 6a, page 4 and 20a, page 11/ Employer in 22a)? [Alternate phrase for simultaneous employer: While you were working for (Employer in previous column) who else were you working for?]	PGM 3	Employer 2		PGM 4	Employer 6
		Name			Name
	0213	<input type="checkbox"/>		0337	<input type="checkbox"/>
	0214	1 <input type="checkbox"/> Same as _____ SKIP to 22b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30		0338	1 <input type="checkbox"/> Same as _____ SKIP to 22b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30
CHECK ITEM B-1 Refer to R5 on the Information Sheet and item 22a.	0215	1 <input type="checkbox"/> No name entered in R5 – SKIP to 22c 2 <input type="checkbox"/> Same name in 22a and R5 – SKIP to 22c 3 <input type="checkbox"/> All others – ASK 22b		0339	1 <input type="checkbox"/> No name entered in R5 – SKIP to 22c 2 <input type="checkbox"/> Same name in 22a and R5 – SKIP to 22c 3 <input type="checkbox"/> All others – ASK 22b
22b. Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R5)?	0216	1 <input type="checkbox"/> Yes – SKIP to 22e 2 <input type="checkbox"/> No – ASK 22c		0340	1 <input type="checkbox"/> Yes – SKIP to 22e 2 <input type="checkbox"/> No – ASK 22c
c. In what city, State, and county was (Employer in 22a) located?	0217	<input type="text"/>	<input type="text"/>	0341	<input type="text"/>
		City	State	City	State
		County		County	
d. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	0218	<input type="text"/>	<input type="text"/> 1960 code	0342	<input type="text"/>
e. (Are/Were) you –	0219	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?		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?
f. What kind of work were you doing? (For example: stock clerk, high school English teacher, accountant.)	0220	<input type="text"/>	<input type="text"/> 1960 code	0344	<input type="text"/>
g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)					
CHECK ITEM B-2 Refer to item 22e above.	0221	1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 19 2 <input type="checkbox"/> All others – SKIP to 23b, page 19		0345	1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 19 2 <input type="checkbox"/> All others – SKIP to 23b, page 19

[illegible]

Section 2 – RETROSPECTIVE WORK HISTORY – Continued																	
26. Why did you leave this employer? <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	PGM 3	Employer 2	PGM 4	Employer 6													
	0232	EMPLOYER INITIATED – INVOLUNTARY REASON 1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – <i>Specify</i> _____ _____ _____ _____ 5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn't like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent's health; disability 12 <input type="checkbox"/> Husband's health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Husband's retirement 16 <input type="checkbox"/> Husband's change in employment 17 <input type="checkbox"/> Didn't like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Respondent's voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – <i>Specify</i> _____ _____ _____	0356	EMPLOYER INITIATED – INVOLUNTARY REASON 1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – <i>Specify</i> _____ _____ _____ _____ 5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn't like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent's health; disability 12 <input type="checkbox"/> Husband's health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Husband's retirement 16 <input type="checkbox"/> Husband's change in employment 17 <input type="checkbox"/> Didn't like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Respondent's voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – <i>Specify</i> _____ _____ _____													
27a. Between (Date in Check Item B-3) and ((Date in item 25)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 22a)?	0233	2 <input type="checkbox"/> No – SKIP to 27g, page 21 1 <input type="checkbox"/> Yes – How many weeks? _____	0357	2 <input type="checkbox"/> No – SKIP to 27g, page 21 1 <input type="checkbox"/> Yes – How many weeks? _____													
	0234	_____ Weeks	0358	_____ Weeks													
b. Did the weeks in which you didn't work occur all at one time?	0235	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? _____	0359	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? _____													
NOTE: If "No" in item 27b, ask items 27c–e about the longest time of not working.	0236	_____ Times	0360	_____ Times													
c. When did the (longest) period in which you were not working start?	0237	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	0361	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year															
<input type="text"/>	<input type="text"/>	<input type="text"/>															
Month	Day	Year															
<input type="text"/>	<input type="text"/>	<input type="text"/>															

Section 2 – RETROSPECTIVE WORK HISTORY – Continued																
27d. When did the (longest) period in which you were not working stop?	PGM 3	Employer 2					PGM 4	Employer 6								
		Month	Day	Year		Month	Day	Year								
	0238															
e. Why were you not working during these weeks? Mark (X) the main reason; do not read list.	0239	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 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____ _____					0363					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 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____ _____				
	CHECK ITEM B-4 Refer to item 27a, page 20.															
0240																
1 <input type="checkbox"/> Box 1, "Yes," marked in 27a – ASK 27f 2 <input type="checkbox"/> All others – SKIP to 27g																
0364																
1 <input type="checkbox"/> Box 1, "Yes," marked in 27a – ASK 27f 2 <input type="checkbox"/> All others – SKIP to 27g																
27f. While you were NOT working for (Employer in 22a), were you working for someone else?	0241	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					0365	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
	0242	1 <input type="checkbox"/> Yes – SKIP to 22a for Employer 3, page 22, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5					0366	1 <input type="checkbox"/> Yes – SKIP to 22a for Employer 7, page 22, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5								
g. While you were WORKING for (Employer in 22a), were you also working for someone else?																
	CHECK ITEM B-5 Refer to item 24, page 19 and R6 on the Information Sheet.															
0243																
Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to Employer 3, page 22, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30																
0367																
Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to Employer 7, page 22, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30																
NOTES																

