

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-281**  
(5-6-76)


U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**SURVEY OF WORK EXPERIENCE  
OF YOUNG MEN  
1976  
NATIONAL LONGITUDINAL SURVEYS**

**(001)** 1 ☐ Respondent a noninterview in 1975 – GO to page 39

**METHODS OF LOCATING RESPONDENT WHO HAS MOVED**

(Fill only if respondent has moved)

- |              | Successful                 | Unsuccessful               |   |
|--------------|----------------------------|----------------------------|---|
| <b>(002)</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | New occupants   |
| <b>(003)</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Neighbors   |
| <b>(004)</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Landlord or apartment manager   |
| <b>(005)</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Post office   |
| <b>(006)</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Telephone company (including directory and information operator)                                    |
| <b>(007)</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Persons listed on back of record card   |
| <b>(008)</b> | 1 <input type="checkbox"/> | 2 <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 (First 2 digits only)	Interviewed by
Month	Day	Year	Began	Ended		
Length of interview (minutes)			a.m. p.m.	a.m. p.m.		
<b>(009)</b>					<b>(011)</b> _____ 00	

**NONINTERVIEW REASON**

- (012)** ☐ Unable to contact respondent – Specify \_\_\_\_\_
- 6 ☐ Temporarily absent – Give return date \_\_\_\_\_
- 7 ☐ Armed Forces – Specify release date \_\_\_\_\_
- 8 ☐ Institutionalized – Specify type \_\_\_\_\_
- 9 ☐ Refused \_\_\_\_\_
- 10 ☐ Deceased \_\_\_\_\_
- 11 ☐ Other – Specify \_\_\_\_\_

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

I. EDUCATIONAL STATUS		
1. Are you attending or enrolled in regular school?		1. <div>016 1 <input type="checkbox"/> Yes – ASK 2a</div> <div>2 <input type="checkbox"/> No – SKIP to 5a</div>
2a. What grade are you attending? (Circle the appropriate number)		2a. <div>017 Elementary 1 2 3 4 5 6 7 8</div> <div>018 High school 1 2 3 4 . . . . .</div> <div>019 College 1 2 3 4 5 6+ – ASK 2b</div> <div>} SKIP to 2c</div>
b. What degree(s) does this program lead to? (Record all that apply)		b. <div>020 <input type="checkbox"/></div> <div>021 <input type="checkbox"/></div> <div>022 <input type="checkbox"/></div>
c. What is the name of the school you now attend?		c.
d. Where is this school located?		d. <div>023 <input type="checkbox"/><input type="checkbox"/></div> <div>City</div> <div>County</div> <div>State</div>
e. Is this school public or private?		e. <div>024 1 <input type="checkbox"/> Public</div> <div>2 <input type="checkbox"/> Private</div>
f. When did you enter this school?		f. <div>025 _____ Month</div> <div>026 19 _____ Year</div>
g. In what curriculum are you enrolled now?		g. <div>027 <input type="checkbox"/><input type="checkbox"/></div>
h. Why did you choose this curriculum?		h. <div>028 <input type="checkbox"/></div>
i. Are you enrolled as a full-time or part-time student?		i. <div>029 1 <input type="checkbox"/> Full-time</div> <div>2 <input type="checkbox"/> Part-time</div>
CHECK ITEM A	Refer to item 89R	<div>030 1 <input type="checkbox"/> Respondent not in school in 1975 – ASK 3a</div> <div>2 <input type="checkbox"/> Respondent in school in 1975 – SKIP to Check Item B</div>
3a. At this time last year, you were not enrolled in school. How long had you been out of school before returning?		3a. <div>031 _____ Years</div>
b. Why did you return?		b. <div>032 <input type="checkbox"/></div>

I. EDUCATIONAL STATUS – Continued

CHECK  
ITEM B

Refer to item 2a

- (033) 1 ☐ Respondent is enrolled in college – ASK item 4a  
2 ☐ Other – SKIP to 8a

4a. How much is the full-time tuition this year at the college you attend?

4a.

(034) \$ \_\_\_\_\_ . 00

b. Do you have a scholarship, fellowship, assistantship, or other type of financial aid this year?

b.

- (035) 1 ☐ Yes – ASK c  
2 ☐ No – SKIP to Check Item C

c. What kind?  
(Mark (X) all that apply)

c.

- (036) 1 ☐ Scholarship  
\* 2 ☐ Fellowship  
3 ☐ Assistantship  
4 ☐ Loan  
5 ☐ GI Bill (V.A. Benefits)  
6 ☐ Other – Specify \_\_\_\_\_

d. How much is it per year?

d.

(037) \$ \_\_\_\_\_ . 00

CHECK  
ITEM C

Refer to item 2a

- (038) 1 ☐ Respondent is enrolled in college 1 – SKIP to 8a  
2 ☐ Respondent is enrolled in college 2+ – SKIP to 6a

5a. When were you last enrolled?

5a.

(039) \_\_\_\_\_ Month

(040) 19 \_\_\_\_\_ Year

b. What is the highest grade of school you have completed?  
(Circle the appropriate number)

b.

- (041) Never attended 0 . . . . . }  
(042) Elementary 1 2 3 4 5 6 7 8 } SKIP to 7  
(043) High school 1 2 3 . . . . . }  
(044) High school 4 – ASK 5c  
(045) College 1 – SKIP to 7  
(046) College 2 3 4 5 6+ – SKIP to 6a

c. When did you receive your high school diploma?

c.

(047) \_\_\_\_\_ Month

(048) 19 \_\_\_\_\_ Year

d. Did you ever send an application to any college?

d.

- (049) 1 ☐ Yes – ASK 5e  
2 ☐ No – SKIP to 7

e. Were you accepted?

e.

- (050) 1 ☐ Yes – FILL Check Item D  
2 ☐ No – SKIP to 7

CHECK  
ITEM D

Refer to cover page

- (051) 1 ☐ Respondent a noninterview in 1975 – ASK 5f  
2 ☐ Other – SKIP to 7

5f. Did you enroll?

5f.

- (052) 1 ☐ Yes }  
2 ☐ No } SKIP to 7

I. EDUCATIONAL STATUS – Continued

6a. What is the highest college degree you have received?

(Specify below, then mark one of the answer boxes)

\_\_\_\_\_

6a.

- 053

1 ☐ Never received a college degree – SKIP to 8a
- 2 ☐ Associate (2– or 3–year course)

3 ☐ Bachelor’s (B.A., B.S., A.B.)

4 ☐ Master’s (M.A., M.S., M.B.A.)

5 ☐ Doctorate (Ph.D., M.D., LL.B., J.D.)

6 ☐ Other . . . . .
- ASK b

b. In what field of study did you receive this degree?

b.

054   

c. When did you receive this degree?

c.

055    \_\_\_\_\_ Month

056    19 \_\_\_\_\_ Year

CHECK  
ITEM E

Refer to item I, page 2

- 057
- 1 ☐ Respondent is attending or enrolled in school – SKIP to 8a
- 2 ☐ Other – ASK 7

7. Would you like to return to school?

7.

- 058
- 1 ☐ Yes – ASK 8a
- 2 ☐ No – SKIP to Check Item F

8a. How much education would you like to get?

8a.

If “Other,” – Specify \_\_\_\_\_

\_\_\_\_\_

- 059
- High school    1 ☐ 1 Yr.    2 ☐ 2 Yrs.    3 ☐ 3 Yrs.    4 ☐ 4 Yrs.
- College
- 5 ☐ 2 yrs. (complete junior college)

6 ☐ 4 yrs. (graduate from 4-year college)

7 ☐ 6 yrs. (Master’s degree or equivalent)

8 ☐ 7 + yrs. (Ph.D. or professional degree)
- Other    0 ☐ Don’t know, other responses

b. As things stand now how much education do you think you will actually get?

b.

If “Other,” – Specify \_\_\_\_\_

\_\_\_\_\_

- 060
- High school    1 ☐ 1 Yr.    2 ☐ 2 Yrs.    3 ☐ 3 Yrs.    4 ☐ 4 Yrs.
- College
- 5 ☐ 2 yrs. (complete junior college)

6 ☐ 4 yrs. (graduate from 4-year college)

7 ☐ 6 yrs. (Master’s degree or equivalent)

8 ☐ 7 + yrs. (Ph.D. or professional degree)
- Other    0 ☐ Don’t know, other responses

Notes

I. EDUCATIONAL STATUS – Continued		
CHECK ITEM F	Refer to 97R and 98R	<div>061</div> <div>1 <input type="checkbox"/> Respondent a noninterview in 1970 and 1971 – ASK 9</div> <div>2 <input type="checkbox"/> All others – SKIP to 14</div>
	9. How much encouragement did your father give you to continue your education beyond high school?	9. <div>062</div> <div>1 <input type="checkbox"/> Much</div> <div>2 <input type="checkbox"/> Some</div> <div>3 <input type="checkbox"/> None</div>
	10. How much encouragement did your mother give you to continue your education beyond high school?	10. <div>063</div> <div>1 <input type="checkbox"/> Much</div> <div>2 <input type="checkbox"/> Some</div> <div>3 <input type="checkbox"/> None</div>
	11. How much help in continuing your schooling after high school did you receive from your parents?	11. <div>064</div> <div>1 <input type="checkbox"/> Much</div> <div>2 <input type="checkbox"/> Some</div> <div>3 <input type="checkbox"/> None</div>
	12. How much encouragement did your teachers and other adults in your high school give you to continue your education beyond high school?	12. <div>065</div> <div>1 <input type="checkbox"/> Much</div> <div>2 <input type="checkbox"/> Some</div> <div>3 <input type="checkbox"/> None</div>
13. How many of your friends plan to go to college, are actually attending college or have attended college?	13. <div>066</div> <div>1 <input type="checkbox"/> Many of them</div> <div>2 <input type="checkbox"/> Some of them</div> <div>3 <input type="checkbox"/> Few or none of them</div>	
Notes		<div>067</div> <div>068</div> <div>069</div> <div>070</div>

I. EDUCATIONAL STATUS – Continued

☐ Respondent now attends school – *SKIP* to j

14a. Since this time last year have you taken any training courses or educational programs of any kind, either on the job or elsewhere?

b. Are you still enrolled in this program?  
(If more than one, ask about most recent program)

c. What kind of training or education program did you take (are you taking)?  
(Specify below, then mark one box)

\_\_\_\_\_

\_\_\_\_\_

d. Where did you take (are you taking) this training course?  
(Specify below, then mark one box)

\_\_\_\_\_

\_\_\_\_\_

e. How long did (have) you attend (been attending) this course or program?

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

g. Did you complete this program?

h. Why didn't you complete this program?

