

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-461**
(8-27-74)

U.S. DEPARTMENT OF COMMERCE
SOCIAL AND ECONOMIC STATISTICS
ADMINISTRATION
BUREAU OF THE CENSUS

NATIONAL LONGITUDINAL SURVEYS

**SURVEY OF
WORK EXPERIENCE
OF YOUNG WOMEN
1975**

(001) 1 ☐ Respondent a noninterview in 1973

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			1.	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			2.	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			3.	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 ↓ _____			4.	a.m.	
							p.m.	

RECORD OF INTERVIEW

Date completed			Method of interview		Length of interview	Interviewed by
Month	Day	Year	(010) 1 <input type="checkbox"/> Telephone	2 <input type="checkbox"/> Personal visit	(011) _____ Minutes	
(009)			3 <input type="checkbox"/> Both			

NONINTERVIEW REASON

(012) ☐ Unable to contact respondent – Specify _____

6 ☐ Temporarily absent – Give return date _____

8 ☐ Institutionalized – Specify type _____

9 ☐ Refused _____

10 ☐ Deceased _____

11 ☐ Other – Specify _____

State/county	<i>If respondent has moved, enter new address</i>			
(013)	1. Number and street			
PSU				
(014)				
SMSA	2. City	3. County	4. State	5. ZIP code
(015)				

1a. Are you attending or enrolled in regular school?

- (016) 1 ☐ Yes – ASK 1b
2 ☐ No – SKIP to 1c

b. Were you enrolled in January 1974?

- (017) 1 ☐ Yes } SKIP to 2a
2 ☐ No }

c. When were you last attending or enrolled in regular school?

- (018)

Month	Year
	19

 – SKIP to 4a

2e. Are you enrolled as a full-time or part-time student?

- (024) 1 ☐ Full time
2 ☐ Part time

(025)

--	--

f. What is the name and address of the school you now attend?

**CHECK
ITEM A**

(Refer to 31R on Information Sheet)

- (026) 1 ☐ Respondent not enrolled in school at the date of the last interview – ASK 3
2 ☐ All others – SKIP to Check Item B

2a. What grade are you attending? (Mark the appropriate box and circle the appropriate number)

- (019) 1 ☐ High school 1 2 3 4 – SKIP to 2e
(020) 2 ☐ College 1 2 3 4 5 6+ – ASK 2b

b. Do you have a scholarship, fellowship, assistantship, grant, loan or other type of financial aid this year?

- (021) 1 ☐ Yes – ASK 2c
2 ☐ No – SKIP to 2e

c. What kind? (Mark all that apply)

- (022) 1 ☐ Scholarship or grant
*
2 ☐ Fellowship
3 ☐ Assistantship
4 ☐ Loan
5 ☐ Other – Specify _____

d. How much is it per year?

- (023) \$ _____ .

00

3. When we last talked with you, you were not enrolled in school. How long had you been out before returning? (Specify in months if less than one year)

- (027) _____ Years
OR
(028) _____ Months
(If less than one year)
- } SKIP to Check Item B

4a. What is the highest grade of school you have completed? (Mark the appropriate box and circle the appropriate number)

- (029) 1 ☐ Elementary 1 2 3 4 } SKIP to 6a
5 6 7 8
(030) 2 ☐ High school 1 2 3
(031) 3 ☐ High school 4 – ASK 4b
(032) 4 ☐ College 1 2 3 4 5 6+ – SKIP to Check Item B

b. Have you ever enrolled as a regular student in a college or a university?

- (033) 1 ☐ Yes } SKIP to 6a
2 ☐ No }

**CHECK
ITEM B***(Refer to items 1a and 2a or 4a)*

- (034) 1 ☐ Respondent currently enrolled and attending college 3+ – ASK 5a
- 2 ☐ Respondent currently not enrolled and has completed college 2+ – ASK 5a
- 3 ☐ All others – SKIP to 6a

5a. Have you received a college degree since
(the date of the last interview – refer to item 29R)?