Section 2 – RETROSPECTIVE WORK HISTORY – Continued							
22a. For whom did you work just before you started to work for (Employers in 6a, page 4 and 20a, page 11/ Employer in 22a)? [Alternate phrase for simultaneous employer: While you were working for (Employer in previous column) who else were you working for?]	PGM 3		Employer 3		PGM 4	Employer 7	
	Name		Name				
	<div>0244</div> <div>0245</div> <div>1 <input type="checkbox"/> Same as _____ SKIP to 22b</div> <div>2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30</div>		<div>0368</div> <div>0369</div> <div>1 <input type="checkbox"/> Same as _____ SKIP to 22b</div> <div>2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30</div>				
CHECK ITEM B-1 Refer to R5 on the Information Sheet and item 22a.	<div>0246</div> <div>1 <input type="checkbox"/> No name entered in R5 – SKIP to 22c</div> <div>2 <input type="checkbox"/> Same name in 22a and R5 – SKIP to 22c</div> <div>3 <input type="checkbox"/> All others – ASK 22b</div>		<div>0370</div> <div>1 <input type="checkbox"/> No name entered in R5 – SKIP to 22c</div> <div>2 <input type="checkbox"/> Same name in 22a and R5 – SKIP to 22c</div> <div>3 <input type="checkbox"/> All others – ASK 22b</div>				
22b. Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R5)?	<div>0247</div> <div>1 <input type="checkbox"/> Yes – SKIP to 22e</div> <div>2 <input type="checkbox"/> No – ASK 22c</div>		<div>0371</div> <div>1 <input type="checkbox"/> Yes – SKIP to 22e</div> <div>2 <input type="checkbox"/> No – ASK 22c</div>				
c. In what city, State, and county was (Employer in 22a) located?	<div>0248</div> <div></div> <div></div> <div></div>		<div>0372</div> <div></div> <div></div> <div></div>				
	City		State		City		State
	County		County				
d. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	<div>0249</div> <div></div> <div></div> <div></div> <div>1960 code</div>		<div>0373</div> <div></div> <div></div> <div></div> <div>1960 code</div>				
e. (Are/Were) you –	<div>0250</div> <div>1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</div> <div>2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)?</div> <div>3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm?</div> <div>4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div>		<div>0374</div> <div>1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</div> <div>2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)?</div> <div>3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm?</div> <div>4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div>				
	<div>0251</div> <div></div> <div></div> <div></div> <div>1960 code</div>		<div>0375</div> <div></div> <div></div> <div></div> <div>1960 code</div>				
g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)							
CHECK ITEM B-2 Refer to item 22e above.	<div>0252</div> <div>1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 23</div> <div>2 <input type="checkbox"/> All others – SKIP to 23b, page 23</div>		<div>0376</div> <div>1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 23</div> <div>2 <input type="checkbox"/> All others – SKIP to 23b, page 23</div>				

[illegible]

Section 2 – RETROSPECTIVE WORK HISTORY – Continued																	
26. Why did you leave this employer? <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	PGM 3	Employer 3	PGM 4	Employer 7													
		EMPLOYER INITIATED – INVOLUNTARY REASON		EMPLOYER INITIATED – INVOLUNTARY REASON													
	0263	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement	0387	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement													
		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn't like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent's health; disability 12 <input type="checkbox"/> Husband's health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Husband's retirement 16 <input type="checkbox"/> Husband's change in employment 17 <input type="checkbox"/> Didn't like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Respondent's voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn't like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent's health; disability 12 <input type="checkbox"/> Husband's health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Husband's retirement 16 <input type="checkbox"/> Husband's change in employment 17 <input type="checkbox"/> Didn't like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Respondent's voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 													
27a. Between (Date in Check Item B-3) and (Date in item 25)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 22a)?	0264	2 <input type="checkbox"/> No – SKIP to 27g, page 25 1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/> 0265 _____ Weeks	0388	2 <input type="checkbox"/> No – SKIP to 27g, page 25 1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/> 0389 _____ Weeks													
b. Did the weeks in which you didn't work occur all at one time? NOTE: If "No" in item 27b, ask items 27c–e about the longest time of not working.	0266	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 0267 _____ Times	0390	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 0391 _____ Times													
c. When did the (longest) period in which you were not working start?	0268	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	0392	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year															
<input type="text"/>	<input type="text"/>	<input type="text"/>															
Month	Day	Year															
<input type="text"/>	<input type="text"/>	<input type="text"/>															

