

Section III – WORK ATTITUDES

54. We are interested in your opinion about the employment of wives. (Hand flashcard B 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

a. Modern conveniences permit a wife to work without neglecting her family.

0611

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

b. A woman's place is in the home, not in the office or shop.

0612

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

c. A wife who carries out her full family responsibilities doesn't have time for outside employment.

0613

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

d. A working wife feels more useful than one who doesn't hold a job.

0614

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

e. The employment of wives leads to more juvenile delinquency.

0615

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

f. Employment of both parents is necessary to keep up with the high cost of living.

0616

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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.

0617

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

h. Men should share the work around the house with women, such as doing dishes, cleaning, and so forth.

0618

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

i. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.

0619

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

j. Women are much happier if they stay at home and take care of their children.

0620

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

k. A woman should not let bearing and rearing children stand in the way of a career if she wants it.

0621

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

55. 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 children between the ages of 6 and 12. (Hand flashcard C to respondent.) In each case, how do you feel about such a woman taking a full-time job outside the home — it is definitely all right, probably all right, probably not all right, or definitely not all right?

STATEMENTS

a. If it is absolutely necessary to make ends meet.

0622

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

b. If she wants to work and her husband agrees.

0623

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

c. If she prefers to work, even if her husband does not particularly like the idea.

0624

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Section III – WORK ATTITUDES – Continued

CHECK ITEM Y	<i>Refer to 157R on the Information Sheet.</i>	<div style="border: 1px solid black; padding: 5px;"> 0625 1 <input type="checkbox"/> Married spouse present 2 <input type="checkbox"/> Married spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married </div> <div style="margin-left: 150px;"> } <i>Fill Check Item Z1</i> } <i>SKIP to 56</i> </div>
CHECK ITEM Z1	<i>Refer to 158R on the Information Sheet.</i>	<div style="border: 1px solid black; padding: 5px;"> 0626 1 <input type="checkbox"/> In Labor Force Group A or B — ASK 55d 2 <input type="checkbox"/> In Labor Force Group C — SKIP to 55e </div>
55d. How does your husband feel about your working — does he like it very much, like it somewhat, not care either way, dislike it somewhat, or dislike it very much?		<div style="border: 1px solid black; padding: 5px;"> 0627 1 <input type="checkbox"/> Like it very much 2 <input type="checkbox"/> Like it somewhat 3 <input type="checkbox"/> Not care either way 4 <input type="checkbox"/> Dislike it somewhat 5 <input type="checkbox"/> Dislike it very much </div> <div style="margin-left: 150px;"> } <i>SKIP to 56</i> </div>
e. How do you think your husband would feel about your working now — would he like it very much, like it somewhat, not care either way, dislike it somewhat, or dislike it very much?		<div style="border: 1px solid black; padding: 5px;"> 0628 1 <input type="checkbox"/> Like it very much 2 <input type="checkbox"/> Like it somewhat 3 <input type="checkbox"/> Not care either way 4 <input type="checkbox"/> Dislike it somewhat 5 <input type="checkbox"/> Dislike it very much </div>
56. Now I'd like your opinion about homemaking activities. How do you feel about keeping house in your own home? Do you (read each answer category) —		<div style="border: 1px solid black; padding: 5px;"> 0629 1 <input type="checkbox"/> Like it very much? 2 <input type="checkbox"/> Like it somewhat? 3 <input type="checkbox"/> Dislike it somewhat? 4 <input type="checkbox"/> Dislike it very much? </div>
57a. In the past 5 years do you feel that, so far as work is concerned, you have been in any way discriminated against because of race, religion, sex, age, marital status, nationality, disability, or for any other reason?		<div style="border: 1px solid black; padding: 5px;"> 0630 1 <input type="checkbox"/> Yes — ASK 57b 2 <input type="checkbox"/> No — SKIP to 58a </div>
b. For what reason(s)? <i>Mark (X) all that apply.</i>		<div style="border: 1px solid black; padding: 5px;"> 0631 1 <input type="checkbox"/> Race * 2 <input type="checkbox"/> Religion 3 <input type="checkbox"/> Sex 4 <input type="checkbox"/> Age 5 <input type="checkbox"/> Marital status 6 <input type="checkbox"/> Nationality <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">0632</div> * 7 <input type="checkbox"/> Disability 8 <input type="checkbox"/> Other — <i>Specify</i> ↓ </div>
c. In what way(s) have you been discriminated against? <i>Mark (X) all that apply.</i>		<div style="border: 1px solid black; padding: 5px;"> 0633 1 <input type="checkbox"/> Not hired or interviewed * 2 <input type="checkbox"/> Not promoted or assigned to certain jobs 3 <input type="checkbox"/> Demoted or laid-off (actual or threatened) 4 <input type="checkbox"/> General company discrimination 5 <input type="checkbox"/> Paid less for same work 6 <input type="checkbox"/> Other — <i>Specify</i> ↓ </div>

Section III — WORK ATTITUDES — Continued

58a. Now I would like to ask you a few questions about work around the home (even though you live alone). Would you say that — week in and week out — you have the sole responsibility, someone else has the sole responsibility, or that you share the responsibility with someone else for —

If column (b) or (c) is marked, ASK —
b. Who usually performs this task or shares it with you?

If column (b) is marked, ASK —
c. Would you say that you are responsible for this task — less than half of the time, about half of the time or more than half of the time?

	Respondent has sole responsibility (a)	Respondent shares responsibility with others (b)	Others have responsibility (c)	Not applicable (d)	Husband (e)	Children (f)	Hired help (g)	Other (h)	Less than half of the time (i)	About half of the time (j)	More than half of the time (k)
(1) Grocery shopping? ...	0634 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0635 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0636 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(2) Child care, including helping with children?	0637 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0638 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0639 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(3) Cooking?	0640 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0641 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0642 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) Cleaning the dishes after meals?	0643 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0644 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0645 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(5) Cleaning the house?	0646 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0647 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0648 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(6) Washing the clothes?	0649 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0650 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0651 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(7) Yard and home maintenance?	0652 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0653 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0654 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(8) Family paperwork, like paying bills and balancing the check-book?	0655 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0656 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0657 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

d. How many hours per week would you say you usually spend doing these and other household tasks?

