

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

FORM **LGT-181**
(2-27-76)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SURVEY OF WORK EXPERIENCE OF MATURE MEN 1976

NATIONAL LONGITUDINAL SURVEYS

(001) 1 Respondent a noninterview in 1975 - GO to page 31

METHODS OF LOCATING RESPONDENT WHO HAS MOVED	RECORD OF CALLS		
<p>(Fill only if respondent has MOVED.)</p> <p style="text-align: center;">Successful Unsuccessful</p> <p>(002) 1 <input type="checkbox"/> 2 <input type="checkbox"/> New occupants</p> <p>(003) 1 <input type="checkbox"/> 2 <input type="checkbox"/> Neighbors</p> <p>(004) 1 <input type="checkbox"/> 2 <input type="checkbox"/> Landlord or apartment manager</p> <p>(005) 1 <input type="checkbox"/> 2 <input type="checkbox"/> Post office</p> <p>(006) 1 <input type="checkbox"/> 2 <input type="checkbox"/> Telephone company (including directory and information operator)</p> <p>(007) 1 <input type="checkbox"/> 2 <input type="checkbox"/> Persons listed on back of record card</p> <p>(008) 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other - Specify <u> </u></p>	Date	Time	Comments
		a.m.	_____
		p.m.	_____
		a.m.	_____
		p.m.	_____
		a.m.	_____
		p.m.	_____
		a.m.	_____
		p.m.	_____

RECORD OF INTERVIEW																			
<p>(009) Date completed</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td colspan="3" style="text-align: center;">-----</td> </tr> </table> <p>(010) Length of interview (minutes)</p>	Month	Day	Year				-----			<p style="text-align: center;">Interview time</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Began</td> <td style="width: 50%; text-align: center;">Ended</td> </tr> <tr> <td style="text-align: center;">a.m.</td> <td style="text-align: center;">a.m.</td> </tr> <tr> <td style="text-align: center;">p.m.</td> <td style="text-align: center;">p.m.</td> </tr> </table>	Began	Ended	a.m.	a.m.	p.m.	p.m.	<p style="text-align: center;">Regional Office code</p> <p style="text-align: center;">(011) _____ 00</p>	<p style="text-align: center;">Interviewed by</p> <p>_____</p>	
Month	Day	Year																	

Began	Ended																		
a.m.	a.m.																		
p.m.	p.m.																		

NONINTERVIEW REASON	
<p>(012) <input type="checkbox"/> Unable to contact respondent - Specify _____</p> <p>6 <input type="checkbox"/> Temporarily absent - Give return date _____</p> <p>8 <input type="checkbox"/> Institutionalized - Specify type _____</p> <p>9 <input type="checkbox"/> Refused _____</p> <p>10 <input type="checkbox"/> Deceased _____</p> <p>11 <input type="checkbox"/> Other - Specify _____</p>	

<p>1976 State/county</p> <p>(013) _____</p>	<p><i>If respondent has moved, enter new address</i></p> <p>1. Number and street</p> <p>_____</p>			
<p>PSU</p> <p>(014) _____</p>				
<p>SMSA</p> <p>(015) _____</p>	<p>2. City</p> <p>_____</p>	<p>3. County</p> <p>_____</p>	<p>4. State</p> <p>_____</p>	<p>5. ZIP code</p> <p>_____</p>

I. CURRENT LABOR FORCE STATUS AND WORK HISTORY

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

(016) 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 R – Retired
 6 U – Unable to work – SKIP to 5
 7 OT – Other – Specify ↘

2a. 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)

(019) 1 Yes 2 No – SKIP to 3a

(If "J" in 1, SKIP to b)

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

(024) 1 Yes 2 No – SKIP to 4a

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

(020) _____ Hours

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

(025) 1 Own illness
 2 On vacation
 3 Bad weather
 4 Labor dispute

ASK 3c

CHECK ITEM A

Respondent worked –

(021) 1 49 hours or more – SKIP to 6a and enter job worked at last week
 2 1–34 hours – ASK 2c
 3 35–48 hours – ASK 2d

5 New job to begin within 30 days – ASK 4c and 4d (2)
 6 Temporary layoff (under 30 days)
 7 Indefinite layoff (30 days or more or no definite recall date) ASK 4d (3)

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

(017) 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?

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

Yes – How many hours did you take off?

8 Other – Specify ↘

ASK 3c

(Mark the appropriate reason)

(018) 1 Slack work
 2 Material shortage
 3 Plant or machine repair
 4 New job started during week
 5 Job terminated during week
 6 Could find only part-time work
 7 Holiday (legal or religious)
 8 Labor dispute
 9 Bad weather
 10 Own illness
 11 Illness of family member
 12 On vacation
 13 Too busy with school, personal business, etc.
 14 Did not want full-time work
 15 Full-time work week under 35 hours
 16 Other reason – Specify ↘

(022) _____ Hours (Correct 2b if lost time not already deducted; if 2b reduced below 35, fill 2c, otherwise SKIP to 6a)

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

(026) 1 Yes
 2 No
 3 Self-employed

(SKIP to 6a and enter job worked at last week)

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

Yes – How many extra hours did you work?

(023) _____ Hours (Correct 2b if extra hours not already included and SKIP to 6a)

o No – SKIP to 6a

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

(027) 1 Yes
 2 No

(SKIP to 6a and enter job held last week)

Notes

I. CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued

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

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

028 1 Yes - ASK 4b
 2 No - SKIP to 5

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

(Mark all methods used; do not read list)

029 0 Nothing - SKIP to 5

Checked with

- 1 State employment agency
- 2 Private employment agency
- 3 Employer directly
- 4 Friends or relatives

5 Placed or answered ads

6 Other - Specify - e.g., CETA, union or professional register, etc. ↘

c. Why did you start looking for work? Was it because you lost or quit a job at that time (pause) or was there some other reason?

030 1 Lost job
 2 Quit job
 3 Wanted temporary work
 4 Health improved
 5 Other - Specify ↘

d.(1) How many weeks have you been looking for work?
(2) How many weeks ago did you start looking for work?
(3) How many weeks ago were you laid off?

031 _____ Weeks

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

032 1 Full time
 2 Part time

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

033 Yes →

- 1 Already has a job
- 2 Temporary illness
- 3 Going to school
- 4 Other - Specify ↘

5 No

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

034

Month	Day	Year
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- Mark box below ↘

035 1 Date of last interview or later (item 94R on Information Sheet) - SKIP to Check Item G, page 7
 2 Before August 1, 1971
 3 All others } SKIP to 20d, page 9

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

036

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

- Mark box below ↘

037 1 Date of last interview or later (item 94R on Information Sheet) - SKIP to Check Item G, page 7
 2 Before August 1, 1971
 3 All others } SKIP to 20d, page 9

6a.(1) DESCRIPTION OF JOB OR BUSINESS

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

(2) Is this the full and complete name of the company?
 Yes
 No - What is the full and complete name?

(3) Do you ever refer to the company by any other name?
 Yes - What is that name?

 No

(4) To the best of your knowledge, has the name of the company changed in the past 5 years?
 Yes - What was the name?

 No

039 _____

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

_____ City _____ State

040 _____

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

d. Were you -

041 1 P - An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?
 2 G - A GOVERNMENT employee (Federal, State, county, or local)?
 3 O - Self-employed in your OWN business, professional practice, or farm?
 (If not a farm)
 Is this business incorporated?
 4 Yes 5 No
 6 WP - Working WITHOUT PAY in family business or farm?

042 _____

e. What kind of work were you doing? (For example: electrical engineer, waiter, stock clerk, farmer)

f. What were your most important activities or duties? (For example: selling cars, operating printing press, finishing concrete, cleaning buildings)

g. When did you start working for (entry in 6a)?

043

Month	Day	Year
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I. CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued

<p>8a. How long does it usually take you to get to work?</p>	<p>8a.</p> <p>(064) _____ Hours and/or (065) _____ Minutes</p>	
<p>b. What means of transportation do you usually use to get to work? (Mark (X) all that apply)</p> <p>If "Other," specify here → _____</p>	<p>b.</p> <p>(066) 1 <input type="checkbox"/> Own auto - ASK c (067) 2 <input type="checkbox"/> Ride with someone else (068) 3 <input type="checkbox"/> Bus or streetcar (069) 4 <input type="checkbox"/> Subway or elevated (070) 5 <input type="checkbox"/> Railroad (071) 6 <input type="checkbox"/> Taxicab (072) 7 <input type="checkbox"/> Walk only (073) 8 <input type="checkbox"/> Other</p>	<p>} SKIP to d</p> <p>} SKIP to Check Item C</p>
<p>c.(1) What is the total round trip cost of any parking fees or tolls you have to pay when you drive your own auto?</p>	<p>c. (1)</p> <p>(074) 0 <input type="checkbox"/> No cost OR (075) \$ _____ . _____ per: ↘ (Dollars) (Cents) (076) 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month</p>	
<p>(2) How many miles do you go by auto round trip?</p>	<p>(2)</p> <p>(077) _____ Miles</p>	
<p><input type="checkbox"/> Only box 1 marked in b - SKIP to Check Item C</p> <p>d. What is the total cost of the round trip by (means of transportation in b other than own auto)?</p>	<p>d.</p> <p>(078) 0 <input type="checkbox"/> No cost OR (079) \$ _____ . _____ per: ↘ (Dollars) (Cents) (080) 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month</p>	
<p>CHECK ITEM C</p>	<p>Refer to Item 91R</p>	<p>(081) 1 <input type="checkbox"/> Respondent was in Labor Force Group A in 1975 (box 1 marked in item 91R) - GO to Check Item D 2 <input type="checkbox"/> All others - SKIP to 12a</p>
<p>CHECK ITEM D</p>	<p>Refer to 6a and item 92R</p>	<p>(082) 1 <input type="checkbox"/> Current employer SAME as last year (Entries in 6a and item 92R of the Information Sheet are the same) - GO to Check Item E 2 <input type="checkbox"/> Current employer DIFFERENT from last year - (Entries in 6a and item 92R of the Information Sheet are different) - SKIP to 11a</p>
<p>CHECK ITEM E</p>	<p>Refer to 6e and item 93R</p>	<p>(083) 1 <input type="checkbox"/> Current kind of work SAME as last year (Entries in 6e and item 93R of the Information Sheet are the same) - SKIP to 10a 2 <input type="checkbox"/> Current kind of work DIFFERENT from last year (Entries in 6e and item 93R of the Information Sheet are different) - ASK 9</p>
<p>9. I see that you are not doing the same kind of work you were doing at this time last year.</p> <p>Why are you no longer doing this kind of work?</p>	<p>9.</p> <p>(084) 1 <input type="checkbox"/> Promotion 2 <input type="checkbox"/> Job was eliminated 3 <input type="checkbox"/> "Bumped" from job 4 <input type="checkbox"/> Other - Specify _____</p>	
<p>10a. During the past 12 months, have you worked any place other than (entry in 6a)?</p>	<p>10a.</p> <p>(085) 1 <input type="checkbox"/> Yes - ASK b 2 <input type="checkbox"/> No - SKIP to 16, page 7</p>	
<p>b. How many other places?</p>	<p>b.</p> <p>(086) _____ Places</p>	
<p>c. For whom did you work? (If more than one, ask about longest)</p>	<p>c.</p> <p>(087) <input type="checkbox"/></p>	
<p>d. Were you working for (entry in 6a) and (entry in 10c) at the same time?</p>	<p>d.</p> <p>(088) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 13a</p>	

I. CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued

11a. Last year at this time you were working at (Name of company in item 92R on Information Sheet). Why did you happen to leave that job?

11a. (089)

b. How did you happen to find out about the job you have now?
(Mark (X) all that apply)

- b. (090) 1 Checked with State employment agency
 * 2 Checked with private employment agency
 3 Checked directly with employer
 4 Placed or answered ads
 5 Checked with friends or relatives
 6 Other - Specify _____

c. Since you left (entry in 92R), have you held any jobs other than (entry in 6a)?

- c. (091) 1 Yes - ASK d
 2 No - SKIP to 16

d. How many other jobs?

d. (092) _____ Jobs

e. Since you left (entry in 92R), for whom did you work the LONGEST?

- e. (093) 1 Same as current job in 6a - SKIP to 16
 (094) 2 _____ - SKIP to 13a

12a. Last year at this time you weren't working. Have you worked at more than one job since then?

- 12a. (095) 1 Yes - ASK b
 2 No - SKIP to Check Item F

b. How many jobs?

b. (096) _____ Jobs

c. Including your current job, did you hold more than one of these jobs at the same time?

- c. (097) 1 Yes
 2 No

d. In the last 12 months, for whom have you worked the LONGEST?

- d. (098) 1 Same as current job in 6a - SKIP to Check Item F
 (099) 2 _____ - ASK 13a

13a. What kind of business or industry was that?

13a. (100)

b. In what city and State was (entry in 10c, 11e or 12d) located?

b. (101)
 City _____ State _____

c. Were you -

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

- c. (102) 1 P - Private
 2 G - Government
 3 O - Self-employed
 4 WP - Without pay

d. How many hours per week did you usually work at that job?

d. (103) _____ Hours

e. When did you START working at that job?

e. (104) _____ Month

(105) 19____ Year

f. When did you STOP working at that job?

- f. (106) 1 Still working there - SKIP to j

(107) _____ Month

(108) 19____ Year

g. How did you happen to leave that job?

g. (109)

h. When you left that job, how much were you usually earning before deductions?

h. (110) \$ _____ . _____ per hour
 (Dollars) (Cents)

OR

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

- (112) 2 Day
 3 Week
 4 Biweekly
 5 Month
 6 Year
 7 Other - Specify _____

I. CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued

<p>13i. What kind of work were you doing when you left that job?</p> <p>j. How much do you usually earn at this job before deductions?</p> <p>k. What kind of work are you doing at this job?</p> <p>l. Did you ever do any other kind of work at this job?</p> <p>m. How many other kinds?</p> <p>n. What kind of work? (If more than one, ask about longest)</p>	<p>13i. (113) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ SKIP to 1</p> <p>j. (114) \$ _____ (Dollars) . _____ (Cents) per hour</p> <p style="text-align: center;">OR</p> <p>(115) \$ _____ (Dollars only) . <input type="text" value="00"/> per: ↘</p> <p>(116) 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly 5 <input type="checkbox"/> Month 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other - Specify _____</p> <p>k. (117) <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>l. (118) 1 <input type="checkbox"/> Yes - ASK m 2 <input type="checkbox"/> No - SKIP to Check Item F</p> <p>m. (119) _____ Kinds of work</p> <p>n. (120) <input type="text"/> <input type="text"/> <input type="text"/> _____</p>
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CHECK ITEM F	Refer to item 91R	<p>Respondent -</p> <p>(121) 1 <input type="checkbox"/> Was in Labor Force Group B in 1975 - ASK 14 2 <input type="checkbox"/> Was in Labor Force Group C in 1975 - SKIP to 15a 3 <input type="checkbox"/> All others - SKIP to 16</p>
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<p>14. Last year you told us that you were looking for work. How did you happen to find out about the job you now have? (Mark (X) all methods used)</p>	<p>14. (122) 1 <input type="checkbox"/> Checked with State employment agency * 2 <input type="checkbox"/> Checked with private employment agency 3 <input type="checkbox"/> Checked directly with employer 4 <input type="checkbox"/> Placed or answered ads 5 <input type="checkbox"/> Checked with friends or relatives 6 <input type="checkbox"/> Other - Specify _____</p> <p style="text-align: right;">} SKIP to 16</p>
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<p>15a. Last year when we contacted you, you were not looking for work. What made you decide to take a job? (Mark (X) the main reason)</p> <p>b. How did you happen to find out about the job you have now? (Mark (X) all methods used)</p>	<p>15a. (123) 1 <input type="checkbox"/> Recovered from illness 2 <input type="checkbox"/> Bored 3 <input type="checkbox"/> Needed money 4 <input type="checkbox"/> Heard about job I qualified for 5 <input type="checkbox"/> Unemployment in family 6 <input type="checkbox"/> Inflation 7 <input type="checkbox"/> Improved job market 8 <input type="checkbox"/> Other - Specify _____</p> <p>b. (124) 1 <input type="checkbox"/> Checked with State employment agency * 2 <input type="checkbox"/> Checked with private employment agency 3 <input type="checkbox"/> Checked directly with employer 4 <input type="checkbox"/> Placed or answered ads 5 <input type="checkbox"/> Checked with friends or relatives 6 <input type="checkbox"/> Other - Specify _____</p>
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<p>16. How do you feel about the job you have now? Do you like it very much, like it fairly well, dislike it somewhat, or dislike it very much?</p>	<p>16. (125) 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</p> <p style="text-align: right;">} SKIP to 20a, page 9</p>
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CHECK ITEM G	Refer to item 91R	<p>(126) 1 <input type="checkbox"/> Respondent was in Labor Force Group A in 1975 - SKIP to 18a 2 <input type="checkbox"/> All others - ASK 17a</p>
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I. CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued

<p>17a. Last year at this time you weren't working. Have you worked at more than one job since then?</p> <p>b. How many jobs?</p> <p>c. Did you hold more than one of these jobs at the same time?</p> <p>d. Now I'd like to know about the (longest) job you've had in the last 12 months. For whom did you work?</p>	<p>17a. (127) 1 <input type="checkbox"/> Yes - ASK b 2 <input type="checkbox"/> No - SKIP to d</p> <hr/> <p>b. (128) _____ Jobs</p> <hr/> <p>c. (129) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>d. (130) <input type="checkbox"/> _____ SKIP to 19b</p>
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<p>18a. Last year at this time you were working at (name of company in item 92R on Information Sheet). When did you stop working there?</p> <p>b. Why did you happen to leave that job?</p> <p>c. Last year, you were working as (kind of work in item 93R on Information Sheet). Did you do any other kind of work at that job before you left it?</p> <p>d. How many other kinds?</p> <p>e. What kind of work did you do? (If more than one, ask about longest)</p> <p>f. How many jobs have you held since you stopped working at (name of company in item 92R on Information Sheet)?</p> <p>g. Did you hold any of these jobs including your last one at the same time?</p>	<p>18a. (131) _____ Month (132) 19____ Year</p> <hr/> <p>b. (133) <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>c. (134) 1 <input type="checkbox"/> Yes - ASK d 2 <input type="checkbox"/> No - SKIP to f</p> <hr/> <p>d. (135) _____ Kinds of work</p> <p>e. (136) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>f. (137) _____ Jobs - ASK g 0 <input type="checkbox"/> None - SKIP to 20a</p> <hr/> <p>g. (138) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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<p>19a. (If more than one, ask about longest) Now I'd like to know about the job you had since you stopped working at (entry in item 92R). For whom did you work?</p> <p>b. In what city and State was (entry in 19a or 17d) located?</p> <p>c. What kind of business or industry was that?</p> <p>d. Were you - (1) An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? (2) A GOVERNMENT employee (Federal, State, county, or local)? (3) Self-employed in your OWN business, professional practice, or farm? (4) Working WITHOUT PAY in family business or farm?</p> <p>e. How many hours per week did you usually work?</p> <p>f. When did you START working at that job?</p> <p>g. When did you STOP working at that job?</p> <p>h. When you left that job, how much were you usually earning before deductions?</p>	<p>19a. (139) <input type="checkbox"/></p> <hr/> <p>b. (140) <input type="checkbox"/> <input type="checkbox"/> City _____ State _____</p> <hr/> <p>c. (141) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>d. (142) 1 <input type="checkbox"/> P - Private 2 <input type="checkbox"/> G - Government 3 <input type="checkbox"/> O - Self-employed 4 <input type="checkbox"/> WP - Without pay</p> <hr/> <p>e. (143) _____ Hours</p> <hr/> <p>f. (144) _____ Month (145) 19____ Year</p> <hr/> <p>g. (146) _____ Month (147) 19____ Year</p> <hr/> <p>h. (148) \$ _____ . _____ per hour (Dollars) (Cents)</p> <p align="center">OR</p> <p>(149) \$ _____ . <input type="text" value="00"/> per: ↘ (Dollars only)</p> <p>(150) 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly 5 <input type="checkbox"/> Month 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other - Specify _____</p>
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I. CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued

<p>19i. How did you happen to leave that job?</p>	19i.	<p>(151) <input type="text"/></p>
<p>j. What kind of work were you doing when you left that job?</p>	j.	<p>(152) <input type="text"/></p>
<p>k. Did you ever do any other kind of work at that job?</p>	k.	<p>(153) 1 <input type="checkbox"/> Yes - ASK I 2 <input type="checkbox"/> No - SKIP to 20a</p>
<p>l. How many other kinds?</p>	l.	<p>(154) _____ Kinds of work</p>
<p>m. What kind of work? <i>(If more than one, ask about longest)</i></p>	m.	<p>(155) <input type="text"/></p>
<p>20a. In the last 12 months, how many different weeks did you work altogether? Count any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.</p>	20a.	<p>(156) _____ Weeks - ASK 20b 0 <input type="checkbox"/> None - SKIP to 20d</p>
<p>b. During the weeks that you worked, how many hours per week did you usually work?</p>	b.	<p>(157) _____ Hours per week</p>
<p>CHECK ITEM H <i>Refer to 20a</i></p>		<p>(158) 1 <input type="checkbox"/> 52 weeks in 20a - SKIP to Check Item J 2 <input type="checkbox"/> 1-51 weeks in 20a - ASK 20c</p>
<p>20c. You said you worked (entry in 20a) weeks in the last 12 months. How many of the remaining (52 minus entry in item 20a) weeks were you looking for work or on layoff from a job?</p>	20c.	<p>(159) _____ Weeks } SKIP to Check Item I 0 <input type="checkbox"/> None</p>
<p>d. You said you did not work at all during the last 12 months. How many weeks in that time were you looking for work or on layoff from a job?</p>	d.	<p>(160) _____ Weeks - If 52, SKIP to Check Item J - If less than 52, SKIP to 20e</p>
<p>CHECK ITEM I <i>Refer to 20a and 20c</i></p>		<p>(161) 1 <input type="checkbox"/> Entry in item 20a + entry in item 20c = 52 weeks - SKIP to Check Item J 2 <input type="checkbox"/> Entry in item 20a + entry in item 20c = less than 52 weeks - ASK 20e</p>
<p>20e. What was the main reason you were not working or looking for work during the remaining weeks in the last 12 months?</p>	20e.	<p>(162) 1 <input type="checkbox"/> Personal, family reasons 2 <input type="checkbox"/> Ill or disabled, unable to work 3 <input type="checkbox"/> Did not want to work 4 <input type="checkbox"/> Retired 5 <input type="checkbox"/> No suitable jobs available, would not have done any good to look 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Other - Specify <input type="text"/></p>
<p>CHECK ITEM J <i>Refer to 1, 2a, 3a, or 4a</i></p>		<p>Respondent is in - (163) 1 <input type="checkbox"/> Labor Force Group A ("WK" or "J" in I or "Yes" in 2a or 3a) - SKIP to 24a, page 11 2 <input type="checkbox"/> Labor Force Group B ("LK" in I or "Yes" in 4a) - SKIP to 23a 3 <input type="checkbox"/> Labor Force Group C (All others) - ASK 21a</p>
<p>21a. Do you intend to look for work of any kind in the next 12 months?</p>	21a.	<p>(164) 1 <input type="checkbox"/> Yes - definitely } ASK b 2 <input type="checkbox"/> Yes - probably } <input type="checkbox"/> Maybe - What does it depend on? _____ } SKIP to 22a 3 <input type="checkbox"/> No } SKIP to 22a 4 <input type="checkbox"/> Don't know }</p>
<p>b. When do you intend to start looking for work?</p>	b.	<p>(165) _____ Month</p>
<p>c. What kind of work do you think you will look for?</p>	c.	<p>(166) <input type="text"/></p>
<p>d. What will you do to find work? <i>(Mark (X) all that apply)</i></p>	d.	<p>Check with - (167) 1 <input type="checkbox"/> State employment agency (or counselor) (168) 2 <input type="checkbox"/> Private employment agency (169) 3 <input type="checkbox"/> Employer directly (170) 4 <input type="checkbox"/> Friends or relatives (171) 5 <input type="checkbox"/> Place or answer ads (172) 6 <input type="checkbox"/> Other - Specify _____</p>

I. CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued

22a. Why would you say that you are not looking for work at this time?

(Mark (X) the main reason)

22a.

- (173) 1 Personal, family reasons
 2 Health reasons
 3 Does not want to work at this time of year
 4 Retired
 5 Couldn't find work
 6 Believes no work available
 7 Other or no reason

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

b.

- (174) 1 Yes, definitely
 2 Yes, if it is something I can do
 3 Yes, if satisfactory wage
 4 Yes, if satisfactory location
 5 Yes, if satisfactory hours
 6 Yes, if other _____
 7 No, health won't permit
 8 No, don't want to work, retired
 9 No, don't need the money
 0 No, other _____
- ASK c
- SKIP to Check Item K

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

c.


(175)

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

d.

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

OR

(177) \$ _____ . per: 
 (Dollars only)

- (178) 2 Day
 3 Week
 4 Biweekly
 5 Month
 6 Year
 7 Any pay
 8 Other - Specify _____

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

e.

(179) _____ Hours - SKIP to Check Item K

23a. What type of work are you looking for?

23a.

(180)

b. How many hours per week do you want to work?

b.


(181) _____ Hours

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

c.

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

OR

(183) \$ _____ . per: 
 (Dollars only)

- (184) 2 Day
 3 Week
 4 Biweekly
 5 Month
 6 Year
 7 Any pay
 8 Other - Specify _____

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

d.

- (185) 1 Yes - ASK e
 2 No - SKIP to f



e. What are these restrictions?

e.

(186)

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

f.

- (187) 1 Yes, definitely
 2 It depends on type of work
 3 It depends if satisfied with company
 4 It depends - Other - Specify below 
 5 No, pay not high enough
 6 No, other - Specify 

II. RETROSPECTIVE WORK HISTORY

CHECK ITEM K	Refer to 4g and 5	(188) 1 <input type="checkbox"/> Code box 2 marked in item 4g or 5 (last job before August 1, 1971) – SKIP to 25a 2 <input type="checkbox"/> All others – ASK 24a
24a. Now I'd like you to think back over the past 5 years, that is, since August of 1971. During that time, for which employer did you work the longest? (Name of company, business, organization or other employer)		24a. (189) <input type="checkbox"/>
CHECK ITEM L	Refer to 24a and 6a, 10c, 11e, 12d, 17d, or 19a	(190) 1 <input type="checkbox"/> 24a same as 6a (current job) 2 <input type="checkbox"/> 24a same as 10c, 11e, 12d, 17d, or 19a (previous job already described) 3 <input type="checkbox"/> All others – ASK 24b <div style="float: right; margin-left: 20px;">} SKIP to 25a</div>
24b. In what city and State was (entry in 24a) located?		24b. (191) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> City _____ State _____
c. What kind of business or industry was that?		c. (192) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Were you – (1) An employee of a PRIVATE company, business or individual for wages, salary, or commissions? (2) A GOVERNMENT employee (Federal, State, county or local)? (3) Self-employed in your OWN business, professional practice or farm? (4) Working WITHOUT PAY in family business or farm?		d. (193) 1 <input type="checkbox"/> P – Private 2 <input type="checkbox"/> G – Government 3 <input type="checkbox"/> O – Self-employed 4 <input type="checkbox"/> WP – Without pay
e. How many hours per week did you usually work?		e. (194) _____ Hours
f. When did you START working at that job?		f. (195) _____ Month (196) 19____ Year
g. When did you STOP working at that job?		g. (197) _____ Month (198) 19____ Year
h. What kind of work were you doing when you left that job?		h. (199) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i. When you left that job, how much were you usually earning before deductions?		i. (200) \$ _____ . _____ per hour (Dollars) (Cents) <p align="center">OR</p> (201) \$ _____ . <input type="checkbox"/> <input type="checkbox"/> per: (Dollars only) (202) 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly 5 <input type="checkbox"/> Month 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify _____

II. RETROSPECTIVE WORK HISTORY – Continued

25a. In the past 5 years, have you taken any training courses or educational programs of any kind, either on the job or elsewhere?

- 25a. (203) 1 Yes – ASK b
2 No – SKIP to 26

b. What kind of training did you take?
(If more than one, describe the longest)

- b. (204) 1 Professional, technical
2 Managerial
3 Clerical
4 Skilled manual
5 Other – Specify _____

c. Where did you take this training?

