

**1987 SURVEY OF
WORK EXPERIENCE
OF YOUNG WOMEN
NATIONAL LONGITUDINAL
SURVEYS**

METHODS OF LOCATING RESPONDENT WHO HAS MOVED				RECORD OF CALLS				
<i>(Fill only if respondent has MOVED.)</i> <div style="display: flex; justify-content: space-between; font-size: small;"> Successful Unsuccessful </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="margin-bottom: 5px;">001 1 <input type="checkbox"/></div> <div style="margin-bottom: 5px;">002 3 <input type="checkbox"/></div> <div style="margin-bottom: 5px;">003 5 <input type="checkbox"/></div> <div style="margin-bottom: 5px;">004 7 <input type="checkbox"/></div> <div style="margin-bottom: 5px;">005 1 <input type="checkbox"/></div> <div style="margin-bottom: 5px;">006 3 <input type="checkbox"/></div> <div style="margin-bottom: 5px;">007 5 <input type="checkbox"/></div> </div> <div style="width: 45%;"> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> New occupants</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Neighbors</div> <div style="margin-bottom: 5px;">6 <input type="checkbox"/> Landlord or apartment manager</div> <div style="margin-bottom: 5px;">8 <input type="checkbox"/> Post office</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Telephone company (including directory and information operator)</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Persons listed on back of record card</div> <div style="margin-bottom: 5px;">6 <input type="checkbox"/> Other — <i>Specify</i> _____</div> </div> </div>				Date	Time	Comments		
					a.m. p.m.			
					a.m. p.m.			
					a.m. p.m.			
					a.m. p.m.			
					a.m. p.m.			
RECORD OF INTERVIEW								
Method of interview		Date completed		Length of interview	Interview time		Regional Office code	Interviewed by
008 1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit 3 <input type="checkbox"/> Both		<div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">009</div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> </div>		(Minutes) 010	Began Ended <div style="display: flex; justify-content: space-around; font-size: small;"> a.m. p.m. a.m. p.m. </div>		_____ 00	
NONINTERVIEW REASON								
011 <input type="checkbox"/> Unable to contact respondent — <i>Specify</i> _____ 6 <input type="checkbox"/> Temporarily absent — <i>Give return date (Mo., Day, Yr.)</i> _____ 7 <input type="checkbox"/> Armed Forces _____ 8 <input type="checkbox"/> Institutionalized — <i>Specify name, type, and date of return (Mo., Day, Yr.)</i> _____ 9 <input type="checkbox"/> Refused — <i>Give full explanation</i> _____ 10 <input type="checkbox"/> Deceased — <i>Give source of information and date of death (Mo., Day, Yr.)</i> _____ 11 <input type="checkbox"/> Moved outside U.S. (other than Armed Forces) — <i>Give source of information</i> _____ 12 <input type="checkbox"/> Other — <i>Specify</i> _____								
R1. Address where respondent living at time of interview — <i>Transcribe information for this item from LGT-1C record card item 2b.</i>					R2. Permanent address — <i>Transcribe information from LGT-1C record card item 2e.</i> <i>Enter permanent address in box ONLY if different from R1.</i>			
012 1 <input type="checkbox"/> Same as questionnaire label — <i>GO to R2</i> 2 <input type="checkbox"/> Different from questionnaire label — <i>Transcribe</i>								
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Number and street					<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Number and street			
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Place					<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Place			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> State ZIP code </div>					<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="width: 45%; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> State ZIP code </div>			

INFORMATION SHEET

Part A — INTERVIEWER TRANSCRIPTION ITEM

R3. Marital status — *Transcribe from Household Record Card (LGT -1C), item 7.*

- 013** 1 ☐ Married, spouse present
 2 ☐ Married, spouse absent
 3 ☐ Widowed
 4 ☐ Divorced
 5 ☐ Separated
 6 ☐ Never married

Part B — 1985 INFORMATION

R4. Interview status in 1985

- 014** 1 ☐ Interview in 1985 — *SKIP to item 1, page 3, AND begin regular interview.*
 2 ☐ Noninterview in 1985 — *ASK R5*

R5. What were you doing around January 2, 1985 — working, keeping house, or something else?

- 015** 1 ☐ Working } *SKIP to R7*
 2 ☐ With a job, but not at work .. }
 3 ☐ Looking for work }
 4 ☐ Going to school } *ASK R6*
 5 ☐ Keeping house }
 6 ☐ Unable to work }
 8 ☐ Other — *Specify* ↓

R6. Did you do any work at all at that time in 1985, not counting work around the house?

- 016** 1 ☐ Yes — *ASK R7*
 2 ☐ No — *Mark "Not employed in 1985" in R7 and GO to Check Item A.*

R7. For whom did you work then?

- _____ (Employer's name)
017 1 ☐ Not employed in 1985
 2 ☐ Employed — No name given

CHECK ITEM A

Refer to R5 above.

- 018** 1 ☐ Box 4 "Going to school" marked in R5 — *Mark "Yes" in R8 and Go to R9a.*
 2 ☐ All others — *ASK R8*

R8. Were you attending or enrolled in regular school around January 2, 1985?

- 019** 1 ☐ Yes — *ASK R9a*
 2 ☐ No — *SKIP to R9b*

R9a. What grade were you attending at that time?

Mark appropriate box in R9b, then SKIP to item 1 and begin regular interview.

b. What was the highest grade completed at that time?
Mark appropriate box, then SKIP to item 1 and begin regular interview.

- Elementary
020 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐
 High school
021 1 ☐ 2 ☐ 3 ☐ 4 ☐
 College
022 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 + ☐
 Never attended
023 1 ☐

Part C — PAST TRANSCRIPTION ITEMS

R10. Date of 1985 interview or 01/02/85 if noninterview in 1985.

024

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

R11. If interviewed in 1985, enter date of 1985 interview. If noninterview in 1985, enter date of last interview.

025

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

R12. Marital status if interviewed in 1985, or marital status in 1983 if not interviewed in 1985.

