

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NATIONAL LONGITUDINAL SURVEYS

1 ☐ Respondent a noninterview in 1977 – Go to page 47

5. ZIP code

015

I. EDUCATIONAL STATUS

1. Are you attending or enrolled in regular school?

- (016) 1 ☐ Yes – ASK 2a
2 ☐ No – SKIP to 4a

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

- (017) High school 1 2 3 4
☐ ☐ ☐ ☐ – SKIP to f
(018) College 1 2 3 4 5 6+
☐ ☐ ☐ ☐ ☐ ☐ – ASK b

b. What is your major field of study?

(019) _____

c. How much is the full-time tuition this year at the college you attend?

(020) \$ _____ .

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

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

e. What kind?
(Mark all that apply and record the amount received for each)

- (022) 1 ☐ Scholarship or grant
How much per year?
(023) \$ _____ .
(024) 2 ☐ Fellowship
How much per year?
(025) \$ _____ .
(026) 3 ☐ Assistantship
How much per year?
(027) \$ _____ .
(028) 4 ☐ Loan
How much per year?
(029) \$ _____ .
(030) 5 ☐ Other – Specify

How much per year?
(031) \$ _____ .

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

- (032) 1 ☐ Full-time
2 ☐ Part-time

g. What is the name of the school you now attend?

h. Where is this school located?

(033)

City

County

State

i. Is this school public or private?

- (034) 1 ☐ Public
2 ☐ Private

I. EDUCATIONAL STATUS – Continued

CHECK ITEM A

Refer to item 121R on Information Sheet

- (035) 1 ☐ Respondent not in school in 1977 – ASK 3a
2 ☐ Respondent in school in 1977 – SKIP to Check Item B

3a. At this time last year, you were not enrolled in school. How long had you been out of school before returning? (If less than 1 year, record number of months)

(036) _____ Years

OR

(037) _____ Months

b. Why did you return?

(038) ☐

CHECK ITEM B

Refer to item 2a

- (039) 1 ☐ Respondent is enrolled in college – SKIP to 5a
2 ☐ Respondent is enrolled in high school – SKIP to 8a

4a. When were you last attending or enrolled in regular school?

(040) _____ Month

(041) 19 _____ Year

ASK b

(042) 1 ☐ Never attended school – SKIP to 9a

b. What is the highest grade of school you have completed?
(Mark the appropriate box)

(043) Elementary

1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(044) High school

1	2	3					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

(045) High school

4
<input type="checkbox"/> – ASK 4c

(046) College

1
<input type="checkbox"/> – SKIP to 6a

(047) College

2	3	4	5	6+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 – SKIP to 5a

c. When did you receive your high school diploma?

(048) _____ Month

(049) 19 _____ Year

d. Have you ever attended college?

- (050) 1 ☐ Yes – SKIP to 6a
2 ☐ No – SKIP to 7

5a. What is the highest college degree you have received?
(Specify below, then mark one of the answer boxes)

- (051) 1 ☐ Never received a college degree – SKIP to Check Item C(1)
2 ☐ Associate (2- or 3-year course)
3 ☐ Bachelor's (B.A., B.S., A.B.)
4 ☐ Master's (M.A., M.S., M.B.A.)
5 ☐ Doctorate (Ph.D., M.D., LL.B., J.D.)
6 ☐ Other

ASK b

b. In what field of study did you receive this degree?

(052) ☐ ☐



c. When did you receive this degree?

(053) _____ Month

(054) 19 _____ Year

I. EDUCATIONAL STATUS – Continued	
<div>CHECK ITEM C(1)</div> <div>Refer to item 1</div>	<div>055</div> <div>1 <input type="checkbox"/> Respondent is attending or enrolled in school ("Yes" in item 1) – SKIP to 8a</div> <div>2 <input type="checkbox"/> Respondent is not attending or enrolled in school ("No" in item 1) – FILL Check Item C(2)</div>
<div>CHECK ITEM C(2)</div> <div>Refer to item 5a</div>	<div>056</div> <div>1 <input type="checkbox"/> Respondent never received a college degree – ASK 6a</div> <div>2 <input type="checkbox"/> Other – SKIP to 6b</div>
6a. What was your major field of study when you last attended college?	<div>057</div> <div><div></div><div></div></div>
b. Knowing what you know now, would you still choose the same major field if you were entering college this year?	<div>058</div> <div>1 <input type="checkbox"/> Yes – SKIP to d</div> <div>2 <input type="checkbox"/> No – ASK c</div>
c. What field would you choose?	<div>059</div> <div><div></div><div></div></div>
d. Why would you (still) have gone into this field of study? (Mark the main reason)	<div>060</div> <div>1 <input type="checkbox"/> I'm interested in it, I enjoy it</div> <div>2 <input type="checkbox"/> It prepares for a job that pays well or is secure</div> <div>3 <input type="checkbox"/> Other – Specify _____</div>
7. Would you like to return to school?	<div>061</div> <div>1 <input type="checkbox"/> Yes – ASK 8a</div> <div>2 <input type="checkbox"/> No – SKIP to 9a</div>
8a. How much education would you like to get? If "Other," – Specify _____ _____	<div>062</div> <div>High school 1 <input type="checkbox"/> 1 Yr. 2 <input type="checkbox"/> 2 Yrs. 3 <input type="checkbox"/> 3 Yrs. 4 <input type="checkbox"/> 4 Yrs.</div> <div>College { 5 <input type="checkbox"/> 2 yrs. (complete junior college)</div> <div>6 <input type="checkbox"/> 4 yrs. (graduate from 4-year college)</div> <div>7 <input type="checkbox"/> 6 yrs. (Master's degree or equivalent)</div> <div>8 <input type="checkbox"/> 7 + yrs. (Ph.D. or professional degree)</div> <div>Other 0 <input type="checkbox"/> Don't know, other responses</div>
b. As things stand now, how much education do you think you will actually get? If "Other," – Specify _____ _____	<div>063</div> <div>High school 1 <input type="checkbox"/> 1 Yr. 2 <input type="checkbox"/> 2 Yrs. 3 <input type="checkbox"/> 3 Yrs. 4 <input type="checkbox"/> 4 Yrs.</div> <div>College { 5 <input type="checkbox"/> 2 yrs. (complete junior college)</div> <div>6 <input type="checkbox"/> 4 yrs. (graduate from 4-year college)</div> <div>7 <input type="checkbox"/> 6 yrs. (Master's degree or equivalent)</div> <div>8 <input type="checkbox"/> 7 + yrs. (Ph.D. or professional degree)</div> <div>Other 0 <input type="checkbox"/> Don't know, other responses</div>
Notes	

I. EDUCATIONAL STATUS – Continued

9a. Since (the date in item 120R), 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?	(064) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to l
b. Are you still enrolled in this program? (If more than one, ask about most recent program)	(065) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. What kind of training or education program did you take (are you taking)? (Specify below, then mark one box) _____ _____	(066) 1 <input type="checkbox"/> Professional, technical 2 <input type="checkbox"/> Managerial 3 <input type="checkbox"/> Clerical 4 <input type="checkbox"/> Skilled manual (including apprenticeship) 5 <input type="checkbox"/> Sales 6 <input type="checkbox"/> Services 7 <input type="checkbox"/> Other
d. Where did you take (are you taking) this training course? (Specify below, then mark one box) _____ _____	(067) 1 <input type="checkbox"/> Business college, technical institute 2 <input type="checkbox"/> Company training school 3 <input type="checkbox"/> Correspondence school 4 <input type="checkbox"/> High school (including night school) 5 <input type="checkbox"/> Community or junior college 6 <input type="checkbox"/> Regular 4-year college or university 7 <input type="checkbox"/> Area vocational school 8 <input type="checkbox"/> Nursing school, hospital, or medical school or college 9 <input type="checkbox"/> Government agency (Federal, State or local) 10 <input type="checkbox"/> Other
e. How long did (have) you attend (been attending) this course or program?	(068) _____ Weeks (069) 0 <input type="checkbox"/> Less than 1 week
f. How many hours per week did (do) you spend on this training?	(070) _____ Hours (071) 0 <input type="checkbox"/> Less than 1 hour
g. Did you complete this program?	(072) 1 <input type="checkbox"/> Yes – When?  (073) _____ Month 19 ____ Year – SKIP to i (074) 2 <input type="checkbox"/> No, dropped out – When?  (075) _____ Month 19 ____ Year – ASK h (076) 3 <input type="checkbox"/> No, still enrolled – SKIP to i
h. Why didn't you complete this program? (Mark the main reason)	(077) 1 <input type="checkbox"/> Found a job 2 <input type="checkbox"/> Interfered with school 3 <input type="checkbox"/> Too much time involved 4 <input type="checkbox"/> Lost interest 5 <input type="checkbox"/> Too difficult 6 <input type="checkbox"/> Other – Specify _____
i. Why did you decide to take this program? (Mark the main reason)	(078) 1 <input type="checkbox"/> To obtain work 2 <input type="checkbox"/> To improve job skills 3 <input type="checkbox"/> To get a better job 4 <input type="checkbox"/> Required by employer 5 <input type="checkbox"/> Wanted to continue education 6 <input type="checkbox"/> Worthwhile, for personal interest, satisfaction 7 <input type="checkbox"/> Other – Specify _____
j. Do you use this training on your present job?	(079) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not employed
k. Did you receive a certificate for this training?	(080) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

I. EDUCATIONAL STATUS – Continued		
9l. Do you have any plans for taking any training courses or educational programs of any kind in the near future, other than regular school or college courses?	<div>081</div> <div>1 <input type="checkbox"/> Yes – ASK m</div> <div>2 <input type="checkbox"/> Maybe</div> <div>3 <input type="checkbox"/> No</div> <div>SKIP to 10</div>	
m. What kind of training do you plan to take? (Specify below AND mark one box)	<div>082</div> <div>1 <input type="checkbox"/> Professional, technical</div> <div>2 <input type="checkbox"/> Managerial</div> <div>3 <input type="checkbox"/> Clerical</div> <div>4 <input type="checkbox"/> Skilled manual (including apprenticeship)</div> <div>5 <input type="checkbox"/> Sales</div> <div>6 <input type="checkbox"/> Services</div> <div>7 <input type="checkbox"/> Other</div>	
Notes	<div>083</div>	
	<div>084</div>	
	<div>085</div>	
	<div>086</div>	

II. CURRENT LABOR FORCE STATUS

10. What were you doing most of LAST WEEK – working, looking for work, or something else?
- (087)
- 1 ☐ WK – Working – SKIP to 11b
 - 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 14
 - 7 ☐ OT – Other – Specify

- 11a. 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.)
- (090) 1 ☐ Yes 2 ☐ No – SKIP to 12a

- 11b. How many hours did you work LAST WEEK at all jobs?

(091) _____ Hours

- (If "J" in 10, SKIP to 12b)
- 12a. Did you have a job (or business) from which you were temporarily absent or on layoff LAST WEEK?
- (095) 1 ☐ Yes 2 ☐ No – SKIP to 13a

- 12b. Why were you absent from work LAST WEEK?

- (096)
- 1 ☐ Own illness
 - 2 ☐ Illness of family member
 - 3 ☐ On vacation
 - 4 ☐ Bad weather
 - 5 ☐ New job to begin within 30 days –
 - 6 ☐ Temporary layoff (under 30 days)
 - 7 ☐ Indefinite layoff (30 days or more or no definite recall date)
 - 8 ☐ Labor dispute
 - 9 ☐ Other – Specify
- ASK 12c
- ASK 13c and 13d(2)
- ASK 13d(3)
- ASK 12c

- 11c. Do you USUALLY work 35 hours or more a week at this job?
- (088)
- 1 ☐ Yes – What is the reason you worked less than 35 hours LAST WEEK?
 - 2 ☐ No – What is the reason you USUALLY work less than 35 hours a week?

