

FORM LGT-101
(4-5-66)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

**NATIONAL LONGITUDINAL SURVEYS
SURVEY OF WORK EXPERIENCE
OF MEN 45 – 59
1966**

1. Control number	2. Line number of respondent
3. Address	
4. Name of respondent	
5. Interviewed by:	6. Date

RECORD OF CALLS

Date	Time	Comments
1.	a.m. p.m.	
2.	a.m. p.m.	
3.	a.m. p.m.	
4.	a.m. p.m.	

RECORD OF INTERVIEW

Interview time		Date completed	Comments
Began	Ended		
a.m. p.m.	a.m. p.m.		

NONINTERVIEW REASON

- 1 Temporarily absent 4 Moved or left household – *Enter new address* _____
- 2 No one home _____
- 3 Refused 5 Other – *Specify* _____

**TRANSCRIPTION FROM HOUSEHOLD
RECORD CARD**

Item 22	Items 23–25
1 <input type="checkbox"/> Owned or being bought	1 <input type="checkbox"/> A 4 <input type="checkbox"/> D
2 <input type="checkbox"/> Rented	2 <input type="checkbox"/> B 5 <input type="checkbox"/> E
3 <input type="checkbox"/> No cash rent	3 <input type="checkbox"/> C

Notes

A. CURRENT LABOR FORCE STATUS

1. What were you doing most of LAST WEEK –

- Working
- Looking for work or something else?

- 1 WK – Working – *Skip to 2a* →
- 2 J – With a job but not at work
- 3 LK – Looking for work
- 4 R – Retired
- 5 S – Going to school
- 6 U – Unable to work – *Skip to 5a*
- 7 OT – Other – *Specify*

2c. Do you USUALLY work 35 hours or more a week at this job?

- 1 Yes – What is the reason you worked less than 35 hours LAST WEEK?
- 2 No – What is the reason you USUALLY work less than 35 hours a week?

(Mark the appropriate reason)

- 01 Slack work
- 02 Material shortage
- 03 Plant or machine repair
- 04 New job started during week
- 05 Job terminated during week
- 06 Could find only part-time work
- 07 Holiday (legal or religious)
- 08 Labor dispute
- 09 Bad weather
- 10 Own illness
- 11 On vacation
- 12 Too busy with housework, school, personal business, etc.
- 13 Did not want full-time work
- 14 Full-time work week under 35 hours
- 15 Other reason – *Specify*

(If entry in 2c, skip to 6 and enter job worked at last week.)

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

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

- 1 Yes x No – *Skip to 3*

2a. How many hours did you work LAST WEEK at all jobs?

2b. INTERVIEWER CHECK ITEM

- 1 49 or more – *Skip to 6*
- 2 1–34 – *Ask 2c*
- 3 35–48 – *Ask 2d*

2d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?

- 1 Yes – How many hours did you take off? _____
- 2 No

(Correct 2a if lost time not already deducted; if 2a reduced below 35, fill 2c, otherwise skip to 6.)

2e. Did you work any overtime or at more than one job LAST WEEK?

- 1 Yes – How many extra hours did you work?
- 2 No

(Correct 2a if extra hours not already included and skip to 6.)

Notes

(If “J” in 1, skip to 3a.)
3. Did you have a job (or business) from which you were temporarily absent or on layoff LAST WEEK?

- 1 Yes x No – *Skip to 4*

3a. Why were you absent from work LAST WEEK?

- 1 Own illness
- 2 On vacation
- 3 Bad weather
- 4 Labor dispute
- 5 New job to begin within 30 days – *Ask 4b2*
- 6 Temporary layoff (Under 30 days)
- 7 Indefinite layoff (30 days or more or no definite recall date) } *Ask 4b3*
- 8 Other – *Specify*

3b. Are you getting wages or salary for any of the time off LAST WEEK?

- 1 Yes
- 2 No
- 3 Self-employed

3c. Do you usually work 35 hours or more a week at this job?

- 1 Yes 2 No

(Skip to 6 and enter job held last week.)

A. CURRENT LABOR FORCE STATUS – Continued

(If "LK" in 1, skip to 4a.)
4. Have you been looking for work during the past 4 weeks?
 1 Yes x No – *Skip to 5a*

4a. What have you been doing in the last 4 weeks to find work?
(Mark all methods used; do not read list.)
 Checked with –
 1 Public employment agency
 2 Private employment agency
 3 Employer directly
 4 Friends or relatives
 5 Placed or answered ads
 6 Nothing – *Skip to 5a*
 7 Other – *Specify – e.g., MDTA, union or professional register, etc.*

4a.1 When did you last do this (any of these)?
 1 LAST week (or this week)
 2 2 weeks ago
 3 3 weeks ago
 4 4 or more weeks ago – *Ask 4b1*

4b. 1) How many weeks have you been looking for work?
 2) How many weeks ago did you start looking for work?
 3) How many weeks ago were you laid off?
 Number of weeks _____

4c. Have you been looking for full-time or part-time work?
 1 Full-time work 2 Part-time work

4d. Is there any reason why you could not take a job LAST WEEK?
 1 Yes 2 Already has a job
 6 No 3 Temporary illness
 4 Going to school
 5 Other – *Specify*

4e. When did you last work at a full-time job or business lasting two consecutive weeks or more?
 1 1961 or later – *Specify month and year*
 Month _____ Year _____ } *Enter last full-time civilian job lasting 2 weeks or more in 6.*
 2 Before 1961
 3 Never worked full time 2 weeks or more } *Skip to 54*
 4 Never worked at all

5a. When did you last work at a regular full or part-time job or business?
 1 1961 or later – *Specify month and year and ask 5b*
 Month _____ Year _____
 2 Before 1961 – *Ask 5b*
 3 Never worked – *Skip to 54*

