

**NOTICE** - All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purpose.

FORM **LGT-3101**  
(11-28-80)

U S DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**SURVEY OF WORK EXPERIENCE  
OF MATURE WOMEN  
1981**

**NATIONAL LONGITUDINAL SURVEYS**

**METHODS OF LOCATING RESPONDENT WHO HAS MOVED**

(Fill only if respondent has MOVED.)

Successful      Unsuccessful

- PGM 3  
~  
←
- |       |                            |                            |  |
|-------|----------------------------|----------------------------|--|
| (001) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | New occupants  |
| (002) | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | Neighbors  |
| (003) | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | Landlord or apartment manager                                    |
| (004) | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | Post office  |
| (005) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Telephone company (including directory and information operator) |
| (006) | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | Persons listed on back of record card                            |
| (007) | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | Other - Specify <u>                    </u>                      |

**RECORD OF CALLS**

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

**RECORD OF INTERVIEW**

<b>Method of interview</b> (008) 1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit 3 <input type="checkbox"/> Both	<b>Date completed</b> Month   Day   Year (009)	<b>Interview time</b> Began      Ended		<b>Regional Office code</b> _____00	<b>Interviewed by</b> _____
	<b>Length of interview (minutes)</b> (010)	a.m.      a.m. p.m.      p.m.			

**NONINTERVIEW REASON**

- (011) ☐ Unable to contact respondent - Specify \_\_\_\_\_
- 6 ☐ Temporarily absent - Give return date \_\_\_\_\_
- 7 ☐ Armed Forces \_\_\_\_\_
- 8 ☐ Institutionalized - Specify name and type of institution and date of return \_\_\_\_\_
- 9 ☐ Refused - Give full explanation \_\_\_\_\_
- 10 ☐ Deceased - Give source of information \_\_\_\_\_
- 11 ☐ Moved outside U.S. (other than Armed Forces) - Give source of information \_\_\_\_\_
- 12 ☐ Other - Specify \_\_\_\_\_

# INFORMATION SHEET

## PART A - INTERVIEWER TRANSCRIPTION ITEMS

**R1. Marital Status** - Transcribe from Household Record Card item 7

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

**R2. Address where respondent living at time of interview** - Transcribe from record card item 2b

- (013) 1 ☐ Same as questionnaire label - SKIP to R3  
 2 ☐ Different from questionnaire label - Transcribe below

Number and street

Place

State

ZIP code

**R3. Permanent address** - Transcribe from record card item 2e

Enter permanent address below only if different from R2 above

Number and street

Place

State

ZIP code

**R4. Refer to items 8a, 8b, and 8c from line 1 on the record card.**

In our records we have your birth date listed as \_\_\_\_\_  
 Is that correct?

- (014) 1 ☐ Yes - SKIP to R5  
 2 ☐ No - ASK correct birth date

(015) 

Month	Day	Year
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## PART B - 1979 INFORMATION

**R5. Interview status in 1979**

- (016) 1 ☐ Interview in 1979 - SKIP to item 1 and begin regular interview  
 2 ☐ Noninterview in 1979 - ASK R6

**R6. What were you doing around April 15, 1979 - working, keeping house, or something else?**

- (017) 1 ☐ Working ..... } SKIP to R8  
 2 ☐ With a job, not at work. .... }  
 3 ☐ Looking for work ..... }  
 4 ☐ Going to school ..... }  
 5 ☐ Keeping house ..... }  
 6 ☐ Unable to work. .... } ASK R7  
 7 ☐ Other - Specify \_\_\_\_\_ }

**R7. Did you do any work at all at this time in 1979 not counting work around the house?**

- (018) 1 ☐ Yes - ASK R8  
 2 ☐ No - Mark "Not employed in 1979" in R8 and begin regular interview with item 1

**R8. For whom did you work then?**

- (019) 1 ☐ Not employed in 1979  
 SKIP to item 1 and begin regular interview

**R9. Date of 1979 interview or 04/15/79 if noninterview in 1979**

(020) 