0658 _____ Hours per week
 0 ☐ None

e. Do you regularly spend time helping or taking care of a relative or friend who does not live in your household?

0659 1 ☐ Yes — ASK 58f
 2 ☐ No — SKIP to Check Item Z2

f. About how many hours per week do you spend doing this?

0660 _____ Hours per week

NOTES

Section IV – HEALTH

CHECK ITEM Z2

Refer to item 158R on the Information Sheet.

- 0661 1 ☐ Respondent in Labor Force Group A –
SKIP to 60a
2 ☐ All others – ASK 59a

59a. Does your health or physical condition prevent you from working altogether?

- 0662 1 ☐ Yes – ASK 59b
2 ☐ No – SKIP to 60a

b. When did you become unable to work altogether?

- 0663 Month
0664 Year
1 9
SKIP to Check Item AA

60a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?

- 0665 1 ☐ Yes – ASK 60b
2 ☐ No – SKIP to 61a

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

- 0666 _____ Years
AND
0667 _____ Months

61a. In the past 5 years has your health ever prevented you from working for 6 or more months in a row?

- 0668 1 ☐ Yes – ASK 61b
2 ☐ No – SKIP to Check Item AA

b. How long were you prevented from working?

Most recent if more than one.

- 0669 _____ Years
AND
0670 _____ Months

c. When did you recover?

- 0671 Month
0672 Year
1 9
0673 1 ☐ Not yet recovered

CHECK ITEM AA

Refer to item 158R on the Information Sheet.

- Respondent is in –
0674 1 ☐ Labor Force Group A – ASK 62
2 ☐ All others – SKIP to 63a

SHOW FLASHCARD D

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

Mark (X) all that apply.

- 0675 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
0676 7 ☐ Reach for supplies, materials, etc.
* 8 ☐ Use hands and fingers to manipulate supplies, equipment, etc.
9 ☐ Read printed documents, books, instructions, etc.
0677 10 ☐ Hear special sounds (signals, directions, etc.)
0678 11 ☐ Deal with people

Section IV — HEALTH — Continued

SHOW FLASHCARD E		0679	1 <input type="checkbox"/> Yes — ASK 63b 2 <input type="checkbox"/> No — SKIP to 63c
63a. Do you ever have any difficulty performing any of the activities on this card?			
b. Which ones? Mark (X) each activity mentioned.		For each activity marked, ASK — Can you ... at all?	
		Yes	No
<input type="checkbox"/> Walking	0680	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Using stairs or inclines	0681	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Standing for long periods of time	0682	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Sitting for long periods	0683	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Stooping, kneeling, or crouching	0684	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Lifting or carrying weights up to 10 lbs.	0685	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Lifting or carrying heavy weights	0686	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Reaching	0687	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Using hands and fingers	0688	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Seeing (even with glasses)	0689	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Hearing	0690	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Dealing with people	0691	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Other — Specify	0692	1 <input type="checkbox"/>	2 <input type="checkbox"/>
SHOW FLASHCARD F		0693	1 <input type="checkbox"/> Yes — ASK 63d 2 <input type="checkbox"/> No — SKIP to 63e
c. Are there any things on this card that bother you enough to be a problem?			
d. Which ones? Mark (X) each problem mentioned.		0694	1 <input type="checkbox"/> Pain
		*	2 <input type="checkbox"/> Tiring easily, no energy
			3 <input type="checkbox"/> Weakness, lack of strength
			4 <input type="checkbox"/> Aches, swelling, sick feeling
			5 <input type="checkbox"/> Fainting spells, dizziness
			6 <input type="checkbox"/> Nervousness, tension, anxiety, depression
		0695	7 <input type="checkbox"/> Shortness of breath, trouble breathing
		*	8 <input type="checkbox"/> Other — Specify _____
SHOW FLASHCARD G		0696	1 <input type="checkbox"/> Fumes, dust, or smoke
e. Which of these conditions would you have trouble working under BECAUSE OF YOUR HEALTH?		*	2 <input type="checkbox"/> Hot places
Mark (X) each condition mentioned.			3 <input type="checkbox"/> Cold places
			4 <input type="checkbox"/> Damp places
			5 <input type="checkbox"/> Noise or vibrations
		0697	6 <input type="checkbox"/> Confusion or disorder
		*	7 <input type="checkbox"/> Working indoors
			8 <input type="checkbox"/> Working outdoors
		0698	9 <input type="checkbox"/> Other — Specify _____
			10 <input type="checkbox"/> None
f. Are you able to go outdoors without help from another person?		0699	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Are you able to use public transportation, such as trains or buses, without help from another person?		0700	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Do you ever need help from others in looking after your personal care, such as dressing, bathing, eating, and other daily activities?		0701	1 <input type="checkbox"/> Yes — ASK 63i 2 <input type="checkbox"/> No — SKIP to 63j
i. Would you say you need this kind of help frequently, occasionally, or rarely?		0702	1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Rarely
j. During the past 5 years, has your health condition become better, worse, or remained about the same?		0703	1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> Same