5b. Why did you leave that job?
 1 Personal, family, or school reasons
 2 Health
 3 Retirement or old age
 4 Seasonal job completed
 5 Slack work or business conditions
 6 Temporary nonseasonal job completed
 7 Unsatisfactory work arrangements (hours, pay, etc.)
 8 Other

(Go to 6 and describe that job)

6. DESCRIPTION OF JOB OR BUSINESS

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

6b. In what city and State is . . . located?
 City _____
 State _____

6c. What kind of business or industry is this? <i>(For example, TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i>	Census use only

6d. Were you –
 1 P – An employee of PRIVATE company, business, or individual for wages, salary, or commission?
 2 G – A GOVERNMENT employee (Federal, State, county, or local)?
 3 O – Self-employed in OWN business, professional practice, or farm?
 (If not a farm)
 Is this business incorporated?
 Yes No
 4 WP – Working WITHOUT PAY in family business or farm?

6e. What kind of work were you doing? <i>(For example, electrical engineer, stock clerk, typist, farmer.)</i>	Census use only

A. CURRENT LABOR FORCE STATUS – Continued		Do not use
7. When did you start working at this job or business? (If before 1965, enter year only; if 1965 or later, enter month and year.)		7. Year and/or month _____
CHECK ITEM A	1 <input type="checkbox"/> "P" or "G" in item 6d – Ask 8 2 <input type="checkbox"/> "O" or "WP" in item 6d – Skip to Check Item B	
8. How much do you usually earn at this job before deductions? (If amount given per hour, record dollars and cents; otherwise, round to the nearest dollar.)		8. \$ _____ per _____
9a. Did you ever do any other kind of work for (Name of employer)?		9a. 1 <input type="checkbox"/> Yes – Ask 9b 2 <input type="checkbox"/> No – Skip to Check Item B
b. What kind of work were you doing when you started with . . . ? If "Other," specify here _____		b. 1 <input type="checkbox"/> Same as current (last) job 2 <input type="checkbox"/> Other
c. Of the kinds of work you have done for . . . , which did you like best? If "Other," specify here _____		c. 1 <input type="checkbox"/> Same as current (last) job 2 <input type="checkbox"/> Same as first job 3 <input type="checkbox"/> Other
d. How long did you work as (entry in 9c) with . . . ? (If less than 1 year, enter number of months.)		d. Years _____ Months – If less than 1 year _____ OR
e. (If entry in 9c is different from entry in 6e) How did you happen to stop working as (entry in 9c) with . . . ? _____ _____		
CHECK ITEM B	Respondent is in – 1 <input type="checkbox"/> Labor Force Group "A" ("WK" in 1 or "Yes" in 2 or 3) 2 <input type="checkbox"/> Labor Force Group "B" ("LK" in 1 or "Yes" in 4) 3 <input type="checkbox"/> All others – Ask 10a	
10a. Do you intend to look for work of any kind in the next 12 months? If "Maybe," specify here _____ _____		10a. 1 <input type="checkbox"/> Yes – definitely 2 <input type="checkbox"/> Yes – probably 3 <input type="checkbox"/> Maybe – it depends on 4 <input type="checkbox"/> No 5 <input type="checkbox"/> Don't know
b. Is there any particular reason why you are not looking for work at this time? (Specify below, then mark one box.) _____ _____ _____		b. 1 <input type="checkbox"/> Training or school 2 <input type="checkbox"/> Personal or family 3 <input type="checkbox"/> Health reasons 4 <input type="checkbox"/> Believe no work available 5 <input type="checkbox"/> Do not want work at this time of year 6 <input type="checkbox"/> Retired 7 <input type="checkbox"/> Other or no reason
Notes		