- c. (205) 1 University or college
2 Business college, technical institute
3 Company training school
4 Correspondence course
5 Adult education or night school
6 Other – Specify _____

d. How long did you attend this program?

- d. (206) _____ Weeks

e. How many hours per week did you spend on this program?

- e. (207) _____ Hours per week

f. Did you complete this program?

- f. (208) 1 Yes
2 No, dropped out
3 No, still enrolled

g. Do you see any possibility of using this training in retirement?

- g. (209) 1 Yes
2 No

Box 2 or 3 is marked in Check Item J on page 9 – SKIP to Check Item M

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

- h. (210) 1 Yes
2 No

**CHECK
ITEM M**

Refer to I

- (211) 1 Respondent is retired ("R" in item I) – SKIP to 27a
2 All others – ASK 26

26. All in all, so far as your work is concerned, would you say that you've progressed during the past 5 years, moved backward, or just about held your own?

26. (212) 1 Progressed
2 Moved backward
3 Held own
4 Retired
5 Unable to work

27a. During the past 5 years, do you feel that so far as work is concerned, you have been in any way discriminated against because of your age?

- 27a. (213) 1 Yes – ASK b
2 No – SKIP to 28a

b. In what way(s)?

b. (214)

(215)

(216)

II. RETROSPECTIVE WORK HISTORY – Continued

<p>28a. During that period, do you feel that so far as work is concerned, you have been in any way discriminated against because of race, religion, sex, nationality, or for any other reason?</p> <p>b. For what reason? (Mark (X) all that apply)</p>	<p>28a.</p> <p>b.</p>	<p>(217) 1 <input type="checkbox"/> Yes – ASK b</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item N</p> <hr/> <p>(218) 1. <input type="checkbox"/> Race</p> <p>* 2 <input type="checkbox"/> Religion</p> <p>3 <input type="checkbox"/> Sex</p> <p>4 <input type="checkbox"/> Nationality</p> <p>5 <input type="checkbox"/> Other – Specify _____</p>
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CHECK ITEM N	Refer to 4g and 5	<p>(219) 1 <input type="checkbox"/> Has not worked since August 1, 1971 (box 2 marked in 4g or 5) – Enter “260” in 29 and SKIP to 30a</p> <p>2 <input type="checkbox"/> All others – ASK 29</p>
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<p>29. Excluding paid vacations and paid sick leave, since August 1971 – in about how many different weeks were you NOT working?</p>	<p>29.</p>	<p>(220) _____ Weeks – ASK 30a</p> <p>0 <input type="checkbox"/> None – SKIP to Check Item O</p>
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<p>30a. How many of these (entry in 29) weeks since August 1971 were you looking for work or on layoff from a job?</p> <p>b. That means there were about (entry in 29 less entry in 30a) weeks since August 1971 that you were not working or looking for work. Is that correct? (Record number of weeks)</p>	<p>30a.</p> <p>b.</p>	<p>(221) _____ Weeks</p> <p>0 <input type="checkbox"/> None</p> <hr/> <p>(222) _____ Weeks</p> <p>(223) 1 <input type="checkbox"/> Yes – GO to Check Item O</p> <p>2 <input type="checkbox"/> No – Determine whether 29, 30a, or 30b is incorrect and make necessary correction.</p>
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CHECK ITEM O	Refer to 1, 2a, or 3a	<p>(224) 1 <input type="checkbox"/> In Labor Force Group A (“WK” or “J” in 1 or “Yes” in 2a or 3a) – ASK 31</p> <p>2 <input type="checkbox"/> All others – SKIP to 32a</p>
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<p>31. As you look back over the past 5 years, would you say that –</p> <p>a. The pressures you feel in your job have increased, decreased, or remained about the same?</p> <p>b. There has been any change in your ability to keep up with the pace of your job?</p> <p>c. The amount of fatigue you feel at the end of a work day has increased, decreased, or remained about the same?</p>	<p>31a.</p> <p>b.</p> <p>c.</p>	<p>(225) 1 <input type="checkbox"/> Increased</p> <p>2 <input type="checkbox"/> Decreased</p> <p>3 <input type="checkbox"/> Remained about the same</p> <hr/> <p>(226) 0 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes</p> <p>(227) 2 <input type="checkbox"/> Is it easier?</p> <p>3 <input type="checkbox"/> Is it harder?</p> <hr/> <p>(228) 1 <input type="checkbox"/> Increased</p> <p>2 <input type="checkbox"/> Decreased</p> <p>3 <input type="checkbox"/> Remained about the same</p>
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<p>Notes</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">(229)</td></tr> <tr><td style="text-align: center;">(230)</td></tr> <tr><td style="text-align: center;">(231)</td></tr> <tr><td style="text-align: center;">(232)</td></tr> </table>	(229)	(230)	(231)	(232)
(229)					
(230)					
(231)					
(232)					

III. ATTITUDES

32. We would like to find out whether people's outlook on life has any effect on the kind of jobs they have, the way they look for work, how much they work, and matters of that kind. On each of these cards is a pair of statements, numbered 1 or 2. For each pair, please select ONE statement which is closer to your opinion. In addition, tell me whether the statement you select is MUCH CLOSER to your opinion or SLIGHTLY CLOSER.

In some cases you may find that you believe both statements, in other cases you may believe neither one. Even when you feel this way about a pair of statements, select the one statement which is more nearly true in your opinion.

Try to consider each pair of statements separately when making your choices; do not be influenced by your previous choices.

- a. (233)* 1 Many of the unhappy things in people's lives are partly due to bad luck. 2 People's misfortunes result from the mistakes they make.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

- b. (234)* 1 In the long run, people get the respect they deserve in this world. 2 Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

- c. (235)* 1 Without the right breaks, one cannot be an effective leader. 2 Capable people who fail to become leaders have not taken advantage of their opportunities.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

- d. (236)* 1 Becoming a success is a matter of hard work; luck has little or nothing to do with it. 2 Getting a good job depends mainly on being in the right place at the right time.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

- e. (237)* 1 What happens to me is my own doing. 2 Sometimes I feel that I don't have enough control over the direction my life is taking.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

- f. (238)* 1 When I make plans, I am almost certain that I can make them work. 2 It is not always wise to plan too far ahead, because many things turn out to be a matter of good or bad fortune anyhow.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

- g. (239)* 1 In my case, getting what I want has little or nothing to do with luck. 2 Many times we might just as well decide what to do by flipping a coin.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

III. ATTITUDES – Continued

32h. (240)*¹ Who gets to be boss often depends on who was lucky enough to be in the right place first.

2 Getting people to do the right thing depends upon ability; luck has little or nothing to do with it.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

i. (241)*¹ Most people don't realize the extent to which their lives are controlled by accidental happenings.

2 There is really no such thing as "luck."

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

j. (242)*¹ In the long run, the bad things that happen to us are balanced by the good ones.

2 Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

k. (243)*¹ Many times I feel that I have little influence over the things that happen to me.

2 It is impossible for me to believe that chance or luck plays an important role in my life.

Is this statement much closer or slightly closer to your opinion?

8 Much 9 Slightly

I would like to find out how you feel about various aspects of your life these days. For each of the things I mention, I'd like to know whether you are very happy, somewhat happy, somewhat unhappy or very unhappy.

33a. Your housing – would you say you are very happy, somewhat happy, somewhat unhappy, or very unhappy?

33a. (244) ¹ Very happy
 2 Somewhat happy
 3 Somewhat unhappy
 4 Very unhappy

b. The local area in which you live?

b. (245) ¹ Very happy
 2 Somewhat happy
 3 Somewhat unhappy
 4 Very unhappy

c. Your health condition?

c. (246) ¹ Very happy
 2 Somewhat happy
 3 Somewhat unhappy
 4 Very unhappy

d. Your standard of living?

d. (247) ¹ Very happy
 2 Somewhat happy
 3 Somewhat unhappy
 4 Very unhappy

e. Your leisure time activities?

e. (248) ¹ Very happy
 2 Somewhat happy
 3 Somewhat unhappy
 4 Very unhappy

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

34. (249) ¹ Very happy
 2 Somewhat happy
 3 Somewhat unhappy
 4 Very unhappy

Notes

(250)

(251)

(252)

(253)

