

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-2111**
(6-1-81)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SURVEY OF WORK EXPERIENCE OF YOUNG MEN 1981

**NATIONAL LONGITUDINAL
SURVEYS**

(001) 1 ☐ Respondent a noninterview in 1980 — Go to page 51

METHODS OF LOCATING RESPONDENT WHO HAS MOVED

(Fill only if respondent has MOVED.)

Successful Unsuccessful

- (002) 1 ☐ 2 ☐ New occupants
- (003) 3 ☐ 4 ☐ Neighbors
- (004) 5 ☐ 6 ☐ Landlord or apartment manager
- (005) 7 ☐ 8 ☐ Post office
- (006) 1 ☐ 2 ☐ Telephone company (including directory and information operator)
- (007) 3 ☐ 4 ☐ Persons listed on back of record card
- (008) 5 ☐ 6 ☐ Other — Specify _____

RECORD OF CALLS

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

RECORD OF INTERVIEW

Date completed Month Day Year			Interview time Began Ended		Regional Office code _____ 00	Interviewed by _____
Length of interview (minutes)			a.m. p.m.	a.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 1 - CURRENT LABOR FORCE STATUS AND WORK HISTORY

1. What were you doing most of LAST WEEK - working, going to school, 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
 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 8a and enter job worked at last week
 2 ☐ 1-34 hours - ASK 2c
 3 ☐ 35-48 hours - SKIP to 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 - ASK 2e

1 ☐ Yes - How many hours did you take off?

(020) _____ Hours

(NOTE: Correct item 2b if lost time not already deducted; if item 2b is reduced below 35 hours, ask item 2c; otherwise SKIP to 8a.)

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

- (021) 2 ☐ No - SKIP to 8a

1 ☐ Yes - How many extra hours did you work?

(022) _____ Hours

(NOTE: Correct item 2b if extra hours not already included and SKIP to 8a.)

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

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

- (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 (less than 30 days)
 7 ☐ Indefinite layoff (30 days or more or no definite recall date)
 8 ☐ School interfered
 9 ☐ Other - Specify

ASK 3c

SKIP to 4c and 4d(2)

SKIP to 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

GO to 8a 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 ☐ Labor dispute
 8 ☐ Did not want full-time work
 9 ☐ Full-time work week under 35 hours
 10 ☐ Attends school
 11 ☐ Holiday (legal or religious)
 12 ☐ Bad weather
 13 ☐ Own illness
 14 ☐ On vacation
 15 ☐ Too busy with housework, personal business, etc.
 16 ☐ Other - Specify

SKIP to 8a and enter job worked at last week

Notes

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

<p>4a. <i>(If "LK" in item I, SKIP to 4b)</i> Have you been looking for work during the past 4 weeks?</p>	<p>(027) 1 <input type="checkbox"/> Yes — ASK 4b 2 <input type="checkbox"/> No — SKIP to 5</p>						
<p>b. What have you been doing in the last 4 weeks to find work? <i>(Mark all methods used; do not read list.)</i></p>	<p>(028) 8 <input type="checkbox"/> Nothing — SKIP to 5</p> <p>(029) * Checked with</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>1 <input type="checkbox"/> State employment agency</p> <p>2 <input type="checkbox"/> Private employment agency</p> <p>3 <input type="checkbox"/> Employer directly</p> <p>4 <input type="checkbox"/> Friends or relatives</p> </div> <p>5 <input type="checkbox"/> Placed or answered ads</p> <p>6 <input type="checkbox"/> School employment service</p> <p>(030) 7 <input type="checkbox"/> Other — Specify (e.g., CETA, union or professional register, etc.)</p> </div>						
<p>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?</p>	<p>(031) 1 <input type="checkbox"/> Lost job 2 <input type="checkbox"/> Quit job 3 <input type="checkbox"/> Wanted temporary work 4 <input type="checkbox"/> Health improved 5 <input type="checkbox"/> Other — Specify</p> <div style="position: relative; height: 80px;"> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 3em;">}</div> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 0.8em;">ASK 4d(1)</div> </div>						
<p>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?</p>	<p>(032) _____ Weeks</p>						
<p>e. Have you been looking for full-time or part-time work?</p>	<p>(033) 1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time</p>						
<p>f. Is there any reason why you could not take a job LAST WEEK?</p>	<p>(034) Yes →</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>1 <input type="checkbox"/> Already has a job</p> <p>2 <input type="checkbox"/> Temporary illness</p> <p>3 <input type="checkbox"/> Going to school</p> <p>4 <input type="checkbox"/> Other — Specify</p> </div> <p>5 <input type="checkbox"/> No</p> </div>						
<p>5. When did you last work at a regular job or business lasting 2 consecutive weeks or more, either full time or part time? <i>(Enter date and mark (X) one box.)</i></p>	<p>(035) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 2px;">Month</th> <th style="padding: 2px;">Day</th> <th style="padding: 2px;">Year</th> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> — Mark box below</p> <p>(036) 1 <input type="checkbox"/> Date above is on or after date in item I39R (on Information Sheet) — ASK 6 2 <input type="checkbox"/> All others — Mark "None" in item 41a, page 20, and skip to 41b</p>	Month	Day	Year			
Month	Day	Year					
<p><i>Interviewer: Use calendar to determine the number of weeks since respondent last worked.</i></p> <p>6. That would be about (entry in 6a) weeks since you last worked. In how many of these weeks were you looking for work or on layoff from a job?</p>	<p>(037) (a) _____ Weeks since last worked</p> <p>(038) (b) _____ Weeks looking or on layoff</p>						
<p>CHECK ITEM B</p>	<p>(039) Refer to 6(a) and 6(b) 1 <input type="checkbox"/> 6(a) is equal to 6(b) — SKIP to 8a 2 <input type="checkbox"/> 6(a) is greater than 6(b) — ASK 7</p>						
<p>7. That leaves (entry in 6a minus entry in 6b) 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?</p>	<p>(040) _____ Weeks</p> <p>(041)</p> <div style="margin-left: 20px;"> <p>1 <input type="checkbox"/> School</p> <p>2 <input type="checkbox"/> Personal, family reasons</p> <p>3 <input type="checkbox"/> Ill or disabled, unable to work</p> <p>4 <input type="checkbox"/> Did not want to work</p> <p>5 <input type="checkbox"/> Couldn't find work</p> <p>6 <input type="checkbox"/> Vacation</p> <p>7 <input type="checkbox"/> Armed Forces</p> <p>8 <input type="checkbox"/> Other — Specify _____</p> </div>						

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

DESCRIPTION OF JOB OR BUSINESS

8a. For whom did you (last) work? (Name of company, business organization, or other employer)

(042)

CHECK
ITEM C

Refer to I38R on Information Sheet

(043)

- 1 ☐ Employer name listed in I38R same as 8a – SKIP to 9a
2 ☐ Employer name listed in I38R different from 8a – ASK 8b
3 ☐ All others – SKIP to 9a

b. Our records show that you were working for (employer name in I38R) when we last interviewed you on (date in I39R). Is (employer name in 8a) the same employer?

(044)

- 1 ☐ Yes
2 ☐ No

9a. When did you first start working for (entry in 8a)?

(045)

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

b. Have you ever left (entry in 8a) to work somewhere else?

(046)

- 1 ☐ Yes – ASK 9c
2 ☐ No – SKIP to 10a

c. When did you (last) return to (entry in 8a)?

(047)

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

10a. About how many people (are/were) employed in the whole company?

(048)

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

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

(049)

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

11a. In what city and State is (entry in 8a) located?

(050)

City State

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

(051)

c. Were you –

(052)

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

12a. What kind of work were you doing? (For example: electrical engineer, waiter, stock clerk, farmer)

(053)

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

c. What was your job title?

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

CHECK ITEM D

Refer to 9c, page 4

- (054) 1 ☐ 9c is blank – ASK 13
 2 ☐ Date entered in 9c – Before asking 13, READ introductory phrase –
 Since the time you (last) returned to (entry in 8a), that is since (date entered in 9c) –

13. When did you start working as a (entry in 12a) for (entry in 8a)?

(055)

Month		Day		Year	

CHECK ITEM E

Refer to 11c, page 4

- (056) 1 ☐ Entry in 11c is P or G – ASK 14
 2 ☐ Entry in 11c is O or WP – SKIP to 15

14. Now, I'm going to read some statements that may or may not describe your (last) job. For each statement, I would like you to tell me how true it (is/was) of your job by answering 1, 2, 3, or 4?

In this case 1 means not true at all and 4 means very true.

SHOW FLASHCARD (A)

a. You (are/were) given a chance to do the things you do best.

Would you say that's 1, 2, 3, or 4?

1 2 3 4

(057) 1 ☐ 2 ☐ 3 ☐ 4 ☐

b. The physical surroundings (are/were) pleasant.

Would you say that's 1, 2, 3, or 4?

(058) 1 ☐ 2 ☐ 3 ☐ 4 ☐

c. The pay (is/was) good.

Is that 1, 2, 3, or 4?

(059) 1 ☐ 2 ☐ 3 ☐ 4 ☐

d. Your supervisor (is/was) competent in doing the job.

Is that 1, 2, 3, or 4?

(060) 1 ☐ 2 ☐ 3 ☐ 4 ☐

e. Your coworkers (are/were) friendly.

Would you say that's 1, 2, 3, or 4?

(061) 1 ☐ 2 ☐ 3 ☐ 4 ☐

f. The chances for promotion (are/were) good.

Is that 1, 2, 3, or 4?

(062) 1 ☐ 2 ☐ 3 ☐ 4 ☐

g. The skills you (are learning would be/learned were) valuable in getting a better job.

Would you say that's 1, 2, 3, or 4?

(063) 1 ☐ 2 ☐ 3 ☐ 4 ☐

h. The job (is/was) dangerous.

Is that 1, 2, 3, or 4?

(064) 1 ☐ 2 ☐ 3 ☐ 4 ☐

i. The job security (is/was) good.

Is that 1, 2, 3, or 4?

(065) 1 ☐ 2 ☐ 3 ☐ 4 ☐

j. You (are/were) exposed to unhealthy conditions.

Is that 1, 2, 3, or 4?

(066) 1 ☐ 2 ☐ 3 ☐ 4 ☐

SKIP to 16a

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

15. There are many things that affect a person's attitude about his job. Normally, these things are thought to apply to people who work for someone else. However, we are interested in your opinion as a self-employed individual. I am going to read a few statements and I would like you to tell me how true you feel these (are of your job/were of your (last) job).

Please answer with 1, 2, 3, or 4. In this case 1 means not at all true and 4 means very true.

SHOW FLASHCARD (A)

- a. You (have/had) the chance to do the things you do best.

Would you say that's 1, 2, 3, or 4?

	1	2	3	4
(067)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- b. The physical surroundings (are/were) pleasant. Is that 1, 2, 3, or 4?

(068)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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- c. The income (is/was) good. Would you say that's 1, 2, 3, or 4?

(069)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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- d. The experience you (are gaining/gained) would also be valuable in another job or business. Would you say that's 1, 2, 3, or 4?

(070)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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- e. The job (is/was) dangerous. Is that 1, 2, 3, or 4?

(071)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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- f. You (are/were) exposed to unhealthy conditions. Would you say that's 1, 2, 3, or 4?

(072)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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- g. The business (is/was) stable. Is that 1, 2, 3, or 4?

(073)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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- 16a. How (do/did) you feel about the job you (have now/had)?
(Do/Did) you (read answer categories) –

(074)	1 <input type="checkbox"/> Like it very much?
	2 <input type="checkbox"/> Like it fairly well?
	3 <input type="checkbox"/> Dislike it somewhat?
	4 <input type="checkbox"/> Dislike it very much?

- b. What (are/were) the things you like(d) most about your job?

(075)	<input type="text"/>
(076)	<input type="text"/>
(077)	<input type="text"/>

- c. What (are/were) the things you (don't/didn't) like about your job?

(078)	<input type="text"/>
(079)	<input type="text"/>
(080)	<input type="text"/>

17. I'd like to have some idea of the kind of a job you'd most like to have. If you were free to go to any type of job you wanted, what would it be?

