

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

FORM **LGT-351**
(12-30-71)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NATIONAL LONGITUDINAL SURVEYS
SURVEY OF WORK EXPERIENCE
OF MATURE WOMEN

1972

001 1 ☐ Respondent a noninterview in 1971 – Go to page 29

| METHODS OF LOCATING RESPONDENT WHO HAS MOVED | | | RECORD OF CALLS | | |
|--|----------------------------|--|-----------------|------|----------|
| Successful Unsuccessful | | | Date | Time | Comments |
| 002 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> New occupants | | a.m. | |
| 003 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Neighbors | | p.m. | |
| 004 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Apartment house manager | | a.m. | |
| 005 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Post office | | p.m. | |
| 006 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> School | | a.m. | |
| 007 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Persons listed on information sheet | | p.m. | |
| 008 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Other – Specify <u> </u> | | a.m. | |
| | | | | p.m. | |

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

| NONINTERVIEW REASON | |
|--|--|
| 011 <input type="checkbox"/> Unable to contact respondent – Specify | |
| 6 <input type="checkbox"/> Temporarily absent – Give return date | |
| 8 <input type="checkbox"/> Institutionalized – Specify type | |
| 9 <input type="checkbox"/> Refused | |
| 0 <input type="checkbox"/> Deceased | |
| A <input type="checkbox"/> Other – Specify | |

| TRANSCRIPTION FROM HOUSEHOLD RECORD CARD | | | | |
|--|--|-------------------------------------|--|-------------|
| Item 13 – Marital status of respondent | | | | |
| 012 | 1 <input type="checkbox"/> Married, spouse present | 3 <input type="checkbox"/> Widowed | 5 <input type="checkbox"/> Separated | |
| | 2 <input type="checkbox"/> Married, spouse absent | 4 <input type="checkbox"/> Divorced | 6 <input type="checkbox"/> Never married | |
| 013 | If respondent has moved, enter new address | | | |
| | I. Number and street | | | |
| 014 | | | | |
| 015 | 2. City | 3. County | 4. State | 5. ZIP code |

| 1. CURRENT LABOR FORCE STATUS | | |
|---|--|---|
| <div>1. What were you doing most of LAST WEEK – working, keeping house, or something else?</div> <div><div>016</div><div>1 <input type="checkbox"/> WK – Working – Skip to 2b</div><div>2 <input type="checkbox"/> J – With a job but not at work</div><div>3 <input type="checkbox"/> LK – Looking for work</div><div>4 <input type="checkbox"/> S – Going to school</div><div>5 <input type="checkbox"/> KH – Keeping house</div><div>6 <input type="checkbox"/> U – Unable to work – SKIP to 5</div><div>7 <input type="checkbox"/> OT – Other – Specify →</div></div> | <div>2a. Did you do any work at all LAST WEEK, not counting work around the house?</div> <div>NOTE: If farm or business operator in household, ask about unpaid work.</div> <div><div>019</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – SKIP to 3a</div></div> | <div>(If “J” in 1, SKIP to b)</div> <div>3a. Did you have a job (or business) from which you were temporarily absent or on layoff LAST WEEK?</div> <div><div>023</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> NO – SKIP to 4a</div></div> |
| | <div>2b. How many hours did you work LAST WEEK at all jobs?</div> <div><div>020</div> _____ Hours</div> | <div>3b. Why were you absent from work LAST WEEK?</div> <div><div>024</div><div>1 <input type="checkbox"/> Own illness</div><div>2 <input type="checkbox"/> Illness of family member</div><div>3 <input type="checkbox"/> On vacation</div><div>4 <input type="checkbox"/> Too busy with housework, school, personal business</div><div>5 <input type="checkbox"/> Bad weather</div><div>6 <input type="checkbox"/> Labor dispute</div><div>7 <input type="checkbox"/> New job to begin within 30 days – } ASK 4c and 4d(2)</div><div>8 <input type="checkbox"/> Temporary layoff (under 30 days)</div><div>9 <input type="checkbox"/> Indefinite layoff (30 days or more or no definite recall date) } ASK 4d(3)</div><div>10 <input type="checkbox"/> Other – Specify →</div></div> |
| CHECK ITEM A | | |
| <div>2c. Do you USUALLY work 35 hours or more a week at this job?</div> <div><div>017</div><div>1 <input type="checkbox"/> Yes – What is the reason you worked less than 35 hours LAST WEEK?</div><div>2 <input type="checkbox"/> No – What is the reason you USUALLY work less than 35 hours a week?</div></div> <div>(Mark the appropriate reason)</div> <div><div>018</div><div>1 <input type="checkbox"/> Slack work</div><div>2 <input type="checkbox"/> Material shortage</div><div>3 <input type="checkbox"/> Plant or machine repair</div><div>4 <input type="checkbox"/> New job started during week</div><div>5 <input type="checkbox"/> Job terminated during week</div><div>6 <input type="checkbox"/> Could find only part-time work</div><div>7 <input type="checkbox"/> Holiday (legal or religious)</div><div>8 <input type="checkbox"/> Labor dispute</div><div>9 <input type="checkbox"/> Bad weather</div><div>10 <input type="checkbox"/> Own illness</div><div>11 <input type="checkbox"/> Illness of family member</div><div>12 <input type="checkbox"/> On vacation</div><div>13 <input type="checkbox"/> Too busy with housework</div><div>14 <input type="checkbox"/> Too busy with school, personal business, etc.</div><div>15 <input type="checkbox"/> Did not want full-time work</div><div>16 <input type="checkbox"/> Full-time work week under 35 hours</div><div>17 <input type="checkbox"/> Other reason – Specify →</div></div> <div>If entry in 2c, SKIP to 6a and enter job worked at last week.</div> | <div>2d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?</div> <div><input type="checkbox"/> Yes – How many hours did you take off?</div> <div><div>021</div> _____ Hours</div> <div><input type="checkbox"/> No</div> <div>NOTE: Correct 2b, if lost time not already deducted; if 2b reduced below 35, fill 2c, otherwise SKIP to 6a.</div> | |
| | <div>2e. Did you work any overtime or at more than one job LAST WEEK?</div> <div><input type="checkbox"/> Yes – How many extra hours did you work?</div> <div><div>022</div> _____ Hours</div> <div><input type="checkbox"/> No</div> <div>NOTE: Correct 2b if extra hours not already included and SKIP to 6a</div> | <div>3c. Are you getting wages or salary for any of the time off LAST WEEK?</div> <div><div>025</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Self-employed</div></div> |
| | | <div>3d. Do you usually work 35 hours or more a week at this job?</div> <div><div>026</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div>SKIP to 6a and enter job held last week.</div> |

Notes

1. CURRENT LABOR FORCE STATUS – Continued

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

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

(027) 1 ☐ Yes – ASK 4b

2 ☐ No – SKIP to 5

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

(Mark all methods used; do not read list)

(028) 0 ☐ Nothing – SKIP to 5

Checked with

1 ☐ State employment agency

2 ☐ Private employment agency

3 ☐ Employer directly

4 ☐ Friends or relatives

5 ☐ Placed or answered ads

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

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

(029) 1 ☐ Lost job

2 ☐ Quit job

3 ☐ Wanted temporary work

4 ☐ Children are older

5 ☐ Enjoy working

6 ☐ Help with family expenses

7 ☐ Other – Specify →

d.(1) How many weeks have you been looking for work?

(2) How many weeks ago did you start looking for work?

(3) How many weeks ago were you laid off?

(030) _____ Weeks

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

(031) 1 ☐ Full-time

2 ☐ Part-time

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

(032) Yes →

1 ☐ Already has a job

2 ☐ Temporary illness

3 ☐ Going to school

4 ☐ Other – Specify →

5 ☐ No

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

☐ Date of last interview or later (item 101R on Information Sheet) –

Specify →

(033) Month Day Year – SKIP to 14a on page 7

3 ☐ All others – SKIP to 15a on page 7

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

☐ Date of last interview or later (item 101R on Information Sheet) – Specify →

(034) Month Day Year – SKIP to 14a on page 7

2 ☐ "Unable" now and "Unable" in item 102R on the Information Sheet – SKIP to 66a on page 24

3 ☐ All others – SKIP to 15a on page 7

6a. (035) DESCRIPTION OF JOB OR BUSINESS

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

(2) Is this the full and complete name of the company?

☐ Yes

☐ No – What is the full and complete name?

(3) Do you ever refer to the company by any other name?

☐ Yes – What is that name?

☐ No

(4) To the best of your knowledge, has the name of the company changed in the past five years?

☐ Yes – What was the name?

☐ No

b. (036) In what city and State is . . . located?

_____ City _____ State

c. (037) What kind of business or industry is this?

(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)

d. Were you –

(038) 10 ☐ P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?

20 ☐ G – A GOVERNMENT employee (Federal, State, county, or local)

30 ☐ O – Self-employed in your OWN business, professional practice, or farm?

(If not a farm)

Is this business incorporated?

31 ☐ Yes 32 ☐ No

40 ☐ WP – Working WITHOUT PAY in family business or farm?

e. (039) What kind of work were you doing? (For example: registered nurse, high school English teacher, waitress)

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

g. When did you start working for (entry in 6a)?

(040) Month Day Year

1. CURRENT LABOR FORCE STATUS – Continued

CHECK
ITEM B

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

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

7a.

(042) \$ _____ (Dollars) . _____ (Cents) per: ↗

(043) 1 ☐ Hour
OR

(044) \$ _____ (Dollars only) . per: ↗

- (045) 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other – Specify _____

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

b.

(046) _____ Hours

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

c.

- (047) 1 ☐ Yes – ASK d
2 ☐ No
3 ☐ No, but received compensating time off
4 ☐ Never work overtime
- } SKIP to f

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

d.

(048) _____ Hours per day

(049) _____ Hours per week

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

e.

- (050) 1 ☐ Compensating time off
2 ☐ Straight time
3 ☐ Time and one-half
4 ☐ Double time
5 ☐ Other – Specify _____

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

f.

- (051) 1 ☐ Yes – ASK g
2 ☐ No – SKIP to i

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

g.