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

j. Do you have any plans for taking any training courses or educational programs of any kind in the near future?

k. What kind of training do you plan to take?  
(Specify below AND mark one box)

\_\_\_\_\_

14a. (071) 1 ☐ Yes – ASK b  
2 ☐ No – *SKIP* to j

b. (072) 1 ☐ Yes  
2 ☐ No

c. (073) 1 ☐ Professional, technical  
2 ☐ Managerial  
3 ☐ Clerical  
4 ☐ Skilled manual (including apprenticeship)  
5 ☐ Other

d. (074) 1 ☐ Business college, technical institute  
2 ☐ Company training school  
3 ☐ Correspondence course  
4 ☐ High school (including night school)  
5 ☐ Area vocational school  
6 ☐ Junior, Community or four-year College or University  
7 ☐ Armed Forces  
8 ☐ Apprenticeship  
9 ☐ Community Agency (Church, YMCA, etc.)  
10 ☐ Other

e. (075) \_\_\_\_\_ Weeks

f. (076) \_\_\_\_\_ Hours

g. (077) 1 ☐ Yes – When? ☐   
(078) \_\_\_\_\_ Month 19\_\_\_\_ Year – *SKIP* to i  
(079) 2 ☐ No, dropped out – When? ☐   
(080) \_\_\_\_\_ Month 19\_\_\_\_ Year – ASK h  
(081) 3 ☐ No, still enrolled – *SKIP* to i

h. (082) 1 ☐ Found a job  
2 ☐ Interfered with school  
3 ☐ Too much time involved  
4 ☐ Lost interest  
5 ☐ Too difficult  
6 ☐ Other – Specify \_\_\_\_\_

i. (083) 1 ☐ Yes  
2 ☐ No  
3 ☐ Not employed

j. (084) 1 ☐ Yes – ASK k  
2 ☐ Maybe } *SKIP* to 15a  
3 ☐ No }

k. (085) 1 ☐ Professional technical  
2 ☐ Managerial  
3 ☐ Clerical  
4 ☐ Skilled manual (including apprenticeship)  
5 ☐ Other

I. EDUCATIONAL STATUS – Continued

15a. Have you ever served in the U.S. Armed Forces?

- 15a. (086) 1 ☐ Yes – ASK 15b  
2 ☐ No – SKIP to 16

b. (087) 

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

 – Mark box below ↘

- (088) 1 ☐ Before November 1, 1971 – SKIP to 15o  
2 ☐ November 1, 1971 or later – ASK c

- c. (089) 1 ☐ Navy  
2 ☐ Army  
3 ☐ Air Force  
4 ☐ Marines  
5 ☐ Coast Guard

d. (090) 

--	--

- e. (091) 1 ☐ Drafted  
2 ☐ Enlisted as a regular  
3 ☐ Entered through OCS, ROTC, Service Academy  
4 ☐ Other – Specify \_\_\_\_\_

f. (092) \_\_\_\_\_ Months

- g. (093) 

--

  
0 ☐ None – SKIP to 1

h. (094) \_\_\_\_\_ Months

- i. (095) 1 ☐ Yes  
2 ☐ No  
3 ☐ Never worked

j. (096) 

--	--	--

- k. (097) 1 ☐ Commissioned or Warrant Officer  
2 ☐ Enlisted man

- l. (098) 1 ☐ Helped career – ASK m  
2 ☐ Hurt career – SKIP to n  
3 ☐ No effect on career – SKIP to o

m. (099) 

--

  
\_\_\_\_\_  
\_\_\_\_\_  
SKIP to o

n. (100) 

--

  
\_\_\_\_\_  
\_\_\_\_\_

- o. (101) 1 ☐ Yes – ASK p  
2 ☐ No – SKIP to q

p. (102) 

--

 \_\_\_\_\_  
(103) 

--

 \_\_\_\_\_  
(104) 

--

 \_\_\_\_\_

- q. (105) 1 ☐ Yes  
2 ☐ No

- r. (106) 1 ☐ Yes – ASK s  
2 ☐ No – SKIP to 16

s. (107) \_\_\_\_\_ %

s.

(107) \_\_\_\_\_ %

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY

<p>16. What were you doing most of LAST WEEK – working, going to school, or something else?</p> <p>(108) 1 <input type="checkbox"/> WK – Working – SKIP to 17b</p> <p>2 <input type="checkbox"/> J – With a job but not at work</p> <p>3 <input type="checkbox"/> LK – Looking for work</p> <p>6 <input type="checkbox"/> S – Going to school</p> <p>4 <input type="checkbox"/> U – Unable to work – SKIP to 20</p> <p>7 <input type="checkbox"/> OT – Other – Specify ↴</p> <p>_____</p>	<p>17a. Did you do any work at all LAST WEEK, not counting work around the house?</p> <p>(NOTE: If farm or business operator in household ask about unpaid work)</p> <p>(111) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a</p> <p>b. How many hours did you work LAST WEEK at all jobs?</p> <p>(112) _____ Hours</p> <p>CHECK ITEM G</p>	<p>(If “J” in 16 SKIP to b)</p> <p>18a. Did you have a job (or business) from which you were temporarily absent or on layoff LAST WEEK?</p> <p>(116) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19a</p> <p>b. Why were you absent from work LAST WEEK?</p> <p>(117) 1 <input type="checkbox"/> Own illness</p> <p>2 <input type="checkbox"/> On vacation</p> <p>3 <input type="checkbox"/> Bad weather</p> <p>4 <input type="checkbox"/> Labor dispute</p> <p>5 <input type="checkbox"/> New job to begin within 30 days</p> <p>6 <input type="checkbox"/> Temporary layoff (less than 30 days)</p> <p>7 <input type="checkbox"/> Indefinite layoff (30 days or more or no definite recall date)</p> <p>8 <input type="checkbox"/> School interfered</p> <p>9 <input type="checkbox"/> Other – Specify ↴</p> <p>_____</p> <p>_____</p>
<p>17c. Do you USUALLY work 35 hours or more a week at this job?</p> <p>(109) 1 <input type="checkbox"/> Yes – What is the reason you worked less than 35 hours LAST WEEK?</p> <p>2 <input type="checkbox"/> No – What is the reason you USUALLY work less than 35 hours a week?</p> <p>(Mark the appropriate reason)</p> <p>(110) 1 <input type="checkbox"/> Slack work</p> <p>2 <input type="checkbox"/> Material shortage</p> <p>3 <input type="checkbox"/> Plant or machine repair</p> <p>4 <input type="checkbox"/> New job started during week</p> <p>5 <input type="checkbox"/> Job terminated during week</p> <p>6 <input type="checkbox"/> Could find only part-time work</p> <p>7 <input type="checkbox"/> Labor dispute</p> <p>8 <input type="checkbox"/> Did not want full-time work</p> <p>9 <input type="checkbox"/> Full-time work week under 35 hours</p> <p>10 <input type="checkbox"/> Attends school</p> <p>11 <input type="checkbox"/> Holiday (legal or religious)</p> <p>12 <input type="checkbox"/> Bad weather</p> <p>13 <input type="checkbox"/> Own illness</p> <p>14 <input type="checkbox"/> On vacation</p> <p>15 <input type="checkbox"/> Too busy with housework, personal business, etc.</p> <p>16 <input type="checkbox"/> Other – Specify ↴</p> <p>_____</p> <p>(SKIP to 21a and enter job worked at last week.)</p>	<p>Respondent worked –</p> <p>(113) 1 <input type="checkbox"/> 49 hours or more – SKIP to 21a and enter job worked at last week</p> <p>2 <input type="checkbox"/> 1–34 hours – ASK 17c</p> <p>3 <input type="checkbox"/> 35–48 hours – ASK 17d</p> <p>17d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?</p> <p><input type="checkbox"/> Yes – How many hours did you take off?</p> <p>(114) _____ Hours (NOTE: Correct item 17b if lost time not already deducted; if item 17b is reduced below 35 hours, ask item c, otherwise SKIP to 21a)</p> <p>0 <input type="checkbox"/> No – GO to 17e</p> <p>e. Did you work any overtime or at more than one job LAST WEEK?</p> <p><input type="checkbox"/> Yes – How many extra hours did you work?</p> <p>(115) _____ Hours (NOTE: Correct item 17b if extra hours not already included and SKIP to 21a)</p> <p>0 <input type="checkbox"/> No – SKIP to 21a</p>	<p>c. Are you getting wages or salary for any of the time off LAST WEEK?</p> <p>(118) 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Self-employed</p> <p>d. Do you usually work 35 hours or more a week at this job?</p> <p>(119) 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>(GO to 21a and enter job held last week.)</p>

Notes



## II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

**19a.** (If "LK" in 16, SKIP to b)  
Have you been looking for work during the past 4 weeks?

(120) 1 ☐ Yes – ASK 19b  
2 ☐ No – SKIP to 20

**b.** What have you been doing in the last 4 weeks to find work?  
(Mark all methods used; do not read list)

(121) \* 0 ☐ Nothing – SKIP to 20

Checked with {  
1 ☐ State employment agency  
2 ☐ Private employment agency  
3 ☐ Employer directly  
4 ☐ Friends or relatives

5 ☐ Placed or answered ads  
6 ☐ School employment service  
7 ☐ 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?

(122) 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?

(123) \_\_\_\_\_ Weeks

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

(124) 1 ☐ Full-time  
2 ☐ Part-time

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

(125) Yes → {  
1 ☐ Already has a job  
2 ☐ Temporary illness  
3 ☐ Going to school  
4 ☐ Other – Specify

5 ☐ No

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

(126) Month Day Year – Mark box below

(127) 1 ☐ Date of last interview or later (Item 92R on Information Sheet) – SKIP to 30a, page 15  
2 ☐ All others – SKIP to 31a, page 15

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

(128) Month Day Year – Mark box below

(129) 1 ☐ Date of last interview or later (Item 92R on Information Sheet) – SKIP to 30a, page 15  
2 ☐ All others – SKIP to 31a, page 15

(130) ☐ **DESCRIPTION OF JOB OR BUSINESS**  
**21a.(1)** For whom did you work? (Name of company, business organization or other employer)

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

**(3)** Do you ever refer to the company by any other name?  
☐ Yes – What is that name?  
☐ No

**(4)** To the best of your knowledge, has the name of the company changed in the past five years?  
☐ Yes – What was the name?  
☐ No

**(5)** About how many people are employed in the whole company?

(131) 1 ☐ Less than 25  
2 ☐ 25–99  
3 ☐ 100–499  
4 ☐ 500–999  
5 ☐ 1,000 or more

**(6)** About how many people work in the same plant or office as you do?

(132) 1 ☐ Less than 25  
2 ☐ 25–99  
3 ☐ 100–499  
4 ☐ 500–999  
5 ☐ 1,000 or more

**b.** (133) ☐ ☐ ☐ In what city and State is . . . located?  
\_\_\_\_\_ City \_\_\_\_\_ State

**c.** (134) ☐ ☐ ☐ What kind of business or industry is this?  
(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)

**d.** Were you –

(135) 1 ☐ P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?  
2 ☐ G – A GOVERNMENT employee (Federal, State, county, or local)?  
3 ☐ O – Self-employed in your OWN business, professional practice, or farm?  
(If not a farm)  
Is this business incorporated?  
4 ☐ Yes 5 ☐ No  
6 ☐ WP – Working WITHOUT PAY in family business or farm?