Section IV — HEALTH — Continued

<input type="checkbox"/> "No" marked in 63a and c — SKIP to 65a 64a. Are any of the problems you have told me about the result of an accidental injury?		0704	<input type="checkbox"/> Yes — ASK 64b <input type="checkbox"/> No — SKIP to 64f
b. Was there more than one accident?		0705	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If "Yes" in 64b, read this statement before asking 64c — I would like you to answer the following questions about the accident which had the most serious effect on your health.		0706	<input type="checkbox"/> Yes — ASK 64d <input type="checkbox"/> No — SKIP to 64e
c. Did this accident occur while you were on the job?		0707	<input type="checkbox"/> By a moving motor vehicle <input type="checkbox"/> Tripped or fell <input type="checkbox"/> Struck by falling object <input type="checkbox"/> Machinery <input type="checkbox"/> Burned <input type="checkbox"/> Other — Specify _____
d. How were you injured? Mark (X) all that apply.		0707	
e. When were you injured?		0708	Month <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>
		0709	Year <div style="border: 1px solid black; width: 60px; height: 20px; margin: 2px; display: flex; align-items: center;"> <div style="border-right: 1px solid black; width: 20px; text-align: center;">1</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">9</div> <div style="width: 20px;"></div> </div>
f. Are any of these problems the result of the kind of work you (do/did) or the kind of place you (work/worked)?		0710	<input type="checkbox"/> Yes <input type="checkbox"/> No
65a. Does the health condition of any family member living here affect the KIND or AMOUNT of work you can do or where you can work?		0711	<input type="checkbox"/> Yes — ASK 65b <input type="checkbox"/> No — SKIP to Check Item BB
b. Which family member is this? Mark (X) all that apply.		0712	<input type="checkbox"/> Husband <input type="checkbox"/> Son or daughter <input type="checkbox"/> Respondent's parent(s) <input type="checkbox"/> Husband's parent(s) <input type="checkbox"/> Sister or brother <input type="checkbox"/> Other relative — Specify <u>X</u>
CHECK ITEM BB	Refer to 157R on the Information Sheet.	0713	<input type="checkbox"/> Married, spouse present <input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Other — SKIP to Check Item CC1
		} ASK 66	
66. Does your husband's health or physical condition limit the amount or kind of work he can do?		0714	<input type="checkbox"/> Yes — ASK 67 <input type="checkbox"/> No — SKIP to Check Item CC1
67. How long has he been limited in this way?		0715	_____ Years AND
		0716	_____ Months
CHECK ITEM CC1	Refer to 158R on the Information Sheet.	0717	<input type="checkbox"/> Respondent is currently in Labor Force Group A or B — ASK 68a <input type="checkbox"/> Respondent is currently in Labor Force Group C — SKIP to 69
68a. If, by some chance, you (and your husband) were to get enough money to live comfortably without working, do you think you would work anyway?		0718	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
b. What would you say is the most important thing about any job — good wages or liking the kind of work you are doing?		0719	<input type="checkbox"/> Good wages <input type="checkbox"/> Liking the work

Section V — INCOME

69. In 1981 what was the total income of family members here?	0720 \$ _____ . 00
70a. Is this (house/apartment) owned or being bought by you (or your husband)?	0721 2 <input type="checkbox"/> No — SKIP to 70d 1 <input type="checkbox"/> Yes — ASK 70b
b. About how much do you think this property would sell for on today's market?	0722 \$ _____ . 00
c. About how much do you (or your husband) owe on this property for mortgages, back taxes, home improvement loans, etc.?	0723 \$ _____ . 00
d. In 1981, did you (and your husband) live in public housing or pay lower rent because of subsidies from state, federal, or local government?	0724 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes
71a. Do you (or your husband) have any money in savings or checking accounts, savings and loan companies, money market funds, or credit unions?	0725 2 <input type="checkbox"/> No — SKIP to 72 1 <input type="checkbox"/> Yes — ASK 71b
b. How much altogether?	0726 \$ _____ . 00
72. Do you (or your husband) have any —	0727 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes — What is their face value? ↗
a. U.S. Savings Bonds?	0728 \$ _____ . 00
b. Stocks, bonds, or shares in mutual funds?	0729 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes — What is their market value? ↗
	0730 \$ _____ . 00
c. Personal loans to others or mortgages you hold (money owed to you by other people)?	0731 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes — How much? ↗
	0732 \$ _____ . 00
73a. Do you (or your husband) rent, own, or have an investment in a farm?	0733 2 <input type="checkbox"/> No — SKIP to 74a 1 <input type="checkbox"/> Yes — ASK 73b
b. What is the total market value of your farm operation? (Include value of land, buildings, house, if you own them, and the equipment, livestock, stored crops, and other assets. Do not include crops held under Commodity Credit Loans.)	0734 \$ _____ . 00
c. Does that include the value of this house?	0735 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes
d. How much do you owe on mortgages or other debts in connection with the farm itself, the equipment, livestock, or anything else? (Do not count Commodity Credit Loans.)	0736 \$ _____ . 00 0 <input type="checkbox"/> None
74a. Do you (or your husband) own or have an investment in a business or professional practice?	0737 2 <input type="checkbox"/> No — SKIP to 75a 1 <input type="checkbox"/> Yes — ASK 74b
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 husband's share only.)	0738 \$ _____ . 00
c. What is the total amount of debts or liabilities owed by the business? (Include respondent's and husband's share of all liabilities, as carried on the books.)	0739 \$ _____ . 00 0 <input type="checkbox"/> None

Section V — INCOME — Continued

75a. Do you (or your husband) own any other real estate — not counting the property on which you are living?

0740 2 ☐ No — SKIP to 76a
1 ☐ Yes — ASK 75b

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

0741 \$ _____ . 00

c. How much do you (or your husband) owe on this property for mortgages, back taxes, loans, etc.? (Mortgages include deeds of trust, land contracts, contracts for deed, etc.)

0742 \$ _____ . 00
0 ☐ None

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

0743 \$ _____ . 00
0 ☐ None

76a. Do you (or your husband) own any automobiles, vans, trucks, or motorcycles?

0744 2 ☐ No — SKIP to 77a
1 ☐ Yes — ASK 76b

b. How many of each?

0745 _____ Automobiles

0746 _____ Vans or trucks

0747 _____ Motorcycles

77a. Aside from any debts you have already mentioned, do you (or your husband) now owe any money to stores, doctors, hospitals, banks, or anyone else, excluding 30-day charge accounts?