(052)

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

h.

- (053) 1 ☐ Yes
2 ☐ No

i. Do you generally work the same days each week and the same hours each day?

i.

- (054) 1 ☐ Yes – ASK j
2 ☐ No – SKIP to k

j. What hours do you usually work?

j.

- (055) 1 ☐ Regular day shift
2 ☐ Regular evening shift
3 ☐ Regular night shift
4 ☐ Split shift

k. Some people would like to work more hours a week if they could be paid for it. Others would prefer to work fewer hours a week even if they earned less. Would you prefer more hours and more pay, fewer hours and less pay, or about the same number of hours at the same pay?

k.

- (056) 1 ☐ More hours and more pay
2 ☐ Fewer hours and less pay
3 ☐ Same hours at the same pay – SKIP to 8a
- } ASK l

l. About how many hours would you like to work?

l.

(057) _____ Hours – SKIP to 8a

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

m.

(058) _____ Hours per week



| | |
|--|--|
| 1. CURRENT LABOR FORCE STATUS – Continued | |
| 8a. How long does it usually take you to get to work? | 8a. (059) <div><div></div><div></div><div></div></div> <div>Hours Minutes</div> |
| b. What means of transportation do you usually use to get to work? (Mark as many boxes as apply) If “Other,” specify here → | b. (060) * <div><div><div><div><input type="checkbox"/> Own auto – ASK c(1)</div><div><input type="checkbox"/> Ride with someone else</div><div><input type="checkbox"/> Bus or streetcar</div><div><input type="checkbox"/> Subway or elevated</div><div><input type="checkbox"/> Railroad</div><div><input type="checkbox"/> Taxicab</div><div><input type="checkbox"/> Walk only</div><div><input type="checkbox"/> Other</div></div><div>SKIP to c(2)</div><div>SKIP to Check Item C</div></div></div> |
| c.(1) What is the total round trip cost of any parking fees or tolls you have to pay when you drive your own auto? | c. (1) (061) \$ (Dollars) . (Cents) per: → (062) 0 <input type="checkbox"/> No cost 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month |
| (2) How many miles do you go round trip? | (2) (063) Miles |
| <div><input type="checkbox"/> Only box 1 marked in b – SKIP to Check Item C</div> <div><input type="checkbox"/> Box 1 and any of boxes 2–6 marked in b – ASK d</div> d. What is the total cost of the round trip by (means of transportation in b other than own auto)? | d. (064) \$ (Dollars) . (Cents) per: → (065) 0 <input type="checkbox"/> No cost 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month |
| CHECK ITEM C | <div><input type="checkbox"/> Entry in 3b – SKIP to 9d</div> <div>Item 3b is blank, and –</div> <div><input type="checkbox"/> Entry in 6d is “P” or “G” – ASK 9a</div> <div><input type="checkbox"/> Entry in 6d is “O” or “WP” – SKIP to 9c</div> |
| 9a. Did you work for more than one employer last week? | 9a. (066) 1 <input type="checkbox"/> Yes – SKIP to 10a 2 <input type="checkbox"/> No – ASK b |
| b. In addition to working for wages and salary did you operate your own farm, business, or profession last week? | b. (067) 1 <input type="checkbox"/> Yes – SKIP to 10a 2 <input type="checkbox"/> No – SKIP to d |
| c. In addition to this work, did you do any work for wages or salary last week? | c. (068) 1 <input type="checkbox"/> Yes – SKIP to 10a 2 <input type="checkbox"/> No – ASK d |
| d. Did you have any other job at which you did not work at all last week? | d. (069) 1 <input type="checkbox"/> Yes – ASK 10a 2 <input type="checkbox"/> No – SKIP to 11a |
| Notes | |


1. CURRENT LABOR FORCE STATUS – Continued

| | |
|--|---|
| 10a. For whom did you work in addition to (entry in 6a)? (Name of company, business organization or other employer) | 10a. (070) <input type="text"/> |
| b. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm) | b. (071) <input type="text"/> |
| c. Were you – | c. (072) 1 <input type="checkbox"/> P – An employee of a PRIVATE company, business or individual for wages, salary, or commission? 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? |
| d. What kind of work were you doing? (For example registered nurse, high school English teacher, waitress) | d. (073) <input type="text"/> |
| e. What were your most important activities or duties? (For example typing, keeping account books, filing, selling millinery) | e. <input type="text"/> |

CHECK
ITEM D

- ☐ If "P" or "G" in item 10c – ASK f
☐ If "O" or "WP" in item 10c – SKIP to g

| | | | | |
|---|---|-------|-----|------|
| 10f. Altogether how much do you usually earn at this job before deductions? | 10f. (074) \$ _____ per:  (Dollars) (Cents) | | | |
| | (075) 1 <input type="checkbox"/> Hour OR | | | |
| | (076) \$ _____ <input type="text" value="00"/> per:  (Dollars only) | | | |
| | (077) 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly 5 <input type="checkbox"/> Month 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify _____ | | | |
| g. How many hours per week do you usually work at this job? | g. (078) _____ Hours per week | | | |
| h. When did you start working as a (entry in 10d) for (entry in 10a)? | h. (079) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> | Month | Day | Year |
| Month | Day | Year | | |

| | |
|--|---|
| 11a. Before you began to work as a (entry in 6e) for (entry in 6a(1)), did you do any other kind of work for (entry in 6a(1))? | 11a. (080) 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No |
| b. Excluding paid vacations and paid sick leave, during the time you have worked at this job, were there any full weeks in which you didn't work (since date of last interview)? | b. <input type="checkbox"/> Yes – How many weeks?  (081) _____ Weeks o <input type="checkbox"/> No – SKIP to Check Item E |
| c. Why were you not working during these _____ weeks? | c. (082) 1 <input type="checkbox"/> Personal, family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other |

1. CURRENT LABOR FORCE STATUS – Continued

CHECK
ITEM E

Refer to Item 6G and 10IR.

- ☐ Current job started date of last interview or later – SKIP to 13
- ☐ Current job started before date of last interview – SKIP to Check Item L on page 10

12a. When did you start working as a (entry in 6e) for (entry in 6a)? 12a.

(083) Month Day Year

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

b. ☐ Yes – How many weeks?

(084) _____ Weeks

o ☐ No – SKIP to Check Item F

c. Why were you not working during these _____ weeks?

c. (085) 1 ☐ Personal, family reasons

2 ☐ Own illness

3 ☐ Child care problems

4 ☐ Pregnancy

5 ☐ Layoff

6 ☐ Labor dispute

7 ☐ Did not want to work

8 ☐ Vacation

9 ☐ Other

If "Other," specify here →

CHECK
ITEM F

- ☐ Item 12a is earlier than date of last interview – SKIP to Check Item L on page 10
- ☐ Item 12a is date of last interview or later – ASK 13

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

13. (086) 1 ☐ Yes – SKIP to 26 on page 9

2 ☐ No – SKIP to 16

14a. You said you last worked at a regular job on (entry in 4g or 5).

14a.

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

(1) (087) _____ Weeks since last worked

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

(2) (088) _____ Weeks looking or on layoff

CHECK
ITEM G

- ☐ 14a(1) is equal to 14a(2) – SKIP to 16
- ☐ 14a(1) is greater than 14a(2) – ASK b

14b. That leaves _____ weeks that you were not working or looking for work. What would you say was the main reason you were not looking for work during that period?

14b.

(089) _____ Weeks

(090) 1 ☐ Personal, family reasons

2 ☐ Own illness

3 ☐ Child care problems

4 ☐ Pregnancy

5 ☐ Layoff

6 ☐ Labor dispute

7 ☐ Did not want to work

8 ☐ Vacation

9 ☐ Other – Specify _____

SKIP
to 16

15a. Since (date of last interview) in how many different weeks did you do any work at all?

15a.

(091) _____ Weeks

o ☐ None

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

b. ☐ Yes – How many weeks?

(092) _____ Weeks

o ☐ No

CHECK
ITEM H

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

(1)

(093) _____ Weeks (since date of last interview)

(2)

(094) _____ Weeks working, on layoff, or looking for work

☐ (1) is equal to (2) – SKIP to Check Item L on page 10

☐ (1) is greater than (2) – ASK 15c

15c. What would you say was the main reason you were not looking for work during (the rest of) that time?

15.

(095) 1 ☐ Personal, family reasons

2 ☐ Own illness

3 ☐ Child care problems

4 ☐ Pregnancy

5 ☐ Layoff

6 ☐ Labor dispute

7 ☐ Did not want to work

8 ☐ Vacation

9 ☐ Other

SKIP to
Check Item L
on page 10

(If "Other," specify here →

Notes

(096)

(097)