(081)	1 <input type="checkbox"/> Same as (current/last) job
	2 <input type="checkbox"/> Would not work at all
	3 <input type="checkbox"/> Some other job – Specify ↴
(082)	<input type="text"/>

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

CHECK ITEM F

Refer to 11c, page 4

- (083) 1 ☐ "P" or "G" in 11c – ASK 18a
2 ☐ All others – SKIP to 18j

18a. Altogether, how much (do/did) you usually earn at this job before deductions?

(084) \$ _____ per hour
(Dollars) (Cents)

OR

(085) \$ _____ . 00 per
(Dollars only)

- (086) 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?

(087) _____ Hours

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

- (088) 1 ☐ Yes – ASK d
2 ☐ No
3 ☐ No, but receive compensating time off
4 ☐ Never work overtime
- } SKIP to f

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

(089) _____ Hours per day

(090) _____ Hours per week

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

(Mark (X) all that apply.)

- (091) 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?

- (092) 1 ☐ Yes – ASK g
2 ☐ No – SKIP to i

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

(093) _____

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

- (094) 1 ☐ Yes
2 ☐ No

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

SHOW FLASHCARD (B)

18i. Which of the fringe benefits on this card (does/did) your employer make available to you?

(Mark (X) all that apply.)

(095)
*

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

(096)
*

7 ☐ Free or discounted meals

8 ☐ Free or discounted merchandise

9 ☐ Paid sick leave

(097)

10 ☐ Paid vacation

(098)

11 ☐ Flexible work hours

(099)

12 ☐ None

SKIP
to
18k

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

(100)

_____ Hours

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

(101)

1 ☐ Regular day shift

2 ☐ Regular evening shift

3 ☐ Regular night shift

4 ☐ Split shift

5 ☐ Hours vary

l. How long (does/did) it usually take you to get to work?

(102)

_____ Minutes

CHECK
ITEM G

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

(103)

1 ☐ Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) – SKIP to 20a

2 ☐ All others – ASK 19a

19a. When did you stop working as a (entry in 12a) for (entry in 8a)?

(104)

Month		Day		Year	

b. Why did you happen to leave this job?

(Mark (X) the main reason.)

(105)

INVOLUNTARY REASON

1 ☐ Layoff, plant closed, end of temporary job

2 ☐ Discharge

3 ☐ Compulsory retirement

VOLUNTARY REASON

4 ☐ Found better job

5 ☐ Didn't like work, hours, working conditions

6 ☐ Dissatisfied with wages

7 ☐ Interpersonal relations

8 ☐ Health; disability

9 ☐ Family or personal reasons

10 ☐ Didn't like location, community

11 ☐ Return to school

12 ☐ Voluntary retirement

13 ☐ Other – Explain ↴

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

19c. Did you have a new job lined up before you left this one?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">106</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM H	<p>Refer to 11c, page 4</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">107</div> 1 <input type="checkbox"/> Entry in 11c is "P" or "G" – ASK 19d 2 <input type="checkbox"/> Entry in 11c is "O" or "WP" – SKIP to 19f
19d. While you were working for (entry in 8a, page 4), were you also working for someone else?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">108</div> 1 <input type="checkbox"/> Yes – SKIP to 21a 2 <input type="checkbox"/> No – ASK 19e
e. In addition to working for wages and salary, did you operate your own farm, business, or profession?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">109</div> 1 <input type="checkbox"/> Yes – SKIP to 21a 2 <input type="checkbox"/> No – SKIP to Check Item K, page 11
f. In addition to working for (entry in 8a, page 4), did you do any work for wages or salary?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">110</div> 1 <input type="checkbox"/> Yes – SKIP to 21a 2 <input type="checkbox"/> No – SKIP to Check Item K, page 11
20a. How much longer do you intend to stay at this job (read answer categories)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">111</div> 1 <input type="checkbox"/> Less than one year 2 <input type="checkbox"/> 1 to 2 years 3 <input type="checkbox"/> 3 to 5 years 4 <input type="checkbox"/> 6 to 9 years 5 <input type="checkbox"/> 10 years or more 6 <input type="checkbox"/> Don't know
CHECK ITEM I	<p>Refer to 11c, page 4</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">112</div> 1 <input type="checkbox"/> Entry in 11c is "P" or "G" – ASK 20b 2 <input type="checkbox"/> Entry in 11c is "O" or "WP" – SKIP to 20d
20b. Did you work for more than one employer last week?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">113</div> 1 <input type="checkbox"/> Yes – SKIP to 21a 2 <input type="checkbox"/> No – ASK 20c
c. In addition to working for wages and salary, did you operate your own farm, business, or profession last week?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">114</div> 1 <input type="checkbox"/> Yes – SKIP to 21a 2 <input type="checkbox"/> No – SKIP to 20e
d. In addition to working for (entry in 8a, page 4), did you do any work for wages or salary last week?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">115</div> 1 <input type="checkbox"/> Yes – SKIP to 21a 2 <input type="checkbox"/> No – ASK 20e
e. Did you have any other job at which you did not work last week?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">116</div> 1 <input type="checkbox"/> Yes – ASK 21a 2 <input type="checkbox"/> No – SKIP to Check Item K, page 11
21a. For whom (do/did) you work in addition to (entry in 8a, page 4)? (Name of company, business organization or other employer)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">117</div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
b. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">118</div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>

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

21c. (Are/Were) you –

(119)
*

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

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

(120)

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

f. What (is/was) your job title?

**CHECK
ITEM J**

(121)

Refer to 21c

- 1 ☐ If "P" or "G" in item 21c – **ASK 21g**
- 2 ☐ If "O" or "WP" in item 21c – **SKIP to 21h**

21g. Altogether how much (do/did) you usually earn at this job before deductions?

(122)

\$ _____ per hour
(Dollars) (Cents)

OR

(123)

\$ _____

00

 per
(Dollars only)

(124)

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

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

(125)

_____ Hours per week

i. When did you start working as a (entry in 21d) for (entry in 21a)?

(126)

Month		Day		Year	

j. When did you stop working as a (entry in 21d) for (entry in 21a)?

(127)

Month		Day		Year	

(128)

1 ☐ Still working there

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

CHECK ITEM K

Refer to item 13, page 5, and 139R on the Information Sheet

Item 13 is –

- (129) 1 ☐ More recent than date entered in 139R – ENTER date from item 13 on page 5 in box below
2 ☐ Prior to date entered in 139R – ENTER date entered in 139R in box below

Month		Day		Year	

(130)

22. Between (date in Check Item K) and (now/(date in 19a, page 8)), were there any full weeks in which you didn't work, not counting paid vacations and paid sick leave?

- (131) 2 ☐ No – SKIP to Check Item L
1 ☐ Yes – How many?

(132) _____ Weeks

23. Why were you not working during these (entry in 22) weeks?

(Mark (X) the main reason.)

- (133) 1 ☐ School
2 ☐ Personal, family reasons
3 ☐ Own illness
4 ☐ Did not want to work
5 ☐ Layoff
6 ☐ Labor dispute
7 ☐ Armed Forces
8 ☐ Other – Specify _____

CHECK ITEM L

Refer to Check Item K and 139R on the Information Sheet

- (134) 1 ☐ Date entered in Check Item K is date entered in item 139R – ASK 24
2 ☐ Other – SKIP to 25

24. Have you worked for anyone else (since date in 139R)?

- (135) 1 ☐ Yes – GO to 29a, page 12
2 ☐ No – SKIP to 42a, page 20

25. JUST before (date in Check Item K), was there a period of a week or more in which you were not working?

- (136) 1 ☐ Yes – ASK 26
2 ☐ No – SKIP to 29a, page 12

26. When did this period in which you were not working start?

(137)

Month		Day		Year	

(138) 1 ☐ Never worked before

27a. Interviewer: Determine number of weeks not working. If item 26 is before date in 139R, count only weeks since date in 139R.

(139) _____ Weeks not working

b. That would be about (entry in 27a) weeks that you were not working. How many of these weeks were you looking for work or on layoff from a job?

(140) _____ Weeks looking or on layoff

CHECK ITEM M

Refer to item 27a and b

- (141) 1 ☐ 27a is equal to 27b – SKIP to Check Item N
2 ☐ 27a is greater than 27b – ASK 28

28. That leaves (entry in 27a minus entry in 27b) 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?

(142)

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CHECK ITEM N

Refer to item 26

- (143) 1 ☐ Item 26 is date in 139R or later – ASK 29a
2 ☐ Item 26 is before date in 139R – SKIP to 42a, page 20

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Page 12

32b. Why did you happen to leave this job?	158		190
c. Did you have a new job lined up before you left this one?	159	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	191 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
33a. 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 in 139R)?	160	2 <input type="checkbox"/> No - SKIP to 34 1 <input type="checkbox"/> Yes - How many weeks? _____ - ASK b	192 2 <input type="checkbox"/> No - SKIP to 34 1 <input type="checkbox"/> Yes - How many weeks? _____ - ASK b
b. Why were you not working at this job during these . . . weeks?	162		194
c. Were you working for someone else during this period (these periods)?	163	1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 34	195 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 34
34. Did you do any other kind of work for (entry in 29a) just before (date in 31a)?	164	1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - FILL Check Item P	196 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - FILL Check Item P
CHECK ITEM P Refer to 31a and 139R on Information Sheet Item 31a is: 1. Date in 139R or later 2. Before date in 139R	165	1 <input type="checkbox"/> - SKIP to 36 2 <input type="checkbox"/> - ASK 35	197 1 <input type="checkbox"/> - SKIP to 36 2 <input type="checkbox"/> - ASK 35
35. Have you worked for anyone else (since date in 139R)?	166	1 <input type="checkbox"/> Yes - GO to next column, record information 2 <input type="checkbox"/> No - SKIP to 42a	198 1 <input type="checkbox"/> Yes - GO to next column, record information 2 <input type="checkbox"/> No - SKIP to 42a
36. While you were working for (entry in 29a), were you also working for someone else?	167	1 <input type="checkbox"/> Yes - GO to next column, record information about simultaneous job 2 <input type="checkbox"/> No - ASK 37	199 1 <input type="checkbox"/> Yes - GO to next column, record information about simultaneous job 2 <input type="checkbox"/> No - ASK 37
37. JUST before you started working as a (entry in 29f) for (entry in 29a), was there a period of a week or more in which you were not working?	168	1 <input type="checkbox"/> Yes - ASK 38 2 <input type="checkbox"/> No - GO to next column, record information about previous job	200 1 <input type="checkbox"/> Yes - ASK 38 2 <input type="checkbox"/> No - GO to next column, record information about previous job
38. When did this period in which you were not working start?	169	Month Day Year 1 <input type="checkbox"/> Never worked before	201 Month Day Year 202 1 <input type="checkbox"/> Never worked before
39a. Interviewer: Determine number of weeks not working. If item 38 is before date in 139R, count only weeks since date in 139R.	171	Weeks not working	203 Weeks not working
b. That would be about (entry in 39p) weeks that you were not working. How many of those weeks were you looking for work or on layoff from a job?	172	Weeks looking or on layoff	204 Weeks looking or on layoff
CHECK ITEM Q Refer to 39a and b 1. 39a is equal to 39b 2. 39a is greater than 39b	173	1 <input type="checkbox"/> - SKIP to Check Item R 2 <input type="checkbox"/> - ASK 40	205 1 <input type="checkbox"/> - SKIP to Check Item R 2 <input type="checkbox"/> - ASK 40
40. That leaves (entry in 39a minus entry in 39p) 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?	174		206
CHECK ITEM R Refer to item 38 and 139R on Information Sheet 1. Item 38 is date in 139R or later 2. Item 38 is before date in 139R	175	1 <input type="checkbox"/> - GO to next column, record information about previous job 2 <input type="checkbox"/> - SKIP to 42a	207 1 <input type="checkbox"/> - GO to next column, record information about previous job 2 <input type="checkbox"/> - SKIP to 42a