(Mark the appropriate reason)

- (089)
- 1 ☐ Slack work
 - 2 ☐ Material shortage
 - 3 ☐ Plant or machine repair
 - 4 ☐ New job started during week
 - 5 ☐ Job terminated during week
 - 6 ☐ Could find only part-time work
 - 7 ☐ Labor dispute
 - 8 ☐ Did not want full-time work
 - 9 ☐ Full-time work week under 35 hours
 - 10 ☐ Attends school
 - 11 ☐ Holiday (legal or religious)
 - 12 ☐ Bad weather
 - 13 ☐ Own illness
 - 14 ☐ Illness of family member
 - 15 ☐ On vacation
 - 16 ☐ Too busy with housework, personal business, etc.
 - 17 ☐ Other – Specify

(SKIP to 15a and enter job worked last week.)

CHECK ITEM D

Respondent worked –

- (092)
- 1 ☐ 49 hours or more – SKIP to 15a
 - 2 ☐ 1–34 hours – ASK 11c
 - 3 ☐ 35–48 hours – ASK 11d

- 11d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?

☐ Yes – How many hours did you take off?

(093) _____ Hours (NOTE: Correct 11b if lost time not already deducted; if 11b reduced below 35, fill 11c; otherwise SKIP to 15a.)

(093) 0 ☐ No

- 11e. Did you work any overtime or at more than one job LAST WEEK?

☐ Yes – How many extra hours did you work?

(094) _____ Hours (NOTE: Correct 11b if extra hours not already included and SKIP to 15a.)

(094) 0 ☐ No – SKIP to 15a

- 12c. Are you getting wages or salary for any of the time off LAST WEEK?

- (097)
- 1 ☐ Yes
 - 2 ☐ No
 - 3 ☐ Self-employed

- 12d. Do you usually work 35 hours or more a week at this job?

- (098)
- 1 ☐ Yes
 - 2 ☐ No

(SKIP to 15a and enter job held last week.)

Notes

II. CURRENT LABOR FORCE STATUS - Continued

(If "LK" in 10, SKIP to b)

13a. Have you been looking for work during the past 4 weeks?

(099) 1 ☐ Yes - ASK 13b
2 ☐ No - SKIP to 14

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

(Mark all methods used; do not read list)

- (100) * 0 ☐ Nothing - SKIP to 14
- Checked with
- 1 ☐ State employment agency
 - 2 ☐ Private employment agency
 - 3 ☐ Employer directly
 - 4 ☐ Friends or relatives
- 5 ☐ Placed or answered ads
- 6 ☐ School employment service
- 7 ☐ Other - Specify (e.g. CETA, 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?

- (101) 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?

(102) _____ Weeks

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

- (103) 1 ☐ Full time
2 ☐ Part time

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

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

(104) 5 ☐ No

g. When did you last work at a regular job or business lasting 2 consecutive weeks or more, either full time or part time? (Enter date and mark (X) one box below)

(105) Month Day Year - And mark box below

- (106) 1 ☐ Date entered in I20R or later (item I20R on Information Sheet) - SKIP to 22a
2 ☐ Never worked 2 consecutive weeks or more
3 ☐ All others
- SKIP to 23a

14. When did you last work at a regular job or business lasting 2 consecutive weeks or more, either full time or part time? (Enter date and mark (X) one box below)

(107) Month Day Year - And mark box below

- (108) 1 ☐ Date entered in I20R or later (item I20R on Information Sheet) - SKIP to 22a
2 ☐ Never worked 2 consecutive weeks or more
3 ☐ All others
- SKIP to 23a

(109) DESCRIPTION OF JOB OR BUSINESS

15a.(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

(5) About how many people are employed in the whole company?

- (110) 1 ☐ Less than 10
2 ☐ 10-24
3 ☐ 25-99
4 ☐ 100-499
5 ☐ 500-999
6 ☐ 1,000 or more

(6) About how many people work in the same plant or office as you do?

- (111) 1 ☐ Less than 10
2 ☐ 10-24
3 ☐ 25-99
4 ☐ 100-499
5 ☐ 500-999
6 ☐ 1,000 or more

(112) City State

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

City State

(113) What kind of business or industry is this?

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

d. Were you -

- (114) 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)?
7 ☐ Federal 8 ☐ State 9 ☐ Other
3 ☐ O - Self-employed in your OWN business, professional practice, or farm?
(If not a farm)
Is this business incorporated?
4 ☐ Yes 5 ☐ No
6 ☐ WP - Working WITHOUT PAY in family business or farm?

II. CURRENT LABOR FORCE STATUS – Continued

15e. What kind of work were you doing? (For example: electrical engineer, receptionist, high school English teacher, waitress)	(115)				
f. What were your most important activities or duties? (For example: typing, keeping account books, selling shoes, driving taxi)					
g. When did you first start working for (entry in 15a)?	(116)	Month	Day	Year	
h. Have you ever left (entry in 15a)?	(117)	1 <input type="checkbox"/> Yes – ASK i 2 <input type="checkbox"/> No – SKIP to k			
i. When did you (last) leave (entry in 15a)?	(118)	Month	Day	Year	
j. When did you (last) return to (entry in 15a)?	(119)	Month	Day	Year	
k. When did you start working as a (entry in 15e) for (entry in 15a)?	(120)	Month	Day	Year	
l. What methods did you use to look for work before you took this job? (Mark all that apply; do not read list to respondent)	(121)	1 <input type="checkbox"/> State employment agency * 2 <input type="checkbox"/> Private employment agency 3 <input type="checkbox"/> Employer(s) directly 4 <input type="checkbox"/> Friends or relatives 5 <input type="checkbox"/> Placed or answered ads 6 <input type="checkbox"/> School employment service 7 <input type="checkbox"/> Other – Specify (e.g. CETA, union or professional register) ↘ _____			
m. How did you find out about the job you have now? (Mark only one; do not read list to respondent)	(122)	1 <input type="checkbox"/> State employment agency 2 <input type="checkbox"/> Private employment agency 3 <input type="checkbox"/> Employer directly 4 <input type="checkbox"/> Friends or relatives 5 <input type="checkbox"/> Placed or answered ads 6 <input type="checkbox"/> School employment service 7 <input type="checkbox"/> Other – Specify (e.g. CETA, union or professional register) ↘ _____			

Notes

II. CURRENT LABOR FORCE STATUS – Continued

CHECK ITEM E

Refer to 15d, page 9

- (123) 1 ☐ "P" or "G" marked in 15d
 2 ☐ "O" and "Yes" marked in 15d
 3 ☐ All others – SKIP to 16o
- ASK 16a

16a. Altogether, how much do you usually earn at this job before deductions?

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

OR

(125) \$ _____ per:
 (Dollars only)

- (126) 2 ☐ Day
 3 ☐ Week
 4 ☐ Biweekly
 5 ☐ Month
 6 ☐ Year
 7 ☐ Other – Specify _____

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

(127) _____ Hours

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

- (128) 1 ☐ Yes – ASK d
 2 ☐ No
 3 ☐ No, but receive compensating time off
 4 ☐ Never work overtime
- SKIP to f

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

(129) _____ Hours per day

(130) _____ 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?

(Mark (X) all that apply)

- (131) 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?

- (132) 1 ☐ Yes – ASK g
 2 ☐ No – SKIP to i

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

(133) ☐

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

- (134) 1 ☐ Yes
 2 ☐ No

i. Are you a member of any (other) union or employee association?

- (135) 1 ☐ Yes – ASK j
 2 ☐ No – SKIP to k

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

(136) ☐

II. CURRENT LABOR FORCE STATUS – Continued

SHOW FLASHCARD (A)

16k. Which of the fringe benefits on this card does your employer make available to you?

(Mark (X) all that apply)

- (137)

*
- 1

☐ Medical, surgical or hospital insurance that covers any illness or injury **off** the job
- 2

☐ Life insurance that would cover a death for reasons **not** connected with your job
- 3

☐ A retirement program
- 4

☐ Training or educational opportunities
- 5

☐ Profit sharing
- 6

☐ Stock options
- (138)

*
- 7

☐ Free or discounted meals
- 8

☐ Free or discounted merchandise
- 9

☐ Paid sick leave
- (139)
- 10

☐ Paid maternity leave
- (140)
- 11

☐ Unpaid maternity leave
- (141)
- 12

☐ Paid vacation
- (142)
- 0

☐ None

l. What hours do you usually work?

- (143)
- 1

☐ Regular day shift
- 2

☐ Regular evening shift
- 3

☐ Regular night shift
- 4

☐ Split shift
- 5

☐ Hours vary

m. 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?

- (144)
- 1

☐ More hours and more pay
- 2

☐ Fewer hours and less pay
- 3

☐ Same hours at the same pay – SKIP to 17a
- } ASK n

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

(145)

_____ Hours – SKIP to 17a

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

(146)

_____ Hours per week

Notes

II. CURRENT LABOR FORCE STATUS – Continued

17a. How long does it usually take you to get to work?


(147) _____ Hours

AND

(148) _____ Minutes

b. What means of transportation do you usually use to get to work?

(Mark as many boxes as apply)

If "Other," specify here 

(149) 1 ☐ Own auto – ASK c

* 2 ☐ Ride with someone else

3 ☐ Bus or streetcar

4 ☐ Subway or elevated

5 ☐ Railroad

6 ☐ Taxicab

7 ☐ Walk only

8 ☐ Other

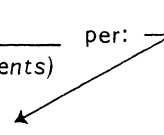
} SKIP to d

} SKIP to Check Item F

c. What is the total round trip cost of any parking fees or tolls you have to pay when you drive your own auto?

(150) 0 ☐ No cost

OR

(151) \$ _____ . _____ per: 
(Dollars) (Cents)

(152) 1 ☐ Day

2 ☐ Week

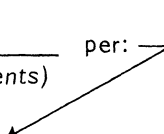
3 ☐ Month

☐ Only box 1 marked in b – SKIP to e

d. What is the total cost of the round trip by (means of transportation in b other than own auto)?

(153) 0 ☐ No cost

OR

(154) \$ _____ . _____ per: 
(Dollars) (Cents)

(155) 1 ☐ Day


2 ☐ Week

3 ☐ Month

e. How many miles do you go round trip?

(156) _____ Miles

**CHECK
ITEM F**

 Refer to items 12b and 15d

(157) 1 ☐ Entry in 12b – SKIP to 18d

Item 12b is blank, and –

2 ☐ Entry in 15d is "P" or "G" – ASK 18a

3 ☐ Entry in 15d is "O" or "WP" – SKIP to 18c

18a. Did you work for more than one employer last week?

(158) 1 ☐ Yes – SKIP to 19a

2 ☐ No – ASK b

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

(159) 1 ☐ Yes – SKIP to 19a

2 ☐ No – SKIP to d

c. In addition to this work, did you do any work for wages or salary last week?

(160) 1 ☐ Yes – SKIP to 19a

2 ☐ No – ASK d

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

(161) 1 ☐ Yes – ASK 19a

2 ☐ No – SKIP to Check Item H(1)

II. CURRENT LABOR FORCE STATUS – Continued

19a. For whom did you work in addition to (entry in 15a)?
(Name of company, business, organization or other employer)

(162)

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

(163)

c. Were you –

- (164) 1 ☐ P – An employee of a PRIVATE company, business or individual for wages, salary, or commission?
2 ☐ G – A GOVERNMENT employee (Federal, State, county or local)?
3 ☐ O – Self-employed in your OWN business, professional practice or farm?
4 ☐ WP – Working WITHOUT PAY in a family business or farm?

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

(165)

e. What were your most important activities or duties?
(For example: typing, keeping account books, selling shoes, driving taxi)

CHECK
ITEM G

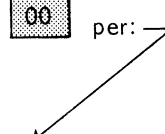
Refer to 19c

- (166) 1 ☐ If "P" or "G" in item 19c – ASK f
2 ☐ If "O" or "WP" in item 19c – SKIP to g

19f. Altogether, how much do you usually earn at this job before deductions?

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

OR

(168) \$ _____ . 00 per: 
(Dollars only)

- (169) 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other – Specify _____

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

(170) _____ Hours per week

h. When did you start working as a (entry in 19d) for
(entry in 19a)?