- (035) 1 ☐ Yes – ASK 5b
- 2 ☐ No – SKIP to 6a

b. What degree was it?

- (036) 1 ☐ Associate
- 2 ☐ Bachelor's (B.A., B.S., A.B.)
- 3 ☐ Master's (M.A., M.S., M.B.A.)
- 4 ☐ Doctorate (PH.D., M.D., LL.B., J.D.)
- 5 ☐ RN
- 6 ☐ Other – Specify _____

(037) ☐ ☐

c. In what field did you receive your degree?**6a. Since** *(the date of the last interview – refer to item 29R)* **have you taken any training courses or educational programs of any kind, either on the job or elsewhere – other than regular school or college courses?**

- (038) 1 ☐ Yes – ASK 6b
- 2 ☐ No – SKIP to 7

*(If more than one, ask items 6b–6h about the most recent program)***b. Are you still enrolled in this course or program?**

- (039) 1 ☐ Yes
- 2 ☐ No

6c. What kind of training course or education program did you take?

- (040) 1 ☐ Professional, technical
- 2 ☐ Managerial
- 3 ☐ Clerical
- 4 ☐ Skilled manual
- 5 ☐ Other – Specify _____

d. Where did (are) you take (taking) this training?*(Specify below and then mark the appropriate box)*

- (041) 1 ☐ Business college, technical institute
- 2 ☐ Company training school
- 3 ☐ Correspondence course
- 4 ☐ Regular school
- 5 ☐ Other – Specify _____

e. How long did (have) you attend (been attending) this training?

(042) _____ Months

(043) x ☐ Still attending

f. How many hours per week did (do) you spend on this training?

(044) _____ Hours

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

- (045) 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not currently employed

h. Did you receive a certificate for this training?

- (046) 1 ☐ Yes
- 2 ☐ No

7. What were you doing most of **LAST WEEK** – working, looking for work, or something else?

- (047) 1 ☐ WK – Working – *SKIP to 8b*
 2 ☐ J – With a job but not at work
 3 ☐ LK – Looking for work
 4 ☐ S – Going to school
 5 ☐ KH – Keeping house
 6 ☐ U – Unable to work – *SKIP to 11a*
 7 ☐ OT – Other – *Specify* _____

8a. Did you do any work at all **LAST WEEK**, not counting work around the house?

(Note: If farm or business operator in household, ask about unpaid work.)

- (048) 1 ☐ Yes – *ASK 8b*
 2 ☐ No – *SKIP to 9*

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

(049) _____ Hours – *SKIP to 12a*

9. Did you have a job (or business) from which you were temporarily absent or on layoff **LAST WEEK**?

- (050) 1 ☐ No – *ASK 10a*
 2 ☐ Yes, on layoff
 3 ☐ Yes, new job to begin within 30 days
 4 ☐ Yes, other – *SKIP to 12a*
- } *SKIP to 10b*

10a. Have you been looking for work during the past 4 weeks?

- (051) 1 ☐ Yes – *ASK 10b*
 2 ☐ No – *SKIP to 11a*

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

- (052) 1 ☐ No
 2 ☐ Yes
 3 ☐ Already had a job
 4 ☐ Temporary illness
 5 ☐ Going to school
 6 ☐ Child care problems
 7 ☐ Husband (parents) would not permit
 8 ☐ Other family or personal reasons
 9 ☐ Did not want to work
 10 ☐ Other – *Specify* _____

11a. When did you last work at a regular job or business, either full time or part time?

☐ Date of last interview or later (item 29R on Information Sheet, page 12) – *Specify*

Month	Day	Year

(053)

– *ASK 11b*

2 ☐ “Unable” in item 7 and “Unable” in item 30R on the Information Sheet – *SKIP to 20, page 7*

3 ☐ All others – Mark the “None” box in item 15a and *SKIP to item 16.*

b. Why did you leave that job?