- 026** 1 ☐ Married, spouse present
 2 ☐ Married, spouse absent
 3 ☐ Widowed
 4 ☐ Divorced
 5 ☐ Separated
 6 ☐ Never married
 9 ☐ Noninterview in 1983 and 1985

R13. Type of training enrolled in as of 1985 interview.

- 027** 1 ☐ Professional, technical
 2 ☐ Managerial
 3 ☐ Clerical
 4 ☐ Skilled manual (including apprenticeship)
 5 ☐ Sales
 6 ☐ Services
 7 ☐ Other — *Specify* ↓
 8 ☐ Not enrolled in training
 9 ☐ Noninterview in 1985

Section 1 — EMPLOYMENT

1. What were you doing most of LAST WEEK — working, keeping house, or something else?

- 028** 1 ☐ **WK** — Working — *SKIP to 2b*
 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 5*
 8 ☐ **OT** — Other — *Specify* } *ASK 2a*
 } *ASK 2a*

2a. Did you do any work at all LAST WEEK, not counting work around the house?

NOTE: If farm, ask about unpaid work.

- 029** 1 ☐ Yes — *ASK 2b*
 2 ☐ No — *SKIP to 3a*

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

- 030** _____ Hours — *SKIP to 6a*

If "J" is marked in item 1 — SKIP to 3b

3a. Did you have a job or business from which you were temporarily absent or on layoff LAST WEEK?

- 031** 1 ☐ Yes — *ASK 3b*
 2 ☐ No — *SKIP to 4a*

b. Why were you absent from work LAST WEEK?

- 032** 1 ☐ On layoff — *ASK 3c*
 2 ☐ New job to begin within 30 days — *SKIP to 4c*
 3 ☐ Other — *Specify* } *SKIP to 6a*

c. When did this layoff begin?

- 033**

Month	Day	Year

 — *SKIP to 4c*

If "LK" is marked in item 1 — SKIP to 4b

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

- 034** 1 ☐ Yes — *ASK 4b*
 2 ☐ No — *SKIP to 5*

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

Mark (X) all methods used; do not read list.

- 035** 8 ☐ Nothing — *SKIP to 5*
036 * 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
037 7 ☐ Other — *Specify (e.g., JTPA, union or professional register, etc.)*

4c. Is there any reason why you could not take a job LAST WEEK?

- 038** 1 ☐ No — *GO to 5*
 Yes — **Why?**
 2 ☐ Already had a job
 3 ☐ Temporary illness
 4 ☐ Going to school
 5 ☐ Child care problems
 6 ☐ Husband would not permit
 7 ☐ Other family or personal reasons
 8 ☐ Did not want to work
 9 ☐ Other — *Specify*

If "On Layoff" is marked in 3b — SKIP to 6a

5. Between (Date in R10, page 2) and LAST WEEK, were you ever employed at a full-time or part-time job?

- 039** 1 ☐ Yes — *ASK 6a*
 2 ☐ No — *Mark "None" in 21a and SKIP to 21b, page 9*

6a. For whom did you (last) work? (Name of company, business, organization, or other employer)

b. What kind of business or industry (is/was) (Entry in 6a)? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.) — *Specify*

1960 code

- 040**

--	--	--

1980 code

- 041**

--	--	--

c. What kind of work (are/were) you doing? (For example: registered nurse, high school chemistry teacher, waitress) — *Specify*

1960 code

- 042**

--	--	--

1980 code

- 043**

--	--	--

d. What (are/were) your most important activities or duties? (For example: typed, kept account books, filed, sold real estate, operated business machine, cleaned buildings.) — *Specify*

Section 1 — EMPLOYMENT — Continued

6e. (Are/Were) you —

- 044** * 1 ☐ **P** — An employee of a **PRIVATE** company, business, or individual for wages, salary, or commissions?
- 2 ☐ **G** — A **GOVERNMENT** employee (Federal, State, county, or local)?
- 3 ☐ . . Federal
- 4 ☐ . . State
- 5 ☐ . . Other
- 6 ☐ **O** — Self-employed in your **OWN** business, professional practice, or farm? Is this business incorporated?
- 7 ☐ . . Yes
- 8 ☐ . . No (or farm)
- 9 ☐ **WP** — Working **WITHOUT** PAY in family business or farm?

f. When did you start working for (Employer in 6a, page 3)?

045

Month	Day	Year

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

046 _____ Hours per week

CHECK ITEM B

Refer to item 6e.

- 047** 1 ☐ "P" or "G" in 6e — ASK 7a
- 2 ☐ "O" in 6e — SKIP to 7d
- 3 ☐ "WP" in 6e — SKIP to 7b

7a. What hours (do/did) you usually work?

Mark (X) only one category.

- 048** 1 ☐ Regular day shift
- 2 ☐ Regular evening shift
- 3 ☐ Regular night shift
- 4 ☐ Split shift
- 5 ☐ Hours vary

b. About how many people (are/were) employed in the whole company?

- 049** 1 ☐ Less than 10
- 2 ☐ 10—24
- 3 ☐ 25—99
- 4 ☐ 100—499
- 5 ☐ 500—999
- 6 ☐ 1,000 or more

c. About how many people (work/worked) in the same plant or office as you (do/did)?

- 050** 1 ☐ Less than 10
- 2 ☐ 10—24
- 3 ☐ 25—99
- 4 ☐ 100—499
- 5 ☐ 500—999
- 6 ☐ 1,000 or more
- } SKIP to Check Item C

d. (Do/Did) you employ other people?

- 051** 1 ☐ Yes — ASK 7e
- 2 ☐ No — SKIP to Check Item C

e. How many?

052 _____ Number of people

CHECK ITEM C

Refer to item 5, page 3.

- 053** 1 ☐ Box 1 (Yes) in 5 — ASK 8a, page 5
- 2 ☐ All others — SKIP to Check Item D, page 5

Notes

Section 1 — EMPLOYMENT — Continued

8a. When did you stop working for (Employer in 6a, page 3)?

Month	Day	Year

054

b. Why did you leave that job?

Mark (X) only one category. Do not read list. If laid off, probe for specific reason.