(171)

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

CHECK
ITEM H(1)

Refer to items 15g, 15j and 15k

Determine which is the **most recent** date and enter it here.

(172)

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

CHECK
ITEM H(2)

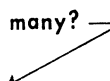
Refer to Check Item H(1) and 120R

Determine which is the **more recent** date and enter it here.

(173)

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

20a. Since (date in Check Item H(2)) were there any full weeks in which you didn't work, not counting paid vacations and paid sick leave?

- (174) 1 ☐ No – SKIP to Check Item I
2 ☐ Yes – How many? 

(175) _____ Weeks

II. CURRENT LABOR FORCE STATUS – Continued		
20b. Why were you not working during these _____ weeks? <i>(Mark the main reason)</i>		(176) 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, birth, adoption or other acquisition of child 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 I	Refer to Check Item H(2) and I20R	(177) 1 <input type="checkbox"/> Date entered in Check Item H(2) is the same as date entered in I20R – SKIP to Check Item P, page 18 2 <input type="checkbox"/> Other – ASK 21
21. Just before (date in Check Item H(2)), was there a period of a week or more in which you were not working?		(178) 1 <input type="checkbox"/> Yes – SKIP to 33 2 <input type="checkbox"/> No – SKIP to 24
22a. You said you last worked at a regular job on (entry in I3g or I4). <i>Interviewer: Use calendar to determine the number of weeks since respondent last worked.</i> That would be about _____ weeks since you last worked. In how many of these weeks were you looking for work or on layoff from a job?		(1) (179) _____ Weeks since last worked (2) (180) _____ Weeks looking or on layoff
CHECK ITEM J	Refer to 22a(1) and 22a(2)	(181) 1 <input type="checkbox"/> 22a(1) is equal to 22a(2) – SKIP to 24 2 <input type="checkbox"/> 22a(1) is greater than 22a(2) – ASK b
22b. 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?		(182) _____ Weeks (183) 1 <input type="checkbox"/> Ill or disabled, unable to work 2 <input type="checkbox"/> In school 3 <input type="checkbox"/> Personal, family reasons 4 <input type="checkbox"/> Child-care problems 5 <input type="checkbox"/> Pregnancy, birth, adoption or other acquisition of child 6 <input type="checkbox"/> Couldn't find work 7 <input type="checkbox"/> Vacation 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Labor dispute 10 <input type="checkbox"/> Other – Specify _____ } SKIP to 24
23a. Since (date in item I20R) in how many different weeks did you do any work at all?		(184) _____ Weeks 0 <input type="checkbox"/> None
b. Since (date in item I20R) have you spent any weeks looking for work or on layoff from a job?		(185) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How many weeks? → (186) _____ Weeks ←
CHECK ITEM K	Interviewer: Use calendar to determine the number of weeks since entry in item I20R. Next: Add the entries in 23a and 23b and enter the sum in (2).	(1) (187) _____ Weeks since date entered in I20R (2) (188) _____ Weeks working, on layoff, or looking for work <input type="checkbox"/> (1) is equal to (2) – SKIP to Check Item P, page 18 <input type="checkbox"/> (1) is greater than (2) – ASK 23c
23c. What would you say was the main reason you were not working or looking for work during (the rest of) that time?		(189) 1 <input type="checkbox"/> Ill or disabled, unable to work 2 <input type="checkbox"/> In school 3 <input type="checkbox"/> Personal, family reasons 4 <input type="checkbox"/> Child-care problems 5 <input type="checkbox"/> Pregnancy, birth, adoption or other acquisition of child 6 <input type="checkbox"/> Couldn't find work 7 <input type="checkbox"/> Vacation 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Labor dispute 10 <input type="checkbox"/> Other – Specify _____ } SKIP to Check Item P, page 18
Notes		(190) _____ (191) _____ (192) _____

III. WORK EXPERIENCE			
24. Now let's talk about – The job you worked at, or the type of work you did before you started to work as a (entry in 15e or 24e) for (entry in 15a or 24a). The last job you worked at; that is, the one which ended on (entry in 13g or 14).		(1)	
a. For whom did you work? (Name of company, business, organization or other employer)		(193)	<input type="checkbox"/> Same as 15a – SKIP to 24e
b. In what city and State is . . . located?		(194)	<div><div></div><div></div></div> <div>City, State</div>
c. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)		(195)	<div><div></div><div></div><div></div></div>
d. Class of worker		(196)	1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP
e. What kind of work were you doing? (For example: waitress, high school English teacher, registered nurse)		(197)	<div><div></div><div></div><div></div></div>
f. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics, driving taxi)			
If "O" or "WP" marked in 24d of column being filled – SKIP to 25b		(198)	\$ <div><div></div><div></div><div></div></div>
25a. Altogether, how much did you usually earn at this job before all deductions?		(199)	<div><div></div><div></div></div> per <div><div></div><div></div><div></div></div>
b. How many hours per week did you usually work on this job?		(200)	<div><div></div><div></div></div> Hours
26a. When did you start working as a (entry in 24e) for (entry in 24a)?		(201)	<div><div>Month</div><div>Day</div><div>Year</div></div>
b. When did you stop working as a (entry in 24e) for (entry in 24a)?		(202)	<div><div>Month</div><div>Day</div><div>Year</div></div> - Fill Check Item L
			x <input type="checkbox"/> Still working there at same occ. – SKIP to 28a
CHECK ITEM L	Refer to 15a, 19a, and 24a (all columns)	Item 24a is: 1. Same as (entry in 15a, 19a, or 24a) 2. Other	(203) 1 <input type="checkbox"/> ASK 27a 2 <input type="checkbox"/> SKIP to 27b
27a. Why did you change the kind of work you were doing?		(204)	<div><div></div><div></div></div> } SKIP to 28a
b. Why did you happen to leave this job?		(205)	<div><div></div><div></div></div>
c. Did you have a new job lined up before you left this one?		(206)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
28a. 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 entered in 120R)?		(207)	0 <input type="checkbox"/> No – SKIP to Check Item M 1 <input type="checkbox"/> Yes – How many weeks?
		(208)	<div><div></div><div></div></div> Weeks – ASK b
b. Why were you not working at this job during these . . . weeks?		(209)	<div><div></div><div></div></div>
c. Were you working for someone else during this period(s)?		(210)	1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No – Fill Check Item M
CHECK ITEM M	Refer to 26a and 120R	Item 26a is: 1. Since date entered in 120R 2. Date entered in 120R or earlier	(211) 1 <input type="checkbox"/> – ASK 29 2 <input type="checkbox"/> – SKIP to 30
29. Did you do any other kind of work for (entry in 24a) between (date in 120R) and (date in 26a)?		(212)	1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No – SKIP to 31
30. Have you worked for anyone else, or done any other kind of work for any of the employers already mentioned, since (date entered in 120R)?		(213)	1 <input type="checkbox"/> Yes – GO to next Col., record Inf. 2 <input type="checkbox"/> No – SKIP to Check Item P
31. While you were working for (entry in 24a), were you also working for someone else?		(214)	1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about simultaneous job 2 <input type="checkbox"/> No – ASK 32
32. JUST before you started working as a (entry in 24e) for (entry in 24a), was there a period of a week or more in which you were not working?		(215)	1 <input type="checkbox"/> Yes – ASK 33 2 <input type="checkbox"/> No – GO to next Col., record Inf. about previous job
33. When did this period in which you were not working start?		(216)	<div><div>Month</div><div>Day</div><div>Year</div></div> x <input type="checkbox"/> Never worked before
34a. Interviewer: Determine number of weeks not working. If item 33 is before date entered in 120R, count only weeks since date entered in 120R.		(217)	<div><div></div><div></div></div> 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?		(218)	<div><div></div><div></div></div> Weeks looking or on layoff
CHECK ITEM N	Refer to 34a and b	1. 34a is equal to 34b 2. 34a is greater than 34b	(219) 1 <input type="checkbox"/> – SKIP to Check Item O 2 <input type="checkbox"/> – ASK 35
35. 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?		(220)	<div><div></div><div></div></div>
CHECK ITEM O	Refer to 33 and 120R	1. Item 33 is date entered in 120R or later 2. Item 33 is before date entered in 120R	(221) 1 <input type="checkbox"/> – GO to next Col., record Inf. about previous job 2 <input type="checkbox"/> – SKIP to Check Item P