(098)

| II. WORK EXPERIENCE AND ATTITUDES | | | | | |
|--|--|---|--|--|--|
| (1) | | (2) | | (3) | |
| 16. Now let's talk about — <div><div>The job you worked at before you started to work as a (ENTRY IN 6e OR 16e) for (ENTRY IN 6a OR 16a).</div><div>The last job you worked at; that is, the one which ended on (ENTRY IN 4g OR 5).</div></div> | | <div><div><input type="checkbox"/> Same as 6a — SKIP to 16e</div><div><div><div></div><div></div></div><div>City, State</div></div></div> | | <div><div><input type="checkbox"/> Never worked before — SKIP to Check Item L</div><div><input type="checkbox"/> Same as — — SKIP to 16e</div></div> | |
| a. For whom did you work? (Name of company, business, organization or other employer) | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| b. In what city and State is . . . located? | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| c. What kind of business or industry is this? (E.g. — TV and radio manufacturer, retail shoe store, State Labor Department, farm) | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| d. Class of worker | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| e. What kind of work were you doing? (E.g. — registered nurse, high school English teacher, waitress) | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| f. What were your most important activities or duties? (E.g. — selling clothing, typing, keeping account books, filing) | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| 17a. Altogether, how much did you usually earn at this job before all deductions? | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| b. How many hours per week did you usually work at this job? | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| 18a. When did you start working as a (ENTRY IN 16e) for (ENTRY IN 16a)? | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| b. When did you stop working as a (ENTRY IN 16e) for (ENTRY IN 16a)? | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| 19a. Why did you happen to leave this job (change the kind of work you were doing)? | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| b. Did you have a new job lined up at the time you left this one? | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |
| 20. Excluding paid vacations and paid sick leave, during the time you worked at this job were there any full weeks in which you didn't work on this job (since date of last interview)? | | <div><div><div></div><div></div></div><div>City, State</div></div> | | <div><div><div></div><div></div></div><div>City, State</div></div> | |

| | | | | | | | |
|--|---|--|--|---|--|---|--|
| 21a. Why were you not working during these . . . weeks at this job? | | 21a. (112) 1 <input type="checkbox"/> Personal family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other — Specify | | (135) 1 <input type="checkbox"/> Personal family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other — Specify | | (158) 1 <input type="checkbox"/> Personal family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other — Specify | |
| b. Were you working for someone else during this period(s)? | | b. (113) 1 <input type="checkbox"/> Yes — GO to next column, enter data about this job 2 <input type="checkbox"/> No | | (136) 1 <input type="checkbox"/> Yes — GO to next column, enter data about this job 2 <input type="checkbox"/> No | | (159) 1 <input type="checkbox"/> Yes — GO to next column, enter data about this job 2 <input type="checkbox"/> No | |
| 22. <input type="checkbox"/> Date in 18a is before date of last interview — SKIP to Check Item I. Did you do any other kind of work for (ENTRY IN 16a) between (Date in 18a) and (Date of last interview)? | | (114) 1 <input type="checkbox"/> Yes — GO to next column, enter data about this job 2 <input type="checkbox"/> No | | (137) 1 <input type="checkbox"/> Yes — GO to next column, enter data about this job 2 <input type="checkbox"/> No | | (160) 1 <input type="checkbox"/> Yes — GO to next column, enter data about this job 2 <input type="checkbox"/> No | |
| CHECK ITEM I | Item 18a is: 1. Date of last interview or later 2. Before date of last interview | <input type="checkbox"/> — SKIP to 24 <input type="checkbox"/> — ASK 23 | | <input type="checkbox"/> — SKIP to 24 <input type="checkbox"/> — ASK 23 | | <input type="checkbox"/> — SKIP to 24 <input type="checkbox"/> — ASK 23 | |
| 23. Have you worked for anyone else (since date of last interview)? | 23. (115) 1 <input type="checkbox"/> Yes — GO to next column, enter information 2 <input type="checkbox"/> No — SKIP to Check Item L | (138) 1 <input type="checkbox"/> Yes — GO to next column, enter information 2 <input type="checkbox"/> No — SKIP to Check Item L | | (161) 1 <input type="checkbox"/> Yes — GO to next column, enter information 2 <input type="checkbox"/> No — SKIP to Check Item L | | (161) 1 <input type="checkbox"/> Yes — GO to next column, enter information 2 <input type="checkbox"/> No — SKIP to Check Item L | |
| 24. While you were working for (ENTRY IN 16a) were you also working for someone else? | 24. (116) 1 <input type="checkbox"/> Yes — GO to next column, enter data about simultaneous job 2 <input type="checkbox"/> No — ASK 25 | (139) 1 <input type="checkbox"/> Yes — GO to next column, enter data about simultaneous job 2 <input type="checkbox"/> No — ASK 25 | | (162) 1 <input type="checkbox"/> Yes — GO to next column, enter data about simultaneous job 2 <input type="checkbox"/> No — ASK 25 | | (162) 1 <input type="checkbox"/> Yes — GO to next column, enter data about simultaneous job 2 <input type="checkbox"/> No — ASK 25 | |
| 25. JUST before you started working as a (ENTRY IN 16e) for (ENTRY IN 16a) was there a period of a week or more in which you were not working? | 25. (117) 1 <input type="checkbox"/> Yes — ASK 26 2 <input type="checkbox"/> No — GO to next column, enter data about previous job | (140) 1 <input type="checkbox"/> Yes — ASK 26 2 <input type="checkbox"/> No — GO to next column, enter data about previous job | | (163) 1 <input type="checkbox"/> Yes — ASK 26 2 <input type="checkbox"/> No — GO to next column, enter data about previous job | | (163) 1 <input type="checkbox"/> Yes — ASK 26 2 <input type="checkbox"/> No — GO to next column, enter data about previous job | |
| 26. When did this period in which you were not working start? | 26. (118) Month Day Year <input type="checkbox"/> Never worked before | (141) Month Day Year <input type="checkbox"/> Never worked before | | (164) Month Day Year <input type="checkbox"/> Never worked before | | (164) Month Day Year <input type="checkbox"/> Never worked before | |
| 27a. Interviewer: Determine number of weeks not working. If item 26 is before date of last interview, count only weeks since that time. | 27a. (119) Weeks not working | (142) Weeks not working | | (165) Weeks not working | | (165) Weeks not working | |
| b. That would be about . . . weeks that you were not working. How many of those weeks were you looking for work or on layoff from a job? | (120) Weeks looking or on layoff | (143) Weeks looking or on layoff | | (166) Weeks looking or on layoff | | (166) Weeks looking or on layoff | |
| CHECK ITEM J | 1. 27a is equal to 27b 2. 27a is greater than 27b | <input type="checkbox"/> — SKIP to Check Item K <input type="checkbox"/> — ASK 28 | | <input type="checkbox"/> — SKIP to Check Item K <input type="checkbox"/> — ASK 28 | | <input type="checkbox"/> — SKIP to Check Item K <input type="checkbox"/> — ASK 28 | |
| 28. That leaves . . . weeks that you were not working or looking for work. What would you say was the main reason that you were not looking for work during that period? | 28. (121) 1 <input type="checkbox"/> Personal family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other — Specify | (144) 1 <input type="checkbox"/> Personal family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other — Specify | | (167) 1 <input type="checkbox"/> Personal family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other — Specify | | (167) 1 <input type="checkbox"/> Personal family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other — Specify | |
| CHECK ITEM K | 1. Item 26 is date of last interview or later 2. Item 26 is before date of last interview | <input type="checkbox"/> — GO to next column, enter data about previous job <input type="checkbox"/> — SKIP to Check Item L | | <input type="checkbox"/> — GO to next column, enter data about previous job <input type="checkbox"/> — SKIP to Check Item L | | <input type="checkbox"/> — GO to next column, enter data about previous job <input type="checkbox"/> — SKIP to Check Item L | |

II. WORK EXPERIENCE AND ATTITUDES – Continued

CHECK ITEM L

Respondent is in –

- ☐ Labor Force Group A (“WK” or “J” in 1 or “Yes” in 2a or 3a) – SKIP to Check Item M on page 11
- ☐ Labor Force Group B (“LK” in 1 or “Yes” in 4a) – SKIP to 31a
- ☐ Labor Force Group C (All others) – ASK 29a

29a. Do you intend to look for work of any kind in the next 12 months?

- 29a. (260) 1 ☐ Yes – definitely } ASK b
2 ☐ Yes – probably }
3 ☐ Maybe – What does it depend on? _____ } SKIP to 30a
4 ☐ No }
5 ☐ Don't know } SKIP to 30a

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

b. (261) _____ Month

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

c. (262)

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

- d. (263) * Check with { 1 ☐ State employment agency (or counselor)
2 ☐ Private employment agency
3 ☐ Directly with employer
4 ☐ Friends or relatives
5 ☐ Place or answer newspaper ads
6 ☐ Other – Specify _____

30a. Why would you say that you are not looking for work at this time?

- 30a. (264) 1 ☐ Health reasons
2 ☐ Husband would not agree
3 ☐ Believes no work available
4 ☐ Does not want to work
5 ☐ No adequate child care
6 ☐ Pregnancy
7 ☐ Personal, family reasons
8 ☐ Other – Specify _____

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

- b. (265) 1 ☐ Yes, definitely } ASK c
2 ☐ Yes, if it is something I can do }
3 ☐ Yes, if satisfactory wage }
4 ☐ Yes, if satisfactory location }
5 ☐ Yes, if child care available }
6 ☐ Yes, if husband agrees }
7 ☐ Yes, if other _____ }
8 ☐ No, health won't permit }
9 ☐ No, don't want to work (no need to) } SKIP to 41 on page 13
10 ☐ No, husband doesn't want me to }
11 ☐ No, too busy with home and/or family }
12 ☐ No, other _____ }

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

- c. (266) 1 ☐ 1–4
2 ☐ 5–14
3 ☐ 15–24
4 ☐ 25–34
5 ☐ 35–40
6 ☐ 41–48
7 ☐ 49 or more

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

d. (267)

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

- e. (268) \$ _____ . _____ per: →
(Dollars) (Cents)
(269) 1 ☐ Hour
OR
(270) \$ _____ . 00 per: →
(Dollars)
(271) 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Any pay
8 ☐ Other – Specify _____ } SKIP to 41 on page 13

II. WORK EXPERIENCE AND ATTITUDES – Continued

| | |
|---|--|
| 31a. What type of work are you looking for? | 31a. (272) <div></div> <div></div> <div></div> |
| b. What would the wage or salary have to be for you to be willing to take it? | b. (273) \$ _____ (Dollars) . _____ (Cents) per: 7 (274) 1 <input type="checkbox"/> Hour OR (275) \$ _____ (Dollars) . 00 per: 7 (276) 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly 5 <input type="checkbox"/> Month 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify _____ 8 <input type="checkbox"/> Any pay |
| 32a. Are there any restrictions, such as hours or location of job that would be a factor in your taking a job? | 32a. (277) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 41 on page 13 |
| b. What are these restrictions? | b. (278) <div></div> SKIP to 41 on page 13 |
| CHECK ITEM M | Respondent – <input type="checkbox"/> Was in Labor Force Group C in 1971. (Item 102R on Information Sheet) – ASK 33 <input type="checkbox"/> All others – SKIP to 34 |
| 33. At this time in 1971, you were not looking for work. What made you decide to take a job? | 33. (279) 1 <input type="checkbox"/> Recovered from illness (include pregnancy) 2 <input type="checkbox"/> Wanted to work 3 <input type="checkbox"/> Adequate child care available 4 <input type="checkbox"/> Needed money 5 <input type="checkbox"/> Children can care for themselves 6 <input type="checkbox"/> Other – Specify _____ |
| 34. How do you feel about the job you have now? Do you like it very much, like it fairly well, dislike it somewhat, dislike it very much? | 34. (280) 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 |
| 35. What are the things you like best about your job? | 35. (281) <div></div> <div></div> (1) (282) <div></div> <div></div> (2) (283) <div></div> <div></div> (3) |
| 36. What are the things about your job that you don't like? | 36. (284) <div></div> <div></div> (1) (285) <div></div> <div></div> (2) (286) <div></div> <div></div> (3) |

Notes

II. WORK EXPERIENCE AND ATTITUDES – Continued

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

37.