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued					
21e. What kind of work were you doing?  (For example: electrical engineer, waiter, stock clerk, farmer)  f. What were your most important activities or duties?  (For example: selling cars, operating printing press, finishing concrete, cleaning buildings)  g. What was your job title?  h. When did you first start working for (entry in 21a)?  i. Have you ever left (entry in 21a) to work somewhere else?  j. When did you (last) return to (entry in 21a)?  k. When did you start working as a (entry in 21e) for (entry in 21a)?  l. What methods did you use to look for work before you took this job?  (Mark all that apply; do not read list to respondent)  m. How did you find out about the job you have now?  (Mark only one; do not read list to respondent)	21e.	(136)			
	f.				
	g.				
	h.	(137)	Month	Day	Year
	i.	(138)	1 <input type="checkbox"/> Yes – ASK j 2 <input type="checkbox"/> No – SKIP to k		
	j.	(139)	Month	Day	Year
	k.	(140)	Month	Day	Year
l.	(141) *	1 <input type="checkbox"/> State employment agency 2 <input type="checkbox"/> Private employment agency 3 <input type="checkbox"/> Employer(s) directly 4 <input type="checkbox"/> Friends or relatives 5 <input type="checkbox"/> Placed or answered ads 6 <input type="checkbox"/> School employment service 7 <input type="checkbox"/> Other – Specify (e.g., CETA, union or professional register) ↓			
m.	(142)	1 <input type="checkbox"/> State employment agency 2 <input type="checkbox"/> Private employment agency 3 <input type="checkbox"/> Employer directly 4 <input type="checkbox"/> Friends or relatives 5 <input type="checkbox"/> Newspaper ad 6 <input type="checkbox"/> School employment service 7 <input type="checkbox"/> Other – Specify (e.g., CETA, union or professional register) ↓			
Notes					

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

CHECK ITEM H	Refer to 21d	(143) 1 <input type="checkbox"/> "1" or "2" or "4" in 21d – ASK 22a 2 <input type="checkbox"/> Other – SKIP to 22l
22a. Altogether, how much do you usually earn at this job before deductions?	22a.	(144) \$ _____ . _____ per hour (Dollars) (Cents) OR (145) \$ _____ . <input type="text" value="00"/> per: (Dollars only) (146) 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly 5 <input type="checkbox"/> Month 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify _____
b. How many hours per week do you usually work at this job?	b.	(147) _____ Hours
c. Do you receive extra pay when you work over a certain number of hours?	c.	(148) 1 <input type="checkbox"/> Yes – ASK d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, but receive compensating time off 4 <input type="checkbox"/> Never work overtime } SKIP to f
d. After how many hours do you receive extra pay?	d.	(149) _____ Hours per day (150) _____ Hours per week
e. For all hours worked over (entry in d) are you paid straight time, time and one-half, double time or what? (Mark (X) all that apply)	e.	(151) 1 <input type="checkbox"/> Compensating time off (152) 2 <input type="checkbox"/> Straight time (153) 3 <input type="checkbox"/> Time and one-half (154) 4 <input type="checkbox"/> Double time (155) 5 <input type="checkbox"/> Other – Specify _____
f. Are your wages (salary) on this job set by a collective bargaining agreement between your employer and a union or employee association?	f.	(156) 1 <input type="checkbox"/> Yes – ASK g 2 <input type="checkbox"/> No – SKIP to i
g. What is the name of the union or employee association?	g.	(157) <input type="text"/>
h. Are you a member of that union or employee association?	h.	(158) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Notes

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

SHOW FLASHCARD (A)

22i. Which of the fringe benefits on this card does your employer make available to you?

(Mark (X) all that apply)

22i.

(159)  
\*

- 1 ☐ Medical, surgical or hospital insurance that covers any illness or injury off the job
- 2 ☐ Life insurance that would cover a death for reasons **not** connected with your job
- 3 ☐ A retirement program
- 4 ☐ Training or educational opportunities
- 5 ☐ Profit sharing
- 6 ☐ Stock options
- (160)  
\* 7 ☐ Free or discounted meals
- 8 ☐ Free or discounted merchandise
- 9 ☐ Paid sick leave
- 10 ☐ Paid vacation
- x ☐ None

j. Some people would like to work more hours a week if they could be paid for it. Others would prefer to work fewer hours a week even if they earned less. Would you prefer more hours and more pay, fewer hours and less pay, or about the same number of hours at the same pay?

j.

(161)  
\*

- 1 ☐ More hours and more pay } ASK k
- 2 ☐ Fewer hours and less pay }
- 3 ☐ Same hours at the same pay – SKIP to 23a

k. About how many hours would you like to work?

k.

(162)

\_\_\_\_\_ Hours – SKIP to 23a

l. How many hours per week do you usually work at this job?

l.

(163)

\_\_\_\_\_ Hours

Notes

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued			
23a. How long does it usually take you to get to work?		23a.	<div>(164) _____ Hours <b>AND/OR</b> (165) _____ Minutes</div>
b. What means of transportation do you usually use to get to work? (Mark as many boxes as apply)		b.	<div><div><div>(166) 1 <input type="checkbox"/> Own auto – ASK c</div><div>(167) 2 <input type="checkbox"/> Ride with someone else</div><div>(168) 3 <input type="checkbox"/> Bus or streetcar</div><div>(169) 4 <input type="checkbox"/> Subway or elevated</div><div>(170) 5 <input type="checkbox"/> Railroad</div><div>(171) 6 <input type="checkbox"/> Taxicab</div><div>(172) 7 <input type="checkbox"/> Walk only</div><div>(173) 8 <input type="checkbox"/> Other</div></div><div><div>SKIP to d</div><div>SKIP to Check Item I</div></div></div>
If “Other,” specify here _____			
c.(1) What is the total round trip cost of any parking fees or tolls you have to pay when you drive your own auto?		c.(1)	<div>(174) 0 <input type="checkbox"/> No cost <b>OR</b> (175) \$ _____ . _____ per: _____ (Dollars) (Cents) (176) 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month</div>
(2) How many miles do you go by auto round trip?		(2)	(177) _____ Miles
<input type="checkbox"/> Only box 1 marked in b – SKIP to Check Item I			
d. What is the total cost of the round trip by (means of transportation in b other than own auto)?		d.	<div>(179) \$ _____ . _____ per: _____ (Dollars) (Cents) (180) 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month</div>
CHECK ITEM I	Refer to 18b and 21d		<div>(181) 1 <input type="checkbox"/> Entry in 18b – SKIP to 25 Item 18b is blank, and – 2 <input type="checkbox"/> Entry in 21d is “P” or “G” – ASK 24a 3 <input type="checkbox"/> Entry in 21d is “O” or “WP” – SKIP to 24c</div>
24a. Did you work for more than one employer last week?		24a.	<div>(182) 1 <input type="checkbox"/> Yes – SKIP to 26a 2 <input type="checkbox"/> No – ASK b</div>
b. In addition to working for wages and salary did you operate your own farm, business, or profession last week?		b.	<div>(183) 1 <input type="checkbox"/> Yes – SKIP to 26a 2 <input type="checkbox"/> No – SKIP to 25</div>
c. In addition to this work, did you do any work for wages or salary last week?		c.	<div>(184) 1 <input type="checkbox"/> Yes – SKIP to 26a 2 <input type="checkbox"/> No – ASK 25</div>
25. Did you have any other job at which you did not work at all last week?		25.	<div>(185) 1 <input type="checkbox"/> Yes – ASK 26a 2 <input type="checkbox"/> No – SKIP to Check Item K(1)</div>

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued										
26a. For whom did you work in addition to (entry in 21a)? (Name of company, business organization or other employer)		26a. (186) <div></div>								
b. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)		b. (187) <div></div>								
c. Were you –		c. (188) 1 <input type="checkbox"/> P – An employee of a PRIVATE company, business or individual for wages, salary, or commission? 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county or local)? 3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in a family business or farm?								
d. What kind of work were you doing? (For example: electrical engineer, waiter, stock clerk, farmer)		d. (189) <div></div>								
e. What were your most important activities or duties? (For example: selling cars, operating printing press, finishing concrete, cleaning buildings)		e. <div></div>								
f. What was your job title?		f. <div></div>								
CHECK ITEM J	Refer to 26c	(190) 1 <input type="checkbox"/> If “P” or “G” in item 26c, – ASK g 2 <input type="checkbox"/> If “O” or “WP” in item 26c – SKIP to h								
26g. Altogether how much do you usually earn at this job before deductions?		26g. (191) \$ <div></div> (Dollars) . <div></div> (Cents) per hour OR (192) \$ <div></div> (Dollars only) . <div>00</div> per: <div></div> (193) 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly 5 <input type="checkbox"/> Month 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify <div></div>								
h. How many hours per week do you usually work at this job?		h. (194) <div></div> Hours per week								
i. When did you start working as a (entry in 26d) for (entry in 26a)?		i. (195) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><div></div></td><td><div></div></td><td><div></div></td></tr></table>			Month	Day	Year	<div></div>	<div></div>	<div></div>
Month	Day	Year								
<div></div>	<div></div>	<div></div>								
CHECK ITEM K(1)	Refer to items 21h, 21j, and 21k	Determine which is the <b>most recent</b> date and enter it here. (196) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><div></div></td><td><div></div></td><td><div></div></td></tr></table>			Month	Day	Year	<div></div>	<div></div>	<div></div>
Month	Day	Year								
<div></div>	<div></div>	<div></div>								
CHECK ITEM K(2)	Refer to Check Item K(1) and 92R	Determine which is the <b>more recent</b> date and enter it here. (197) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><div></div></td><td><div></div></td><td><div></div></td></tr></table>			Month	Day	Year	<div></div>	<div></div>	<div></div>
Month	Day	Year								
<div></div>	<div></div>	<div></div>								