IV. PLANS FOR THE FUTURE

CHECK ITEM P		
	Refer to 1, 2a, or 3a	(254) 1 <input type="checkbox"/> Respondent in Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) – ASK 35a 2 <input type="checkbox"/> Respondent is retired ("R" in 1) – SKIP to 41a 3 <input type="checkbox"/> All others – SKIP to 36a
35a. 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?	35a.	(255) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 36a
b. At what age?	b.	(256) _____ Age 0 <input type="checkbox"/> Don't know
c. Would you work longer than that if you could?	c.	(257) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Don't know } ASK d 3 <input type="checkbox"/> No – SKIP to f
d. If there were no compulsory retirement, at what age would you expect to stop working at your regular job?	d.	(258) _____ Age – SKIP to 37a (259) 1 <input type="checkbox"/> Would not stop working – ASK e 2 <input type="checkbox"/> Don't know – SKIP to 37a
e. Why would you never expect to retire?	e.	(260) <input type="checkbox"/> _____ – SKIP to 37a
f. Do you expect to retire before this age?	f.	(261) 1 <input type="checkbox"/> Yes – ASK 36a 2 <input type="checkbox"/> No – SKIP to 37a
36a. At what age do you expect to stop working at a regular job?	36a.	(262) _____ Age } SKIP to 37a (263) 1 <input type="checkbox"/> Don't know } 2 <input type="checkbox"/> Already stopped – SKIP to 41a, page 18 3 <input type="checkbox"/> Don't plan to stop working – ASK b
b. Why do you never expect to retire?	b.	(264) <input type="checkbox"/> _____ – SKIP to 38a
37a. Have you given any thought to what you will do after you retire from your (a) regular job?	37a.	(265) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 38a
b. What do you think you will do? (Mark (X) all that apply)	b.	(266) 1 <input type="checkbox"/> Travel; visit friends (267) 2 <input type="checkbox"/> Relax; take it easy (268) 3 <input type="checkbox"/> Enjoy a hobby (269) 4 <input type="checkbox"/> Volunteer activities (270) 5 <input type="checkbox"/> Take another job; go into business (271) 6 <input type="checkbox"/> Other – Specify _____ _____
<input type="checkbox"/> Box 5 is not marked in 37b – SKIP to 38a		(272) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. What kind of work?	c.	
d. How many hours a week do you think you will want to work?	d.	(273) _____ Hours per week
38a. When you reach retirement age will you be eligible for Social Security or Railroad Retirement benefits?	38a.	(274) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to Check Item Q
b. How much income per month can you (and your wife) expect from Social Security or Railroad Retirement?	b.	(275) \$ _____ . <input type="text" value="00"/> per month (276) 1 <input type="checkbox"/> The maximum amount 2 <input type="checkbox"/> Don't know

IV. PLANS FOR THE FUTURE - Continued

CHECK ITEM Q		
	<i>Refer to 6d</i>	(277) 1 <input type="checkbox"/> "P" or "G" in item 6d - ASK 39a 2 <input type="checkbox"/> All others - SKIP to 40
39a. Does your employer or union have a pension plan, other than Social Security or Railroad Retirement, that will provide some income to you when you reach retirement age?	39a.	(278) 1 <input type="checkbox"/> Yes - ASK b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 40
b. If you stay on this job, at what age will you be eligible to receive FULL benefits from this plan?	b.	(279) _____ Age } SKIP to e (280) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Already eligible - ASK c 3 <input type="checkbox"/> Never - SKIP to d
c. At what age did you become eligible?	c.	(281) _____ Age - SKIP to k
d. Why will you never be eligible for FULL benefits?	d.	(282) 1 <input type="checkbox"/> Haven't worked at job long enough 2 <input type="checkbox"/> Will get lump sum 3 <input type="checkbox"/> Other reasons related to company rules 4 <input type="checkbox"/> Other - Specify _____ 5 <input type="checkbox"/> Don't know
e. Is there any earlier age at which you would be eligible to receive REDUCED benefits from this plan?	e.	(283) 1 <input type="checkbox"/> Yes - At what age? (284) _____ Age - SKIP to g (285) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to h 4 <input type="checkbox"/> Already eligible - ASK f 5 <input type="checkbox"/> Never - SKIP to h
f. At what age did you become eligible?	f.	(286) _____ Age
g. How much income per month would you be eligible for if you were to receive reduced benefits?	g.	(287) \$ _____ . 00 per month 0 <input type="checkbox"/> Don't know
<input type="checkbox"/> "Already eligible" (box 4) in 39e - SKIP to l h. If you left this job today, could you later start drawing a benefit?	h.	(288) 1 <input type="checkbox"/> Yes - ASK i 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to l
i. At what age could you draw this benefit?	i.	(289) _____ Age 0 <input type="checkbox"/> Don't know
j. Under these circumstances, how much income per month would you be eligible for?	j.	(290) \$ _____ . 00 per month } SKIP to l 0 <input type="checkbox"/> Don't know
k. If you were to retire today, how much income per month would you get under this pension plan?	k.	(291) \$ _____ . 00 per month } SKIP to 40 0 <input type="checkbox"/> Don't know
<input type="checkbox"/> Never eligible in 39b - SKIP to 40 l. If you were to continue to work with your present employer until you are eligible for full retirement benefits, how much income per month would you get under this pension plan?	l.	(292) \$ _____ . 00 per month 0 <input type="checkbox"/> Don't know

IV. PLANS FOR THE FUTURE - Continued

40. When people retire from their jobs they may receive income from several sources. When you reach retirement age about how much income per month or per year would you get from all sources if you did not work at all? Include even such things as income from interest on savings accounts and annuities.

40. (293) \$ _____ . per month or }
 (294) \$ _____ . per year } SKIP to 42
 (295) 0 Don't know

41a. Why did you decide to retire?

41a. (296) 1 Compulsory retirement - SKIP to e

 _____ } ASK b

b. Would you say that your employer encouraged you to retire?

b. (297) Yes - In what way(s)?

 0 No

c. If you had it to do over again, would you retire at the same age?

c. (298) 1 Yes - SKIP to g
 2 No - ASK d
 3 Don't know - SKIP to g

d. Would you retire earlier or later?

d. (299) 1 Earlier } SKIP to g
 2 Later }

e. Would you have continued to work either part time or full time if your employer had let you?

e. (300) 1 Yes - ASK f
 2 No } SKIP to g
 3 Don't know }

f. Would you have been willing to work full time or part time?

f. (301) 1 Full time
 2 Part time
 3 Either

g. All in all, how does your life in retirement compare with what you expected it to be? Is it -

g. (302) 1 Much better?
 2 Somewhat better?
 3 About what you expected?
 4 Somewhat worse?
 5 Much worse?

If elderly relative in room, mark the "Elderly relative in room" box and go to 43a.

42. At what age do you think you will have no dependents (other than your wife)?

42. (303) _____ Age
 (304) 1 Elderly relative in room
 2 No dependents now
 3 Don't know
 4 Never

Notes

(305) _____
 (306) _____
 (307) _____

V. HEALTH

43a. Does your health or physical condition prevent you from working altogether?

- 43a. (308) 1 Yes – ASK b
2 No – SKIP to 44a

b. When did you become unable to work altogether?

- b. (309) _____ Month
(310) 19____ Year } SKIP to Check Item R

44a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?

- 44a. (311) 1 Yes – ASK b
2 No – SKIP to 45a

b. How long have you been limited in this way?

- b. (312) _____ Years
OR
(313) _____ Months

45a. Has your health ever prevented you from working for 6 or more months in a row?

- 45a. (314) 1 Yes – ASK b
2 No – SKIP to Check Item R

b. How long were you prevented from working?
(Most recent if more than one)

- b. (315) _____ Years
OR
(316) _____ Months

c. When did you recover?

- c. (317) _____ Month
(318) 19____ Year
(319) 1 Not yet recovered

**CHECK
ITEM R**

Refer to 1, 2a, or 3a

Respondent is in –

- (320) 1 Labor Force Group A (“WK” or “J” in 1 or “Yes” in 2a or 3a) – ASK 46
2 All other – SKIP to 47a

SHOW FLASHCARD (A)

46. Which of the activities on this card do you do regularly on your job?
(Mark (X) all that apply)

46. (321) 1 Walk around
(322) 2 Use stairs and inclines
(323) 3 Stand for long periods
(324) 4 Stoop, kneel or crouch
(325) 5 Lift or carry weights up to 10 pounds
(326) 6 Lift or carry heavy weights
(327) 7 Reach for supplies, materials, etc.
(328) 8 Use hands and fingers to manipulate supplies, equipment, etc.
(329) 9 Read printed documents, books, instructions, etc.
(330) 10 Hear special sounds (signals, directions, etc.)
(331) 11 Deal with people

SHOW FLASHCARD (B)

47a. Do you ever have any difficulty performing any of the activities on this card?

- 47a. (332) 1 No – GO to b
2 Yes – Which ones? – Mark each activity mentioned and for each marked ask –

Can you . . . at all?

- | | | Yes | No |
|---------|--|----------------------------|----------------------------|
| (333) * | 1 <input type="checkbox"/> Walking | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (334) * | 1 <input type="checkbox"/> Using stairs or inclines | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (335) * | 1 <input type="checkbox"/> Standing for long periods of time | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (336) * | 1 <input type="checkbox"/> Sitting for long periods | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (337) * | 1 <input type="checkbox"/> Stooping, kneeling or crouching | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (338) * | 1 <input type="checkbox"/> Lifting or carrying weights up to 10 lbs. | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (339) * | 1 <input type="checkbox"/> Lifting or carrying heavy weights | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (340) * | 1 <input type="checkbox"/> Reaching | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (341) * | 1 <input type="checkbox"/> Using hands and fingers | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (342) * | 1 <input type="checkbox"/> Seeing (even with glasses) | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (343) * | 1 <input type="checkbox"/> Hearing | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (344) * | 1 <input type="checkbox"/> Dealing with people | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (345) * | 1 <input type="checkbox"/> Other – Specify ↴ | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

V. HEALTH - Continued

SHOW FLASHCARD (C)

47 Continued

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

- 47b. (346) 1 No - GO to c
 2 Yes - Which ones? - Mark each problem mentioned.
- (347) 1 Pain
- (348) 2 Tiring easily, no energy
- (349) 3 Weakness, lack of strength
- (350) 4 Aches, swelling, sick feeling
- (351) 5 Fainting spells, dizziness
- (352) 6 Nervousness, tension, anxiety, depression
- (353) 7 Shortness of breath, trouble breathing
- (354) 8 Other - Specify _____

SHOW FLASHCARD (D)

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

(Mark (X) all that apply)

- c. (355) 1 Fumes, dust or smoke
- (356) 2 Hot places
- (357) 3 Cold places
- (358) 4 Damp places
- (359) 5 Noise or vibrations
- (360) 6 Confusion or disorder
- (361) 7 Working indoors
- (362) 8 Working outdoors
- (363) 9 Other - Specify _____
- (364) 0 None

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

- d. (365) 1 Yes
 2 No

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

- e. (366) 1 Yes
 2 No

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

- f. (367) 1 Yes - ASK g
 2 No - SKIP to h

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

- g. (368) 1 Frequently
 2 Occasionally
 3 Rarely

h. During the past 3 years, has your health condition become better, worse, or remained about the same?