Month	Day	Year
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NOTES

<p><b>1. What were you doing most of LAST WEEK – working, keeping house, or something else?</b></p> <p>(021) 1 <input type="checkbox"/> WK – Working – SKIP to 2b</p> <p>2 <input type="checkbox"/> J – With a job but not at work</p> <p>3 <input type="checkbox"/> LK – Looking for work</p> <p>4 <input type="checkbox"/> S – Going to school</p> <p>5 <input type="checkbox"/> KH – Keeping house</p> <p>6 <input type="checkbox"/> U – Unable to work – SKIP to 5</p> <p>7 <input type="checkbox"/> OT – Other – Specify _____</p> <p style="text-align: right;">ASK 2a</p>	<p><b>4b. Is there any reason why you could not take a job LAST WEEK?</b></p> <p>(028) 1 <input type="checkbox"/> No – GO to 5</p> <p style="margin-left: 20px;">Yes – Why?</p> <p>2 <input type="checkbox"/> Already had a job</p> <p>3 <input type="checkbox"/> Temporary illness</p> <p>4 <input type="checkbox"/> Going to school</p> <p>5 <input type="checkbox"/> Child care problems</p> <p>6 <input type="checkbox"/> Husband would not permit</p> <p>7 <input type="checkbox"/> Other family or personal reasons</p> <p>8 <input type="checkbox"/> Did not want to work</p> <p>9 <input type="checkbox"/> Other – Specify _____</p>						
<p><b>2a. Did you do any work at all LAST WEEK, not counting work around the house?</b> (NOTE: If farm, ask about unpaid work.)</p> <p>(022) 1 <input type="checkbox"/> Yes – ASK 2b</p> <p>2 <input type="checkbox"/> No – SKIP to 3a</p>	<p><input type="checkbox"/> "On layoff" in 3b – SKIP to 6a</p> <p><b>5. Between (date in R9) and LAST WEEK, were you ever employed at a full-time or part-time job?</b></p> <p>(029) 1 <input type="checkbox"/> Yes – ASK 6a</p> <p>2 <input type="checkbox"/> No – MARK "None" in I2a, SKIP to I2b</p>						
<p><b>b. How many hours did you work LAST WEEK at all jobs?</b></p> <p>(023) _____ Hours – SKIP to 6a</p>	<p><b>6a. For whom did you (last) work? (Name of company, business, organization, or other employer)</b></p> <p>_____</p>						
<p><input type="checkbox"/> "J" in I – SKIP to 3b</p> <p><b>3a. Did you have a job or business from which you were temporarily absent or on layoff LAST WEEK?</b></p> <p>(024) 1 <input type="checkbox"/> Yes – ASK 3b</p> <p>2 <input type="checkbox"/> No – SKIP to 4a</p>	<p><b>b. What kind of business or industry is this?</b> (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)</p> <p>(030) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span></p>						
<p><b>b. Why were you absent from work LAST WEEK?</b></p> <p>(025) 1 <input type="checkbox"/> On layoff – ASK 3c</p> <p>2 <input type="checkbox"/> New job to begin within 30 days – SKIP to 4b</p> <p>3 <input type="checkbox"/> Other – Specify _____</p> <p style="text-align: right;">SKIP to 6a</p>	<p><b>c. What kind of work were you doing?</b> (For example: registered nurse, high school chemistry teacher, waitress)</p> <p>(031) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span></p>						
<p><b>c. When did this layoff begin?</b></p> <p>(026) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">Month</td> <td style="width: 30px;">Day</td> <td style="width: 30px;">Year</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> SKIP to 4b</p>	Month	Day	Year				<p><b>d. What were your most important activities or duties?</b> (For example: typed, kept account books, filed, sold real estate, operated business machine, cleaned buildings)</p> <p>_____</p>
Month	Day	Year					
<p><input type="checkbox"/> "LK" in I – SKIP to 4b</p> <p><b>4a. Have you been looking for work during the past 4 weeks?</b></p> <p>(027) 1 <input type="checkbox"/> Yes – ASK 4b</p> <p>2 <input type="checkbox"/> No – SKIP to 5</p>	<p><b>e. Were you –</b></p> <p>(032) 1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</p> <p>2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)</p> <p style="margin-left: 100px;">3 <input type="checkbox"/> Federal    4 <input type="checkbox"/> State    5 <input type="checkbox"/> Other</p> <p>(032) 6 <input type="checkbox"/> O – Self employed in your OWN business, professional practice, or farm?</p> <p style="margin-left: 20px;">Is this business incorporated?</p> <p style="margin-left: 20px;">7 <input type="checkbox"/> Yes    8 <input type="checkbox"/> No (or farm)</p> <p>(032) 9 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</p>						