B. WORK EXPERIENCE IN 1965

Do not use

<p>11a. Now I have some questions on your work experience during 1965. In how many different weeks did you work (either full or part time) in 1965 (not counting work around the house)? <i>(Include paid vacations and paid sick leave.)</i></p> <p>b. During the weeks that you worked in 1965, how many hours per week did you usually work?</p> <p style="text-align: center;">Enter number of hours, then mark box _____</p>	<p>11a. Number of weeks _____ <input type="checkbox"/> None – <i>Skip to 13a</i></p> <hr style="border-top: 1px dashed black;"/> <p>b. 1 <input type="checkbox"/> Under 15 4 <input type="checkbox"/> 41–47 2 <input type="checkbox"/> 15–34 5 <input type="checkbox"/> 48 or more 3 <input type="checkbox"/> 35–40</p>
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CHECK ITEM C	1 <input type="checkbox"/> 52 weeks in 11a – <i>Ask 12a</i> 2 <input type="checkbox"/> 1–51 weeks in 11a – <i>Skip to 12b</i>
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<p>12a. Did you lose any full weeks of work in 1965 because you were on layoff from a job or lost a job?</p> <p>b. You say you worked (entry in 11a) weeks in 1965. In any of the remaining (52 weeks minus entry in 11a) _____ weeks were you looking for work or on layoff from a job?</p> <p>c. Were all of these weeks in one stretch?</p>	<p>12a. 1 <input type="checkbox"/> Yes – How many weeks? _____ <i>(Adjust item 11a and skip to 12c)</i> 2 <input type="checkbox"/> No – <i>Skip to Check Item D</i></p> <hr style="border-top: 1px dashed black;"/> <p>b. 1 <input type="checkbox"/> Yes – How many weeks? _____ <i>(Ask 12c)</i> 2 <input type="checkbox"/> No – <i>Skip to Check Item D</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. 1 <input type="checkbox"/> Yes, 1 2 <input type="checkbox"/> No, 2 3 <input type="checkbox"/> No, 3, or more <i>Skip to Check Item D</i></p>
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<p>13a. <i>(For those who did not work in 1965)</i> Even though you did not work in 1965, did you spend any time trying to find work or on layoff from a job?</p> <p>b. How many different weeks were you looking for work or on layoff from a job? Enter number of hours, then mark box _____</p>	<p>13a. 1 <input type="checkbox"/> Yes – <i>Ask 13b</i> 2 <input type="checkbox"/> No – <i>Skip to 14 and ask about 52 weeks</i></p> <hr style="border-top: 1px dashed black;"/> <p>b. 1 <input type="checkbox"/> 1–4 3 <input type="checkbox"/> 11–14 5 <input type="checkbox"/> 27–39 2 <input type="checkbox"/> 5–10 4 <input type="checkbox"/> 15–26 6 <input type="checkbox"/> 40–52</p>
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CHECK ITEM D	Refer to items 11a, 12b, and 13b 1 <input type="checkbox"/> All weeks accounted for – <i>Skip to Check Item E</i> 2 <input type="checkbox"/> Some weeks not accounted for – <i>Ask 14</i>
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<p>14. Now let me see. During 1965 there were about (52 weeks minus entries in items 11a, 12b, or 13b) _____ weeks that you were not working or looking for work. What would you say was the main reason that you were not looking for work?</p> <p>If "Other," specify here _____</p>	<p>14. 1 <input type="checkbox"/> Ill or disabled and unable to work 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Couldn't find work 4 <input type="checkbox"/> Vacation 5 <input type="checkbox"/> Other</p>
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CHECK ITEM E	1 <input type="checkbox"/> "O" in 6d – <i>Ask 15a</i> 2 <input type="checkbox"/> "P," "G," or "WP" in 6d – <i>Skip to 15b</i>
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<p>15a. I see you are self-employed. Did you work for anyone else for wages or salary in 1965?</p> <p>b. In 1965, for how many employers did you work?</p>	<p>15a. 1 <input type="checkbox"/> Yes – <i>Ask 15b</i> 2 <input type="checkbox"/> No – <i>Skip to Check Item F</i></p> <hr style="border-top: 1px dashed black;"/> <p>b. Number of employers _____ 1 <input type="checkbox"/> Did not work in 1965</p>
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Notes

C. WORK EXPERIENCE BEFORE 1965

Do not
use

**CHECK
ITEM
F**

Refer to item 7

- 1 Job recorded in 7 began in 1961 or later – *Ask 16a*
 2 All others – *Skip to 17a*

16a. I'd like to know about the job you had just before you started working at (entry in 6a). What kind of work were you doing when you left your previous job?

b. What kind of business or industry was that?

c. Were you –

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

d. Where was that job located?

e. In what year did you START working at that job?

f. In what year did you STOP working at that job?

g. Then you worked there for (“f” minus “e”) _____ years, is that correct?

- 1 Yes 2 No – *Correct dates in “e” and “f” as necessary*

h. How did you happen to leave that job?

16c.

- 1 P – Private
 2 G – Government
 3 O – Self-employed
 4 WP – Without pay

d. City or county

State

e. Year

f. Year

g. Number of years _____
 OR if less than 1 year –

- 1 6 months or more
 2 Less than 6 months

17a. Now, of all the jobs you have ever had, I'd like to know about the one at which you worked longest. For whom did you work then?

- 17a.** 1 Same as current (last) job
 2 Same as job before current (last) job
 3 Other – *Ask 17b-i*

} *Ask 17b and skip to 18*

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

c. What kind of business or industry was that?

d. Were you –

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

e. Where was that job located?

f. In what year did you START working at that job?

g. In what year did you STOP working at that job?

d.

- 1 P – Private
 2 G – Government
 3 O – Self-employed
 4 WP – Without pay

e. City or county

State

f. Year

g. Year

C. WORK EXPERIENCE BEFORE 1965 – Continued

Do not
use

17h. Then you worked there for (“g” minus “f”) _____ years, is that correct?
 1 Yes 2 No – Correct dates in “f” and “g” as necessary
i. How did you happen to leave that job?

17h. Number of years _____

18a. Let’s look back now to when you stopped going to school full-time, I’d like to know about the first job at which you worked at least a month.
 For whom did you work then?

b. What kind of work were you doing when you started working on that job?

c. What kind of business or industry was that?

18a. 1 Same as current job
 2 Same as job before current (last) job
 3 Same as longest job
 4 Other – Ask 18b-i
 } Ask 18b and skip to 19

d. Were you –
 1) An employee of PRIVATE company, business, or individual for wages, salary, or commission?
 2) A GOVERNMENT employee (Federal, State, county, or local)?
 3) Self-employed in OWN business, professional practice, or farm?
 4) Working WITHOUT PAY in family business or farm?
e. Where was that job located?
f. In what year did you START working at that job?
g. In what year did you STOP working at that job?
h. Then you worked there for (“g” minus “f”) _____ years, is that correct?
 1 Yes 2 No – Correct dates in “f” and “g” as necessary
i. How did you happen to leave that job?

d.
 1 P – Private
 2 G – Government
 3 O – Self-employed
 4 WP – Without pay
e. City or county _____
 State _____
f. Year _____
g. Year _____
h. Number of years _____

19. Now, instead of talking about your employers, let’s talk about the kinds of work you have done. I’d like you to think about the best KIND of work you have ever done. What kind of work was that?