0748 2 ☐ No — SKIP to 78
1 ☐ Yes — ASK 77b

b. How much altogether?

0749 \$ _____ . 00

78. Now I would like to ask a few questions about your income in 1981.

a. In 1981 how much did you receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

0750 \$ _____ . 00
0 ☐ None

b. In 1981 did you receive any —

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

0751 2 ☐ No — SKIP to 78b(2)
1 ☐ Yes — How much?

0752 \$ _____ . 00

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

0753 1 ☐ Loss amount

0754 OFFICE USE

(2) Unemployment compensation?

0755 2 ☐ No — SKIP to 78b(3)
1 ☐ Yes — ASK 78b(2)(a)

(a) How many weeks?

0756 _____ Weeks

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

0757 \$ _____ . 00 per week

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

0758 2 ☐ No — SKIP to 78b(4)
1 ☐ Yes — ASK 78b(3)(a)

(a) How many weeks?

0759 _____ Weeks

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

0760 \$ _____ . 00 per week

Section V — INCOME — Continued

78b. Continued

In 1981 did you receive any —

(4) Social Security payments such as retired worker, spouse survivors benefits or Railroad Retirement benefits? (Do not include disability payments.)

0761 2 ☐ No — SKIP to 78c
1 ☐ Yes — ASK 78b(4)(a)

(a) How many months?

0762 _____ Months

(b) How much per month on the average?

0763 \$ _____ . 00 per month

c. In 1981 did you receive income as a result of disability or illness such as —

If "Yes," list amount received during 1981.

(1) Veteran's compensation or pension?

0764 2 ☐ No
1 ☐ Yes — How much?

0765 \$ _____ . 00

(2) Worker's compensation?

0766 2 ☐ No
1 ☐ Yes — How much?

0767 \$ _____ . 00

(3) Social Security disability payment?

0768 2 ☐ No
1 ☐ Yes — How much?

0769 \$ _____ . 00

(4) Any other disability payment? Specify

0770 2 ☐ No
1 ☐ Yes — How much?

0771 \$ _____ . 00

79a. In 1981, did you receive any pension income from any source other than Social Security or Railroad Retirement?

0772 2 ☐ No — SKIP to Check Item CC2
1 ☐ Yes — ASK 79b

b. Did you receive pension income from —

If "Yes," list amount received during 1981.

(1) Private employer?

0773 2 ☐ No
1 ☐ Yes — How much?

0774 \$ _____ . 00

(2) Military?

0775 2 ☐ No
1 ☐ Yes — How much?

0776 \$ _____ . 00

(3) Federal government (civilian)?

0777 2 ☐ No
1 ☐ Yes — How much?

0778 \$ _____ . 00

(4) State or local government?

0779 2 ☐ No
1 ☐ Yes — How much?

0780 \$ _____ . 00

Section V — INCOME — Continued

79b. Continued

Did you receive pension income from —
If "Yes," list amount received during 1981.

(5) Union?

0781 2 ☐ No

1 ☐ Yes — **How much?**

0782 \$ _____ . **00**

(6) A personal plan such as IRA or KEOGH?

0783 2 ☐ No

1 ☐ Yes — **How much?**

0784 \$ _____ . **00**

(7) Other sources? Specify,

0785 2 ☐ No

1 ☐ Yes — **How much?**

0786 \$ _____ . **00**

**CHECK
ITEM CC2**

Refer to 157R on the Information Sheet.

0787 1 ☐ Married, spouse present

2 ☐ Married, spouse absent

3 ☐ Other — **SKIP to 82, page 37**

ASK 80

80. Now I would like to ask a few questions about your husband's income in 1981.

a. In 1981 how much did your husband receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

0788 \$ _____ . **00**

0 ☐ None

b. In 1981 did your husband receive any —

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

0789 2 ☐ No — **SKIP to 80b(2)**

1 ☐ Yes — **How much?**

0790 \$ _____ . **00**

0791 1 ☐ Loss amount

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

0792

OFFICE USE

(2) Unemployment compensation?

0793 2 ☐ No — **SKIP to 80b(3)**

1 ☐ Yes — **ASK 80b(2)(a)**

(a) How many weeks?

0794 _____ Weeks

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

0795 \$ _____ . **00** per week

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

0796 2 ☐ No — **SKIP to 80b(4)**

1 ☐ Yes — **ASK 80b(3)(a)**

(a) How many weeks?

0797 _____ Weeks

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

0798 \$ _____ . **00** per week

Section V – INCOME – Continued

80b. Continued

In 1981 did your husband receive any –

(4) Social Security payments such as retired worker, spouse survivors benefits or Railroad Retirement benefits? (Do not include disability payments.)

0799 2 ☐ No – *SKIP to 80c*
1 ☐ Yes – *ASK 80b(4)(a)*

(a) How many months?

0800 _____ Months

(b) How much per month on the average?

0801 \$ _____ . **00** per month

c. In 1981 did your husband receive income as a result of disability or illness such as –

If "Yes," list amount received during 1981.

(1) Veteran's compensation or pension?

0802 2 ☐ No
1 ☐ Yes – **How much?**

0803 \$ _____ . **00**

(2) Worker's compensation?

0804 2 ☐ No
1 ☐ Yes – **How much?**

0805 \$ _____ . **00**

(3) Social Security disability payment?

0806 2 ☐ No
1 ☐ Yes – **How much?**

0807 \$ _____ . **00**

(4) Any other disability payment? Specify

0808 2 ☐ No
1 ☐ Yes – **How much?**

0809 \$ _____ . **00**

81a. In 1981, did your husband receive any pension income from any source other than Social Security or Railroad Retirement?

0810 2 ☐ No – *SKIP to 82*
1 ☐ Yes – *ASK 81b*

b. Did your husband receive pension income from –

If "Yes," list amount received during 1981.

(1) Private employer?

0811 2 ☐ No
1 ☐ Yes – **How much?**

0812 \$ _____ . **00**

(2) Military?