III. WORK EXPERIENCE - Continued

	(2)	(3)	(4)									
24a.	(222) <input type="checkbox"/> Never worked before - <i>SKIP to Check Item P</i> <input type="checkbox"/> Same as _____ - <i>SKIP to 24e</i>	(251) <input type="checkbox"/> Never worked before - <i>SKIP to Check Item P</i> <input type="checkbox"/> Same as _____ - <i>SKIP to 24e</i>	(280) <input type="checkbox"/> Never worked before - <i>SKIP to Check Item P</i> <input type="checkbox"/> Same as _____ - <i>SKIP to 24e</i>									
b.	(223) <input type="text"/> <input type="text"/> <input type="text"/> City, State	(252) <input type="text"/> <input type="text"/> <input type="text"/> City, State	(281) <input type="text"/> <input type="text"/> <input type="text"/> City, State									
c.	(224) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(253) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(282) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
d.	(225) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	(254) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	(283) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP									
e.	(226) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(255) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(284) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
f.												
25a.	(227) \$ _____ (228) <input type="text"/> per _____	(256) \$ _____ (257) <input type="text"/> per _____	(285) \$ _____ (286) <input type="text"/> per _____									
b.	(229) _____ Hours	(258) _____ Hours	(287) _____ Hours									
26a.	(230) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>	Month	Day	Year	(259) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>	Month	Day	Year	(288) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>	Month	Day	Year
Month	Day	Year										
Month	Day	Year										
Month	Day	Year										
b.	(231) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> - <i>Fill Check Item L</i> x <input type="checkbox"/> Still working there at same occ. - <i>SKIP to 28a</i>	Month	Day	Year	(260) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> - <i>Fill Check Item L</i> x <input type="checkbox"/> Still working there at same occ. - <i>SKIP to 28a</i>	Month	Day	Year	(289) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> - <i>Fill Check Item L</i> x <input type="checkbox"/> Still working there at same occ. - <i>SKIP to 28a</i>	Month	Day	Year
Month	Day	Year										
Month	Day	Year										
Month	Day	Year										
L	(232) 1 <input type="checkbox"/> - ASK 27a 2 <input type="checkbox"/> - <i>SKIP to 27b</i>	(261) 1 <input type="checkbox"/> - ASK 27a 2 <input type="checkbox"/> - <i>SKIP to 27b</i>	(290) 1 <input type="checkbox"/> - ASK 27a 2 <input type="checkbox"/> - <i>SKIP to 27b</i>									
27a.	(233) <input type="text"/> <input type="text"/> <input type="text"/> } <i>SKIP to 28a</i>	(262) <input type="text"/> <input type="text"/> <input type="text"/> } <i>SKIP to 28a</i>	(291) <input type="text"/> <input type="text"/> <input type="text"/> } <i>SKIP to 28a</i>									
b.	(234) <input type="text"/> <input type="text"/> <input type="text"/>	(263) <input type="text"/> <input type="text"/> <input type="text"/>	(292) <input type="text"/> <input type="text"/> <input type="text"/>									
c.	(235) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(264) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(293) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No									
8a.	(236) 0 <input type="checkbox"/> No - <i>SKIP to Check Item M</i> 1 <input type="checkbox"/> Yes - How many weeks? (237) _____ Weeks - ASK b	(265) 0 <input type="checkbox"/> No - <i>SKIP to Check Item M</i> 1 <input type="checkbox"/> Yes - How many weeks? (266) _____ Weeks - ASK b	(294) 0 <input type="checkbox"/> No - <i>SKIP to Check Item M</i> 1 <input type="checkbox"/> Yes - How many weeks? (295) _____ Weeks - ASK b									
b.	(238) <input type="text"/> <input type="text"/> <input type="text"/>	(267) <input type="text"/> <input type="text"/> <input type="text"/>	(296) <input type="text"/> <input type="text"/> <input type="text"/>									
c.	(239) 1 <input type="checkbox"/> Yes - <i>GO to next Col., record Inf. about this job</i> 2 <input type="checkbox"/> No - <i>Fill Check Item M</i>	(268) 1 <input type="checkbox"/> Yes - <i>GO to next Col., record Inf. about this job</i> 2 <input type="checkbox"/> No - <i>Fill Check Item M</i>	(297) 1 <input type="checkbox"/> Yes - <i>SKIP to Check Item P</i> 2 <input type="checkbox"/> No - <i>Fill Check Item M</i>									
M	(240) 1 <input type="checkbox"/> - ASK 29 2 <input type="checkbox"/> - <i>SKIP to 30</i>	(269) 1 <input type="checkbox"/> - ASK 29 2 <input type="checkbox"/> - <i>SKIP to 30</i>	(298) 1 <input type="checkbox"/> - ASK 29 2 <input type="checkbox"/> - <i>SKIP to 30</i>									
9.	(241) 1 <input type="checkbox"/> Yes - <i>GO to next Col., record Inf. about this job</i> 2 <input type="checkbox"/> No - <i>SKIP to 31</i>	(270) 1 <input type="checkbox"/> Yes - <i>GO to next Col., record Inf. about this job</i> 2 <input type="checkbox"/> No - <i>SKIP to 31</i>	(299) 1 <input type="checkbox"/> Yes - <i>SKIP to Check Item P</i> 2 <input type="checkbox"/> No - <i>SKIP to 31</i>									
0.	(242) 1 <input type="checkbox"/> Yes - <i>GO to next Col., record Inf.</i> 2 <input type="checkbox"/> No - <i>SKIP to Check Item P</i>	(271) 1 <input type="checkbox"/> Yes - <i>GO to next Col., record Inf.</i> 2 <input type="checkbox"/> No - <i>SKIP to Check Item P</i>	(300) 1 <input type="checkbox"/> Yes } <i>SKIP to Check Item P</i> 2 <input type="checkbox"/> No }									
1.	(243) 1 <input type="checkbox"/> Yes - <i>GO to next Col., record Inf. about simultaneous job</i> 2 <input type="checkbox"/> No - ASK 32	(272) 1 <input type="checkbox"/> Yes - <i>GO to next Col., record Inf. about simultaneous job</i> 2 <input type="checkbox"/> No - ASK 32	(301) 1 <input type="checkbox"/> Yes - <i>SKIP to Check Item P</i> 2 <input type="checkbox"/> No - ASK 32									
2.	(244) 1 <input type="checkbox"/> Yes - ASK 33 2 <input type="checkbox"/> No - <i>GO to next Col., record Inf. about previous job</i>	(273) 1 <input type="checkbox"/> Yes - ASK 33 2 <input type="checkbox"/> No - <i>GO to next Col., record Inf. about previous job</i>	(302) 1 <input type="checkbox"/> Yes - ASK 33 2 <input type="checkbox"/> No - <i>SKIP to Check Item P</i>									
i.	(245) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> x <input type="checkbox"/> Never worked before	Month	Day	Year	(274) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> x <input type="checkbox"/> Never worked before	Month	Day	Year	(303) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> x <input type="checkbox"/> Never worked before	Month	Day	Year
Month	Day	Year										
Month	Day	Year										
Month	Day	Year										
a.	(246) _____ Weeks not working	(275) _____ Weeks not working	(304) _____ Weeks not working									
b.	(247) _____ Weeks looking or on layoff	(276) _____ Weeks looking or on layoff	(305) _____ Weeks looking or on layoff									
j.	(248) 1 <input type="checkbox"/> - <i>SKIP to Check Item O</i> 2 <input type="checkbox"/> - ASK 35	(277) 1 <input type="checkbox"/> - <i>SKIP to Check Item O</i> 2 <input type="checkbox"/> - ASK 35	(306) 1 <input type="checkbox"/> - <i>SKIP to Check Item O</i> 2 <input type="checkbox"/> - ASK 35									
.	(249) <input type="text"/> <input type="text"/> <input type="text"/>	(278) <input type="text"/> <input type="text"/> <input type="text"/>	(307) <input type="text"/> <input type="text"/> <input type="text"/>									
)	(250) 1 <input type="checkbox"/> - <i>GO to next Col., record Inf. about previous job</i> 2 <input type="checkbox"/> - <i>SKIP to Check Item P</i>	(279) 1 <input type="checkbox"/> - <i>GO to next Col., record Inf. about previous job</i> 2 <input type="checkbox"/> - <i>SKIP to Check Item P</i>	(308) 1 <input type="checkbox"/> } <i>Fill Check Item P</i> 2 <input type="checkbox"/> }									

III. WORK EXPERIENCE – Continued

**CHECK
ITEM P**

Refer to items 10, 11a, 12a and 13a

Respondent is in –

- (309) 1 ☐ Labor Force Group A (“WK” or “J” in 10 or “Yes” in 11a or 12a) – SKIP to 39a
- 2 ☐ Labor Force Group B (“LK” in 10 or “Yes” in 13a) – SKIP to 38a
- 3 ☐ Labor Force Group C (All others) – ASK 36a

36a. Do you intend to look for work of any kind in the next 12 months?

- (310) 1 ☐ Yes, definitely } ASK b
- 2 ☐ Yes, probably } ASK b
- ☐ Maybe – What does it depend on? } SKIP to 36c
- 3 ☐ No } SKIP to 37a
- 4 ☐ Don’t know } SKIP to 37a

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

(311) _____ Month

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

(312)

d. What will you do to find work?

(Mark (X) all that apply)

- (313) * Check with
- 1 ☐ State employment agency (or counselor)
 - 2 ☐ Private employment agency
 - 3 ☐ Employer directly
 - 4 ☐ Friends or relatives
 - 5 ☐ Place or answer ads
 - 6 ☐ School employment service
 - 7 ☐ Other – Specify _____

37a. Why would you say that you are not looking for work at this time?

(Mark the main reason)

- (314) 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 ☐ School
- 9 ☐ Other – Specify _____

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

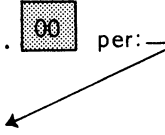
(Mark one answer)

- (315) 1 ☐ Yes, definitely } ASK c
- 2 ☐ Yes, if it is something I can do } ASK c
- 3 ☐ Yes, if satisfactory wage } ASK c
- 4 ☐ Yes, if satisfactory location } ASK c
- 5 ☐ Yes, if child care available } ASK c
- 6 ☐ Yes, if husband agrees } ASK c
- 7 ☐ Yes, if other _____ } ASK c
- 8 ☐ No, health won’t permit } SKIP to Check Item R(1), page 20
- 9 ☐ No, don’t want to work (no need to) } SKIP to Check Item R(1), page 20
- 10 ☐ No, husband doesn’t want me to } SKIP to Check Item R(1), page 20
- 11 ☐ No, too busy with home and/or family } SKIP to Check Item R(1), page 20
- 12 ☐ No, it will interfere with school } SKIP to Check Item R(1), page 20
- 13 ☐ No, other _____ } SKIP to Check Item R(1), page 20

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

(316)

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

- (317) 1 ☐ Any pay OR
- (318) \$ _____ per hour OR
- (Dollars) (Cents)
- (319) \$ _____ . 00 per: 
- (Dollars only)
- (320) 2 ☐ Day
- 3 ☐ Week
- 4 ☐ Biweekly
- 5 ☐ Month
- 6 ☐ Year
- 7 ☐ Other – Specify _____

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

(321) _____ Hours – SKIP to Check Item R(1), page 20

III. WORK EXPERIENCE – Continued

38a. What type of work are you looking for?

322

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

323 _____ Hours

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

324 1 ☐ Any pay
OR

325 \$ _____ per hour
(Dollars) (Cents)
OR

326 \$ _____ . 00 per: _____
(Dollars only)

327 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other – Specify _____

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

328 1 ☐ Yes – ASK e
2 ☐ No – SKIP to f

e. What are these restrictions?

329

f. If you were offered a job in this area at the same pay as your last job, would you take it?
(Mark one answer)

330 1 ☐ Yes, definitely
2 ☐ It depends on type of work
3 ☐ It depends if satisfied with company
4 ☐ It depends – Other – Specify below
5 ☐ No, pay not high enough
6 ☐ No, other – Specify _____
7 ☐ Had no prior job

SKIP to Check Item R(1)

39a. 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.)

331 \$ _____ per hour
(Dollars) (Cents)
OR

332 \$ _____ . 00 per: _____
(Dollars only)

333 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other – Specify _____

334 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 – Specify _____

b. If someone IN THIS AREA offered you a job at your present rate of pay in a different line of work for which you are qualified, do you think you would take it?

335 1 ☐ Yes – ASK c
2 ☐ No – SKIP to 40a

c. What kind of work would you accept?

336

III. WORK EXPERIENCE – Continued

40a. 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?

- (337) 1 ☐ Like it very much
2 ☐ Like it fairly well
3 ☐ Dislike it somewhat
4 ☐ Dislike it very much

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

(338) ☐ ☐ (1)

(339) ☐ ☐ (2)

(340) ☐ ☐ (3)

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

(341) ☐ ☐ (1)

(342) ☐ ☐ (2)

(343) ☐ ☐ (3)

CHECK ITEM Q

Refer to item 122R on the Information Sheet

- (344) 1 ☐ Respondent in Labor Force Group A in 1977 – ASK 41a
2 ☐ Respondent in Labor Force Group B in 1977 – SKIP to Check Item R(1)
3 ☐ Respondent in Labor Force Group C in 1977 – SKIP to 42

41a. Would you say you like your present job more, less, or about the same as (the job you held) last year?

- (345) 1 ☐ Like it more } ASK b
2 ☐ Like it less }
3 ☐ Like it about the same – SKIP to Check Item R(1)

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

(346) ☐ ☐ } SKIP to Check Item R(1)

42. At this time in 1977, you were not looking for work. What made you decide to take a job?

- (347) 1 ☐ Recovered from illness (includes pregnancy)
2 ☐ Bored
3 ☐ Completed education
4 ☐ Needed money
5 ☐ Home responsibilities no longer prevent me from working
6 ☐ Marriage ended (separated, divorced or widowed)
7 ☐ Other – Specify _____

CHECK ITEM R(1)

Refer to items 11b and 14a–c on Record Card

- (348) 1 ☐ Respondent has one or more children under 18 in the household – FILL Check Item R(2)
2 ☐ All others – SKIP to 44

CHECK ITEM R(2)

Refer to Check Item P, page 18

- (349) 1 ☐ Respondent is in Labor Force Group A or B – ASK 43a.
2 ☐ Respondent is in Labor Force Group C – SKIP to 43e.

43a. Who usually takes (will take) care of your (youngest) child while you are working and the child is not in school?

(Mark (X) all that apply)

- In own home by relative
(350) * 1 ☐ Father of child
2 ☐ Older brother or sister of child
3 ☐ Other relative
4 ☐ In own home by nonrelative
5 ☐ In relative's home
6 ☐ In nonrelative's home

Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten

- (351) * 1 ☐ Public (i.e., Government sponsored)
2 ☐ Private
3 ☐ Child cares for self (without supervision)
4 ☐ Respondent cares for child at work
5 ☐ Mother works only when child is in school and mother cares for child after school
6 ☐ Other – Specify _____

III. WORK EXPERIENCE – Continued

43b. What is (would be) the total cost of having (all of) your child (children) cared for while you are working?

- 352

\$. per

(Dollars) (Cents)
- 353

1 ☐ Hour – SKIP to d

2 ☐ Day – ASK c

3 ☐ Week

4 ☐ Month

5 ☐ No cost

6 ☐ Other – Specify

7 ☐ Don't know – ASK c
- SKIP to d

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

- 354

Days per week
- 8 ☐ Don't know

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

- 355

Hours per week
- 356

1 ☐ Don't know
- SKIP to 44

e. 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?

- 357

1 ☐ Yes

2 ☐ No

f. 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?