- h. (369) 1 Better
 2 Worse
 3 Same

"No" marked in 47a and b - SKIP to 49

48a. Are any of the problems you have told me about the result of an accidental injury?

- 48a. (370) 1 Yes - ASK b
 2 No - SKIP to 49

b. Was there more than one accident?

- b. (371) 1 Yes
 2 No

If "Yes" in b, read this statement before asking c:
 I would like you to answer the following questions about the accident which had the most serious effect on your health.

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

- c. (372) 1 Yes - ASK d
 2 No - SKIP to e

d. How were you injured?

(Mark (X) all that apply)

- d. (373) 1 By a moving motor vehicle
- (374) 2 Tripped or fell
- (375) 3 Struck by falling object
- (376) 4 Machinery
- (377) 5 Burned
- (378) 6 Other - Specify _____

e. When were you injured?

- e. (379) _____ Month
- (380) 19____ Year

V. HEALTH - Continued

<p>49. What is your present marital status?</p>	49.	<p>(381) 1 <input type="checkbox"/> Married, spouse present } ASK 50 2 <input type="checkbox"/> Married, spouse absent } 3 <input type="checkbox"/> Widowed } 4 <input type="checkbox"/> Divorced } SKIP to 53 5 <input type="checkbox"/> Separated } 6 <input type="checkbox"/> Never married }</p>
---	-----	---

<p>50. Does your wife's health or physical condition limit the amount or kind of work she can do?</p>	50.	<p>(382) 1 <input type="checkbox"/> Yes - ASK 51 2 <input type="checkbox"/> No - SKIP to 52e</p>
---	-----	---

<p>51. How long has she been limited in this way?</p>	51.	<p>(383) _____ Years OR (384) _____ Months</p>
---	-----	---

<p>52a. Is she able to go outdoors without help from another person?</p>	52a.	<p>(385) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
--	------	--

<p>b. Is she able to use public transportation, such as trains or buses, without help from another person?</p>	b.	<p>(386) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
--	----	--

<p>c. Does she ever need help from others in looking after her personal care such as dressing, bathing, eating and other daily activities?</p>	c.	<p>(387) 1 <input type="checkbox"/> Yes - ASK d 2 <input type="checkbox"/> No - SKIP to e</p>
--	----	--

<p>d. Would you say she needs this kind of help frequently, occasionally, or rarely?</p>	d.	<p>(388) 1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Rarely</p>
--	----	--

<p>e. Does the health condition of your wife in any way affect the kind or amount of work you do or where you work?</p>	e.	<p>(389) 1 <input type="checkbox"/> Yes - ASK f 2 <input type="checkbox"/> No - SKIP to 53</p>
---	----	---

<p>f. How?</p>	f.	<p>(390) <input type="checkbox"/> _____ _____</p>
----------------	----	---

<p>Notes</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">(391)</td></tr> <tr><td style="text-align: center;">(392)</td></tr> <tr><td style="text-align: center;">(393)</td></tr> <tr><td style="text-align: center;">(394)</td></tr> <tr><td style="text-align: center;">(395)</td></tr> <tr><td style="text-align: center;">(396)</td></tr> <tr><td style="text-align: center;">(397)</td></tr> </table>	(391)	(392)	(393)	(394)	(395)	(396)	(397)
(391)									
(392)									
(393)									
(394)									
(395)									
(396)									
(397)									

VI. FAMILY MEMBERS

53. What are the names of all family members who are living in your home?

Line number	Name	What is . . . 's relationship to you? <i>Example: wife, son, daughter-in-law, brother, etc.</i>	How old was . . . on July 1, 1976?	Persons 6-24 years old		Persons 14 years old and over				
				Is . . . attending or enrolled in school? Circle 1 - Yes 2 - No e.	If "Yes" - What grade (year)? If "No" - What is the highest grade (year) . . . ever attended? f.	Did . . . finish this grade (year)? Circle 1 - Yes 2 - No g.	In the past 12 months how many weeks did . . . work either full- or part-time (not counting work around the house)? h.	In the weeks that . . . worked, how many hours usually work per week? i.	If person worked at all in the past 12 months - What kind of work was . . . doing in the past 12 months? If more than one, record the longest. j.	
1		Respondent								
2		(398)		(399) 1 2	(400)	(401) 1 2	(402)	(403)	(404)	
3		(405)		(406) 1 2	(407)	(408) 1 2	(409)	(410)	(411)	
4		(412)		(413) 1 2	(414)	(415) 1 2	(416)	(417)	(418)	
5		(419)		(420) 1 2	(421)	(422) 1 2	(423)	(424)	(425)	
6		(426)		(427) 1 2	(428)	(429) 1 2	(430)	(431)	(432)	
7		(433)		(434) 1 2	(435)	(436) 1 2	(437)	(438)	(439)	
8		(440)		(441) 1 2	(442)	(443) 1 2	(444)	(445)	(446)	
9		(447)		(448) 1 2	(449)	(450) 1 2	(451)	(452)	(453)	
10		(454)		(455) 1 2	(456)	(457) 1 2	(458)	(459)	(460)	
11		(461)		(462) 1 2	(463)	(464) 1 2	(465)	(466)	(467)	
12		(468)		(469) 1 2	(470)	(471) 1 2	(472)	(473)	(474)	
13		(475)		(476) 1 2	(477)	(478) 1 2	(479)	(480)	(481)	
14		(482)		(483) 1 2	(484)	(485) 1 2	(486)	(487)	(488)	
15		(489)		(490) 1 2	(491)	(492) 1 2	(493)	(494)	(495)	
16		(496)		(497) 1 2	(498)	(499) 1 2	(500)	(501)	(502)	
17		(503)		(504) 1 2	(505)	(506) 1 2	(507)	(508)	(509)	
18		(510)		(511) 1 2	(512)	(513) 1 2	(514)	(515)	(516)	
19		(517)		(518) 1 2	(519)	(520) 1 2	(521)	(522)	(523)	
20		(524)		(525) 1 2	(526)	(527) 1 2	(528)	(529)	(530)	

VII. ASSETS AND INCOME

<p>54a. Is this house (apartment) owned or being bought by you (or your wife), or is it rented?</p> <p>If "Other," specify here <input checked="" type="checkbox"/></p> <p>_____</p> <p>b. How much rent do you pay per month?</p>	<p>54a. (531) 1 <input type="checkbox"/> Owned or being bought by respondent (or wife) – SKIP to 55a 2 <input type="checkbox"/> Rented – ASK b 3 <input type="checkbox"/> No cash rent 4 <input type="checkbox"/> Other } SKIP to 56a</p> <hr/> <p>b. (532) \$ _____ . 00 per month – SKIP to 56a</p>
<p>55a. About how much do you think this property would sell for on today's market?</p> <p>b. How much do you (or your wife) owe on this property for mortgages, back taxes, loans, etc.? (Mortgages include deeds of trust, land contracts, contracts for deed, etc.)</p>	<p>55a. (533) \$ _____ . 00</p> <hr/> <p>b. (534) \$ _____ . 00 0 <input type="checkbox"/> None</p>
<p>56a. Do you (or your wife) rent, own, or have an investment in a farm?</p> <p>b. What is the total market value of your farm operation? (Include value of land, buildings, house, if you own them, and the equipment, livestock, stored crops, and other assets. Do not include crops held under Commodity Credit Loans.)</p> <p>c. Does that include the value of this house?</p> <p>d. How much do you owe on mortgages or other debts in connection with the farm itself, the equipment, livestock, or anything else? (Do not count Commodity Credit Loans.)</p>	<p>56a. (535) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 57a</p> <hr/> <p>b. (536) \$ _____ . 00</p> <hr/> <p>c. (537) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>d. (538) \$ _____ . 00 0 <input type="checkbox"/> None</p>
<p>57a. Do you (or your wife) own or have an investment in a business or professional practice?</p> <p>b. What is the total market value of all assets in the business, including tools and equipment? In other words, how much do you think this business would sell for on today's market? (Obtain value of respondent's and wife's share only.)</p> <p>c. What is the total amount of debts or liabilities owed by the business? (Include respondent's and wife's share of all liabilities, as carried on the books.)</p>	<p>57a. (539) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 58a</p> <hr/> <p>b. (540) \$ _____ . 00</p> <hr/> <p>c. (541) \$ _____ . 00 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?</p> <p>b. About how much do you think this property would sell for on today's market?</p> <p>c. How much is the unpaid amount of any mortgages on this property?</p> <p>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. (542) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 59a</p> <hr/> <p>b. (543) \$ _____ . 00</p> <hr/> <p>c. (544) \$ _____ . 00 0 <input type="checkbox"/> None</p> <hr/> <p>d. (545) \$ _____ . 00 0 <input type="checkbox"/> None</p>
<p>59a. Do you (or your wife) own an automobile?</p> <p>b. How many?</p> <p>c. Do you owe any money on this (these) automobile(s)?</p> <p>d. How much would this (these) au(s) sell for on today's market?</p>	<p>59a. (546) 1 <input type="checkbox"/> Yes – ASK b, c, and d 2 <input type="checkbox"/> No – SKIP to 60</p> <hr/> <p>b. (547) _____ Automobiles</p> <hr/> <p>c. 0 <input type="checkbox"/> No (548) 1 <input type="checkbox"/> Yes – How much? <input checked="" type="checkbox"/></p> <p>(549) \$ _____ . 00</p> <p>(550) \$ _____ . 00</p> <p>(551) \$ _____ . 00</p> <hr/> <p>d. (552) \$ _____ . 00</p> <p>(553) \$ _____ . 00</p> <p>(554) \$ _____ . 00</p>