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

27d. When did the (longest) period in which you were not working stop?	PGM 3	Employer 3	PGM 4	Employer 7
		MonthDayYear		MonthDayYear
	0269		0393	
e. Why were you not working during these weeks? Mark (X) the main reason; do not read list.	0270	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 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify	0394	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 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify
CHECK ITEM B-4 Refer to item 27a, page 24.	0271	1 <input type="checkbox"/> Box 1, "Yes," marked in 27a – ASK 27f 2 <input type="checkbox"/> All others – SKIP to 27g	0395	1 <input type="checkbox"/> Box 1, "Yes," marked in 27a – ASK 27f 2 <input type="checkbox"/> All others – SKIP to 27g
27f. While you were NOT working for (Employer in 22a), were you working for someone else?	0272	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0396	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. While you were WORKING for (Employer in 22a), were you also working for someone else?	0273	1 <input type="checkbox"/> Yes – SKIP to 22a for Employer 4, page 26, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5	0397	1 <input type="checkbox"/> Yes – SKIP to 22a for Employer 8, page 26, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5
CHECK ITEM B-5 Refer to item 24, page 23 and R6 on the Information Sheet.	0274	Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to Employer 4, page 26, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30	0398	Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to Employer 8, page 26, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30
NOTES				

Section 2 – RETROSPECTIVE WORK HISTORY – Continued					
22a. For whom did you work just before you started to work for (Employers in 6a, page 4 and 20a, page 11/ Employer in 22a)? [Alternate phrase for simultaneous employer: While you were working for (Employer in previous column) who else were you working for?]	PGM 3 Employer 4		PGM 4 Employer 8		
	Name		Name		
	0275 <input type="checkbox"/>		0399 <input type="checkbox"/>		
	0276 1 <input type="checkbox"/> Same as _____ SKIP to 22b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30		0400 1 <input type="checkbox"/> Same as _____ SKIP to 22b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30		
CHECK ITEM B-1 Refer to R5 on the Information Sheet and item 22a.	0277 1 <input type="checkbox"/> No name entered in R5 – SKIP to 22c 2 <input type="checkbox"/> Same name in 22a and R5 – SKIP to 22c 3 <input type="checkbox"/> All others – ASK 22b		0401 1 <input type="checkbox"/> No name entered in R5 – SKIP to 22c 2 <input type="checkbox"/> Same name in 22a and R5 – SKIP to 22c 3 <input type="checkbox"/> All others – ASK 22b		
22b. Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R5)?	0278 1 <input type="checkbox"/> Yes – SKIP to 22e 2 <input type="checkbox"/> No – ASK 22c		0402 1 <input type="checkbox"/> Yes – SKIP to 22e 2 <input type="checkbox"/> No – ASK 22c		
c. In what city, State, and county was (Employer in 22a) located?	0279 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0403 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	City		City		State
	County		County		
d. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	0280 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1960 code		0404 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1960 code		
e. (Are/Were) you –	0281 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?		0405 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?		
	0282 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1960 code		0406 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1960 code		
	0283 1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 27 2 <input type="checkbox"/> All others – SKIP to 23b, page 27		0407 1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 27 2 <input type="checkbox"/> All others – SKIP to 23b, page 27		
g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)					
CHECK ITEM B-2 Refer to item 22e above.	0283 1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 27 2 <input type="checkbox"/> All others – SKIP to 23b, page 27		0407 1 <input type="checkbox"/> "P" or "G" marked in 22e – ASK 23a, page 27 2 <input type="checkbox"/> All others – SKIP to 23b, page 27		

23a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.	PGM 3	Employer 4	PGM 4	Employer 8												
	0284	\$ _____ per hour (Dollars) (Cents) OR 0285 \$ _____ 00 per (Dollars only) 0286 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 0287 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	0408	\$ _____ per hour (Dollars) (Cents) OR 0409 \$ _____ 00 per (Dollars only) 0410 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 0411 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused												
b. How many hours per week did you usually work at this job?	0288	_____ Hours per week	0412	_____ Hours per week												
24. When did you start working for (Employer in 22a)?	0289	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	0413	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year														
<input type="text"/>	<input type="text"/>	<input type="text"/>														
Month	Day	Year														
<input type="text"/>	<input type="text"/>	<input type="text"/>														
CHECK ITEM B-3 Refer to item 24 above and R6 on the Information Sheet.	0290	Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 24 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> 0291	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	0414	Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 24 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> 0415	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year														
<input type="text"/>	<input type="text"/>	<input type="text"/>														
Month	Day	Year														
<input type="text"/>	<input type="text"/>	<input type="text"/>														
25. When did you stop working for (Employer in 22a)?	0292	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> 0293	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	0416	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> 0417	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year														
<input type="text"/>	<input type="text"/>	<input type="text"/>														
Month	Day	Year														
<input type="text"/>	<input type="text"/>	<input type="text"/>														
		1 <input type="checkbox"/> Still working there – SKIP to 27a, page 28		1 <input type="checkbox"/> Still working there – SKIP to 27a, page 28												

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 no margins, text, or other markings on the paper.