INVOLUNTARY REASON

- 055
- 01 ☐ Plant closed, employer went out of business
 - 02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
 - 03 ☐ Temporary layoff or furloughed for economic reasons
 - 04 ☐ Laid off for any other reason — Specify

- 05 ☐ Discharged
- 06 ☐ Compulsory retirement

VOLUNTARY REASON

- 07 ☐ To get married
- 08 ☐ Pregnancy
- 09 ☐ Children or child care
- 10 ☐ Care for elderly parents
- 11 ☐ Found better job
- 12 ☐ Own health; disability
- 13 ☐ Dissatisfied with wages
- 14 ☐ Didn't like work, hours, working conditions
- 15 ☐ Interpersonal relations at work
- 16 ☐ Didn't like job location, community
- 17 ☐ Husband's retirement
- 18 ☐ Husband's change in employment
- 19 ☐ Other family or personal reasons
- 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
- 21 ☐ Started own business, became self-employed
- 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 23 ☐ No opportunity for advancement
- 24 ☐ Transportation problem
- 25 ☐ Other — Specify

CHECK ITEM D

Refer to item 6e, page 4.

- 056
- 1 ☐ "P" or "G" in 6e — ASK 9
 - 2 ☐ "O" in 6e
 - 3 ☐ "WP" in 6e
- } SKIP to Check Item F, page 7

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

057 \$ _____ . _____ per hour
Dollars Cents

OR

058 \$ _____ . 00 per
Dollars only

- 059
- 2 ☐ Day
 - 3 ☐ Week
 - 4 ☐ Biweekly
 - 5 ☐ Month
 - 6 ☐ Year
 - 7 ☐ Other — Specify

10a. (Do/Did) you supervise the work of other employees, or tell them what work to do?

- 060
- 1 ☐ Yes — ASK 10b
 - 2 ☐ No — SKIP to 12a

b. About how many people (do/did) you supervise?

061 _____ Number of people

11. (Do/Did) you have any say about their pay or promotion?

- 062
- 1 ☐ Yes
 - 2 ☐ No

12a. (Are/Were) your wages (salary) or working conditions on this job set by a collective bargaining agreement between your employer and a union or employee association?

- 063
- 1 ☐ Yes — ASK 12b
 - 2 ☐ No — SKIP to 12d

b. (Are/Were) you a member of that union or employee association?

- 064
- 1 ☐ Yes
 - 2 ☐ No

c. All in all, how satisfied (are/were) you with your (union/employees' association) — very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied?

- 065
- 1 ☐ Very satisfied
 - 2 ☐ Somewhat satisfied
 - 3 ☐ Not too satisfied
 - 4 ☐ Not at all satisfied

d. People have different ideas about whether unions should represent various types of employees. Thinking about your current (last) job, if an election were held with secret ballots, would you vote for or against having a union or employees' association represent YOU?

- 066
- 1 ☐ For
 - 2 ☐ Against
 - 3 ☐ Don't know — SKIP to 13a, page 6

e. Why is that?

067 _____

Section 1 — EMPLOYMENT — Continued

13a. (Does/Did) your employer make the following fringe benefits available to you?

Read each category and mark (X) all that apply. Then, ASK items 13b—13d as appropriate.

b. Of the fringe benefits made available by your employer, (Read marked categories in 13a) which **FOUR** (are/were) the most important to you?

Mark (X) no more than four boxes.

c. Which of these important fringe benefits (Read marked categories in 13b) (is/was) the **MOST** important?

Mark (X) **ONE** box only.

d. Of the fringe benefits **NOT** made available to you, (Read unmarked categories in 13a) which (would be/would have been) the **MOST** important to you?

Mark (X) **ONE** box only and GO to Check Item E, page 7

If ALL of boxes 1—16 in 13a are marked, SKIP to Check Item E, page 7.

(1) Medical, surgical, or hospital insurance that covers any illness or injury off the job	068 1 <input type="checkbox"/>	086 1 <input type="checkbox"/>	103 1 <input type="checkbox"/>	104 1 <input type="checkbox"/>
(2) Life insurance that would cover a death for reasons connected with your job	069 2 <input type="checkbox"/>	087 2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
(3) A retirement program	070 3 <input type="checkbox"/>	088 3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) Training or educational opportunities	071 4 <input type="checkbox"/>	089 4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
(5) Profit sharing	072 5 <input type="checkbox"/>	090 5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
(6) Stock options	073 6 <input type="checkbox"/>	091 6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
(7) Free or discounted meals	074 7 <input type="checkbox"/>	092 7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
(8) Free or discounted merchandise	075 8 <input type="checkbox"/>	093 8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
(9) Paid sick leave	076 9 <input type="checkbox"/>	094 9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
(10) Paid maternity leave	077 10 <input type="checkbox"/>	095 10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
(11) Unpaid maternity leave	078 11 <input type="checkbox"/>	096 11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
(12) Paid vacation	079 12 <input type="checkbox"/>	097 12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
(13) Flexible work hours	080 13 <input type="checkbox"/>	098 13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
(14) Child day care	081 14 <input type="checkbox"/>	099 14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
(15) Paid personal time	082 15 <input type="checkbox"/>	100 15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
(16) Time off for child care	083 16 <input type="checkbox"/>	101 16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
(17) Any other benefits	084 17 <input type="checkbox"/> Specify _____ _____	102 17 <input type="checkbox"/>	17 <input type="checkbox"/>	
(18) None — If no category is marked, mark (X) the "None" box.	085 18 <input type="checkbox"/> None — SKIP to 13d			

CHECK ITEM E

Refer to item 12a, page 5

- 105** 1 ☐ Box 1 (Yes) in 12a — ASK 14
 2 ☐ All others — SKIP to Check Item F

14. How satisfied (are/were) you with the performance of your union or employee association in getting you the fringe benefits you regard as important — very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied?