VII. ASSETS AND INCOME - Continued

<p>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?</p>	60.	<p>(555) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - How much? (556) \$ _____ . 00</p>
<p>61. Do you (or any other members of your family living here) have any of the following -</p> <p>a. U.S. Savings Bonds?</p>	61a.	<p>(557) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - What is their face value? (558) \$ _____ . 00</p>
<p>b. Stocks, bonds, or shares in mutual funds?</p>	b.	<p>(559) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - What is the market value? (560) \$ _____ . 00</p>
<p>c. Personal loans to others or mortgages you hold (money owed to you by other people)?</p>	c.	<p>(561) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - How much? (562) \$ _____ . 00</p>
<p>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?</p>	62.	<p>(563) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - How much altogether? (564) \$ _____ . 00</p>
<p>63. Now I'd like to ask a few questions on your income in 1975.</p> <p>a. In 1975, how much did you receive from wages, salary, commissions, or tips from all jobs before deductions for taxes or anything else?</p>	63a.	<p>(565) \$ _____ . 00 0 <input type="checkbox"/> None</p>
<p><input type="checkbox"/> Respondent not married - SKIP to c</p> <p>b. In 1975, how much did your wife receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?</p>	b.	<p>(566) \$ _____ . 00 0 <input type="checkbox"/> None</p>
<p><input type="checkbox"/> No other family members 14 years or older - SKIP to 64a</p> <p>c. In 1975, 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?</p>	c.	<p>(567) \$ _____ . 00 0 <input type="checkbox"/> None</p>
<p>64a. In 1975, did you receive any income from working on your own or in your own business, professional practice, or partnership?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p>	64a.	<p>(568) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - How much? (569) \$ _____ . 00</p>
<p><input type="checkbox"/> No other family members 14 years or older - SKIP to 65</p> <p>b. In 1975, did any other family members living here receive any income from working on their own or in their own business, professional practice, or partnership?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p>	b.	<p>(570) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - How much? (571) \$ _____ . 00</p>
<p>65. In 1975, did your family receive any income from operating a farm?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p>	65.	<p>(572) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - How much? (573) \$ _____ . 00</p>
<p>66. In addition, during 1975, 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?</p> <p>\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)</p>	66.	<p>(574) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - How much? (575) \$ _____ . 00</p>
<p>67. In 1975, did anyone in this family living here receive interest or dividends on savings, stocks, bonds, or income from estates or trusts?</p>	67.	<p>(576) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes - How much? (577) \$ _____ . 00</p>

VII. ASSETS AND INCOME - Continued

68a. In 1975, did you receive any unemployment compensation?
 b. How many weeks?
 c. How much did you receive altogether?

68a. (578) 1 Yes - ASK b
 2 No - SKIP to d

b. (579) _____ Weeks

c. (580) \$ _____ . 00

No other family members 14 years or older - SKIP to 69a
 d. In 1975, did any other family members living here receive any unemployment compensation?

d. (581) 0 No
 1 Yes - How much?
 (582) \$ _____ . 00

69a. In 1975, did you receive any Supplemental Unemployment Benefits (SUB) from your employer?
 b. How many weeks?
 c. How much did you receive altogether?

69a. (583) 1 Yes - ASK b
 2 No - SKIP to d

b. (584) _____ Weeks

c. (585) \$ _____ . 00

No other family members 14 years or older - SKIP to 70
 d. In 1975, did any other family members living here receive any Supplemental Unemployment Benefits?

d. (586) 0 No
 1 Yes - How much?
 (587) \$ _____ . 00

70. In 1975, 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, indicating whether received by respondent or other family member)

(1) Veteran's compensation or pension?
 (2) Worker's compensation?
 (3) Social Security disability payments?
 (4) Any other disability payment? - Specify type ↘

70. (Mark one)

	Yes	No	Respondent		Other family member	
(588) (1) Veteran's compensation or pension?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(589) \$	. 00	(590) \$	. 00
(591) (2) Worker's compensation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(592) \$	. 00	(593) \$	. 00
(594) (3) Social Security disability payments?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(595) \$	. 00	(596) \$	. 00
(597) (4) Any other disability payment? - Specify type ↘	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(598) \$	. 00	(599) \$	. 00

71. In 1975, did anyone in this family living here receive any other Social Security payments such as retired worker, spouse, or survivor's benefits?

71. (600) 0 No
 1 Yes - Who?
 Respondent - How much?
 (601) \$ _____ . 00
 Wife - How much?
 (602) \$ _____ . 00
 Other - How much?
 (603) \$ _____ . 00

72. In 1975, did anyone in this family living here receive any Supplemental Security Income checks from the local, State, or Federal Government?

72. (604) 0 No
 1 Yes - Who?
 Respondent - How much?
 (605) \$ _____ . 00
 Wife - How much?
 (606) \$ _____ . 00
 Other - How much?
 (607) \$ _____ . 00

73. In 1975, did anyone in this family living here receive any (other) public assistance or welfare payments?

73. (608) 0 No
 1 Yes - How much?
 (609) \$ _____ . 00

VII. ASSETS AND INCOME - Continued

74a. In 1975, did anyone in this family living here buy any food stamps under the Government's Food Stamp Plan?

74a. (610) 1 Yes - ASK b
2 No - SKIP to 75a

b. In how many months during 1975 did you buy stamps?

b. (611) _____ Months

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

c. (612) \$ _____ .

d. How much did you pay for this allotment?

d. (613) \$ _____ .

75a. In 1975, did anyone in this family living here receive any pensions from local, State, or Federal Government employment?

75a. (614) 0 No
1 Yes - Who?
 Respondent - How much?
(615) \$ _____ .
 Wife - How much?
(616) \$ _____ .
 Other - How much?
(617) \$ _____ .

b. In 1975, did anyone in this family living here receive any other retirement pensions, such as private employee or personal retirement benefits?

b. (618) 0 No - SKIP to 76
1 Yes - Who?
 Respondent - How much?
(619) \$ _____ .
 Wife - How much?
(620) \$ _____ .
 Other - How much?
(621) \$ _____ .

Respondent not marked in b - SKIP to 76
c. Is this a pension from a private employer?

c. (622) 1 Yes - ASK d
2 No - SKIP to 76

d. Are you getting pensions from more than one private employer?

d. (623) 0 No
1 Yes - How many? ↘
(624) _____ Pensions

If more than one pension received - ASK e-h about the pension providing the largest income.

e. Would this pension be larger if you had worked longer for that employer?

e. (625) 1 Yes
2 No

f. Did you retire voluntarily or did you have to retire at that time?

f. (626) 1 Retired voluntarily
2 Had to retire

g. At what age did you begin to receive this pension?

g. (627) _____ Age

h. How many years of service did you have when you began to receive this pension?

h. (628) _____ Years

76. In 1975, did anyone in this family living here receive any other type of income; for example, royalties, annuities, contributions from family members living elsewhere, etc.?

76. (629) 0 No
1 Yes - How much? ↘
(630) \$ _____ .

VII. ASSETS AND INCOME - Continued

77a. Have you (or your wife) ever received \$1,000 or more as a gift, inheritance, or prize (such as a lottery or award)?

- 77a. (631) 0 No - SKIP to 78
 1 Yes - Which? (Mark (X) all that apply)
- (632) 2 Gift
 (633) 3 Inheritance
 (634) 4 Prize
- } ASK b

b. About how much was this?
 (Most recent if more than one of the same kind)

- b. (635) \$ _____ . Gift
 (636) \$ _____ . Inheritance
 (637) \$ _____ . Prize

c. In what year did you receive this?
 (Most recent if more than one of the same kind)

- c. (638) 19____ Gift
 (639) 19____ Inheritance
 (640) 19____ Prize

78. Some people have parents or other older relatives from whom they eventually expect to receive money, property, or other inheritance. Do you (or your wife) expect to inherit anything worth \$1,000 or more from any relative now living?

78. (641) 0 No
 1 Yes - How much do you think this will be?
- (642) \$ _____ .