<p><b>6f. When did you start working for (entry in 6a)?</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">033</span> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">Month</td> <td style="width: 33%; border: 1px solid black; padding: 2px;">Day</td> <td style="width: 33%; border: 1px solid black; padding: 2px;">Year</td> </tr> </table> </div> <p><b>7. How many hours per week do (did) you usually work at that job?</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">034</span> _____ Hours     </div> <p><b>8. Altogether, how much do (did) you usually earn at this job before deductions?</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">035</span> \$ _____ Dollars . _____ Cents per hour     </div> <p style="text-align: center;"><b>OR</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">036</span> \$ _____ Dollars only . <span style="border: 1px solid black; padding: 2px;">00</span> per  </div> <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">037</span> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>2 <input type="checkbox"/> Day</div> <div>3 <input type="checkbox"/> Week</div> <div>4 <input type="checkbox"/> Biweekly</div> <div>5 <input type="checkbox"/> Month</div> <div>6 <input type="checkbox"/> Year</div> <div>7 <input type="checkbox"/> Other – Specify _____</div> </div> </div>	Month	Day	Year	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>CHECK ITEM B</b> Refer to item 5, page 3     </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">046</span> <div style="display: flex; gap: 10px;"> <div>1 <input type="checkbox"/> “Yes” in 5 – ASK 10a</div> <div>2 <input type="checkbox"/> All others – SKIP to Check Item C-1</div> </div> </div> <p><b>10a. When did you stop working for (entry in 6a)?</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">047</span> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">Month</td> <td style="width: 33%; border: 1px solid black; padding: 2px;">Day</td> <td style="width: 33%; border: 1px solid black; padding: 2px;">Year</td> </tr> </table> </div> <p><b>b. Why did you leave (entry in 6a)?</b></p> <p style="text-align: center;"><b>INVOLUNTARY REASON</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">048</span> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Layoff, plant closed, end of temporary job</div> <div>2 <input type="checkbox"/> Discharge</div> <div>3 <input type="checkbox"/> Compulsory retirement</div> </div> </div> <p style="text-align: center;"><b>VOLUNTARY REASON</b></p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>4 <input type="checkbox"/> Found better job</div> <div>5 <input type="checkbox"/> Didn't like work, hours, working conditions</div> <div>6 <input type="checkbox"/> Dissatisfied with wages</div> <div>7 <input type="checkbox"/> Interpersonal relations</div> <div>8 <input type="checkbox"/> Health; disability</div> <div>9 <input type="checkbox"/> Family or personal reasons</div> <div>10 <input type="checkbox"/> Didn't like location, community</div> <div>11 <input type="checkbox"/> Return to school</div> <div>12 <input type="checkbox"/> Voluntary retirement</div> <div>13 <input type="checkbox"/> Other – Explain </div> </div>	Month	Day	Year
Month	Day	Year					
Month	Day	Year					
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>CHECK ITEM A</b> Refer to items 1, 2a, 3b, and 4a, page 3     </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">038</span> <div style="display: flex; flex-direction: column; gap: 10px;"> <div>1 <input type="checkbox"/> Labor Force Group A (“WK” in 1, or “Yes” in 2a or “Other” in 3b) – ASK 9a</div> <div>2 <input type="checkbox"/> Labor Force Group B, (“LK” in 1, or “Layoff” or “New Job” in 3b, or “Yes” in 4a)</div> <div>3 <input type="checkbox"/> Labor Force Group C (All others)</div> </div> <div style="margin-left: 150px; font-size: 3em; line-height: 1;">}</div> <div style="margin-left: 100px; text-align: center;">             SKIP to Check Item B           </div> </div> <p><b>9a. How do you feel about the job you have now? Do you (read each answer category) –</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">039</span> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Like it very much?</div> <div>2 <input type="checkbox"/> Like it fairly well?</div> <div>3 <input type="checkbox"/> Dislike it somewhat?</div> <div>4 <input type="checkbox"/> Dislike it very much?</div> </div> </div> <p><b>b. What are the things you like most about your job?</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">040</span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> _____     </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">041</span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> _____     </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">042</span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> _____     </div> <p><b>c. What are the things you don't like about your job?</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">043</span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> _____     </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">044</span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> _____     </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">045</span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> _____     </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>CHECK ITEM C-1</b> Refer to R8 on Information Sheet     </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">049</span> <div style="display: flex; flex-direction: column; gap: 10px;"> <div>1 <input type="checkbox"/> Employer name or “Self employed” entered in R8 – Go to Check Item C-2</div> <div>2 <input type="checkbox"/> “Not employed in 1979” (box 1 in R8 marked) – SKIP to 12a</div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>CHECK ITEM C-2</b> Refer to R8 and item 6a, page 3     </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <span style="border: 1px solid black; padding: 2px;">050</span> <div style="display: flex; flex-direction: column; gap: 10px;"> <div>1 <input type="checkbox"/> Employer name in R8 is the same as employer in 6a – SKIP to 12a</div> <div>2 <input type="checkbox"/> Employer name in R8 is different from the employer in 6a – ASK 11a</div> </div> </div>						

**11a. On (date in R9) you were working for (employer in R8). Why did you leave that job?**

Mark (X) only one box

(051) 0 ☐ Did not leave job – SKIP to 12a

**INVOLUNTARY REASON**

- (051) 1 ☐ Layoff, plant closed, end of temporary job  
2 ☐ Discharge  
3 ☐ Compulsory retirement

**VOLUNTARY REASON**

- 4 ☐ Found better job  
5 ☐ Didn't like work, hours, working conditions  
6 ☐ Dissatisfied with wages  
7 ☐ Interpersonal relations  
8 ☐ Health; disability  
9 ☐ Family or personal reasons  
10 ☐ Didn't like location, community  
11 ☐ Return to school  
12 ☐ Voluntary retirement  
13 ☐ Other – Explain

ASK  
11b

**b. When did you stop working for (employer in R8)?**

(052) 

Month	Day	Year
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**CHECK ITEM D** Refer to item 10a, page 4

- (053) 1 ☐ Date in 10a is more than 12 months ago – Mark "None" in 12a and SKIP to 12b  
2 ☐ 10a is blank  
3 ☐ All others } ASK 12a

**12a. In the last 12 months, how many different weeks did you work altogether? Count any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.**

(054) \_\_\_\_\_ Weeks – Go to Check Item E  
0 ☐ None – SKIP to 12b

**CHECK ITEM E** Refer to item 12a

- (055) 1 ☐ 52 weeks in 12a – SKIP to Check Item F-2  
2 ☐ 1–51 weeks in 12a – ASK 12b

**12b. You said you worked (entry in 12a) weeks in the last 12 months. How many of the remaining (52 minus entry in 12a) weeks were you looking for work or on layoff from a job?**

(056) \_\_\_\_\_ Weeks  
0 ☐ None

**CHECK ITEM F-1** Refer to items 12a and 12b

- (057) 1 ☐ "None" in 12a AND "None" in 12b  
2 ☐ Entry in 12a + entry in 12b = 1–51 weeks  
3 ☐ Entry in 12a + entry in 12b = 52 weeks – SKIP to 12d } ASK 12c