- 358

1 ☐ Yes

2 ☐ No

☐ Depends – Specify

44. 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:


If box 2 or 3 marked – ASK
Who usually performs this task or shares it with you?
(Mark principal helper)

	Respondent has sole responsibility	Respondent shares responsibility with others	Others have responsibility	Not applicable	Husband	Children	Hired help	Other
a. Grocery shopping?	359 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	360 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Child care, including helping with children?	361 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	362 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Cooking?	363 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	364 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Cleaning the dishes after meals?	365 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	366 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Cleaning the house?	367 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	368 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Washing the clothes?	369 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	370 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Yard and home maintenance?	371 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	372 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

45. How many hours per week would you say you usually spend doing these and other household tasks?

- 373

Hours per week
- o ☐ None

III. WORK EXPERIENCE – Continued		
46a. In the past 12 months, did you do any unpaid volunteer work?	(374) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to Check Item R(3)	
b. How many weeks?	(375) _____ Weeks	
c. On the average, how many hours per week did you do volunteer work during these weeks?	(376) _____ Hours per week	
d. What organization did you work for? (If more than one organization, ask about the one for which she worked the most hours during the past 12 months)	(377) 1 <input type="checkbox"/> Hospital or clinic 2 <input type="checkbox"/> School 3 <input type="checkbox"/> Church 4 <input type="checkbox"/> Civic or political organization 5 <input type="checkbox"/> Groups such as Community Chest, United Fund, Heart Fund 6 <input type="checkbox"/> Boy Scouts, Girl Scouts, Little League, etc. 7 <input type="checkbox"/> Social and welfare 8 <input type="checkbox"/> Other – Specify ↗ _____	
e. Why did you volunteer?	(1) _____ (378) <input type="checkbox"/> _____ (2) _____ (379) <input type="checkbox"/> _____	
f. Did you need paid child care in order to do volunteer work?	(380) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM R(3)  Refer to items 14a–c on Record Card	(381) 1 <input type="checkbox"/> Respondent is 34 years old or older – SKIP to 48 2 <input type="checkbox"/> All others – ASK 47a	
Notes	(382) _____	
	(383) _____	
	(384) _____	
	(385) _____	

IV. WORK ATTITUDES					
47a. 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?	(386)	<div></div> <div></div> <div></div>			
	<div></div> <div></div> <div></div>				
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?	(387)	1 <input type="checkbox"/> Married, keeping house, raising a family – ASK 47b			
	2 <input type="checkbox"/> Same as present job 3 <input type="checkbox"/> Don't know				
	(388)	1 <input type="checkbox"/> Don't plan to work 2 <input type="checkbox"/> Don't know 3 <input type="checkbox"/> Same as present job (in 15e) 4 <input type="checkbox"/> Other job – Specify ↗			
	(389)	<div></div> <div></div> <div></div>			
48. We are interested in your opinion about the employment of wives. (HAND CARD (B) 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.	(390) 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	(391) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. A wife who carries out her full family responsibilities doesn't have time for outside employment.	(392) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. A working wife feels more useful than one who doesn't hold a job	(393) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. The employment of wives leads to more juvenile delinquency	(394) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Employment of both parents is necessary to keep up with the high cost of living.	(395) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. It is much better for everyone concerned if the man is the achiever outside the home and the woman takes care of the home and family.	(396) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Men should share the work around the house with women, such as doing dishes, cleaning, and so forth.	(397) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work	(398) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Women are much happier if they stay at home and take care of their children.	(399) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. A woman should not let bearing and rearing children stand in the way of a career if she wants it	(400) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

IV. WORK ATTITUDES - Continued

49. Now I'd like you to think about a family where there is a mother, a father who works full-time, and several children under school age. A trusted relative who can care for the children lives nearby. In this family situation, how do you feel about the mother taking a full-time job outside the home -

(HAND CARD C TO RESPONDENT)

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?	(401) 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?	(402) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. If she prefers to work, but her husband doesn't particularly like it?	(403) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
CHECK ITEM S(1) Marital status of Respondent - transcribe from cover page	(404) 1 <input type="checkbox"/> Married, spouse present } Fill Check Item S(2) 2 <input type="checkbox"/> Married, spouse absent } 3 <input type="checkbox"/> Widowed } 4 <input type="checkbox"/> Divorced } SKIP to 50a 5 <input type="checkbox"/> Separated } 6 <input type="checkbox"/> Never married }				
CHECK ITEM S(2) Refer to Check Item P, page 18	(405) 1 <input type="checkbox"/> In Labor Force Group A or B - ASK 49d 2 <input type="checkbox"/> In Labor Force Group C - SKIP to 49e				
49d. 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?	(406) 1 <input type="checkbox"/> Like it very much } 2 <input type="checkbox"/> Like it somewhat } SKIP to 50a 3 <input type="checkbox"/> Not care either way } 4 <input type="checkbox"/> Dislike it somewhat } 5 <input type="checkbox"/> Dislike it very much }				
e. 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?	(407) 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				
50a. Now I'd like your opinion about some homemaking activities. How do you feel about keeping house in your own home - do you like it very much, like it somewhat, not care either way, dislike it somewhat, or dislike it very much?	(408) 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				
b. How do you feel about taking care of children - do you like it very much, like it somewhat, not care either way, dislike it somewhat, or dislike it very much?	(409) 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				

IV. WORK ATTITUDES – Continued

51. 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. (410)
* 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. (411)
* 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. (412)
* 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. (413)
* 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. (414)
* 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. (415)
* 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. (416)
* 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

IV. WORK ATTITUDES – Continued

51h. (417)*

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 ☐ Much9 ☐ Slightly

i. (418)*

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 ☐ Much9 ☐ Slightly

j. (419)*

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 ☐ Much9 ☐ Slightly

k. (420)*

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 ☐ Much9 ☐ Slightly

Notes

V. RETROSPECTIVE WORK HISTORY

Now I'd like for you to look back over the past 5 years, that is, since January 1973.

CHECK ITEM T(1) Refer to Check Item H(2) and item 26a (all columns). If H(2) and 26a are ALL blank, refer to 13g or 14.

Determine which is the earliest date and record it here.
(421) 0 ☐ "Never worked 2 consecutive weeks or more" in 13g or 14 - SKIP to 56a

(422)

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

 - FILL Check Item T(2)

CHECK ITEM T(2) Refer to Check Item T(1)

Date entered in Check Item T(1) is -
(423) 1 ☐ Before January 1973 - SKIP to 56a
2 ☐ January 1973 or later - ASK 52a

52a. Now, of all the jobs you have had since January 1973, I'd like to know about the one at which you worked the longest. For whom did you work on that job?

(424)

--

(425) 1 ☐ Same as 15a - SKIP to i - ASK b

b. What kind of business or industry was that?

(426)

--	--	--

c. Were you -

- (1) An employee of a PRIVATE company, business or individual for wages, salary, or commission?
(2) A GOVERNMENT employee (Federal, State, county or local)?
(3) Self-employed in your OWN business, professional practice, or farm?
(4) Working WITHOUT PAY in a family business or farm?

(427) 1 ☐ P - Private
2 ☐ G - Government
3 ☐ O - Self-employed
4 ☐ WP - Without pay

d. When did you START working at that job?

(428)

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

e. When did you STOP working at that job?

(429)

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

 - ASK f
(429) x ☐ Still working there - SKIP to g

f. Why did you happen to leave that job?

(430)

--	--

☐ "O" or "WP" in 52c - SKIP to h

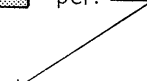
g. How much (did/do) you earn at that job before deductions (at the time you left/at this time)?

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

OR

(432) \$ _____ .

00

 per: 
(Dollars only)

(433) 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other - Specify _____

h. How many hours per week did (do) you usually work at that job?

(434) _____ Hours

i. What kind of work were you doing longest on that job?

(435)


--	--	--

j. What were your most important activities or duties while doing that kind of work?

53. In the past 5 years, since January 1973, for how many different employers have you worked?

(436) _____ Employers

V. RETROSPECTIVE WORK HISTORY – Continued		
54. In how many of the past 5 years have you worked at least 6 months?	(437) _____ Years	
55. All in all, so far as work is concerned, since January 1973, do you think that you have progressed, moved backward, or just about held your own?	(438) 1 <input type="checkbox"/> Progressed 2 <input type="checkbox"/> Moved backward 3 <input type="checkbox"/> Held own	
56a. Since January 1973, do you feel that, so far as work is concerned, you have been in any way discriminated against because of race, religion, sex, age, marital status, nationality, or for any other reason?	(439) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 57	
b. For what reason(s)? (Mark (X) all that apply)	(440) 1 <input type="checkbox"/> Race * 2 <input type="checkbox"/> Religion 3 <input type="checkbox"/> Sex 4 <input type="checkbox"/> Age 5 <input type="checkbox"/> Marital status 6 <input type="checkbox"/> Nationality 7 <input type="checkbox"/> Other – Specify _____	
Notes	(441)	
	(442)	
	(443)	
	(444)	

VI. HEALTH	
57. Does your health or physical condition prevent you from working altogether?	(445) 1 <input type="checkbox"/> Yes – ASK 58 2 <input type="checkbox"/> No – SKIP to 59a
58. When did you become unable to work altogether?	(446) _____ Month (447) 19 _____ Year } SKIP to Check Item U
59a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?	(448) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 60a
b. How long have you been limited in this way?	(449) _____ Years AND (450) _____ Months
60a. Has your health ever prevented you from working for 6 or more months in a row?	(451) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to Check Item U
b. How long were you prevented from working? (Most recent if more than one)	(453) _____ Years AND (454) _____ Months
c. When did you recover?	(455) _____ Month (456) 19 _____ Year (457) 1 <input type="checkbox"/> Not yet recovered
CHECK ITEM U  Refer to Check Item P, page 18	Respondent is in – (458) 1 <input type="checkbox"/> Labor Force Group A – ASK 61 2 <input type="checkbox"/> All others – SKIP to 62a
SHOW FLASHCARD (D) 61. Which of the activities on this card do you do regularly on your job? (Mark (X) all that apply)	(459) 1 <input type="checkbox"/> Walk around (460) 2 <input type="checkbox"/> Use stairs and inclines (461) 3 <input type="checkbox"/> Stand for long periods (462) 4 <input type="checkbox"/> Stoop, kneel or crouch (463) 5 <input type="checkbox"/> Lift or carry weights up to 10 pounds (464) 6 <input type="checkbox"/> Lift or carry heavy weights (465) 7 <input type="checkbox"/> Reach for supplies, materials, etc. (466) 8 <input type="checkbox"/> Use hands and fingers to manipulate supplies, equipment, etc. (467) 9 <input type="checkbox"/> Read printed documents, books, instructions, etc. (468) 10 <input type="checkbox"/> Hear special sounds (signals, directions, etc.) (469) 11 <input type="checkbox"/> Deal with people
Notes	

VI. HEALTH – Continued

SHOW FLASHCARD (E)

62a. Do you ever have any difficulty performing any of the activities on this card?

470

1 ☐ No – GO to 62b

2 ☐ Yes – Which ones? – Mark each activity mentioned and for each marked ask –

Can you . . . at all?

Yes

No

471

*

1 ☐ Walking

2 ☐

3 ☐

472

*

1 ☐ Using stairs or inclines

2 ☐

3 ☐

473

*

1 ☐ Standing for long periods of time

2 ☐

3 ☐

474

*

1 ☐ Sitting for long periods

2 ☐

3 ☐

475

*

1 ☐ Stooping, kneeling or crouching

2 ☐

3 ☐

476

*

1 ☐ Lifting or carrying weights up to 10 lbs.