Involuntary reason

- (054) 01 ☐ Layoff, plant closed, end of temporary job
 02 ☐ Discharge

Voluntary reason

- 03 ☐ To get married
 04 ☐ Pregnancy
 05 ☐ Children or child care
 06 ☐ Other family reasons
 07 ☐ Own health; disability
 08 ☐ Dissatisfied with wages
 09 ☐ Didn't like work, hours, working conditions
 10 ☐ Interpersonal relations
 11 ☐ Didn't like job location
 12 ☐ Found better job
 13 ☐ Moved
 14 ☐ Academic reasons (interfered with school, to go to school, etc.)
 15 ☐ Other – *Explain* _____

12a. For whom did you (last) work?

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

b. What kind of business or industry is this?

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

(055)

c. Were you –

(056) 1 ☐ P – An employee of a **PRIVATE** company, business, or individual for wages, salary, or commissions?

2 ☐ G – A **GOVERNMENT** employee (Federal, State, county, or local)?

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

(If not a farm)

Was this business incorporated?

4 ☐ Yes 5 ☐ No

6 ☐ 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, carpenter)

(057)

e. What were your most important activities or duties?

(For example: typed, kept account books, filed, sold millinery, operated business machine, cleaned buildings, operated foundry machinery)

f. When did you start working for (Entry in 12a)?

(058)

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

**CHECK
ITEM C**

(Refer to item 12c)

(059) 1 ☐ "P" or "G" in item 12c – ASK 13a

2 ☐ "O" or "WP" in item 12c – SKIP to 13b

13a. Altogether, how much do (did) you usually earn at this job before deductions?

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

OR

(061) \$ _____ . per
(Dollars only)

(062) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Other – Specify _____

b. How many hours per week do (did) you usually work on this job?

(063) _____ Hours

Notes

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> CHECK ITEM D </div> <p style="margin-left: 40px;">(Refer to item 11a)</p> <p> (064) 1 <input type="checkbox"/> Entry in item 11a (date) – <i>SKIP to 15a</i> 2 <input type="checkbox"/> Item 11a is blank – <i>Fill Check Item E</i> </p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> CHECK ITEM E </div> <p style="margin-left: 40px;">(Refer to 32R, page 12 and item 12a)</p> <p> (065) 1 <input type="checkbox"/> 32R has an employer name and this same employer is NOT entered in 12a – <i>ASK 14</i> 2 <input type="checkbox"/> All others – <i>SKIP to 15a</i> </p> <p>14. When we last talked to you, you were working for (Name of employer entered in item 32R). Why did you happen to leave that job?</p> <p style="margin-left: 40px;">Involuntary reason</p> <p> (066) 01 <input type="checkbox"/> Layoff, plant closed, end of temporary job 02 <input type="checkbox"/> Discharge </p> <p style="margin-left: 40px;">Voluntary reason</p> <p> 03 <input type="checkbox"/> To get married 04 <input type="checkbox"/> Pregnancy 05 <input type="checkbox"/> Children or child care 06 <input type="checkbox"/> Other family reasons 07 <input type="checkbox"/> Own health; disability 08 <input type="checkbox"/> Dissatisfied with wages 09 <input type="checkbox"/> Didn't like work, hours, working conditions 10 <input type="checkbox"/> Interpersonal relations 11 <input type="checkbox"/> Didn't like job location 12 <input type="checkbox"/> Found better job 13 <input type="checkbox"/> Moved 14 <input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.) 15 <input type="checkbox"/> Other – <i>Explain</i> _____ </p> <p>15a. In the last 12 months, how many different weeks did you work altogether? Count any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.</p> <p> (067) _____ Weeks – <i>ASK 15b</i> 00 <input type="checkbox"/> None – <i>SKIP to 16</i> </p>	<p>15b. During the weeks that you worked, how many hours per week did you usually work?</p> <p> (068) _____ Hours per week </p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> CHECK ITEM F </div> <p style="margin-left: 40px;">(Refer to item 15a)</p> <p> (069) 1 <input type="checkbox"/> 52 weeks in 15a – <i>Mark "None" in 16 and SKIP to Check Item H</i> 2 <input type="checkbox"/> 1–51 weeks in 15a – <i>ASK 16</i> </p> <p>16. You said you worked (Entry in 15a) weeks in the last 12 months. How many of the remaining (52 minus entry in item 15a) weeks were you looking for work or on layoff from a job?</p> <p> (070) _____ Weeks 00 <input type="checkbox"/> None </p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> CHECK ITEM G </div> <p style="margin-left: 40px;">(Refer to items 15a and 16)</p> <p> (071) 1 <input type="checkbox"/> Entry in item 15a + entry in item 16 = 52 weeks – <i>SKIP to Check Item H</i> 2 <input type="checkbox"/> Entry in item 15a + entry in item 16 = less than 52 weeks – <i>ASK 17</i> </p> <p>17. What was the main reason you were not working or looking for work during the remaining weeks in the last 12 months?</p> <p> (072) 1 <input type="checkbox"/> Own illness 2 <input type="checkbox"/> School 3 <input type="checkbox"/> Got married 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Husband (parents) would not permit 7 <input type="checkbox"/> Other family or personal reasons 8 <input type="checkbox"/> Believed no work available 9 <input type="checkbox"/> Did not want to work 10 <input type="checkbox"/> Layoff 11 <input type="checkbox"/> Labor dispute 12 <input type="checkbox"/> Other – <i>Specify</i> _____ </p>
---	--