Section I - CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued

		JOB 3		JOB 4	
		Name		Name	
29. Now let's talk about the job you worked at before you started to work as a (entry in 12a or 29f) for (entry in 8a or 29a).					
a. For whom did you work? (Name of company, business, organization, or other employer)	29a.	(208) 1 <input type="checkbox"/> Never worked before - SKIP to 42a 2 <input type="checkbox"/> Same as _____ - SKIP to 29f	(240) 1 <input type="checkbox"/> Never worked before - SKIP to 42a 2 <input type="checkbox"/> Same as _____ - SKIP to 29f		
b. <input type="checkbox"/> No entry in 138R - SKIP to 29c Is that the same employer as the one where you had been working at our last interview, that is (employer name in 138R)?	b.	(209) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(241) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
c. In what city and state is (entry in 29a) located?	c.	(210) City _____ State _____	(242) City _____ State _____		
d. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)	d.	(211) City _____ State _____	(243) City _____ State _____		
e. Class of worker	e.	(212) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	(244) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP		
f. What kind of work were you doing? (For example: Stock clerk, high school English teacher, car salesman)	f.	(213) City _____ State _____	(245) City _____ State _____		
g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics, finishing concrete)	g.				
h. What was your job title?	h.				
30a. If "O" or "WP" marked in 29e of column being filled - Skip to 30b Altogether, how much did you usually earn at this job before all deductions?	30a.	(214) \$ _____ (Dollars) per (215) _____ (Cents)	(246) \$ _____ (Dollars) per (247) _____ (Cents)		
b. How many hours per week did you usually work at this job?	b.	(216) _____ Hours	(248) _____ Hours		
31a. When did you start working as a (entry in 29f) for (entry in 29a)?	31a.	(217) Month _____ Day _____ Year _____	(249) Month _____ Day _____ Year _____		
b. When did you stop working as a (entry in 29f) for (entry in 29a)?	b.	(218) Month _____ Day _____ Year _____	(250) Month _____ Day _____ Year _____		
		(219) 1 <input type="checkbox"/> Still working there - SKIP to 33a	(251) 1 <input type="checkbox"/> Still working there - SKIP to 33a		
1. Refer to 8a, page 4, and 29a (all columns) Item 29a is: 1. Same as (entry in 8a or 29a)	1.	(220) 1 <input type="checkbox"/> - ASK 32a 2 <input type="checkbox"/> - SKIP to 32b	(252) 1 <input type="checkbox"/> - ASK 32a 2 <input type="checkbox"/> - SKIP to 32b		
2. Other	2.	(221) City _____ State _____	(253) City _____ State _____		
32a. Why did you change the kind of work you were doing?	32a.	(221) City _____ State _____	(253) City _____ State _____		
					- SKIP to 33a

32b. Why did you happen to leave this job?	222		254	
c. Did you have a new job lined up before you left this one?	223	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	255	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
33a. 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 in 139R)?	224	2 <input type="checkbox"/> No - SKIP to 34 1 <input type="checkbox"/> Yes - How many weeks? - ASK b	256	2 <input type="checkbox"/> No - SKIP to 34 1 <input type="checkbox"/> Yes - How many weeks? - ASK b
b. Why were you not working at this job during these . . . weeks?	226		258	
c. Were you working for someone else during this period (these periods)?	227	1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 34	259	1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 34
34. Did you do any other kind of work for (entry in 29a) just before (date in 31a)?	228	1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - FILL Check Item P	260	1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - FILL Check Item P
CHECK ITEM P Refer to 31a and 139R on Information Sheet Item 31a is: 1. Date in 139R or later 2. Before date in 139R	229	1 <input type="checkbox"/> - SKIP to 36 2 <input type="checkbox"/> - ASK 35	261	1 <input type="checkbox"/> - SKIP to 36 2 <input type="checkbox"/> - ASK 35
35. Have you worked for anyone else (since date in 139R)?	230	1 <input type="checkbox"/> Yes - GO to next column, record information 2 <input type="checkbox"/> No - SKIP to 42a	262	1 <input type="checkbox"/> Yes - GO to next column, record information 2 <input type="checkbox"/> No - SKIP to 42a
36. While you were working for (entry in 29a), were you also working for someone else?	231	1 <input type="checkbox"/> Yes - GO to next column, record information about simultaneous job 2 <input type="checkbox"/> No - ASK 37	263	1 <input type="checkbox"/> Yes - GO to next column, record information about simultaneous job 2 <input type="checkbox"/> No - ASK 37
37. JUST before you started working as a (entry in 29f) for (entry in 29a), was there a period of a week or more in which you were not working?	232	1 <input type="checkbox"/> Yes - ASK 38 2 <input type="checkbox"/> No - GO to next column, record information about previous job	264	1 <input type="checkbox"/> Yes - ASK 38 2 <input type="checkbox"/> No - GO to next column, record information about previous job
38. When did this period in which you were not working start?	233	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	265	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
	234	1 <input type="checkbox"/> Never worked before	266	1 <input type="checkbox"/> Never worked before
39a. Interviewer: Determine number of weeks not working. If item 38 is before date in 139R, count only weeks since date in 139R.	235	Weeks not working 	267	Weeks not working
b. That would be about (entry in 39a) weeks that you were not working. How many of those weeks were you looking for work or on layoff from a job?	236	Weeks looking or on layoff 	268	Weeks looking or on layoff
CHECK ITEM Q Refer to 39a and b 1. 39a is equal to 39b 2. 39a is greater than 39b	237	1 <input type="checkbox"/> - SKIP to Check Item R 2 <input type="checkbox"/> - ASK 40	269	1 <input type="checkbox"/> - SKIP to Check Item R 2 <input type="checkbox"/> - ASK 40
40. That leaves (entry in 39a minus entry in 39b) 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?	238		270	
CHECK ITEM R Refer to item 38 and 139R on Information Sheet 1. Item 38 is date in 139R or later 2. Item 38 is before date in 139R	239	1 <input type="checkbox"/> - GO to next column, record information about previous job 2 <input type="checkbox"/> - SKIP to 42a	271	1 <input type="checkbox"/> - GO to next column, record information about previous job 2 <input type="checkbox"/> - SKIP to 42a

Section I - CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued		JOB 5		JOB 6	
		Name		Name	
29. Now let's talk about the job you worked at before you started to work as a (entry in 12a or 29f) for (entry in 8a or 29a).					
a. For whom did you work? (Name of company, business, organization, or other employer)	29a.	(272) 1 <input type="checkbox"/> Never worked before - SKIP to 42a 2 <input type="checkbox"/> Same as _____ - SKIP to 29f	(304) 1 <input type="checkbox"/> Never worked before - SKIP to 42a 2 <input type="checkbox"/> Same as _____ - SKIP to 29f		
b. <input type="checkbox"/> No entry in 138R - SKIP to 29c Is that the same employer as the one where you had been working at our last interview, that is (employer name in 138R)?	b.	(273) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(305) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
c. In what city and state is (entry in 29a) located?	c.	(274) _____ City _____ State _____	(306) _____ City _____ State _____		
d. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)	d.	(275) _____	(307) _____		
e. Class of worker	e.	(276) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	(308) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP		
f. What kind of work were you doing? (For example: Stock clerk, high school English teacher, car salesman)	f.	(277) _____	(309) _____		
g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics, finishing concrete)	g.				
h. What was your job title?	h.				
30a. If "O" or "WP" marked in 29e of column being filled - Skip to 30b Altogether, how much did you usually earn at this job before all deductions?	30a.	(278) \$ _____ (Dollars) _____ (Cents) per (279) _____	(310) \$ _____ (Dollars) _____ (Cents) per (311) _____		
b. How many hours per week did you usually work at this job?	b.	(280) _____ Hours	(312) _____ Hours		
31a. When did you start working as a (entry in 29f) for (entry in 29a)?	31a.	(281) _____ Month _____ Day _____ Year _____	(313) _____ Month _____ Day _____ Year _____		
b. When did you stop working as a (entry in 29f) for (entry in 29a)?	b.	(282) _____ Month _____ Day _____ Year _____	(314) _____ Month _____ Day _____ Year _____		
		(283) 1 <input type="checkbox"/> Still working there - SKIP to 33a	(315) 1 <input type="checkbox"/> Still working there - SKIP to 33a		
1. Refer to 8a, page 4, and 29a (all columns) Item 29a is: 1. Same as (entry in 8a or 29a) 2. Other	1.	(284) 1 <input type="checkbox"/> - ASK 32a 2 <input type="checkbox"/> - SKIP to 32b	(316) 1 <input type="checkbox"/> - ASK 32a 2 <input type="checkbox"/> - SKIP to 32b		
32a. Why did you change the kind of work you were doing?	32a.	(285) _____	(317) _____		- SKIP to 33a

32b. Why did you happen to leave this job?				(286) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(318) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Did you have a new job lined up before you left this one?				(287) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(319) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
33a. 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 in 139R)?				(288) 2 <input type="checkbox"/> No - SKIP to 34 1 <input type="checkbox"/> Yes - How many weeks? (289) _____ - ASK b	(320) 2 <input type="checkbox"/> No - SKIP to 34 1 <input type="checkbox"/> Yes - How many weeks? (321) _____ - ASK b
b. Why were you not working at this job during these . . . weeks?				(290) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 34	(322) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 34
c. Were you working for someone else during this period (these periods)?				(291) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 34	(323) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 34
34. Did you do any other kind of work for (entry in 29a) just before (date in 31a)?				(292) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - FILL Check Item P	(324) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - FILL Check Item P
CHECK ITEM P				(293) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 35	(325) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 35
35. Have you worked for anyone else (since date in 139R)?				(294) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - SKIP to 42a	(326) 1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - SKIP to 42a
36. While you were working for (entry in 29a), were you also working for someone else?				(295) 1 <input type="checkbox"/> Yes - GO to next column, record information about simultaneous job 2 <input type="checkbox"/> No - ASK 37	(327) 1 <input type="checkbox"/> Yes - GO to next column, record information about simultaneous job 2 <input type="checkbox"/> No - ASK 37
37. JUST before you started working as a (entry in 29f) for (entry in 29a), was there a period of a week or more in which you were not working?				(296) 1 <input type="checkbox"/> Yes - ASK 38 2 <input type="checkbox"/> No - GO to next column, record information about previous job	(328) 1 <input type="checkbox"/> Yes - ASK 38 2 <input type="checkbox"/> No - GO to next column, record information about previous job
38. When did this period in which you were not working start?				(297) Month Day Year (298) 1 <input type="checkbox"/> Never worked before	(329) Month Day Year (330) 1 <input type="checkbox"/> Never worked before
39a. Interviewer: Determine number of weeks not working. If item 38 is before date in 139R, count only weeks since date in 139R.				(299) _____ Weeks not working	(331) _____ Weeks not working
b. That would be about (entry in 39a) weeks that you were not working. How many of those weeks were you looking for work or on layoff from a job?				(300) _____ Weeks looking or on layoff	(332) _____ Weeks looking or on layoff
CHECK ITEM Q				(301) 1 <input type="checkbox"/> Yes - SKIP to Check Item R 2 <input type="checkbox"/> No - ASK 40	(333) 1 <input type="checkbox"/> Yes - SKIP to Check Item R 2 <input type="checkbox"/> No - ASK 40
40. That leaves (entry in 39a minus entry in 39b) 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?				(302) _____	(334) _____
CHECK ITEM R				(303) 1 <input type="checkbox"/> Yes - GO to next column, record information about previous job 2 <input type="checkbox"/> No - SKIP to 42a	(335) 1 <input type="checkbox"/> Yes - GO to next column, record information about previous job 2 <input type="checkbox"/> No - SKIP to 42a

