

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-1111**
(1-28-81)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SURVEY OF WORK EXPERIENCE OF MATURE MEN 1981

NATIONAL LONGITUDINAL SURVEYS

(001) 1 ☐ Respondent a noninterview in 1980 — GO to page 56

METHODS OF LOCATING RESPONDENT WHO HAS MOVED

(Fill only if respondent has MOVED.)

- | Successful | Unsuccessful |
|----------------------------------|---|
| (002) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> New occupants |
| (003) 3 <input type="checkbox"/> | 4 <input type="checkbox"/> Neighbors |
| (004) 5 <input type="checkbox"/> | 6 <input type="checkbox"/> Landlord or apartment manager |
| (005) 7 <input type="checkbox"/> | 8 <input type="checkbox"/> Post office |
| (006) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Telephone company (including directory and information operator) |
| (007) 3 <input type="checkbox"/> | 4 <input type="checkbox"/> Persons listed on back of record card |
| (008) 5 <input type="checkbox"/> | 6 <input type="checkbox"/> Other — Specify _____ |

RECORD OF CALLS

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

RECORD OF INTERVIEW

Date completed			Interview time		Regional Office code	Interviewed by
Month	Day	Year	Began	Ended		
(009)						
Length of interview (minutes)			a.m.	a.m.	_____ 00	
(010)			p.m.	p.m.		

NONINTERVIEW REASON

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

R1. Address where respondent living at time of interview —
Transcribe information for this item from record card item 3b.

- (012) 1 ☐ Same as questionnaire label — SKIP to R2
- 2 ☐ Different from questionnaire label — Transcribe →

Number and street	
Place	
State	ZIP code

R2. Permanent address — Transcribe information
from record card item 3e

Enter permanent address in box ONLY if
different from R1. →

Number and street	
Place	
State	ZIP code

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY

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

- (013) 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)

- (016) 1 ☐ Yes 2 ☐ No — *SKIP to 3a*

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

(017) _____ Hours

CHECK ITEM A

Respondent worked —

- (018) 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*

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

- (019) 2 ☐ No — *SKIP to 2e*
 1 ☐ Yes — **How many hours did you take off?**

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

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

- (021) 2 ☐ No — *SKIP to 6a*
 1 ☐ Yes — **How many extra hours did you work?**

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

3a. (If "J" in 1, SKIP to 3b)

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

- (023) 1 ☐ Yes 2 ☐ No — *SKIP to 4a*

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

- (024) 1 ☐ Own illness
 2 ☐ On vacation
 3 ☐ Bad weather
 4 ☐ Labor dispute
 5 ☐ New job to begin within 30 days
 6 ☐ Temporary layoff (under 30 days)
 7 ☐ Indefinite layoff (30 days or more or no definite recall date)
 8 ☐ Other — *Specify*

ASK 3c

ASK 4c and 4d (2)

ASK 4d (3)

ASK 3c

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

- (025) 1 ☐ Yes
 2 ☐ No
 3 ☐ Self-employed

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

- (026) 1 ☐ Yes
 2 ☐ No

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

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

- (014) 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*)

- (015) 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*

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

Notes

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

(If "LK" in I, SKIP to 4b)

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

4a.

(027)

- 1 ☐ Yes – ASK 4b
2 ☐ No – SKIP to 5

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

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

b.

(028)

- 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?

c.

(029)

- 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?

d.

(030)

_____ Weeks

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

e.

(031)

- 1 ☐ Full-time
2 ☐ Part-time

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

f.

(032)

Yes →

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

- 5 ☐ No

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.)

5.

(033)

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

– Mark box below

(034)

- 1 ☐ Date of last interview or later (item 126R on Information Sheet) – SKIP to Check Item H, page 9
2 ☐ Before August 1, 1976
3 ☐ All others } SKIP to 19d, page 11

Notes

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

6a. DESCRIPTION OF JOB OR BUSINESS

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

6a.

(035)

(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

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

b.

(036)

City

State

c. What kind of business or industry is this?

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

c.

(037)

d. Were you –

d.

(038)

*

1 ☐ P

– An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?

2 ☐ G

– A GOVERNMENT employee (Federal, State, county, or local)?

3 ☐ Federal

4 ☐ State

5 ☐ Other

6 ☐ O

– Self-employed in your OWN business, professional practice, or farm?

(If not a farm)

Is this business incorporated?

7 ☐ Yes

8 ☐ No

9 ☐ WP

– Working WITHOUT PAY in family business or farm?

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

e.

(039)

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

f.

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

g.

(040)

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

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

**CHECK
ITEM B**

Refer to item 6d on page 4.

- (041) 1 ☐ "P" or "G" in item 6d — ASK 7a
2 ☐ "O" or "WP" in item 6d — SKIP to 7i

7a. Altogether, how much do (did) you usually earn at this job before deductions?

7a. (042) \$ _____ Per hour
(Dollars) (Cents)

OR

(043) \$ _____ Per: 00
(Dollars only)

- (044) 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other — Specify _____

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

b. (045) _____ Hours

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

- c. (046) 1 ☐ Yes — ASK 7d
2 ☐ No
3 ☐ No, but received compensating time off
4 ☐ Never work overtime } SKIP to 7f

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

d. (047) _____ Hours per day

(048) _____ Hours per week

e. For all hours worked over (Entry in 7d) are (were) you paid straight time, time and one-half, double time or what?

- e. (049) 1 ☐ Compensating time off
2 ☐ Straight time
3 ☐ Time and one-half
4 ☐ Double time
5 ☐ Other — Specify _____

f. Are (were) your wages (salary) on this job set by a collective bargaining agreement between your employer and a union or employee association?

- f. (050) 1 ☐ Yes — ASK 7g
2 ☐ No — SKIP to Check Item C, page 6

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

g. (051)

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

- h. (052) 1 ☐ Yes } SKIP to Check Item C, page 6
2 ☐ No }

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

(053) _____ Hours per week

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

CHECK ITEM C	Refer to items 1, 2a, and 3a, page 2.	(054) 1 <input type="checkbox"/> Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) – Go to Check Item D 2 <input type="checkbox"/> All others – Go to Check Item H, page 9
CHECK ITEM D	Refer to item 123R.	(055) 1 <input type="checkbox"/> Respondent was in Labor Force Group A in 1980 (Box 1 marked in item 123R) – Go to Check Item E 2 <input type="checkbox"/> All others – SKIP to 11a, page 7
CHECK ITEM E	Refer to items 6a, page 4, and 125R.	(056) 1 <input type="checkbox"/> Current employer SAME as last year (Entries in 6a, page 4 and item 124R of the Information Sheet are the same) – GO to Check Item F 2 <input type="checkbox"/> Current employer DIFFERENT from last year – (Entries in 6a, page 4 and item 124R of the Information Sheet are different) – SKIP to 10a
CHECK ITEM F	Refer to items 6e, page 4, and 125R.	(057) 1 <input type="checkbox"/> Current kind of work SAME as last year (Entries in 6e, page 4 and item 125R of the Information Sheet are the same) – SKIP to 9a 2 <input type="checkbox"/> Current kind of work DIFFERENT from last year (Entries in 6e, page 4 and item 125R of the Information Sheet are different) – ASK 8
8. I see that you are not doing the same kind of work you were doing at this time last year. Why are you no longer doing this kind of work? <i>(Mark (X) the main reason.)</i>		8. (058) 1 <input type="checkbox"/> Promotion 2 <input type="checkbox"/> Job was eliminated 3 <input type="checkbox"/> "Bumped" from job 4 <input type="checkbox"/> Voluntary transfer 5 <input type="checkbox"/> Other – Specify _____
9a. During the past 12 months, have you worked any place other than (Entry in 6a, page 4)? b. How many other places? c. For whom did you work? <i>(If more than one, ask about longest.)</i> d. Were you working for (Entry in 6a, page 4) and (Entry in 9c) at the same time?		9a. (059) 1 <input type="checkbox"/> Yes – ASK 9b 2 <input type="checkbox"/> No – SKIP to 15, page 9 b. (060) _____ Places c. (061) <input type="checkbox"/> _____ d. (062) 1 <input type="checkbox"/> Yes } SKIP to 12a, page 7 2 <input type="checkbox"/> No }
10a. Last year at this time you were working at (Name of company in item 124R on Information Sheet). Why did you happen to leave that job? b. How did you happen to find out about the job you have now? <i>(Mark (X) all that apply.)</i> c. Since you left (Entry in 124R), have you held any jobs other than (Entry in 6a, page 4)? d. How many other jobs? e. Since you left (Entry in 124R), for whom did you work the LONGEST?		10a. (063) <input type="checkbox"/> <input type="checkbox"/> _____ b. (064) 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 _____ c. (065) 1 <input type="checkbox"/> Yes – ASK 10d 2 <input type="checkbox"/> No – SKIP to 15, page 9 d. (066) _____ Jobs e. (067) 1 <input type="checkbox"/> Same as current job in 6a – SKIP to 15, page 9 2 <input type="checkbox"/> _____ – SKIP to 12a, page 7

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

11a. Last year at this time you weren't working.
Have you worked at more than one job since then?

b. How many jobs?

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

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

11a. (068) 1 ☐ Yes – ASK 11b
2 ☐ No – SKIP to Check Item G, page 8

b. (069) _____ Jobs

c. (070) 1 ☐ Yes
2 ☐ No

d. (071) 1 ☐ Same as current job in 6a – SKIP to Check Item G, page 8
2 ☐ _____ – ASK 12a

12a. What kind of business or industry was that?

b. In what city and State was (Entry in 9c, 10e, page 6 or 11d) located?

c. Were you –

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

e. When did you START working at that job?

f. When did you STOP working at that job?

g. How did you happen to leave that job?

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

12a. (072)

--	--	--

b. (073)

--	--

City _____ State _____

c. (074) 1 ☐ P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?
*
2 ☐ G – A GOVERNMENT employee (Federal, State, county, or local)?
3 ☐ Federal 4 ☐ State 5 ☐ Other
6 ☐ O – Self-employed in your OWN business, professional practice, or farm?
7 ☐ WP – Working WITHOUT PAY in family business or farm?

d. (075) _____ Hours

e. (076)

Month	Year
-------	------

f. (077) 1 ☐ Still working there – SKIP to 12j, page 8

(078)

Month	Year
-------	------

g. (079)

--	--

h. (080) \$ _____ . _____ Per hour
(Dollars) (Cents)

OR

(081) \$ _____ .

00

 Per:
(Dollars only)

(082) 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other – Specify _____

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

12i. What kind of work were you doing when you left that job?

12i.

(083)

— SKIP to 12l

j. How much do you usually earn at this job before deductions?

j.

(084)

\$ (Dollars) (Cents) Per hour

OR

(085)

\$ (Dollars only) Per:

(086)

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

k. What kind of work are you doing at this job?

k.

(087)

l. Did you ever do any other kind of work at this job?

l.

(088)

- 1 ☐ Yes — ASK 12m
2 ☐ No — SKIP to Check Item G

m. How many other kinds?

m.

(089)

Kinds of work

n. What kind of work?

(If more than one, ask about longest.)

n.

(090)

**CHECK
ITEM G**

Refer to item 123R.

Respondent —

(091)

- 1 ☐ Was in Labor Force Group B in 1980 — ASK 13
2 ☐ Was in Labor Force Group C or D in 1980 — SKIP to 14a
3 ☐ All others — SKIP to 15, page 9

13. 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.)

13.

(092)

- *
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

SKIP
to 15,
page 9

14a. 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.)

14a.

(093)

- 1 ☐ Recovered from illness
2 ☐ Bored
3 ☐ Needed money
4 ☐ Heard about job I qualified for
5 ☐ Unemployment in family
6 ☐ Inflation
7 ☐ Improved job market
8 ☐ Enjoyed working
9 ☐ Other — Specify

b. How did you happen to find out about the job you have now?

(Mark (X) all methods used.)

b.

(094)

- *
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

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

15. 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?

15. (095) 1 ☐ Like it very much
2 ☐ Like it fairly well
3 ☐ Dislike it somewhat
4 ☐ Dislike it very much } SKIP to 19a, page 11

CHECK
ITEM H

Refer to item 123R.

- (096) 1 ☐ Respondent was in Labor Force Group A in 1980 – SKIP to 17a
2 ☐ All others – ASK 16a

16a. Last year at this time you weren't working. Have you worked at more than one job since then?

- 16a. (097) 1 ☐ Yes – ASK 16b
2 ☐ No – SKIP to 16d

b. How many jobs?

b. (098) _____ Jobs

c. Did you hold more than one of these jobs at the same time?

- c. (099) 1 ☐ Yes
2 ☐ No

d. Now I'd like to know about the (longest) job you've had in the last 12 months. For whom did you work?

d. (100) _____ – SKIP to 18b, page 10

17a. Last year at this time you were working at (Name of company in item 124R on Information Sheet). When did you stop working there?

17a. (101)

Month	Year

b. Why did you happen to leave that job?

(Mark (X) the main reason.)