(287) \$ _____ . _____ per: ↘
(Dollars) (Cents)

(288) 1 ☐ Hour
OK

(289) \$ _____ . per: ↘
(Dollars only)

(290) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Other – Specify _____

(291) 8 ☐ I wouldn't take it at any conceivable pay

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

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

11 ☐ Don't know

12 ☐ Other

CHECK
ITEM N

☐ Respondent currently married – SKIP to Check Item O

☐ Respondent not married – ASK 38

38. What if this job were IN SOME OTHER PART OF THE COUNTRY – how much would it have to pay in order for you to be willing to take it?

38.

(If amount given per hour, record dollars and cents. Otherwise, round to the nearest dollar.)

(292) \$ _____ . _____ per: ↘
(Dollars) (Cents)

(293) 1 ☐ Hour
OR

(294) \$ _____ . per: ↘
(Dollars only)

(295) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Other – Specify _____

(296) 8 ☐ I wouldn't take it at any conceivable pay

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

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

11 ☐ Depends on location, cost of living

12 ☐ Don't know

13 ☐ Other

CHECK
ITEM O

Refer to item 102R on the Information Sheet.

☐ Respondent in Labor Force Group A in 1971 – ASK 39

☐ All other – SKIP to 41

39. Would you say you like your present job more, less, or about the same as (the job you held) last year?

39.

(297) 1 ☐ More } ASK 40
2 ☐ Less }
3 ☐ Same – SKIP to 41

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

40.

(298)

Notes

(299)

(300)

(301)

II. WORK EXPERIENCE AND ATTITUDES – Continued

41. We are interested in your opinion about the employment of wives. (HAND CARD (A) TO RESPONDENT). I will read you a series of statements and after each one I would like to know whether you: strongly agree, agree, disagree, or strongly disagree?

| Statements | Strongly agree | Agree | Disagree | Strongly disagree | Undecided |
|---|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Modern conveniences permit a wife to work without neglecting her family | (302) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. A woman's place is in the home, not in the office or shop | (303) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. A job provides a wife with interesting outside contacts | (304) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. A wife who carries out her full family responsibilities doesn't have time for outside employment | (305) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. A working wife feels more useful than one who doesn't hold a job | (306) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. The employment of wives leads to more juvenile delinquency | (307) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g. Working wives help to raise the general standard of living | (308) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| h. Working wives lose interest in their homes and families | (309) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| i. Employment of both parents is necessary to keep up with the high cost of living. | (310) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

42. Now I'd like your opinion about women working. People have different ideas about whether married women should work. Here are three statements about a married woman with children between the ages of 6 and 12. (HAND CARD (B) TO RESPONDENT). In each case, how do you feel about such a woman taking a full-time job outside the home: it is definitely all right, probably all right, probably not all right, or definitely not all right?

| Statements | Definitely all right | Probably all right | Probably not all right | Definitely not all right | No opinion, undecided |
|--|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. If it is absolutely necessary to make ends meet. | (311) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. If she wants to work and her husband agrees | (312) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. If she wants to work, even if her husband does not particularly like the idea | (313) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| | |
|-----------------|---|
| CHECK ITEM P | Respondent is married and – |
| | <input type="checkbox"/> In Labor Force Group A or B – ASK d |
| | <input type="checkbox"/> In Labor Force Group C – SKIP to e |
| | <input type="checkbox"/> Respondent is not married – SKIP to 43 |

| | | |
|---|----------|--|
| 42d. How does your husband feel about your working – does he like it very much, like it somewhat, not care either way, dislike it somewhat, or dislike it very much? | d. (314) | 1 <input type="checkbox"/> Like it very much 2 <input type="checkbox"/> Like it somewhat 3 <input type="checkbox"/> Not care either way 4 <input type="checkbox"/> Dislike it somewhat 5 <input type="checkbox"/> Dislike it very much SKIP to 43 |
| | e. (315) | 1 <input type="checkbox"/> Like it very much 2 <input type="checkbox"/> Like it somewhat 3 <input type="checkbox"/> Not care either way 4 <input type="checkbox"/> Dislike it somewhat 5 <input type="checkbox"/> Dislike it very much |
| 42e. How do you think your husband would feel about your working now – would he like it very much, like it somewhat, not care either way, dislike it somewhat, or dislike it very much? | | |

Notes

II. WORK EXPERIENCE AND ATTITUDES – Continued

43. We would like to find out whether people's outlook on life has any effect on the kind of jobs they have, the way they look for work, how much they work, and matters of that kind. On each of these cards is a pair of statements numbered 1 and 2. For each pair, please select the **ONE** statement which is closer to your opinion. In addition, tell us whether the statement you select is **MUCH CLOSER** to your opinion or **SLIGHTLY CLOSER**.

In some cases you may find that you believe both statements, in other cases you may believe neither one. Even when you feel this way about a pair of statements, select the one statement which is more nearly true in your opinion.

Try to consider each pair of statements separately when making your choices; do not be influenced by your previous choices.

a. (316) 1 ☐ Many of the unhappy things in people's
* lives are partly due to bad luck.

2 ☐ People's misfortunes result from the mistakes they make.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much

9 ☐ Slightly

b. (317) 1 ☐ In the long run, people get the respect
* they deserve in this world.

2 ☐ Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much

9 ☐ Slightly

c. (318) 1 ☐ Without the right breaks, one cannot
* be an effective leader.

2 ☐ Capable people who fail to become leaders have not taken advantage of their opportunities.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much

9 ☐ Slightly

d. (319) 1 ☐ Becoming a success is a matter of
* hard work; luck has little or nothing to do with it.

2 ☐ Getting a good job depends mainly on being in the right place at the right time.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much

9 ☐ Slightly

e. (320) 1 ☐ What happens to me is my own doing.
*

2 ☐ Sometimes I feel that I don't have enough control over the direction my life is taking.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much

9 ☐ Slightly

f. (321) 1 ☐ When I make plans, I am almost certain
* that I can make them work.

2 ☐ It is not always wise to plan too far ahead, because many things turn out to be a matter of good or bad fortune anyhow.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much

9 ☐ Slightly

g. (322) 1 ☐ In my case, getting what I want has
* little or nothing to do with luck.

2 ☐ Many times we might just as well decide what to do by flipping a coin.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much

9 ☐ Slightly

II. WORK EXPERIENCE AND ATTITUDES – Continued

43h. (323) 1 ☐ Who gets to be boss often depends on
* who was lucky enough to be in the
right place first.

2 ☐ Getting people to do the right thing
depends upon ability; luck has little or
nothing to do with it.

Is this statement much closer or
slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

i. (324) 1 ☐ Most people don't realize the extent
* to which their lives are controlled by
accidental happenings.

2 ☐ There is really no such thing as "luck."

Is this statement much closer or
slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

j. (325) 1 ☐ In the long run, the bad things that happen
* to us are balanced by the good ones.

2 ☐ Most misfortunes are the result of lack of
ability, ignorance, laziness, or all three.

Is this statement much closer or
slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

k. (326) 1 ☐ Many times I feel that I have little influence
* over the things that happen to me.

2 ☐ It is impossible for me to believe that
chance or luck plays an important role
in my life.



Is this statement much closer or
slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

Notes

| | |
|---|---|
| III. HEALTH | |
| 44a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do? | 44a. (327) 1 <input type="checkbox"/> Yes – SKIP to Check Item Q 2 <input type="checkbox"/> No – ASK b |
| b. Do you have any health problem or condition that limits in any way the amount or kind of housework you can do? | b. (328) 1 <input type="checkbox"/> Yes – SKIP to Check Item Q 2 <input type="checkbox"/> No – ASK c |
| c. Do you have any health problems that in any way limit your other activities? | c. (329) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| CHECK ITEM Q | <input type="checkbox"/> Respondent is currently in Labor Force Group A or B – ASK 45a <input type="checkbox"/> Respondent is currently in Labor Force Group C – SKIP to 45e |
| 45a. If, by some chance, you (and your husband) were to get enough money to live comfortably without working, do you think you would work anyway? | 45a. (330) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to c 3 <input type="checkbox"/> Undecided – SKIP to d |
| b. Why do you think you would work? | b. (331) <input type="checkbox"/> _____ SKIP to e |
| c. Why do you feel that you would not work? | c. (332) <input type="checkbox"/> _____ SKIP to e |
| d. On what would it depend? | d. (333) <input type="checkbox"/> _____ _____ |
| e. What would you say is the most important thing about any job – good wages or liking the kind of work you are doing? | e. (334) 1 <input type="checkbox"/> Good wages 2 <input type="checkbox"/> Liking the work |
| Notes | |