- 106** 1 ☐ Very satisfied
 2 ☐ Somewhat satisfied
 3 ☐ Not too satisfied
 4 ☐ Not at all satisfied

CHECK ITEM F

Refer to items 1, 2a, and 3b, page 3

- 107** 1 ☐ Labor Force Group A ("WK" in 1 OR "Yes" in 2a OR "Other" in 3b) — ASK 15a
 2 ☐ All others — SKIP to Check Item G

15a. How do you feel about the job you have now? Do you (Read answer categories) —

- 108** 1 ☐ Like it very much?
 2 ☐ Like it fairly well?
 3 ☐ Dislike it somewhat?
 4 ☐ Dislike it very much?

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

- 109** 1 ☐ Yes
 2 ☐ No

CHECK ITEM G

Refer to item 12a, page 5

- 110** 1 ☐ Box 1 (Yes) in 12a — SKIP to 16b
 2 ☐ All others — ASK 16a

16a. Have you ever held a unionized job? By that I mean a job where your wages, salary or working conditions were set by a collective bargaining agreement between an employer and a union or employee association.

- 111** 1 ☐ Yes — ASK 16b
 2 ☐ No — SKIP to Check Item H

b. For how many years have you worked in unionized jobs?

- 112** _____ Years
 o ☐ Less than one year

CHECK ITEM H

Refer to R3, page 2

- 113** 1 ☐ Box 1 or 2 marked in R3 — ASK 17, page 8
 2 ☐ All others — SKIP to 18, page 8

Notes

Section 1 — EMPLOYMENT — Continued

17. Over his working career, how often would you say that your husband has worked in unionized jobs?

Read answer categories.

- 114 1 ☐ **Never**
 2 ☐ **Almost never**
 3 ☐ **Seldom**
 4 ☐ **Occasionally**
 5 ☐ **Often**
 6 ☐ **Very often**
 7 ☐ **All the time**
 8 ☐ **Don't know**

18. Over his working career, how often would you say that your father has worked in unionized jobs?

Read answer categories.

- 115 1 ☐ **Never**
 2 ☐ **Almost never**
 3 ☐ **Seldom**
 4 ☐ **Occasionally**
 5 ☐ **Often**
 6 ☐ **Very often**
 7 ☐ **All the time**
 8 ☐ **Don't know**

CHECK ITEM I

Refer to R7, page 2.

- 116 1 ☐ Employer name or "Self-employed" entered in R7 — **SKIP to Check Item J**
 2 ☐ All others — **ASK 19**

19. How many employers have you worked for since (Date in R10, page 2)?

- 117 _____ Employers } **SKIP to Check Item K, page 9**
 0 ☐ None

CHECK ITEM J

Refer to R7 and item 6a, pages 2 and 3.

- 118 1 ☐ Employer name in R7 is the SAME as employer in 6a — **SKIP to 20d, page 9**
 2 ☐ Employer name in R7 is DIFFERENT from the employer in 6a — **ASK 20a**

20a. On (Date in R10, page 2), you were working for (Employer's name in R7, page 2). Why did you leave that job?

Mark (X) only one category; do not read list.

If laid off, probe for specific reason.

- 119 26 ☐ Did not leave job — **SKIP to 20d, page 9**

INVOLUNTARY REASON

- 01 ☐ Plant closed, employer went out of business
 02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
 03 ☐ Temporary layoff or furloughed for economic reasons
 04 ☐ Laid off for any other reason — *Specify*

VOLUNTARY REASON

- 07 ☐ To get married
 08 ☐ Pregnancy
 09 ☐ Children or child care
 10 ☐ Care for elderly parents
 11 ☐ Found better job
 12 ☐ Own health; disability
 13 ☐ Dissatisfied with wages
 14 ☐ Didn't like work, hours, working conditions
 15 ☐ Interpersonal relations at work
 16 ☐ Didn't like job location, community
 17 ☐ Husband's retirement
 18 ☐ Husband's change in employment
 19 ☐ Other family or personal reasons
 20 ☐ Academic reasons (interfered with school, to go to school, etc.)
 21 ☐ Started own business, became self-employed
 22 ☐ Respondent was self-employed AND sold business or dissolved partnership
 23 ☐ No opportunity for advancement
 24 ☐ Transportation problem
 25 ☐ Other — *Specify*

Notes

Section 1 — EMPLOYMENT — Continued

20b. When did you stop working for (Employer in R7, page 2)?

Month	Day	Year
120		

c. How many employers other than (Employer in R7, page 2) **have you worked for since** (Date in R10, page 2)?

121 _____ Employers — *SKIP to Check Item K*

d. Since (Date in R10, page 2) **have you worked for anyone else other than** (Employer in 6a)?

122 1 ☐ Yes — ASK 20e
2 ☐ No — *SKIP to Check Item K*

e. How many?

123 _____ Employers

CHECK ITEM K

Refer to item 8a, page 5.

124 1 ☐ Date in 8a is more than 12 months ago —
Mark "None" in 21a and *SKIP to 21b*
2 ☐ All others — ASK 21a

21a. 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.

125 _____ Weeks

o ☐ None

CHECK ITEM L

Refer to item 21a above.

126 1 ☐ 52 weeks in 21a — *SKIP to 21d*
2 ☐ Less than 52 weeks in 21a — ASK 21b

21b. You said you worked (Entry in 21a) **weeks in the last 12 months. How many of the remaining** (52 minus entry in 21a) **weeks were you looking for work or on layoff from a job?**

127 _____ Weeks

o ☐ None

CHECK ITEM M

Refer to items 21a and 21b above.

128 1 ☐ Entry in 21a + entry in 21b = 52 weeks —
SKIP to Check Item N
2 ☐ All others — ASK 21c

21c. What was the main reason you were not working or looking for work during the remaining weeks in the last 12 months?

Mark (X) only one category.

129 1 ☐ Own illness
2 ☐ School
3 ☐ Got married
4 ☐ Child care problems
5 ☐ Pregnancy
6 ☐ Husband (parents) would not permit
7 ☐ Other family or personal reasons
8 ☐ Believed no work available
9 ☐ Did not want to work
10 ☐ Layoff
11 ☐ Labor dispute
12 ☐ Other — *Specify* _____

CHECK ITEM N

Refer to item 5, page 3.