2 ☐

3 ☐

477

*

1 ☐ Lifting or carrying heavy weights

2 ☐

3 ☐

478

*

1 ☐ Reaching

2 ☐

3 ☐

479

*

1 ☐ Using hands and fingers

2 ☐

3 ☐

480

*

1 ☐ Seeing (even with glasses)

2 ☐

3 ☐

481

*

1 ☐ Hearing

2 ☐

3 ☐

482

*

1 ☐ Dealing with people

2 ☐

3 ☐

483

*

1 ☐ Other – Specify

↘

2 ☐

3 ☐

SHOW FLASHCARD (F)

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

484

1 ☐ No – GO to 62c

2 ☐ Yes – Which ones? – Mark each problem mentioned

485

1 ☐ Pain

486

2 ☐ Tiring easily, no energy

487

3 ☐ Weakness, lack of strength

488

4 ☐ Aches, swelling, sick feeling

489

5 ☐ Fainting spells, dizziness

490

6 ☐ Nervousness, tension, anxiety, depression

491

7 ☐ Shortness of breath, trouble breathing

492

8 ☐ Other – Specify

Notes

FORM LGT-481 (8-22-77)

Page 30

VI. HEALTH – Continued

SHOW FLASHCARD **G**

62c. Which of these conditions would you have trouble working under **BECAUSE OF YOUR HEALTH?**

(Mark (X) each condition mentioned)

- (493) 1 ☐ Fumes, dust or smoke
- (494) 2 ☐ Hot places
- (495) 3 ☐ Cold places
- (496) 4 ☐ Damp places
- (497) 5 ☐ Noise or vibrations
- (498) 6 ☐ Confusion or disorder
- (499) 7 ☐ Working indoors
- (500) 8 ☐ Working outdoors
- (501) 9 ☐ Other – Specify _____
- (502) 0 ☐ None

d. Are you able to go outdoors without help from another person?

- (503) 1 ☐ Yes
- 2 ☐ No

e. Are you able to use public transportation, such as trains or buses, without help from another person?

- (504) 1 ☐ Yes
- 2 ☐ No

f. Do you ever need help from others in looking after your personal care such as dressing, bathing, eating, and other daily activities?

- (505) 1 ☐ Yes – ASK g
- 2 ☐ No – SKIP to h

g. Would you say you need this kind of help frequently, occasionally, or rarely?

- (506) 1 ☐ Frequently
- 2 ☐ Occasionally
- 3 ☐ Rarely

h. During the past 5 years, has your health condition become better, worse, or remained about the same?

- (507) 1 ☐ Better
- 2 ☐ Worse
- 3 ☐ Same

☐ “No” marked in 62a and b – SKIP to Check Item V

63a. Are any of the problems you have told me about the result of an accidental injury?

- (508) 1 ☐ Yes – ASK b
- 2 ☐ No – SKIP to Check Item V

b. Was there more than one accident?

- (509) 1 ☐ Yes
- 2 ☐ No

☐ If “Yes” in b, read this statement before asking c:

I would like you to answer the following questions about the accident which had the most serious effect on your health.

c. Did this accident occur while you were on the job?

- (510) 1 ☐ Yes – ASK d
- 2 ☐ No – SKIP to e

d. How were you injured?

(Mark (X) all that apply)

- (511) 1 ☐ By a moving motor vehicle
- (512) 2 ☐ Tripped or fell
- (513) 3 ☐ Struck by falling object
- (514) 4 ☐ Machinery
- (515) 5 ☐ Burned
- (516) 6 ☐ Other – Specify _____

e. When were you injured?

- (517) _____ Month
- (518) 19____ Year

CHECK
ITEM V

Refer to Marital Status on cover page

- (519) 1 ☐ Respondent is married, spouse present
 - 2 ☐ Respondent is married, spouse absent
 - 3 ☐ Other – SKIP to Check Item W
- } ASK 64a

VI. HEALTH - Continued	
64a. Does your husband's health or physical condition limit the amount or kind of work he can do in any way?	(520) 1 <input type="checkbox"/> Yes - ASK b 2 <input type="checkbox"/> No - SKIP to c
b. How long has he been limited in this way?	(521) _____ Years AND (522) _____ Months
c. Does the health condition of your husband in any way affect the kind or amount of work you can do or where you work?	(523) 1 <input type="checkbox"/> Yes - ASK d 2 <input type="checkbox"/> No - SKIP to Check Item W
d. How does his health affect your work?	(524) <input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM W Refer to Check Item P, page 18	(525) 1 <input type="checkbox"/> Respondent is currently in Labor Force Group A or B - ASK 65 2 <input type="checkbox"/> Respondent is currently in Labor Force Group C - SKIP to 69
65. 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?	(526) 1 <input type="checkbox"/> Yes - ASK 66 2 <input type="checkbox"/> No - SKIP to 67 3 <input type="checkbox"/> Undecided - SKIP to 68
66. Why do you think you would work?	(527) <input type="checkbox"/> _____ } SKIP to 69
67. Why do you feel that you would not work?	(528) <input type="checkbox"/> _____ } SKIP to 69
68. On what would it depend?	(529) <input type="checkbox"/> _____
Notes	No. family members (530) _____
	No. household members (531) _____
	(532) _____
	(533) _____

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

VII. FAMILY MEMBERS											
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 a.	What is . . . 's relationship to you? Example: husband, son, daughter-in-law, brother.	Date of birth			Persons 3 years old and older			Persons 14 years old and over		
			d. Transcribe from items 14a-c on the record card.			Is . . . attending or enrolled in regular school? Circle 1 - Yes 2 - No	If "Yes" - What grade (year)? If "No" - What is the highest grade (year) . . . ever attended? Refer to Card (H)	Did . . . finish this grade (year)? Circle 1 - Yes 2 - No	In the past 12 months, how many weeks did . . . work either full- or part-time (not counting work around the house)? Include weeks . . . was on paid vacation or paid sick leave.	In the weeks that . . . worked, how many hours did . . . usually work per week?	If person worked at all in the past 12 months What kind of work was . . . doing in the past 12 months? If more than one, record the longest.
a.	b.	c.	Mo.	Day	Year						i.
		Respondent	(534)								
		(535)	(536)			(537) 2	(538)	(539) 2	(540)	(541)	(542)
		(543)	(544)			(545) 2	(546)	(547) 2	(548)	(549)	(550)
		(551)	(552)			(553) 2	(554)	(555) 2	(556)	(557)	(558)
		(559)	(560)			(561) 2	(562)	(563) 2	(564)	(565)	(566)
		(567)	(568)			(569) 2	(570)	(571) 2	(572)	(573)	(574)
		(575)	(576)			(577) 2	(578)	(579) 2	(580)	(581)	(582)
		(583)	(584)			(585) 2	(586)	(587) 2	(588)	(589)	(590)
		(591)	(592)			(593) 2	(594)	(595) 2	(596)	(597)	(598)
		(599)	(600)			(601) 2	(602)	(603) 2	(604)	(605)	(606)
		(607)	(608)			(609) 2	(610)	(611) 2	(612)	(613)	(614)
		(615)	(616)			(617) 2	(618)	(619) 2	(620)	(621)	(622)
		(623)	(624)			(625) 2	(626)	(627) 2	(628)	(629)	(630)
		(631)	(632)			(633) 2	(634)	(635) 2	(636)	(637)	(638)
		(639)	(640)			(641) 2	(642)	(643) 2	(644)	(645)	(646)
		(647)	(648)			(649) 2	(650)	(651) 2	(652)	(653)	(654)
		(655)	(656)			(657) 2	(658)	(659) 2	(660)	(661)	(662)
		(663)	(664)			(665) 2	(666)	(667) 2	(668)	(669)	(670)

VII. FAMILY MEMBERS – Continued						
CHECK ITEM Y(1)		Refer to 69c, page 33		(671) 1 <input type="checkbox"/> Respondent's husband listed in 69c – GO to Check Item Y(2) 2 <input type="checkbox"/> All others – SKIP to Check Item Y(3)		
CHECK ITEM Y(2)		Refer to 69h, page 33		(672) 1 <input type="checkbox"/> Husband worked 52 weeks – SKIP to Check Item Y(3) 2 <input type="checkbox"/> All others – ASK 70		
70. You said your husband worked (entry for husband in item 69h) weeks in the last 12 months. How many of the remaining (52 minus entry in item 69h) weeks was he looking for work or on layoff from a job?				(673) _____ Weeks oo <input type="checkbox"/> None		
CHECK ITEM Y(3)		Refer to item 11b on record card		(674) 1 <input type="checkbox"/> One or more current household members who are not related to the respondent are listed on the record card – ASK 71 2 <input type="checkbox"/> All others – SKIP to 72a		
71. Now I have a few questions about the persons living here who are not related to you by blood or marriage.						
Line number	Name List below all persons living here who are not related to the respondent. In column a, enter the line number from the record card.		What is . . . 's relationship to you? Example: partner, boarder, foster child		Sex Circle 1 – Male or 2 – Female	What is . . . 's current age?
a.	b.		c.		d.	e.
				(675)	(676) 1 2	(677)
				(678)	(679) 1 2	(680)
				(681)	(682) 1 2	(683)
				(684)	(685) 1 2	(686)
				(687)	(688) 1 2	(689)
Notes						(690)
						(691)
						(692)
						(693)
						(694)
						(695)
						(696)

VIII. ASSETS AND INCOME

72a. Is this house (apartment) owned or being bought by you (or your husband)?

- (697) 1 ☐ Yes — ASK b and c
2 ☐ No — SKIP to 73

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

(698) \$ _____ . 00

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

(699) \$ _____ . 00
☐ None

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

- (700) 0 ☐ No
1 ☐ Yes — How much altogether?

(701) \$ _____ . 00

74. Do you (or your husband) have any —
a. U.S. Savings Bonds?

- (702) 0 ☐ No
1 ☐ Yes — What is their face value?

(703) \$ _____ . 00

b. Stocks, bonds, or mutual funds?

- (704) 0 ☐ No
1 ☐ Yes — About how much is their market value?

(705) \$ _____ . 00

c. Personal loans to others or mortgages you hold (money owed to you by other people)?

- (706) 0 ☐ No
1 ☐ Yes — How much?

(707) \$ _____ . 00

75a. Do you (or your husband) rent, own or have an investment in a farm?

- (708) 1 ☐ Yes — ASK b
2 ☐ No — SKIP to 76a

b. What is the total market value of your farm operation? (Include value of land, buildings, house, if you own them, and the equipment, livestock, stored crops, and other assets. Do not include crops held under Commodity Credit Loans.)

(709) \$ _____ . 00

c. Does that include the value of this house?

- (710) 1 ☐ Yes
2 ☐ No

d. How much do you owe on mortgages or other debts in connection with the farm itself, the equipment, livestock, or anything else? (Do not count Commodity Credit Loans.)

(711) \$ _____ . 00
0 ☐ None

76a. Do you (or your husband) own or have an investment in a business or professional practice?

- (712) 1 ☐ Yes — ASK b
2 ☐ No — SKIP to 77a

b. What is the total market value of all assets in the business, including tools and equipment? In other words, how much do you think this business would sell for on today's market? (Obtain value of respondent's and husband's share only.)

(713) \$ _____ . 00

c. What is the total amount of debts or liabilities owed by the business? (Include respondent's and husband's share of all liabilities, as carried on the books.)

(714) \$ _____ . 00
0 ☐ None

77a. Do you (or your husband) own any other real estate — not counting the property on which you are living?

- (715) 1 ☐ Yes — ASK b
2 ☐ No — SKIP to 78a

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

(716) \$ _____ . 00

c. How much is the unpaid amount of any mortgages on this property?

(717) \$ _____ . 00
0 ☐ None

d. How much other debt do you have on this property, such as back taxes or assessments, unpaid amounts of home improvement loans, or home repair bills, etc.?

(718) \$ _____ . 00
0 ☐ None

78a. Do you (or your husband) own an automobile(s)?

- (719) 0 ☐ No — SKIP to 79
1 ☐ Yes — How many?
(720) _____ — ASK b and c

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

- (721) 0 ☐ No
1 ☐ Yes — How much altogether?