Section I - CURRENT LABOR FORCE STATUS AND WORK HISTORY - Continued

		JOB 7		JOB 8	
		Name		Name	
29. Now let's talk about the job you worked at before you started to work as a (entry in 12a or 29f) for (entry in 8a or 29a).					
a. For whom did you work? (Name of company, business, organization, or other employer)					
	29a.	(336) 1 <input type="checkbox"/> Never worked before - SKIP to 42a 2 <input type="checkbox"/> Same as _____ - SKIP to 29f	(368) 1 <input type="checkbox"/> Never worked before - SKIP to 42a 2 <input type="checkbox"/> Same as _____ - SKIP to 29f		
b. <input type="checkbox"/> No entry in 138R - SKIP to 29c Is that the same employer as the one where you had been working at our last interview, that is (employer name in 138R)?	b.	(337) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(369) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
c. In what city and state is (entry in 29a) located?	c.	(338) City _____ State _____	(370) City _____ State _____		
d. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)	d.	(339) City _____ State _____	(371) City _____ State _____		
e. Class of worker	e.	(340) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	(372) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP		
f. What kind of work were you doing? (For example: Stock clerk, high school English teacher, car salesman)	f.	(341)	(373)		
g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics, finishing concrete)	g.				
h. What was your job title?	h.				
30a. If "O" or "WP" marked in 29e of column being filled - Skip to 30b 30a. Altogether, how much did you usually earn at this job before all deductions?	30a.	(342) \$ _____ (Dollars) _____ (Cents) per (343)	(374) \$ _____ (Dollars) _____ (Cents) per (375)		
b. How many hours per week did you usually work at this job?	b.	(344) _____ Hours	(376) _____ Hours		
31a. When did you start working as a (entry in 29f) for (entry in 29a)?	31a.	(345) Month _____ Day _____ Year _____	(377) Month _____ Day _____ Year _____		
b. When did you stop working as a (entry in 29f) for (entry in 29a)?	b.	(346) Month _____ Day _____ Year _____	(378) Month _____ Day _____ Year _____		
		(347) 1 <input type="checkbox"/> Still working there - SKIP to 33a	(379) 1 <input type="checkbox"/> Still working there - SKIP to 33a		
1. Refer to 8a, page 4, and 29a (all columns) Item 29a is: 1. Same as (entry in 8a or 29a) 2. Other	1.	(348) 1 <input type="checkbox"/> - ASK 32a 2 <input type="checkbox"/> - SKIP to 32b	(380) 1 <input type="checkbox"/> - ASK 32a 2 <input type="checkbox"/> - SKIP to 32b		
32a. Why did you change the kind of work you were doing?	32a.	(349) _____ - SKIP to 33a	(381) _____ - SKIP to 33a		

32b. Why did you happen to leave this job?	350		382
c. Did you have a new job lined up before you left this one?	351	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	383
33a. 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 in 139R)?	352	2 <input type="checkbox"/> No - SKIP to 34 1 <input type="checkbox"/> Yes - How many weeks? _____ - ASK b	384
b. Why were you not working at this job during these . . . weeks?	353	_____ - ASK b	385
c. Were you working for someone else during this period (these periods)?	354		386
34. Did you do any other kind of work for (entry in 29a) just before (date in 31a)?	355	1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - ASK 34	387
	356	1 <input type="checkbox"/> Yes - GO to next column, record information about this job 2 <input type="checkbox"/> No - FILL Check Item P	388
CHECK ITEM P Refer to 31a and 139R on Information Sheet Item 31a is: 1. Date in 139R or later 2. Before date in 139R	357	1 <input type="checkbox"/> - SKIP to 36 2 <input type="checkbox"/> - ASK 35	389
35. Have you worked for anyone else (since date in 139R)?	358	1 <input type="checkbox"/> Yes - GO to next column, record information 2 <input type="checkbox"/> No - SKIP to 42a	390
36. While you were working for (entry in 29a), were you also working for someone else?	359	1 <input type="checkbox"/> Yes - GO to next column, record information about simultaneous job 2 <input type="checkbox"/> No - ASK 37	391
37. JUST before you started working as a (entry in 29f) for (entry in 29a), was there a period of a week or more in which you were not working?	360	1 <input type="checkbox"/> Yes - ASK 38 2 <input type="checkbox"/> No - GO to next column, record information about previous job	392
38. When did this period in which you were not working start?	361	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	393
	362	1 <input type="checkbox"/> Never worked before	394
39a. Interviewer: Determine number of weeks not working. If item 38 is before date in 139R, count only weeks since date in 139R.	363	_____ Weeks not working	395
b. That would be about (entry in 39a) weeks that you were not working. How many of those weeks were you looking for work or on layoff from a job?	364	_____ Weeks looking or on layoff	396
CHECK ITEM Q Refer to 39a and b 1. 39a is equal to 39b 2. 39a is greater than 39b	365	1 <input type="checkbox"/> - SKIP to Check Item R 2 <input type="checkbox"/> - ASK 40	397
40. That leaves (entry in 39a minus entry in 39b) 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?	366		398
CHECK ITEM R Refer to item 38 and 139R on Information Sheet 1. Item 38 is date in 139R or later 2. Item 38 is before date in 139R	367	1 <input type="checkbox"/> - GO to next column, record information about previous job 2 <input type="checkbox"/> - SKIP to 42a	399

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

41a. Since (date in I39R), in how many different weeks did you do any work at all?

(400) _____ Weeks
 or ☐ None

b. Since (date in I39R), have you spent any weeks looking for work or on layoff from a job?

(401) 2 ☐ No
 1 ☐ Yes – **How many weeks?** ↓

(402) _____ Weeks

**CHECK
ITEM S**

(1) *Interviewer: Use calendar to determine the number of weeks since date in I39R*

(403) _____ Weeks since date in I39R

(2) *Next: Add the entries in 41a and 41b and enter the sum below* ↓

(404) _____ Weeks working, on layoff, or looking for work

☐ (1) is equal to (2) – *SKIP to 42a*

☐ (1) is greater than (2) – *ASK 41c*

41c. What would you say was the main reason you were not working or looking for work during (the rest of) that time?

- (405) 1 ☐ School
 2 ☐ Personal, family reasons
 3 ☐ Ill or disabled, unable to work
 4 ☐ Did not want to work
 5 ☐ Couldn't find work
 6 ☐ Vacation
 7 ☐ Armed Forces
 8 ☐ Other – *Specify* ↓

42a. Now, of all the jobs you have had since November 1976, I'd like to know about the one at which you worked the longest. When did you start working at that job?

(406)

Month		Day		Year	

(407) 1 ☐ Did not work since 1976

**CHECK
ITEM T**

Refer to item 42a

Date entered in 42a is –

(408) 1 ☐ Before November 1976 or did not work since 1976 – *SKIP to 43a*

2 ☐ November 1976 or later – *ASK 42b*

42b. For whom did you work then?

- (409) Same as (mark (X) which job) –
- | | |
|---|----------------------|
| 1 <input type="checkbox"/> Job in 8a, page 4 | } SKIP to 43a |
| 2 <input type="checkbox"/> Job 1 in item 29a, page 12 | |
| 3 <input type="checkbox"/> Job 2 in item 29a, page 12 | |
| 4 <input type="checkbox"/> Job 3 in item 29a, page 14 | |
| 5 <input type="checkbox"/> Job 4 in item 29a, page 14 | |
| 6 <input type="checkbox"/> Job 5 in item 29a, page 16 | |
| 7 <input type="checkbox"/> Job 6 in item 29a, page 16 | |
| 8 <input type="checkbox"/> Job 7 in item 29a, page 18 | |
| 9 <input type="checkbox"/> Job 8 in item 29a, page 18 | |
| 10 <input type="checkbox"/> All others – <i>ASK 42c</i> | |

c. What kind of business or industry was that?

(410)

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

42d. Were you –

(411)
*

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

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

(412)

Month		Day		Year	

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

(413)

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g. What were your most important activities or duties?

h. What was your job title?

43a. Now I would like you to think back to all the jobs you have ever held. In what year did you take your first full-time permanent job?

(414)

1	9		
---	---	--	--

b. For whom did you work then?

c. Since that time have you always been working in jobs related to the kind of work you (do now/most recently have done)?

(415)

- 1 ☐ Yes – *SKIP to Check Item V*
- 2 ☐ No – *ASK 43d*

d. How many years have you spent working in jobs related to the kind of work you (do now/most recently have done)? Please include the time you've spent working at your (current/last) job.

(416)

_____ Years

e. What kind of work did you do just before then?

(417)

--	--	--

f. How many years did you spend working in jobs related to (kind of work reported in "e")?

(418)

_____ Years

g. Why did you change from (kind of work in "e") to the kind of work you (do now/most recently have done)?

(419)

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**CHECK
ITEM V**

(420)

Refer to 1, 2a, 3a, 4a, pages 2 and 3

Respondent is in –

- 1 ☐ Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) – *SKIP to 47, page 24*
- 2 ☐ Labor Force Group B ("LK" in 1 or "Yes" in 4a) – *SKIP to 46a, page 23*
- 3 ☐ Labor Force Group C (All others) – *ASK 44a*

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

44a. Do you intend to look for work of any kind in the next 12 months?

- (421) 1 ☐ Yes, definitely } ASK b
 2 ☐ Yes, probably }
 3 ☐ Maybe } SKIP to 45a
 4 ☐ No }
 5 ☐ Don't know }

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

(422)

c. What will you do to find work?

(Mark (X) all that apply.)

- (423) 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

(424) 7 ☐ Other – Specify _____

45a. Why are you not looking for work at this time?

- (425) 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?

- (426) 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 _____ } ASK c
 7 ☐ No, health won't permit
 8 ☐ No, it would interfere with school
 9 ☐ No, don't need the money
 10 ☐ No, other _____ } SKIP to 47, page 24

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

(427)

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

- (428) 1 ☐ Any pay
 OR
 (429) \$ _____ . _____ per hour
 (Dollars) (Cents)
 OR
 (430) \$ _____ . per
 (Dollars only)
 (431) 2 ☐ Day
 3 ☐ Week
 4 ☐ Biweekly
 5 ☐ Month
 6 ☐ Year
 7 ☐ Other – Specify _____

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

(432) _____ Hours – SKIP to 47, page 24

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

46a. Earlier you said you were looking for work. What type of work are you looking for?	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">433</div> <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> </div>
b. How many hours per week do you want to work?	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">434</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Hours</div> </div>
c. What would the wage or salary have to be for you to be willing to take it?	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">435</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Any pay</div> </div> <p align="center">OR</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">436</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">\$</div> <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">·</div> <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">per hour</div> </div> <p align="center">(Dollars) (Cents)</p> <p align="center">OR</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">437</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">\$</div> <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">·</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">00</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">per</div> </div> <p align="center">(Dollars only)</p> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">438</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Day</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">3</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Week</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">4</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Biweekly</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Month</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">6</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Year</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">7</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Other – Specify</div> </div>
d. Are there any restrictions, such as hours or location of job, that would be a factor in your taking a job?	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">439</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Yes – ASK e</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">No – SKIP to f</div> </div>
e. What are these restrictions? (Mark (X) all that apply.)	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">440</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Hours</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Location</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">3</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Both hours and location</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">4</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Other – Specify</div> </div>
f. If you were offered a job in this area at the same pay as your last job, would you take it? (Mark (X) only one box.)	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">441</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Yes, definitely</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">It depends on type of work</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">3</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">It depends if satisfied with company</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">4</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">It depends – Other – Specify below</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">No, pay not high enough</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">6</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">No, other – Specify</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">7</div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;"><input type="checkbox"/></div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Had no prior job</div> </div>
Notes	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">442</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Number of family members</div> </div> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">443</div> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">Number of household members</div> </div>

Section II - FAMILY MEMBERS

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

INTERVIEWER - Refer to Household Record Card, Enter line number (in 47a), name (47b), and date of birth (in 47d) for all persons living here who are related to the respondent. Also, determine the relationship to the respondent and enter this (in 47c).