0813 2 ☐ No
1 ☐ Yes – **How much?**

0814 \$ _____ . **00**

(3) Federal government (civilian)?

0815 2 ☐ No
1 ☐ Yes – **How much?**

0816 \$ _____ . **00**

(4) State or local government?

0817 2 ☐ No
1 ☐ Yes – **How much?**

0818 \$ _____ . **00**

Section V — INCOME — Continued

81b. Continued

Did your husband receive pension income from —
If "Yes," list amount received during 1981.

(5) Union?

0819 2 ☐ No
1 ☐ Yes — **How much?**

0820 \$ _____ . 00

(6) A personal plan such as IRA or KEOGH?

0821 2 ☐ No
1 ☐ Yes — **How much?**

0822 \$ _____ . 00

(7) Other sources? Specify

0823 2 ☐ No
1 ☐ Yes — **How much?**

0824 \$ _____ . 00

82. In 1981, did you (or your husband) receive —
a. Any income from operating a farm?

0825 2 ☐ No
1 ☐ Yes — **How much?**

0826 \$ _____ . 00

0827 1 ☐ Loss amount

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

0828

OFFICE USE

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

0829 2 ☐ No
1 ☐ Yes — **How much?**

0830 \$ _____ . 00

0831 1 ☐ Loss amount

0832

OFFICE USE

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

0833 2 ☐ No
1 ☐ Yes — **How much?**

0834 \$ _____ . 00

NOTES

Section V — INCOME — Continued

83a. In 1981, did you (or your husband) receive any food stamps under the Government's Food Stamp Plan?	0835 2 <input type="checkbox"/> No — SKIP to 84a 1 <input type="checkbox"/> Yes — ASK 83b
b. In how many months did you (or your husband) receive stamps?	0836 _____ Months
c. In the most recent month food stamps were received, what was the total face value of the food stamps received?	0837 \$ _____ . 00 per month
84a. During 1981, did you (or your husband) receive any income from Aid to Families with Dependent Children?	0838 2 <input type="checkbox"/> No — SKIP to 85a 1 <input type="checkbox"/> Yes — ASK 84b
b. How many months?	0839 _____ Months
c. How much did you receive per month on the average?	0840 \$ _____ . 00 per month
85a. In 1981, did you (or your husband) receive any Supplemental Security Income or any other public assistance from the local, state or federal government?	0841 2 <input type="checkbox"/> No — SKIP to 86 1 <input type="checkbox"/> Yes — ASK 85b
b. How many months?	0842 _____ Months
c. How much did you receive per month on the average?	0843 \$ _____ . 00 per month
86. During 1981, did you (or your husband) receive any alimony?	0844 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes — How much? 0845 \$ _____ . 00
87. During 1981, did you (or your husband) receive any child support?	0846 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes — How much? 0847 \$ _____ . 00
88. In 1981, did you (or your husband) receive any contributions from family members living elsewhere?	0848 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes — How much? 0849 \$ _____ . 00
89. In 1981, did you (or your husband) receive any other type of income, for example royalties, annuities, etc.?	0850 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes — How much? 0851 \$ _____ . 00
CHECK ITEM DD Refer to item 45, page 22.	0852 1 <input type="checkbox"/> Only respondent (and husband/and their children under 14) listed in item 45 — SKIP to 91 2 <input type="checkbox"/> Other family members listed in 45 — ASK 90
90. In 1981, what was the total income of ALL family members living here, OTHER THAN you and your husband?	0853 13 <input type="checkbox"/> Nothing 1 <input type="checkbox"/> Under \$1,000 2 <input type="checkbox"/> \$1,000 — \$1,999 3 <input type="checkbox"/> 2,000 — 2,999 4 <input type="checkbox"/> 3,000 — 3,999 5 <input type="checkbox"/> 4,000 — 4,999 6 <input type="checkbox"/> 5,000 — 5,999 7 <input type="checkbox"/> 6,000 — 7,499 8 <input type="checkbox"/> 7,500 — 9,999 9 <input type="checkbox"/> 10,000 — 14,999 10 <input type="checkbox"/> 15,000 — 24,999 11 <input type="checkbox"/> 25,000 and over 12 <input type="checkbox"/> Don't know

Section V — INCOME — Continued

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

Read each answer category.

- 0854 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

92a. Since (date in 153R) have you had any children?

- 0855 1 ☐ Yes — ASK 92b
 2 ☐ No — SKIP to 93a

92b. Now I have a few questions about each child who has been born to you since (date in 153R).

Line No.	What are their names? 92c.	What is ...'s sex? Circle 1 — Male 2 — Female 92d.	What is ...'s date of birth? 92e.			Is ... living? Circle 1 — Yes — ASK 92g 2 — No — Go to next child 92f.	Is ... still living in your home? Circle 1 — Yes — Go to next child 2 — No — ASK 92h 92g.	When did ... leave home? 92h.	
			Mo.	Day	Yr.			Mo.	Yr.
1		0856 1 2	0857			0858 1 2	0859 1 2	0860	
2		0861 1 2	0862			0863 1 2	0864 1 2	0865	
3		0866 1 2	0867			0868 1 2	0869 1 2	0870	
4		0871 1 2	0872			0873 1 2	0874 1 2	0875	
5		0876 1 2	0877			0878 1 2	0879 1 2	0880	

93a. Since (date in 153R) have you adopted any children or did your husband have children who came to live with you?

- 0881 1 ☐ Yes — ASK 93b
 2 ☐ No — SKIP to Check Item EE

b. How many children?

0882 _____ Number

94. Now I have a few questions about any adopted children or children of your husband(s) who came to live with you (since date in 153R).