**CHECK
ITEM H**

(Refer to items 7, 8a, 9 and 10a)

- (073) 1 ☐ Labor Force Group A ("WK" or "J" in 7, or "Yes" in 8a or "Yes, other" in 9) – *SKIP* to 19a
- 2 ☐ Labor Force Group B ("LK" in 7 or "Yes" in 10a) – *ASK* 18a
- 3 ☐ Labor Force Group C (All others) – *ASK* 18a

18a. If you were offered a job by some employer in THIS AREA, do you think you would take it?

- Yes
↓
- (074) 1 ☐ Definitely. }
2 ☐ If it is something I can do }
3 ☐ If satisfactory wage } *ASK* 18b
4 ☐ If satisfactory location . . . }
5 ☐ If child care available . . . }
6 ☐ If husband (parents) agree }
7 ☐ If other _____ }
- No
↓
- 8 ☐ Health won't permit }
9 ☐ It will interfere with school }
10 ☐ Husband (parents) don't } *SKIP*
want me to } to 19a
11 ☐ Too busy with home }
and/or family }
12 ☐ Other _____ }

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

(075) _____ Hours

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

(076) ☐ ☐ ☐ ☐

18d. What would the wage or salary have to be?

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

OR

(078) \$ _____ (Dollars only) . per

- (079) 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other – Specify _____

19a. Do you have any health problem or physical condition that limits in any way the amount or kind of work you can do?

- (080) 1 ☐ Yes – *ASK* 19b
2 ☐ No – *SKIP* to 20

b. How long have you been limited in this way?
(Specify number of months if less than a year)

(081) _____ Year(s)

OR

(082) _____ Months (If less than 1 year)

20. What is your relationship to the head of the household?

- (083) 1 ☐ Respondent is head
2 ☐ Wife of head
3 ☐ Sister of head
4 ☐ Daughter of head
5 ☐ Other – Specify _____