		Persons 3 years old and over		Persons 14 years old and over		Persons 14 years old and over			
Line number 47a.	Name 47b.	RELATIONSHIP TO RESPONDENT 47c.	Date of birth 47d.	Is . . . attending or enrolled in school?	Did . . . finish this grade (year)?	In the past 12 months, how many weeks did . . . work either full- or part- time (not counting work around the house)?	In the past 12 months, how many weeks that . . . worked, how many hours did . . . usually work per week?	What kind of work was . . . doing in the past 12 months? If more than one, record the longest.	OFFICE USE
				Circle 1 - Yes 2 - No	Circle 1 - Yes 2 - No	47e.	47f.		
		Respondent	(444)						
		Wife	(445)						
			(446)						
			(447)						
			(448)						
			(449)	1 2	(450)	(451) 1 2	(452)	(453)	(454)
			(455)	1 2	(458)	(459) 1 2	(460)	(461)	(462)
			(463)	1 2	(466)	(467) 1 2	(468)	(469)	(470)
			(471)	1 2	(474)	(475) 1 2	(476)	(477)	(478)
			(479)	1 2	(482)	(483) 1 2	(484)	(485)	(486)
			(487)	1 2	(490)	(491) 1 2	(492)	(493)	(494)
			(495)	1 2	(498)	(499) 1 2	(500)	(501)	(502)
			(503)	1 2	(506)	(507) 1 2	(508)	(509)	(510)
			(511)	1 2	(514)	(515) 1 2	(516)	(517)	(518)
			(519)	1 2	(522)	(523) 1 2	(524)	(525)	(526)
			(527)	1 2	(530)	(531) 1 2	(532)	(533)	(534)
			(535)	1 2	(538)	(539) 1 2	(540)	(541)	(542)
			(543)	1 2	(546)	(547) 1 2	(548)	(549)	(550)
			(551)	1 2	(554)	(555) 1 2	(556)	(557)	(558)
			(559)	1 2	(562)	(563) 1 2	(564)	(565)	(566)
			(567)	1 2	(570)	(571) 1 2	(572)	(573)	(574)
			(575)	1 2	(578)	(579) 1 2	(580)	(581)	(582)
			(583)	1 2	(586)	(587) 1 2	(588)	(589)	(590)

Section II – FAMILY MEMBERS – Continued

48. Now I have a few questions about the persons living here who are not related to you by blood or marriage.

Line number	Name <i>List below all persons living here who are not related to the respondent. In column a, enter the line number from the record card.</i>	What is . . . 's relationship to you? Example: partner, boarder, foster child	Sex Circle 1 – Male or 2 – Female	What is . . . 's current age?
a.	b.	c.	d.	e.
		(591)	(592) 1 2	(593)
		(594)	(595) 1 2	(596)
		(597)	(598) 1 2	(599)
		(600)	(601) 1 2	(602)
		(603)	(604) 1 2	(605)
		(606)	(607) 1 2	(608)

CHECK ITEM W

Refer to I39R, I40R, and I41R on Information Sheet

When we talked to you on (date entered in I39R if interviewed in 1980/I40R if noninterview in 1980), you said you were (married/widowed/divorced/separated/never married). Has there been any change in your marital status since then? That is, have you been married, separated, divorced, remarried, or widowed?

- (609) 1 ☐ Yes – SKIP to 49a
2 ☐ No – Go to Check Item X

CHECK ITEM X

Refer to I41R on Information Sheet

- (610) 1 ☐ Box 1 or 2 marked in I41R – SKIP to 50
2 ☐ All others – SKIP to Check Item Z

49a. Since (date entered in I39R/I40R), what was the (first/second/third/fourth) change in your marital status?	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE	FOURTH CHANGE
	(611) 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Remarried 5 <input type="checkbox"/> Widowed	(615) 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Remarried 5 <input type="checkbox"/> Widowed	(619) 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Remarried 5 <input type="checkbox"/> Widowed	(623) 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Remarried 5 <input type="checkbox"/> Widowed
b. When did that happen? Enter month and year.	(612) Month <input type="text"/> (613) Year <input type="text"/> 1 9 <input type="text"/>	(616) Month <input type="text"/> (617) Year <input type="text"/> 1 9 <input type="text"/>	(620) Month <input type="text"/> (621) Year <input type="text"/> 1 9 <input type="text"/>	(624) Month <input type="text"/> (625) Year <input type="text"/> 1 9 <input type="text"/>
c. After that, was there any OTHER change in your marital status?	(614) 1 <input type="checkbox"/> Yes – GO to next column 2 <input type="checkbox"/> No – SKIP to Check Item Y	(618) 1 <input type="checkbox"/> Yes – GO to next column 2 <input type="checkbox"/> No – SKIP to Check Item Y	(622) 1 <input type="checkbox"/> Yes – GO to next column 2 <input type="checkbox"/> No – SKIP to Check Item Y	(626) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section II – FAMILY MEMBERS – Continued

CHECK ITEM Y

Refer to most recent change entered in 49a, page 25

- (627) 1 ☐ Box 1 or 4 marked in item 49a (for most recent change) – SKIP to 50
2 ☐ All others – GO to Check Item Z

CHECK ITEM Z

Refer to 48, page 25

Was “partner” recorded in 48c for any of the names listed in 48b?

- (628) 1 ☐ Yes – Read partner’s name in items wherever appropriate.
2 ☐ No – SKIP to 55a

50. When was your (most recent) (wife/partner) born?

(629)

Month	

(630)

Year			
1	9		

51a. Since (date entered in 139R/140R), has your (most recent) (wife/partner) been enrolled in regular school?

(631)

- 1 ☐ Yes – ASK 51b
2 ☐ No – SKIP to item 52

b. What is the highest grade or year of regular school that your (most recent) (wife/partner) has completed and gotten credit for?

(632)

- | | |
|--|---|
| 21 <input type="checkbox"/> None | 11 <input type="checkbox"/> 11th grade |
| 01 <input type="checkbox"/> 1st grade | 12 <input type="checkbox"/> 12th grade |
| 02 <input type="checkbox"/> 2nd grade | 13 <input type="checkbox"/> 1st year of college |
| 03 <input type="checkbox"/> 3rd grade | 14 <input type="checkbox"/> 2nd year of college |
| 04 <input type="checkbox"/> 4th grade | 15 <input type="checkbox"/> 3rd year of college |
| 05 <input type="checkbox"/> 5th grade | 16 <input type="checkbox"/> 4th year of college |
| 06 <input type="checkbox"/> 6th grade | 17 <input type="checkbox"/> 5th year of college |
| 07 <input type="checkbox"/> 7th grade | 18 <input type="checkbox"/> 6th year of college |
| 08 <input type="checkbox"/> 8th grade | 19 <input type="checkbox"/> 7th year of college |
| 09 <input type="checkbox"/> 9th grade | 20 <input type="checkbox"/> 8th year of college |
| 10 <input type="checkbox"/> 10th grade | |

52a. In the past twelve months, what kind of work did your (most recent) (wife/partner) do?

(633)

- 1 ☐ Did not work during that period – Enter “0” in 53a and SKIP to item 54
2 ☐ Don’t know – SKIP to item 53a
3 ☐ All others – Record verbatim. If more than one occupation, probe for and record work done for the longest time during that period.

(634)

--	--	--

b. What were her most important activities or duties? (For example: typed, kept account books, filed, sold real estate, operated business machine, cleaned buildings)

53a. In the past twelve months, how many weeks did your (wife/partner) work at all jobs, either full time or part time, not counting work around the house?

(635)

_____ Weeks

b. In the weeks your (wife/partner) worked, how many hours did she usually work per week?

(636)

_____ Hours

Section II – FAMILY MEMBERS – Continued

**CHECK
ITEM AA**

Refer to item 53a, page 26

- (637) 1 ☐ Wife/partner worked 52 weeks – *SKIP* to 55a
 2 ☐ All others – *ASK* 54

54. You said your wife/partner worked (entry in 53a) weeks in the last 12 months.

How many of the remaining (52 minus entry in item 53a) weeks was she looking for work or on layoff from a job?

(638) _____ Weeks
 o ☐ None

55a. How many persons not counting yourself (or your wife/partner) are dependent upon you for at least one-half of their support?

(639) _____ Persons – *ASK* b
 o ☐ None – *SKIP* to 56

b. Do any of these dependents live somewhere else other than here at home with you?

(640) 2 ☐ No – *SKIP* to 56
 1 ☐ Yes – *ASK* c

c. What is their relationship to you?

- (641) 1 ☐ Son – **How many?** ↘

 (642) _____
 (643) 2 ☐ Daughter – **How many?** ↘

 (644) _____
 (645) 3 ☐ Mother
 4 ☐ Father
 5 ☐ Mother-in-law
 6 ☐ Father-in-law
 7 ☐ Brother
 or sister – **How many?** ↘

 (646) _____
 (647) 8 ☐ Other – *Specify* ↘
 _____ **How many?** ↘

 (648) _____

Section II – FAMILY MEMBERS – Continued

56. Now I'd like to ask you your opinions and expectations about family size.

a. What do you think is the IDEAL number of children for a family?

(649) _____ Number of children

b. How many children do YOU want to have?

(650) _____ Number of children

c. Have you ever had any children?

(651) 1 ☐ Yes – ASK 56d
2 ☐ No – SKIP to 56g

d. How many children altogether have you ever had at any time, not counting babies who were dead at birth?

(652) _____ Number of children

e. Do all of your children live here in this household?

(653) 1 ☐ Yes – SKIP to 56g
2 ☐ No – ASK 56f

f. For those children not living here, when was the (oldest, next oldest, etc.) born?

CHILD	DATE OF BIRTH							
	Month	Day	Year					
(654) 1st					1	9		
(655) 2nd					1	9		
(656) 3rd					1	9		
(657) 4th					1	9		
(658) 5th					1	9		
(659) 6th					1	9		

g. Altogether, how many (more) children do you EXPECT to have?

(660) 0 ☐ None – SKIP to item 57

_____ Number of children

h. When do you expect to have your (first/next) child – in how many months or years?

(661) _____ Months

OR

(662) _____ Years

Section III – WORK ATTITUDES

57. Now I would like to ask you a few questions about work around the home.

We would like to get some idea about how much time people spend on household chores and child care.

I'm going to read a list of regular household chores and, for each, ask you to what degree you are the one in your household who usually does these things (even if you live alone).

In your household, how often do you usually (READ CHORE) – never, some of the time, about half the time, much of the time, or all of the time?

MARK (X) ONE RESPONSE FOR EACH CHORE. SHOW FLASHCARD **(C)**.

CHORES	Never	Some	About half	Much	All	Not applicable
a. Prepare meals	(663) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Wash the dishes	(664) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Do the laundry	(665) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Clean house	(666) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Do grocery shopping	(667) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Do other shopping	(668) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Run errands	(669) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. Do outdoor chores	(670) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. Fix things around the house	(671) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
j. Do household paperwork	(672) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<i>If no children, age 14 or younger, listed in items 5–8 on the Household Record Card, mark "Not Applicable" and GO to item 58.</i>						
k. Take care of the child(ren) in your household	(673) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
58. How many hours per week would you say you usually spend doing these and other household tasks? <div style="text-align: center;"> (674) _____ Hours per week o <input type="checkbox"/> None </div>						

Section III – WORK ATTITUDES – Continued

59. 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 flashcard **D** 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.	(675) 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.	(676) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. If she prefers to work, but her husband doesn't particularly like it.	(677) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

60. We are interested in your opinion about the employment of wives. (Hand flashcard **E** to respondent.) I will read you a series of statements and after each one I would like to know whether you: strongly agree, agree, disagree, or strongly disagree.

STATEMENTS

	Strongly agree	Agree	Disagree	Strongly disagree	Undecided
a. Modern conveniences permit a wife to work without neglecting her family.	(678) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. A woman's place is in the home, not in the office or shop.	(679) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. A wife who carries out her full family responsibilities doesn't have time for outside employment.	(680) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. A working wife feels more useful than one who doesn't hold a job.	(681) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. The employment of wives leads to more juvenile delinquency.	(682) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Employment of both parents is necessary to keep up with the high cost of living.	(683) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. It is much better for everyone concerned if the man is the achiever outside the home and the woman takes care of the home and family.	(684) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Men should share the work around the house with women, such as doing dishes, cleaning, and so forth.	(685) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.	(686) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Women are much happier if they stay at home and take care of their children.	(687) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. A woman should not let bearing and rearing children stand in the way of a career if she wants it.	(688) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Section IV – HEALTH

61a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?

- (689) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 63a

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

(690) _____ Years
OR

(691) _____ Months

62a. Does your health or physical condition prevent you from working altogether?

- (692) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 63a

b. When did you become unable to work altogether?

(693)

Month	

 } SKIP to Check Item BB
(694)

Year			
1	9		

63a. Has your health ever prevented you from working for 6 or more months in a row?

- (695) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to Check Item BB

b. How long were you prevented from working?

(Most recent if more than one)

(696) _____ Years
OR

(697) _____ Months

c. When did you recover?

(698)

Month	

(699)

Year			
1	9		

(700) 1 ☐ Not yet recovered

CHECK ITEM BB

Refer to Check Item G, page 8

Respondent is in –

- (701) 1 ☐ Labor Force Group A – ASK 64
2 ☐ All others – SKIP to 65

SHOW FLASHCARD (F)

64. Which of the activities on this card do you do regularly on your job?

(Mark (X) all that apply.)