130 1 ☐ No in 5 — *SKIP to 22a*
2 ☐ All others — ASK 21d

21d. We've just been talking about the last 12 months, that is from (Present month) **1986 to** (Present month) **1987. Now I'd like you to think back to the 12 months before that, in other words, the time from** (Present month) **1985 to** (Present month) **1986.**

During that 12-month period 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 sick leave.

131 _____ Weeks — ASK 21e

o ☐ None — *SKIP to 22a*

132 1 ☐ Don't know — ASK 21e

e. How many hours per week did you usually work during that 12 month period?

133 _____ Hours per week

22a. Does your health or physical condition limit the AMOUNT of work you can do other than housework?

134 1 ☐ Yes
2 ☐ No

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

135 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?

136 1 ☐ Yes
2 ☐ No

Section 2 — HOUSEHOLD ACTIVITIES

23a. Now I would like to ask you a few questions about responsibility for 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 —

(1) Grocery shopping?

Respondent
has sole
responsibility

(a)

Respondent
shares
responsibility
with others

(b)

Others have
responsibility

(c)

Not
applicable

(d)

137

1 ☐

2 ☐

3 ☐

4 ☐

138

1 ☐

2 ☐

3 ☐

4 ☐

139

1 ☐

2 ☐

3 ☐

4 ☐

140

1 ☐

2 ☐

3 ☐

4 ☐

141

1 ☐

2 ☐

3 ☐

4 ☐

142

1 ☐

2 ☐

3 ☐

4 ☐

143

1 ☐

2 ☐

3 ☐

4 ☐

144

1 ☐

2 ☐

3 ☐

4 ☐

145

1 ☐

2 ☐

3 ☐

4 ☐

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

146

_____ Hours per week

o ☐ None

Notes

Section 3 — MARITAL STATUS

CHECK ITEM O

Refer to R12, page 2.

- 147** 1 ☐ Box 9 "Noninterview in 1983 and 1985" marked in R12 — *SKIP to 24b*
 2 ☐ All others — *ASK 24a*

Refer to R11 and R12, page 2.

24a. When we talked to you on (Date in R11) you said you were (Entry in R12). Has there been any change in your marital status since then? That is, have you been married for the first time, widowed, divorced, separated, remarried, or reunited?

- 148** 1 ☐ Yes — *SKIP to 25a*
 2 ☐ No — *SKIP to Check Item P*

b. Has there been any change in your marital status since January 1, 1983? That is, have you been married for the first time, widowed, divorced, separated, remarried, or reunited?

- 149** 1 ☐ Yes — *SKIP to 25a*
 2 ☐ No — *Go to Check Item P*

CHECK ITEM P

Refer to R3, page 2.

- 150** 1 ☐ Box 1 or 2 marked in R3 — *SKIP to 26, page 12*
 2 ☐ All others — *SKIP to 28, page 14*

	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE	FOURTH CHANGE
25a. Since (Date in R11, page 2), what was the (first/second/third/fourth) change in your marital status?	151 1 <input type="checkbox"/> Married for the first time 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	155 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	159 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	163 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited
b. When did that happen? <i>Enter month and year.</i>	152 <div>Month</div> <div></div>	156 <div>Month</div> <div></div>	160 <div>Month</div> <div></div>	164 <div>Month</div> <div></div>
	153 <div>Year</div> <div>1 9</div>	157 <div>Year</div> <div>1 9</div>	161 <div>Year</div> <div>1 9</div>	165 <div>Year</div> <div>1 9</div>
c. After that, was there any OTHER change in your marital status?	154 1 <input type="checkbox"/> Yes — <i>GO to next column</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item Q, page 12</i>	158 1 <input type="checkbox"/> Yes — <i>GO to next column</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item Q, page 12</i>	162 1 <input type="checkbox"/> Yes — <i>GO to next column</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item Q, page 12</i>	166 1 <input type="checkbox"/> Yes — <i>ASK 25a-c, enter info. in "Notes"; then, GO to Check Item Q, page 12</i> 2 <input type="checkbox"/> No — <i>GO to Check Item Q, page 12</i>

Notes

CHECK ITEM Q

Refer to most recent change entered in 25a, page 11.

- 167** 1 ☐ Box 1, 5, or 6 marked in item 25a — ASK 26
 2 ☐ All others — SKIP to 28, page 14

26. When was your husband born?

168	Month		169	Year	
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

27a. Since (Date entered in R11, page 2) has your husband been enrolled in regular school?

- 170** 1 ☐ Yes
 2 ☐ No

b. What is the highest grade or year of regular school that your husband has completed and gotten credit for?

Mark (X) the appropriate box.

Elementary

171	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"/>

High school

172	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

College

173	1	2	3	4	5	6+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Never attended

174	1
	<input type="checkbox"/>

OFFICE USE ONLY

Total number of family members

175	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Total number of household members

176	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Notes

Notes

Section 4 — HOUSEHOLD MEMBERS

INTERVIEWER : Refer to Household Record Card. Transcribe for all current household members the line number (in 28a), name (in 28b), and relationship to respondent (in 28c). Then ask items 28d through 28g as applicable. If the respondent lives alone, ask 28d of the respondent; then SKIP to item 29, page 16

28. Now, I have a few questions about the work experience of ALL persons living here.

TRANSCRIBE FROM RECORD CARD.					How old is ... today?
Line number (28a)	Name (28b)	RELATIONSHIP TO RESPONDENT EXAMPLE: Husband, son, mother, father-in-law, brother, housekeeper, boarder, partner, etc. (28c)		(28d)	
				OFFICE USE	Age
		Respondent			177
			178		179
			183		184
			188		189
			193		194
			198		199
			203		204
			208		209
			213		214
			218		219
			223		224
			228		229
			233		234
			238		239
			243		244
			248		249
			253		254

Section 4 — HOUSEHOLD MEMBERS — Continued

28. Continued

PERSONS 14 YEARS OLD AND OLDER

In the last 12 months, how many weeks did . . . work either full or part time (NOT counting work around the house)?

(28e)

If Person worked at all in the last 12 months, ASK 28f and 28g.

In the weeks that . . . worked, how many hours did . . . usually work per week?

(28f)

What kind of work was . . . doing in the last 12 months?