- b. (102) INVOLUNTARY REASON
01 ☐ Layoff, plant closed, end of temporary job
02 ☐ Discharge
03 ☐ Compulsory retirement
VOLUNTARY REASON
04 ☐ Found better job
05 ☐ Didn't like work hours, working conditions
06 ☐ Dissatisfied with wages
07 ☐ Interpersonal relations
08 ☐ Health, disability
09 ☐ Family or personal reasons
10 ☐ Didn't like location, community
11 ☐ Voluntary retirement
12 ☐ Other – Specify _____

c. Last year, you were working as (Kind of work in item 125R on Information Sheet). Did you do any other kind of work at that job before you left it?

- c. (103) 1 ☐ Yes – ASK 17d
2 ☐ No – SKIP to 17f

d. How many other kinds?

d. (104) _____ Kinds of work

e. What kind of work did you do?

(If more than one, ask about longest.)

e. (105)

--	--	--

f. How many jobs have you held since you stopped working at (Name of company in item 124R on Information Sheet)?

- f. (106) _____ Jobs – ASK 17g
0 ☐ None – SKIP to 19a, page 11

g. Did you hold any of these jobs including your last one at the same time?

- g. (107) 1 ☐ Yes
2 ☐ No

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

18a. (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 124R). For whom did you work?

18a.

(108)

b. In what city and State was (Entry in 18a or 16d, page 9) located?

b.

(109)

City _____ State _____

c. What kind of business or industry was that?

c.

(110)

d. Were you —

d.

(111)

1 ☐ P

— An employee of a **PRIVATE** company, business, or individual for wages, salary, or commissions?

2 ☐ G

— A **GOVERNMENT** employee (Federal, State, county, or local)?

3 ☐ Federal 4 ☐ State 5 ☐ Other

6 ☐ O

— Self-employed in your **OWN** business, professional practice, or farm?

7 ☐ WP

— Working **WITHOUT** PAY in family business or farm?

e. How many hours per week did you usually work?

e.

(112)

_____ Hours

f. When did you **START** working at that job?

f.

(113)

Month	Year
-------	------

g. When did you **STOP** working at that job?

g.

(114)

Month	Year
-------	------

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

h.

(015)

\$ _____ Per hour
(Dollars) (Cents)

OR

(116)

\$ _____ Per:
(Dollars only) 00

(117)

2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Other — Specify _____

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

18i. How did you happen to leave that job?

(Mark (X) the main reason.)

18i.

INVOLUNTARY REASON

- (118) 01 ☐ Layoff, plant closed, end of temporary job
 02 ☐ Discharge
 03 ☐ Compulsory retirement
 VOLUNTARY REASON
 04 ☐ Found better job
 05 ☐ Didn't like work hours, working conditions
 06 ☐ Dissatisfied with wages
 07 ☐ Interpersonal relations
 08 ☐ Health, disability
 09 ☐ Family or personal reasons
 10 ☐ Didn't like location, community
 11 ☐ Voluntary retirement
 12 ☐ Other — Specify _____

j. What kind of work were you doing when you left that job?

j.

(119)

k. Did you ever do any other kind of work at that job?

k.

- (120) 1 ☐ Yes — ASK 18i
 2 ☐ No — SKIP to 19a

l. How many other kinds?

l.

(121) _____ Kinds of work

m. What kind of work?

(If more than one, ask about longest.)

m.

(122)

19a. In the last 12 months, how many different weeks did you work altogether? Count any week in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.

19a.

- (123) _____ Weeks — ASK 19b
 0 ☐ None — SKIP to 19d

b. During the weeks that you worked, how many hours per week did you usually work?

b.

(124) _____ Hours per week

**CHECK
ITEM I**

Refer to item 19a.

- (125) 1 ☐ 52 weeks in 19a — SKIP to Check Item K, page 12
 2 ☐ 1–51 weeks in 19a — ASK 19c

19c. You said you worked (Entry in 19a) weeks in the last 12 months. How many of the remaining (52 minus entry in item 19a) weeks were you looking for work or on layoff from a job?

19c.

- (126) _____ Weeks } SKIP to Check Item J
 0 ☐ None

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?

d.

- (127) _____ Weeks } If 52, SKIP to Check Item K, page 12
 If less than 52, SKIP to 19e

**CHECK
ITEM J**

Refer to items 19a and 19c.

- (128) 1 ☐ Entry in item 19a + entry in item 19c = 52 weeks — SKIP to Check Item K, page 12
 2 ☐ Entry in item 19a + entry in item 19c = less than 52 weeks — ASK 19e

19e. What was the main reason you were not working or looking for work during the remaining weeks in the last 12 months?

19e.

- (129) 1 ☐ Personal, family reasons
 2 ☐ Ill or disabled, unable to work
 3 ☐ Did not want to work
 4 ☐ Retired
 5 ☐ No suitable jobs available, would not have done any good to look, could not find work
 6 ☐ Labor dispute
 7 ☐ Other — Specify _____

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

CHECK ITEM K

Refer to items 1, 2a, 3a, or 4a,
pages 2 and 3.

- Respondent is in –
- (130) 1 ☐ Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a – *SKIP to 23a, page 15*
- 2 ☐ Labor Force Group B ("LK" in 1 or "Yes" in 4a) – *SKIP to 22a, page 14*
- 3 ☐ Labor Force Group C (All others) – *ASK 20a*

20a. Do you intend to look for work of any kind in the next 12 months?

- 20a. (131) 1 ☐ Yes – definitely } *ASK 20b*
- 2 ☐ Yes – probably } *ASK 20b*
- ☐ Maybe – **What does it depend on?**
- 5 ☐ Depends on health
- 6 ☐ Depends on family responsibilities
- 7 ☐ Depends on financial situation
- 8 ☐ Depends on other – *Specify* } *SKIP to 21a, page 13*
- 3 ☐ No
- 4 ☐ Don't know

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

b. (132) _____ Month

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

c. (133) ☐ ☐ ☐

d. What will you do to find work?

(Mark (X) all that apply.)

- d. Check with –
- (134) 1 ☐ State employment agency (or counselor)
- * 2 ☐ Private employment agency
- 3 ☐ Employer directly
- 4 ☐ Friends or relatives
- 5 ☐ Place or answer ads
- 6 ☐ Other – *Specify* _____

e. Why have you decided to look for work?

(Mark (X) the main reason.)

- e. (135) 1 ☐ Recovered from illness
- 2 ☐ Bored
- 3 ☐ Need money
- 4 ☐ Heard about job I qualified for
- 5 ☐ Unemployment in family
- 6 ☐ Inflation
- 7 ☐ Improved job market
- 8 ☐ Enjoy working
- 9 ☐ Other – *Specify* _____

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

f. (136) _____ Hours per week

g. How many weeks in the year do you want to work?

g. (137) _____ Weeks per year

CHECK ITEM L

Refer to items 20f and 20g.

- (138) 1 ☐ Item 20f is less than 35 hours and/or item 20g is less than 48 weeks – *ASK 20h*
- 2 ☐ All others – *SKIP to 21a, page 13*

20h. Why don't you expect to look for a full-time, year-round job?

- h. (139) 1 ☐ Would cut into Social Security benefits
- 2 ☐ Don't want (or need) to work more
- 3 ☐ Health won't permit
- 4 ☐ Family responsibilities
- 5 ☐ Other – *Specify* _____

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

21a. Why would you say that you are not looking for work at this time?

(Mark (X) the main reason.)

21a.

(140)

- 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.

(141)

- 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
- 10 ☐ No, other _____

SKIP to 21d

ASK 21c

c. What if it were a part-time job?

c.

(142)

- 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item M, page 15

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

d.

(143)

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

e.

(144)

\$ _____ Per hour
(Dollars) (Cents)

OR

(145)

\$ _____ Per:
(Dollars only) 00

(146)

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

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

f.

(147)

_____ Hours — SKIP to Check Item M, page 15

Section I. CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

22a. What type of work are you looking for?

22a.

(148)

--	--	--

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

b.

(149)

_____ Hours

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

c.

(150)

\$ _____ Per hour
(Dollars) (Cents)

OR

(151)

\$ _____ Per:
(Dollars only) 00

(152)

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.

(153)

1 ☐ Yes — ASK 22e

2 ☐ No — SKIP to 22f

e. What are these restrictions?

(Mark (X) all that apply.)

e.

(154)

1 ☐ Hours

*

2 ☐ Location

3 ☐ Both hours and location

4 ☐ Other — Specify _____

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

f.

(155)

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 _____

Notes

Section II. RETROSPECTIVE WORK HISTORY

**CHECK
ITEM M**

Refer to item 5, page 3.

- (156) 1 ☐ Code box 2 marked in item 5 (last job before August, 1, 1976) — *SKIP to 24a, page 16*
2 ☐ All others — *ASK 23a*

23a. Now I'd like you to think back over the past five years, that is, since August of 1976. During that time, for which employer did you work the longest?
(Name of company, business, organization or other employer.)

(157)

**CHECK
ITEM N**

Refer to items 23a and 6a, page 4, 9c and 10e, page 6, 11d, page 7, 16d, page 9, or 18a, page 10.

- (158) 1 ☐ 23a same as 6a (current job)
2 ☐ 23a same as 9c, 10e, 11d, 16d, or 18a (previous job already described) } *SKIP to 24a, page 16*
3 ☐ All others — *ASK 23b*

23b. In what city and State was (Entry in 23a) located?

23b.

(159)

City _____ State _____

c. What kind of business or industry was that?

c.

(160)

d. Were you —

d.

(161)

- 1 ☐ **P** — An employee of a **PRIVATE** company, business, or individual for wages, salary, or commissions?
*
2 ☐ **G** — A **GOVERNMENT** employee (Federal, State, county, or local)?
3 ☐ Federal 4 ☐ State 5 ☐ Other
6 ☐ **O** — Self-employed in your **OWN** business, professional practice, or farm?
7 ☐ **WP** — Working **WITHOUT PAY** in family business or farm?

e. How many hours per week did you usually work?

e.

(162)

_____ Hours

f. When did you START working at that job?

f.

(163)

Month	Year
-------	------

g. When did you STOP working at that job?

g.

(164)

Month	Year
-------	------

h. What kind of work were you doing when you left that job?

h.

(165)

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

i.

(166)

\$ _____ . _____ Per hour
(Dollars) (Cents)

OR

(167)

\$ _____ . 00 Per: ↘
(Dollars only)

(168)

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

Section II. RETROSPECTIVE WORK HISTORY — Continued

<p>24a. In the past 5 years, have you taken any training courses or educational programs of any kind, either on the job or elsewhere?</p> <p>b. What kind of training did you take? (If more than one, describe the longest.)</p> <p>c. Where did you take this training? (Mark (X) only one.)</p> <p>d. How long did you attend this program?</p> <p>e. How many hours per week did you spend on this program?</p> <p>f. Did you complete this program?</p> <p>g. Do (did) you use this training on your present (last) job?</p> <p>h. What was the main reason that you took this program?</p>	<p>24a. (169) 1 <input type="checkbox"/> Yes — ASK 24b 2 <input type="checkbox"/> No — SKIP to 25a</p> <hr/> <p>b. (170) 1 <input type="checkbox"/> Professional, technical 2 <input type="checkbox"/> Managerial 3 <input type="checkbox"/> Clerical 4 <input type="checkbox"/> Skilled manual 5 <input type="checkbox"/> Pre-retirement counseling — SKIP to 25b 6 <input type="checkbox"/> Other — Specify _____</p> <hr/> <p>c. (171) 1 <input type="checkbox"/> University or college 2 <input type="checkbox"/> Business college, technical institute 3 <input type="checkbox"/> Company training school 4 <input type="checkbox"/> Correspondence course 5 <input type="checkbox"/> Adult education or night school 6 <input type="checkbox"/> Other — Specify _____</p> <hr/> <p>d. (172) _____ Weeks</p> <hr/> <p>e. (173) _____ Hours per week</p> <hr/> <p>f. (174) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, dropped out 3 <input type="checkbox"/> No, still enrolled</p> <hr/> <p>g. (175) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>h. (176) 1 <input type="checkbox"/> To help get work or improve skills on a job 2 <input type="checkbox"/> To develop skills for something other than paid work 3 <input type="checkbox"/> Pre-retirement counseling — SKIP to 25c 4 <input type="checkbox"/> Other — Specify _____</p> <hr/>
<p>25a. Have you ever taken a course, either at work or anywhere else that attempted to help you plan or prepare for retirement?</p> <p>b. Where was this course given?</p> <p>c. In what year did you begin this course?</p> <p>d. How long did you attend this program?</p> <p>e. How many hours per week did you spend on this program?</p>	<p>25a. (177) 1 <input type="checkbox"/> Yes — ASK 25b 2 <input type="checkbox"/> No — SKIP to 25i, page 17</p> <hr/> <p>b. (178) 1 <input type="checkbox"/> At work 2 <input type="checkbox"/> In a school 3 <input type="checkbox"/> At union 4 <input type="checkbox"/> Elsewhere — Specify _____</p> <hr/> <p>c. (179) Year 19 _____</p> <hr/> <p>d. (180) _____ Weeks</p> <hr/> <p>e. (181) _____ Hours per week</p>