20. Altogether, how long have you worked as (entry in 19)?

20.
 1 Under a year – Months _____
 2 1–4 years
 3 5–9 years
 4 10–19 years
 5 20 years or more

**CHECK
ITEM
G**

1 Entry in item 19 same as entry in item 6e – Skip to Check Item H
 2 Entry in item 19 different from entry in item 6e – Ask 21

C. WORK EXPERIENCE BEFORE 1965 – Continued		Do not use
21. How old were you when you last worked as (entry in 19)?	21. Age _____	
22. Would you like to be working as (entry in 19) now? If "No," specify here _____	22. 1 <input type="checkbox"/> Yes – Ask 23 2 <input type="checkbox"/> No – Why not? – Specify and skip to Check Item H	
23. Why would you say you are not working as (entry in item 19)? _____		
Notes		

D. ATTITUDES TOWARD WORK

CHECK ITEM H	Respondent is in – 1 <input type="checkbox"/> Labor Force Group "A" ("WK" in 1 or "Yes" in 2 or 3) – Ask 24 2 <input type="checkbox"/> Labor Force Group "B" ("LK" in 1 or "Yes" in 4) – Skip to 35a 3 <input type="checkbox"/> All others – Skip to 37a		
24. How do you feel about the job you have now? Do you Respondent's comments: _____ _____		24. 1 <input type="checkbox"/> Like it very much? 2 <input type="checkbox"/> Like it fairly well? 3 <input type="checkbox"/> Dislike it somewhat? 4 <input type="checkbox"/> Dislike it very much?	} Enter respondent's comments
25. What are the things you like best about your job? (Try to obtain three things.) 1. _____ 2. _____ 3. _____			
26. What are the things about your job that you don't like so well? (Try to obtain three things.) 1. _____ 2. _____ 3. _____			
27. What would you say is the more important thing about any job – good wages or liking the kind of work you are doing? Respondent's comments: _____		27. 1 <input type="checkbox"/> Good wages 2 <input type="checkbox"/> Liking the work	
28a. If, by some chance, you were to get enough money to live comfortably without working, do you think that you would work anyway? _____		28a. 1 <input type="checkbox"/> Yes – Ask 28b 2 <input type="checkbox"/> No – Skip to 28c 3 <input type="checkbox"/> Undecided – Skip to 28d	
b. (If "Yes" in 28a) Why do you feel that you would work? _____			
c. (If "No" in 28a) Why do you feel that you would not work? _____			

D. ATTITUDES TOWARD WORK – Continued

Do not use

28d. (If "Undecided" in 28a) On what would it depend?

29a. Suppose someone IN THIS AREA offered you a job in the same line of work you're in now. How much would the new job have to pay for you to be willing to take it?

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

Respondent's comments: _____

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

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

Respondent's comments: _____

29a. \$ _____ per _____

1 I wouldn't take it at any conceivable pay

2 I would take a steady job at same or less pay

b. \$ _____ per _____

1 I wouldn't take it at any conceivable pay

2 I would take a steady job at same or less pay

(If "0" in 6d, skip to 40; otherwise, ask 30)

30. If for some reason you were permanently to lose your present job tomorrow, what would you do?

If "Other," specify here _____

30. 1 Retire – Ask 31

2 Take another job I know about – Skip to 32a

3 Go into business – Skip to 33a

4 Look for work – Skip to 34a

5 Other – Skip to 39a

31. (If "Retire" in 30) Why do you think you would retire?

Skip to 39a

32a. (If "Take another job" in 30) For whom would you work?

b. What kind of business or industry would this be?

c. What kind of work do you think you would be doing?

d. In what city (or county) and State would this job be located?

32d. City or county _____

State _____ Skip to 39a

33a. (If "Go into business" in 30) What kind of business?

b. In what city (or county) and State would it be located?

33b. City or county _____

State _____ Skip to 39a

34a. (If "Look for work" in 30) What kind of work would you look for?

b. How would you go about looking for this kind of work?

34b. 1 Check with public employment agency

2 Check with private employment agency

3 Check directly with employer

4 Place or answer ads

5 Check with friends or relatives

6 Other

If "Other," specify here _____

D. ATTITUDES TOWARD WORK – Continued

Do not use

34c. Are there any particular employers to whom you would apply?
(List employers and enter number in space provided.)

1. _____

2. _____

3. _____

d. (If entry in 34c) Why do you mention these particular employers?

34c. Number of employers listed _____

o None – Skip to 39a

Skip to 39a

Labor Force Group B respondents only – 2 marked in Check Item H

35a. If you were offered a job IN THIS AREA at the same pay as your last job, would you take it?
(If box 2 or 3 marked, specify here) _____

b. If you were offered a job IN ANOTHER PART OF THE COUNTRY at the same pay as your old job, would you take it?
(If box 2 or 3 marked, specify here) _____

35a. 1 Yes, definitely
2 It depends. On what? } Specify
3 No – Why not?

b. 1 Yes, definitely
2 It depends. On what? } Specify
3 No – Why not?

36a. If, by some chance, you were to get enough money to live comfortably without working, do you think that you would work anyway?

b. (If “Yes” in 36a) Why do you feel that you would work?
_____ *Skip to 38*

c. (If “No” in 36a) Why do you feel that you would not work?
_____ *Skip to 38*

d. (If “Undecided” in 36a) On what would it depend?
_____ *Skip to 38*

36a. 1 Yes – Ask 36b
2 No – Skip to 36c
3 Undecided – Skip to 36d

All others – 3 marked in Check Item H

37a. If you were offered a job by some employer IN THIS AREA, do you think you would take it?
(If box 2 or 3 marked, specify here) _____

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

c. What would the wage or salary have to be?
(If amount given per hour, record dollars and cents; otherwise, round to the nearest dollar.)