- (702) 1 ☐ Walk around
* 2 ☐ Use stairs and inclines
3 ☐ Stand for long periods
4 ☐ Stoop, kneel, or crouch
5 ☐ Lift or carry weights up to 10 pounds
6 ☐ Lift or carry heavy weights
(703) 7 ☐ Reach for supplies, materials, etc.
* 8 ☐ Use hands and fingers to manipulate supplies, equipment, etc.
9 ☐ Read printed documents, books, instructions, etc.
(704) 10 ☐ Hear special sounds (signals, directions, etc.)
(705) 11 ☐ Deal with people

Section IV - HEALTH - Continued

SHOW FLASHCARD (G)

65a. Do you ever have any difficulty performing any of the activities on this card?

(706) 2 ☐ No - GO to 65b
 1 ☐ Yes - Which ones? - Mark each activity mentioned and for each marked ask -
 Can you . . . at all? Yes No

(707) * 1 ☐ Walking 2 ☐ 3 ☐
 (708) * 1 ☐ Using stairs or inclines 2 ☐ 3 ☐
 (709) * 1 ☐ Standing for long periods of time 2 ☐ 3 ☐
 (710) * 1 ☐ Sitting for long periods 2 ☐ 3 ☐
 (711) * 1 ☐ Stooping, kneeling, or crouching 2 ☐ 3 ☐
 (712) * 1 ☐ Lifting or carrying weights up to 10 lbs. 2 ☐ 3 ☐
 (713) * 1 ☐ Lifting or carrying heavy weights 2 ☐ 3 ☐
 (714) * 1 ☐ Reaching 2 ☐ 3 ☐
 (715) * 1 ☐ Using hands and fingers 2 ☐ 3 ☐
 (716) * 1 ☐ Seeing (even with glasses) 2 ☐ 3 ☐
 (717) * 1 ☐ Hearing 2 ☐ 3 ☐
 (718) * 1 ☐ Dealing with people 2 ☐ 3 ☐
 (719) * 1 ☐ Other - Specify

SHOW FLASHCARD (H)

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

(720) 2 ☐ No - GO to 65c
 1 ☐ Yes - Which ones? - Mark each problem mentioned

(721) *
 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

(722) *
 7 ☐ Shortness of breath, trouble breathing
 8 ☐ Other - Specify

SHOW FLASHCARD (I)

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

(Mark (X) each condition mentioned.)

(723) *
 1 ☐ Fumes, dust, or smoke
 2 ☐ Hot places
 3 ☐ Cold places
 4 ☐ Damp places
 5 ☐ Noise or vibrations
 6 ☐ Confusion or disorder
 7 ☐ Working indoors
 8 ☐ Working outdoors
 9 ☐ Other - Specify

(724) *
 8 ☐ Working outdoors
 9 ☐ Other - Specify

(725) 10 ☐ None

Section IV – HEALTH – Continued

65d. Are you able to go outdoors without help from another person?

- (726) 1 ☐ Yes
2 ☐ No

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

- (727) 1 ☐ Yes
2 ☐ No

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

- (728) 1 ☐ Yes – ASK g
2 ☐ No – SKIP to h

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

- (729) 1 ☐ Frequently
2 ☐ Occasionally
3 ☐ Rarely

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

- (730) 1 ☐ Better
2 ☐ Worse
3 ☐ Same

CHECK ITEM CC1

Refer to item 50, page 26

- (731) 1 ☐ Entry in item 50 – ASK 66a
2 ☐ Item 50 is blank – SKIP to 68a

66a. Does your (wife's/partner's) health or physical condition limit the amount or kind of work she can do in any way?

- (732) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to c

b. How long has she been limited in this way?

(733) _____ Years
OR

(734) _____ Months

c. Does the health condition of your (wife/partner) in any way affect the kind or amount or work you do or where you work?

- (735) 1 ☐ Yes
2 ☐ No

Notes

Section IV – HEALTH – Continued

67a. In the last five years have your (wife's/partner's) job preferences or opportunities for work affected your choices about the kind of work you do?

- (736) 2 ☐ No – SKIP to c
1 ☐ Yes – ASK b

SHOW FLASHCARD (J)

b. How much?

- (737) 1 ☐ A lot
2 ☐ Somewhat
3 ☐ A little

c. In the last five years have your (wife's/partner's) job preferences or opportunities for work affected your choices about the particular employer you work for?

- (738) 2 ☐ No – SKIP to e
1 ☐ Yes – ASK d

SHOW FLASHCARD (J)

d. How much?

- (739) 1 ☐ A lot
2 ☐ Somewhat
3 ☐ A little

e. In the last five years have your (wife's/partner's) job preferences or opportunities for work affected your choices about the town, city, or area of the country in which you work?

- (740) 2 ☐ No – SKIP to g
1 ☐ Yes – ASK f

SHOW FLASHCARD (J)

f. How much?

- (741) 1 ☐ A lot
2 ☐ Somewhat
3 ☐ A little

g. In the last five years have your (wife's/partner's) job preferences or opportunities for work affected the scheduling of your work hours or the shift that you work?

- (742) 2 ☐ No – SKIP to i
1 ☐ Yes – ASK h

SHOW FLASHCARD (J)

h. How much?

- (743) 1 ☐ A lot
2 ☐ Somewhat
3 ☐ A little

i. In the last five years have your (wife's/partner's) job preferences or opportunities for work affected the number of hours that you worked?

- (744) 2 ☐ No – SKIP to 68a
1 ☐ Yes – ASK j

j. Did you increase or decrease the hours you worked?

- (745) 1 ☐ Increased
2 ☐ Decreased

Notes

Section V – ASSETS AND INCOME

68a. Do you (or your wife/partner) own any automobiles, vans, trucks, or motorcycles?

- (746) 2 ☐ No – SKIP to 69a
1 ☐ Yes – ASK 68b

b. How many of each?

- (747) _____ Automobiles
(748) _____ Vans or trucks
(749) _____ Motorcycles

69a. Is this house (apartment) owned or being bought by you (or your wife/partner)?

- (750) 1 ☐ Yes – ASK b and c
2 ☐ No – SKIP to 70a

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

(751) \$ _____ .00

c. About how much do you (or your wife/partner) owe on this property for mortgages, back taxes, home improvement loans, etc.?

(752) \$ _____ .00

70a. Do you (or your wife/partner) rent, own, or have an investment in a farm?

- (753) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 71a

b. What is the total market value of the farm operation? (Include value of land, buildings, house, if owned, and the equipment, livestock, stored crops, and other assets. Do not include crops held under Commodity Credit Loans.)

(754) \$ _____ .00

c. Does that include the value of this house?

- (755) 1 ☐ Yes
2 ☐ No

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

(756) \$ _____ .00
0 ☐ None

71a. Do you (or your wife/partner) own or have an investment in a business or professional practice?

- (757) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 72a

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/partner's share only.)

(758) \$ _____ .00

c. What is the total amount of debts or liabilities owed by the business? (Include respondent's and wife's/partner's share of all liabilities, as carried on the books.)

(759) \$ _____ .00
0 ☐ None

72a. Do you (or your wife/partner) own any other real estate – not counting the property on which you are living?

- (760) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 73

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

(761) \$ _____ .00

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

(762) \$ _____ .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.?

(763) \$ _____ .00
0 ☐ None

Section V – ASSETS AND INCOME – Continued

73. Do you (or your wife/partner) have any money in savings or checking accounts, savings and loan companies, or credit unions?

- (764) 2 ☐ No
1 ☐ Yes – How much altogether? ↙

(765) \$ _____ . 00

74. Do you (or your wife/partner) have any—
a. U.S. Savings Bonds?

- (766) 2 ☐ No
1 ☐ Yes – What is their face value? ↙

(767) \$ _____ . 00

b. Stocks, bonds, or mutual funds?

- (768) 2 ☐ No
1 ☐ Yes – About how much is their market value? ↙

(769) \$ _____ . 00

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

- (770) 2 ☐ No
1 ☐ Yes – How much? ↙

(771) \$ _____ . 00

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

- (772) 2 ☐ No
1 ☐ Yes – How much altogether? ↙

(773) \$ _____ . 00

76a. In the last 12 months, did you (or your wife/partner) receive financial assistance from any of your relatives?

- (774) 2 ☐ No – SKIP to item 77
1 ☐ Yes – ASK b and c

b. From whom?

(775)

c. How much did you receive?

(776) \$ _____ . 00

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

SHOW FLASHCARD (K)

a. In the past 12 months, what was the total income of ALL family members living here?

(Mark (X) only one box.)

- (777) 13 ☐ Nothing
1 ☐ Less than \$3,999
2 ☐ \$4,000 – \$5,999
3 ☐ 6,000 – 7,499
4 ☐ 7,500 – 9,999
5 ☐ 10,000 – 14,999
6 ☐ 15,000 – 17,499
7 ☐ 17,500 – 19,999
8 ☐ 20,000 – 24,999
9 ☐ 25,000 – 34,999
10 ☐ 35,000 – 49,999
11 ☐ 50,000 and over
12 ☐ Don't know

Section V – ASSETS AND INCOME – Continued

77b. How much did you receive from wages, salary, commissions, or tips from all jobs before deductions for taxes or anything else?

(778) \$ _____ . 00
 0 ☐ None

c. Did you receive any –

(1) Income from working on your own or in your own business or professional practice?

(779) 2 ☐ No – Go to (2)
 1 ☐ Yes – **How much?** ↘

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

(780) \$ _____ . 00

(2) Unemployment compensation?

(781) 2 ☐ No – SKIP to (3)
 1 ☐ Yes – ASK (a)

(a) How many weeks?

(782) _____ Weeks

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

(783) \$ _____ . 00

(3) Supplemental Unemployment Benefits (SUB) from your employer?

(784) 2 ☐ No – SKIP to d
 1 ☐ Yes – ASK (a)

(a) How many weeks?

(785) _____ Weeks

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

(786) \$ _____ . 00

d. In the past 12 months, did you receive income as a result of disability or illness from –

(1) Veteran's compensation or pension?

(787) 2 ☐ No – Go to (2)
 1 ☐ Yes – **How much?** ↘

(788) \$ _____ . 00

(2) Worker's compensation?

(789) 2 ☐ No – Go to (3)
 1 ☐ Yes – **How much?** ↘

(790) \$ _____ . 00

(3) Social Security disability payments?

(791) 2 ☐ No – Go to (4)
 1 ☐ Yes – **How much?** ↘

(792) \$ _____ . 00

(4) Any other disability payments? Specify type ↘

(793) 2 ☐ No – Go to Check Item CC2
 1 ☐ Yes – **How much?** ↘

(794) \$ _____ . 00

**CHECK
ITEM CC2**

(795) Refer to item 50, page 26
 1 ☐ Entry in item 50 – ASK 78a
 2 ☐ Item 50 is blank – SKIP to 79

Section V – ASSETS AND INCOME – Continued

78a. How much did your wife/partner receive from wages, salary, commissions, or tips from all jobs before deductions for taxes or anything else?

(796) \$ _____ **.00**
 0 ☐ None

b. Did your wife/partner receive any –

(1) Income from working on her own or in her own business or professional practice?

(797) 2 ☐ No – GO to (2)
 1 ☐ Yes – **How much?**

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

(798) \$ _____ **.00**

(2) Unemployment compensation?

(799) 2 ☐ No – SKIP to (3)
 1 ☐ Yes – ASK (a)

(a) How many weeks?

(800) _____ Weeks

(b) How much did your wife/partner receive per week on the average?

(801) \$ _____ **.00**

(3) Supplemental Unemployment Benefits (SUB) from her employer?

(802) 2 ☐ No – SKIP to c
 1 ☐ Yes – ASK (a)

(a) How many weeks?

(803) _____ Weeks

(b) How much did your wife/partner receive per week on the average?

(804) \$ _____ **.00**

c. In the past 12 months, did your wife/partner receive income as a result of disability or illness from –
(1) Veteran's compensation or pension?

(805) 2 ☐ No – GO to (2)
 1 ☐ Yes – **How much?**

(806) \$ _____ **.00**

(2) Worker's compensation?

(807) 2 ☐ No – GO to (3)
 1 ☐ Yes – **How much?**

(808) \$ _____ **.00**

(3) Social Security disability payments?