Section 2 – RETROSPECTIVE WORK HISTORY – Continued						
26. Why did you leave this employer? <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	PGM 3	Employer 4	PGM 4	Employer 8		
		EMPLOYER INITIATED – INVOLUNTARY REASON		EMPLOYER INITIATED – INVOLUNTARY REASON		
	0294	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – <i>Specify</i> _____ _____ _____ 5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement	0418	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – <i>Specify</i> _____ _____ _____ 5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement		
		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn't like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent's health; disability 12 <input type="checkbox"/> Husband's health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Husband's retirement 16 <input type="checkbox"/> Husband's change in employment 17 <input type="checkbox"/> Didn't like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Respondent's voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – <i>Specify</i> _____ _____ _____		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn't like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent's health; disability 12 <input type="checkbox"/> Husband's health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Husband's retirement 16 <input type="checkbox"/> Husband's change in employment 17 <input type="checkbox"/> Didn't like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Respondent's voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – <i>Specify</i> _____ _____ _____		
27a. Between (Date in Check Item B-3) and ((Date in item 25)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 22a)?	0295	2 <input type="checkbox"/> No – SKIP to 27g, page 29 1 <input type="checkbox"/> Yes – How many weeks? _____	0419	2 <input type="checkbox"/> No – SKIP to 27g, page 29 1 <input type="checkbox"/> Yes – How many weeks? _____		
	0296	_____ Weeks	0420	_____ Weeks		
	b. Did the weeks in which you didn't work occur all at one time? NOTE: If "No" in item 27b, ask items 27c–e about the longest time of not working.	0297	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? _____	0421	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? _____	
		0298	_____ Times	0422	_____ Times	
c. When did the (longest) period in which you were not working start?		Month Day Year ____ _		Month Day Year ____ _		
	0299		0423			

Section 2 – RETROSPECTIVE WORK HISTORY – Continued										
27d. When did the (longest) period in which you were not working stop?	PGM 3	Employer 4			PGM 4	Employer 8				
		Month	Day	Year		Month	Day	Year		
	0300				0424					
e. Why were you not working during these weeks? Mark (X) the main reason; do not read list.	0301	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 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>			0425			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 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>		
CHECK ITEM B-4	0302	1 <input type="checkbox"/> Box 1, "Yes," marked in 27a – ASK 27f 2 <input type="checkbox"/> All others – SKIP to 27g			0426	1 <input type="checkbox"/> Box 1, "Yes," marked in 27a – ASK 27f 2 <input type="checkbox"/> All others – SKIP to 27g				
Refer to item 27a, page 28.										
27f. While you were NOT working for (Employer in 22a), were you working for someone else?	0303	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0427	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
g. While you were WORKING for (Employer in 22a), were you also working for someone else?	0304	1 <input type="checkbox"/> Yes – SKIP to 22a for Employer 5, page 14, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5			0428	1 <input type="checkbox"/> Yes – SKIP to Check Item B-6, page 30 2 <input type="checkbox"/> No – GO to Check Item B-5				
CHECK ITEM B-5	0305	Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to Employer 5, page 14, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30			0429	Item 24 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to Check Item B-6, page 30 2 <input type="checkbox"/> Before date entered in R6 – GO to Check Item B-6, page 30				
Refer to item 24, page 27 and R6 on the Information Sheet.										
NOTES										