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued		
27. Since (date in Check Item K(2)) were there any full weeks in which you didn't work, not counting paid vacations and paid sick leave?	27.	(198) 1 <input type="checkbox"/> No – SKIP to Check Item L 2 <input type="checkbox"/> Yes – How many? (199) _____ Weeks
28. Why were you not working during these _____ weeks?	28.	(200) 1 <input type="checkbox"/> School 2 <input type="checkbox"/> Personal, family reasons 3 <input type="checkbox"/> Own illness 4 <input type="checkbox"/> Did not want to work 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Armed forces 8 <input type="checkbox"/> Other – Specify _____
CHECK ITEM L	Refer to Check Item K(2) and 92R	(201) 1 <input type="checkbox"/> Date entered in Check Item K(2) is date of last interview – SKIP to Check Item S(1) 2 <input type="checkbox"/> Other – ASK 29
29. Just before (date in Check Item K(2)), was there a period of a week or more in which you were not working?	29.	(202) 1 <input type="checkbox"/> Yes – SKIP to 41 2 <input type="checkbox"/> No – SKIP to 32
30a. You said you last worked at a regular job on (entry in 19g or 20).  Interviewer: Use calendar to determine the number of weeks since respondent last worked.  That would be about _____ weeks since you last worked. In how many of these weeks were you looking for work or on layoff from a job?	30a.	(1) (203) _____ Weeks since last worked (2) (204) _____ Weeks looking or on layoff
CHECK ITEM M	Refer to 30a(1) and 30a(2)	(205) 1 <input type="checkbox"/> 30a(1) is equal to 30a(2) – SKIP to 32 2 <input type="checkbox"/> 30a(1) is greater than 30a(2) – ASK b
30b. That leaves _____ weeks that you were not working or looking for work. What would you say was the main reason you were not looking for work during that period?  If "Other," specify here _____	30b.	(206) _____ Weeks (207) 1 <input type="checkbox"/> School 2 <input type="checkbox"/> Personal, family reasons 3 <input type="checkbox"/> Ill or disabled, unable to work 4 <input type="checkbox"/> Did not want to work 5 <input type="checkbox"/> Couldn't find work 6 <input type="checkbox"/> Vacation 7 <input type="checkbox"/> Armed forces 8 <input type="checkbox"/> Other } SKIP to 32
31a. Since (date of last interview) in how many different weeks did you do any work at all?	31a.	(208) _____ Weeks 0 <input type="checkbox"/> None
b. Since (date of last interview) have you spent any weeks looking for work or on layoff from a job?	b.	(209) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How many weeks? (210) _____ Weeks
CHECK ITEM N	Interviewer: Use calendar to determine the number of weeks since date of last interview. Next: Add the entries in 31a and 31b and enter the sum in (2). _____	(1) (211) _____ Weeks since date of last interview (2) (212) _____ Weeks working, on layoff, or looking for work <input type="checkbox"/> (1) is equal to (2) – SKIP to Check Item S(1) <input type="checkbox"/> (1) is greater than (2) – ASK 31c
31c. What would you say was the main reason you were not working or looking for work during (the rest of) that time?  If "Other," specify here _____	31c.	(213) 1 <input type="checkbox"/> School 2 <input type="checkbox"/> Personal, family reasons 3 <input type="checkbox"/> Ill or disabled, unable to work 4 <input type="checkbox"/> Did not want to work 5 <input type="checkbox"/> Couldn't find work 6 <input type="checkbox"/> Vacation 7 <input type="checkbox"/> Armed forces 8 <input type="checkbox"/> Other } SKIP to Check Item S(1) page 18

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued					
32. Now let's talk about –		The job you worked at before you started to work as a (entry in 21e or 32e) for (entry in 21a or 32a)		32a.	(214) <input type="checkbox"/> Same as 21a – SKIP to 32e
		The last job you worked at; that is, the one which ended on (entry in 19g or 20)			
a. For whom did you work? (Name of company, business, organization or other employer)				b.	(215) <input type="text"/> <input type="text"/> City, State
b. In what city and State is . . . located?				c.	(216) <input type="text"/> <input type="text"/> <input type="text"/>
c. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)				d.	(217) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP
d. Class of worker				e.	(218) <input type="text"/> <input type="text"/> <input type="text"/>
e. What kind of work were you doing? (For example: stock clerk, high school English teacher, car salesman)				f.	
f. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics, finishing concrete)				g.	
g. What was your job title?					
33a. Altogether, how much did you usually earn at this job before all deductions?		33a.		(219) \$ <input type="text"/>	
				(220) <input type="checkbox"/> per <input type="text"/>	
b. How many hours per week did you usually work at this job?		b.		(221) <input type="text"/> Hours	
34a. When did you start working as a (entry in 32e) for (entry in 32a)?		34a.		(222) Month Day Year	
b. When did you stop working as a (entry in 32e) for (entry in 32a)?		b.		(223) Month Day Year	
				x <input type="checkbox"/> Still working there – SKIP to 36a	
CHECK ITEM O	Refer to 21a and 32a (all columns)	Item 32a is: 1. Same as (entry in 21a or 32a)		1.	(224) 1 <input type="checkbox"/> – ASK 35a
		2. Other		2.	2 <input type="checkbox"/> – SKIP to 35b
35a. Why did you change the kind of work you were doing?		35a.		(225) <input type="text"/> <input type="text"/>	
				SKIP to 36a	
b. Why did you happen to leave this job?		b.		(226) <input type="text"/> <input type="text"/>	
c. Did you have a new job lined up before you left this one?		c.		(227) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
36a. Excluding paid vacations and paid sick leave, during the time you worked at this job were there any full weeks in which you didn't work on this job (since date of last interview)?		36a.		(228) 0 <input type="checkbox"/> No – SKIP to 37	
				(228) 1 <input type="checkbox"/> Yes – How many weeks?	
				(229) <input type="text"/> – ASK b	
b. Why were you not working at this job during these . . . weeks?		b.		(230) <input type="text"/> <input type="text"/>	
c. Were you working for someone else during this period(s)?		c.		(231) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job	
				2 <input type="checkbox"/> No – ASK 37	
37. Did you do any other kind of work for (entry in 32a) just before (date in 34a)?		37.		(232) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job	
				2 <input type="checkbox"/> No – FILL Check Item P	
CHECK ITEM P	Refer to 34a	Item 34a is: 1. Date of last interview or later		1.	(233) 1 <input type="checkbox"/> – SKIP to 39
		2. Before date of last interview		2.	2 <input type="checkbox"/> – ASK 38
38. Have you worked for anyone else (since date of last interview)?		38.		(234) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf.	
				2 <input type="checkbox"/> No – SKIP to Check Item S(1)	
39. While you were working for (entry in 32a), were you also working for someone else?		39.		(235) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about simultaneous job	
				2 <input type="checkbox"/> No – ASK 40	
40. JUST before you started working as a (entry in 32e) for (entry in 32a) was there a period of a week or more in which you were not working?		40.		(236) 1 <input type="checkbox"/> Yes – ASK 41	
				2 <input type="checkbox"/> No – GO to next Col., record Inf. about previous job	
41. When did this period in which you were not working start?		41.		(237) Month Day Year	
				x <input type="checkbox"/> Never worked before	
42a. Interviewer: Determine number of weeks not working. If item 41 is before date of last interview, count only weeks since date of last interview.		42a.		(238) <input type="text"/> Weeks not working	
b. That would be about . . . weeks that you were not working. How many of those weeks were you looking for work or on layoff from a job?		b.		(239) <input type="text"/> Weeks looking or on layoff	
CHECK ITEM Q	1. 42a is equal to 42b 2. 42a is greater than 42b	1.		(240) 1 <input type="checkbox"/> – SKIP to Check Item R	
		2.		2 <input type="checkbox"/> – ASK 43	
43. That leaves . . . weeks that you were not working or looking for work. What would you say was the main reason that you were not looking for work during that period?		43.		(241) <input type="text"/> <input type="text"/>	
CHECK ITEM R	1. Item 41 is date of last interview or later 2. Item 41 is before date of last interview	1.		(242) 1 <input type="checkbox"/> – GO to next Col., record Inf. about previous job	
		2.		2 <input type="checkbox"/> – SKIP to Check Item S(1)	



## II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

	(2) _____ <input type="checkbox"/> Never worked before – SKIP to Check Item S(1) <input type="checkbox"/> Same as _____ – SKIP to 32e	(3) _____ <input type="checkbox"/> Never worked before – SKIP to Check Item S(1) <input type="checkbox"/> Same as _____ – SKIP to 32e	(4) _____ <input type="checkbox"/> Never worked before – SKIP to Check Item S(1) <input type="checkbox"/> Same as _____ – SKIP to 32e
32a.	(243)	(272)	(301)
b.	(244) _____ City, State	(273) _____ City, State	(302) _____ City, State
c.	(245) _____	(274) _____	(303) _____
d.	(246) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	(275) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	(304) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP
e.	(247) _____	(276) _____	(305) _____
f.			
g.			
33a.	(248) \$ _____ (249) _____ per _____	(277) \$ _____ (278) _____ per _____	(306) \$ _____ (307) _____ per _____
b.	(250) _____ Hours	(279) _____ Hours	(308) _____ Hours
34a.	(251) _____ Month Day Year	(280) _____ Month Day Year	(309) _____ Month Day Year
b.	(252) _____ Month Day Year x <input type="checkbox"/> Still working there – SKIP to 36a	(281) _____ Month Day Year x <input type="checkbox"/> Still working there – SKIP to 36a	(310) _____ Month Day Year x <input type="checkbox"/> Still working there – SKIP to 36a
O	(253) 1 <input type="checkbox"/> – ASK 35a 2 <input type="checkbox"/> – SKIP to 35b	(282) 1 <input type="checkbox"/> – ASK 35a 2 <input type="checkbox"/> – SKIP to 35b	(311) 1 <input type="checkbox"/> – ASK 35a 2 <input type="checkbox"/> – SKIP to 35b
35a.	(254) _____ SKIP to 36a	(283) _____ SKIP to 36a	(312) _____ SKIP to 36a
b.	(255) _____	(284) _____	(313) _____
c.	(256) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(285) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(314) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
36a.	(257) 0 <input type="checkbox"/> No – SKIP to 37 1 <input type="checkbox"/> Yes – How many weeks? (258) _____ Weeks – ASK b	(286) 0 <input type="checkbox"/> No – SKIP to 37 1 <input type="checkbox"/> Yes – How many weeks? (287) _____ Weeks – ASK b	(315) 0 <input type="checkbox"/> No – SKIP to 37 1 <input type="checkbox"/> Yes – How many weeks? (316) _____ Weeks – ASK b
b.	(259) _____	(288) _____	(317) _____
c.	(260) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No – ASK 37	(289) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No – ASK 37	(318) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job. 2 <input type="checkbox"/> No – ASK 37
37.	(261) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No – Fill Check Item P	(290) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No – Fill Check Item P	(319) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No – Fill Check Item P
P	(262) 1 <input type="checkbox"/> – SKIP to 39 2 <input type="checkbox"/> – ASK 38	(291) 1 <input type="checkbox"/> – SKIP to 39 2 <input type="checkbox"/> – ASK 38	(320) 1 <input type="checkbox"/> – SKIP to 39 2 <input type="checkbox"/> – ASK 38
38.	(263) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. 2 <input type="checkbox"/> No – SKIP to Check Item S(1)	(292) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. 2 <input type="checkbox"/> No – SKIP to Check Item S(1)	(321) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. 2 <input type="checkbox"/> No – SKIP to Check Item S(1)
39.	(264) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about simultaneous job 2 <input type="checkbox"/> No – ASK 40	(293) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about simultaneous job 2 <input type="checkbox"/> No – ASK 40	(322) 1 <input type="checkbox"/> Yes – GO to next Col., record Inf. about simultaneous job 2 <input type="checkbox"/> No – ASK 40
40.	(265) 1 <input type="checkbox"/> Yes – ASK 41 2 <input type="checkbox"/> No – GO to next Col., record Inf. about previous job	(294) 1 <input type="checkbox"/> Yes – ASK 41 2 <input type="checkbox"/> No – GO to next Col., record Inf. about previous job	(323) 1 <input type="checkbox"/> Yes – ASK 41 2 <input type="checkbox"/> No – GO to next Col., record Inf. about previous job
41.	(266) _____ Month Day Year x <input type="checkbox"/> Never worked before	(295) _____ Month Day Year x <input type="checkbox"/> Never worked before	(324) _____ Month Day Year x <input type="checkbox"/> Never worked before
42a.	(267) _____ Weeks not working	(296) _____ Weeks not working	(325) _____ Weeks not working
b.	(268) _____ Weeks looking or on layoff	(297) _____ Weeks looking or on layoff	(326) _____ Weeks looking or on layoff
Q	(269) 1 <input type="checkbox"/> – SKIP to Check Item R 2 <input type="checkbox"/> – ASK 43	(298) 1 <input type="checkbox"/> – SKIP to Check Item R 2 <input type="checkbox"/> – ASK 43	(327) 1 <input type="checkbox"/> – SKIP to Check Item R 2 <input type="checkbox"/> – ASK 43
43.	(270) _____	(299) _____	(328) _____
R	(271) 1 <input type="checkbox"/> – GO to next Col., record Inf. about previous job 2 <input type="checkbox"/> – SKIP to Check Item S(1)	(300) 1 <input type="checkbox"/> – GO to next Col., record Inf. about previous job 2 <input type="checkbox"/> – SKIP to Check Item S(1)	(329) 1 <input type="checkbox"/> – GO to next Col., record Inf. about previous job 2 <input type="checkbox"/> – SKIP to Check Item S(1)