(809) 2 ☐ No – GO to (4)
 1 ☐ Yes – **How much?**

(810) \$ _____ **.00**

(4) Any other disability payments?
Specify type

(811) 2 ☐ No – GO to 79
 1 ☐ Yes – **How much?**

(812) \$ _____ **.00**

Section V – ASSETS AND INCOME – Continued

79. In the past 12 months, did you (or your wife/partner) receive –

a. Any income from operating a farm?

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

(813) 2 ☐ No
1 ☐ Yes – How much?

(814) \$ _____ . 00

b. Any rental income from roomers and boarders or apartment in this house or another building, or other real estate?

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

(815) 2 ☐ No
1 ☐ Yes – How much?

(816) \$ _____ . 00

c. Any interest or dividends on savings, stocks, bonds or income from estates or trusts?

(817) 2 ☐ No
1 ☐ Yes – How much?

(818) \$ _____ . 00

80a. In the past 12 months, did you (or your wife/partner) receive any food stamps under the government's Food Stamp Plan?

(819) 2 ☐ No – SKIP to 81a
1 ☐ Yes – ASK b

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

(820) _____ Months

c. What was the total value of the full monthly food stamp allotment in the most recent month food stamps were received?

(821) \$ _____ . 00

81a. During the last 12 months, did you (or your wife/partner) receive any income from Aid to Families with Dependent Children?

(822) 2 ☐ No – SKIP to 82a
1 ☐ Yes – ASK b

b. How many months?

(823) _____ Months

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

(824) \$ _____ . 00

82a. Did you (or your wife/partner) receive any Supplemental Security Income or any other public assistance from the local, state, or federal government?

(825) 2 ☐ No – SKIP to 83a
1 ☐ Yes – ASK b

b. How many months?

(826) _____ Months

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

(827) \$ _____ . 00

83a. In the past 12 months, did you (or your wife/partner) receive any income from child support payments or alimony?

(828) 2 ☐ No
1 ☐ Yes – How much?

(829) \$ _____ . 00

b. In the past 12 months, did you (or your wife/partner) receive any other type of income, for example, royalties, annuities, contributions from family members living elsewhere, pensions, or Social Security Survivors Benefits?

(830) 2 ☐ No
1 ☐ Yes – How much?

(831) \$ _____ . 00

c. So far as your overall financial position is concerned, would you say you (and your wife/partner) are better off, about the same, or worse off now than you were at this time last year?

(832) 1 ☐ Same
2 ☐ Better off
3 ☐ Worse off

Section V – ASSETS AND INCOME – Continued

Refer to item 47, page 24

**CHECK
ITEM DD**

- (833) 1 ☐ Only respondent (and wife/partner and their children under 14) listed in item 47 – *SKIP* to 84b
2 ☐ Other family members listed in item 47 – *ASK* 84a

SHOW FLASHCARD (L)

84a. In the past 12 months, what was the total income of ALL family members living here, OTHER THAN you and (your wife/partner)?

(Mark (X) only one box.)

- (834) 13 ☐ Nothing
1 ☐ Under \$1,000
2 ☐ \$1,000 – \$1,999
3 ☐ 2,000 – 2,999
4 ☐ 3,000 – 3,999
5 ☐ 4,000 – 4,999
6 ☐ 5,000 – 5,999
7 ☐ 6,000 – 7,499
8 ☐ 7,500 – 9,999
9 ☐ 10,000 – 14,999
10 ☐ 15,000 – 24,999
11 ☐ 25,000 and over
12 ☐ Don't know

b. If by some chance, you (and your wife/partner) were to get enough money to live comfortably without working, do you think you would work anyway?

- (835) 1 ☐ Yes – *ASK* c
2 ☐ No – *SKIP* to d
3 ☐ Undecided – *SKIP* to e

c. Why do you think you would work?

(Mark (X) the main reason.)

- (836) 1 ☐ Like work currently engaged in
2 ☐ Would have nothing to do without work
3 ☐ Companionship of co-workers
4 ☐ Other – *Specify* _____ } *SKIP* to 84f

d. Why do you feel that you would not work?

(Mark (X) the main reason.)

- (837) 1 ☐ Dislike work currently engaged in
2 ☐ Don't enjoy working
3 ☐ Have hobbies and plans for activities when quit
4 ☐ Don't get along with fellow workers
5 ☐ Rather keep house/take care of children
6 ☐ Return to school
7 ☐ Other – *Specify* _____ } *SKIP* to 84f

e. On what would it depend?

(Mark (X) only one box.)

- (838) 1 ☐ Health
2 ☐ Type of work doing
3 ☐ Availability of work
4 ☐ Attitude of family and friends
5 ☐ Other – *Specify* _____

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

(Read each answer category)

- (839) 1 ☐ I (We) always have money left over
2 ☐ I (We) have enough with a little extra sometimes
3 ☐ I (We) have just enough, no more
4 ☐ I (We) can't make ends meet

Section VI – EDUCATIONAL STATUS

85a. Now I'd like to ask you some questions about your education.

Are you attending or enrolled in regular school?

- (840) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 86a

b. What grade are you attending?

(841) High school 1 ☐ 2 ☐ 3 ☐ 4 ☐ – SKIP to Check Item FF

(842) College 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ – SKIP to Check Item EE below

86a. Have you attended regular school since (date in 139R/140R)?

- (843) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 88a

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

(844) High school 1 ☐ 2 ☐ 3 ☐ 4 ☐ – SKIP to 88a

(845) College 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ – FILL check Item EE

CHECK
ITEM EE

Refer to 85b and 86b above

- (846) 1 ☐ Completed or attending college 2+ – ASK 87a
2 ☐ All others – SKIP to 88c

87a. Have you received a college degree since (date in 139R/140R)?

- (847) 1 ☐ Yes – Ask b
2 ☐ No – SKIP to 88c

b. What degree was it?

- (848) 1 ☐ Associate
2 ☐ Bachelor's (B.A., B.S., A.B.)
3 ☐ Master's (M.A., M.S., M.B.A.)
4 ☐ Doctorate (PH.D., M.D., LL.B., J.D.)
5 ☐ Other – Specify _____

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

(849)

d. When did you receive this degree?

(850) Month } SKIP to 88c
(851) Year

88a. Have you ever attended a college or a university?

- (852) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to Check Item FF

b. When were you last enrolled in a program leading to a degree?

- (853) 1 ☐ Never – SKIP to Check Item FF

(854) Month
(855) Year

c. What is the name of the school you (now attend/ were last enrolled in)?

(856)

Section VI – EDUCATIONAL STATUS – Continued

88d. Where is (was) this school located?	<div> <div> <div>857</div> <div> <div></div> <div>City</div> </div> </div> <div> <div></div> <div>County</div> </div> <div> <div></div> <div>State</div> </div> </div>
e. Is this school public or private?	<div> <div>858</div> <div> <div>1</div> <div><input type="checkbox"/> Public</div> </div> <div> <div>2</div> <div><input type="checkbox"/> Private</div> </div> </div>
f. What is (was) your major field of study?	<div> <div>859</div> <div> <div></div> <div></div> </div> </div> <div> <div>860</div> <div>1 <input type="checkbox"/> Same field of study in 87c</div> </div>
g. Are (were) you enrolled as a full-time or part-time student?	<div> <div>861</div> <div> <div>1</div> <div><input type="checkbox"/> Full-time</div> </div> <div> <div>2</div> <div><input type="checkbox"/> Part-time</div> </div> </div>
CHECK ITEM FF	<div>Refer to item 142R on the Information Sheet</div> <div> <div>862</div> <div> <div>1</div> <div><input type="checkbox"/> Box 8 or 9 marked – SKIP to 91a</div> </div> <div> <div>2</div> <div><input type="checkbox"/> Box 1 – 7 marked – ASK 89</div> </div> </div>
89. At our last interview on (date in 139R) you were enrolled in (type of training in 142R). Did you complete the program?	<div> <div>863</div> <div> <div>1</div> <div><input type="checkbox"/> Yes</div> </div> <div> <div>2</div> <div><input type="checkbox"/> No</div> </div> </div>
90. How long in all did you attend this course or program?	<div> <div>864</div> <div>_____ Weeks</div> </div>
91a. Other than regular school, since (date in 139R), have you taken any (other) training courses or education programs of any kind, either on the job or elsewhere?	<div> <div>865</div> <div> <div>1</div> <div><input type="checkbox"/> Yes – ASK b</div> </div> <div> <div>2</div> <div><input type="checkbox"/> No – SKIP to 92</div> </div> </div>
<div>If more than one, ask items 91b–f about the most recent program.</div> <div>b. Did you complete this program?</div>	<div> <div>866</div> <div> <div>1</div> <div><input type="checkbox"/> Yes</div> </div> <div> <div>2</div> <div><input type="checkbox"/> No, dropped out</div> </div> <div> <div>3</div> <div><input type="checkbox"/> No, still enrolled</div> </div> </div>
<div>c. What kind of training or education program (did/are) you (take/taking)?</div> <div>Specify, then mark (X) one box.</div>	<div> <div>867</div> <div> <div>1</div> <div><input type="checkbox"/> Professional, technical</div> </div> <div> <div>2</div> <div><input type="checkbox"/> Managerial</div> </div> <div> <div>3</div> <div><input type="checkbox"/> Clerical</div> </div> <div> <div>4</div> <div><input type="checkbox"/> Skilled manual (including apprenticeship)</div> </div> <div> <div>5</div> <div><input type="checkbox"/> Sales</div> </div> <div> <div>6</div> <div><input type="checkbox"/> Services</div> </div> <div> <div>7</div> <div><input type="checkbox"/> Other – Specify ↓</div> </div> </div>

Section VI – EDUCATIONAL STATUS – Continued

91d. Where (did/are) you (take/taking) this training course?

(Specify and then mark (X) the appropriate box.)

Place

- (868) 1 ☐ Business college, technical institute
 2 ☐ Company training school
 3 ☐ Correspondence course
 4 ☐ Regular school
 5 ☐ Apprenticeship
 6 ☐ Armed Forces
 7 ☐ Other – Specify

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

(869) _____ Weeks

(870) 1 ☐ Less than 1 week

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

(871) _____ Hours

(872) 1 ☐ Less than 1 hour

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

- (873) 1 ☐ Yes – ASK 93a
 2 ☐ No – SKIP to Check Item GG, page 45

93a. Were you serving in the U.S. Armed Forces at any time since October 1976?

- (874) 1 ☐ Yes – ASK b
 2 ☐ No – SKIP to t, page 44

b. When were you separated from active duty?

(875)

Month		Day		Year	

c. In what branch of the Armed Forces did you serve?

- (876) 1 ☐ Navy
 2 ☐ Army
 3 ☐ Air Force
 4 ☐ Marines
 5 ☐ Coast Guard

d. What was your rank in the Armed Forces at the time of separation from active duty?

(877)

--	--

e. How did you enter the Armed Forces?

- (878) 1 ☐ Drafted
 2 ☐ Enlisted as a regular
 3 ☐ Entered through OCS, ROTC, Service Academy
 4 ☐ Other – Specify

f. How many months were you on active duty in the Armed Forces?

(879) _____ Months

g. Other than basic training, what kinds of training did you receive while you were in the Armed Forces?

(880)

--

(881)

1 ☐ None – SKIP to j

Section VI – EDUCATIONAL STATUS – Continued

93h. How long did you attend this training?

(882) _____ Months

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

- (883) 1
- ☐
- Yes
-
- 2
- ☐
- No
-
- 3
- ☐
- Never worked

j. What military occupation did you have for the longest time?

(884)

k. Were you an officer or enlisted man at that time?

- (885) 1
- ☐
- Commissioned or Warrant Officer
-
- 2
- ☐
- Enlisted man

l. All things considered, do you think that your period of military service has helped or hurt your career?

- (886) 1
- ☐
- Helped career – ASK m
-
- 2
- ☐
- Hurt career – SKIP to n
-
- 3
- ☐
- No effect on career – SKIP to o

m. Why do you think it has helped?

(887) } SKIP to o

n. Why do you think it has hurt?

(888)

o. Have you ever used any GI (VA) benefits?

- (889) 1
- ☐
- Yes – ASK p
-
- 2
- ☐
- No – SKIP to q

p. Which ones have you used?