Section 2 – RETROSPECTIVE WORK HISTORY – Continued	
<div style="background-color: #f2f2f2; padding: 5px;">CHECK ITEM B-6</div> <p style="text-align: center; margin-top: 10px;"><i>Refer to R11 on the Information Sheet.</i></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0430</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Box 2 or 3 is marked in R11 and date in R11 is MORE than 12 months ago – <i>Mark "None" in 28a, then GO to Check Item B-7</i></div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Box 2 is marked in R11 and date in R11 is LESS than 12 months ago – <i>ASK 28a</i></div> <div>3 <input type="checkbox"/> R11 is blank – <i>ASK 28a</i></div>
28a. In the last 12 months, in how many different weeks did you do any work at all, not including work around the house? Please include any weeks in which you were on paid vacation or paid sick leave.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0431</div> <div style="margin-bottom: 5px;">_____ Weeks</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0432</div> <div>1 <input type="checkbox"/> None</div>
<div style="background-color: #f2f2f2; padding: 5px;">CHECK ITEM B-7</div> <p style="text-align: center; margin-top: 10px;"><i>Refer to item 28a above.</i></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0433</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> 52 weeks in 28a – <i>SKIP to 28d</i></div> <div>2 <input type="checkbox"/> Less than 52 weeks in 28a – <i>Complete Workspace 1, then ASK 28b</i></div>
<div style="background-color: #f2f2f2; padding: 5px;">WORKSPACE 1</div> <p style="text-align: center; margin-top: 10px;"><i>Subtract entry in 28a from 52 to obtain answer.</i></p>	<div style="text-align: center; margin-bottom: 10px;">52</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0434</div> <div style="text-align: center; margin-bottom: 5px;">– _____ (Entry in 28a)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0435</div> <div style="text-align: center;">_____ (Answer)</div>
28b. You said you (worked (Entry in 28a) 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?	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0436</div> <div style="margin-bottom: 5px;">_____ Weeks</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0437</div> <div>1 <input type="checkbox"/> None</div>
<div style="background-color: #f2f2f2; padding: 5px;">CHECK ITEM B-8</div> <p style="text-align: center; margin-top: 10px;"><i>Refer to items 28a and 28b above.</i></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0438</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Entry in 28a + entry in 28b = 52 weeks – <i>SKIP to Check Item B-9</i></div> <div>2 <input type="checkbox"/> All others – <i>ASK 28c</i></div>
28c. What was the main reason you were not working or looking for work during (the remaining weeks in) the last 12 months? <i>Mark (X) the main reason; do NOT read list.</i>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0439</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Respondent ill or disabled; unable to work</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Spouse ill or disabled; unable to work</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> Care for elderly parents</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Care for other elderly</div> <div style="margin-bottom: 5px;">5 <input type="checkbox"/> Child care problems</div> <div style="margin-bottom: 5px;">6 <input type="checkbox"/> Pregnancy</div> <div style="margin-bottom: 5px;">7 <input type="checkbox"/> Other personal, family reasons</div> <div style="margin-bottom: 5px;">8 <input type="checkbox"/> Did not want to work</div> <div style="margin-bottom: 5px;">9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available</div> <div style="margin-bottom: 5px;">10 <input type="checkbox"/> Did not have enough education or training</div> <div style="margin-bottom: 5px;">11 <input type="checkbox"/> Did not have necessary skills or experience</div> <div style="margin-bottom: 5px;">12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work</div> <div style="margin-bottom: 5px;">13 <input type="checkbox"/> School, attending or returning to</div> <div style="margin-bottom: 5px;">14 <input type="checkbox"/> Vacation</div> <div style="margin-bottom: 5px;">15 <input type="checkbox"/> Layoff</div> <div style="margin-bottom: 5px;">16 <input type="checkbox"/> Labor dispute, strike</div> <div style="margin-bottom: 5px;">17 <input type="checkbox"/> Respondent retired</div> <div style="margin-bottom: 5px;">18 <input type="checkbox"/> Husband retired</div> <div style="margin-bottom: 5px;">19 <input type="checkbox"/> Working for another employer</div> <div style="margin-bottom: 5px;">20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</div> <div style="margin-bottom: 5px;">21 <input type="checkbox"/> Other – <i>Specify</i> _____</div> <div style="margin-bottom: 5px;">_____</div> <div>_____</div>
<div style="background-color: #f2f2f2; padding: 5px;">CHECK ITEM B-9</div> <p style="text-align: center; margin-top: 10px;"><i>Refer to R11 on the Information Sheet.</i></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0440</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Box 3 is marked in R11 – <i>SKIP to 28h, page 31</i></div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Box 2 is marked</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> R11 is blank</div> <div style="margin-left: 150px;">} <i>ASK 28d</i></div>
28d. We’ve just been talking about the last 12 months, that is, from (Present month) 1991 to (Present month) 1992. Now I’d like you to think back to the 12 months before that, in other words, the time from (Present month) 1990 to (Present month) 1991. (Pause.) During THAT 12-month period, in how many different weeks did you do any work at all, not including work around the house? Please include any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0441</div> <div style="margin-bottom: 5px;">_____ Weeks – <i>ASK 28e</i></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0442</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> None – <i>SKIP to 28f, page 31</i></div> <div>2 <input type="checkbox"/> Don’t know – <i>ASK 28e</i></div>
e. How many hours per week did you usually work during that 12-month period?	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">0443</div> <div style="margin-bottom: 5px;">_____ Hours per week</div>

Section 2 – RETROSPECTIVE WORK HISTORY – Continued			
28f. 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? Please include any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.	0444 _____ Weeks – ASK 28g 0445 1 <input type="checkbox"/> None – SKIP to 28h 2 <input type="checkbox"/> Don't know – ASK 28g		
g. How many hours per week did you usually work during that 12-month period?	0446 _____ Hours per week		
CHECK ITEM B-10 Refer to item 28d, on page 30.	0447 1 <input type="checkbox"/> "52" entered in 28d – SKIP to Check Item B-11 2 <input type="checkbox"/> All others – ASK 28h		
28h. Between (Present month) 1990 and (Present month) 1991, did you spend any weeks, while you were not working, looking for work or being on layoff from a job?	0448 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/> 0449 _____ Weeks		
CHECK ITEM B-11 Refer to item 28f above.	0450 1 <input type="checkbox"/> "52" entered in 28f – SKIP to Check Item B-12 2 <input type="checkbox"/> All others – ASK 28i		
28i. 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?	0451 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/> 0452 _____ Weeks		
CHECK ITEM B-12 Refer to Household Record Card (LGT-1D), items 5, 6, 7, and 8.	0453 1 <input type="checkbox"/> Respondent DOES NOT have a HUSBAND living in the household – Transcribe from item 7 on the Household Record Card the respondent's marital status to R3 on the Information sheet 2 <input type="checkbox"/> Respondent HAS a HUSBAND living in the household – Transcribe from item 7 on the Household Record Card the respondent's marital status to R3 AND transcribe from item 8a-8c the husband's date of birth to R4 on the Information sheet		
CHECK ITEM B-13 Refer to Household Record Card (LGT-1D), items 4, 5, and 6.	0454 1 <input type="checkbox"/> Respondent lives ALONE – Do NOT read Section 3, page 32, introductory statement. Complete 29a and 29b, page 32, for the respondent only and SKIP to Check Item C-1, page 34 2 <input type="checkbox"/> Respondent lives with HUSBAND ONLY – Do NOT read Section 3, page 32, introductory statement. Complete 29a and 29b, page 32, for respondent and husband and SKIP to Check Item C-1, page 34 3 <input type="checkbox"/> All others – Follow Field Representative instructions at the top of Section 3, Household Members, page 32		
	OFFICE USE ONLY		
	Total number of family members 0455 <table><tr><td></td><td></td></tr></table>		
	Total number of household members 0456 <table><tr><td></td><td></td></tr></table>		
NOTES			