Notes

- | |
|-------|
| (643) |
| (644) |
| (645) |
| (646) |

VIII. MARITAL HISTORY AND OTHER BACKGROUND

CHECK ITEM S	Refer to 49, page 21	(647) 1 <input type="checkbox"/> Respondent never married (box 6 marked in item 49) – SKIP to 82a 2 <input type="checkbox"/> All others – ASK 79																				
79. What was the date of your first marriage? 79.		(648) _____ Month (649) 19____ Year																				
CHECK ITEM T	Refer to 49, page 21	(650) 1 <input type="checkbox"/> Respondent is widowed – ASK 80 2 <input type="checkbox"/> Respondent is divorced – SKIP to 81 3 <input type="checkbox"/> All others – SKIP to 82a																				
80. When were you widowed? (Most recent if more than once) 80.		(651) _____ Month (652) 19____ Year } SKIP to 82a																				
81. When were you divorced? (Most recent if more than once) 81.		(653) _____ Month (654) 19____ Year																				
82a. Did you ever serve in the U.S. Armed Forces? 82a.		(655) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 83a																				
b. What were your dates of service? b.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">FROM</th> <th colspan="2">TO</th> </tr> <tr> <th>Month</th> <th>Year</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>(656) _____</td> <td>(657) 19____</td> <td>(658) _____</td> <td>(659) 19____</td> </tr> <tr> <th>Month</th> <th>Year</th> <th>Month</th> <th>Year</th> </tr> <tr> <td>(660) _____</td> <td>(661) 19____</td> <td>(662) _____</td> <td>(663) 19____</td> </tr> </tbody> </table>	FROM		TO		Month	Year	Month	Year	(656) _____	(657) 19____	(658) _____	(659) 19____	Month	Year	Month	Year	(660) _____	(661) 19____	(662) _____	(663) 19____
FROM		TO																				
Month	Year	Month	Year																			
(656) _____	(657) 19____	(658) _____	(659) 19____																			
Month	Year	Month	Year																			
(660) _____	(661) 19____	(662) _____	(663) 19____																			
83a. What is the highest grade (or year) of regular school that you have ever completed? 83a.		(664) 0 <input type="checkbox"/> Never attended school (665) Elementary 1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> } SKIP to Check Item U (666) High 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (667) High 4 <input type="checkbox"/> (668) 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"/> } ASK b																				
b. When did you graduate from high school? b.		(669) 19____																				
<input type="checkbox"/> High 4 marked in 83a – SKIP to Check Item U c. When did you last attend college? c.		(670) 19____																				
d. Did you earn a degree in college? d.		(671) 1 <input type="checkbox"/> Yes – ASK e 2 <input type="checkbox"/> No – SKIP to Check Item U																				
e. What is the highest degree you earned? e.		(672) 1 <input type="checkbox"/> Associate 2 <input type="checkbox"/> Bachelor's 3 <input type="checkbox"/> Master's 4 <input type="checkbox"/> Ph.D., LL.B., M.D., etc.																				
CHECK ITEM U	Refer to item 96R on the Information Sheet	(673) 1 <input type="checkbox"/> Respondent's parents are dead – SKIP to Check Item V 2 <input type="checkbox"/> All others – ASK 84																				
Now I have some questions on your family background. 84. Are your mother and father living? 84.		(674) 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																				

VIII. MARITAL HISTORY AND OTHER BACKGROUND - Continued

<p>CHECK ITEM V</p>	<p>Refer to 49, page 21 and item 97R on the Information Sheet</p>	<p>(675) 1 <input type="checkbox"/> Respondent not married 2 <input type="checkbox"/> Respondent's wife's parents are dead 3 <input type="checkbox"/> All others - ASK 85</p> <p>} SKIP to 86a</p>
<p>85. Are your wife's mother and father living?</p>	<p>85.</p>	<p>(676) 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</p>
<p>86a. How many persons, not counting yourself (or your wife), are dependent upon you (or your wife) for at least one-half of their support?</p> <p>b. Do any of these dependents live somewhere else other than here at home with you?</p> <p>c. What is their relationship to you?</p>	<p>86a.</p> <p>b.</p> <p>c.</p>	<p>(677) _____ Persons - ASK b 0 <input type="checkbox"/> None - SKIP to Check Item W</p> <p>(678) _____ ASK c 00 <input type="checkbox"/> No - SKIP to Check Item W</p> <p>(679) <input type="checkbox"/></p>
<p>CHECK ITEM W</p>	<p>Determine whether or not respondent lives in the same area (SMSA or county) as when last interviewed.</p>	<p>(680) 1 <input type="checkbox"/> Respondent lives in same area (SMSA or county) as when last interviewed - SKIP to 89 2 <input type="checkbox"/> Respondent lives in different area (SMSA or county) than when last interviewed - ASK 87a</p>
<p>87a. When we last interviewed you, you were living in a different area. How many miles from here is that?</p> <p>b. How did you happen to move here?</p>	<p>87a.</p> <p>b.</p>	<p>(681) _____ Miles</p> <p>(682) <input type="checkbox"/></p>
<p>88a. Did you have a job lined up here at the time you moved?</p> <p>b. How many weeks did you look before you found work?</p> <p>(1) How many weeks did you look before you moved?</p> <p>(2) How many weeks did you look after you moved?</p> <p>c. Since we last interviewed you, have you lived in any area (SMSA or county) other than the present one or the one in which you lived when we interviewed you last?</p>	<p>88a.</p> <p>b.</p> <p>(1)</p> <p>(2)</p> <p>c.</p>	<p>(683) 1 <input type="checkbox"/> Yes, different from job held at time of move 2 <input type="checkbox"/> Yes, same as job held at time of move 3 <input type="checkbox"/> Yes, transferred job in same company 4 <input type="checkbox"/> No - ASK b</p> <p>} SKIP to c</p> <p>(684) _____ Total weeks 00 <input type="checkbox"/> Did not look for work - SKIP to c 99 <input type="checkbox"/> Still haven't found work</p> <p>(685) _____ Weeks before</p> <p>(686) _____ Weeks after</p> <p>(687) _____ 0 <input type="checkbox"/> No</p> <p>} SKIP to Check Item X</p>
<p>89. Have you lived in any area (SMSA or county) other than the present one since we last interviewed you?</p>	<p>89.</p>	<p><input type="checkbox"/> Yes - How many? (688) _____ 0 <input type="checkbox"/> No</p>
<p>CHECK ITEM X</p>	<p>Refer to 49, page 21</p>	<p>(689) 1 <input type="checkbox"/> Respondent never married - SKIP to 90k 2 <input type="checkbox"/> All others - ASK 90a</p>
<p>90a. Do you have any children who no longer live at home?</p>	<p>90a.</p>	<p>(690) 1 <input type="checkbox"/> Yes - ASK 90b (next page) 2 <input type="checkbox"/> No - SKIP to 90k (next page)</p>

VIII. MARITAL HISTORY AND OTHER BACKGROUND - Continued

90. - Continued

What are their names? (List below)	Relationship to respondent (Son or daughter)	How old was . . . on July 1, 1976?	Persons 16 years old or older			For daughters only		
			What is the highest year of school . . . has completed?	In the past 12 months, did . . . work at all, either full- or part-time (not including work around the house)?	If person worked at all in past 12 months - What kind of work was . . . doing in the past 12 months? (If more than one, record the longest)	Is . . . married?	If married -	
							What is the highest year of school completed by . . . s husband?	What kind of work does . . . s husband do?
b.	c.	d.	e.	f.	g.	h.	i.	i.
	(691)		(692)	(693) 1 2	(694)	(695) 1 2	(696)	(697)
	(698)		(699)	(700) 1 2	(701)	(702) 1 2	(703)	(704)
	(705)		(706)	(707) 1 2	(708)	(709) 1 2	(710)	(711)
	(712)		(713)	(714) 1 2	(715)	(716) 1 2	(717)	(718)
	(719)		(720)	(721) 1 2	(722)	(723) 1 2	(724)	(725)
	(726)		(727)	(728) 1 2	(729)	(730) 1 2	(731)	(732)
	(733)		(734)	(735) 1 2	(736)	(737) 1 2	(738)	(739)
	(740)		(741)	(742) 1 2	(743)	(744) 1 2	(745)	(746)
	(747)		(748)	(749) 1 2	(750)	(751) 1 2	(752)	(753)
	(754)		(755)	(756) 1 2	(757)	(758) 1 2	(759)	(760)
	(761)		(762)	(763) 1 2	(764)	(765) 1 2	(766)	(767)
	(768)		(769)	(770) 1 2	(771)	(772) 1 2	(773)	(774)

k. When we last interviewed you, you mentioned (read names from back of record card) as persons who will always know where you can be reached even if you move away. Is this still true? (If so, verify the addresses and telephone numbers. If not, cross off incorrect information and enter information about other persons who will know the respondent's whereabouts.)

NONINTERVIEWS IN 1975

Ask the following questions of all respondents who were noninterviews in 1975. Transcribe the answers to the appropriate item on the Information Sheet, then proceed with the regular interview.

A. What were you doing at this time in 1975 – working or something else?

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

} ASK B

} END of questions

Transcribe entries as follows:

- 1. If box 1 or 2 is checked, mark "Labor Force Group A" in 91R
- 2. If box 3 is checked, mark "Labor Force Group B" in 91R
- 3. If box 4 or 6 is checked, mark "Labor Force Group C" in 91R
- 4. If box 5 is checked, mark "C – Unable to work" in 91R

B. For whom did you work?

- 1. If filled, transfer name of employer to 92R
- 2. If blank, mark "Not employed in 1975" in 92R

C. What kind of work were you doing?

- 1. If filled, transfer kind of work to 93R
- 2. If blank, mark "Not employed in 1975" in 93R

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

**INFORMATION SHEET
DATA FROM PREVIOUS INTERVIEWS**

91R. Labor Force Group in 1975

(775)

- 1 A
- 2 B
- 3 C
- 4 C – Unable to work

92R. Name of employer in 1975

 Not employed in 1975

93R. Kind of work done in 1975

 Not employed in 1975

94R. Date of last interview

(776)

Month	Day	Year

95R. Noninterview in 1973

Name of employer in 1973

 Not employed in 1973

96R. Status of respondent's parents in 1971

(777)

- 1 Both parents of respondent are dead
- 2 All other
- 3 Noninterview in 1971

97R. Status of wife's parents in 1971

(778)

- 1 Respondent not married
- 2 Both parents of the respondent's wife are dead
- 3 All other
- 4 Noninterview in 1971

98R. Noninterview in 1971

Name of employer in 1971

 Not employed in 1971

99R. Noninterview in 1969

Name of employer in 1969

 Not employed in 1969

100R. Noninterview in 1967

Name of employer in 1967

 Not employed in 1967

101R. Name of employer in 1966

 Not employed in 1966

102R. Residence in 1966

City _____

State _____