Section II. RETROSPECTIVE WORK HISTORY — Continued

25f. Did you complete this program?	25f.	<div style="border: 1px solid black; padding: 5px;"> (182) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, dropped out 3 <input type="checkbox"/> No, still enrolled </div>
g. How helpful would you say this program has been (will be) to you?	g.	<div style="border: 1px solid black; padding: 5px;"> (183) 1 <input type="checkbox"/> Very helpful 2 <input type="checkbox"/> Somewhat helpful 3 <input type="checkbox"/> Not very helpful 4 <input type="checkbox"/> No help at all — <i>SKIP to Check Item O</i> </div> <div style="text-align: right; margin-top: -20px;">} ASK 25h</div>
h. In what way(s) would you say the program has been (will be) most helpful to you? <i>(Mark (X) all that apply.)</i>	h.	<div style="border: 1px solid black; padding: 5px;"> (184) * 1 <input type="checkbox"/> Help plan financially (e.g., budget, invest, pension rights) 2 <input type="checkbox"/> Help adjust psychologically (e.g., new social roles) 3 <input type="checkbox"/> Help develop leisure time activities 4 <input type="checkbox"/> Provide information (e.g., place to live) 5 <input type="checkbox"/> Other — <i>Specify</i> _____ </div> <div style="text-align: right; margin-top: -20px;">} <i>SKIP to Check Item O</i></div>
i. Did you ever have an opportunity to take such a course?	i.	<div style="border: 1px solid black; padding: 5px;"> (185) 1 <input type="checkbox"/> Yes — <i>ASK 25j</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item O</i> </div>
j. Where was this course given?	j.	<div style="border: 1px solid black; padding: 5px;"> (186) 1 <input type="checkbox"/> At work 2 <input type="checkbox"/> In a school 3 <input type="checkbox"/> At union 4 <input type="checkbox"/> Elsewhere — <i>Specify</i> _____ </div>
CHECK ITEM O	<i>Refer to item 5, page 3.</i>	<div style="border: 1px solid black; padding: 5px;"> (187) 1 <input type="checkbox"/> Has not worked since August 1, 1976 (box 2 marked in 5) — <i>Enter "260" in 26 and SKIP to 27a</i> 2 <input type="checkbox"/> All others — <i>ASK 26</i> </div>
26. Excluding paid vacations and paid sick leave, since August 1976, in about how many different weeks were you NOT working?	26.	<div style="border: 1px solid black; padding: 5px;"> (188) _____ Weeks — <i>ASK 27a</i> 0 <input type="checkbox"/> None — <i>SKIP to Check Item P</i> </div>
27a. How many of these (Entry in 26) weeks since August 1976 were you looking for work or on layoff from a job?	27a.	<div style="border: 1px solid black; padding: 5px;"> (189) _____ Weeks 0 <input type="checkbox"/> None </div>
b. That means there were about (Entry in 26 less entry in 27a) weeks since August 1976 that you were not working or looking for work. Is that correct? <i>(Record number of weeks.)</i>	b.	<div style="border: 1px solid black; padding: 5px;"> (190) _____ Weeks (191) 1 <input type="checkbox"/> Yes — <i>GO to Check Item P</i> 2 <input type="checkbox"/> No — <i>Determine whether 26, 27a or 27b is incorrect and make necessary correction.</i> </div>
CHECK ITEM P	<i>Refer to items 1, 2a, or 3a, page 2.</i>	<div style="border: 1px solid black; padding: 5px;"> (192) 1 <input type="checkbox"/> Respondent in Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) — <i>ASK 28a</i> 2 <input type="checkbox"/> Respondent is retired ("R" in 1) — <i>SKIP to 30c, page 19</i> 3 <input type="checkbox"/> All others — <i>SKIP to 29a, page 18</i> </div>
28a. 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?	28a.	<div style="border: 1px solid black; padding: 5px;"> (193) 1 <input type="checkbox"/> Yes — <i>ASK 28b</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> <div style="text-align: right; margin-top: -20px;">} <i>SKIP to 29a, page 18</i></div>
b. At what age?	b.	<div style="border: 1px solid black; padding: 5px;"> (194) _____ Age 0 <input type="checkbox"/> Don't know </div>

Section II. RETROSPECTIVE WORK HISTORY — Continued

28c. Would you work longer than that if you could?	28c.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (195) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Don't know 3 <input type="checkbox"/> No — <i>SKIP to 28f</i> </div> <div style="font-size: 2em; margin-right: 10px;">}</div> <div><i>ASK 28d</i></div> </div>
d. If there were no compulsory retirement, at what age would you expect to stop working at your regular job?	d.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (196) _____ Age — <i>SKIP to 30a</i> (197) 1 <input type="checkbox"/> Would not stop working — <i>ASK 28e</i> 2 <input type="checkbox"/> Don't know — <i>SKIP to 30a</i> </div> </div>
e. Why would you never expect to retire?	e.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (198) 1 <input type="checkbox"/> Financial reasons 2 <input type="checkbox"/> Likes to work 3 <input type="checkbox"/> Other → <i>Specify</i> _____ </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div><i>SKIP to 30b, page 19</i></div> </div>
f. Do you expect to retire before this age?	f.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (199) 1 <input type="checkbox"/> Yes — <i>ASK 29a</i> 2 <input type="checkbox"/> No — <i>SKIP to 30a</i> </div> </div>

29a. At what age do you expect to stop working at a regular job?	29a.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (200) _____ Age (201) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Already stopped — <i>SKIP to 30c, page 19</i> 3 <input type="checkbox"/> Don't plan to stop working — <i>ASK 29b</i> </div> <div style="font-size: 2em; margin-right: 10px;">}</div> <div><i>SKIP to 30a</i></div> </div>
b. Why do you never expect to retire?	b.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (202) 1 <input type="checkbox"/> Financial reasons 2 <input type="checkbox"/> Likes to work 3 <input type="checkbox"/> Other — <i>Specify</i> _____ </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div><i>SKIP to 30b, page 19</i></div> </div>

30a. I am going to read a list of sources from which people may get income after they retire. Please tell me which of these you will get income from AFTER you retire.	30a.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (203) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (204) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (205) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (206) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (207) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (208) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (209) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (210) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (211) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> (212) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know </div> </div>
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} *SKIP to 31, page 19*

Section II. RETROSPECTIVE WORK HISTORY — Continued

30b. I am going to read a list of sources from which people may get income if they retire. Please tell me which of these you would get income from IF you retire.

30b.

(1) Social Security or Railroad Retirement..... (213) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

(2) Pension or profit sharing plan from where you now work..... (214) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

(3) Pension or profit sharing from some place where you used to work..... (215) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

(4) Some other pension or annuity (for example, IRA or KEOGH plans)..... (216) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

(5) Interest or dividends on savings, stocks, bonds, or other investments..... (217) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

(6) Money from children or other relatives..... (218) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

(7) Supplemental Security Income..... (219) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

(8) Other welfare payments..... (220) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

(9) Rent from roomers, boarders, or other rental property..... (221) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

(10) Any other? Specify..... (222) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

SKIP
to 31

c. You told me that you have retired from a regular job.

c.

(1) Are you eligible at this time to receive Social Security Retirement or Railroad Retirement benefits? (223) 1 ☐ Yes — SKIP to 30c(3)
2 ☐ No
3 ☐ Don't know } ASK 30c(2)

(2) Will you be eligible at some time in the future to receive either of these benefits? (224) 1 ☐ Yes — SKIP to 30c(4)
2 ☐ No
3 ☐ Don't know } SKIP to 31

(3) Are you currently receiving any income from Social Security Retirement or Railroad Retirement Programs? (225) 1 ☐ Yes
2 ☐ No

(4) How much income per month (do/could) you (and your wife) (receive/expect to receive) from Social Security or Railroad Retirement? (226) \$ Per month
1 ☐ Maximum amount
2 ☐ Don't know

31. What is your present marital status?

31.

(227) 1 ☐ Married, spouse present
2 ☐ Married, spouse absent } ASK 32, page 20
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated } SKIP to Check Item S, page 21
6 ☐ Never married

Section II. RETROSPECTIVE WORK HISTORY – Continued

32. We would like to know something about your wife's work experience. Has your wife ever worked?	32.	(228) 1 <input type="checkbox"/> Yes – ASK 33 2 <input type="checkbox"/> No – SKIP to Check Item S, page 21
33. Of all the jobs your wife has ever had, I'd like to know about the one at which she worked the longest.	33a.	(229) Year 19 (230) 1 <input type="checkbox"/> Still working there 2 <input type="checkbox"/> Don't know
a. In what year did your wife stop working at this job?		
b. For whom does (did) she work? (Name of company, business, organization, or other employer.)	b.	(231) 1 <input type="checkbox"/> Don't know
c. What kind of business or industry is (was) this? (For example, TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	c.	(232) (233) 1 <input type="checkbox"/> Don't know
d. What kind of work does (did) she do? (For example, electrical engineering, waitress, stock clerk, farmer.)	d.	(234) (235) 1 <input type="checkbox"/> Don't know
e. Is (was) she:	e.	(236) 1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? * 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> Federal 4 <input type="checkbox"/> State 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> O – Self-employed in her OWN business, professional practice or farm? 7 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm? 8 <input type="checkbox"/> Don't know
f. In what year did your wife start this job?	f.	(237) Year 19 (238) 1 <input type="checkbox"/> Don't know
CHECK ITEM Q	Refer to item 33a.	(239) 1 <input type="checkbox"/> Wife "still working there" – SKIP to 34a 2 <input type="checkbox"/> All others – ASK 33g
33g. In the past 12 months, did your wife work at all, either full time or part time? (Do not include work around the house.)	33g.	(240) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
34a. Has your wife retired from a job at any time during the last 20 years?	34a.	(241) 1 <input type="checkbox"/> Yes – SKIP to 34d 2 <input type="checkbox"/> No – Go to Check Item R
CHECK ITEM R	Refer to items 33g and 34a.	(242) 1 <input type="checkbox"/> "No" in 34a and "Yes" in 33g – ASK 34b 2 <input type="checkbox"/> All others – SKIP to 34e, page 21
34b. Does she have any plans as to the age at which she will retire?	34b.	(243) 1 <input type="checkbox"/> Yes – ASK 34c 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 34e, page 21
c. At what age will that be?	c.	(244) _____ Age (245) 1 <input type="checkbox"/> Never
d. In planning for retirement, (have you and your wife made/did you and your wife make) plans or decisions together about when each of you would retire?	d.	(246) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section II. RETROSPECTIVE WORK HISTORY – Continued

34e. Will your wife be eligible to receive Social Security benefits on the basis of her own work record?

- 34e. (247) 1 ☐ Yes – ASK 34f
 2 ☐ No
 3 ☐ Don't know
 4 ☐ Already receiving benefits } *SKIP to 34g*

f. At what age will she be first eligible to receive these benefits? Will this be at age 62, 65, or later?

- f. (248) 1 ☐ 62
 2 ☐ 65
 3 ☐ Later

g. Will your wife be eligible to receive retirement benefits from a pension or profit sharing plan from some place where she has worked?

- g. (249) 1 ☐ Yes – ASK 34h
 2 ☐ No
 3 ☐ Don't know
 4 ☐ Already receiving benefits } *SKIP to Check Item S*

h. At what age?

- h. (250) _____ Age

CHECK ITEM S

*Refer to items 1, 28, and 29,
pages 2, 17, 18*

- (251) 1 ☐ Respondent is retired ("R" in 1 or "Already stopped" in 29a) – *SKIP to 36b, page 23*
 2 ☐ Never expect to retire (box "3" marked in 29a) or ("Don't know" in 29a or 28b) – *SKIP to 35b*
 3 ☐ Age (age in 29a; if 29a is blank, take age from 28b) – *ASK 35a*

35a. You have told us that you expect to retire at (Age in 29a or 28b). Considering all the sources of retirement income you have mentioned for yourself (and your wife), how much income per month (or year) will that amount come to when you retire at (Age in 29a or 28b)?

- 35a. (252) 0 ☐ None – *SKIP to 36a, page 23*
 \$ _____ . 00 Per month
 OR
 (253) \$ _____ . 00 Per year
 (254) 1 ☐ Don't know } *SKIP to 35c*

b. You told us (that you expect never to retire/that you don't know when you are going to retire). If you were to retire, considering all the sources of retirement income you mentioned for yourself (and your wife), how much income per month (or year) would that amount to?

- b. (255) 0 ☐ None – *SKIP to 36a, page 23*
 \$ _____ . 00 Per month
 OR
 (256) \$ _____ . 00 Per year
 (257) 1 ☐ Don't know

c. How much of this income would come from Social Security or Railroad Retirement for you and your wife?

- c. (258) 0 ☐ None – *SKIP to 35d, page 22*
 \$ _____ . 00 Per month
 OR
 (259) \$ _____ . 00 Per year
 (260) 1 ☐ Don't know

Section II. RETROSPECTIVE WORK HISTORY – Continued

35d. How much of this income would come from a pension from where you now work?

35d.

(261) 0 ☐ None – *SKIP to 35e*

\$ _____ . Per month

OR

(262) \$ _____ . Per year

(263) 1 ☐ Don't know

e. How much of this income would come from a pension(s) from where you used to work?

e.

(264) 0 ☐ None – *SKIP to 36a, page 23*

\$ _____ . Per month

OR

(265) \$ _____ . Per year

(266) 1 ☐ Don't know

Notes

Section III. RETIREMENT EXPERIENCE

36a. Have you ever retired from a regular job either voluntarily or involuntarily?