Section 3 – HOUSEHOLD MEMBERS								
FIELD REPRESENTATIVE: Refer to Household Record Card (LGT-1D), items 4, 5, 6 and 8. Complete the instructions below for all current household members (Item 6 is circled "Y" in the 1992 column on the LGT-1D). Transcribe from item 4 on the Household Record Card, the respondent's (and husband's) line number to 29a and name to 29b. Do NOT complete 29c through 29i. For all other current household members, transcribe from items 4, 5, and 8 on the Household Record Card, the line number to 29a, the name to 29b, the relationship to respondent to 29c and the date of birth to 29d. Then, ask items 29e through 29i, as applicable.								
Now I have a few questions about the WORK EXPERIENCE of ALL persons living here.								
▶ TRANSCRIBE FROM RECORD CARD.								
29a. Line No.	b. Name	c. Relationship to respondent EXAMPLE: Son, mother, father-in- law, brother, step- daughter, housekeeper, boarder, partner, etc.		d. Date of birth			e. How old is ... today?	
				OFFICE USE	Month	Day		Year
		Respondent						
		Husband	0465					
			0466		0467			0468
			0473		0474			0475
			0480		0481			0482
			0487		0488			0489
			0494		0495			0496
			0501		0502			0503
			0508		0509			0510
			0515		0516			0517
			0522		0523			0524
			0529		0530			0531
			0536		0537			0538
			0543		0544			0545
			0550		0551			0552
			0557		0558			0559
			0564		0565			0566
NOTES								

Section 3 - HOUSEHOLD MEMBERS - Continued						
PERSONS 14 YEARS OLD AND OLDER						
f. Did . . . do any work at all last week? <i>Circle</i> 1 - Yes 2 - No	g. In the past 12 months, how many weeks did . . . work either full or part time NOT counting work around the house? <i>If none enter "0".</i>	<i>If person worked at all in the past 12 months, ASK 29h and 29i.</i>				
		h. In the weeks that . . . worked, how many hours did . . . usually work per week?	i. What kind of work was . . . doing in the past 12 months? <i>If more than one, record the work done longest.</i>			
						OFFICE USE 1960 codes
0469 1 2	0470	0471		0472		
0476 1 2	0477	0478		0479		
0483 1 2	0484	0485		0486		
0490 1 2	0491	0492		0493		
0497 1 2	0498	0499		0500		
0504 1 2	0505	0506		0507		
0511 1 2	0512	0513		0514		
0518 1 2	0519	0520		0521		
0525 1 2	0526	0527		0528		
0532 1 2	0533	0534		0535		
0539 1 2	0540	0541		0542		
0546 1 2	0547	0548		0549		
0553 1 2	0554	0555		0556		
0560 1 2	0561	0562		0563		
0567 1 2	0568	0569		0570		
NOTES						

Section 4 – MARITAL HISTORY AND OTHER FAMILY BACKGROUND	
<div>CHECK ITEM C-1</div> <div>Refer to item 29c, page 32.</div>	<div>0580</div> <div>1 <input type="checkbox"/> Respondent's mother lives in household – SKIP to Check Item C-2</div> <div>2 <input type="checkbox"/> All others – ASK 30a</div>
<div>30a. Now I'd like to ask you some questions about your parents.</div> <div>Is your mother living? By this we mean your natural or biological mother.</div>	<div>0581</div> <div>1 <input type="checkbox"/> Yes – ASK 30b</div> <div>2 <input type="checkbox"/> No – SKIP to 30c</div> <div>3 <input type="checkbox"/> Don't know – SKIP to Check Item C-2</div>
<div>b. How old is your mother today?</div>	<div>0582</div> <div>_____ Years old</div> <div>0583</div> <div>1 <input type="checkbox"/> Don't know</div> <div>SKIP to Check Item C-2</div>
<div>c. How old was your mother when she died?</div>	<div>0584</div> <div>_____ Years old</div> <div>0585</div> <div>1 <input type="checkbox"/> Don't know</div>
<div>d. What was the main cause of her death?</div>	<div>0586</div> <div>1 <input type="checkbox"/> Heart disease (rheumatic heart disease, heart attack)</div> <div>2 <input type="checkbox"/> Cancer (neoplasm, malignancy, leukemia)</div> <div>3 <input type="checkbox"/> Stroke</div> <div>4 <input type="checkbox"/> Accident, industrial</div> <div>5 <input type="checkbox"/> Accident, other</div> <div>6 <input type="checkbox"/> Diabetes</div> <div>7 <input type="checkbox"/> Emphysema, chronic bronchitis, asthma</div> <div>8 <input type="checkbox"/> Homicide</div> <div>9 <input type="checkbox"/> Suicide</div> <div>10 <input type="checkbox"/> Other – Specify <input type="checkbox"/></div> <div>_____</div> <div>11 <input type="checkbox"/> Don't know</div>
<div>CHECK ITEM C-2</div> <div>Refer to item 29c, page 32.</div>	<div>0587</div> <div>1 <input type="checkbox"/> Respondent's father lives in household – SKIP to 31, page 35</div> <div>2 <input type="checkbox"/> All others – ASK 30e</div>
<div>30e. (Now I'd like to ask you some questions about your father.)</div> <div>Is your father living? By this we mean your natural or biological father.</div>	<div>0588</div> <div>1 <input type="checkbox"/> Yes – ASK 30f</div> <div>2 <input type="checkbox"/> No – SKIP to 30g</div> <div>3 <input type="checkbox"/> Don't know – SKIP to 31, page 35</div>
<div>f. How old is your father today?</div>	<div>0589</div> <div>_____ Years old</div> <div>0590</div> <div>1 <input type="checkbox"/> Don't know</div> <div>SKIP to 31, page 35</div>
<div>g. How old was your father when he died?</div>	<div>0591</div> <div>_____ Years old</div> <div>0592</div> <div>1 <input type="checkbox"/> Don't know</div>
<div>h. What was the main cause of his death?</div>	<div>0593</div> <div>1 <input type="checkbox"/> Heart disease (rheumatic heart disease, heart attack)</div> <div>2 <input type="checkbox"/> Cancer (neoplasm, malignancy, leukemia)</div> <div>3 <input type="checkbox"/> Stroke</div> <div>4 <input type="checkbox"/> Accident, industrial</div> <div>5 <input type="checkbox"/> Accident, other</div> <div>6 <input type="checkbox"/> Diabetes</div> <div>7 <input type="checkbox"/> Emphysema, chronic bronchitis, asthma</div> <div>8 <input type="checkbox"/> Homicide</div> <div>9 <input type="checkbox"/> Suicide</div> <div>10 <input type="checkbox"/> Other – Specify <input type="checkbox"/></div> <div>_____</div> <div>11 <input type="checkbox"/> Don't know</div>