(722) \$ _____ . 00

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

(723) \$ _____ . 00

VIII. ASSETS AND INCOME - Continued

<p>79. Aside from any debts you have already mentioned, do you (or your husband) now owe any money to stores, doctors, hospitals, banks, or anyone else, excluding 30-day charge accounts?</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>(724) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much altogether?</p> <p>(725) \$ _____ . 00</p> </div> </div>																																																
<p>Now I would like to ask a few questions about your income in the last 12 months.</p>																																																	
<p>80a. How much did you (or your husband) receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">Respondent</th> <th style="width:50%; text-align: center;">Husband <input type="checkbox"/> Not married</th> </tr> <tr> <td style="padding: 5px;"> <p>(726) \$ _____ . 00</p> <p>0 <input type="checkbox"/> None</p> </td> <td style="padding: 5px;"> <p>(735) \$ _____ . 00</p> <p>0 <input type="checkbox"/> None</p> </td> </tr> </table>	Respondent	Husband <input type="checkbox"/> Not married	<p>(726) \$ _____ . 00</p> <p>0 <input type="checkbox"/> None</p>	<p>(735) \$ _____ . 00</p> <p>0 <input type="checkbox"/> None</p>																																												
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<p>b. Did you (or your husband) receive any income from working on your own or in your own business or professional practice?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">Respondent</th> <th style="width:50%; text-align: center;">Husband <input type="checkbox"/> Not married</th> </tr> <tr> <td style="padding: 5px;"> <p>(727) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(728) \$ _____ . 00</p> </td> <td style="padding: 5px;"> <p>(736) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(737) \$ _____ . 00</p> </td> </tr> </table>	Respondent	Husband <input type="checkbox"/> Not married	<p>(727) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(728) \$ _____ . 00</p>	<p>(736) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(737) \$ _____ . 00</p>																																												
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<p>c. Did you (or your husband) receive any unemployment compensation?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">Respondent</th> <th style="width:50%; text-align: center;">Husband <input type="checkbox"/> Not married</th> </tr> <tr> <td style="padding: 5px;"> <p>(729) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p style="text-align: center;">How many weeks?</p> <p>(730) _____</p> <p style="text-align: center;">How much did you receive per week on an average?</p> <p>(731) \$ _____ . 00</p> </td> <td style="padding: 5px;"> <p>(738) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p style="text-align: center;">How many weeks?</p> <p>(739) _____</p> <p style="text-align: center;">How much did you receive per week on an average?</p> <p>(740) \$ _____ . 00</p> </td> </tr> </table>	Respondent	Husband <input type="checkbox"/> Not married	<p>(729) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p style="text-align: center;">How many weeks?</p> <p>(730) _____</p> <p style="text-align: center;">How much did you receive per week on an average?</p> <p>(731) \$ _____ . 00</p>	<p>(738) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p style="text-align: center;">How many weeks?</p> <p>(739) _____</p> <p style="text-align: center;">How much did you receive per week on an average?</p> <p>(740) \$ _____ . 00</p>																																												
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<p>d. Did you (or your husband) receive any Supplemental Unemployment Benefits (SUB) from your employer?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">Respondent</th> <th style="width:50%; text-align: center;">Husband <input type="checkbox"/> Not married</th> </tr> <tr> <td style="padding: 5px;"> <p>(732) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p style="text-align: center;">How many weeks?</p> <p>(733) _____</p> <p style="text-align: center;">How much did you receive per week on the average?</p> <p>(734) \$ _____ . 00</p> </td> <td style="padding: 5px;"> <p>(741) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p style="text-align: center;">How many weeks?</p> <p>(742) _____</p> <p style="text-align: center;">How much did you receive per week on the average?</p> <p>(743) \$ _____ . 00</p> </td> </tr> </table>	Respondent	Husband <input type="checkbox"/> Not married	<p>(732) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p style="text-align: center;">How many weeks?</p> <p>(733) _____</p> <p style="text-align: center;">How much did you receive per week on the average?</p> <p>(734) \$ _____ . 00</p>	<p>(741) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p style="text-align: center;">How many weeks?</p> <p>(742) _____</p> <p style="text-align: center;">How much did you receive per week on the average?</p> <p>(743) \$ _____ . 00</p>																																												
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<p>81. In the past 12 months, did you (or your husband) 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 husband)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;"></th> <th style="width:10%; text-align: center;">(Mark one)</th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> </tr> <tr> <td></td> <td></td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>a. Veteran's compensation or pension?</td> <td>(744)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>(745)</td> <td>\$</td> <td>_____ .</td> <td>00</td> </tr> <tr> <td>b. Worker's compensation?</td> <td>(747)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>(748)</td> <td>\$</td> <td>_____ .</td> <td>00</td> </tr> <tr> <td>c. Social Security disability payments?</td> <td>(750)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>(751)</td> <td>\$</td> <td>_____ .</td> <td>00</td> </tr> <tr> <td>d. Any other disability payment? – Specify type <input checked="" type="checkbox"/></td> <td>(753)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>(754)</td> <td>\$</td> <td>_____ .</td> <td>00</td> </tr> </table>		(Mark one)									Yes	No					a. Veteran's compensation or pension?	(744)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(745)	\$	_____ .	00	b. Worker's compensation?	(747)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(748)	\$	_____ .	00	c. Social Security disability payments?	(750)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(751)	\$	_____ .	00	d. Any other disability payment? – Specify type <input checked="" type="checkbox"/>	(753)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(754)	\$	_____ .	00
	(Mark one)																																																
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c. Social Security disability payments?	(750)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(751)	\$	_____ .	00																																										
d. Any other disability payment? – Specify type <input checked="" type="checkbox"/>	(753)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(754)	\$	_____ .	00																																										
<p>82. In the past 12 months, did you (or your husband) receive:</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">Respondent</th> <th style="width:50%; text-align: center;">Husband <input type="checkbox"/> Not married</th> </tr> <tr> <td style="padding: 5px;"> <p>a. Any income from operating a farm?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p> </td> <td style="padding: 5px;"> <p>(756) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(757) \$ _____ . 00</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>b. Any rental income from roomers and boarders, an apartment in this house or another building, or other real estate?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p> </td> <td style="padding: 5px;"> <p>(758) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(759) \$ _____ . 00</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>c. Any interest or dividends on savings, stocks, bonds or income from estates or trusts?</p> </td> <td style="padding: 5px;"> <p>(760) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(761) \$ _____ . 00</p> </td> </tr> </table>	Respondent	Husband <input type="checkbox"/> Not married	<p>a. Any income from operating a farm?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p>	<p>(756) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(757) \$ _____ . 00</p>	<p>b. Any rental income from roomers and boarders, an apartment in this house or another building, or other real estate?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p>	<p>(758) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(759) \$ _____ . 00</p>	<p>c. Any interest or dividends on savings, stocks, bonds or income from estates or trusts?</p>	<p>(760) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(761) \$ _____ . 00</p>																																								
Respondent	Husband <input type="checkbox"/> Not married																																																
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<p>b. Any rental income from roomers and boarders, an apartment in this house or another building, or other real estate?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p>	<p>(758) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(759) \$ _____ . 00</p>																																																
<p>c. Any interest or dividends on savings, stocks, bonds or income from estates or trusts?</p>	<p>(760) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(761) \$ _____ . 00</p>																																																

VIII. ASSETS AND INCOME – Continued

83a. In the past 12 months, did you (or your husband) buy any food stamps under the Government's Food Stamp Plan?

- (762) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 84a

b. In how many months did you (or your husband) buy stamps?

(763) _____ Months

c. What was the total value of the full monthly food stamp allotment in the most recent month food stamps were bought?

(764) \$ _____ . 00

d. How much was paid for this allotment?

(765) \$ _____ . 00

84a. During the last 12 months, did you (or your husband) receive any income from Aid to Families with Dependent Children?

- (766) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 85a

b. How many months?

(767) _____ Months

c. How much did you receive per month on the average?

(768) \$ _____ . 00

85a. Did you (or your husband) receive any Supplemental Security Income or any other public assistance from the local, State, or Federal Government?

- (769) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 86a

b. How many months?

(770) _____ Months

c. How much did you receive per month on the average?

(771) \$ _____ . 00

86a. In the past 12 months, did you receive any income from child support payments or alimony?

- (772) 0 ☐ No
1 ☐ Yes – How much?

(773) \$ _____ . 00

b. In the past 12 months, did you (or your husband) receive any other type of income; for example, royalties, annuities, contributions from family members living elsewhere, pensions or Social Security survivors benefits?

- (774) 0 ☐ No
1 ☐ Yes – How much?

(775) \$ _____ . 00

c. 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 at this time last year?

- (776) 1 ☐ Same
2 ☐ Better off
3 ☐ Worse off

CHECK
ITEM Z

Refer to item 69, page 33

- (777) 1 ☐ Only respondent (and husband and their children under 14) listed in item 69 – SKIP to 88a
2 ☐ Other family members listed in 69 – ASK 87

SHOW FLASHCARD (I)

87. In the past 12 months, what was the total income of ALL family members living here, OTHER THAN you and your husband?

- (778) 0 ☐ Nothing
1 ☐ Under \$1,000
2 ☐ \$1,000 – \$1,999
3 ☐ 2,000 – 2,999
4 ☐ 3,000 – 3,999
5 ☐ 4,000 – 4,999
6 ☐ 5,000 – 5,999
7 ☐ 6,000 – 7,499
8 ☐ 7,500 – 9,999
9 ☐ 10,000 – 14,999
10 ☐ 15,000 – 24,999
11 ☐ 25,000 and over
12 ☐ Don't know

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND

☐ Respondent has never been married – SKIP to 93a

88a. How many times have you been married (including current marriage)?

(779) _____ (Marriages)

b. What was the date of your present (most recent) marriage?

(780) _____ Month

(781) 19 _____ Year

c. What is the date of birth of your present (most recent) husband?

(782) _____ Month

(783) 19 _____ Year

d. What is the highest grade of regular school completed by your present (most recent) husband? (Use codes on card (H))

(784) _____ Grade

o ☐ Did not attend school

e. What kind of work does (did) your present (most recent) husband do? (If more than one occupation, indicate longest type of employment)

(785)

CHECK
ITEM AA

Refer to Marital Status on cover page

(786) 1 ☐ Divorced or widowed – ASK 89

2 ☐ Separated – SKIP to 90

3 ☐ All others – SKIP to Check Item BB

89. When did your most recent marriage end?

(787) _____ Month

(788) 19 _____ Year

} SKIP to Check Item BB

90. When did your present separation begin?

(789) _____ Month

(790) 19 _____ Year

CHECK
ITEM BB

Refer to item 88a

(791) 1 ☐ Two or more marriages – ASK 91a

2 ☐ One marriage – SKIP to 93a

91a. When did your previous marriage take place?

(792) _____ Month

(793) 19 _____ Year

b. What is (was) your previous husband's date of birth?

(794) _____ Month

(795) 19 _____ Year

c. What was the highest grade of regular school completed by your previous husband when you were married to him? (Use codes on card (H))

(796) _____ Grade

o ☐ Did not attend school

d. What kind of work did your previous husband do when you were married to him? (If more than one occupation, indicate the longest kind of employment)

(797)

e. When did your previous marriage end?

(798) _____ Month

(799) 19 _____ Year

f. How did your previous marriage end?