36a.

(267)

- 1 ☐ Yes — ASK 36b
2 ☐ No — SKIP to 55, page 27

b. You told me that you have retired from a regular job. Have you retired more than once?

b.

(268)

- 1 ☐ Yes
2 ☐ No

c. When did you (first) retire?

c.

(269)

Month	Year
-------	------

d. Why did you decide to retire at that time?
(Mark (X) the main reason.)

d.

(270)

- 1 ☐ Compulsory retirement — SKIP to 36i
2 ☐ Health of respondent
3 ☐ Pressure of work
4 ☐ Job dissatisfaction
5 ☐ Loss of job and/or no job opportunities
6 ☐ Company policy
7 ☐ Individual choice
8 ☐ Reason related to place of residence or location of job
9 ☐ Family reasons
10 ☐ Other — Specify _____

ASK 36e

e. Would you say your employer encouraged you to retire at that time?

e.

(271)

- 1 ☐ Yes — ASK 36f
2 ☐ No
3 ☐ Self employed } SKIP to 36g

f. In what way?
(Mark (X) only one.)

f.

(272)

- 1 ☐ Financial incentive
2 ☐ Employer forced or pushed respondent to retire
3 ☐ Employer fired respondent
4 ☐ Employer pointed out advantages in retiring
5 ☐ Other — Specify _____

g. If you had it to do over again, do you think you would have retired earlier, later, or at the same time?

g.

(273)

- 1 ☐ Earlier } ASK 36h
2 ☐ Later }
3 ☐ Same time } SKIP to 37a, page 24
4 ☐ Don't know }

h. Why?
(Mark (X) the main reason.)

h.

(274)

- 1 ☐ Working was detrimental to health
2 ☐ Would have worked longer if health permitted
3 ☐ Satisfied with after-retirement activities
4 ☐ Bored with retirement
5 ☐ Money during retirement inadequate
6 ☐ Inflation
7 ☐ Enjoyed working
8 ☐ Other

SKIP to 37a, page 24

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

i.

(275)

- 1 ☐ Yes — ASK 36j, page 24
2 ☐ No — SKIP to 36l, page 24
3 ☐ Don't know — SKIP to 37a, page 24

Section III. RETIREMENT EXPERIENCE — Continued

36j. Would you have been willing to work full time or part time?

36j.

- (276) 1 ☐ Full time
2 ☐ Part time
3 ☐ Either

k. Even though you would have preferred to work longer then, as you look back on it now, do you think you would have retired earlier or at the same time?

k.

- (277) 1 ☐ Earlier
2 ☐ At the same time
3 ☐ Don't know
- } *SKIP to 37a*

l. If you had to do it over again, do you think you would have retired earlier or at the same time?

l.

- (278) 1 ☐ Earlier
2 ☐ At the same time
3 ☐ Don't know

37a. Since you first retired, have you ever moved away for a year or more, from the city or county you lived at the time you (first) retired?

37a.

- (279) 1 ☐ Yes — ASK 37b
2 ☐ No — SKIP to 38

b. Where were you living at the time of your retirement?

b.

- (280)

--	--	--	--	--	--	--
- _____ City or county
- _____ State

c. Where did you move to after you retired?

c.

- (281)

--	--	--	--	--	--	--
- _____ City or county
- _____ State

d. Why did you decide to move from (City or county in 37b)?

d.

(Mark (X) main reason.)

- (282) 1 ☐ Lower cost of living
2 ☐ Be with family or friends
3 ☐ Health reasons
4 ☐ Change of climate, physical environment
5 ☐ Lower crime rate
6 ☐ To get a job
7 ☐ Other — Specify _____

**CHECK
ITEM T**

Refer to 37c and Record Card.

- (283) 1 ☐ Address in 37c is different city or different county from current residence — ASK 37e
2 ☐ All others — SKIP to 38

37e. Why did you decide to move here?

37e.

(Mark (X) main reason.)

- (284) 1 ☐ Lower cost of living
2 ☐ Be with family or friends
3 ☐ Health reasons
4 ☐ Change of climate, physical environment
5 ☐ Lower crime rate
6 ☐ To get a job
7 ☐ Other — Specify _____

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

38.

- (285) 1 ☐ Much better?
2 ☐ Somewhat better?
3 ☐ About what you expected?
4 ☐ Somewhat worse?
5 ☐ Much worse?

Section III. RETIREMENT EXPERIENCE – Continued

We are interested in how you spend your leisure time. (During the course of the LAST 12 MONTHS/ since you retired) –	b. During how many weeks in the past 12 months (since you retired) did you (Perform activity mentioned) ?	c. In the weeks that you (Performed activity mentioned), for how many hours per week did you (Perform activity mentioned) ?
39a. Have you participated in any sports or exercise, such as golf, tennis, swimming, bowling, jogging, or any others? <i>NOTE: Ask b and c for the sport or exercise on which the respondent spends most time during the year.</i>	(286) 2 <input type="checkbox"/> No – SKIP to 40a 1 <input type="checkbox"/> Yes – How many? (287) _____ ASK 39b, c	(288) _____ Weeks (289) _____ Hours per week
40a. Have you read books, magazines or newspapers?	(290) 2 <input type="checkbox"/> No – SKIP to 41a 1 <input type="checkbox"/> Yes – ASK 40b, c	(291) _____ Weeks (292) _____ Hours per week
41a. Have you worked at any hobbies, such as collections, woodworking, playing a musical instrument, or gardening? <i>NOTE: Ask b and c for the hobby on which the respondent spends most time during the year.</i>	(293) 2 <input type="checkbox"/> No – SKIP to 42a 1 <input type="checkbox"/> Yes – How many? (294) _____ ASK 41b, c	(295) _____ Weeks (296) _____ Hours per week
42a. Have you visited the homes of friends or relatives or had them in your home?	(297) 2 <input type="checkbox"/> No – SKIP to 43a 1 <input type="checkbox"/> Yes – ASK 42b, c	(298) _____ Weeks (299) _____ Hours per week
43a. Have you attended meetings or activities sponsored by clubs or other organizations including religious services?	(300) 2 <input type="checkbox"/> No – SKIP to 44a 1 <input type="checkbox"/> Yes – ASK 43b, c	(301) _____ Weeks (302) _____ Hours per week
(1) Do you belong to any of these clubs or organizations?	(303) 2 <input type="checkbox"/> No – SKIP to 44a 1 <input type="checkbox"/> Yes – How many? (304) _____	(303) _____ Weeks (304) _____ Hours per week
(2) Are any of these senior citizen organizations?	(305) 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes	(305) _____ Weeks (306) _____ Hours per week
44a. Have you done any volunteer work?	(306) 2 <input type="checkbox"/> No – SKIP to 45a 1 <input type="checkbox"/> Yes – ASK 44b, c	(307) _____ Weeks (308) _____ Hours per week
45a. Have you watched television?	(309) 2 <input type="checkbox"/> No – SKIP to 46a 1 <input type="checkbox"/> Yes – ASK 45b, c	(310) _____ Weeks (311) _____ Hours per week
46a. Have you gone to movies, plays, concerts, sporting events, or other such entertainments?	(312) 2 <input type="checkbox"/> No – SKIP to 47a, page 26 1 <input type="checkbox"/> Yes – ASK 46b, c	(313) _____ Weeks (314) _____ Hours per week

Section III. RETIREMENT EXPERIENCE — Continued

		b. During how many weeks in the past 12 months (since you retired) did you (Perform activity mentioned)?	c. In the weeks that you (Performed activity mentioned), for how many hours per week did you (Perform activity mentioned)?
47a. Have you taken a trip away from home lasting longer than one day?	(315) 2 <input type="checkbox"/> No — SKIP to 48a 1 <input type="checkbox"/> Yes — ASK 47b	(316) _____ Weeks	
48a. Have you worked on home maintenance or small repairs around the home (or apartment)?	(317) 2 <input type="checkbox"/> No — SKIP to 49a 1 <input type="checkbox"/> Yes — ASK 48b, c	(318) _____ Weeks	(319) _____ Hours per week
49a. Have you helped friends or neighbors with something without being paid?	(320) 2 <input type="checkbox"/> No — SKIP to 50a 1 <input type="checkbox"/> Yes — ASK 49b, c	(321) _____ Weeks	(322) _____ Hours per week
Now I'd like you to think of a week that's just about average for you. During your waking hours in such a week: Show Flashcard A 50a. How often would you say you are completely alone? (Select one of the categories shown on this card.)	(323) 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Seldom 4 <input type="checkbox"/> Occasionally 5 <input type="checkbox"/> Often 6 <input type="checkbox"/> Very often 7 <input type="checkbox"/> All the time		
CHECK ITEM U	Refer to item 31, page 19. (324) 1 <input type="checkbox"/> Respondent not married, boxes 3 to 6 marked in 31 — SKIP to 51 2 <input type="checkbox"/> All others — ASK 50b		
Show Flashcard A 50b. How often would you say you spend time with your wife? (Select one of the categories shown on this card.)	(325) 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Almost never 3 <input type="checkbox"/> Seldom 4 <input type="checkbox"/> Occasionally 5 <input type="checkbox"/> Often 6 <input type="checkbox"/> Very often 7 <input type="checkbox"/> All the time		
51. What are the things about being retired you like BEST? (Probe for three answers.)	(326) <input type="text"/> <input type="text"/>		
	(327) <input type="text"/> <input type="text"/>		
	(328) <input type="text"/> <input type="text"/>		
52. What are the things about being retired you like LEAST? (Probe for three answers.)	(329) <input type="text"/> <input type="text"/>		
	(330) <input type="text"/> <input type="text"/>		
	(331) <input type="text"/> <input type="text"/>		

Section III. RETIREMENT EXPERIENCE — Continued

53. Looking back over the past several years (or since you retired), what would you say has been your biggest problem? <div style="text-align: right;">53.</div>	<div style="text-align: center;">(332)</div> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>
<div style="background-color: #cccccc; padding: 5px; border: 1px solid black;">CHECK ITEM V</div> <div style="padding: 5px; border: 1px solid black;">Refer to item 19a or 19d, page 11.</div>	<div style="text-align: center;">(333)</div> <div style="padding-left: 10px;"> 1 <input type="checkbox"/> Respondent did not work in past 12 months ("None" in 19a or "O" in 19d) — <i>SKIP to 55</i> 2 <input type="checkbox"/> All others — <i>ASK 54</i> </div>
54. In view of the fact that you have retired from a regular job, what would you say is the MAIN reason you have been working during the past 12 months? <i>(Mark (X) only one.)</i> <div style="text-align: right;">54.</div>	<div style="text-align: center;">(334)</div> <div style="padding-left: 10px;"> 1 <input type="checkbox"/> Health improved 2 <input type="checkbox"/> Inflation; rising prices; retirement income inadequate 3 <input type="checkbox"/> Job opportunities available 4 <input type="checkbox"/> Bored in retirement 5 <input type="checkbox"/> Wife wanted me out of the house 6 <input type="checkbox"/> Have not been retired for full 12 months 7 <input type="checkbox"/> Other — <i>Specify</i> _____ <div style="text-align: right;">↓</div> </div>
55. Suppose your average monthly income was increased by \$100. What would you be most likely to do if you had an additional \$100 per month? <i>(Mark (X) no more than three of the most important.)</i> <div style="text-align: right;">55.</div>	<div style="text-align: center;">(335)</div> <div style="text-align: center;">*</div> <div style="padding-left: 10px;"> 1 <input type="checkbox"/> Save most or a large portion of the money 2 <input type="checkbox"/> Take a trip or a vacation 3 <input type="checkbox"/> Fix up my house or apartment 4 <input type="checkbox"/> Spend more on food 5 <input type="checkbox"/> Invest the money 6 <input type="checkbox"/> Pay off old debts <div style="text-align: center;">(336)</div> <div style="text-align: center;">*</div> <div style="padding-left: 10px;"> 7 <input type="checkbox"/> Buy clothes 8 <input type="checkbox"/> Go to a doctor or dentist 9 <input type="checkbox"/> Move to a better residence <div style="text-align: center;">(337)</div> <div style="padding-left: 10px;">10 <input type="checkbox"/> Quit my job <div style="text-align: center;">(338)</div> <div style="padding-left: 10px;">11 <input type="checkbox"/> Buy gifts for, or give money to, relatives or friends <div style="text-align: center;">(339)</div> <div style="padding-left: 10px;">12 <input type="checkbox"/> Other — <i>Specify</i> _____ <div style="text-align: right;">↓</div> </div> </div> </div></div></div>
56. We are interested in the way people are feeling these days. During the past few weeks did you ever feel: <div style="padding-left: 20px;"> a. Particularly excited or interested in something? b. So restless that you couldn't sit long in a chair? c. Proud because someone complimented you on something you had done? d. Very lonely or remote from other people? e. Pleased about having accomplished something? f. Bored? </div>	<div style="text-align: center;">56a. (340)</div> <div style="padding-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="text-align: center;">b. (341)</div> <div style="padding-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="text-align: center;">c. (342)</div> <div style="padding-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="text-align: center;">d. (343)</div> <div style="padding-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="text-align: center;">e. (344)</div> <div style="padding-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> <div style="text-align: center;">f. (345)</div> <div style="padding-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div>

Section III. RETIREMENT EXPERIENCE – Continued**56. Continued****56g.****(346)**1 ☐ Yes2 ☐ No**g. On top of the world?****h.****(347)**1 ☐ Yes2 ☐ No**h. Depressed or very unhappy?****i.****(348)**1 ☐ Yes2 ☐ No**i. That things were going your way?****j.****(349)**1 ☐ Yes2 ☐ No**j. Upset because someone criticized you?****Notes**

Section IV. HEALTH

57a. Does your health or physical condition prevent you from working altogether?