Section 4 – MARITAL HISTORY AND OTHER FAMILY BACKGROUND – Continued				
31. Have you had any changes in your marital status since (Date in R6)? That is, have you been married, widowed, divorced, separated, remarried, or reunited?	<div>0594</div> <div>1 <input type="checkbox"/> Yes – ASK 32a</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item C-4</div>			
32a. Since (Date in R6), what was the (first/second/third/fourth) change in your marital status?	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE	FOURTH CHANGE
	<div>0595</div> <div>1 <input type="checkbox"/> Married</div> <div>2 <input type="checkbox"/> Widowed</div> <div>3 <input type="checkbox"/> Divorced</div> <div>4 <input type="checkbox"/> Separated</div> <div>5 <input type="checkbox"/> Remarried</div> <div>6 <input type="checkbox"/> Reunited</div>	<div>0599</div> <div>1 <input type="checkbox"/> Married</div> <div>2 <input type="checkbox"/> Widowed</div> <div>3 <input type="checkbox"/> Divorced</div> <div>4 <input type="checkbox"/> Separated</div> <div>5 <input type="checkbox"/> Remarried</div> <div>6 <input type="checkbox"/> Reunited</div>	<div>0603</div> <div>1 <input type="checkbox"/> Married</div> <div>2 <input type="checkbox"/> Widowed</div> <div>3 <input type="checkbox"/> Divorced</div> <div>4 <input type="checkbox"/> Separated</div> <div>5 <input type="checkbox"/> Remarried</div> <div>6 <input type="checkbox"/> Reunited</div>	<div>0607</div> <div>1 <input type="checkbox"/> Married</div> <div>2 <input type="checkbox"/> Widowed</div> <div>3 <input type="checkbox"/> Divorced</div> <div>4 <input type="checkbox"/> Separated</div> <div>5 <input type="checkbox"/> Remarried</div> <div>6 <input type="checkbox"/> Reunited</div>
b. When did that happen? <i>Enter month and year</i>	<div>0596</div> <div>Month</div> <div></div> <div></div> <div>0597</div> <div>Year</div> <div>1</div> <div>9</div> <div></div> <div></div>	<div>0600</div> <div>Month</div> <div></div> <div></div> <div>0601</div> <div>Year</div> <div>1</div> <div>9</div> <div></div> <div></div>	<div>0604</div> <div>Month</div> <div></div> <div></div> <div>0605</div> <div>Year</div> <div>1</div> <div>9</div> <div></div> <div></div>	<div>0608</div> <div>Month</div> <div></div> <div></div> <div>0609</div> <div>Year</div> <div>1</div> <div>9</div> <div></div> <div></div>
	c. After that, was there any OTHER change in your marital status?	<div>0598</div> <div>1 <input type="checkbox"/> Yes – GO to next column</div> <div>2 <input type="checkbox"/> No – GO to Check Item C-3</div>	<div>0602</div> <div>1 <input type="checkbox"/> Yes – GO to next column</div> <div>2 <input type="checkbox"/> No – GO to Check Item C-3</div>	<div>0606</div> <div>1 <input type="checkbox"/> Yes – GO to next column</div> <div>2 <input type="checkbox"/> No – GO to Check Item C-3</div>
CHECK ITEM C-3 <i>Refer to LAST column filled in item 32a above and Notes section.</i> Current marital status is –	<div>0611</div> <div>1 <input type="checkbox"/> Married</div> <div>2 <input type="checkbox"/> Widowed</div> <div>3 <input type="checkbox"/> Divorced</div> <div>4 <input type="checkbox"/> Separated</div> <div>5 <input type="checkbox"/> Remarried</div> <div>6 <input type="checkbox"/> Reunited</div>			
32d. From what you have just told me I have your current marital status as (Read entry in Check Item C-3). Is this correct?	<div>0612</div> <div>1 <input type="checkbox"/> Yes – Go to Check Item C-4</div> <div>2 <input type="checkbox"/> No – Check to see why incorrect. Correct, then go to Check Item C-4</div>			
CHECK ITEM C-4 <i>Refer to R3 on the Information Sheet.</i> Has respondent ever been married?	<div>0613</div> <div>1 <input type="checkbox"/> Box 1 is marked in R3 – ASK 33a</div> <div>2 <input type="checkbox"/> Box 2–5 is marked in R3 – ASK 33b</div> <div>3 <input type="checkbox"/> Box 6 is marked in R3 – SKIP to 35a, page 36</div>			
33a. Refer to item 29b, page 32. I would like to verify your husband's full name. I have your husband listed as (Read name from Item 29b for husband). Is that correct? <i>(Probe for full first, middle, and last name and record full name on lines provided.)</i>	<div>PGM 7</div> <div>6006</div> <div>First name</div> <div></div> <div>Middle name</div> <div></div> <div>Last name</div> <div></div>			
	<div>SKIP to 33d, page 36</div>			
b. I would like to know your most recent husband's full name. What (is/was) his name? <i>(Probe for full first, middle, and last name and record full name on lines provided.)</i>	<div>First name</div> <div></div> <div>Middle name</div> <div></div> <div>Last name</div> <div></div>			