37a. 1 Yes – Ask 37b-c
2 It depends. On what? } Specify then skip to 38
3 No – Why not?

c. \$ _____ per _____

38. What would you say is the more important thing about any job – good wages or liking the kind of work you are doing?

Respondent’s comments _____

38. 1 Good wages
2 Liking the work } Enter respondent’s comments and skip to 40a

E. RETIREMENT PLANS

Do not
use

<p>39a. (If currently employed) Is there a compulsory retirement plan where you work; that is, do you have to stop working at your present job at a certain age?</p> <p>b. At what age?</p> <p>c. Would you work longer than that if you could?</p> <p>d. Do you expect to retire before this age?</p>	<p>39a. 1 <input type="checkbox"/> Yes – Ask 39b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 40a</p> <hr style="border-top: 1px dashed black;"/> <p>b. Age _____</p> <p>c. 1 <input type="checkbox"/> Yes – Skip to 41a 2 <input type="checkbox"/> No – Ask 39d</p> <hr style="border-top: 1px dashed black;"/> <p>d. 1 <input type="checkbox"/> Yes – Ask 40a 2 <input type="checkbox"/> No – Skip to 41a</p>
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<p>40a. At what age do you expect to stop working at a (your) regular job?</p> <p>b. Why do you expect to stop working at a (your) regular job at this age?</p> <p>_____</p>	<p>40a.</p> <p>1 <input type="checkbox"/> Age _____ Ask 40b 2 <input type="checkbox"/> Don't plan to stop working } Skip to 42a 3 <input type="checkbox"/> Already stopped 4 <input type="checkbox"/> Don't know – Skip to 41a</p>
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<p>41a. Some men, when they stop working at a regular job, take another job. Other men decide not to work any more at all. Which of these do you think you will do?</p> <p>If "Other" specify here _____</p> <p>b. (If "Take another job" in 41a) What kind of work will you try to get?</p> <p>_____</p> <p>c. About how many hours a week do you think you will want to work?</p>	<p>41a. 1 <input type="checkbox"/> Take another job – Ask 41b 2 <input type="checkbox"/> Not work at all } Skip to 42a 3 <input type="checkbox"/> Other</p> <hr style="border-top: 1px dashed black;"/> <p>c. Hours _____</p>
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<p>42a. Will you ever be eligible to receive Social Security or Railroad Retirement benefits?</p> <p>b. Will you be eligible for any other retirement benefits, such as personal plans, private employee, government employee, or military retirement plans?</p>	<p>42a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Already receiving benefits 4 <input type="checkbox"/> Don't know</p> <hr style="border-top: 1px dashed black;"/> <p>b. 1 <input type="checkbox"/> Personal plans 2 <input type="checkbox"/> Private employee 3 <input type="checkbox"/> Government employee 4 <input type="checkbox"/> Military 5 <input type="checkbox"/> Already receiving benefits 6 <input type="checkbox"/> No 7 <input type="checkbox"/> Don't know</p>
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<p>Notes</p>	
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F. HEALTH

Do not use

CHECK ITEM I	1 <input type="checkbox"/> Respondent is in Labor Force Group "A" or "B" (1 or 2 marked in Check Item H) – <i>Skip to 43b</i> 2 <input type="checkbox"/> Other (3 marked in Check Item H) – <i>Ask 43</i>	
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43. Does your health or physical condition – a. Keep you from working? b. Limit the kind of work you can do? c. Limit the amount of work you can do?	43. a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 43b</i> b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 43c</i> c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 45</i>
--	--

44a. (If "Yes" in any of 43a–c) In what way are you limited? _____ _____	43. a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 43b</i> b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 43c</i> c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 45</i>
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45. Would you rate your health, compared with other men of about your age, as excellent, good, fair, or poor?	45. 1 <input type="checkbox"/> Excellent 3 <input type="checkbox"/> Fair 2 <input type="checkbox"/> Good 4 <input type="checkbox"/> Poor
--	--

<input type="checkbox"/> Respondent not married – <i>Skip to 48a</i> 46. Does your wife's health or physical condition – a. Keep her from working? b. Limit the kind of work she can do? c. Limit the amount of work she can do? d. Limit the amount or kind of housework she can do?	46. a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 46b</i> b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 46c</i> c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 46d</i> d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 48a</i>
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47a. (If "Yes" in any of 46a–d) In what way is she limited? _____ _____	46. a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 46b</i> b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 46c</i> c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Ask 46d</i> d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 48a</i>
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Notes

G. EDUCATION AND TRAINING

48a. Now, I'd like to ask some questions about your education and specialized training. What is the highest grade (or year) of regular school you have ever attended? b. Did you finish this grade (year)? c. (If H3 or H4) Did you take a vocational or commercial curriculum in high school? d. Primarily, what kind of training did you receive? _____	48a. oo <input type="checkbox"/> Never attended school 1 Elem. 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"/> <input type="checkbox"/> 2 High 1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 College 1 2 3 4 5 6+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ----- b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ----- c. 1 <input type="checkbox"/> Yes – <i>Ask 48d</i> 2 <input type="checkbox"/> No – <i>Skip to 49a</i> -----
--	--