Notes

21. What are the names of all family members who are living in your home?									
Line number	NAME	What is . . . 's relationship to you? <i>Example: husband, son, mother, father-in-law, brother, etc.</i>	How old was . . . on January 1, 1975?	Persons 6-24 years old		Persons 14 years old and older			
				Is . . . attending or enrolled in school? Circle 1 - Yes 2 - No	e.	How many weeks did . . . work full time or part time in the last 12 months (NOT counting work around the house)? f.	If the person worked at all in the last 12 months, ask 21g and 21h	What kind of work was . . . doing in the past 12 months? h.	
a.	b.	c.	d.	e.		f.	g.	h.	
1		Respondent							
2		(084)		(085)	1 2	(086)	(087)	(088)	
3		(089)		(090)	1 2	(091)	(092)	(093)	
4		(094)		(095)	1 2	(096)	(097)	(098)	
5		(099)		(100)	1 2	(101)	(102)	(103)	
6		(104)		(105)	1 2	(106)	(107)	(108)	
7		(109)		(110)	1 2	(111)	(112)	(113)	
8		(114)		(115)	1 2	(116)	(117)	(118)	
9		(119)		(120)	1 2	(121)	(122)	(123)	
10		(124)		(125)	1 2	(126)	(127)	(128)	
11		(129)		(130)	1 2	(131)	(132)	(133)	
12		(134)		(135)	1 2	(136)	(137)	(138)	
13		(139)		(140)	1 2	(141)	(142)	(143)	
14		(144)		(145)	1 2	(146)	(147)	(148)	
15		(149)		(150)	1 2	(151)	(152)	(153)	

**CHECK
ITEM I**

(Refer to items 21c and 21d)

- (154) 1 ☐ One or more son and/or daughter under 18 years of age – GO to Check Item J
2 ☐ No son or daughter under 18 years of age – SKIP to 23

**CHECK
ITEM J**

(Refer to Check Item H)

- (155) 1 ☐ Labor Force Group A marked – ASK 22a
2 ☐ Labor Force Group B marked – ASK 22a but use alternate wording
3 ☐ Labor Force Group C marked or Check Item H blank – SKIP to 22e

**22a. Who usually takes (will take) care
of your child (children) while you
are working?**

Youngest child in each column

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

- | | | | | |
|--|----------------------------|----------------------------|----------------------------|--------|
| 1. In own home by – | | | | |
| (a) Father of child (children) (156) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1. (a) |
| (b) Older brother or sister of child
(children) (157) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | (b) |
| (c) Other relative. (158) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | (c) |
| (d) Nonrelative (159) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | (d) |
| 2. In relative's home (160) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2. |
| 3. In nonrelative's home (161) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3. |
| 4. Group care center or day care home
(such as nursery school or settlement
house) other than "regular" school or
formal kindergarten – | | | | |
| (a) Public (i.e., government
sponsored) (162) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4. (a) |
| (b) Private (163) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | (b) |
| 5. Child cares for self (without
supervision). (164) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 5. |
| 6. Mother cares for child at work (165) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 6. |
| 7. Mother works only when child
(children) is in school and
mother cares for child (children)
after school (166) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 7. |
| 8. Other – Specify
↓
_____ (167) * | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 8. |

22b. What is (would be) the total cost of having (all of) your child (children) cared for while you are working?

(168) \$ _____ . _____ per

(169) 1 ☐ Hour – ASK 22c

2 ☐ Day – ASK 22d

3 ☐ Week

4 ☐ Month

5 ☐ No cost

6 ☐ Other – Specify

SKIP
to
23

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

(170) _____ Hours per week – SKIP to 23

d. How many days per week are (would) these services (be) required?

(171) _____ Days per week – SKIP to 23

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

(172) 1 ☐ Yes

2 ☐ No

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

(173) 1 ☐ Yes

2 ☐ No

3 ☐ Depends – Specify

23. What is your present marital status?

(If married, refer to item 21, page 8 to determine if husband is present.)