Line No.	What are their names? 94a.	What is ...'s sex? Circle 1 — Male 2 — Female 94b.	What is ...'s date of birth? 94c.			In what year did ... come into your household? 94d.	Is ... adopted? Circle 1 — Yes 2 — No 94e.	Is ... living? Circle 1 — Yes — ASK 94g 2 — No — Go to next child 94f.	Is ... currently living in your home? Circle 1 — Yes — Go to next child 2 — No — ASK 94h 94g.	When did ... leave your home? 94h.	
			Mo.	Day	Yr.					Mo.	Yr.
1		0885 1 2	0886			0887	0888 1 2	0889 1 2	0890 1 2	0891	
2		0892 1 2	0893			0894	0895 1 2	0896 1 2	0897 1 2	0898	
3		0899 1 2	0900			0901	0902 1 2	0903 1 2	0904 1 2	0905	
4		0906 1 2	0907			0908	0909 1 2	0910 1 2	0911 1 2	0912	
5		0913 1 2	0914			0915	0916 1 2	0917 1 2	0918 1 2	0919	

Section VI — RETIREMENT

CHECK ITEM EE

Refer to 158R, on the Information Sheet.

0920

- 1 ☐ Respondent in Labor Force Group A } **SKIP to 96**
 2 ☐ Respondent in Labor Force Group B }
 3 ☐ Respondent in Labor Force Group C — ASK 95

95. Do you expect to take a job for pay at some time in the future?

0921

- 1 ☐ Yes — ASK 96
 2 ☐ No
 3 ☐ Don't know, maybe } **SKIP to 97a**

96. At what age do you expect to stop working at a regular job?

0922

_____ Age

0923

- 1 ☐ Don't know
 2 ☐ Already stopped
 3 ☐ Don't plan to stop

97a. When you reach retirement age will you be eligible on the basis of your own work experience to receive Social Security or Railroad Retirement Benefits?

0924

- 1 ☐ Yes — ASK 97b
 2 ☐ No
 3 ☐ Don't know } **SKIP to Check Item FF**

b. About how many years have you been employed in jobs covered by Social Security or Railroad Retirement?

0925

_____ Years

0926

- 1 ☐ Don't know

CHECK ITEM FF

Refer to 158R, on the Information Sheet.

0927

- 1 ☐ Respondent in Labor Force Group A — Go to Check Item GG
 2 ☐ All others — **SKIP to 98i**

CHECK ITEM GG

Refer to 156R, on the Information Sheet.

0928

- 1 ☐ Box "P" or "G" marked in 156R — ASK 98a
 2 ☐ All others — **SKIP to 98i**

98a. Does your employer or union have a pension plan other than Social Security or Railroad Retirement Benefits?

0929

- 1 ☐ Yes — ASK 98b
 2 ☐ No
 3 ☐ Don't know } **SKIP to 98i**

b. How many years of credit toward a pension do you already have with this employer?

0930

_____ Years

c. How many more years do you expect to work for this employer?

0931

_____ Years

d. If you stay on this job at what age would you first be eligible to receive pension benefits from this plan?

0932

_____ Age — **SKIP to 98f**

0933

- 1 ☐ Don't know — **SKIP to 98f**
 2 ☐ Already eligible — ASK 98e
 3 ☐ Never — **SKIP to 98h**

e. At what age did you become eligible?

0934

_____ Age — **SKIP to 98j**

f. If you left this job today, could you later start drawing a benefit?

0935

- 1 ☐ Yes — **SKIP to 98j**
 2 ☐ No
 3 ☐ Don't know } **ASK 98g**

g. Do you expect to work for this employer until you are eligible for a pension?

0936

- 1 ☐ Yes — **SKIP 98j**
 2 ☐ No
 3 ☐ Don't know } **SKIP to 98i**

Section VI — RETIREMENT — Continued

98h. Why will you never be eligible for benefits?

0937

- 1 ☐ Won't have worked long enough
- 2 ☐ Will get lump sum
- 3 ☐ Other reasons related to company rules
- 4 ☐ Other — *Specify* ↓

5 ☐ Don't know

i. (Besides Social Security) when you reach retirement age will you be eligible for a pension from any job you held in the past?

0938

- 1 ☐ Yes
- 2 ☐ Already receiving pension
- 3 ☐ No — *SKIP to Check Item HH*

} *SKIP to 98k*

j. Besides the pension you will receive from your current job (and Social Security), when you retire, will you be eligible for a pension from any job you held in the past?

0939

- 1 ☐ Yes — *ASK 98k*
- 2 ☐ No — *SKIP to Check Item HH*

k. Is this pension from —

Mark (X) all that apply.

0940

*

- 1 ☐ **A private employer?**
- 2 ☐ **Military?**
- 3 ☐ **Federal government (civilian)?**
- 4 ☐ **State, or local government?**
- 5 ☐ **A union?**
- 6 ☐ Other — *Specify* ↓

l. How many years (altogether) did you work on (that job/these jobs)?

0941

_____ Years

**CHECK
ITEM HH**

Refer to 157R on the Information Sheet.

0942

- 1 ☐ Respondent is married, spouse present
- 2 ☐ Respondent is married, spouse absent
- 3 ☐ Respondent is widow — *SKIP to 99i*
- 4 ☐ All others — *SKIP to 99p*

} *ASK 99a*

99a. At what age does your husband expect to stop working at a regular job?

0943

_____ Age — *SKIP to 99d*

0944

- 1 ☐ Does not plan to retire
- 2 ☐ Don't know
- 3 ☐ Already retired — *ASK 99b*

} *SKIP to 99d*

b. Is he eligible for Social Security or Railroad Retirement Benefits?

0945

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

c. Is he eligible for any (other) pension plan, such as a private employee, government employee or military retirement plan?

0946

- 1 ☐ Yes — *SKIP to 99j*
- 2 ☐ No
- 3 ☐ Don't know

} *SKIP to 99p*

d. When your husband reaches retirement age, will he be eligible for Social Security or Railroad Retirement Benefits?

0947

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Already receiving benefits
- 4 ☐ Don't know

e. Will your husband be eligible for a pension from his current job?