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued					
CHECK ITEM S(1)	Refer to item I	(417) 1 <input type="checkbox"/> Enrolled in school – SKIP to Check Item T 2 <input type="checkbox"/> Not enrolled in school – FILL Check Item S(2)			
CHECK ITEM S(2)	Refer to Check Item K(2) and item 34a (all columns)	Determine which is the <b>earliest</b> date and record it here. (418) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> – FILL Check Item S(3)	Month	Day	Year
Month	Day	Year			
CHECK ITEM S(3)	Refer to Check Item S(2)	Date entered in Check Item S(2) is – (419) 1 <input type="checkbox"/> Before November 1971 – SKIP to Check Item T 2 <input type="checkbox"/> November 1971 or later – ASK 44a			
44a. Now, of all the jobs you have had since November, 1971, I'd like to know about the one at which you worked the longest. For whom did you work then?	44a.	(420) <table><tr><td></td></tr></table> _____ ASK b (421) 1 <input type="checkbox"/> Same as 21a – SKIP to 44f			
b. What kind of business or industry was that?	b.	(422) <table><tr><td></td><td></td><td></td></tr></table>			
c. Were you – (1) An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... (2) A GOVERNMENT employee (Federal, State, county or local)? ..... (3) Self-employed in your OWN business, professional practice, or farm? ..... (4) Working WITHOUT PAY in a family business or farm? .....	c.	(423) 1 <input type="checkbox"/> P – Private 2 <input type="checkbox"/> G – Government 3 <input type="checkbox"/> O – Self-employed 4 <input type="checkbox"/> WP – Without pay			
d. When did you START working at that job?	d.	(424) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>	Month	Day	Year
Month	Day	Year			
e. When did you STOP working at that job?	e.	(425) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> x <input type="checkbox"/> Still working there	Month	Day	Year
Month	Day	Year			
f. What kind of work were you doing longest on that job?	f.	(426) <table><tr><td></td><td></td><td></td></tr></table>			
g. What were your most important activities or duties?	g.				
h. What was your job title?	h.				
CHECK ITEM T	Refer to 16, 17a, 18a, and 19a	Respondent is in – (427) 1 <input type="checkbox"/> Labor Force Group A (“WK” or “J” in 16 or “Yes” in 17a or 18a) – ASK 45 2 <input type="checkbox"/> Labor Force Group B (“LK” in 16 or “Yes” in 19a) – SKIP to 48a 3 <input type="checkbox"/> Labor Force Group C (All others) – SKIP to 46a			
45. Now I would like you to think back to all of the jobs you have ever held. How many years would you say you have spent working in jobs related to the kind of work you do now?	45.	(428) _____ Years – SKIP to 49			
Notes					

## II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

46a. Do you intend to look for work of any kind in the next 12 months?

- 46a. (429) 1 ☐ Yes, definitely } ASK b  
 2 ☐ Yes, probably }  
 3 ☐ Maybe }  
 4 ☐ No } SKIP to 47a  
 5 ☐ Don't know }

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

b. (430)

c. What will you do to find work?  
 (Mark (X) all that apply)

- c. (431) 1 ☐ State employment agency (or counselor)  
 \* 2 ☐ Private employment agency  
 3 ☐ Employer directly  
 4 ☐ Friends or relatives  
 5 ☐ Place or answer ads  
 6 ☐ School employment service  
 7 ☐ Other – Specify \_\_\_\_\_

47a. Why are you not looking for work at this time?

- 47a. (432) 1 ☐ School  
 2 ☐ Personal, family reasons  
 3 ☐ Health reasons  
 4 ☐ Does not want to work at this time of year  
 5 ☐ Believes no work available  
 6 ☐ 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. (433) 1 ☐ Yes, definitely } ASK c  
 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, it would interfere with school } SKIP to 49  
 9 ☐ No, don't need the money }  
 0 ☐ No, other \_\_\_\_\_ }

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

c. (434)

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

- d. (435) 1 ☐ Any pay  
 OR  
 (436) \$ \_\_\_\_\_ . \_\_\_\_\_ per hour  
 (Dollars) (Cents)  
 OR  
 (437) \$ \_\_\_\_\_ .  00 per: \_\_\_\_\_  
 (Dollars only)  
 (438) 2 ☐ Day  
 3 ☐ Week  
 4 ☐ Biweekly  
 5 ☐ Month  
 6 ☐ Year  
 7 ☐ Other – Specify \_\_\_\_\_

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

e. (439) \_\_\_\_\_ Hours – SKIP to 49

## II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

48a. What type of work are you looking for?

48a. (440)

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

b. (441) \_\_\_\_\_ Hours

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

c. (442) 1 ☐ Any pay

OR

(443) \$ \_\_\_\_\_ per hour  
(Dollars) (Cents)

OR

(444) \$ \_\_\_\_\_ per:  00  
(Dollars only)

(445) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ 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. (446) 1 ☐ Yes – ASK e

2 ☐ No – SKIP to f

e. What are these restrictions?

e. (447)

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

f. (448) 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

7 ☐ Had no prior job

Notes

(449)

(450)

(451)

(452)

(453)

III. WORK ATTITUDES

49. We would like to find out whether people's outlook on life has any effect on the kind of jobs they have, the way they look for work, how much they work, and matters of that kind. On each of these cards is a pair of statements, numbered 1 and 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. (454) 1 ☐ Many of the unhappy things in people's lives are partly due to bad luck. 2 ☐ People's misfortunes result from the mistakes they make.

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

8 ☐ Much 9 ☐ Slightly

- b. (455) 1 ☐ In the long run, people get the respect they deserve in this world. 2 ☐ Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

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

8 ☐ Much 9 ☐ Slightly

- c. (456) 1 ☐ Without the right breaks, one cannot be an effective leader. 2 ☐ Capable people who fail to become leaders have not taken advantage of their opportunities.

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

8 ☐ Much 9 ☐ Slightly

- d. (457) 1 ☐ Becoming a success is a matter of hard work; luck has little or nothing to do with it. 2 ☐ Getting a good job depends mainly on being in the right place at the right time.

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

8 ☐ Much 9 ☐ Slightly

- e. (458) 1 ☐ What happens to me is my own doing. 2 ☐ Sometimes I feel that I don't have enough control over the direction my life is taking.

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

8 ☐ Much 9 ☐ Slightly

- f. (459) 1 ☐ When I make plans, I am almost certain that I can make them work. 2 ☐ It is not always wise to plan too far ahead, because many things turn out to be a matter of good or bad fortune anyhow.

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

8 ☐ Much 9 ☐ Slightly

- g. (460) 1 ☐ In my case, getting what I want has little or nothing to do with luck. 2 ☐ Many times we might just as well decide what to do by flipping a coin.

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

8 ☐ Much 9 ☐ Slightly

III. WORK ATTITUDES – Continued

49h. (461)\*

1 ☐ Who gets to be boss often depends on who was lucky enough to be in the right place first.

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

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

8 ☐ Much      9 ☐ Slightly

i. (462)\*

1 ☐ Most people don't realize the extent to which their lives are controlled by accidental happenings.

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

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

8 ☐ Much      9 ☐ Slightly

j. (463)\*

1 ☐ In the long run, the bad things that happen to us are balanced by the good ones.

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

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

8 ☐ Much      9 ☐ Slightly

k. (464)\*

1 ☐ Many times I feel that I have little influence over the things that happen to me.

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

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

8 ☐ Much      9 ☐ Slightly

50. Now I'd like your opinion about women working. People have different ideas about whether married women should work. Here are three statements about a married woman with preschool-aged children. (HAND CARD (B) TO RESPONDENT.) In each case, how do you feel about such a woman taking a full-time job outside the home: Is it definitely all right, probably all right, probably not all right, or definitely not all right?

Statements	Definitely all right	Probably all right	Probably not all right	Definitely not all right	No opinion, undecided
a. If it is absolutely necessary to make ends meet	(465) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. If she wants to work and her husband agrees	(466) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. If she wants to work, even if her husband does not particularly like the idea	(467) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

CHECK ITEM W

Refer to Household Record Card

(468) 1 ☐ Respondent is 30 years old or older – SKIP to Check Item X  
2 ☐ Respondent is less than 30 years old – ASK 51

51. Now I would like to know about your future job plans. What kind of work would you like to be doing when you are 30 years old?

51. (469)

(470) 1 ☐ Same as present job  
2 ☐ Don't know

CHECK ITEM X

Refer to 87R, 88R, 89R, and I

(471) 1 ☐ Respondent enrolled in school 1971, 1973, 1975 or 1976 – SKIP to 55, on page 25  
2 ☐ Respondent not enrolled in school 1971, 1973, 1975, and 1976 – GO TO CHECK ITEM Y

IV. RETROSPECTIVE WORK HISTORY

CHECK  
ITEM Y

Refer to item 21h

- (472) 1 ☐ Respondent first started with current employer  
November 1, 1971 or earlier – Read introductory statement  
and ASK 52a  
2 ☐ All others – SKIP to 55, page 25

52. Now I'd like you to look back over the past 5 years and give me some of your reactions to it.

52a. Since November 1971, have you ever looked for another  
job except during periods of layoff?