(174) 1 ☐ Married, husband listed in item 21 – ASK 24

2 ☐ Married, husband not listed in item 21

3 ☐ Widowed

4 ☐ Divorced

5 ☐ Separated

6 ☐ Never married

SKIP to 26

24. Now I would like to ask you a few questions about work around the home. Would you say that – week in and week out – you have the sole responsibility, someone else has the sole responsibility or that you share the responsibility with someone else for:

	Sole responsibility		Shared responsibility	Not applicable
	Respondent	Someone else		
a. Grocery shopping (175)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Child care, including helping with children? (176)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Cooking? (177)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Cleaning the dishes after meals? (178)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Cleaning the house? . . . (179)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Washing the clothes? . . (180)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Yard and home maintenance? (181)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

CHECK
ITEM K

(Refer to item 21f, page 8)

(182) 1 ☐ Husband worked less than 52 weeks – ASK 25

2 ☐ All others – SKIP to 26

25. You said your husband worked (entry for husband in item 21f) weeks in the last 12 months. How many of the remaining (52 minus entry in item 21f) weeks was he looking for work or on layoff from a job?

(183) _____ Weeks

00 ☐ None

26. Now I would like to ask a few questions about your income in the last 12 months.	RESPONDENT	HUSBAND <input type="checkbox"/> Not married
a. How much did you (or your husband) receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?	(184) \$ _____ . 00 <input type="checkbox"/> None	(185) \$ _____ . 00 <input type="checkbox"/> None
b. Did you (or your husband) receive any income from working in your own business, professional practice, partnership or farm? Gross income \$ _____ less _____ Expenses \$ _____ equal _____ Net income \$ _____	<input type="checkbox"/> Yes – How much? (186) \$ _____ . 00 <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? (187) \$ _____ . 00 <input type="checkbox"/> No
c. Did you (or your husband) receive any unemployment compensation?	<input type="checkbox"/> Yes — ↓ (1) How many weeks? (188) _____ (2) How much? (190) \$ _____ . 00 <input type="checkbox"/> No	<input type="checkbox"/> Yes — ↓ (1) How many weeks? (189) _____ (2) How much? (191) \$ _____ . 00 <input type="checkbox"/> No
d. Did you (or your husband) receive any other income, such as rental income, interest or dividends, income as a result of disability or illness, etc.?	<input type="checkbox"/> Yes – How much? (192) \$ _____ . 00 <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? (193) \$ _____ . 00 <input type="checkbox"/> No
<div style="background-color: #cccccc; padding: 5px; text-align: center; width: 100px;">CHECK ITEM L</div>	(194) 1 <input type="checkbox"/> Respondent (and husband) live alone – <i>SKIP to 26f</i> 2 <input type="checkbox"/> All others – <i>ASK 26e</i> (Refer to item 21, page 8)	
26e. In the past 12 months, what was the total income of ALL family members living here?	(195) \$ _____ . 00	
f. Did anyone in this family receive any welfare or public assistance in the last 12 months?	(196) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

27a. Now I would like to talk to you about your future job plans.

What kind of work would you like to be doing when you are 35 years old?

- (197) 1 ☐ Married, keeping house, raising a family — ASK 27b
- 2 ☐ Same as present job
- 3 ☐ Don't know
- } SKIP to 28

(198)

--	--	--

} SKIP to 28

b. Sometimes women decide to work after they have been married a while. If you were to work, what kind of work would you prefer?

- (199) 1 ☐ Same as present (last) job
- 2 ☐ Don't know
- 3 ☐ Don't plan to work
- 4 ☐ Different from present — Specify

(200)

--	--	--

28. When we last interviewed you, you mentioned (Read names from back of Record Card) 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. If not, cross off incorrect information and enter information about other persons who will know the respondent's whereabouts.)

Notes

INFORMATION SHEET

29R. Date of last interview

(201)

Month

Day

Year

30R. Labor Force Group at time of last interview

(202)

1 ☐ A

2 ☐ B

3 ☐ C

4 ☐ Unable to work

31R. School enrollment status at time of last interview

(203)

1 ☐ Enrolled

2 ☐ Not enrolled

32R. Name of employer at time of last interview

(204)

1 ☐ Not employed at time of last interview

A 1973 State/county codes

(205)

B 1968 State/county codes

(206)

C Number of family members

(207)

(208)

(209)

(210)

(211)

(212)

(213)