0948

- 1 ☐ Yes — *ASK 99f*
- 2 ☐ No
- 3 ☐ Don't know
- 4 ☐ Not working


} *SKIP to 99i*

Section VI — RETIREMENT — Continued

99f. Is this pension from —

Mark (X) all that apply.

0949

- *
 1 ☐ **A private employer?**
 2 ☐ **Military?**
 3 ☐ **Federal government (civilian)?**
 4 ☐ **State or local government?**
 5 ☐ **A union?**
 6 ☐ **Other — Specify** 

g. How many years has he worked at this job?

0950

____ Years

h. How many more years does he expect to work there?

0951

____ Years

i. Will your husband be eligible for any (other) pension from a job he held in the past or from military service?


0952

- 1 ☐ Yes — ASK 99j
 2 ☐ No
 3 ☐ Don't know } **SKIP to 99p**

j. Is this pension from —

Mark (X) all that apply.

0953

- *
 1 ☐ **A private employer?**
 2 ☐ **Military?**
 3 ☐ **Federal government (civilian)?**
 4 ☐ **State or local government?**
 5 ☐ **A union?**
 6 ☐ **Other — Specify** 

k. How many years (altogether) did he work for (this employer/these employers)?

0954

____ Years — **SKIP to 99p**

l. Will you be eligible to receive Social Security Survivors Benefits or Railroad Retirement Benefits from your husband's account when you are old enough?

0955

- 1 ☐ Yes
 2 ☐ No
 3 ☐ Already receiving
 4 ☐ Don't know

m. Will you be eligible to receive a (any other) survivor's benefits from any job your husband held or from his military service?


0956

- 1 ☐ Yes — ASK 99n
 2 ☐ No — **SKIP to 99p**
 3 ☐ Already receiving — ASK 99n
 4 ☐ Don't know — **SKIP to 99p**

n. Is this pension from —

Mark (X) all that apply.

0957

- *
 1 ☐ **A private employer?**
 2 ☐ **Military?**
 3 ☐ **Federal government (civilian)?**
 4 ☐ **State or local government?**
 5 ☐ **A union?**
 6 ☐ **Other — Specify** 

o. How many years (altogether) did he work for (that employer/those employers)?

0958

____ Years

p. Do you (or your husband) have an investment in a personal retirement plan such as an IRA or a KEOGH plan?

0959

- 1 ☐ Yes
 2 ☐ No

**CHECK
ITEM II**

Refer to 96, page 40.

0960

- 1 ☐ Respondent doesn't plan to stop working (Box "3" marked in 96) — **SKIP to 100b**
 2 ☐ All others — **Go to Check Item JJ**

Section VI — RETIREMENT — Continued

**CHECK
ITEM JJ**

Refer to 99a, page 41.

0961

- 1 ☐ Husband does not plan to retire (Box "1" marked in 99a) — SKIP to 100b
2 ☐ All others — ASK 100a

100a. In the order of their amounts, what would you say will be the three largest sources of income for you (and your husband) during retirement?

0962

(1) _____

0963

(2) _____

0964

(3) _____

0965

1 ☐ Don't know

SKIP to
101a

b. If, because of health or other reasons, (you/your husband) decided to retire at age 65, what would you say would be the three largest sources of income for you (and your husband) during retirement?

0966

(1) _____

0967

(2) _____

0968

(3) _____

0969

1 ☐ Don't know

NOTES

Section VII — EDUCATION

101a. Have you attended college since (date in 152R)?	0970 1 <input type="checkbox"/> Yes — ASK 101b 2 <input type="checkbox"/> No — SKIP to 102a
b. How many weeks did you attend college?	0971 _____ Weeks 0 <input type="checkbox"/> Less than 1 week
c. How many hours per week did you usually spend on college education?	0972 _____ Hours per week
d. What was your major field of study?	0973
e. Have you received a college degree since (date in 152R)?	0974 1 <input type="checkbox"/> Yes — ASK 101f 2 <input type="checkbox"/> No — SKIP to 102a
f. What degree was it?	0975 1 <input type="checkbox"/> Associate 2 <input type="checkbox"/> Bachelor's (B.A., B.S., A.B.) 3 <input type="checkbox"/> Masters (M.S., M.A., M.B.A.) 4 <input type="checkbox"/> Doctorate (PH.D, M.D., LL.B., J.D.) 5 <input type="checkbox"/> Other — Specify _____ <div style="text-align: right;">↙</div>
102a. Since (date in 152R), have you taken any on-the-job training courses?	0976 1 <input type="checkbox"/> Yes — ASK 102b 2 <input type="checkbox"/> No — SKIP to 103a
b. How many weeks have you spent in on-the-job training courses?	0977 _____ Weeks 0 <input type="checkbox"/> Less than 1 week
c. How many hours per week have you spent in this training?	0978 _____ Hours 0 <input type="checkbox"/> Less than 1 hour
d. Did you complete this training?	0979 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — dropped out 3 <input type="checkbox"/> No — still attending
103a. Since (date in 152R), have you taken any other training or educational programs other than on-the-job or college courses?	0980 1 <input type="checkbox"/> Yes — ASK 103b 2 <input type="checkbox"/> No — SKIP to 104
b. What kind of training course or educational program did you take?	0981 1 <input type="checkbox"/> Professional, technical 2 <input type="checkbox"/> Managerial 3 <input type="checkbox"/> Clerical 4 <input type="checkbox"/> Skilled manual (including apprenticeship) 5 <input type="checkbox"/> Sales 6 <input type="checkbox"/> Services 7 <input type="checkbox"/> Other — Specify _____
c. Where (did you take/are you taking) this training? Specify and then mark the appropriate box.	0982 1 <input type="checkbox"/> Business college, technical institute 2 <input type="checkbox"/> Company training school 3 <input type="checkbox"/> Correspondence school 4 <input type="checkbox"/> High school (including night school) 5 <input type="checkbox"/> Community or junior college 6 <input type="checkbox"/> Regular 4-year college or university 7 <input type="checkbox"/> Area vocational school 8 <input type="checkbox"/> Nursing school, hospital or medical school, or college 9 <input type="checkbox"/> Government agency (federal, state, or local) 10 <input type="checkbox"/> Apprenticeship 11 <input type="checkbox"/> Other — Specify _____ <div style="text-align: right;">↙</div>

Section VII — EDUCATION — Continued

103d. How long (did you attend/have you been attending) this training?