Section 4 – MARITAL HISTORY AND OTHER FAMILY BACKGROUND – Continued		
33c. What (is/was) (Read name in 33b, page 35) date of birth?	PGM 3 Month Day Year 0614 0615 1 <input type="checkbox"/> Don't know	
	PGM 8 6007 If within United States or U.S. Territory City/Town State County If outside United States City/Town Foreign country	
CHECK ITEM C-5 Refer to R3 on the Information Sheet. Is respondent currently married?	PGM 3 0616 1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 34a 2 <input type="checkbox"/> All others – SKIP to 35a	
34a. Since (Date entered in R6) has your husband been enrolled in regular school?	0617 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. What is the highest grade or year of regular school that your husband has completed and gotten credit for? Mark (X) the appropriate box.	Elementary 1 2 3 4 5 6 7 8 0618 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	High School 1 2 3 4 0619 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	College 1 2 3 4 5 6+ 0620 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Never attended 1 0621 <input type="checkbox"/>	
Refer to item 29b, page 32. 35a. I would like to verify your full name. I have you listed as (Read name in item 29b for respondent). Is that correct? (Probe for full first, middle, and last name and record full name on lines provided.)	PGM 9 First name 6008 Middle name Last name	
	CHECK ITEM C-6 Refer to R9 on the Information Sheet.	PGM 3 0622 1 <input type="checkbox"/> Box 1 is marked in R9 – ASK 35b 2 <input type="checkbox"/> Box 2 is marked in R9 – SKIP to 36a, page 37
	35b. Where were you born? (Probe to obtain county.)	PGM 8 6009 If within United States or U.S. Territory City/Town State County If outside United States City/Town Foreign country

Section 4 – MARITAL HISTORY AND OTHER FAMILY BACKGROUND – Continued															
36a. How many persons not counting yourself (or your husband/ partner) are dependent upon you (or your husband/ partner) for at least one-half of their support?	PGM 3														
	0623 _____ Persons														
	0624 1 <input type="checkbox"/> None														
b. Do you (or your husband/partner) have any children who have attended college during the past 12 months?	0625 2 <input type="checkbox"/> No – SKIP to 36h 1 <input type="checkbox"/> Yes – How many? <input checked="" type="checkbox"/>														
	0626 _____ – ASK 36c														
c. What (is/are) (this child's/these children's) name(s)? Enter the first name of each child at the top of a column in 36c. Beginning with the "First Child" column, complete items 36d–g for each child listed.	FIRST CHILD			SECOND CHILD			THIRD CHILD			FOURTH CHILD			FIFTH CHILD		
	Name			Name			Name			Name			Name		
d. What is (Read name of child)'s date of birth?	0627			0631			0635			0639			0643		
	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year
e. Did (Read name of child) live at home while attending college?	0628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0644 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
f. Did you (or your husband/partner) contribute more than half of (his/her) support?	0629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0645 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
g. How much (do/did) you (or your husband/partner) pay toward (his/her) college expenses per year?	0630 \$ _____ .00 Per year			0634 \$ _____ .00 Per year			0638 \$ _____ .00 Per year			0642 \$ _____ .00 Per year			0646 \$ _____ .00 Per year		
h. Do you (or your husband/partner) have any outstanding loans that were taken out to cover college expenses for any children who (attend college now or) have attended college in the past?	0647 1 <input type="checkbox"/> Yes – ASK 36i 2 <input type="checkbox"/> No – SKIP to 37a, page 38														
i. What is your total monthly payment on all these loans?	0648 \$ _____ .00 per month														
j. When will you finish paying off these loans? Please give us the year and the month if possible.	Month														
	0649														
	Year														
	0650														
NOTES															