57a.

- (350) 1 ☐ Yes — ASK 57b
2 ☐ No — SKIP to 58a

b. When did you become unable to work altogether?

b.

- (351)

Month	Year
-------	------

 — SKIP to 60a

58a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?

58a.

- (352) 1 ☐ Yes — ASK 58b
2 ☐ No — SKIP to 59a

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

b.

- (353) _____ Years
OR
(354) _____ Months

59a. Has your health ever prevented you from working for 6 or more months in a row?

59a.

- (355) 1 ☐ Yes — ASK 59b
2 ☐ No — SKIP to 60a

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

b.

- (356) _____ Years
OR
(357) _____ Months

c. When did you recover?

c.

- (358)

Month	Year
-------	------

(359) 1 ☐ Not yet recovered

Show Flashcard B

60a. Do you ever have any difficulty performing any of the activities on this card?

60a.

- (360) 1 ☐ No — GO to 60b, page 30
2 ☐ Yes — Which ones? — Mark (X) each activity mentioned and for each marked ask —

Can you ... at all?

- | | Yes | No |
|---|----------------------------|----------------------------|
| (361)* 1 <input type="checkbox"/> Walking | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (362)* 1 <input type="checkbox"/> Using stairs or inclines | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (363)* 1 <input type="checkbox"/> Standing for long periods of time | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (364)* 1 <input type="checkbox"/> Sitting for long periods | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (365)* 1 <input type="checkbox"/> Stooping, kneeling or crouching | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (366)* 1 <input type="checkbox"/> Lifting or carrying weights up to 10 lbs. | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (367)* 1 <input type="checkbox"/> Lifting or carrying heavy weights | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (368)* 1 <input type="checkbox"/> Reaching | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (369)* 1 <input type="checkbox"/> Using hands and fingers | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (370)* 1 <input type="checkbox"/> Seeing (even with glasses) | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (371)* 1 <input type="checkbox"/> Hearing | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (372)* 1 <input type="checkbox"/> Dealing with people | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| (373)* 1 <input type="checkbox"/> Other — Specify _____ | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

Section IV. HEALTH — Continued

Show Flashcard C

60b. Are there any things on this card that bother you enough to be a problem?

60b.

(374)

1 ☐ No — GO to 60c

2 ☐ Yes — Which ones? — Mark (X) each problem mentioned.

(375)

*

1 ☐ Pain

2 ☐ Tiring easily, no energy

3 ☐ Weakness, lack of strength

4 ☐ Aches, swelling, sick feeling

5 ☐ Fainting spells, dizziness

6 ☐ Nervousness, tension, anxiety, depression

7 ☐ Shortness of breath, trouble breathing

8 ☐ Other — Specify _____

(376)

*

Show Flashcard D

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

(Mark (X) all that apply.)

c.

(377)

*

1 ☐ Fumes, dust or smoke

2 ☐ Hot places

3 ☐ Cold places

4 ☐ Damp places

5 ☐ Noise or vibrations

6 ☐ Confusion or disorder

(378)

*

7 ☐ Working indoors

8 ☐ Working outdoors

9 ☐ Other — Specify _____

(379)

10 ☐ None

**CHECK
ITEM W**

Refer to item 60a, page 29.

(380)

1 ☐ "No" in 60a — SKIP to 64, page 31

2 ☐ All others — ASK 61a

61a. Are you able to go outdoors without help from another person?

61a.

(381)

1 ☐ Yes — SKIP to 62a, page 31

2 ☐ No — ASK 61b

b. Who helps you when you go outdoors?

(If more than one, ask about person who helps most.)

b.

(382)

1 ☐ I don't go outdoors — SKIP to 62a, page 31

2 ☐ Wife — SKIP to 61d

3 ☐ Son

4 ☐ Daughter

5 ☐ Daughter-in-law

6 ☐ Parent

7 ☐ Other relative

8 ☐ Friend or neighbor

9 ☐ Nurse or servant

10 ☐ Volunteer

ASK 61c

c. Does this person live here?

c.

(383)

1 ☐ Yes

2 ☐ No

d. How often do you go outdoors?

d.

(384)

1 ☐ Daily

2 ☐ Weekly

3 ☐ Monthly

4 ☐ Less than once a month

Section IV. HEALTH — Continued

62a. Are you able to use public transportation such as trains or buses, without help from another person?

62a.

- (385) 1 ☐ Yes — SKIP to 63a
2 ☐ No — ASK 62b

b. Who helps you when you use public transportation?

(If more than one, ask about person who helps most.)

b.

- (386) 1 ☐ Don't use public transportation — SKIP to 63a
2 ☐ Same person as 61b } SKIP to 62d
3 ☐ Wife }
4 ☐ Son }
5 ☐ Daughter }
6 ☐ Daughter-in-law ... }
7 ☐ Parent } ASK 62c
8 ☐ Other relative }
9 ☐ Friend or neighbor . }
10 ☐ Nurse or servant .. }
11 ☐ Volunteer..... }

c. Does this person live here?

c.

- (387) 1 ☐ Yes
2 ☐ No

d. How often do you use public transportation?

d.

- (388) 1 ☐ Daily
2 ☐ Weekly
3 ☐ Monthly
4 ☐ Less than once a month

63a. Do you ever need help from others in looking after your personal care such as dressing, bathing, eating, and other daily activities?

63a.

- (389) 1 ☐ Yes — ASK 63b
2 ☐ No — SKIP to 64

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

b.

- (390) 1 ☐ Frequently
2 ☐ Occasionally
3 ☐ Rarely

c. Who provides this help?

(If more than one, ask about person who helps most.)

c.

- (391) 1 ☐ Same person as 61b } SKIP to 64
2 ☐ Same person as 62b }
3 ☐ Wife }
4 ☐ Son }
5 ☐ Daughter }
6 ☐ Daughter-in-law ... }
7 ☐ Parent }
8 ☐ Other relatives }
9 ☐ Friends or neighbors }
10 ☐ Nurse or servant... }
11 ☐ Volunteer } ASK 63d

d. Does this person live here?

d.

- (392) 1 ☐ Yes
2 ☐ No

64. Would you rate your health, compared with other men of about your age, as excellent, good, fair, or poor?

64.

- (393) 1 ☐ Excellent
2 ☐ Good
3 ☐ Fair
4 ☐ Poor
5 ☐ Don't know

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

65.

- (394) 1 ☐ Better
2 ☐ Worse
3 ☐ Same
4 ☐ Don't know

Section IV. HEALTH – Continued

CHECK ITEM X	Refer to item 31, page 19.	<div> <div>395</div> <div>1 <input type="checkbox"/> Respondent not married, boxes 3 through 6 marked in 31 – SKIP to 69, page 33</div> <div>2 <input type="checkbox"/> All others – ASK 66</div> </div>
66. Does your wife's health or physical condition limit the amount or kind of work she can do?	66.	<div> <div>396</div> <div>1 <input type="checkbox"/> Yes – ASK 67</div> <div>2 <input type="checkbox"/> No – SKIP to 68e</div> </div>
67. How long has she been limited in this way?	67.	<div> <div>397</div> <div>_____ Years</div> <div>OR</div> <div>398</div> <div>_____ Months</div> </div>
<div>68a. Is she able to go outdoors without help from another person?</div> <div>b. Is she able to use public transportation, such as trains or buses, without help from another person?</div> <div>c. Does she ever need help from others in looking after her personal care such as dressing, bathing, eating and other daily activities?</div> <div>d. Would you say she needs this kind of help frequently, occasionally, or rarely?</div> <div>e. Does the health condition of your wife in any way affect the kind or amount of work YOU do or where you work?</div> <div>f. How? (Mark (X) all that apply.)</div>	<div>68a.</div> <div>b.</div> <div>c.</div> <div>d.</div> <div>e.</div> <div>f.</div>	<div> <div>399</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> </div> <div> <div>400</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> </div> <div> <div>401</div> <div>1 <input type="checkbox"/> Yes – ASK 68d</div> <div>2 <input type="checkbox"/> No – SKIP to 68e</div> </div> <div> <div>402</div> <div>1 <input type="checkbox"/> Frequently</div> <div>2 <input type="checkbox"/> Occasionally</div> <div>3 <input type="checkbox"/> Rarely</div> </div> <div> <div>403</div> <div>1 <input type="checkbox"/> Yes – ASK 68f</div> <div>2 <input type="checkbox"/> No – SKIP to 69a, page 33</div> </div> <div> <div>404</div> <div>* 1 <input type="checkbox"/> Limits location</div> <div>2 <input type="checkbox"/> Limits amount of work</div> <div>3 <input type="checkbox"/> Must work more</div> <div>4 <input type="checkbox"/> Other effects – Specify _____</div> </div>
Notes		

Section IV. HEALTH — Continued

NOTE: Ask items 69a through 69l for the respondent only, and then if married, ask items 69a through 69l for the wife.

	RESPONDENT	WIFE
69a. The Medicare program provides basic health benefits to recipients of Social Security and is funded through the Social Security Trust Fund. Are you (is your wife) covered by Medicare?	69a. (405) 1 <input type="checkbox"/> Yes — ASK 69b 2 <input type="checkbox"/> No } SKIP to 69g 3 <input type="checkbox"/> Don't know }	(418) 1 <input type="checkbox"/> Yes — ASK 69b 2 <input type="checkbox"/> No } SKIP to 69g 3 <input type="checkbox"/> Don't know }
b. Are you (is your wife) covered by Part A of Medicare that provides for hospitalization?	b. (406) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(419) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
c. Are you (is your wife) covered by Part B of Medicare that provides for physician services?	c. (407) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(420) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
d. Do you have your (your wife's) Medicare card that I can look at?	d. (408) 1 <input type="checkbox"/> Yes — GO to 69e 2 <input type="checkbox"/> No — SKIP to 69f	(421) 1 <input type="checkbox"/> Yes — GO to 69e 2 <input type="checkbox"/> No — SKIP to 69f
e. INTERVIEWER INSTRUCTION <i>Mark (X) the appropriate categories from information provided on the Medicare card.</i>	<div>Covered by Part A</div> e. (409) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <div>Covered by Part B</div> (410) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<div>Covered by Part A</div> (422) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <div>Covered by Part B</div> (423) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. During 1980, did you (your wife) receive any medical or hospital care that has been or will be paid for, at least in part, by Medicare?	f. (411) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(424) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
g. Are you (is your wife) covered by any other medical or hospital insurance like Blue Cross and Blue Shield?	g. (412) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(425) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
h. During 1980, did you (did your wife) receive medical or hospital care that was paid for by this insurance?	h. (413) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(426) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
i. Are you (is your wife) a member of a Health Maintenance Organization (HMO)?	i. (414) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(427) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
j. Can you (your wife) get free hospital or medical care as a veteran?	j. (415) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(428) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
k. The Medicaid program through grants to States provides medical services to those who cannot afford them. Are you (is your wife) covered by Medicaid?	k. (416) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(429) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
l. During 1980, did you (your wife) receive medical or hospital care that has been or will be paid, at least in part, by Medicaid?	l. (417) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(430) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

Section IV. HEALTH – Continued

70a. If you (or your wife) were to experience a serious medical emergency that required immediate attention, what is the first thing you would do to get help?

70a.

- (431) 1 ☐ Get to emergency room of the hospital – ASK 70b
 2 ☐ Call a (my) doctor
 3 ☐ Call the emergency squad/ambulance
 4 ☐ Call a neighbor, friend, or relative
 5 ☐ Call the police or fire department
 6 ☐ Other – Specify _____
 7 ☐ I don't know
 8 ☐ There is nothing I could do
- } SKIP to 70d

b. How would you get there?

b.

- (432) 1 ☐ My car
 2 ☐ Friend or neighbor's car
 3 ☐ Taxi
 4 ☐ Emergency squad/ambulance
 5 ☐ Other – Specify _____

c. About how long would it take for you to get there?

c.

- (433) _____ Minutes
 OR
 (434) _____ Hours
 (435) 1 ☐ Don't know

d. How far from here is the nearest hospital or the hospital that you would use?

d.

- (436) 0 ☐ Less than 1 mile
 _____ Miles
 (437) 1 ☐ Don't know

e. Have you (or your wife) ever had such an emergency?

e.

- (438) 1 ☐ Yes – ASK 70f
 2 ☐ No – SKIP to 71, page 35

f. What was the first thing you did to get help?

f.

- (439) 1 ☐ Went to emergency room of the hospital
 2 ☐ Called a (my) doctor
 3 ☐ Called emergency squad/ambulance
 4 ☐ Called a neighbor, friend or relative
 5 ☐ Called the police or fire department
 6 ☐ Other – Specify _____
 7 ☐ Did nothing

Notes

Section V. ATTITUDES

71. We would like to find out whether people's outlook on life has any effect on the kind of jobs they have, or the way they react to retirement. 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. Show Flashcard E

(440) 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?