**12c. What was the main reason you were not working or looking for work during the remaining weeks in the last 12 months?**

- (058) 1 ☐ Personal, family reasons  
2 ☐ Own illness  
3 ☐ Child care problems  
4 ☐ Pregnancy  
5 ☐ Layoff  
6 ☐ Labor dispute  
7 ☐ Did not want to work  
8 ☐ Vacation  
9 ☐ No suitable jobs available, would not have done any good to look  
10 ☐ School  
11 ☐ Retired  
12 ☐ Other – Explain

**CHECK ITEM F-2** Refer to item 5, page 3

- (059) 1 ☐ "No" in 5 – SKIP to 12e  
2 ☐ All others – ASK 12d

**12d. We've just been talking about the last 12 months. Now I'd like you to think back about the 12 months before that, in other words, the time from 2 years ago to 1 year ago. During that 12-month period, did you (read each answer category) –**

- (060) 1 ☐ Work most of the year, that is, 46–52 weeks?  
2 ☐ Work more than half the year, that is, 26–45 weeks?  
3 ☐ Work less than half the year, that is, 1–25 weeks?  
4 ☐ Not work at all?

**CHECK ITEM F-3** Refer to items 1, 2a, and 3, page 3

- (061) 1 ☐ Labor Force Group A ("WK" or "J" in 1, or "Yes" in 2a, or "Other" in 3b) – SKIP to 12h  
2 ☐ All others – ASK 12e

12e. If you were offered a job by some employer in THIS AREA, do you think you would take it?

062

- 1 ☐ Yes, definitely
- 2 ☐ Yes, if it is something I can do
- 3 ☐ Yes, if satisfactory wage
- 4 ☐ Yes, if satisfactory location
- 5 ☐ Yes, if child care available
- 6 ☐ Yes, if husband agrees
- 7 ☐ Yes, if other - Specify

ASK  
12f

- 8 ☐ No, definitely not
- 9 ☐ No, health won't permit
- 10 ☐ No, don't want to work (no need to)
- 11 ☐ No, husband doesn't want me to
- 12 ☐ No, too busy with home and/or family
- 13 ☐ No, other - Specify

SKIP  
to  
Check  
Item G

f. How many hours per week would you want to work?

063

                     Hours

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

064

\$                      Dollars.                      Cents per hour

OR

065

\$                      00 per:                       
(Dollars only)

066

- 2 ☐ Day
- 3 ☐ Week
- 4 ☐ Biweekly
- 5 ☐ Month
- 6 ☐ Year
- 7 ☐ Any pay
- 8 ☐ Other - Specify

12h. 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?

067

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Undecided

CHECK ITEM G

Refer to item I, page 3

068

- 1 ☐ "Unable to work" in item I - SKIP to 13c
- 2 ☐ All others - ASK 13a

13a. Does your health or physical condition limit the AMOUNT of work you can do (other than housework)?

069

- 1 ☐ Yes
- 2 ☐ No

b. Does your health or physical condition limit the KIND of work you can do (other than housework)?

070

- 1 ☐ Yes
- 2 ☐ No

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

071

- 1 ☐ Yes
- 2 ☐ No

14a. Does the health condition of any family member living here affect the KIND or AMOUNT of work you can do or where you can work?

072

- 1 ☐ Yes - ASK 14b
- 2 ☐ No - SKIP to Check Item H-1

b. Which family member is this?

Mark (X) all that apply

073

- 1 ☐ Husband
- \* 2 ☐ Son or daughter
- 3 ☐ Respondent's parent(s)
- 4 ☐ Husband's parent(s)
- 5 ☐ Sister or brother
- 6 ☐ Other relative - Specify

NOTES

**CHECK ITEM H-1** Refer to RI on Information Sheet

- (074) 1 ☐ Respondent married, spouse present  
2 ☐ Respondent married, spouse absent  
3 ☐ All others – SKIP to 16a
- } ASK 15

**15. Does your husband's health or physical condition limit the amount or kind of work he can do?**

- (075) 1 ☐ Yes  
2 ☐ No

**16a. In the past 12 months did you do any unpaid volunteer work?**

- (076) 1 ☐ Yes – SKIP to 16c  
2 ☐ No – ASK 16b

**b. Have you given any time in the past year to activities aimed at changing social conditions, such as work with educational groups, environmental groups, tenant units or other consumer groups, women's groups, or minority groups?**

- (077) 1 ☐ Yes  
2 ☐ No
- } SKIP to 19

**c. How many weeks?**

(078) \_\_\_\_\_ Weeks

**17. On the average, how many hours per week did you do volunteer work during these weeks?**

(079) \_\_\_\_\_ Hours per week

**18a. 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.)

Mark (X) only one box

- (080) 1 ☐ Hospital or clinic  
2 ☐ School  
3 ☐ Church  
4 ☐ Political organization  
5 ☐ Groups such as Community Chest, United Fund, Heart Fund  
6 ☐ Boy Scouts, Girl Scouts, Little League, etc.  
7 ☐ Civic or community action  
8 ☐ Social and welfare  
9 ☐ Other – Specify

**b. Thinking about all of your volunteer work in the past year, has any of this work involved attempts at changing social conditions, such as work with educational groups, environmental groups, tenant units or other consumer groups, women's groups, or minority groups?**