IV. CHILD CARE

| CHECK ITEM R | <div><input type="checkbox"/> Labor Force Group A or B with at least one child under 18 – ASK 46a</div> <div><input type="checkbox"/> Labor Force Group C with at least one child under 18 – SKIP to 47a</div> <div><input type="checkbox"/> All others – SKIP to Check Item T</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------------------|---------------------------------------|--|--|--|---------------|---------------|--------------|----------------------------|--|--|--|-----------|---------------------------------------|---------------------------------------|---------------------------------------|--|----------------------------|----------------------------|----------------------------|-------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|-----------------------|----------------------------|----------------------------|----------------------------|--------------------------|----------------------------|----------------------------|----------------------------|--|--|--|--|--|---------------------------------------|---------------------------------------|---------------------------------------|------------|----------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|----------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|--|--|-----------------------------|-----------------------------|----------|-----------------------------|-----------------------------|-----------------------------|-----------|--|--|--|
| 46a. Who usually takes (will take) care of your child(ren) while you are working? | 46a. <table><thead><tr><th></th><th colspan="3">Youngest child in each column</th></tr><tr><th></th><th>0–2 years old</th><th>3–5 years old</th><th>6+ years old</th></tr></thead><tbody><tr><td>1. In own home by relative</td><td></td><td></td><td></td></tr><tr><td>a. Father</td><td>(335) 1 <input type="checkbox"/> *</td><td>(337) 1 <input type="checkbox"/> *</td><td>(339) 1 <input type="checkbox"/> *</td></tr><tr><td>b. Older brother or sister of child(ren)</td><td>2 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>c. Other relative</td><td>3 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td><td>3 <input type="checkbox"/></td></tr><tr><td>2. In own home by nonrelative</td><td>4 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td><td>4 <input type="checkbox"/></td></tr><tr><td>3. In relative's home</td><td>5 <input type="checkbox"/></td><td>5 <input type="checkbox"/></td><td>5 <input type="checkbox"/></td></tr><tr><td>4. In nonrelative's home</td><td>6 <input type="checkbox"/></td><td>6 <input type="checkbox"/></td><td>6 <input type="checkbox"/></td></tr><tr><td>5. Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten</td><td></td><td></td><td></td></tr><tr><td>a. Public (i.e., Government sponsored)</td><td>(336) 7 <input type="checkbox"/> *</td><td>(338) 7 <input type="checkbox"/> *</td><td>(340) 7 <input type="checkbox"/> *</td></tr><tr><td>b. Private</td><td>8 <input type="checkbox"/></td><td>8 <input type="checkbox"/></td><td>8 <input type="checkbox"/></td></tr><tr><td>6. Child cares for self (without supervision)</td><td>9 <input type="checkbox"/></td><td>9 <input type="checkbox"/></td><td>9 <input type="checkbox"/></td></tr><tr><td>7. Mother cares for child at work</td><td>10 <input type="checkbox"/></td><td>10 <input type="checkbox"/></td><td>10 <input type="checkbox"/></td></tr><tr><td>8. In "regular" school or kindergarten while mother is working</td><td></td><td>11 <input type="checkbox"/></td><td>11 <input type="checkbox"/></td></tr><tr><td>9. Other</td><td>12 <input type="checkbox"/></td><td>12 <input type="checkbox"/></td><td>12 <input type="checkbox"/></td></tr><tr><td colspan="4">Specify →</td></tr></tbody></table> | | Youngest child in each column | | | | 0–2 years old | 3–5 years old | 6+ years old | 1. In own home by relative | | | | a. Father | (335) 1 <input type="checkbox"/> * | (337) 1 <input type="checkbox"/> * | (339) 1 <input type="checkbox"/> * | b. Older brother or sister of child(ren) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | c. Other relative | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2. In own home by nonrelative | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3. In relative's home | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4. In nonrelative's home | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5. Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten | | | | a. Public (i.e., Government sponsored) | (336) 7 <input type="checkbox"/> * | (338) 7 <input type="checkbox"/> * | (340) 7 <input type="checkbox"/> * | b. Private | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 6. Child cares for self (without supervision) | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 7. Mother cares for child at work | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 8. In "regular" school or kindergarten while mother is working | | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 9. Other | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | Specify → | | | |
| | Youngest child in each column | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0–2 years old | 3–5 years old | 6+ years old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. In own home by relative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Father | (335) 1 <input type="checkbox"/> * | (337) 1 <input type="checkbox"/> * | (339) 1 <input type="checkbox"/> * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Older brother or sister of child(ren) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Other relative | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. In own home by nonrelative | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. In relative's home | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. In nonrelative's home | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Public (i.e., Government sponsored) | (336) 7 <input type="checkbox"/> * | (338) 7 <input type="checkbox"/> * | (340) 7 <input type="checkbox"/> * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Private | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Child cares for self (without supervision) | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Mother cares for child at work | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. In "regular" school or kindergarten while mother is working | | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Other | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify → | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b(1). What is the total cost of having (all of) your child(ren) cared for while you are working? | b(1). <div>(341) \$ _____ per </div> <div>(342) <input type="checkbox"/> _____ If hours – ASK 46b(2) All others, SKIP to Check Item S</div> <div>o <input type="checkbox"/> No cost – SKIP to Check Item T</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b(2). How many hours per week are these services required? | b(2). <div>(343) _____ Hours</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK ITEM S | <div><input type="checkbox"/> Response to item 46b(1) in dollars per day – ASK 46c</div> <div><input type="checkbox"/> All others – SKIP to Check Item T</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46c. How many days per week do you work? | 46c. <div>(344) _____ Days per week – SKIP to Check Item T</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47a. In the past 12 months, have you been unable to look for work or take a job due to a lack of child care arrangements? | 47a. <div>(345) 1 <input type="checkbox"/> Yes – ASK b</div> <div>2 <input type="checkbox"/> No – SKIP to 48</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. What kind of child care arrangements did you want so that you could work? | b. <div>(346) <input type="checkbox"/> _____</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48. If a child care center or day care home were available for your child(ren) at no cost to you, do you think you might look for a job right now? | 48. <div>(347) 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div><input type="checkbox"/> Depends – Specify </div> <div>_____</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes | <div>(348) _____</div> <div>(349) _____</div> <div>(350) _____</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

V. RETROSPECTIVE WORK HISTORY

This is the fourth time over the past five years that we have talked to you about portions of your work experience. Now we'd like you to look back over the whole period and give some of your reactions to it.

CHECK
ITEM T

- ☐ Respondents with same employer (or self-employed status) as in 1967 (Item 110R is same as 6a(1-4) or 6d) – ASK 49a
- ☐ All others – SKIP to 52 on page 20

- 49a. Since we first talked with you in June of 1967, have you ever looked for another job except during periods of layoff?
- b. Would you say that you have looked for another job frequently, occasionally or just once?
- c. In what year was that (most recent if more than one)?
- d. Why did you decide to look for another job at that (this) time?
- e. How did you go about looking?
(Mark all methods used; do not read list)
- f. What kind of work were you looking for?
- g. Were you looking for work in the same local area as you were living at that time?
- h. Did you find a job that you could have had?
- i. What kind of work was it?
- j. What kind of business or industry was it?
- k. Where was the job located?
- l. What would the job have paid?
- m. How many hours per week would the job have involved?
- n. Did you accept this job?
- o. Why did you decide not to take it?
- p. Why do you think you were unable to find anything?

- 49a. (351) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 50a
- b. (352) 1 ☐ Frequently
2 ☐ Occasionally
3 ☐ Just once
- c. (353) 19
- d. (354)
(355)
- e. (356) * Check with

{

1 ☐ State employment agency (or counselor)
2 ☐ Private employment agency
3 ☐ Employer directly
4 ☐ Friends or relatives

5 ☐ Placed or answered ads
6 ☐ Other – Specify →
- f. (357)
- g. (358) 1 ☐ Yes
2 ☐ No
- h. (359) 1 ☐ Yes – ASK i
2 ☐ No – SKIP to p
- i. (360)
- j. (361)
- k. (362) County _____ State _____
- l. (363) \$ _____ (Dollars) · _____ (Cents) per: →
(364) 1 ☐ Hour
OR
(365) \$ _____ (Dollars only) · 00 per: →
(366) 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other – Specify _____
- m. (367) _____ Hours per week
- n. (368) 1 ☐ Yes – SKIP to 52 on page 20
2 ☐ No – ASK o
- o. (369)
(370) } SKIP to 52 on page 20
- p. (371)
(372)

V. RETROSPECTIVE WORK HISTORY – Continued

50a. Since we first talked with you in June of 1967, has any other employer made you a definite offer of a full-time job that you did not accept?

b. In what year was that (most recent if more than one)?

c. How did you happen to get the offer?

d. What kind of work was it?

e. What kind of business or industry was it?

f. Was this job located in the same local area as you were living at that time?

g. What would the job have paid?

h. How many hours per week would this job have involved?

i. Why did you decide not to take it?

51a. During this period have you ever seriously thought of looking for another job?

b. Why would you say you've thought of looking?

c. Why didn't you actually look for a job?

d. Why not?

50a. ☐ Yes – How many times?

(373) _____ – ASK b

o ☐ No – SKIP to 51a

b.

(374) 19 _____

c.

(375) 1 ☐ Job offered by a friend, relative

2 ☐ Job offered by a business acquaintance

3 ☐ Job offered by a former employer

4 ☐ Other – Specify _____

d.

(376)

e.

(377)

f.

(378) 1 ☐ Yes

2 ☐ No

g.

(379) \$ _____ . _____ per: ↘
(Dollars) (Cents)

(380) 1 ☐ Hour

OR

(381) \$ _____ . 00 per: ↘
(Dollars only)

(382) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Other – Specify _____

h.

(383) _____ Hours per week

i.

(384)

(385)

} SKIP
to 52

51a. (386) 1 ☐ Yes – ASK b

2 ☐ No – ASK d

b.

(387)

(388)

c.

(389)

(390)

} SKIP
to 52

d.

(391)

(392)

V. RETROSPECTIVE WORK HISTORY – Continued

52. In the past five years, since June 1967, for how many different employers have you worked.

52.

(393) _____ Employers – ASK 53a

x ☐ Not worked since June 1967 – SKIP to 61

53a. All in all, so far as your work is concerned, would you say that you've progressed during the past five years, moved backward, or just about held your own?

53a.

- (394) 1 ☐ Progressed – ASK b
2 ☐ Moved backward – SKIP to c
3 ☐ Held own
4 ☐ Retired

SKIP to 54a

b. In what way(s) would you say you have progressed?

b.

(395) ☐ ☐

(396) ☐ ☐

(397) ☐ ☐

SKIP
to
54a

c. In what way(s) would you say you have moved backward?

c.