(List up to 3)

(890)
(891)
(892)

q. Do you have a Disability or Medical discharge from the Armed Forces?

- (893) 1
- ☐
- Yes
-
- 2
- ☐
- No

r. Do you have a disability which has been rated as service connected by the Veterans' Administration?

- (894) 1
- ☐
- Yes – ASK s
-
- 2
- ☐
- No – SKIP to t

s. What is your compensation rating?

(895) _____ %

t. Were you ever in combat?

- (896) 1
- ☐
- Yes – ASK u
-
- 2
- ☐
- No – SKIP to Check Item GG

u. During what years was that?

(897) From to (898)

v. How many months was that altogether?

(899) _____ Months

Section VII – GEOGRAPHIC MOBILITY

CHECK ITEM GG

Refer to I43R on the Information Sheet

Is place of residence recorded in I43R the same (city/town/county) as respondent's current residence?

- (900) 1 ☐ Yes – ASK 94
2 ☐ No – SKIP to 95

94. Our records show that when we talked with you on (date entered in I44R) you were living in the same (city/town/county) as you are now. Since (date entered in I44R), have you ever moved from (residence in I43R) and then returned here again?

- (901) 1 ☐ Yes – ASK 95
2 ☐ No – SKIP to I37

95. When did you (last) move to this (current residence) – during what month and what year?

(902)

Month	

 (903)

Year			
1	9		

96. Where did you live just before moving to this (city/town/county)?

(904)

--	--

 Town or city
 County (if no town or city)
 State
 Other country

97. How far from here was your residence in (entry in item 96)?

(905) _____ Miles

98. How long had you lived in (entry in item 96) before you moved here?

- (906) 1 ☐ All my life
 (907) _____ Months and/or
 (908) _____ Years

99. Why did you leave (entry in item 96)?

(Read first four answer categories.)

(Mark (X) as many boxes as apply.)

- (909) * 1 ☐ Respondent's employment
 2 ☐ Spouse's/partner's employment
 3 ☐ Other family considerations
 4 ☐ Community
 5 ☐ No particular reason
 6 ☐ Other – Specify ↴

100. How long had you been seriously thinking of moving before you moved here from (entry in item 96)?

- (910) _____ Months and/or
 (911) _____ Years

101. When you moved here, did you consider moving to other areas?

- (912) 1 ☐ Yes – ASK I02
2 ☐ No – SKIP to I03

Section VII – GEOGRAPHIC MOBILITY – Continued

102. Why did you come here rather than to some other place?

(Read first four answer categories.)

(Mark (X) as many boxes as apply.)

- (913) 1 ☐ Respondent's employment
 * 2 ☐ Spouse's/partner's employment
 3 ☐ Other family considerations
 4 ☐ Community
 5 ☐ No particular reason
 6 ☐ Other – Specify ↓

103. Were you looking for work or on layoff from a job right before you moved here?

- (914) 1 ☐ Yes
 2 ☐ No

104. Were you looking for work or on layoff from a job right after you moved here?

- (915) 1 ☐ Yes
 2 ☐ No

105. Were you employed at any time in the 12-month period just before the move?

- (916) 1 ☐ Yes
 2 ☐ No

106. Were you employed at any time in the 12-month period just after the move?

- (917) 1 ☐ Yes
 2 ☐ No

Refer to items 105 and 106

**CHECK
ITEM HH**

- (918) 1 ☐ Respondent answered "Yes" to both items 105 and 106 – ASK 107
 2 ☐ Respondent answered "No" to both items 105 and 106 – SKIP to 116
 3 ☐ All others – SKIP to Check Item II

107. Did you continue to work for the same employer after the move as you had before?

- (919) 1 ☐ Yes – ASK 108
 2 ☐ No – SKIP to 111

108. Were you employed in the same location before and after the move or were you transferred or reassigned to a new location?

- (920) 1 ☐ Same location – SKIP to 117
 2 ☐ Transferred or reassigned – ASK 109

109. Were you transferred here mainly because you wanted to come here, or was it mainly because your employer wanted you here?

- (921) 1 ☐ Wanted to come
 2 ☐ Employer wanted respondent transferred } SKIP to 114

Refer to item 106

**CHECK
ITEM II**

- (922) 1 ☐ "Yes" in 106 – SKIP to 111
 2 ☐ "No" in 106 – ASK 110

110. Did you want employment after the move?

- (923) 1 ☐ Yes }
 2 ☐ No } SKIP to 116

111. Did you go to work for a new employer after the move, or did you work for yourself?

- (924) 1 ☐ New employer – ASK 112
 2 ☐ Self-employed
 3 ☐ Other – Specify ↓

} SKIP to 116

112. Did you have a new job arranged before the move?

- (925) 1 ☐ Yes
 2 ☐ No

Section VII – GEOGRAPHIC MOBILITY – Continued

113. About when did you start to work for this new employer?

926

Month	

927

Year			
1	9		

CHECK
ITEM JJ

Refer to item 105, page 46

928

- 1 ☐ "No" in 105 – SKIP to 116
2 ☐ "Yes" in 105 – ASK 114

114. In general, how do you like your work here compared with the work you did before your move?

929

- 1 ☐ Better
2 ☐ Worse
3 ☐ About the same

115. How did the move affect:

a. Any seniority rights you may have had?

930

- 1 ☐ Lost all seniority rights
2 ☐ Lost some seniority rights
3 ☐ Did not lose any seniority rights
4 ☐ No seniority rights before the move

b. Any pension or retirement plans you may have had other than Social Security?

931

- 1 ☐ Lost all pension or retirement rights
2 ☐ Lost some pension or retirement rights
3 ☐ Did not lose any pension or retirement rights
4 ☐ No pension or retirement plan (other than Social Security) before the move

c. Your earnings?

932

- 1 ☐ Raised
2 ☐ Lowered
3 ☐ Unchanged

116. How did the move affect your overall employment opportunities?

933

- 1 ☐ Improved greatly
2 ☐ Improved somewhat
3 ☐ Worsened somewhat
4 ☐ Worsened greatly
5 ☐ No affect

117. Were you married (or living with partner) at the time you moved?

934

- 1 ☐ Yes – ASK 118
2 ☐ No – SKIP to 135

118. Did your wife (partner) move here too?

935

- 1 ☐ Yes – ASK 119
2 ☐ No – SKIP to 135

119. Did she move here in the same month and year as you did?

936

- 1 ☐ Yes – SKIP to 121
2 ☐ No – ASK 120

120. In what month and year did she move?

937

Month	

938

Year			
1	9		

121. Was your wife (partner) looking for work or on layoff right BEFORE you moved here?

939

- 1 ☐ Yes
2 ☐ No

122. Was your wife (partner) looking for work or on layoff right AFTER you moved here?

940

- 1 ☐ Yes
2 ☐ No

123. Was your wife (partner) employed at any time in the 12-month period just BEFORE the move?

941

- 1 ☐ Yes
2 ☐ No

Section VII – GEOGRAPHIC MOBILITY – Continued

124. Was your wife (partner) employed at any time in the 12-month period just AFTER the move?

- (942) 1 ☐ Yes
2 ☐ No

CHECK
ITEM KK

Refer to items 123 and 124

- (943) 1 ☐ "Yes" in items 123 and 124 – ASK 125
2 ☐ "No" in items 123 and 124 – SKIP to 134
3 ☐ All others – SKIP to Check Item LL

125. Did your wife (partner) continue to work for the same employer AFTER the move as she had before?

- (944) 1 ☐ Yes – ASK 126
2 ☐ No – SKIP to 129

126. Was your wife (partner) employed in the same location before and after the move or was she transferred or reassigned to a new location?

- (945) 1 ☐ Same location – SKIP to 135
2 ☐ Transferred or reassigned – ASK 127

127. Was she transferred here mainly because she wanted to come here or was it mainly because her employer wanted her here?

- (946) 1 ☐ Wanted to come
2 ☐ Employer wanted her here } SKIP to 132

CHECK
ITEM LL

Refer to item 124

- (947) 1 ☐ "Yes" in 124 – SKIP to 129
2 ☐ "No" in 124 – ASK 128

128. Did your wife (partner) want employment AFTER the move?

- (948) 1 ☐ Yes
2 ☐ No } SKIP to 134

129. Did your wife (partner) go to work for a new employer AFTER the move, or did she work for herself?

- (949) 1 ☐ New employer – ASK 130
2 ☐ Self-employed
3 ☐ Other – Specify _____ } SKIP to 134

130. Did she have a new job arranged before the move?

- (950) 1 ☐ Yes
2 ☐ No

131. About when did she start to work for the new employer?

(951)

Month	

(952)

Year	
1	9

CHECK
ITEM MM

Refer to item 123, page 47

- (953) 1 ☐ "No" in 123 – SKIP to 134
2 ☐ "Yes" in 123 – ASK 132

Section VII – GEOGRAPHIC MOBILITY – Continued

<p>132. In general, how does she like her work here compared with the work she did before her move?</p>	<p>(954) 1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> About the same</p>
<p>133. How did the move affect – a. Any seniority rights she may have had?</p>	<p>(955) 1 <input type="checkbox"/> Lost all seniority rights 2 <input type="checkbox"/> Lost some seniority rights 3 <input type="checkbox"/> Did not lose any seniority rights 4 <input type="checkbox"/> No seniority rights before the move</p>
<p>b. Any pension or retirement plans she may have had other than Social Security?</p>	<p>(956) 1 <input type="checkbox"/> Lost all pension or retirement rights 2 <input type="checkbox"/> Lost some pension or retirement rights 3 <input type="checkbox"/> Did not lose any pension or retirement rights 4 <input type="checkbox"/> No pension or retirement plan (other than Social Security) before the move</p>
<p>c. Her earnings?</p>	<p>(957) 1 <input type="checkbox"/> Raised 2 <input type="checkbox"/> Lowered 3 <input type="checkbox"/> Unchanged</p>
<p>134. How did the move affect her overall employment opportunities?</p>	<p>(958) 1 <input type="checkbox"/> Improved greatly 2 <input type="checkbox"/> Improved somewhat 3 <input type="checkbox"/> Worsened somewhat 4 <input type="checkbox"/> Worsened greatly 5 <input type="checkbox"/> No affect</p>
<p>135. Did you have any friends or relatives living here before you moved here?</p>	<p>(959) 1 <input type="checkbox"/> Yes – ASK 136 2 <input type="checkbox"/> No – SKIP to 137</p>
<p>136. In making your decision to move here, how important to you was it to have friends or relatives living here?</p>	<p>(960) 1 <input type="checkbox"/> Very important 2 <input type="checkbox"/> Somewhat important 3 <input type="checkbox"/> Not very important 4 <input type="checkbox"/> Not important at all</p>
<p>Refer to record card items 14 and 15. 137. 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?</p>	<p><input type="checkbox"/> Yes – Verify addresses and telephone numbers of two contacts. <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.</p>

Notes

NOTES

Section VIII – 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 ☐ Unable to work

5 ☐ Other – Specify

} END of questions

B. For whom did you work?

1. If filled, transfer name of employer to 138R

2. If blank, mark "Not employed in 1980" in 138R

**WHEN THE TRANSCRIPTION HAS BEEN COMPLETED IN ITEM 138R,
BEGIN THE REGULAR INTERVIEW WITH ITEM 1.**

INFORMATION SHEET
(Data from previous interviews)

138R. Name of employer in 1980

☐ Not employed in 1980

139R. Date of 1980 interview or 10/01/80 if noninterview in 1980

Month		Day		Year	

961

140R. Date of 1978 interview if noninterview in 1980


Month		Day		Year	

962

141R. Marital status at time of last interview

- 963 1 ☐ Married, spouse present
2 ☐ Married, spouse absent
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married

142R. Type of training enrolled in as of 1980 interview

- 964 1 ☐ Professional, technical
2 ☐ Managerial
3 ☐ Clerical
4 ☐ Skilled manual (including apprenticeship)
5 ☐ Sales
6 ☐ Services
7 ☐ Other – Specify 

8 ☐ Not enrolled in training

9 ☐ Noninterview in 1980

143R. Town/city (county) of residence in 1971 (1970 residence if noninterview in 1971)

144R. Date of 1971 interview (date of 1970 interview if noninterview in 1971)

Month		Day		Year	

965