- (081) 1 ☐ Yes  
2 ☐ No

NOTES

<p><b>19a. Now I would like to ask you a few questions about work around the home (even though you live alone). 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:</b></p>	<p><i>If column b or c is marked, ASK –</i></p> <p><b>19b. Who usually performs this task or shares it with you?</b></p>						<p><i>If column a or b marked, ASK –</i></p> <p><b>19c. Would you say you like, dislike, or don't mind (task)?</b></p>				
	Respondent has sole responsibility (a)	Respondent shares responsibility with others (b)	Others have responsibility (c)	Not applicable (d)	Husband (e)	Children (f)	Hired help (g)	Other (h)	Like (i)	Dislike (k)	Don't mind (l)
(1) Grocery shopping? . . . . .	083 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	084 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	085 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(2) Child care, including helping with children? . . . . .	086 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	087 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	088 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(3) Cooking? . . . . .	089 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	090 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	091 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(4) Cleaning the dishes after meals? . . . . .	092 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	093 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	094 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(5) Cleaning the house? . . . . .	095 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	096 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	097 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(6) Washing the clothes? . . . . .	098 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	099 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	100 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(7) Yard and home maintenance? . . . . .	101 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	102 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	103 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(8) Family paperwork, like paying bills and balancing the checkbook? . . . . .	104 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	105 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	106 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<p><b>CHECK ITEM H-2</b></p> <p>Refer to record card items 5 and 6</p>	107 <input type="checkbox"/> 1	<p>No household members related to respondent listed – SKIP to 21, page 10</p>						108	Number of family members		
	2 <input type="checkbox"/> 2	<p>One or more household members related to respondent listed – ASK 20</p>						109	Number of household members		





21a. How many persons, not counting yourself (and your husband), are dependent upon you (and your husband) for at least one-half of their support?

(194) \_\_\_\_\_ Number

0 ☐ None – SKIP to Check Item I-1

b. How many of these persons are attending college?

(195) \_\_\_\_\_ Number

0 ☐ None

**CHECK ITEM I-1** Refer to R1 on Information Sheet

(196) 1 ☐ Respondent is married, spouse present – GO to Check Item I-2

2 ☐ All others – SKIP to 23

**CHECK ITEM I-2** Refer to item 20f, page 9

(197) 1 ☐ Husband worked 52 weeks in last 12 months – SKIP to 23

2 ☐ All others – ASK 22a

22a. You said your husband worked (entry for husband in item 20f) weeks in the last 12 months. How many of the remaining (52 minus entry in item 20f) weeks was he looking for work or on layoff from a job?

(198) \_\_\_\_\_ Weeks

0 ☐ None

b. As a result of your husband's not working, did you start working or looking for work?

(199) 1 ☐ Yes

2 ☐ No

c. During the time he was not working, did your husband take over more of the housekeeping activities?

(200) 1 ☐ Yes

2 ☐ No

☐ No other family member 14 years or older listed in 20b – SKIP to 23

d. As a result of your husband's not working, did any other family member start working or looking for work?

(201) 1 ☐ Yes

2 ☐ No

23. Now I would like to ask a few questions about your income in the last 12 months.

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

(202) \$ \_\_\_\_\_ .00

0 ☐ None

b. During the last 12 months, did you receive any income from working on your own or in your own business, professional practice, partnership, or farm?

(203) 0 ☐ No – SKIP to 23c

1 ☐ Yes – How much? (Obtain net income)

\$ \_\_\_\_\_ less \$ \_\_\_\_\_ =  
Gross income Expenses

(204) \$ \_\_\_\_\_ .00  
Net income

c. During the past 12 months, did you receive any unemployment compensation?

(205) 0 ☐ No – SKIP to 23d

1 ☐ Yes

(1) How many weeks?

(206) \_\_\_\_\_ Weeks

(2) How much did you receive per week on the average?

(207) \$ \_\_\_\_\_ .00

d. During the past 12 months did you receive any alimony?

(208) 0 ☐ No – SKIP to 23e

1 ☐ Yes – How much?

(209) \$ \_\_\_\_\_ .00

e. During the past 12 months did you receive any child support?

(210) 0 ☐ No – SKIP to Check Item J

1 ☐ Yes – How much?

(211) \$ \_\_\_\_\_ .00

**CHECK ITEM J**

Refer to R1 on Information Sheet

- (212) 1 ☐ Respondent is married, spouse present – ASK 24  
2 ☐ All others – SKIP to 25a

24. Now I would like to ask a few questions about your husband's income in the last 12 months.

- a. How much did your husband receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

(213) \$ 00  
0 ☐ None

- b. During the last 12 months, did your husband receive any income from working on his own or in his own business, professional practice, partnership, or farm?

- (214) 0 ☐ No – SKIP to 24c  
1 ☐ Yes – How much? (Obtain net income)

\$ \_\_\_\_\_ less \$ \_\_\_\_\_ =  
Gross income Expenses

(215) \$ 00  
Net income

- c. During the past 12 months, did your husband receive any unemployment compensation?

- (216) 0 ☐ No – SKIP to 25a  
1 ☐ Yes ✓

(1) How many weeks?

(217) \_\_\_\_\_ Weeks

(2) How much did he receive per week on the average?