(398) ☐ ☐

(399) ☐ ☐

(400) ☐ ☐

54a. During the past five years, do you feel that so far as work is concerned, you have been in any way discriminated against because of your sex?

54a.

- (401) 1 ☐ Yes – ASK b and c
2 ☐ No – SKIP to 55a

b. In what way(s)?

b.

(402) ☐ ☐

(403) ☐ ☐

c. Was this by an employer for whom you worked or an employer for whom you did not work?

c.

- (404) 1 ☐ Employer for whom respondent worked
2 ☐ Employer for whom respondent did not work
3 ☐ Both
4 ☐ Other

55a. During the past five years, do you feel that so far as work is concerned, you have been in any way discriminated against because of your age?

55a.

- (405) 1 ☐ Yes – ASK b and c
2 ☐ No – SKIP to 56a

b. In what way(s)?

b.

(406) ☐ ☐

(407) ☐ ☐

(408) ☐ ☐

c. Was this by an employer for whom you worked or an employer for whom you did not work?

c.

- (409) 1 ☐ Employer for whom respondent worked
2 ☐ Employer for whom respondent did not work
3 ☐ Both
4 ☐ Other

V. RETROSPECTIVE WORK HISTORY – Continued

| | |
|---|---|
| <p>56a. During that period, do you feel that so far as work is concerned, you have been in any way discriminated against because of race, religion, nationality, or for any other reason?</p> <p>b. For what reason(s)? (Mark as many as apply)</p> <p>c. In what ways have you been discriminated against?</p> <p>d. Was this by an employer for whom you worked or an employer for whom you did not work?</p> | <p>56a. (410) 1 <input type="checkbox"/> Yes – ASK b, c, and d 2 <input type="checkbox"/> No { If Negro, SKIP to 57a All others, SKIP to 58</p> <p>b. (411) 1 <input type="checkbox"/> Race * 2 <input type="checkbox"/> Religion 3 <input type="checkbox"/> Nationality 4 <input type="checkbox"/> Other – Specify _____</p> <p>c. (412) <input type="checkbox"/> <input type="checkbox"/> (413) <input type="checkbox"/> <input type="checkbox"/> (414) <input type="checkbox"/> <input type="checkbox"/></p> <p>d. (415) 1 <input type="checkbox"/> Employer for whom respondent worked 2 <input type="checkbox"/> Employer for whom respondent did not work 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> Other</p> <p>If Negro, ASK 57a. All others, SKIP to 58</p> |
| <p>57a. So far as you know, are there (other) employers in this area who discriminate against Negroes, such as by refusing to hire or promote them?</p> <p>b. Would you say most employers, many employers, some employers, or few employers in this area discriminate against Negroes?</p> | <p>57a. (416) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 58</p> <p>b. (417) 1 <input type="checkbox"/> Most employers 2 <input type="checkbox"/> Many employers 3 <input type="checkbox"/> Some employers 4 <input type="checkbox"/> Few employers</p> |
| <p>58. Excluding paid vacations and paid sick leave, since June 1967 – in about how many different weeks were you NOT working?</p> | <p>58. (418) _____ Weeks – ASK 59 0 <input type="checkbox"/> None – SKIP to Check Item U</p> |
| <p>59. How many of these (entry in 58) weeks were you looking for work or on layoff from a job?</p> | <p>59. (419) _____ Weeks 0 <input type="checkbox"/> None</p> |
| <p>60. That means there were about (entry in 58 less entry in 59) weeks since June 1967 that you were not working, or looking for work. Is that correct?</p> | <p>60. (420) _____ Weeks <input type="checkbox"/> Yes – GO to Check Item U <input type="checkbox"/> No – Determine whether 58 or 59 is incorrect and make necessary correction.</p> |
| <p>CHECK ITEM U</p> <p><input type="checkbox"/> In Labor Force Group A (“WK” or “J” in 1 or “Yes” in 2a or 3a) – ASK 61</p> <p><input type="checkbox"/> All others – SKIP to 62</p> | |
| <p>61. As you look back over the past five years, would you say that –</p> <p>a. The pressures you feel in your job have increased, decreased, or remained about the same?</p> <p>b. There has been any change in your ability to keep up with the pace of your job?</p> <p>c. The amount of fatigue you feel at the end of a work day has increased, decreased, or remained about the same?</p> | <p>61. (421) 1 <input type="checkbox"/> Increased a. 2 <input type="checkbox"/> Decreased 3 <input type="checkbox"/> Remained about the same</p> <p>b. (422) 1 <input type="checkbox"/> Yes – Mark 2 or 3 * 2 <input type="checkbox"/> Is it easier? 3 <input type="checkbox"/> Is it harder? 4 <input type="checkbox"/> No</p> <p>c. (423) 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Decreased 3 <input type="checkbox"/> Remained about the same</p> |
| <p>Notes</p> | <p>(424) _____</p> <p>(425) _____</p> |

VI. EDUCATION AND TRAINING

62a. Since we last interviewed you have you taken any training courses or educational programs of any kind, either on the job or elsewhere?

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

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

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

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

f. Did you complete this program?

g. Why didn't you complete this program?

h. Why did you decide to take this program?

☐ Respondent not currently employed – SKIP to 63a

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

62a. (426) 1 ☐ Yes – ASK b–i
2 ☐ No – SKIP to 63a

b. (427) 1 ☐ Professional, technical
2 ☐ Managerial
3 ☐ Clerical
4 ☐ Skilled manual
5 ☐ Semi-skilled manual
6 ☐ Service
7 ☐ General courses (English, math, art)
8 ☐ Other

c. (428) 1 ☐ University or college
2 ☐ Business college, technical institute
3 ☐ Company training school
4 ☐ Correspondence course
5 ☐ Adult education or night school
6 ☐ Other

d. (429) _____ Weeks

e. (430) 1 ☐ 1– 4
2 ☐ 5– 9
3 ☐ 10–14
4 ☐ 15–19
5 ☐ 20 or more

f. (431) 1 ☐ Yes – SKIP to h
2 ☐ No, dropped out – ASK g
3 ☐ No, still enrolled – SKIP to h

g. (432) 1 ☐ Found a job
2 ☐ Too much time involved
3 ☐ Lost interest
4 ☐ Too difficult
5 ☐ Marriage
6 ☐ Pregnancy
7 ☐ No one to care for children
8 ☐ Other family reason
9 ☐ Other – Specify _____

h. (433) 1 ☐ To obtain work
2 ☐ To improve current job situation
3 ☐ To get a better job
4 ☐ Had extra time
5 ☐ Bored staying home
6 ☐ Education, interest, general knowledge
7 ☐ Other – Specify _____

i. (434) 1 ☐ Yes
2 ☐ No

63a. Did you receive a diploma, degree or a new certificate required for practicing any profession or trade such as teacher, practical nurse or beautician in the past year?

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

c. Is this certificate currently valid?

63a. (435) 1 ☐ Yes – ASK b and c
2 ☐ No – SKIP to 64a

b. (436) ☐ _____

c. (437) 1 ☐ Yes
2 ☐ No

Notes

(438)

(439)

VI. EDUCATION AND TRAINING – Continued

64a. Do you expect to receive any additional training in the future?

- 64a. (440) 1 ☐ Yes – ASK b–d
2 ☐ No – SKIP to e

b. What kind of training do you expect to receive?

- b. (441) 1 ☐ Professional, technical
2 ☐ Managerial, supervisory
3 ☐ Clerical
4 ☐ Skilled manual
5 ☐ Other

c. Where do you expect to receive this training?

- c. (442) 1 ☐ Business college, technical institute (private)
2 ☐ Company training program
3 ☐ Correspondence course
4 ☐ Public vocational school
5 ☐ Community or junior college
6 ☐ Other

d. When do you expect to start this training?

- d. (443) _____ Month _____ Year } SKIP to 65
x ☐ Don't know

e. Why do you think you will not receive additional training?

- e. (444) 1 ☐ Not interested in training
2 ☐ Family responsibilities
3 ☐ Training not available
4 ☐ Too expensive
5 ☐ Can't take time off from work
6 ☐ Don't know
7 ☐ Other – Specify _____

65. How did you do in English courses in high school? Would you say that you did very well, above average, average, below average, or poorly?

65. (445) 1 ☐ Very well
2 ☐ Above average
3 ☐ Average
4 ☐ Below average
5 ☐ Poorly
6 ☐ Did not attend high school

Notes

VII. ASSETS AND INCOME

66a. Is this house (apartment) owned or being bought by you (or your husband)?

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

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

66a. (446) 1 ☐ Yes - ASK b and c
2 ☐ No - SKIP to 67a

b. (447) \$ _____ . 00

c. (448) \$ _____ . 00
o ☐ None

67a. Do you (or your husband) have any money in savings or checking accounts, savings and loan companies, or credit unions?

67a. ☐ Yes - How much altogether?
(449) \$ _____ . 00
☐ No

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

b. (1) ☐ Yes - What is their face value?
(450) \$ _____ . 00
☐ No

(2) Stocks, bonds, or mutual funds?

(2) ☐ Yes - About how much is their market value?
(451) \$ _____ . 00
☐ No

68a. Do you (or your husband) rent, own, or have an investment in a farm, business, or any other real estate?

68a. (452) 1 ☐ Yes - ASK b-d
2 ☐ No - SKIP to 69a

b. Which one(s)?

b. (453) 1 ☐ Farm
2 ☐ Business
3 ☐ Real estate

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

c. (454) \$ _____ . 00 Farm
(455) \$ _____ . 00 Business
(456) \$ _____ . 00 Real Estate

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

d. (457) \$ _____ . 00 Farm
☐ None
(458) \$ _____ . 00 Business
☐ None
(459) \$ _____ . 00 Real Estate
☐ None

69a. Do you (or your husband) own an automobile(s)?

69a. ☐ Yes - How many?
(460) _____ - ASK b and c
☐ No - SKIP to 70

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

b. ☐ Yes - How much altogether?
(461) \$ _____ . 00
☐ No

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

c. (462) \$ _____ . 00

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

70. ☐ Yes - How much?
(463) \$ _____ . 00
☐ No

71a. So far as your overall financial position is concerned, would you say you (and your husband) are better off, about the same or worse off now than you were when we last interviewed you?