G. EDUCATION AND TRAINING – Continued

Do not use

<p>49a. Aside from regular school, did you ever take a program in business college or technical institute such as draftsman or electronics training, etc.?</p> <p>b. Did you finish or complete this program?</p> <p>c. What type of training did you take?</p> <p>_____</p> <p>d. How long did this training last?</p> <p>e. Do you use this training on your present job (or last job if not employed)?</p>	<p>49a. 1 <input type="checkbox"/> Yes – Ask 49b 2 <input type="checkbox"/> No – Skip to 50a</p> <hr/> <p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>d. Months _____</p> <hr/> <p>e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>50a. Aside from regular school, did you ever take a full-time program lasting 6 weeks or more at a company training school?</p> <p>b. Did you finish or complete this program?</p> <p>c. Why type of training did you take?</p> <p>_____</p> <p>d. How long did this training last?</p> <p>e. Do you use this training on your present job (or last job if not employed)?</p>	<p>50a. 1 <input type="checkbox"/> Yes – Ask 50b 2 <input type="checkbox"/> No – Skip to 51a</p> <hr/> <p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>d. Months _____</p> <hr/> <p>e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>51a. Aside from regular school, did you ever take a vocational training program in the Armed Forces?</p> <p>b. Did you finish or complete this program?</p> <p>c. What type of training did you take?</p> <p>_____</p> <p>d. How long did this training last?</p> <p>e. Do you use this training on your present job (or last job if not employed)?</p>	<p>51a. 1 <input type="checkbox"/> Yes – Ask 51b 2 <input type="checkbox"/> No – Skip to 52a</p> <hr/> <p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>d. Months _____</p> <hr/> <p>e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>52a. Aside from regular school, did you ever take any other vocational, technical, or apprenticeship training (NOT counting on-the-job training given informally)?</p> <p>b. Did you finish or complete this program?</p> <p>c. Why type of training did you take?</p> <p>_____</p> <p>d. How long did this training last?</p> <p>e. Do you use this training on your present job (or last job if not employed)?</p>	<p>52a. 1 <input type="checkbox"/> Yes – Ask 52b 2 <input type="checkbox"/> No – Skip to 53a</p> <hr/> <p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>d. Months _____</p> <hr/> <p>e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>53a. Since you stopped going to school full time, have you taken any additional general courses such as English, math, or science?</p> <p>b. Did you finish or complete this course?</p> <p>c. What kind of course did you take?</p> <p>_____</p> <p>d. How long did this course last?</p> <p>e. Do you use this training on your present job (or last job if not employed)?</p>	<p>53a. 1 <input type="checkbox"/> Yes – Ask 53b 2 <input type="checkbox"/> No – Skip to 54</p> <hr/> <p>b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>d. Months _____</p> <hr/> <p>e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	

H. ASSETS AND INCOME

Do not use

<p>54. Is this house (apartment) owned or being bought by you (or your wife), or is it rented? If "Other," specify here _____</p>	<p>54. 1 <input type="checkbox"/> Owned or being bought by respondent (or wife) – <i>Go to Check Item J</i> 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> No cash rent } <i>Skip to 56a</i> 4 <input type="checkbox"/> Other</p>	
<p>CHECK ITEM J 1 <input type="checkbox"/> Respondent lives ON farm – <i>Skip to 56a</i> 2 <input type="checkbox"/> Respondent DOES NOT live on farm – <i>Ask 55a</i></p>		
<p>55a. About how much do you think this property would sell for on today's market? b. How much do you (or your wife) owe on this property for mortgages, back taxes, loans, etc.? <i>(Mortgages include deeds of trust, land contracts, contracts for deed, etc.)</i></p>	<p>55a. \$ _____ 0 <input type="checkbox"/> None b. \$ _____ 0 <input type="checkbox"/> None</p>	
<p>56a. Do you (or your wife) rent, own, or have an investment in a farm? b. What is the total market value of your farm operation? <i>(Include value of land, buildings, house, if you own them, and the equipment, livestock, stored crops, and other assets. Do not include crops held under Commodity Credit Loans.)</i> c. Does that include the value of this house? d. How much do you think this house would sell for on today's market? e. How much do you owe on mortgages or other debts in connection with the farm itself, the equipment, livestock, or anything else? <i>(Do not count Commodity Credit Loans.)</i></p>	<p>56a. 1 <input type="checkbox"/> Yes – <i>Ask 56b</i> 2 <input type="checkbox"/> No – <i>Skip to 57a</i> b. \$ _____ c. 1 <input type="checkbox"/> Yes – <i>Skip to 56e</i> 2 <input type="checkbox"/> No – <i>Ask 56d</i> d. \$ _____ 0 <input type="checkbox"/> None e. \$ _____ 0 <input type="checkbox"/> None</p>	
<p>57a. Do you (or your wife) own or have an investment in a business or professional practice? b. What is the total market value of all assets in the business, including tools and equipment? In other words, how much do you think this business would sell for on today's market? <i>(Obtain value of respondent's and wife's share only.)</i> c. What is the total amount of debts or liabilities owed by the business? <i>(Include all liabilities, as carried on the books. Respondent's and wife's share only.)</i></p>	<p>57a. 1 <input type="checkbox"/> Yes – <i>Ask 57b</i> 2 <input type="checkbox"/> No – <i>Skip to 58a</i> b. \$ _____ 0 <input type="checkbox"/> None c. \$ _____ 0 <input type="checkbox"/> None</p>	
<p>58a. Do you (or your wife) own any other real estate – not counting the property on which you are living? b. About how much do you think this property would sell for on today's market? c. How much is the unpaid amount of any mortgages on this property? d. How much other debt do you have on this property, such as back taxes or assessments, unpaid amounts of home improvement loans, or home repair bills, etc.?</p>	<p>58a. 1 <input type="checkbox"/> Yes – <i>Ask 58b</i> 2 <input type="checkbox"/> No – <i>Skip to 59a</i> b. \$ _____ 0 <input type="checkbox"/> None c. \$ _____ 0 <input type="checkbox"/> None d. \$ _____ 0 <input type="checkbox"/> None</p>	
<p>59a. Do you (or your wife) own an automobile? b. What is the make and model year of this automobile? <i>(If more than 1 car, ask about newest car.)</i> c. Do you owe any money on this automobile?</p>	<p>59a. 1 <input type="checkbox"/> Yes – How many? _____ <i>Ask 59b</i> 2 <input type="checkbox"/> No – <i>Skip to 60</i> b. Make _____ Model year _____ c. 1 <input type="checkbox"/> Yes – How much? \$ _____ 2 <input type="checkbox"/> No</p>	

H. ASSETS AND INCOME – Continued

Do not use

60. Do you (or other members of your family living here) have any money in savings or checking accounts, savings and loan companies, or credit unions?