(218) \$ 00

25a. In the past 12 months, did you (or your husband) receive any food stamps under the Government's Food Stamp Plan?

- (219) 1 ☐ Yes – ASK 25b  
2 ☐ No – SKIP to 26a

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

(220) \_\_\_\_\_ Months

- c. In the most recent month food stamps were received, what was the total face value of the food stamps received?

(221) \$ 00

26a. In the past 12 months, did you (or your husband) receive any other public welfare or public assistance?

- (222) 1 ☐ Yes – ASK 26b  
2 ☐ No – SKIP to 27

b. How many months?

(223) \_\_\_\_\_ Months

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

(224) \$ 00

27. During the last 12 months, did you (or your husband) receive any income from Social Security retirement or Railroad Retirement benefits from the U.S. Government, or any pension provided by a private employer, union, Federal, State, or local government?

- (225) 0 ☐ No – SKIP to 28a  
1 ☐ Yes – How much?

(226) \$ 00

28a. Did you (or your husband) receive any other income such as rent, interest, dividends, disability income, etc.?

- (227) 1 ☐ Yes – ASK 28b  
2 ☐ No – SKIP to Check Item K

b. How much did you receive during the past 12 months?

(228) \$ 00

**CHECK ITEM K**

Refer to item 20, page 9

- (229) 1 ☐ Item 20 is blank – SKIP to 30  
2 ☐ Only husband and/or children under 14 listed in 20 – SKIP to 30  
3 ☐ Other family members 14+ listed in 20 – ASK 29

29. During the last 12 months, what was the total income of all family members living here, other than yourself (and your husband)?

(230) \$ 00  
0 ☐ None

30. Which of these four statements best describes your (family's) ability to get along on your (its) income?

Read each answer category

- (231) 1 ☐ I (We) always have money left over  
2 ☐ I (We) have enough with a little extra sometimes  
3 ☐ I (We) have just enough, no more  
4 ☐ I (We) can't make ends meet

232 1 ☐ Yes - ASK 31b  
2 ☐ No - SKIP to 31f

233 1 ☐ Yes – ASK 3/c  
2 ☐ No – SKIP to 3/d

234

1 ☐ Own job

2 ☐ Husband's job

3 ☐ Directly from company

4 ☐ Other - Specify ✓

SKIP to 31f

(235) 1 ☐ Respondent

237 2 ☐ Husband

239 3 ☐ Children

4 ☐ Children under special policies

Provided  
by a  
group  
policy at  
respondent's  
job?

Provided  
by a  
group  
policy at  
husband's  
job?

**Bought  
directly  
from  
medical  
insurance  
company?**

Other? Specify

(236) 1 ☐

238 1 ☐

240 1 ☐

(242) 1 ☐

243 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't know

244

1 ☐ Yes

2 ☐ No


3 ☐ Don't know

245 1 ☐ Yes – Specify  
2 ☐ No  
3 ☐ Don't know

32. Now I have some questions about family members and relatives who don't live with you.

a. Do you have any children who no longer live at home?

(246) 2 ☐ No — SKIP to 33a

1 ☐ Yes — How many? 

(247) \_\_\_\_\_

b. How many of these children do you see —

(248) \_\_\_\_\_ Daily?

(249) \_\_\_\_\_ At least once a week but not daily?

(250) \_\_\_\_\_ At least once a month but not weekly?

(251) \_\_\_\_\_ Several times a year?

(252) \_\_\_\_\_ About once a year?

(253) \_\_\_\_\_ Less than once a year?

(254) \_\_\_\_\_ Not at all?

c. How many of these children do you speak with on the telephone —

(255) \_\_\_\_\_ Daily?

(256) \_\_\_\_\_ At least once a week but not daily?

(257) \_\_\_\_\_ At least once a month but not weekly?

(258) \_\_\_\_\_ Several times a year?

(259) \_\_\_\_\_ About once a year?

(260) \_\_\_\_\_ Less than once a year?

(261) \_\_\_\_\_ Not at all?

d. How many of these children live in this (metropolitan area/county)?

(262) \_\_\_\_\_

33a. Are your father and mother living?

(263) 1 ☐ BOTH parents alive

2 ☐ MOTHER alive, father dead

3 ☐ FATHER alive, mother dead

4 ☐ NEITHER parent alive — SKIP to 34a

CHECK ITEM L

Refer to item 33a and items 5 and 6 on the record card

(264) 1 ☐ Both parents live with respondent

2 ☐ Only living parent lives with respondent

3 ☐ Both parents live outside respondent's household

4 ☐ Only living parent lives outside respondent's household

5 ☐ One parent lives with respondent, other parent does not

} SKIP to 34a

} ASK 33b

33b. How often do you see or telephone your parents (mother, father)? (If parents are not contacted with equal frequency, ask about the one with whom there is the most contact.)

(265) 1 ☐ Daily

2 ☐ At least once a week but not daily

3 ☐ At least once a month but not weekly

4 ☐ Several times a year

5 ☐ About once a year

6 ☐ Less than once a year

7 ☐ Not at all

c. Approximately how many miles do your parents (does your father, mother) live from here?