(If more than one, record the work done longest.)

(28g)

OFFICE USE
1960 codes

180	181	182
185	186	187
190	191	192
195	196	197
200	201	202
205	206	207
210	211	212
215	216	217
220	221	222
225	226	227
230	231	232
235	236	237
240	241	242
245	246	247
250	251	252
255	256	257

Section 5 — FAMILY SIZE AND INCOME

29. How many children have ever been born to you?

- 258** _____ Children — ASK 30
- 0 ☐ None — SKIP to Check Item R

30. How many of these children have been born to you since (Date in R11, page 2)?

- 259** _____ Children — ASK 31
- 0 ☐ None — SKIP to Check Item R

31. What (is/are) this child's/these children's date(s) of birth?

	Month	Day	Year	
260				Child 1
261				Child 2
262				Child 3
263				Child 4

CHECK ITEM R

Refer to item 29 above.

- 264** 1 ☐ One or more children in 29 — Read "More" phrase in 32a
- 2 ☐ None in 29 — Omit "More" phrase in 32a

32a. Altogether, how many (more) children do you actually expect to have?

- 265** _____ Children
- 0 ☐ None — SKIP to Check Item S

b. How many children do you expect to have within the next 5 years?

- 266** _____ Children
- 0 ☐ None — SKIP to Check Item S

c. When do you expect to have your next child?

Read answer categories.

- 267** 1 ☐ Within the next 12 months
- 2 ☐ 13-24 months from now
- 3 ☐ More than 24 months but less than 5 years from now

CHECK ITEM S

Refer to item 28c, page 14.

- 268** 1 ☐ Husband or male partner listed in 28c — ASK 33
- 2 ☐ All others — SKIP to 35a

33. What was your (husband/partner) doing most of LAST WEEK — working, looking for work, or something else?

- 269** 1 ☐ WK — Working
- 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
- 8 ☐ OT — Other — Specify ↓

CHECK ITEM T

Refer to items 28c and 28e on pages 14 and 15 for whether husband or male partner worked 52 weeks.

- 270** 1 ☐ Husband or male partner worked 52 weeks — SKIP to 35a
- 2 ☐ All others — ASK 34a

34a. You said your (husband/partner) worked (Entry in 28e for husband/partner) weeks in the last 12 months.

How many of the remaining (52 minus entry in 28e) weeks was he looking for work or on layoff from a job?

- 271** _____ Weeks
- 0 ☐ None

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

- 272** 1 ☐ Yes
- 2 ☐ No

35a. Now I would like to ask a few questions about your income in the last 12 months.

During the last 12 months, did you receive any income from wages, salary, commissions, or tips?

- 273** 1 ☐ Yes — ASK 35b
- 2 ☐ No — SKIP to 35c, page 17

b. How much did you receive from all jobs before deductions for taxes or anything else?

- 274** \$ _____ . **00**

Section 5 — FAMILY SIZE AND INCOME — Continued

35c. 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?

- 275** 2 ☐ No — SKIP to 35d
1 ☐ Yes — **How much?** (Obtain net income) ↓

\$ _____ less \$ _____ =
Gross income Expenses

276 \$ _____ . **00** — ASK 35d
Net income

- 277** 1 ☐ Loss
278 1 ☐ Broke even } ASK 35d
2 ☐ Don't know

279 COMPUTER USE ONLY

35d. During the last 12 months, did you receive any unemployment compensation?

- 280** 2 ☐ No — SKIP to 35e
1 ☐ Yes

(1) How many weeks? ↓

281 _____ Weeks

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

282 \$ _____ . **00** — ASK 35e

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

- 283** 2 ☐ No — SKIP to 35f
1 ☐ Yes — **How much?** ↓

284 \$ _____ . **00** — ASK 35f

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

- 285** 2 ☐ No — SKIP to Check Item U
1 ☐ Yes — **How much?** ↓

286 \$ _____ . **00** — GO to Check Item U

CHECK ITEM U

Refer to R3, page 2 and item 28c, page 14

- 287** 1 ☐ Box 1 in R3 — Read "husband" and "or your husband" phrases in 36a—43 and ASK 36a
2 ☐ Male partner in 28c — Read "partner" and "or your partner" phrases in 36a—43 and ASK 36a
3 ☐ All others — SKIP to 37a

36a. Now I would like to ask a few questions about your (husband's/partner's) income in the last 12 months.

During the last 12 months, did your (husband/partner) receive any income from wages, salary, commissions, or tips?

- 288** 1 ☐ Yes — ASK 36b
2 ☐ No — SKIP to 36c

b. How much did your (husband/partner) receive from all jobs before deductions for taxes or anything else?

289 \$ _____ . **00**

c. During the last 12 months, did your (husband/partner) receive any income from working on his own or in his own business, professional practice, partnership, or farm?

- 290** 2 ☐ No — SKIP to 36d
1 ☐ Yes — **How much?** (Obtain net income) ↓

\$ _____ less \$ _____ =
Gross income Expenses

291 \$ _____ . **00** — ASK 36d
Net income

- 292** 1 ☐ Loss
293 1 ☐ Broke even } ASK 36d
2 ☐ Don't know

294 COMPUTER USE ONLY

36d. During the last 12 months, did your (husband/partner) receive any unemployment compensation?

- 295** 2 ☐ No — SKIP to 37a
1 ☐ Yes

(1) How many weeks? ↓

296 _____ Weeks

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

297 \$ _____ . **00** — ASK 37a

37a. In the last 12 months, did you (or your husband/partner) receive any food stamps under the Government's Food Stamp Plan?

- 298** 1 ☐ Yes — ASK 37b
2 ☐ No — SKIP to 38a, page 18

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

299 _____ Months

Section 5 — FAMILY SIZE AND INCOME — Continued

37c. In the most recent month food stamps were received, what was the total face value of the food stamps received?

→ **300** \$ _____ **00** Per month

38a. In the last 12 months, did you (or your husband/partner) receive any other public welfare or public assistance?

- 301** 1 ☐ Yes — ASK 38b
2 ☐ No — SKIP to 39a

b. How many months?