60. 1 Yes – How much? \$ _____
2 No

61. Do you (or any other members of your family living here) have any of the following?

61.
a. 1 Yes – What is their face value? \$ _____
2 No

- a. U.S. Savings Bonds?
- b. Stocks, bonds, or shares in mutual funds?

b. 1 Yes – What is their market value? \$ _____
2 No

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

c. 1 Yes – How much? \$ _____
2 No

62. Aside from any debts you have already mentioned, do you (and your wife) now owe any money to stores, doctors, hospitals, banks, or anyone else, excluding 30-day charge accounts?

62. 1 Yes – How much altogether? \$ _____
2 No

63. Now I'd like to ask a few questions on your family's income in 1965.

63.
a. \$ _____
o None

- a. In 1965, how much did you receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

b. \$ _____
o None

- b. (If respondent is married) In 1965, how much did your wife receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

- c. (If other family members in household) In 1965, how much did all other family members living here receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

c. \$ _____
o None

64a. In 1965, how much did you receive from working on your own or in your own business, professional practice, or partnership?

64a.
Net income \$ _____
o None
1 Loss

Gross income _____ less expenses _____ = Net

- b. In 1965, how much did all other family members living here receive from working on their own or in their own business, professional practice, or partnership?

b. Net income \$ _____
o None
1 Loss

Gross income _____ less expenses _____ = Net

65. In 1965, how much did your family receive from operating a farm?

65.
Net income \$ _____
o None
1 Loss

Gross income _____ less expenses _____ = Net

**CHECK
ITEM
K**

Make the following checks

- 1 Respondent worked in 1965 (number of weeks entered in 11a on page 5). An amount should be entered in 63a, 64a, or 65.
- 2 Respondent did not work in 1965 ("None" box marked in 11a on page 5). The "None" box should be marked in 63a, 64a, and 65.

66a. In 1965, did you receive any unemployment compensation?

66a.
1 Yes { How many weeks? _____
How much did you receive altogether? \$ _____
2 No

- b. (If other family members in household) In 1965, did any other family members living here receive any unemployment compensation?

b. 1 Yes – How much? _____
2 No

67. In addition, during 1965, did anyone in this family living here receive any rental income from roomers and boarders, an apartment in this house or another building, or other real estate?

67.
Net income \$ _____
o No

Gross income _____ less expenses _____ = Net

H. ASSETS AND INCOME – Continued

Do not use

68. In 1965, did anyone receive interest or dividends on savings, stocks, bonds, or income from estates or trusts?

68.
 1 Yes – How much? \$ _____
 2 No

69. In 1965, did anyone in this family living here receive income as a result of disability or illness such as (read list):

(If "Yes" to any items in list, enter amount and indicate whether received by respondent or other family member.)

- | | | Yes | No | |
|---|---|--------------------------|----|--------------------------|
| 1. Social Security? | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |
| 2. Veteran's compensation or pension? | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |
| 3. Workmen's compensation? | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |
| 4. Aid to the Blind or the Permanently or Totally Disabled? | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |
| 5. Anything else? – Specify type | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |
| _____ | | | | |
| _____ | | | | |

Amount	Mark one column for each amount entered	
	Respondent	Other family member
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		

70. In 1965, did anyone receive any (other) Social Security payments?

70.
 1 Yes – How much? \$ _____
 Who? 2 Wife 3 Other
 4 No

71. In 1965, did anyone receive any (other) public assistance or welfare payments?
 If "Yes" – What type? _____

71.
 1 Yes – How much? \$ _____
 2 No

72a. In 1965, did you buy any food stamps under the Government's Food Stamp Plan?
b. In how many months did you buy stamps?
c. How much was your monthly bonus?

72a. 1 Yes – Ask 72b
 2 No – Skip to 73

b.
 Months _____

c.
 \$ _____

73. In 1965, did anyone receive any pensions from local, State, or Federal Government?
 If "Yes" – What type? _____

73.
 1 Yes – How much? \$ _____
 2 No

74. In 1965, did anyone receive any other type of income? (For example, royalties, annuities, contributions from family members living elsewhere, etc.)
 If "Yes" – What type? _____