3 ☐ Much

4 ☐ Slightly

b. Show Flashcard F

(441) 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?

3 ☐ Much

4 ☐ Slightly

c. Show Flashcard G

(442) 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?

3 ☐ Much

4 ☐ Slightly

d. Show Flashcard H

(443) 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?

3 ☐ Much

4 ☐ Slightly

Notes

Section V. ATTITUDES — Continued

Show Flashcard I

72. People have many different attitudes about work and retirement. We are especially interested in the opinions of people your age. I am going to read you five statements and I would like to know, for each one, whether you strongly agree, agree, disagree, or strongly disagree.

- 72a. (444) 1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Disagree
4 ☐ Strongly disagree

a. Retirement is a pleasant time of life.

- b. (445) 1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Disagree
4 ☐ Strongly disagree

c. Older workers should retire when they can, so as to give younger people more of a chance on the job.

- c. (446) 1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Disagree
4 ☐ Strongly disagree

d. Work is the most meaningful part of life.

- d. (447) 1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Disagree
4 ☐ Strongly disagree

e. Most people think more of someone who works than they do of someone who doesn't.

- e. (448) 1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Disagree
4 ☐ Strongly disagree

Show Flashcard J

73. 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.

- 73a. (449) 1 ☐ Very happy — SKIP to 73c
2 ☐ Somewhat happy
3 ☐ Somewhat unhappy } ASK 73b
4 ☐ Very unhappy

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

b. What are some of the things you like least about your housing?

(Mark (X) all that apply.)

- b. (450) 1 ☐ Poor condition of dwelling
2 ☐ High cost of heating/air conditioning
3 ☐ Bad location
4 ☐ Too large; too small
5 ☐ Costs too much (taxes, rent, mortgage payments)
6 ☐ Nothing
(451) 7 ☐ Other — Specify _____

c. The local area in which you live — would you say you are very happy, somewhat happy, somewhat unhappy, or very unhappy?

- c. (452) 1 ☐ Very happy — SKIP to 73e, page 37
2 ☐ Somewhat happy
3 ☐ Somewhat unhappy } ASK 73d, page 37
4 ☐ Very unhappy

Section V. ATTITUDES — Continued

73d. What are some of the things you like least about the area?

(Mark (X) all that apply.)

73d.

(453)
*

- 1 ☐ High crime rate
- 2 ☐ Too far from family, friends
- 3 ☐ Inconvenient location
- 4 ☐ Undesirable climate
- 5 ☐ Street (or highway) noise
- 6 ☐ Industries, businesses, stores or other nonresidential usage

(454)
*

- 7 ☐ Nothing
- 8 ☐ Other — *Specify* _____

e. Your health condition — would you say you are very happy, somewhat happy, somewhat unhappy, or very unhappy?

e.

(455)

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

f. Your standard of living — would you say you are very happy, somewhat happy, somewhat unhappy, or very unhappy?

f.

(456)

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

g. Your leisure time activities — would you say you are very happy, somewhat happy, somewhat unhappy, or very unhappy?

g.

(457)

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

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

74.

(458)

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

75. Would you say that the way you are living is better than, worse than, or about the same as most of your friends and acquaintances?

75.

(459)

- 1 ☐ Better
- 2 ☐ Worse
- 3 ☐ Same
- 4 ☐ Don't know, no opinion

Notes

Section VI. HOUSEHOLD MEMBERS

76. Now I have some questions about the work experience and relationship of all persons living here.

Line No.	What are the names of all persons living or staying here?	What is ...'s relationship to you? <i>EXAMPLE: Wife, son, friend, boarder, maid, house-keeper, etc.</i>	What is ...'s date of birth?		PERSONS 3 YEARS OLD AND OLDER							
			OFFICE USE	Relationship	Month	Year	Is ... attending or enrolled in school? Circle 1 - Yes 2 - No	If "Yes" - What grade (year)? If "No" - What is the highest grade (year) ... ever attended? Enter code 00 - Never attended P - Preschool K - Kindergarten E1 - 1st E2 - 2nd E3 - 3rd E4 - 4th E5 - 5th E6 - 6th E7 - 7th E8 - 8th H1 - 9th H2 - 10th H3 - 11th H4 - 12th C1 - C1 C2 - C2 C3 - C3 C4 - C4 C5 - C5 C6 - C6 +	Did ... finish this grade (year)? Circle 1 - Yes 2 - No			
										(a)	(b)	(c)
1				RESPONDENT	(460)							
2		(461)			(462)		(463) 1 2	(464)			(465) 1 2	
3		(466)			(467)		(468) 1 2	(469)			(470) 1 2	
4		(471)			(472)		(473) 1 2	(474)			(475) 1 2	
5		(476)			(477)		(478) 1 2	(479)			(480) 1 2	
6		(481)			(482)		(483) 1 2	(484)			(485) 1 2	
7		(486)			(487)		(488) 1 2	(489)			(490) 1 2	
8		(491)			(492)		(493) 1 2	(494)			(495) 1 2	
9		(496)			(497)		(498) 1 2	(499)			(500) 1 2	
10		(501)			(502)		(503) 1 2	(504)			(505) 1 2	
11		(506)			(507)		(508) 1 2	(509)			(510) 1 2	
12		(511)			(512)		(513) 1 2	(514)			(515) 1 2	
13		(516)			(517)		(518) 1 2	(519)			(520) 1 2	
14		(521)			(522)		(523) 1 2	(524)			(525) 1 2	
15		(526)			(527)		(528) 1 2	(529)			(530) 1 2	

Section VI. HOUSEHOLD MEMBERS — Continued

76. Continued

PERSONS 14 YEARS OLD OR OVER				Were you and . . . living together in 1976?	What was the main reason that you and . . . decided to live together?
In 1980, how many weeks did . . . work either full or part time (not counting work around the home)? (Include weeks on paid vacation or paid sick leave.)	If person worked at all in 1980		What kind of work was . . . doing in 1980? (If more than one, record the longest.)	Circle 1 — Yes — SKIP to next person or if last person, go to 77a, page 40. 2 — No — ASK 76l	(Mark (X) main reason.) Enter code 1 — Share expenses 2 — Companionship 3 — Marriage 4 — Your health 5 — Health of family member 6 — Health of . . . 7 — You needed financial help 8 — You needed non-financial help 9 — . . . needed financial help 10 — . . . needed non-financial help 11 — To provide additional income 12 — Other
	In weeks that . . . worked, how many hours did . . . usually work per week?				
(h)	(i)	OFFICE USE	(j)	(k)	(l)
(531)	(532)	(533)		(534) 1 2	(535)
(536)	(537)	(538)		(539) 1 2	(540)
(541)	(542)	(543)		(544) 1 2	(545)
(546)	(547)	(548)		(549) 1 2	(550)
(551)	(552)	(553)		(554) 1 2	(555)
(556)	(557)	(558)		(559) 1 2	(560)
(561)	(562)	(563)		(564) 1 2	(565)
(566)	(567)	(568)		(569) 1 2	(570)
(571)	(572)	(573)		(574) 1 2	(575)
(576)	(577)	(578)		(579) 1 2	(580)
(581)	(582)	(583)		(584) 1 2	(585)
(586)	(587)	(588)		(589) 1 2	(590)
(591)	(592)	(593)		(594) 1 2	(595)
(596)	(597)	(598)		(599) 1 2	(600)

Section VII. ASSETS AND INCOME

77a. Is this house (apartment) owned or being bought by you (and/or your wife)?

- 77a. (601) 1 ☐ Yes — ASK 77b
2 ☐ No — SKIP to 77c

b. Is there any other person involved?

- b. (602) 1 ☐ Yes — Mark box "2" in 77c, and skip to 78a
2 ☐ No — Mark box "1" in 77c, and skip to 78a

c. Do you (or your wife) rent it or what?

- c. (603) 1 ☐ Residence is owned (or being bought) by respondent and/or his spouse } SKIP to 78a
2 ☐ Residence is owned (or being bought) by respondent and other person }
3 ☐ Residence is being rented by respondent and/or his spouse } ASK 77d
4 ☐ Respondent pays for both room and board to the owner or manager of his present residence }
5 ☐ Residence is being rented by respondent and other person } SKIP to 77e
6 ☐ Residence is owned or rented by other family member or other person }

d. How much rent do you pay per month?

- d. (604) \$ _____ 00 Per month — SKIP to 79a

e. How much do you personally pay each month for rent?

- e. (605) \$ _____ 00 Per month } SKIP to 79a
0 ☐ No cash rent }

78a. About how much do you think this property would sell for on today's market?

78a. (606) \$ _____ 00

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.)

b. (607) \$ _____ 00
0 ☐ None

79a. Do you (or your wife) rent, own, or have an investment in a farm?

- 79a. (608) 1 ☐ Yes — ASK 79b
2 ☐ No — SKIP to 80a

b. What is the total market value of your 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.)

b. (609) \$ _____ 00

c. Does that include the value of this house?

- c. (610) 1 ☐ Yes
2 ☐ No

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

d. (611) \$ _____ 00
0 ☐ None

80a. Do you (or your wife) own or have an investment in a business or professional practice?

- 80a. (612) 1 ☐ Yes — ASK 80b
2 ☐ No — SKIP to 81a, page 41

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.)

b. (613) \$ _____ 00

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.)

c. (614) \$ _____ 00
0 ☐ None

Section VII. ASSETS AND INCOME – Continued

81a. Do you (or your wife) own any other real estate — not counting the property on which you are living?

- 81a. (615) 1 ☐ Yes — ASK 81b
2 ☐ No — SKIP to 82a

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

b. (616) \$ _____ 00

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

c. (617) \$ _____ 00
0 ☐ None

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

d. (618) \$ _____ 00
0 ☐ None

82a. Do you (or your wife) own an automobile?

- 82a. (619) 1 ☐ Yes — ASK 82b, c, and d
2 ☐ No — SKIP to 83

b. How many?

b. (620) _____ Automobiles

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

- c. (621) 2 ☐ No — GO to 82d
1 ☐ Yes — How much?

(622) \$ _____ 00

(623) \$ _____ 00

(624) \$ _____ 00

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

d. (625) \$ _____ 00

(626) \$ _____ 00

(627) \$ _____ 00

83. 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?

83. (628) 2 ☐ No — GO to 84a
1 ☐ Yes — How much?

(629) \$ _____ 00

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

- 84a. (630) 2 ☐ No — GO to 84b
1 ☐ Yes — What is their face value?

a. U.S. Savings Bonds?

(631) \$ _____ 00

b. Stocks, bonds, or shares in mutual funds?

- b. (632) 2 ☐ No — GO to 84c
1 ☐ Yes — What is the market value?

(633) \$ _____ 00

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

- c. (634) 2 ☐ No — GO to 85
1 ☐ Yes — How much?

(635) \$ _____ 00

85. 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?

85. (636) 2 ☐ No — GO to 86a, page 42
1 ☐ Yes — How much altogether?

(637) \$ _____ 00

Section VII. ASSETS AND INCOME — Continued

Now I'd like to ask a few questions on your income in 1980.

86a. In 1980, how much did you receive from wages, salary, commissions, or tips from all jobs before deductions for taxes or anything else?

86a.

(638)

\$ _____ 00
0 ☐ None

☐ Respondent not married — SKIP to 86c

b. In 1980, how much did your wife receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

b.

(639)

\$ _____ 00
0 ☐ None

☐ No other family members 14 years or older — SKIP to 87a

c. In 1980, 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.

(640)

\$ _____ 00 — Ask 86d
0 ☐ None — SKIP to 87a

d. Who were these other family members?
(Mark (X) all that apply.)

d.

(641)

- 1 ☐ Son(s)
2 ☐ Daughter(s)
3 ☐ Parent(s)
4 ☐ Parent(s)-in-law
5 ☐ Son(s)-in-law
6 ☐ Daughter(s)-in-law
(642) 7 ☐ Brothers or sisters
8 ☐ Other — Specify _____

**CHECK
ITEM Y**

Refer to item 86d.

(643)

- 1 ☐ One person mentioned in 86d — SKIP to 87a
2 ☐ Two or more persons mentioned in 86d — ASK 86e

86e. Of these, who earned the most?

86e.

(644)

- 1 ☐ Son
2 ☐ Daughter
3 ☐ Parent
4 ☐ Parent-in-law
5 ☐ Son-in-law
6 ☐ Daughter-in-law
7 ☐ Brother or sister
8 ☐ Other — Specify _____

87a. In 1980, did you receive any income from working on your own in your own business, professional practice, or partnership?

87a.

(645)

- 2 ☐ No — GO to 87b
1 ☐ Yes — How much?

\$ _____ less \$ _____ = \$ _____
(Gross income) (Expenses) (Net income)

(646)

\$ _____ 00

☐ No other family members 14 years or older — SKIP to 88

b. In 1980, did any other family members living here receive any income from working on their own or in their own business, professional practice, or partnership?

b.

(647)

- 2 ☐ No — GO to 88
1 ☐ Yes — How much?