302 _____ Months

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

303 \$ _____ **00** Per month

39a. In the last 12 months, have you (or your husband/partner) received any financial assistance from any relatives or other persons NOT living with you?

- 304** 1 ☐ Yes — ASK 39b
2 ☐ No — SKIP to 40a

b. From whom did you receive assistance?

Mark (X) all that apply.

- 305** 1 ☐ Ex-husband
* 2 ☐ Husband's ex-wife
3 ☐ Mother/Father
4 ☐ Mother-in-law/Father-in-law
5 ☐ Brother/Sister
6 ☐ Brother-in-law/Sister-in-law
306 7 ☐ Friend
* 8 ☐ Other — Specify _____

c. In total, how much did you receive from (Relationships marked in 39b) during the last 12 months?

307 \$ _____ **00**

40a. Did you (or your husband/partner) receive any other income such as rent, interest, dividends, G.I. Bill benefits, etc.?

- 308** 1 ☐ Yes — ASK 40b
2 ☐ No — SKIP to 41a

40b. How much did you receive during the last 12 months?

309 \$ _____ **00**

41a. During the last 12 months, what was the total income of all family members living here?

310 \$ _____ **00**

0 ☐ None

311 1 ☐ Loss

312 1 ☐ Broke even
2 ☐ Don't know

313 COMPUTER USE ONLY

41b. Which of these four statements best describes your (family's) ability to get along on your (its) income?

Read answer categories.

- 314** 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

CHECK ITEM V

Refer to items 28c and 28d, page 14.

- 315** 1 ☐ Nonrelated household members 14 years or older OTHER THAN male partner listed — ASK 42
2 ☐ All others — SKIP to 43

42. During the last 12 months, what was the total income of all individuals living here who are not related to you (other than your partner)?

316 \$ _____ **00**

0 ☐ None

317 1 ☐ Loss

318 1 ☐ Broke even
2 ☐ Don't know

319 COMPUTER USE ONLY

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

320 _____ Persons

0 ☐ None

Section 6 — EDUCATION AND TRAINING

44a. Now, I'd like to ask you some questions about your education.

Are you attending or enrolled in regular school?

- 321** 1 ☐ Yes — ASK 44b
2 ☐ No — SKIP to 45a

b. Are you enrolled full time or part time?

- 322** 1 ☐ Full time
2 ☐ Part time

c. What grade are you attending?

High school

- 323** 1 ☐ 2 ☐ 3 ☐ 4 ☐ — SKIP to 45c

College

- 324** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ — SKIP to Check Item W

45a. Have you attended regular school since (Date in R11, page 2)?

- 325** 1 ☐ Yes — ASK 45b
2 ☐ No — SKIP to Check Item X

b. What is the highest grade of regular school you have completed?

High school

- 326** 1 ☐ 2 ☐ 3 ☐ 4 ☐ — SKIP to 45c

College

- 327** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ — SKIP to Check Item W

c. Have you received a high school diploma or GED since (Date in R11, page 2)?

- 328** 1 ☐ Yes — ASK 45d
2 ☐ No — SKIP to Check Item X

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

- 329** 1 ☐ High school diploma
2 ☐ GED
3 ☐ Both
- } SKIP to Check Item X

CHECK ITEM W

Refer to items 44c and 45b above.

- 330** 1 ☐ Completed or attending college 2+ — ASK 46a
2 ☐ All others — SKIP to Check Item X

46a. Have you received a college degree since (Date in R11, page 2)?

- 331** 1 ☐ Yes — ASK 46b
2 ☐ No — SKIP to Check Item X

46b. What degree was it?

Mark (X) most advanced degree received; do not read list.

- 332** 1 ☐ Associate (2 or 3 year course)
2 ☐ Bachelor's (B.A., B.S., A.B.)
3 ☐ Master's (M.A., M.S., M.B.A.)
4 ☐ Doctorate (Ph.D., M.D., LL.B., J.D.)
5 ☐ Other — Specify _____

c. When did you receive this degree?

Month	Year
333 <input type="text"/> <input type="text"/>	334 <input type="text"/> <input type="text"/>

d. What was your major field of study?

335

CHECK ITEM X

Refer to R13, page 2.

- 336** 1 ☐ Box 8 or 9 marked — SKIP to Check Item Y
2 ☐ Box 1—7 marked — ASK 47a

47a. At our last interview on (Date in R11, page 2), you were enrolled in (Type of training in R13, page 2). Did you complete the program?

- 337** 1 ☐ Yes
2 ☐ No, dropped out
3 ☐ No, still attending — Read "have you been attending" phrase in 47b
- } Read "did you attend" phrase in 47b

b. Since (Date in R11, page 2), how long (in all) did you attend (have you been attending) this course or program?

- 338** _____ Weeks
0 ☐ Less than one week

CHECK ITEM Y

Refer to Check item X.

- 339** 1 ☐ Box 2 in Check Item X — Read "Not counting . . ." lead-in phrase before asking 48a
2 ☐ All others — Omit "Not counting . . ." lead-in phrase in 48a

48a. (Not counting the training you just told me about) — Since (Date in R11, page 2), have you taken any on-the-job training courses?

- 340** 1 ☐ Yes — ASK 48b
2 ☐ No — SKIP to Check Item Z, page 20

b. Did you complete this training?

- 341** 1 ☐ Yes
2 ☐ No, dropped out
3 ☐ No, still attending

Section 6 — EDUCATION AND TRAINING — Continued

48c. What job (were/are) you being trained for?

1960 code

342

343

1 ☐ Same job as in 6c, page 3

d. Why did you decide to take this program?

Mark (X) only one; do not read list.

344

- 1 ☐ To obtain work
- 2 ☐ To improve job or professional skills
- 3 ☐ To get better or different job
- 4 ☐ Required by employer for present job
- 5 ☐ To improve current job situation
- 6 ☐ To improve basic skills like reading, writing, or arithmetic
- 7 ☐ For general education
- 8 ☐ For personal development or pleasure
- 9 ☐ Had extra time; bored staying at home
- 10 ☐ Other reason — Specify

e. Since (Date in R11, page 2), how many weeks have you spent in on-the-job training courses?