71a. (464) 1 ☐ About the same - SKIP to 72
2 ☐ Better off
3 ☐ Worse off } ASK b

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

b. (465) ☐

VII. ASSETS AND INCOME – Continued

72. Now I'd like to ask a few questions about your income in 1971—

72a.

(466)

\$ 00

☐ None

(467)

\$ 00

☐ None

(468)

\$ 00

☐ None

- a. In 1971, how much did you receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?
- ☐ Respondent not married — SKIP to c
- b. In 1971, how much did your husband receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?
- ☐ No other family members 14 years or older — SKIP to 73a
- c. In 1971, how much did all other family members living here receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

73a. In 1971, did you receive any income from working on your own or in your own business, professional practice, or partnership?

73a.

☐ Yes — How much?

(469)

\$ 00

☐ No

\$ less \$ = \$
(Gross income) (Expenses) (Net income)

☐ No other family members 14 years or older — SKIP to 74

b. In 1971, did any other family members living here receive any income from working on their own or in their own business, professional practice, or partnership?

b.

☐ Yes — How much?

(470)

\$ 00

☐ No

\$ less \$ = \$
(Gross income) (Expenses) (Net income)

74. In 1971, did your family receive any income from operating a farm?

74.

☐ Yes — How much?

(471)

\$ 00

☐ No

\$ less \$ = \$
(Gross income) (Expenses) (Net income)

75. In addition, during 1971, did anyone in this family living here receive any rental income from roomers and boarders, an apartment in this house or another building, or other real estate?

75.

☐ Yes — How much?

(472)

\$ 00

☐ No

\$ less \$ = \$
(Gross income) (Expenses) (Net income)

76. In 1971, did anyone in this family living here receive interest or dividends on savings, stocks, bonds, or income from estates or trusts?

76.

☐ Yes — How much?

(473)

\$ 00

☐ No

77a. In 1971, did you receive any unemployment compensation?

77a.

☐ Yes

(474)

How many weeks?

How much did you receive altogether?

(475)

\$ 00

☐ No

☐ Respondent not married — SKIP to c

b. In 1971, did your husband receive any unemployment compensation?

b.

☐ Yes

(476)

How many weeks?

How much did he receive altogether?

(477)

\$ 00

☐ No

☐ No other family members 14 years or older — SKIP to 78

c. In 1971, did any other family members living here receive any unemployment compensation?

c.

☐ Yes — How much?

(478)

\$ 00

☐ No

78. In 1971, did anyone in this family living here receive income as a result of disability or illness such as (Read list):
If "Yes" to any items in list, enter amount, indicating whether received by respondent or other family member.

78.

Yes

No

(1) Veteran's compensation or pension?

☐

☐

(2) Workmen's compensation?

☐

☐

(3) Aid to the permanently and totally disabled or aid to the blind? . .

☐

☐

(4) Social Security disability payments?

☐

☐

(5) Any other disability payment? — Specify type

☐

☐

| Respondent | | Other family member | |
|------------|----|---------------------|----|
| (479) | 00 | (484) | 00 |
| (480) | 00 | (485) | 00 |
| (481) | 00 | (486) | 00 |
| (482) | 00 | (487) | 00 |
| (483) | 00 | (488) | 00 |

VII. ASSETS AND INCOME – Continued

| 79. In 1971, did anyone in this family living here receive any other Social Security payments, such as old age or survivor's insurance? | 79. | <input type="checkbox"/> Yes – Who? <input checked="" type="checkbox"/> Respondent – How much? \$ _____ 00 <input type="checkbox"/> Husband – How much? \$ _____ 00 <input type="checkbox"/> Other – How much? \$ _____ 00 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--|-------|----------------------------|----------------------------|--|----------|--|--|--|--|--|-----|------|-------------------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|-----------------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|----------------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|-----------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|------------------------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|--------------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|--------------------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|-------------------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|---------------------------|--------------------------|--------------------------|-------|----------------------------|----------------------------|
| 80. In 1971, did anyone in this family living here receive any Aid to Families with Dependent Children payments, or other public assistance or welfare payments? | 80. | <input type="checkbox"/> Yes <input type="checkbox"/> AFDC – How much? \$ _____ 00 <input type="checkbox"/> Other – How much? \$ _____ 00 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81a. In 1971, did anyone in this family living here buy any food stamps under the Government's Food Stamp Plan? | 81a. | <input type="checkbox"/> Yes – ASK b and c <input type="checkbox"/> No – SKIP to 82a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. In how many months during 1971 did you buy stamps? | b. | (494) _____ Months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. How much was your monthly bonus? | c. | (495) \$ _____ 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 82a. In 1971, did anyone in this family living here receive any pensions from local, State, or Federal Government? | 82a. | <input type="checkbox"/> Yes – How much? \$ _____ 00 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. In 1971, did anyone in this family living here receive any other retirement pensions, such as private employee or personal retirement benefits? | b. | <input type="checkbox"/> Yes – How much? \$ _____ 00 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83. In 1971, did anyone in this family living here receive any other type of income, such as alimony, child support, contributions from family members living elsewhere, annuities, or anything else? | 83. | <input type="checkbox"/> Yes – How much? \$ _____ 00 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84. In 1971, did you (or your husband) purchase any of the following items? | | <table><thead><tr><th></th><th>Yes</th><th>No</th><th></th><th colspan="2">Was it –</th></tr><tr><th></th><th></th><th></th><th></th><th>NEW</th><th>USED</th></tr></thead><tbody><tr><td>(1) Washing machine</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(499)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>(2) Clothes dryer</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(500)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>(3) Electric or gas stove</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(501)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>(4) Refrigerator</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(502)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>(5) Freezer</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(503)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>(6) Room air-conditioner</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(504)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>(7) Television</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(505)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>(8) Garbage disposal</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(506)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>(9) Hi-fi or stereo</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(507)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr><tr><td>(10) Dishwasher</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(508)</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr></tbody></table> | | Yes | No | | Was it – | | | | | | NEW | USED | (1) Washing machine | <input type="checkbox"/> | <input type="checkbox"/> | (499) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | (2) Clothes dryer | <input type="checkbox"/> | <input type="checkbox"/> | (500) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | (3) Electric or gas stove | <input type="checkbox"/> | <input type="checkbox"/> | (501) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | (4) Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> | (502) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | (5) Freezer | <input type="checkbox"/> | <input type="checkbox"/> | (503) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | (6) Room air-conditioner | <input type="checkbox"/> | <input type="checkbox"/> | (504) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | (7) Television | <input type="checkbox"/> | <input type="checkbox"/> | (505) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | (8) Garbage disposal | <input type="checkbox"/> | <input type="checkbox"/> | (506) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | (9) Hi-fi or stereo | <input type="checkbox"/> | <input type="checkbox"/> | (507) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | (10) Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | (508) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| | Yes | No | | Was it – | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | NEW | USED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Washing machine | <input type="checkbox"/> | <input type="checkbox"/> | (499) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) Clothes dryer | <input type="checkbox"/> | <input type="checkbox"/> | (500) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) Electric or gas stove | <input type="checkbox"/> | <input type="checkbox"/> | (501) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4) Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> | (502) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (5) Freezer | <input type="checkbox"/> | <input type="checkbox"/> | (503) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (6) Room air-conditioner | <input type="checkbox"/> | <input type="checkbox"/> | (504) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (7) Television | <input type="checkbox"/> | <input type="checkbox"/> | (505) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (8) Garbage disposal | <input type="checkbox"/> | <input type="checkbox"/> | (506) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (9) Hi-fi or stereo | <input type="checkbox"/> | <input type="checkbox"/> | (507) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (10) Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | (508) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85. In 1971, did you have any major expenditures on housing such as remodeling or redecorating, plumbing, electrical work, roofing, painting, or heating which amounted to more than \$200? | 85. | (509) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86. Aside from anything else you have mentioned, did you (or other members of your family) have any other major expenses in 1971 such as medical, dental, accident, travel, or education which amounted to more than \$200? | 86. | (510) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VIII. FAMILY BACKGROUND

| | |
|--|---|
| CHECK ITEM V | Refer to item 104R on Information Sheet. <input type="checkbox"/> Respondent's parents are dead – SKIP to Check Item W <input type="checkbox"/> All other – ASK 87a |
| 87a. Now I have some questions on your family background. Are your mother and father living? | 87a. (511) 1 <input type="checkbox"/> BOTH parents alive 2 <input type="checkbox"/> MOTHER alive, father dead 3 <input type="checkbox"/> FATHER alive, mother dead 4 <input type="checkbox"/> NEITHER parent alive |
| CHECK ITEM W | Refer to item 105R on Information Sheet and item 13, cover page. <input type="checkbox"/> Respondent not married <input type="checkbox"/> Respondent's husband's parents are dead } SKIP to 88a <input type="checkbox"/> All other – ASK 87b |