\$ _____ less \$ _____ = \$ _____
(Gross income) (Expenses) (Net income)

(648)

\$ _____ 00

88. In 1980, did your family receive any income from operating a farm?

88.

(649)

- 2 ☐ No — GO to 89, page 43
1 ☐ Yes — How much?

\$ _____ less \$ _____ = \$ _____
(Gross income) (Expenses) (Net income)

(650)

\$ _____ 00

Section VII. ASSETS AND INCOME – Continued

89. In addition, during 1980; 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?

\$ _____ less \$ _____ = \$ _____
(Gross income) (Expense) (Net income)

89. (651) 2 ☐ No – GO to 90
1 ☐ Yes – How much? →

(652) \$ _____ 00

90. In 1980, did anyone in this family living here receive interest or dividends on savings, stocks, bonds, or income from estates or trusts?

90. (653) 2 ☐ No – GO to 91a
1 ☐ Yes – How much? →

(654) \$ _____ 00

91a. In 1980, did you receive any unemployment compensation?

91a. (655) 2 ☐ No – SKIP to 91d
1 ☐ Yes – ASK 91b

b. How many weeks?

b. (656) _____ Weeks

c. How much did you receive altogether?

c. (657) \$ _____ 00

☐ No other family members 14 years or older – SKIP to 92a

d. (658) 2 ☐ No – GO to 92a
1 ☐ Yes – How much? →

d. In 1980, did any other family members living here receive any unemployment compensation?

(659) \$ _____ 00

92a. In 1980, did you receive any Supplemental Unemployment Benefits (SUB) from your employer?

92a. (660) 2 ☐ No – SKIP to 92d
1 ☐ Yes – ASK 92b

b. How many weeks?

b. (661) _____ Weeks

c. How much did you receive altogether?

c. (662) \$ _____ 00

☐ No other family members 14 years or older – SKIP to 93

d. (663) 2 ☐ No – GO to 93
1 ☐ Yes – How much? →

d. In 1980, did any other family members living here receive any Supplemental Unemployment Benefits?

(664) \$ _____ 00

93. In 1980, did anyone in this family living here receive income as a result of disability or illness such as (Read list) –

INCOME RECEIVED BY –

Respondent

Other family member

a. Veteran's compensation or pension?

93a. (665) 2 ☐ No
1 ☐ Yes – How much? →

(666) \$ _____ 00 (667) \$ _____ 00

b. Worker's compensation?

b. (668) 2 ☐ No
1 ☐ Yes – How much? →

(669) \$ _____ 00 (670) \$ _____ 00

c. Social Security disability payments?

c. (671) 2 ☐ No
1 ☐ Yes – How much? →

(672) \$ _____ 00 (673) \$ _____ 00

d. Any other disability payments? – Specify →

d. (674) 2 ☐ No
1 ☐ Yes – How much? →

(675) \$ _____ 00 (676) \$ _____ 00

Section VII. ASSETS AND INCOME – Continued

94. In 1980, did anyone in this family living here receive any other Social Security payments such as retired worker, spouse, survivor's benefits, or Railroad Retirement Benefits?

94. (677) 2 ☐ No – GO to 96
1 ☐ Yes – Who?
☐ Respondent – How much?
(678) \$ _____ 00
☐ Wife – How much?
(679) \$ _____ 00
☐ Other – How much?
(680) \$ _____ 00

95. In 1980, did anyone in this family living here receive any Supplemental Security Income checks (gold checks) from the local, State, or Federal Government?

95. (681) 2 ☐ No – GO to 96a
1 ☐ Yes – Who?
☐ Respondent – How much?
(682) \$ _____ 00
☐ Wife – How much?
(683) \$ _____ 00
☐ Other – How much?
(684) \$ _____ 00

96a. In 1980, did anyone in this family living here receive any food stamps under the Government's Food Stamp plan?

- 96a. (685) 2 ☐ No – SKIP to 97
1 ☐ Yes – ASK 96b

b. In how many months in 1980 were stamps received?

b. (686) _____ Months

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

c. (687) \$ _____ 00

97. In 1980, have you (and your family) lived in public housing or paid a lower rent because the Federal, State, or local government was paying part of the cost?

97. (688) 2 ☐ No
3 ☐ Yes

98. In 1980, did anyone in this family living here receive any (other) public assistance or welfare payments?

98. (689) 2 ☐ No – GO to 99a
1 ☐ Yes – How much?

Determine specific amounts and months received.
Enter total amount received in 1980.

(690) \$ _____ 00

99a. During 1980, did YOU receive any pension income from any source other than Social Security, Railroad Retirement or Supplemental Security Income?

- 99a. (691) 2 ☐ No – SKIP to Check Item Z, page 46
1 ☐ Yes – ASK 99b

b. Did you receive pension income from –
(1) A local government agency?

- b(1) (692) 2 ☐ No – SKIP to 99b(2), page 45
1 ☐ Yes – ASK 99b(1) (a)

(a) How much did you receive per month?

(693) \$ _____ 00 Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

- (694) 1 ☐ Increased
2 ☐ Decreased
3 ☐ Remained the same

Section VII. ASSETS AND INCOME – Continued

99b. Continued – Did you receive pension income from –
(2) State government? 99b(2)

(a) How much did you receive per month?

- (695) 1 ☐ Yes – ASK 99b(2)(a)
 2 ☐ No – SKIP to 99b(3)

(696) \$ _____ . 00 Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

- (697) 1 ☐ Increased
 2 ☐ Decreased
 3 ☐ Remained the same

(3) Armed Forces?

- (3) (698) 1 ☐ Yes – ASK 99b(3)(a)
 2 ☐ No – SKIP to 99b(4)

(a) How much did you receive per month?

(699) \$ _____ . 00 Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

- (700) 1 ☐ Increased
 2 ☐ Decreased
 3 ☐ Remained the same

(4) Other Federal government?

- (4) (701) 1 ☐ Yes – ASK 99b(4)(a)
 2 ☐ No – SKIP to 99b(5)

(a) How much did you receive per month?

(702) \$ _____ . 00 Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

- (703) 1 ☐ Increased
 2 ☐ Decreased
 3 ☐ Remained the same

(5) Private employer?

- (5) (704) 1 ☐ Yes – ASK 99b(5)(a)
 2 ☐ No – SKIP to 99b(6)

(a) How much did you receive per month?

(705) \$ _____ . 00 Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

- (706) 1 ☐ Increased
 2 ☐ Decreased
 3 ☐ Remained the same

(c) Are you getting pensions from more than one private employer?

- (707) 1 ☐ Yes – How many?
 (708) 2 ☐ No } Ask 99b(6)

(6) Union?

- (6) (709) 1 ☐ Yes – ASK 99b(6)(a)
 2 ☐ No – SKIP to 99b(7), page 46

(a) How much did you receive per month?

(710) \$ _____ . 00 Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

- (711) 1 ☐ Increased
 2 ☐ Decreased
 3 ☐ Remained the same

Section VII. ASSETS AND INCOME – Continued

99b. Continued – Did you receive pension income from – 99b(7)

(7) A personal plan such as an IRA or KEOGH account?

(a) How much did you receive per month?

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

(8) Did you receive pension income from any other source?

(a) How much did you receive per month?

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

c. In 1980, how much did you receive in pension income from all sources except Social Security, Railroad Retirement and Supplemental Security Income?

(712) 1 ☐ Yes – ASK 99b(7)(a)
2 ☐ No – SKIP to 99b(8)

(713) \$ _____ . 00 Per month

(714) 1 ☐ Increased
2 ☐ Decreased
3 ☐ Remained the same

(715) 1 ☐ Yes – Specify _____ – ASK 99b(8)(a)
2 ☐ No – SKIP to 99c

(716) \$ _____ . 00 Per month

(717) 1 ☐ Increased
2 ☐ Decreased
3 ☐ Remained the same

(718) \$ _____ . 00

CHECK
ITEM Z

Refer to item 31, page 19.

(719) 1 ☐ Respondent is married – ASK 100a
2 ☐ All others – SKIP to 101a, page 48

100a. During 1980, did your wife receive any pension income from any other source other than Social Security, Railroad Retirement or Supplemental Security Income? 100a.

b. Did your wife receive pension income from – b(1)
(1) A local government agency?

(a) How much did she receive per month?

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

(2) State government?

(a) How much did she receive per month?

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

(720) 1 ☐ Yes – ASK 100b
2 ☐ No – SKIP to 101a, page 48

(721) 1 ☐ Yes – ASK 100b(1)(a)
2 ☐ No – SKIP to 100b(2)

(722) \$ _____ . 00 Per month

(723) 1 ☐ Increased
2 ☐ Decreased
3 ☐ Remained the same

(724) 1 ☐ Yes – ASK 100b(2)(a)
2 ☐ No – SKIP to 100b(3), page 47

(725) \$ _____ . 00 Per month

(726) 1 ☐ Increased
2 ☐ Decreased
3 ☐ Remained the same

Section VII. ASSETS AND INCOME – Continued

100b. Continued – Did your wife receive pension income from –

100b(3)

(3) Armed Forces?

(727)

1 ☐ Yes – ASK 100b(3)(a)

2 ☐ No – SKIP to 100b(4)

(a) How much did she receive per month?

(728)

\$ _____ **00** Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

(729)

1 ☐ Increased

2 ☐ Decreased

3 ☐ Remained the same

(4) Other Federal Government?

(4)

(730)

1 ☐ Yes – ASK 100b(4)(a)

2 ☐ No – SKIP to 100b(5)

(a) How much did she receive per month?

(731)

\$ _____ **00** Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

(732)

1 ☐ Increased

2 ☐ Decreased

3 ☐ Remained the same

(5) Private employer?

(5)

(733)

1 ☐ Yes – ASK 100b(5)(a)

2 ☐ No – SKIP to 100b(6)

(a) How much did she receive per month?

(734)

\$ _____ **00** Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

(735)

1 ☐ Increased

2 ☐ Decreased

3 ☐ Remained the same

(c) Is she getting pensions from more than one private employer?

(736)

1 ☐ Yes – **How many?**

(737)

2 ☐ No

ASK 100b (6)

(6) Union?

(6)

(738)

1 ☐ Yes – ASK 100b(6)(a)

2 ☐ No – SKIP to 100b(7)

(a) How much did she receive per month?

(739)

\$ _____ **00** Per month

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

(740)

1 ☐ Increased

2 ☐ Decreased

3 ☐ Remained the same

Section VII. ASSETS AND INCOME – Continued

100b. Continued – Did your wife receive pension income from – 100b(7)

(7) A personal plan such as an IRA or KEOGH account?

(a) How much did she receive per month?

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

(8) Any other source?

(a) How much did she receive per month?

(b) Has this monthly amount increased, decreased or remained the same during the past 2 years? (Do not include as an increase the first payment from this pension.)

c. In 1980, how much did your wife receive in pension income from all sources except Social Security, Railroad Retirement and Supplemental Security Income?

- (741)** 1 ☐ Yes – ASK 100b(7) (a)
2 ☐ No – SKIP to 100b(8)

(742) \$ _____ **00** Per month

- (743)** 1 ☐ Increased
2 ☐ Decreased
3 ☐ Remained the same

- (744)** 1 ☐ Yes – Specify _____ – ASK 100b(8)(a)
2 ☐ No – SKIP to 100c

(745) \$ _____ **00** Per month

- (746)** 1 ☐ Increased
2 ☐ Decreased
3 ☐ Remained the same

c. **(747)** \$ _____ **00**

101a. In 1980, did anyone in this family living here other than you (or your wife) receive any pension income from any source other than Social Security, Railroad Retirement, or Supplemental Security income?

b. What was the amount of this pension income in 1980?

- (748)** 1 ☐ Yes – ASK 101b
2 ☐ No – SKIP to 102a

b. **(749)** \$ _____ **00**

102a. In 1980, did you (or your wife) receive any financial assistance from any relatives or other persons not living with you?

b. From whom did you receive this assistance?
(Mark (X) all that apply.)

- (750)** 1 ☐ Yes – ASK 102b
2 ☐ No – SKIP to 103

- b.** **(751)** * 1 ☐ Son(s)
2 ☐ Daughter(s)
3 ☐ Parent(s)
4 ☐ Parent(s)-in-law
5 ☐ Son(s)-in-law
6 ☐ Daughter(s)-in-law
(752) * 7 ☐ Brother(s)
8 ☐ Sister(s)
9 ☐ Other relative(s)
(753) 10 ☐ Friend(s)

c. How much did you receive?

(754) \$ _____ **00**

Section VII. ASSETS AND INCOME – Continued

103. In 1980, did anyone in this family living here receive any other type of income; for example, royalties, annuities, etc?

103.

- (755) 2 ☐ No – GO to 104
1 ☐ Yes – How much?

(756) \$ _____ . 00

104. Did anyone in this family living here get any other money in 1980 – — like a settlement from an insurance company or an inheritance?

104.

- (757) 2 ☐ No – GO to 105
1 ☐ Yes – How much?

(758) \$ _____ . 00

Show Flashcard K

105. Which of these four statements best describes your ability to get along on your income?

105.

(Read answer categories, and mark (X) one.)

- (759) 1 ☐ I always have money left over.
2 ☐ I have enough with a little extra sometimes.
3 ☐ I have just enough, no more.
4 ☐ I can't make ends meet.