345

Weeks

0 ☐ Less than one week

f. How many hours per week have you spent (are you spending) in this training?

346

Hours per week

0 ☐ Less than one hour

CHECK ITEM Z

Refer to Check Item W AND Check Item X and item 48a, page 19.

347

- 1 ☐ Box 1 marked in Check Item W OR box 2 marked in Check Item X OR box 1 marked in 48a — Add phrase **“that you just told me about”** in 49a
- 2 ☐ All others — Omit phrase **“that you just told me about”** in 49a

49a. Since (Date in R11, page 2), have you taken any other training or educational programs OTHER THAN on-the-job or regular school (that you just told me about)?

348

- 1 ☐ Yes — ASK 49b
- 2 ☐ No — SKIP to Check Item AA, page 21

b. Did you complete this training or educational program?

If more than one, ask about most recent.

349

- 1 ☐ Yes
- 2 ☐ No, dropped out
- 3 ☐ No, still attending

49c. What kind of training course or educational program did you take (are you taking)?

Specify name of training class below.

Mark the appropriate box below. Mark (X) only one category; do not read list.

350

- | | |
|---|--------------|
| 1 <input type="checkbox"/> Professional, technical | } SKIP to 50 |
| 2 <input type="checkbox"/> Managerial | |
| 3 <input type="checkbox"/> Clerical | |
| 4 <input type="checkbox"/> Skilled manual — ASK 49d | |
| 5 <input type="checkbox"/> Sales | } SKIP to 50 |
| 6 <input type="checkbox"/> Services | |
| 7 <input type="checkbox"/> Other — Specify <input type="text"/> | |

d. (Was/Is) this part of an apprenticeship program?

351

- 1 ☐ Yes
- 2 ☐ No

50. What kind of school or organization provides (provided) instruction for this training course or educational program?

Mark (X) only one category; do not read list.

352

- 01 ☐ Business college, technical institute
- 02 ☐ Company training classes offered by employer
- 03 ☐ Correspondence school
- 04 ☐ High school including night school
- 05 ☐ 2-year college
- 06 ☐ 4-year college or university
- 07 ☐ Area vocational school
- 08 ☐ Community organization (e.g., church temple, synagogue, YMCA, Red Cross, neighborhood association, etc.)
- 09 ☐ Nursing school, hospital, medical school or college
- 10 ☐ Federal, State, or local government agency including military reserve, Manpower, JTPA
- 11 ☐ Other place — Specify

51. What kind of work (were/are) you being trained for?

1960 code

353

354

- 1 ☐ Same job as in 6c, page 3
- 2 ☐ None

52a. Did you enroll in this training or educational program because your employer required it?

- 355** 1 ☐ Yes — SKIP to 52c
 2 ☐ No — ASK 52b

b. Why did you decide to take this program?

Mark (X) only one category; do not read list.

- 356** 1 ☐ To obtain work
 2 ☐ To improve job or professional skills
 3 ☐ To get a better or different job
 4 ☐ Encouraged by employer
 5 ☐ To improve current job situation
 6 ☐ To improve basic skills like reading, writing, or arithmetic
 7 ☐ For general education
 8 ☐ For personal development or pleasure
 9 ☐ Had extra time; bored staying at home
 10 ☐ Other reason — Specify

c. Since (Date in R11, page 2), how long did you attend (have you been attending) this training?

- 357** Weeks
 0 ☐ Less than one week

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

- 358** Hours per week
 0 ☐ Less than one hour

CHECK ITEM AA

Refer to Check Item X, page 19 AND item 49a, page 20.

- 359** 1 ☐ Box 2 marked in Check Item X OR box 1 marked in 49a — GO to Check Item BB below
 2 ☐ All others — SKIP to Check Item CC, page 22

CHECK ITEM BB

Refer to item 5, page 3.

- 360** 1 ☐ Box 2 marked in 5 — SKIP to 53b
 2 ☐ All others — ASK 53a

53a. Since (Date in R11, page 2), have you used this training on the job?

- 361** 1 ☐ Yes
 2 ☐ No

b. Did you receive a certificate for this training?

- 362** 1 ☐ Yes — ASK 53c
 2 ☐ No — SKIP to Check Item CC, page 22

c. What kind?

- 363** 1 ☐ Certificate
 2 ☐ License
 3 ☐ Journeyworker's card
 (Formerly Journeyman's card)
 4 ☐ Other — Specify

Notes

Section 7 — ATTITUDES AND CONTACT PERSONS

CHECK ITEM CC

Refer to item 28d, page 14.

- 364** 1 ☐ Respondent is 35 or older — *SKIP to 55*
 2 ☐ All others — *ASK 54a*

54a. 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?

- 365** 1 ☐ Married, keeping house, raising a family — *ASK 54b*
 2 ☐ Same as present (last) job
 3 ☐ Don't know
 4 ☐ Different from present (last) job — *Specify* ↓
- } *SKIP to 55*
- 1960 code
366

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?

- 367** 1 ☐ Same as present (last) job
 2 ☐ Don't know
 3 ☐ Don't plan to work
 4 ☐ Different from present (last) job — *Specify* ↓
- 1960 code
368

55. What kind of work would you like to be doing when you are 50 years old?

Mark (X) only one category; do not read list.

- 369** 1 ☐ Married, keeping house, raising a family
 2 ☐ Same as present (last) job
 3 ☐ Don't know
 4 ☐ None
 5 ☐ Retired
 6 ☐ Same as 54a or 54b
 7 ☐ Different from present (last) job — *Specify* ↓
- 1960 code

370

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

Mark (X) only one category.

- 371** 1 ☐ Very happy
 2 ☐ Somewhat happy
 3 ☐ Somewhat unhappy
 4 ☐ Very unhappy

57. Please give us the names and addresses of two persons who would always know where you could be reached even if you moved away.

If same person(s), update the information in items 14 and 15 on the LGT-1C.

If new person(s) mentioned, enter the information in items 16–17.

THANK YOU FOR PARTICIPATING IN THIS SURVEY

Notes

Notes