(266) \_\_\_\_\_ Miles

**CHECK ITEM M**

Refer to RI on Information Sheet

(268) 1 ☐ Respondent is married, spouse present – ASK 34a

2 ☐ All others – SKIP to 35a

**34a. What about your husband's parents – are his mother and father still living?**

(269) 1 ☐ BOTH parents alive

2 ☐ MOTHER alive, father dead

3 ☐ FATHER alive, mother dead

4 ☐ NEITHER parent alive – SKIP to 35a

**CHECK ITEM N**

Refer to item 34a and items 5 and 6 on the record card

(270) 1 ☐ Both husband's parents living with respondent

2 ☐ Husband's only living parent lives with respondent

3 ☐ Both husband's parents live outside respondent's household

4 ☐ Husband's only living parent lives outside respondent's household

5 ☐ One of husband's parents lives with respondent, other does not

SKIP to 35a

ASK 34b

**34c. Approximately how many miles do they (does she/he) live from here?**

(272) \_\_\_\_\_ Miles

**35a. How many living brothers and sisters do you have?**

(274) \_\_\_\_\_ Brothers

(275) \_\_\_\_\_ Sisters

GO to Check Item O

(276) 0 ☐ None – SKIP to Check Item P

**CHECK ITEM O**

Refer to items 5 and 6 on the Household Record Card

(277) 1 ☐ Only brother/sister household member – SKIP to Check Item P

2 ☐ All others – ASK 35b

**34b. How often do you (or your husband) see or telephone your husband's parents (mother, father)?**

(271) 1 ☐ Daily

2 ☐ At least once a week but not daily

3 ☐ At least once a month but not weekly

4 ☐ Several times a year

5 ☐ About once a year

6 ☐ Less than once a year

7 ☐ Not at all

**35b. How often do you see or telephone your (brother/sister) – the one with whom you have the most contact?**

(278) 1 ☐ Daily

2 ☐ At least once a week but not daily

3 ☐ At least once a month but not weekly

4 ☐ Several times a year

5 ☐ About once a year

6 ☐ Less than once a year

7 ☐ Not at all

35c. Approximately how many miles does (your, this) (brother/sister) live from here?

(279) \_\_\_\_\_ Miles

**CHECK ITEM P** Refer to Check Item A, page 4

- (281) 1 ☐ Respondent is in Labor Force Group A ("I" in Check Item A) – ASK 36  
2 ☐ All others – SKIP to 37

36. Thinking of the people you work with on your job, about how often do you visit or go out with any of them socially; that is, outside of the work day?

- (282) 1 ☐ Daily  
2 ☐ At least once a week but not daily  
3 ☐ At least once a month but not weekly  
4 ☐ Several times a year  
5 ☐ About once a year  
6 ☐ Less than once a year  
7 ☐ Not at all  
8 ☐ Have not worked there very long

37. About how often do you visit or go out with friends (other than people you work with on your job)?

- (283) 1 ☐ Daily  
2 ☐ At least once a week but not daily  
3 ☐ At least once a month but not weekly  
4 ☐ Several times a year  
5 ☐ About once a year  
6 ☐ Less than once a year  
7 ☐ Not at all

38. Now I have some questions about your educational background.

a. Do you have a high school diploma or have you ever passed a high school equivalency or GED test?

- (284) 1 ☐ Yes – ASK 38b  
2 ☐ No – SKIP to 39

b. Which do you have, a high school diploma or a GED?

- (285) 1 ☐ High school diploma  
2 ☐ GED  
3 ☐ Both (Ask 38c regarding high school diploma)

c. When did you receive your high school diploma (GED)?

- (286) 

Month	Year

 SKIP to 40

39. Did you ever attend high school?

- (287) 1 ☐ Yes – ASK 40  
2 ☐ No – SKIP to 43a

40. We would like to ask you about the mathematics courses you took in high school.

a. Did you take any algebra courses?

- (288) 1 ☐ Yes – ASK 40b  
2 ☐ No  
3 ☐ Don't know } SKIP to 40c

b. How many years did you take algebra?

- (289) 1 ☐ ½ year  
2 ☐ 1 year  
3 ☐ 1½ years  
4 ☐ 2 or more years

c. Did you take any geometry courses?

- (290) 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't know

40d. Did you take any trigonometry or calculus courses?

- (291) 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't know

e. Did you take any other mathematics or arithmetic courses in high school?

- (292) 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't know

**CHECK ITEM Q** Refer to items 40a, 40c, 40d, and 40e

- (293) 1 ☐ Respondent answered "No" or "Don't know" to all four items - SKIP to 40h  
2 ☐ All others - ASK 40f

40f. Was there any particular reason why you did not take more mathematics courses in high school?

- (294) 1 ☐ Yes - Specify ☒

2 ☐ No

40g. How did you do in these mathematics courses you took in high school? Would you say that you did very well, above average, average, below average, or poorly?

- (295) 1 ☐ Very well  
2 ☐ Above average  
3 ☐ Average  
4 ☐ Below average  
5 ☐ Poorly

SKIP to 41a

h. Was there any particular reason why you did not take any mathematics courses in high school?

- (296) 1 ☐ Yes - Specify ☒

2 ☐ No

41a. Have you ever attended college?

- (297) 1 ☐ Yes - ASK 41b  
2 ☐ No - SKIP to 43a

b. What was your major field of study?

(298)

42a. Have you attended college since (date in R9)?