Show Flashcard L

106. During the past several years the prices of goods and services have gone up considerably. Which of the following price increases has caused the greatest problem for you –

106.

(Read answer categories, except "None," and mark (X) one.)

- (760) 1 ☐ Housing or rent?
2 ☐ Medical services?
3 ☐ Heating and electricity?
4 ☐ Transportation?
5 ☐ Food?
6 ☐ Clothing?
7 ☐ Taxes?
8 ☐ Education?
9 ☐ Other? – Specify

10 ☐ None

Notes

Section VIII. FAMILY AND SOCIAL RELATIONSHIPS

CHECK ITEM AA	Refer to item 31, page 19.	(761) 1 <input type="checkbox"/> Respondent never married — <i>SKIP to Check Item CC</i> 2 <input type="checkbox"/> All others — <i>ASK 107a</i>		
107a. Have you been married more than once? b. What was the date of your first marriage? c. What was the date of your (most recent) marriage?	107a.	(762) 1 <input type="checkbox"/> Yes — <i>ASK 107b</i> 2 <input type="checkbox"/> No — <i>SKIP to 107c</i>		
	b.	(763) <table border="1" style="display: inline-table;"><tr><td>Month</td><td>Year</td></tr></table>	Month	Year
Month	Year			
c.	(764) <table border="1" style="display: inline-table;"><tr><td>Month</td><td>Year</td></tr></table>	Month	Year	
Month	Year			
CHECK ITEM BB	Refer to item 31, page 19.	(765) 1 <input type="checkbox"/> Respondent is widowed — <i>ASK 108</i> 2 <input type="checkbox"/> Respondent is divorced — <i>SKIP to 109</i> 3 <input type="checkbox"/> All others — <i>SKIP to Check Item CC</i>		
108. When were you widowed? <i>(Most recent if more than once.)</i>	108.	(766) <table border="1" style="display: inline-table;"><tr><td>Month</td><td>Year</td></tr></table> } <i>SKIP to Check Item CC</i>	Month	Year
Month	Year			
109. When were you divorced? <i>(Most recent if more than once.)</i>	109.	(767) <table border="1" style="display: inline-table;"><tr><td>Month</td><td>Year</td></tr></table>	Month	Year
Month	Year			
CHECK ITEM CC	Refer to item 127R on the Information Sheet.	(768) 1 <input type="checkbox"/> Respondent's parents are dead — <i>Mark box "4" in item 110 and SKIP to Check Item DD</i> 2 <input type="checkbox"/> All others — <i>ASK 110</i>		
110. Now I have some questions on your family background. Are your mother and father living?	110.	(769) 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 5 <input type="checkbox"/> Don't know if mother is alive 6 <input type="checkbox"/> Don't know if father is alive		
CHECK ITEM DD	Refer to item 31, page 19 and item 128R on the Information Sheet.	(770) 1 <input type="checkbox"/> Respondent not married — <i>SKIP to 112a, page 51</i> 2 <input type="checkbox"/> Respondent's wife's parents are dead — <i>Mark box "4" in item 111 and SKIP to 112a, page 51</i> 3 <input type="checkbox"/> All others — <i>ASK 111</i>		
111. Are your wife's mother and father living?	111.	(771) 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 5 <input type="checkbox"/> Don't know if mother is alive 6 <input type="checkbox"/> Don't know if father is alive		

Section VIII. FAMILY AND SOCIAL RELATIONSHIPS — Continued

112a. How many persons, not counting yourself (or your wife), are dependent upon you (or your wife) for at least one-half of their support?

112a.

(772) _____ Persons — ASK 112b
0 ☐ None — SKIP to 112c

b. What is their relationship to you?

b.

(773) 1 ☐ Son — How many?

(774) _____

(775) 2 ☐ Daughter — How many?

(776) _____

(777) 3 ☐ Respondent's mother

(778) 4 ☐ Respondent's father

(779) 5 ☐ Respondent's spouse's mother

(780) 6 ☐ Respondent's spouse's father

(781) 7 ☐ Brother or sister — How many?

(782) _____

(783) 8 ☐ Other — Specify _____
How many?

(784) _____

c. Are there any (other) persons who may become dependent on you (and your wife) for at least one-half of their support during your lifetime?

c.

(785) 2 ☐ No } SKIP to 113, page 52
3 ☐ Don't know }
1 ☐ Yes — How many?

(786) _____ — ASK 112d

d. What is the relationship of this person to you?

(If more than one child, parent, etc., indicate the most likely in each category).

Ask 112e only for those categories marked in 112d.

112e. How likely would you say it is that ... will become dependent on you? Is it very likely, somewhat likely, somewhat unlikely, or very unlikely?

d.

(787) 1 ☐ Child

(789) 2 ☐ Parent

(791) 3 ☐ Sibling

(793) 4 ☐ In-law

(795) 5 ☐ Other relative

(797) 6 ☐ Friend

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Don't know
(788) 1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(790) 2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(792) 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(794) 4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(796) 5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(798) 6 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Section VIII. FAMILY AND SOCIAL RELATIONSHIPS — Continued

113a. People sometimes have serious problems and need help from others — either time or money. Let's start talking about money. If you (and your wife) had a serious financial problem, is there a person not living here to whom you could turn for help?

113a.

(799)

- 1 ☐ Yes
 2 ☐ Depends
 3 ☐ No
 4 ☐ Don't know
- } ASK 113b
 } SKIP to 114a

b. What is the relationship of that person to you?

(If more than one, indicate person most likely to turn to first.)

b.

(800)

- 1 ☐ Son or daughter
 2 ☐ Parent
 3 ☐ Sibling
 4 ☐ In-law
 5 ☐ Other relative
 6 ☐ Friend
 7 ☐ Other — Specify

c. How many miles from here does this person live?

c.

(801)

- _____ Miles
 0 ☐ Less than one mile

d. How often do you see that person?

d.

(802)

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

e. How often do you talk with that person on the telephone?

e.

(803)

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

f. Are there any other persons not living here to whom you could turn for such help?

f.

(804)

- 2 ☐ No — GO to 114a
 1 ☐ Yes — How many?

(805)

114a. If you had a serious personal problem that did not involve finances, is there a person not living here to whom you could turn for help or advice?

114a.

(806)

- 1 ☐ Yes
 2 ☐ Depends
 3 ☐ No
 4 ☐ Don't know
- } ASK 114b
 } SKIP to 115a, page 53

Section VIII. FAMILY AND SOCIAL RELATIONSHIPS — Continued

114b. What is the relationship of that person to you?
(If more than one, indicate person most likely to turn to first.)

114b.

(807)

- 1 ☐ Son or daughter
- 2 ☐ Parent
- 3 ☐ Sibling
- 4 ☐ In-law
- 5 ☐ Other relative
- 6 ☐ Friend
- 7 ☐ Other — Specify _____

c. How many miles from here does this person live?

c.

(808)

- _____ Miles
- 0 ☐ Less than one mile

d. How often do you see that person?

d.

(809)

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

e. How often do you talk with that person?

e.

(810)

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

f. Are there any other persons not living here to whom you could turn for such help?

f.

(811)

- 2 ☐ No — GO to 115a
- 1 ☐ Yes — How many?

(812)

115a. (In addition to the persons you would turn to in case of serious financial or personal problems, is there someone else/is there anyone) not counting your children or anyone living here, to whom you feel especially close?

115a.

(813)

- 1 ☐ Yes — ASK 115b
 - 2 ☐ No
 - 3 ☐ Don't know
- } SKIP to 116a, page 54

b. What is the relationship of that person to you?

b.

(814)

- 1 ☐ Parent
- 2 ☐ Sibling
- 3 ☐ In-law
- 4 ☐ Other relative
- 5 ☐ Friend
- 6 ☐ Other — Specify _____

c. How many miles from here does this person live?

c.

(815)

- _____ Miles
- 0 ☐ Less than one mile

Section VIII. FAMILY AND SOCIAL RELATIONSHIPS – Continued

<p>115d. How often do you see that person?</p>	<p>115d. (816) 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> At lease once a week, but not daily 3 <input type="checkbox"/> At least once a month, but not weekly 4 <input type="checkbox"/> Several times a year 5 <input type="checkbox"/> About once a year 6 <input type="checkbox"/> Less than once a year 7 <input type="checkbox"/> Not at all</p>
<p>e. How often do you talk with that person on the telephone?</p>	<p>e. (817) 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> At lease once a week, but not daily 3 <input type="checkbox"/> At least once a month, but not weekly 4 <input type="checkbox"/> Several times a year 5 <input type="checkbox"/> About once a year 6 <input type="checkbox"/> Less than once a year 7 <input type="checkbox"/> Not at all</p>
<p>f. Are there any other persons to whom you feel especially close, not counting your children or anyone living here?</p>	<p>f. (818) 2 <input type="checkbox"/> No – GO to 116 1 <input type="checkbox"/> Yes – How many? ↓ (819) _____</p>
<p>116. Do you have any children not living here (in addition to those that you have been telling me about)?</p>	<p>116. (820) 1 <input type="checkbox"/> Yes – ASK 117 2 <input type="checkbox"/> No – SKIP to Check Item EE, page 55</p>
<p>117. How many?</p>	<p>117. (821) _____ Children</p>
<p>118. How MANY of these children do you see (How often do you see this child) –</p> <p>(1) Daily?</p> <p>(2) At least once a week, but not daily?</p> <p>(3) At least once a month, but not weekly?</p> <p>(4) Several times a year?</p> <p>(5) About once a year?</p> <p>(6) Less than once a year?</p> <p>(7) Not at all?</p>	<p>118. (822) _____</p> <p>(823) _____</p> <p>(824) _____</p> <p>(825) _____</p> <p>(826) _____</p> <p>(827) _____</p> <p>(828) _____</p>
<p>119. How MANY of these children do you talk with on the telephone (How often do you talk with this child on the telephone) –</p> <p>(1) Daily?</p> <p>(2) At least once a week, but not daily?</p> <p>(3) At least once a month, but not weekly?</p> <p>(4) Several times a year?</p> <p>(5) About once a year?</p> <p>(6) Less than once a year?</p> <p>(7) Not at all?</p>	<p>119. (829) _____</p> <p>(830) _____</p> <p>(831) _____</p> <p>(832) _____</p> <p>(833) _____</p> <p>(834) _____</p> <p>(835) _____</p>

Section VIII. FAMILY AND SOCIAL RELATIONSHIPS — Continued

CHECK ITEM EE	Refer to Household Record Card.	(836) 1 <input type="checkbox"/> Respondent lives in same area (SMSA or county) as when last interviewed — SKIP to 121 2 <input type="checkbox"/> Respondent lives in different area (SMSA or county) than when last interviewed — ASK 120
120. When we last interviewed you, you were living in a different area. How many miles from here is that?	120. (837) _____ Miles	
121. Is there a telephone in this residence?	121. (838) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Refer to record card items 14 and 15. 122. When you were last contacted, you gave us the names of . . . and . . . as persons who would always know where you could be reached even if you moved away. Is this information still correct?	122. (839) 1 <input type="checkbox"/> Yes — Verify address and telephone number (including area code) of two contacts 2 <input type="checkbox"/> No — Obtain information for one or two contacts as necessary. Draw a single line through old name(s) to be deleted. If one new contact, enter new information in item 16. If two new contacts, use item 16 and margin of record card.	
Notes		(840)
		(841)
		(842)
		(843)
		(844)
		(845)
		(846)
		(847)
		(848)
		(849)

Section IX. NONINTERVIEWS IN 1980

Ask the following of all respondents who were noninterviews in 1980. 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 1980 — working or something else?

- 1 ☐ Working
2 ☐ With a job, not at work

ASK B

- 3 ☐ Looking for work
4 ☐ Retired
5 ☐ Unable to work
6 ☐ Other — Specify

END of questions

Transcribe entries as follows:

1. If box "1" or "2" is checked, mark "Labor Force Group A" in 123R
2. If box "3" is checked, mark "Labor Force Group B" in 123R
3. If box "4" or "6" is checked, mark "Labor Force Group C" in 123R
4. If box "5" is checked, mark "D — Unable to work" in 123R

B. For whom did you work?

1. If filled, transfer name of employer to 124R.
2. If blank, mark "Not employed in 1980" in 124R.

C. What kind of work were you doing?

1. If filled, transfer kind of work to 125R.
2. If blank, mark "Not employed in 1980" in 125R.

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

Notes

Notes

Notes

INFORMATION SHEET
(Data from previous interviews)

123R. Labor Force Group in 1980

- (850) 1 ☐ **A**
2 ☐ **B**
3 ☐ **C**
4 ☐ **D** — Unable to work

124R. Name of employer in 1980

☐ Not employed in 1980

125R. Kind of work done in 1980

☐ Not employed in 1980

126R. Date of last interview

(851)

Month	Day	Year

127R. Status of respondent's parents in 1976

- (852) 1 ☐ Both parents of respondent are dead
2 ☐ Other
3 ☐ Noninterview in 1976

128R. Status of wife's parents in 1976

- (853) 1 ☐ Respondent not married
2 ☐ Both parents of the respondent's wife are dead
3 ☐ Noninterview in 1976