74.
 1 Yes – How much? \$ _____
 2 No

Notes

I. FAMILY BACKGROUND		Do not use
75. Now I have some questions on your family background. Where were you born?	75. State _____ County _____ ----- City or town _____ ----- OR <input type="checkbox"/> Outside U.S. – <i>Specify country</i> _____ _____	
76. For how long have you been living in (<i>Name of city or county of current residence</i>)?	76. 1 <input type="checkbox"/> Less than 1 year 2 <input type="checkbox"/> 1 year or more – <i>Specify</i> _____ 3 <input type="checkbox"/> All my life – <i>Skip to 78a</i>	
77. Where did you live before moving to (<i>Name of city or county of current residence</i>)?	77. State _____ County _____ ----- City _____ ----- OR <input type="checkbox"/> Outside U.S. – <i>Specify country</i> _____	
78a. Now I'd like to ask about your parents. Are your mother and father living? b. What about your wife's parents – are her mother and father living?	78a. 1 <input type="checkbox"/> BOTH parents alive 2 <input type="checkbox"/> MOTHER alive, father dead 3 <input type="checkbox"/> FATHER alive, mother dead 4 <input type="checkbox"/> NEITHER parent alive ----- b. 1 <input type="checkbox"/> Respondent not married 2 <input type="checkbox"/> BOTH parents alive 3 <input type="checkbox"/> MOTHER alive, father dead 4 <input type="checkbox"/> FATHER alive, mother dead 5 <input type="checkbox"/> NEITHER parent alive	
79. Were your parents born in the U.S. or some other country? a. Father b. Mother	79. 1 <input type="checkbox"/> U.S. 2 <input type="checkbox"/> Outside U.S. – <i>Specify country</i> _____ ----- 1 <input type="checkbox"/> U.S. 2 <input type="checkbox"/> Outside U.S. – <i>Specify country</i> _____ ----- <i>If either parent born outside U.S., skip to 81a</i>	
80. In what country were your grandparents born? a. Mother's mother b. Mother's father c. Father's mother d. Father's father	80. 1 <input type="checkbox"/> U.S. 2 <input type="checkbox"/> Other – <i>Specify</i> _____ ----- 1 <input type="checkbox"/> U.S. 2 <input type="checkbox"/> Other – <i>Specify</i> _____ ----- 1 <input type="checkbox"/> U.S. 2 <input type="checkbox"/> Other – <i>Specify</i> _____ ----- 1 <input type="checkbox"/> U.S. 2 <input type="checkbox"/> Other – <i>Specify</i> _____ -----	
81a. When you were 15 years old, were you living –	81a. 1 <input type="checkbox"/> On a farm or ranch? 2 <input type="checkbox"/> In the country, not on farm or ranch? 3 <input type="checkbox"/> In a town or small city (under 25,000)? 4 <input type="checkbox"/> In the suburb of a large city? 5 <input type="checkbox"/> In a city of 25,000 – 100,000? 6 <input type="checkbox"/> In a large city of 100,000 or more?	

I. FAMILY BACKGROUND – Continued

Do not use

81b. With whom were you living when you were 15 years old?
 (If 6 or 7 marked, specify or describe below.)

- 81b.** 1 Father and mother
 2 Father and step-mother
 3 Mother and step-father
 4 Father
 5 Mother
 6 Some other adult MALE relative – Specify
 7 Some other arrangement – Describe
 8 On my own – Skip to 82a

c. What kind of work was your father doing when you were 15 years old?
 (If respondent did not live with father at that age, ask about the work of the head of the household where he lived at age 15.)

d. What was the highest grade of school completed by your father (or the head of the household where you lived at age 15)?

- d.** 00 Never attended school
- 1 El em. 1 2 3 4 5 6 7 8
- 2 High 1 2 3 4
- 3 College 1 2 3 4 5 6+
- 99 Don't know

82a. How many persons, not counting yourself (or your wife), are dependent upon you for at least one-half of their support?

82a. Number _____
 0 None – Skip to 83a

b. Do any of these dependents live somewhere else other than here at home with you?
 If "Yes" – What is their relationship to you? _____

- b.** 1 Yes – How many? _____
 2 No

83a. Do you have any children who do not live at home with you?

- 83a.** 1 Yes – Ask 83b
 x No – Skip to 84

b. How many sons do you have living outside the household?

c. How many daughters do you have living outside the household?

d. What is the highest grade of regular school these children have completed?
 (Fill for oldest child first, then second oldest, etc.)

- b.** Number of sons _____
- c.** Number of daughters _____
- d.** 1 Son 2 Daughter
- Education
- 1 Elem. 1 2 3 4 5 6 7 8
- 2 High 1 2 3 4
- 3 College 1 2 3 4 5 6+
- 00 Never attended school
 99 Don't know

Continue on next page if necessary.

I. FAMILY BACKGROUND – Continued

Do not use

83d. What is the highest grade of regular school these children have completed? – Continued

(Fill for oldest child first, then second oldest, etc.)

83d. 1 Son 2 Daughter

Education

1 Elem.

2 High

3 College

00 Never attended school

99 Don't know

1 Son 2 Daughter

Education

1 Elem.

2 High

3 College

00 Never attended school

99 Don't know

1 Son 2 Daughter

Education

1 Elem.

2 High

3 College

00 Never attended school

99 Don't know

1 Son 2 Daughter

Education

1 Elem.

2 High

3 College

00 Never attended school

99 Don't know

84. What is your Social Security number?

Continue with questions on next page

Notes

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

Line number	NAME List below all persons living here who are related to respondent. Enter the line number from the Household Record Card in column 85.	RELATIONSHIP TO RESPONDENT (Example; wife, son, daughter-in-law, brother, etc.)	Persons 6-24 years old			Persons 25 years old and over		Persons 14 years old and over			
			Is . . . attending or enrolled in school? Circle Y - Yes N - No	If "Yes" - What grade (year)? If "No" - What is the highest grade (year) . . . ever attended?	Did . . . finish this grade (year)?	What is the highest grade (year) of regular school . . . has ever attended?	Did . . . finish this grade (year)?	In 1965, how many weeks did . . . work either full or part time (not counting work around the house)?	In the weeks that . . . worked, how many hours did . . . usually work per week?	If person worked at all in 1965 What kind of work was . . . doing in 1965? (If more than one, record the longest)	
85	86a	86b	87	88	89	90	91	92	93	94	
		Respondent									
			Y N		Y N		Y N				
			Y N		Y N		Y N				
			Y N		Y N		Y N				
			Y N		Y N		Y N				
			Y N		Y N		Y N				
			Y N		Y N		Y N				
			Y N		Y N		Y N				
			Y N		Y N		Y N				

95. (Ask at the completion of the interview. If more than one respondent in the household, ask for each.)
 We would like to contact you again next year at this time to bring this information up to date. Would you please give me the name, address, and telephone number of two relatives or friends who will always know where you can be reached even if you move away?
 Enter information below and transcribe to Household Record Card.

	Name	Relationship to respondent	Address	Telephone number
1.				
2.				

Notes