- 52a. (473) 1 ☐ Yes – ASK b  
2 ☐ No – SKIP to 53a

b. Would you say that you have looked for another job  
frequently, occasionally or just once?

- b. (474) 1 ☐ Frequently  
2 ☐ Occasionally  
3 ☐ Just once

c. In what year was that (most recent if more than one)?


- c. (475) 19 \_\_\_\_\_ Year

d. Why did you decide to look for another job at  
that (this) time?

- d. (476)

e. How did you go about looking?

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

- e. (477) 1 ☐ State employment agency (or counselor)  
\* 2 ☐ Private employment agency  
3 ☐ Employer directly  
4 ☐ Friends or relatives  
5 ☐ Placed or answered ads  
6 ☐ Other – Specify 

f. What kind of work were you looking for?

- f. (478)

g. Were you looking for work in the same local area as  
you were living at that time?

- g. (479) 1 ☐ Yes  
2 ☐ No

h. Did you find a job that you could have had?

- h. (480) 1 ☐ Yes – ASK i  
2 ☐ No – SKIP to 53a

i. What kind of work was it?

- i. (481)

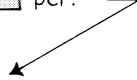
j. What kind of business or industry was it?

- j. (482)

k. Where was the job located?

- k. (483)   
\_\_\_\_\_ County \_\_\_\_\_ State

l. What would the job have paid?

- l. (484) \$ \_\_\_\_\_ . \_\_\_\_\_ per hour  
(Dollars) (Cents)  
OR  
(485) \$ \_\_\_\_\_ .  per:   
(Dollars only)  
(486) 2 ☐ Day  
3 ☐ Week  
4 ☐ Biweekly  
5 ☐ Month  
6 ☐ Year  
7 ☐ Other – Specify \_\_\_\_\_

m. How many hours per week would the job  
have involved?

- m. (487) \_\_\_\_\_ Hours per week

n. Did you accept this job?

- n. (488) 1 ☐ Yes  
2 ☐ No } SKIP to 55, page 25

IV. RETROSPECTIVE WORK HISTORY – Continued

- 53a. Since November 1971 has any other employer made you a definite offer of a full-time job that you did not accept?
- b. How many times?
- c. In what year was that (most recent if more than one)?
- d. How did you happen to get the offer?
- e. What kind of work was it?
- f. What kind of business or industry was it?
- g. Was this job located in the same local area as you were living at that time?
- h. What would the job have paid?

53a. (489) 1 ☐ Yes – ASK b  
2 ☐ No – SKIP to 54a

b. (490) \_\_\_\_\_ Times

c. (491) 19\_\_\_\_\_ Year

d. (492) 1 ☐ Job offered by a friend, relative  
2 ☐ Job offered by a business acquaintance  
3 ☐ Job offered by a former employer  
4 ☐ Other – Specify \_\_\_\_\_

e. (493)

f. (494)

g. (495) 1 ☐ Yes  
2 ☐ No

h. (496) \$ \_\_\_\_\_ . \_\_\_\_\_ per hour  
(Dollars) (Cents)  
OR  
(497) \$ \_\_\_\_\_ .  00 per: \_\_\_\_\_  
(Dollars only)  
(498) 2 ☐ Day  
3 ☐ Week  
4 ☐ Biweekly  
5 ☐ Month  
6 ☐ Year  
7 ☐ Other – Specify \_\_\_\_\_

i. (499) \_\_\_\_\_ Hours per week

j. (500)    
\_\_\_\_\_  
SKIP to 55

- ☐ If item 52a is “Yes” – SKIP to 55
- 54a. During this period have you ever seriously thought of looking for another job?
- b. Why would you say you’ve thought of looking?
- c. Why didn’t you actually look for a job?
- d. Why not?

54a. (501) 1 ☐ Yes – ASK b  
2 ☐ No – ASK d

b. (502)    
\_\_\_\_\_

c. (503)    
\_\_\_\_\_  
SKIP to 55

d. (504)    
\_\_\_\_\_



IV. RETROSPECTIVE WORK HISTORY – Continued

55. All in all, so far as work is concerned, since November, 1971, do you think that you have progressed, moved backward, or just about held your own?	55.	(505) 1 <input type="checkbox"/> Progressed 2 <input type="checkbox"/> Moved backward 3 <input type="checkbox"/> Held own
56a. Since November, 1971, do you feel that, so far as work is concerned, you have been in any way discriminated against because of race, religion, sex, age, nationality, or for any other reason?	56a.	(506) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to Check Item Z(1)
b. For what reason(s)? * Mark (X) all that apply	b.	(507) 1 <input type="checkbox"/> Race * 2 <input type="checkbox"/> Religion 3 <input type="checkbox"/> Sex 4 <input type="checkbox"/> Age 5 <input type="checkbox"/> Nationality 6 <input type="checkbox"/> Other – Specify _____
CHECK ITEM Z(1)	Refer to Check Item T	(508) 1 <input type="checkbox"/> Labor Force Group A – ASK 57a 2 <input type="checkbox"/> All others – SKIP to 58a
57. As you look back over the past five years, would you say that –	57.	(509) 1 <input type="checkbox"/> Increased a. 2 <input type="checkbox"/> Decreased 3 <input type="checkbox"/> Remained about the same
a. The pressures you feel in your job have increased, decreased, or remained about the same?	a.	
b. There has been any change in your ability to keep up with the pace of your job?	b.	(510) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes ↙ (511) 2 <input type="checkbox"/> Is it easier? 3 <input type="checkbox"/> Is it harder?
c. The amount of fatigue you feel at the end of a work day has increased, decreased, or remained about the same?	c.	(512) 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Decreased 3 <input type="checkbox"/> Remained about the same
Notes	(513)	
	(514)	
	(515)	

V. HEALTH		
58a. Does your health or physical condition prevent you from working altogether?		58a. (516) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 59a
b. When did you become unable to work altogether?		b. (517) _____ Month (518) 19_____ Year } SKIP to Check Item Z(2)
59a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?		59a. (519) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 60a
b. How long have you been limited in this way?		b. (520) _____ Years OR (521) _____ Months
60a. Has your health ever prevented you from working for 6 or more months in a row?		60a. (522) 1 <input type="checkbox"/> Yes – ASK b (523) 2 <input type="checkbox"/> No – SKIP to Check Item Z(2)
b. How long were you prevented from working? (Most recent if more than one)		b. (524) _____ Years OR (525) _____ Months
c. When did you recover?		c. (526) _____ Month (527) 19_____ Year (528) 1 <input type="checkbox"/> Not yet recovered
CHECK ITEM Z(2)	Refer to Check Item T	Respondent is in – (529) 1 <input type="checkbox"/> Labor Force Group A – ASK 61 2 <input type="checkbox"/> All others – SKIP to 62a
SHOW FLASHCARD (C) 61. Which of the activities on this card do you do regularly on your job? (Mark (X) all that apply)		61. (530) 1 <input type="checkbox"/> Walk around (531) 2 <input type="checkbox"/> Use stairs and inclines (532) 3 <input type="checkbox"/> Stand for long periods (533) 4 <input type="checkbox"/> Stoop, kneel or crouch (534) 5 <input type="checkbox"/> Lift or carry weights up to 10 pounds (535) 6 <input type="checkbox"/> Lift or carry heavy weights (536) 7 <input type="checkbox"/> Reach for supplies, materials, etc. (537) 8 <input type="checkbox"/> Use hands and fingers to manipulate supplies, equipment, etc. (538) 9 <input type="checkbox"/> Read printed documents, books, instructions, etc. (539) 10 <input type="checkbox"/> Hear special sounds (signals, directions, etc.) (540) 11 <input type="checkbox"/> Deal with people
Notes		

V. HEALTH – Continued

SHOW FLASHCARD (D)

62a. Do you ever have any difficulty performing any of the activities on this card?

62a.

541

1

☐ No – GO to 62b

541

2

☐ Yes – Which ones? – Mark each activity mentioned and for each marked ask –

Can you . . . at all?

Yes

No

542

\*

1

☐ Walking

543

\*

1

☐ Using stairs or inclines

544

\*

1

☐ Standing for long periods of time

545

\*

1

☐ Sitting for long periods

546

\*

1

☐ Stooping, kneeling or crouching

547

\*

1

☐ Lifting or carrying weights up to 10 lbs.

548

\*

1

☐ Lifting or carrying heavy weights

549

\*

1

☐ Reaching

550

\*

1

☐ Using hands and fingers

551

\*

1

☐ Seeing (even with glasses)

552

\*

1

☐ Hearing

553

\*

1

☐ Dealing with people

554

\*

1

☐ Other – Specify 

7

2

☐

3

☐

SHOW FLASHCARD (E)

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

b.

555

1

☐ No – GO to 62c

555

2

☐ Yes – Which ones? – Mark each problem mentioned

556

1

☐ Pain

557

2

☐ Tiring easily, no energy

558

3

☐ Weakness, lack of strength

559

4

☐ Aches, swelling, sick feeling

560

5

☐ Fainting spells, dizziness

561

6

☐ Nervousness, tension, anxiety, depression

562

7

☐ Shortness of breath, trouble breathing

563

8

☐ Other – Specify \_\_\_\_\_

Notes

V. HEALTH – Continued	
SHOW FLASHCARD <b>F</b>	
62. Continued	
c. Which of these conditions would you have trouble working under <b>BECAUSE OF YOUR HEALTH?</b> (Mark (X) each condition mentioned)	62c. <div><div>564</div>1 <input type="checkbox"/> Fumes, dust or smoke</div> <div><div>565</div>2 <input type="checkbox"/> Hot places</div> <div><div>566</div>3 <input type="checkbox"/> Cold places</div> <div><div>567</div>4 <input type="checkbox"/> Damp places</div> <div><div>568</div>5 <input type="checkbox"/> Noise or vibrations</div> <div><div>569</div>6 <input type="checkbox"/> Confusion or disorder</div> <div><div>570</div>7 <input type="checkbox"/> Working indoors</div> <div><div>571</div>8 <input type="checkbox"/> Working outdoors</div> <div><div>572</div>9 <input type="checkbox"/> Other – Specify _____</div> <div><div>573</div>0 <input type="checkbox"/> None</div>

V. HEALTH – Continued

65. Does your wife's health or physical condition limit the amount or kind of work she can do?	65.	(591) 1 <input type="checkbox"/> Yes – ASK 66 2 <input type="checkbox"/> No – SKIP to 67
66. How long has she been limited in this way?	66.	(592) _____ Years <b>OR</b> (593) _____ Months
67. Does the health condition of your wife in any way affect the kind or amount of work you do or where you work?	67.	(594) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Notes	(595)	
	(596)	
	(597)	