(800) 1 ☐ Divorced or annulled

2 ☐ Widowed

CHECK
ITEM CC

Refer to item 88a

(801) 1 ☐ Three or more marriages – ASK 92a

2 ☐ Two marriages – SKIP to 93a

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued

Now I would like to talk about the husband you had previous to the one you just told me about.	(802) _____ Month			
92a. When did your previous marriage take place?	(803) 19 _____ Year			
b. What is (was) your previous husband's date of birth?	(804) _____ Month			
	(805) 19 _____ Year			
c. What was the highest grade of regular school completed by your previous husband when you were married to him? (Use codes on card (H))	(806) _____ Grade			
	o <input type="checkbox"/> Did not attend school			
d. What kind of work did your previous husband do when you were married to him? (If more than one occupation, indicate the longest kind of employment)	(807) <table><tr><td></td><td></td><td></td></tr></table>			
e. When did your previous marriage end?	(808) _____ Month			
	(809) 19 _____ Year			
f. How did your previous marriage end?	(810) 1 <input type="checkbox"/> Divorced or annulled			
	2 <input type="checkbox"/> Widowed			
93a. How many children have been born to you since January 1973?	(811) o <input type="checkbox"/> None – SKIP to 95a			
	(811) _____ Number of children – ASK b			
b. How many of these children are now living?	(812) x <input type="checkbox"/> All of the above			
	(812) _____ Number of children			
c. How many of these children are currently living with you in your home?	(813) o <input type="checkbox"/> None			
	x <input type="checkbox"/> All children mentioned in 93a			
	(813) _____ Number of children			

94. Now I have a few questions about each child who has been born to you since January 1973.

	What are their names?	What is . . . 's sex?	What is . . . 's date of birth?			Is . . . living?	Is . . . still living in your home?	When did . . . leave home?
		Circle 1 – Male 2 – Female	c.			Circle 1 – Yes – ASK e 2 – No – SKIP to f.	Circle 1 – Yes – GO to next child 2 – No – ASK f.	(Enter month and year).
	a.	b.	Mo.	Day	Yr.	d.	e.	f. Mo. Yr.
1		(814) 1 2	(815)			(816) 1 2	(817) 1 2	(818)
2		(819) 1 2	(820)			(821) 1 2	(822) 1 2	(823)
3		(824) 1 2	(825)			(826) 1 2	(827) 1 2	(828)
4		(829) 1 2	(830)			(831) 1 2	(832) 1 2	(833)
5		(834) 1 2	(835)			(836) 1 2	(837) 1 2	(838)
6		(839) 1 2	(840)			(841) 1 2	(842) 1 2	(843)

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued

95a. Have you ever adopted any children or did your husband(s) have children who came to live with you when you married him (them)?

844

1 ☐ Yes – ASK b

2 ☐ No – SKIP to 97a

b. How many children?

845

_____ Number of children

c. How many of these children are currently living with you in your home?

846

o ☐ None

x ☐ All children mentioned in 95b

846

_____ Number of children

96. Now I have a few questions about any adopted children or children of your husband(s) who came to live with you when you married him (them).															
What are their names?	a.	What is . . . 's sex?	b.	What is . . . 's date of birth?			c.	In what year did . . . come into your household?	d.	e.	f.	g.	h.	i.	j.
				Mo.	Day	Year							Mo.	Year	
1		847	1 2	848				849		850	851	852	853	854	855
2		856	1 2	857				858		859	860	861	862	863	864
3		865	1 2	866				867		868	869	870	871	872	873
4		874	1 2	875				876		877	878	879	880	881	882
5		883	1 2	884				885		886	887	888	889	890	891

Notes

892

893

894

895

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IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND - Continued

97a. How many brothers and sisters have you ever had, including any who have died?	(897) 0 <input type="checkbox"/> None - SKIP to 99 (897) _____ Number - ASK 97b
b. Do any of them live with you in your home now?	(898) 1 <input type="checkbox"/> Yes - ASK c 2 <input type="checkbox"/> No - SKIP to 98
c. How many live with you in your home now?	(899) x <input type="checkbox"/> All of them - SKIP to 99 (899) _____ Number - ASK 98

98. Now I have a few questions about each of your brothers and sisters not living in your home, including both living and deceased.	What are their NAMES? a.	What is . . . 's SEX? Circle 1 - Male 2 - Female b.	What is . . . 's date of birth? c.	What is the highest grade (year) of regular school . . . completed? (Refer to card (H)) d.		
			Mo.	Day	Year	
	1		(900) 1 2	(901)		(902)
	2		(903) 1 2	(904)		(905)
	3		(906) 1 2	(907)		(908)
	4		(909) 1 2	(910)		(911)
	5		(912) 1 2	(913)		(914)
	6		(915) 1 2	(916)		(917)
	7		(918) 1 2	(919)		(920)
	8		(921) 1 2	(922)		(923)
	9		(924) 1 2	(925)		(926)
10		(927) 1 2	(928)		(929)	

<input type="checkbox"/> Respondent's father listed in item 69 on page 33 - SKIP to 100a	(930) 0 <input type="checkbox"/> None																
99. What was the highest grade in regular school that your father completed?	(931) Elementary <table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	(932) High school <table><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1	2	3	4														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	(933) College <table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6+</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	1	2	3	4	5	6+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1	2	3	4	5	6+												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	(934) 1 <input type="checkbox"/> Don't know																

100a. Did you live 1 or more years with your mother when you were a teenager?	(935) 1 <input type="checkbox"/> Yes - ASK b 2 <input type="checkbox"/> No - SKIP to 101a			
b. When you were a teenager, did your mother have a job most or all of the time, part of the time, rarely, or never? Include unpaid work in a family business or farm.	(936) 1 <input type="checkbox"/> Most or all of the time 2 <input type="checkbox"/> Part of the time 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never - SKIP to 101a ASK c			
c. What kind of work did she usually do?	(937) <table><tr><td></td><td></td><td></td></tr></table>			
d. How do you think your mother felt about working at that time? Did she like it very much, like it somewhat, dislike it somewhat, or dislike it very much?	(938) 1 <input type="checkbox"/> Liked it very much 2 <input type="checkbox"/> Liked it somewhat 3 <input type="checkbox"/> Disliked it somewhat 4 <input type="checkbox"/> Disliked it very much 5 <input type="checkbox"/> Don't know			

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued	
101a. How many persons, not counting yourself (and your husband) are dependent upon you (and your husband) for at least one-half of their support?	(939) _____ Persons – ASK b 0 <input type="checkbox"/> None – SKIP to 102
b. Do any of these dependents live somewhere else other than here at home with you?	(940) 0 <input type="checkbox"/> No – SKIP to 102 1 <input type="checkbox"/> Yes – How many? ↗
	(941) _____ Dependents – ASK c
c. What is their relationship to you?	(942) <input type="checkbox"/>
102. Now I'd like to ask you about your views toward family size which is so important in studying population growth in the United States.	
a. What do you think is the ideal number of children for a family?	(943) _____ Children
b. How many children have you ever had, not counting stillbirths?	(944) _____ Children
c. Altogether, how many (more) children do you actually expect to have?	(945) _____ Children 0 <input type="checkbox"/> None – SKIP to Check Item DD
d. How many children do you expect to have within the next 5 years?	(946) _____ Children 0 <input type="checkbox"/> None – SKIP to Check Item DD
e. When do you expect to have your next child?	(947) 1 <input type="checkbox"/> Within the next 12 months 2 <input type="checkbox"/> 13–24 months from now 3 <input type="checkbox"/> More than 24 months but less than 5 years from now
CHECK ITEM DD  Refer to current address on cover page (other than temporary college address) and to item 123R on Information Sheet. Determine whether or not respondent lives in the same area (SMSA or county) as when last interviewed. (Refer to Appendix of your manual for SMSA definitions)	(948) 1 <input type="checkbox"/> Respondent lives in same area (SMSA or county) as when last interviewed – SKIP to 104 2 <input type="checkbox"/> Respondent lives in different area (SMSA or county) than when last interviewed – ASK 103a
103a. When we last interviewed you, you were living in a different area. How many miles from here is that?	(949) _____ Miles
b. What is the main reason you moved to this area?	(950) <input type="checkbox"/>
c. Did you have a job lined up here at the time you moved?	(951) 1 <input type="checkbox"/> Yes, different from job held at time of move – SKIP to e 2 <input type="checkbox"/> Yes, same as job held at time of move 3 <input type="checkbox"/> Yes, transferred job in same company } SKIP to g 4 <input type="checkbox"/> No – ASK d
d. How many weeks did you look before you found work?	(952) _____ Total weeks – ASK e 0 <input type="checkbox"/> Did not look for work – SKIP to g 99 <input type="checkbox"/> Still haven't found work – ASK e
e. How many weeks did you look for work before you moved?	(953) _____ Weeks before
<input type="checkbox"/> Had job lined up (box 1 in 103c) – SKIP to g	
f. How many weeks did you look after you moved?	(954) _____ Weeks after
g. 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?	(955) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How many? ↗ } SKIP to 105a (956) _____ Areas
104. Have you lived in any area other than the present one since we last interviewed you?	(957) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How many? ↗ (958) _____ Areas

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued	
<div>CHECK ITEM EE</div> <div>Refer to Check Item DD and item 104</div>	<div>959</div> <div>1 <input type="checkbox"/> Box 2 marked in Check Item DD – SKIP to 105b</div> <div>2 <input type="checkbox"/> “Yes” marked in item 104 – SKIP to 105c</div> <div>3 <input type="checkbox"/> All others – ASK 105a</div>
105a. Have you lived in this (metropolitan area/county) continuously since January 1973?	<div>960</div> <div>1 <input type="checkbox"/> Yes – SKIP to Check Item FF</div> <div>2 <input type="checkbox"/> No – ASK b</div>
b. Had you ever lived in this (metropolitan area/county) before you moved here this time?	<div>961</div> <div>1 <input type="checkbox"/> Yes – ASK c</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item FF</div>
c. When did you (most recently) leave this (metropolitan area/county)?	<div>962</div> <div>_____ Month</div> <div>963</div> <div>19 _____ Year</div>
d. Why did you leave this (metropolitan area/county) at that time?	<div>964</div> <div><input type="checkbox"/></div>
e. When did you (most recently) return to this (metropolitan area/county)?	<div>965</div> <div>_____ Month</div> <div>966</div> <div>19 _____ Year</div>
f. Why did you return?	<div>967</div> <div><input type="checkbox"/></div>
<div>CHECK ITEM FF</div> <div>Transcribe “Relationship to household head” from Record Card item 11b for the respondent</div>	<div>968</div> <div>1 <input type="checkbox"/> Respondent is head</div> <div>2 <input type="checkbox"/> Wife of head</div> <div>3 <input type="checkbox"/> Daughter of head</div> <div>4 <input type="checkbox"/> Sister of head</div> <div>5 <input type="checkbox"/> Other – Specify <div>→</div></div>
106. 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 move 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	

NOTES

NOTES

NONINTERVIEWS IN 1977

Ask the following questions of all respondents who were noninterviews in 1977. Transcribe the answers to the appropriate item on the Information Sheet; then proceed with the regular interview.

A. Were you attending or enrolled in regular school at this time last year?

- 1 ☐ Yes — ASK B(1)
2 ☐ No — SKIP to B(2)

B. (1) What grade were you attending at that time?
(2) What is the highest grade of regular school you have completed?

- 0 None 0
1 Elementary 1 2 3 4 5 6 7 8
2 High school 1 2 3 4
3 College 1 2 3 4 5 6+

Transcribe entry to 121R

C. What were you doing at this time last year — working, looking for work, or something else?

- 1 ☐ Working
2 ☐ With a job, not at work
3 ☐ Looking for work
4 ☐ Unable to work
5 ☐ Other — Specify ↘

Transcribe entry to 122R as follows:

1. Mark "Labor Force Group A" if box 1 or 2 is marked
2. Mark "Labor Force Group B" if box 3 is marked
3. Mark "Labor Force Group C" if box 5 is marked
4. Mark "Labor Force Group C — Unable to work" if box 4 is marked

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

Notes

INFORMATION SHEET DATA FROM 1977 INTERVIEW			
120R.	Date of last interview or 01/03/77 if noninterview in 1977		
	Month	Day	Year
	969		
121R.	School enrollment status in 1977		
	970 1 <input type="checkbox"/> Enrolled		
	2 <input type="checkbox"/> Not enrolled		
	Grade respondent was attending or highest year of regular school completed		
	971 None 0		
	972 Elementary 1 2 3 4 5 6 7 8		
	973 High school 1 2 3 4		
	974 College 1 2 3 4 5 6+		
122R.	Labor force status in 1977		
	975 1 <input type="checkbox"/> Labor Force Group A		
	2 <input type="checkbox"/> Labor Force Group B		
	3 <input type="checkbox"/> Labor Force Group C		
	4 <input type="checkbox"/> Labor Force Group C – Unable to work		
123R.	Residence at time of last interview.		
	City		
	County		
	State		