| | | | |
|---|--|-------|---|
| VIII. FAMILY BACKGROUND – Continued | | | |
| 87b. Are your husband's mother and father living? | | 87b. | (512) 1 <input type="checkbox"/> BOTH parents alive 2 <input type="checkbox"/> MOTHER alive, father dead 3 <input type="checkbox"/> FATHER alive, mother dead 4 <input type="checkbox"/> NEITHER parents alive |
| 88a. How many persons, not counting yourself, (and your husband) are dependent upon you (and your husband) for at least one-half of their support? | | 88a. | (513) _____ Number – ASK b o <input type="checkbox"/> None – SKIP to 89a |
| b. Do any of these dependents live somewhere else other than here at home with you? | | b. | <input type="checkbox"/> Yes – How many? (514) _____ – ASK c o <input type="checkbox"/> No – SKIP to 89a |
| c. What is their relationship to you? | | c. | (515) <input type="checkbox"/> |
| 89a. Would you say that during the past year there has been any change in your feeling about having a job outside the home for pay? | | 89a. | (516) 1 <input type="checkbox"/> Yes – ASK b and c 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item X |
| b. In what way has your feeling changed? | | b. | (517) <input type="checkbox"/> |
| c. Why would you say your thinking has changed? | | c. | (518) <input type="checkbox"/> |
| CHECK ITEM X | Refer to item 106R on Information Sheet and item 13, cover page. <input type="checkbox"/> Marital status has changed since last interview – ASK 90 <input type="checkbox"/> Marital status has not changed since last interview – SKIP to Check Item Y | | |
| 90. | When were you – { Married? Divorced? Widowed? Separated? | 90. | (519) _____ Month _____ Year |
| CHECK ITEM Y | Determine whether or not respondent lives in the same area (SMSA or county) as when last interviewed. (520) 1 <input type="checkbox"/> Respondent lives in same area (SMSA or county) as when last interviewed – SKIP to 91f 2 <input type="checkbox"/> Respondent lives in different area (SMSA or county) than when last interviewed – ASK 91a | | |
| 91a. When we last interviewed you, you were living in a different area. How many miles from here is that? | | 91a. | (521) _____ Miles |
| b. How did you happen to move here? | | b. | (522) <input type="checkbox"/> |
| c. Did you have a job lined up here at the time you moved? | | c. | (523) 1 <input type="checkbox"/> Yes, different from job held at time of move 2 <input type="checkbox"/> Yes, same as job held at time of move 3 <input type="checkbox"/> Yes, transferred job in same company 4 <input type="checkbox"/> No – ASK d } SKIP to e |
| d. How many weeks did you look before you found work? | | d. | (524) _____ Total weeks o <input type="checkbox"/> Did not look for work – SKIP to e 99 <input type="checkbox"/> Still haven't found work |
| (1) How many weeks did you look before you moved? | | (1) | (525) _____ Weeks before |
| (2) How many weeks did you look after you moved? | | (2) | (526) _____ Weeks after |
| e. Since we last interviewed you, have you lived in any area other than the present one or the one in which you lived when we interviewed you last? | | e. | <input type="checkbox"/> Yes – How many? (527) _____ } SKIP to Check Item Z o <input type="checkbox"/> No |
| f. Have you lived in any area other than the present one since we last interviewed you? | | f. | <input type="checkbox"/> Yes – How many? (528) _____ o <input type="checkbox"/> No |
| CHECK ITEM Z | Refer to item 112R. <input type="checkbox"/> A Social Security number is entered in item 112R – SKIP to 92 <input type="checkbox"/> No Social Security number is entered in item 112R – ASK 91g | | |
| 91g. What is your Social Security number? | | 91g. | (529) <input type="text"/> |
| | | | (530) <input type="text"/> |
| Notes | | (531) | <input type="text"/> |
| | | (532) | <input type="text"/> |
| | | (533) | <input type="text"/> |

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

| Persons 6-24 years old | | | | Persons 14 years old and over | | | | | | |
|------------------------|---|---|--------------------------------|--|---|--|---|--|---|---|
| Line number | Name List below all persons living here who are related to respondent. Enter the line number from the Household Record Card in column 92. | Relationship to respondent Example: husband, son, daughter-in-law, brother, etc. | Age As of April 1, 1972 | Persons 6-24 years old | | Persons 14 years old and over | | | | |
| | | | | Is . . . attending or enrolled in school? Mark one 1 <input type="checkbox"/> = YES 2 <input type="checkbox"/> = NO | (If "Yes" - What grade (year)? If "No" - What is the highest grade (year) . . . ever attended? | Did . . . finish this grade (year)? Mark one 1 <input type="checkbox"/> = YES 2 <input type="checkbox"/> = NO | How much school do you think . . . is going to get? | In 1971, how many weeks did . . . work either full- or part-time (not counting work around the house)? | In the weeks that . . . worked, how many hours did . . . usually work per week? | What kind of work was . . . doing in 1971? If more than one, record the longest, |
| 92. | 93a. | 93b. | 94. | 95. | 96. | 97. | 98. | 99. | 100a. | 100b. |
| | | (534) Respondent | | | | | | | | |
| | | (535) | | (536) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (537) | | (538) |
| | | (539) | | (540) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (541) | | (542) |
| | | (543) | | (544) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (545) | | (546) |
| | | (547) | | (548) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (549) | | (550) |
| | | (551) | | (552) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (553) | | (554) |
| | | (555) | | (556) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (557) | | (558) |
| | | (559) | | (560) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (561) | | (562) |
| | | (563) | | (564) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (565) | | (566) |
| | | (567) | | (568) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (569) | | (570) |
| | | (571) | | (572) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (573) | | (574) |
| | | (575) | | (576) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (577) | | (578) |
| | | (579) | | (580) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (581) | | (582) |
| | | (583) | | (584) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (585) | | (586) |
| | | (587) | | (588) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (589) | | (590) |
| | | (591) | | (592) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (593) | | (594) |
| | | (595) | | (596) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (597) | | (598) |
| | | (599) | | (600) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (601) | | (602) |
| | | (603) | | (604) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (605) | | (606) |
| | | (607) | | (608) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (609) | | (610) |
| | | (611) | | (612) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (613) | | (614) |
| | | (615) | | (616) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (617) | | (618) |
| | | (619) | | (620) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (621) | | (622) |
| | | (623) | | (624) 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | (625) | | (626) |

| | | | | | |
|---|--|---------|----------------------------|---|--|
| <div>100C. When we last interviewed you, you mentioned (read names from item 107R on Information Sheet) as persons who will always know where you can be reached even if you moved away. Is this still true? (If so, verify the addresses and telephone numbers and mark box 1 or 2 below. If not, mark box 2 and enter information about other persons who will know the respondent's whereabouts.)</div> <div>1 <input type="checkbox"/> All names, addresses and phone numbers are verified as being the same as those entered in item 107R – END INTERVIEW</div> <div>2 <input type="checkbox"/> All others, enter the names, etc. of two persons who will know the respondent's whereabouts.</div> | Telephone number | Address | Relationship to respondent | NONINTERVIEWS IN 1971 | |
| | | | | Ask the following questions of all respondents who were noninterviews in 1971. Transcribe the answers to the appropriate item on the Information Sheet, then proceed with the regular interview. | |
| | | | | <div>A. What were you doing at this time in 1971 – working, keeping house, or something else?</div> <div><div><div><div>1 <input type="checkbox"/> Working</div><div>2 <input type="checkbox"/> With a job, not at work</div><div>3 <input type="checkbox"/> Looking for work</div><div>4 <input type="checkbox"/> Keeping house</div><div>5 <input type="checkbox"/> Unable to work</div><div>6 <input type="checkbox"/> Other – Specify</div></div><div><div>ASK B</div><div>END of questions</div></div></div><div><div>Transcribe entries as follows:</div><div>1. If box 1 or 2 is checked, mark "Labor Force Group A" in 102R.</div><div>2. If box 3 is checked, mark "Labor Force Group B" in 102R.</div><div>3. If box 4 or 6 is checked, mark "Labor Force Group C" in 102R.</div><div>4. If box 5 is checked, mark "Unable to work" in 102R.</div></div></div> <div><div>B. For whom did you work?</div><div>Transfer name of employer to 103R(1)</div></div> <div><div>C. What kind of work were you doing?</div><div>Transfer kind of work to 103R(2)</div></div> | |
| | | | | WHEN THE TRANSCRIPTION HAS BEEN COMPLETED, BEGIN THE REGULAR INTERVIEW WITH ITEM 1. | |
| OFFICE USE ONLY | | | | | |
| <div>108R. (1) Name of employer in 1969</div> <div><div></div><div></div><div></div></div> <div><input type="checkbox"/> Not employed in 1969</div> | <div>110R. (1) Name of employer in 1967</div> <div><div></div><div></div></div> <div><input type="checkbox"/> Not employed in 1967</div> | | | | |
| <div>109R. <input type="checkbox"/> Noninterview in 1968</div> <div>(1) Name of employer in 1968</div> <div><div></div><div></div><div></div></div> <div><input type="checkbox"/> Not employed in 1968</div> | <div>111R. Residence in 1967</div> <div>City <div></div></div> <div>State <div></div></div> | | | | |
| | <div>112R. Social Security Number</div> <div><div>529</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>530</div><div></div><div></div><div></div><div></div></div> | | | | |

| IX. INFORMATION SHEET DATA FROM LAST INTERVIEW | | | |
|---|--|-----|------|
| 101R. | Date of last interview | | |
| | Month | Day | Year |
| | 627 | | |
| 102R. | Labor Force Group in 1971 | | |
| | 628 1 <input type="checkbox"/> A | | |
| | 3 <input type="checkbox"/> B | | |
| | 5 <input type="checkbox"/> C | | |
| | 6 <input type="checkbox"/> Unable to work | | |
| 103R. | (1) Name of employer in 1971 | | |
| | <div></div> | | |
| | (2) Kind of work done in 1971 | | |
| | <div></div> | | |
| | <input type="checkbox"/> Not employed in 1971 | | |
| 104R. | Status of respondent's parents in 1971 | | |
| | 629 1 <input type="checkbox"/> Both parents of respondent are dead | | |
| | 2 <input type="checkbox"/> All other | | |
| 105R. | Status of husband's parents in 1971 | | |
| | 630 1 <input type="checkbox"/> Respondent not married | | |
| | 2 <input type="checkbox"/> Both parents of the respondent's husband are dead | | |
| | 3 <input type="checkbox"/> All other | | |
| 106R. | Marital status at last interview | | |
| | 631 1 <input type="checkbox"/> Married | | |
| | 2 <input type="checkbox"/> Separated | | |
| | 3 <input type="checkbox"/> Widowed | | |
| | 4 <input type="checkbox"/> Divorced | | |
| | 5 <input type="checkbox"/> Never married | | |
| 107R. | Names and addresses of persons who will always know where respondent can be reached: | | |
| | 1. <div></div> | | |
| | <div></div> | | |
| | <div></div> | | |
| | <div></div> | | |
| | 2. <div></div> | | |
| | <div></div> | | |
| | <div></div> | | |
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