VII. ASSETS AND INCOME	
69a. In the last 12 months, did you (or your wife) receive financial assistance from any of your relatives?	69a. (751) 1 <input type="checkbox"/> Yes – ASK b–c 2 <input type="checkbox"/> No – SKIP to item 70a
b. From whom?	b. (752) <input type="text"/>
c. How much did you receive?	c. (753) \$ <input type="text"/> . <input type="text"/> 00
70a. Is this house (apartment) owned or being bought by you (or your wife)?	70a. (754) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to d
b. About how much do you think this property would sell for on today's market?	b. (755) \$ <input type="text"/> . <input type="text"/> 00
c. About how much do you (or your wife) owe on this property for mortgages, back taxes, home improvement loans, etc.?	c. (756) \$ <input type="text"/> . <input type="text"/> 00 } SKIP to e o <input type="checkbox"/> None
d. Have you ever bought a house or apartment?	d. (757) 1 <input type="checkbox"/> Yes – ASK e 2 <input type="checkbox"/> No – SKIP to 71a
e. I'd like you to think back to the first time you purchased a house or apartment. What would you say was the most important element in being able to buy? Was it – (1) a loan or gift from your family to make the down payment? . . . . . (2) your own savings? . . . . . (3) the G.I. Bill? . . . . . (4) or something else? . . . . .	e. (758) 1 <input type="checkbox"/> Loan or gift from parents, wife's parents, or other relatives 2 <input type="checkbox"/> Respondent's (and wife's) own savings 3 <input type="checkbox"/> G.I. financing (V.A. loan with little or no down payment needed) 4 <input type="checkbox"/> Other – Specify _____

Notes	(759) <input type="text"/>
	(760) <input type="text"/>
	(761) <input type="text"/>
	(762) <input type="text"/>
	(763) <input type="text"/>
	(764) <input type="text"/>

VII. ASSETS AND INCOME – Continued

<p>71a. Do you (or your wife) have any money in savings or checking accounts, savings and loan companies or credit unions?</p>	<p>71a. (765) 0 <input type="checkbox"/> No – ASK b 1 <input type="checkbox"/> Yes – How much altogether?</p> <p>(766) \$ _____ . 00</p>
<p>b. Do you (or your wife) have any – (1) U.S. Savings Bonds?</p>	<p>b. (767) 0 <input type="checkbox"/> No – ASK (2) (1) 1 <input type="checkbox"/> Yes – What is their face value?</p> <p>(768) \$ _____ . 00</p>
<p>(2) Stocks, bonds, or mutual funds?</p>	<p>(2) (769) 0 <input type="checkbox"/> No – ASK 72a 1 <input type="checkbox"/> Yes – About how much is their market value?</p> <p>(770) \$ _____ . 00</p>
<p>72a. Do you (or your wife) rent, own, or have an investment in a farm, business, or any other real estate, not counting your house?</p>	<p>72a. (771) 1 <input type="checkbox"/> Yes – ASK b–d 2 <input type="checkbox"/> No – SKIP to 73a</p>
<p>b. Which one(s)?</p>	<p>b. (772) 1 <input type="checkbox"/> Farm * 2 <input type="checkbox"/> Business 3 <input type="checkbox"/> Real estate</p>
<p>c. About how much do you think this (business, farm, or other real estate) would sell for on today's market?</p>	<p>c. (773) \$ _____ . 00</p>
<p>d. What is the total amount of debt and other liabilities on this (business, farm, or other real estate)?</p>	<p>d. (774) \$ _____ . 00 0 <input type="checkbox"/> None</p>
<p>73a. Do you (or your wife) own an automobile(s)?</p>	<p>73a. (775) 1 <input type="checkbox"/> Yes – ASK b–d 2 <input type="checkbox"/> No – SKIP to 74</p>
<p>b. How many?</p>	<p>b. (776) _____ Automobiles</p>
<p>c. Do you owe any money on this (these) automobile(s)?</p>	<p>c. (777) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(778) \$ _____ . 00 (779) \$ _____ . 00 (780) \$ _____ . 00</p>
<p>d. How much would this (these) car(s) sell for on today's market?</p>	<p>d. (781) \$ _____ . 00 (782) \$ _____ . 00 (783) \$ _____ . 00</p>
<p>74. Do you (or your wife) owe any (other) money to stores, banks, doctors, or anyone else, excluding 30-day charge accounts?</p>	<p>74. (784) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much?</p> <p>(785) \$ _____ . 00</p>



VII. ASSETS AND INCOME – Continued

Now I would like to ask a few questions about your income in the last 12 months.		RESPONDENT	WIFE <input type="checkbox"/> Not married
75a. How much did you (or your wife) receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?	75a.	(786) \$ . 00 0 <input type="checkbox"/> None	(799) \$ . 00 0 <input type="checkbox"/> None
b. Did you (or your wife) receive any income from working on your own or in your own business or farm?  \$ (Gross income) less \$ (Expenses) = \$ (Net income)	b.	(787) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (788) \$ . 00	(800) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (801) \$ . 00
c. Did you (or your wife) receive any unemployment compensation?	c.	(789) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes → How many weeks? (1) (790) _____ How much? (2) (791) \$ . 00	(802) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes → How many weeks? (803) _____ How much? (804) \$ . 00
d. Did you (or your wife) receive any Supplemental Unemployment Benefits (SUB) from your employer?	d.	(792) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes → How many weeks? (793) _____ How much did you receive altogether? (794) \$ . 00	(805) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes → How many weeks? (806) _____ How much did you receive altogether? (807) \$ . 00
e. Did you (or your wife) receive any Supplemental Security Income checks from the local, State, or Federal Government?	e.	(795) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (796) \$ . 00	(808) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (809) \$ . 00
f. Did you (or your wife) receive any other income, such as rental income, interest or dividends, income as a result of disability or illness, etc.?	f.	(797) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (798) \$ . 00	(810) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (811) \$ . 00
CHECK ITEM AA	Refer to item 68	(812) 1 <input type="checkbox"/> Only respondent (and wife and their children under 14) listed in item 68 – SKIP to 76b 2 <input type="checkbox"/> Other family members listed in 68 – ASK 76a (If two or more RELATED respondents in household, ASK 76a–b only once, and transcribe answers from the first to the other questionnaires.)	
SHOW FLASHCARD (G)	76a. In the past 12 months, what was the total income of ALL family members living here?	76a. (813) 1 <input type="checkbox"/> Under \$1,000 2 <input type="checkbox"/> \$1,000 – \$1,999 3 <input type="checkbox"/> 2,000 – 2,999 4 <input type="checkbox"/> 3,000 – 3,999 5 <input type="checkbox"/> 4,000 – 4,999 6 <input type="checkbox"/> 5,000 – 5,999 7 <input type="checkbox"/> 6,000 – 7,499 8 <input type="checkbox"/> 7,500 – 9,999 9 <input type="checkbox"/> 10,000 – 14,999 10 <input type="checkbox"/> 15,000 – 24,999 11 <input type="checkbox"/> 25,000 and over	
b. Did anyone in this family receive any welfare or public assistance in the last 12 months?	b.	(814) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
c. In the past 12 months, did anyone in this family living here buy any food stamps under the Government's Food Stamp Plan?	c.	(815) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

VII. ASSETS AND INCOME – Continued

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

77a. (816) 0 ☐ No – SKIP to 78  
1 ☐ Yes – Which? (Mark (X) all that apply)

(817) 2 <input type="checkbox"/> Gift	} ASK b
(818) 3 <input type="checkbox"/> Inheritance	
(819) 4 <input type="checkbox"/> Prize	

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

b. (820) \$ \_\_\_\_\_ . (00) Gift  
(821) \$ \_\_\_\_\_ . (00) Inheritance  
(822) \$ \_\_\_\_\_ . (00) Prize

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

c. (823) 19 \_\_\_\_\_ Gift  
(824) 19 \_\_\_\_\_ Inheritance  
(825) 19 \_\_\_\_\_ Prize

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

78. (826) 0 ☐ No – FILL Check Item BB  
1 ☐ Yes – How much do you think this will be?  
(827) \$ \_\_\_\_\_ . (00)

Notes

(828)
(829)
(830)
(831)

# VIII. FAMILY BACKGROUND

<div>CHECK ITEM BB</div>	<div>Refer to item 64</div>	<div> <div>832</div> <div> <div>1 <input type="checkbox"/> Never married (Box 6 marked in 64) – SKIP to 81a</div> <div>2 <input type="checkbox"/> All others – ASK 79a</div> </div> </div>
<div>79a. How many times have you been married?</div> <div>b. What was the date of your first marriage?</div> <div>c. How did your first marriage end?</div> <div>d. When did this happen?</div>	<div>79a.</div> <div>b.</div> <div>c.</div> <div>d.</div>	<div> <div>833</div> <div> <div>1 <input type="checkbox"/> Once – SKIP to Check Item CC</div> <div>2 <input type="checkbox"/> Two or more times – ASK b</div> </div> <div> <div>834</div> <div>_____ Month</div> </div> <div> <div>835</div> <div>19 _____ Year</div> </div> <div> <div>836</div> <div> <div>1 <input type="checkbox"/> Divorced (annulled)</div> <div>2 <input type="checkbox"/> Widowed</div> </div> </div> <div> <div>837</div> <div>_____ Month</div> </div> <div> <div>838</div> <div>19 _____ Year</div> </div> </div>
<div>CHECK ITEM CC</div>	<div>Refer to item 64</div>	<div> <div>839</div> <div> <div>1 <input type="checkbox"/> Married (Box 1 or 2 marked in 64) – ASK 80a</div> <div>2 <input type="checkbox"/> All others – SKIP to 80b</div> </div> </div>
<div>80a. When did you marry your (current) wife?</div> <div>b. What was the date of your (last) marriage?</div>	<div>80a.</div> <div>b.</div>	<div> <div>840</div> <div>_____ Month</div> </div> <div> <div>841</div> <div>19 _____ Year</div> </div> <div> <div>842</div> <div>_____ Month</div> </div> <div> <div>843</div> <div>19 _____ Year</div> </div> <div> <div>SKIP to 81a</div> </div>