- (299) 1 ☐ Yes - ASK 42b  
2 ☐ No - SKIP to 43a

b. How many weeks did you attend college?

- (300) \_\_\_\_\_ Weeks  
0 ☐ Less than 1 week

c. How many hours per week did you usually spend on college education?

- (301) \_\_\_\_\_ Hours per week

d. Have you received a college degree since (date in R9)?

- (302) 1 ☐ Yes - ASK 42e  
2 ☐ No - SKIP to 43a

e. What degree was it?

- (303) 1 ☐ Associate (2- or 3-year course)  
2 ☐ Bachelor's (B.A., B.S., A.B., etc.)  
3 ☐ Master's (M.A., M.S., M.B.A., etc.)  
4 ☐ Doctorate (PH.D., M.D., LL.B., J.D., etc.)  
5 ☐ Other - Specify ☒

43a. Since (date in R9), have you taken any on-the-job training courses?

- (304) 1 ☐ Yes - ASK 43b  
2 ☐ No - SKIP to 44a

b. How many weeks have you spent in on-the-job training courses?

- (305) \_\_\_\_\_ Weeks  
0 ☐ Less than 1 week



43c. How many hours per week have you spent in this training?

(306) \_\_\_\_\_ Hours  
0 ☐ Less than 1 hour

d. Did you complete this training?

(307) 1 ☐ Yes  
2 ☐ No – dropped out  
3 ☐ No – still attending

44a. Since (date in R9) have you taken any other training or educational programs other than on-the-job or college courses?

(308) 1 ☐ Yes – ASK 44b  
2 ☐ No – SKIP to 45

b. What kind of training course or educational program did you take?

(309) 1 ☐ Professional, technical  
2 ☐ Managerial  
3 ☐ Clerical  
4 ☐ Skilled manual (including apprenticeship)  
5 ☐ Sales  
6 ☐ Services  
7 ☐ Other – Specify \_\_\_\_\_

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

(310) 1 ☐ Business college, technical institute  
2 ☐ Company training school  
3 ☐ Correspondence school  
4 ☐ High school (including night school)  
5 ☐ Community or junior college  
6 ☐ Regular 4-year college or university  
7 ☐ Area vocational school  
8 ☐ Nursing school, hospital or medical school, or college  
9 ☐ Government agency (Federal, State, or local)  
10 ☐ Apprenticeship  
11 ☐ Other – Specify \_\_\_\_\_

44d. How long did you attend (have you been attending) this training?

(Record the number of weeks and mark "Still attending" box if applicable)

(311) \_\_\_\_\_ Weeks

(312) 0 ☐ Less than 1 week  
1 ☐ Still attending

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

(313) \_\_\_\_\_ Hours  
0 ☐ Less than 1 hour

**CHECK ITEM R**

Refer to Check Item A, page 4

(314) 1 ☐ Respondent is in Labor Force Group A ("I" in Check Item A) – ASK 44f  
2 ☐ All others – SKIP to 44g

44f. Do you use this training on your present job?

(315) 1 ☐ Yes  
2 ☐ No

g. Did you receive a certificate for this training?

(316) 1 ☐ Yes – ASK 44h  
2 ☐ No – SKIP to 45

h. What kind of certificate?

(317) 1 ☐ Certificate  
2 ☐ License  
3 ☐ Journeyman's card  
4 ☐ Other – Specify \_\_\_\_\_

We are interested in the way people are feeling these days.

45. Taking things altogether, would you say you're very happy, somewhat happy, somewhat unhappy, or very unhappy these days?

- (318) 1 ☐ Very happy  
2 ☐ Somewhat happy  
3 ☐ Somewhat unhappy  
4 ☐ Very unhappy

46. During the past few weeks did you ever feel –

a. Particularly excited or interested in something?

- (319) 1 ☐ Yes  
2 ☐ No

b. So restless that you couldn't sit long in a chair?

- (320) 1 ☐ Yes  
2 ☐ No

c. Proud because someone complimented you on something you had done?

- (321) 1 ☐ Yes  
2 ☐ No

d. Very lonely or remote from other people?

- (322) 1 ☐ Yes  
2 ☐ No

46e. Pleased about having accomplished something?

- (323) 1 ☐ Yes  
2 ☐ No

f. Bored?

- (324) 1 ☐ Yes  
2 ☐ No

g. On top of the world?

- (325) 1 ☐ Yes  
2 ☐ No

h. Depressed or very unhappy?

- (326) 1 ☐ Yes  
2 ☐ No

i. That things were going your way?

- (327) 1 ☐ Yes  
2 ☐ No

j. Upset because someone criticized you?

- (328) 1 ☐ Yes  
2 ☐ No

NOTES

U S DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## NATIONAL LONGITUDINAL SURVEYS

①11 ☐ Unable to contact respondent – Specify \_\_\_\_\_

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

7 ☐ Armed Forces \_\_\_\_\_

8 ☐ Institutionalized – Specify name and type of institution and date of return \_\_\_\_\_

9 ☐ Refused – Give full explanation \_\_\_\_\_

10 ☐ Deceased – Give source of information \_\_\_\_\_

11 ☐ Moved outside U.S. (other than Armed Forces) – Give source of information \_\_\_\_\_

12 ☐ Other – Specify \_\_\_\_\_