### VIII. FAMILY BACKGROUND – Continued

<b>82a. How many brothers and sisters do you have?</b>		<b>82a.</b>	<input type="checkbox"/> None – SKIP to Check Item EE																																																																		
			<b>(855)</b>	_____ Number – ASK b																																																																	
<b>b. How many of them live somewhere other than here at home with you?</b>		<b>b.</b>	<input type="checkbox"/> None – SKIP to Check Item EE																																																																		
			<b>(856)</b>	_____ Number – ASK c																																																																	
<b>c. Now I would like to know the age and highest grade of regular school completed by each of your brothers and sisters NOT living here.</b>		<b>c.</b>																																																																			
			<table border="1"><thead><tr><th rowspan="2">Age</th><th rowspan="2">Highest grade</th><th colspan="2">Sex (Circle)</th></tr><tr><th>M</th><th>F</th></tr></thead><tbody><tr><td><b>(857)</b></td><td><b>(858)</b></td><td><b>(859)</b></td><td>1 2</td></tr><tr><td><b>(860)</b></td><td><b>(861)</b></td><td><b>(862)</b></td><td>1 2</td></tr><tr><td><b>(863)</b></td><td><b>(864)</b></td><td><b>(865)</b></td><td>1 2</td></tr><tr><td><b>(866)</b></td><td><b>(867)</b></td><td><b>(868)</b></td><td>1 2</td></tr><tr><td><b>(869)</b></td><td><b>(870)</b></td><td><b>(871)</b></td><td>1 2</td></tr><tr><td><b>(872)</b></td><td><b>(873)</b></td><td><b>(874)</b></td><td>1 2</td></tr><tr><td><b>(875)</b></td><td><b>(876)</b></td><td><b>(877)</b></td><td>1 2</td></tr><tr><td><b>(878)</b></td><td><b>(879)</b></td><td><b>(880)</b></td><td>1 2</td></tr><tr><td><b>(881)</b></td><td><b>(882)</b></td><td><b>(883)</b></td><td>1 2</td></tr><tr><td><b>(884)</b></td><td><b>(885)</b></td><td><b>(886)</b></td><td>1 2</td></tr><tr><td><b>(887)</b></td><td><b>(888)</b></td><td><b>(889)</b></td><td>1 2</td></tr><tr><td><b>(890)</b></td><td><b>(891)</b></td><td><b>(892)</b></td><td>1 2</td></tr><tr><td><b>(893)</b></td><td><b>(894)</b></td><td><b>(895)</b></td><td>1 2</td></tr><tr><td><b>(896)</b></td><td><b>(897)</b></td><td><b>(898)</b></td><td>1 2</td></tr><tr><td><b>(899)</b></td><td><b>(900)</b></td><td><b>(901)</b></td><td>1 2</td></tr></tbody></table>	Age	Highest grade	Sex (Circle)		M	F	<b>(857)</b>	<b>(858)</b>	<b>(859)</b>	1 2	<b>(860)</b>	<b>(861)</b>	<b>(862)</b>	1 2	<b>(863)</b>	<b>(864)</b>	<b>(865)</b>	1 2	<b>(866)</b>	<b>(867)</b>	<b>(868)</b>	1 2	<b>(869)</b>	<b>(870)</b>	<b>(871)</b>	1 2	<b>(872)</b>	<b>(873)</b>	<b>(874)</b>	1 2	<b>(875)</b>	<b>(876)</b>	<b>(877)</b>	1 2	<b>(878)</b>	<b>(879)</b>	<b>(880)</b>	1 2	<b>(881)</b>	<b>(882)</b>	<b>(883)</b>	1 2	<b>(884)</b>	<b>(885)</b>	<b>(886)</b>	1 2	<b>(887)</b>	<b>(888)</b>	<b>(889)</b>	1 2	<b>(890)</b>	<b>(891)</b>	<b>(892)</b>	1 2	<b>(893)</b>	<b>(894)</b>	<b>(895)</b>	1 2	<b>(896)</b>	<b>(897)</b>	<b>(898)</b>	1 2	<b>(899)</b>	<b>(900)</b>	<b>(901)</b>	1 2
Age	Highest grade	Sex (Circle)																																																																			
		M	F																																																																		
<b>(857)</b>	<b>(858)</b>	<b>(859)</b>	1 2																																																																		
<b>(860)</b>	<b>(861)</b>	<b>(862)</b>	1 2																																																																		
<b>(863)</b>	<b>(864)</b>	<b>(865)</b>	1 2																																																																		
<b>(866)</b>	<b>(867)</b>	<b>(868)</b>	1 2																																																																		
<b>(869)</b>	<b>(870)</b>	<b>(871)</b>	1 2																																																																		
<b>(872)</b>	<b>(873)</b>	<b>(874)</b>	1 2																																																																		
<b>(875)</b>	<b>(876)</b>	<b>(877)</b>	1 2																																																																		
<b>(878)</b>	<b>(879)</b>	<b>(880)</b>	1 2																																																																		
<b>(881)</b>	<b>(882)</b>	<b>(883)</b>	1 2																																																																		
<b>(884)</b>	<b>(885)</b>	<b>(886)</b>	1 2																																																																		
<b>(887)</b>	<b>(888)</b>	<b>(889)</b>	1 2																																																																		
<b>(890)</b>	<b>(891)</b>	<b>(892)</b>	1 2																																																																		
<b>(893)</b>	<b>(894)</b>	<b>(895)</b>	1 2																																																																		
<b>(896)</b>	<b>(897)</b>	<b>(898)</b>	1 2																																																																		
<b>(899)</b>	<b>(900)</b>	<b>(901)</b>	1 2																																																																		
<b>CHECK ITEM EE</b>	Determine whether or not respondent lives in the same area (SMSA or county) as when last interviewed.		<b>(902)</b>	<input type="checkbox"/> Respondent lives in same area (SMSA or county) as when last interviewed – SKIP to 85 <input type="checkbox"/> Respondent lives in different area (SMSA or county) than when last interviewed – ASK 83a																																																																	
<b>83a. When we last interviewed you, you were living in a different area. How many miles from here is that?</b>		<b>83a.</b>	<b>(903)</b>	_____ Miles																																																																	
<b>b. Why did you move here?</b>		<b>b.</b>	<b>(904)</b>	<input type="checkbox"/>																																																																	
<input type="checkbox"/> Respondent currently in school – SKIP to 84d																																																																					
<b>84a. Did you have a job lined up here at the time you moved?</b>		<b>84a.</b>	<b>(905)</b>	<input type="checkbox"/> Yes, different from job held at time of move – SKIP to c <input type="checkbox"/> Yes, same as job held at time of move <input type="checkbox"/> Yes, transferred job in same company <input type="checkbox"/> No – ASK b																																																																	
<b>b. How many weeks did you look before you found work?</b>		<b>b.</b>	<b>(906)</b>	_____ Total weeks – ASK c 00 <input type="checkbox"/> Did not look for work – SKIP to d 99 <input type="checkbox"/> Still haven't found work – ASK c																																																																	
<b>c. How many weeks did you look before you moved?</b>		<b>c.</b>	<b>(907)</b>	_____ Weeks																																																																	
<b>d. Since we last interviewed you, have you lived in any area other than the present one or the one in which you lived when we interviewed you last?</b>		<b>d.</b>	<b>(908)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – How many? → } SKIP to 86																																																																	
			<b>(909)</b>	_____																																																																	
<b>85. Have you lived in any area other than the present one since we last interviewed you?</b>		<b>85.</b>	<b>(910)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – How many? →																																																																	
			<b>(911)</b>	_____																																																																	
<b>86. When we last interviewed you, you mentioned (read names from back of record card) as persons who will always know where you can be reached even if you moved away. Is this still true? (If so, verify the addresses and telephone numbers. If not, cross off incorrect information and enter information about other persons who will know the respondent's whereabouts.)</b>																																																																					

NOTES

NOTES

NONINTERVIEWS IN 1975

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

A. Were you attending or enrolled in regular school at this time last year?

- 1 ☐ Yes – ASK B(1)
- 2 ☐ No – SKIP to B(2)

B.(1) What grade were you attending at that time?  
(2) What is the highest grade of regular school you have completed?

- |                  |   |   |   |   |   |   |    |   |
|------------------|---|---|---|---|---|---|----|---|
| 1 Elementary     | 1 | 2 | 3 | 4 | 5 | 6 | 7  | 8 |
| 2 High school    | 1 | 2 | 3 | 4 |   |   |    |   |
| 3 College        | 1 | 2 | 3 | 4 | 5 | 6 | 7+ |   |
| 4 Never attended |   |   | 0 |   |   |   |    |   |

Transcribe entries to 89R and 90R

C. Were you working or looking for work at this time last year?

- 1 ☐ Working
- 2 ☐ With a job, not at work
- 3 ☐ Looking for work
- 4 ☐ Unable to work
- 5 ☐ In Armed Forces
- 6 ☐ Other – Specify \_\_\_\_\_

END OF QUESTIONS

- Transcribe entries to 91R as follows:
- 1. Mark "Labor Force Group A" if box 1 or 2 is marked
  - 2. Mark "Labor Force Group B" if box 3 is marked
  - 3. Mark "Labor Force Group C" if box 6 is marked
  - 4. Mark "Labor Force Group C – Armed Forces" if box 5 is marked
  - 5. Mark "Unable to work" if box 4 is marked

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

Notes

INFORMATION SHEET							
Data from previous surveys							
87R.	School enrollment status 1971 (912) 1 <input type="checkbox"/> Enrolled 2 <input type="checkbox"/> Not enrolled 3 <input type="checkbox"/> Armed Forces						
88R.	School enrollment status 1973 (913) 1 <input type="checkbox"/> Enrolled 2 <input type="checkbox"/> Not enrolled 3 <input type="checkbox"/> Armed Forces						
89R.	School enrollment status 1975 (914) 1 <input type="checkbox"/> Enrolled 2 <input type="checkbox"/> Not enrolled 3 <input type="checkbox"/> Armed Forces						
90R.	Highest year of regular school completed OR grade respondent was attending in 1975 (915) Elementary    1   2   3   4   5   6   7   8 (916) High school    1   2   3   4 (917) College        1   2   3   4   5   6   7 + (918) Never attended        0						
91R.	Labor force status in 1975 (919) 1 <input type="checkbox"/> Labor Force Group A 2 <input type="checkbox"/> Labor Force Group B 3 <input type="checkbox"/> Labor Force Group C 4 <input type="checkbox"/> Labor Force Group C – Armed Forces 5 <input type="checkbox"/> Unable to work						
92R.	Date of most recent interview or 10/01/75 if noninterview in 1975 (920) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
93R.	Name of employer in 1966  <input type="checkbox"/> Self-employed in 1966 <input type="checkbox"/> Not employed in 1966						
94R.	<input type="checkbox"/> Noninterview in 1967 Name of employer in 1967  <input type="checkbox"/> Self-employed in 1967 <input type="checkbox"/> Not employed in 1967						
95R.	<input type="checkbox"/> Noninterview in 1968 Name of employer in 1968  <input type="checkbox"/> Self-employed in 1968 <input type="checkbox"/> Not employed in 1968						
96R.	<input type="checkbox"/> Noninterview in 1969 Name of employer in 1969  <input type="checkbox"/> Self-employed in 1969 <input type="checkbox"/> Not employed in 1969						
97R.	<input type="checkbox"/> Noninterview in 1970 Name of employer in 1970  <input type="checkbox"/> Self-employed in 1970 <input type="checkbox"/> Not employed in 1970						
98R.	<input type="checkbox"/> Noninterview in 1971 Name of employer in 1971  <input type="checkbox"/> Self-employed in 1971 <input type="checkbox"/> Not employed in 1971						
99R.	<input type="checkbox"/> Noninterview in 1973 Name of employer in 1973  <input type="checkbox"/> Self-employed in 1973 <input type="checkbox"/> Not employed in 1973						
100R.	<input type="checkbox"/> Noninterview in 1975 Name of employer in 1975  <input type="checkbox"/> Self-employed in 1975 <input type="checkbox"/> Not employed in 1975						