Record the number of weeks and mark "Still attending" box if applicable.

0983 _____ Weeks

- 0984** 1 ☐ Less than 1 week
2 ☐ Still attending

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

0985 _____ Hours

- 0 ☐ Less than 1 hour

**CHECK
ITEM KK**

Refer to 158R, on the Information Sheet.

- 0986** 1 ☐ Respondent is in Labor Force Group A ("1" in 158R) — ASK 103f
2 ☐ All others — SKIP to 103g


103f. Do you use this training on your present job?

- 0987** 1 ☐ Yes
2 ☐ No

g. Did you receive a certificate for this training?

- 0988** 1 ☐ Yes — ASK 103h
2 ☐ No — SKIP to 104

h. What kind of certificate?

- 0989** 1 ☐ Certificate
2 ☐ License
3 ☐ Journey worker's card
4 ☐ Other — Specify 

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

- 0990** 1 ☐ Very happy
2 ☐ Somewhat happy
3 ☐ Somewhat unhappy
4 ☐ Very unhappy

NOTES

Section VIII — GEOGRAPHIC MOBILITY

CHECK ITEM LL

Refer to 155R on the Information Sheet.
Is place of residence recorded in 155R the same (city/town/county) as respondent's current residence?

- 0991** 1 ☐ Yes — ASK 105a
2 ☐ No — SKIP to 105b

105a. Our records show that when we talked with you on (date entered in 154R) you were living in the same (city/ town/county) as you are now. Since (date entered in 154R), have you ever moved from (city/town/county) and then returned here again?

- 0992** 1 ☐ Yes — ASK 105b
2 ☐ No — SKIP to 147

b. When did you (last) move to this city, town, or county — was it during the last 12 months?

- 0993** 1 ☐ Yes
2 ☐ No

106. What month and year did you move (back) here?

0994

Month	

0995

Year	
1	9

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

0996

--	--

 Town or city

County (if no town or city)

State

ZIP code

108. How many miles is it to your residence in (entry in 107)?

0997 _____ Miles

109. How long had you lived in (entry in item 107) before you moved here?

0998 1 ☐ All my life

0999 _____ months

AND

1000 _____ Years

110. Why did you leave (entry in item 107)?

Read first SIX answer categories.

Mark (X) all that apply.

- 1001** 1 ☐ **Your employment**
* 2 ☐ **Your husband's employment**
3 ☐ **Your retirement**
4 ☐ **Your husband's retirement**
5 ☐ **Other family considerations**
6 ☐ **Community**
1002 7 ☐ No particular reason
* 8 ☐ Other — Specify ↘

111. Before you moved here, did you consider moving to other areas?

- 1003** 1 ☐ Yes — ASK 112
2 ☐ No — SKIP to 113

112. Why did you come here rather than to SOME OTHER PLACE?

Read first FIVE answer categories.

Mark (X) all that apply.

- 1004** 1 ☐ **Your employment**
* 2 ☐ **Your husband's employment**
3 ☐ **Other family considerations**
4 ☐ **Community**
5 ☐ No particular reason
6 ☐ Other — Specify ↘

Section VIII — GEOGRAPHIC MOBILITY — Continued

113. Were you looking for work or on layoff from a job right BEFORE you moved here?	1005	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
114. Were you looking for work or on layoff from a job right AFTER you moved here?	1006	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
115. Were you employed at any time in the 12-month period just before the move?	1007	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<div data-bbox="55 409 235 535">CHECK ITEM MM</div> <div data-bbox="235 409 803 535">Refer to 105b, page 46.</div>	1008	1 <input type="checkbox"/> Respondent moved in last 12 months ("Yes" in 105b) — ASK 116a 2 <input type="checkbox"/> All others — SKIP to 116b
<div data-bbox="55 535 803 598">If respondent is currently working, mark "Yes" without asking.</div> <div data-bbox="55 598 803 640">116a. Have you been employed since you moved here?</div>	1009	1 <input type="checkbox"/> Yes — SKIP to Check Item NN 2 <input type="checkbox"/> No — SKIP to 126a
<div data-bbox="55 640 803 745">b. Were you employed at any time in the 12-month period just after the move?</div>	1010	1 <input type="checkbox"/> Yes — SKIP to Check Item NN 2 <input type="checkbox"/> No — ASK 116c
<div data-bbox="55 745 803 808">If respondent is currently working, mark "Yes" without asking.</div> <div data-bbox="55 808 803 850">c. Have you ever been employed since you moved here?</div>	1011	1 <input type="checkbox"/> Yes — SKIP to 120 2 <input type="checkbox"/> No — SKIP to 126a
<div data-bbox="55 850 235 955">CHECK ITEM NN</div> <div data-bbox="235 850 803 955">Refer to 115.</div>	1012	1 <input type="checkbox"/> "Yes" in 115 — ASK 117 2 <input type="checkbox"/> "No" in 115 — SKIP to 121
117. Did you continue to work for the same employer after the move as you had before?	1013	1 <input type="checkbox"/> Yes — ASK 118 2 <input type="checkbox"/> No — SKIP to 121
118. Were you employed in the same location after the move or were you transferred or reassigned to a new location?	1014	1 <input type="checkbox"/> Same location — SKIP to 127 2 <input type="checkbox"/> Transferred or reassigned — ASK 119
119. Were you transferred here because you wanted to come here or was it because your employer wanted you here?	1015	1 <input type="checkbox"/> Wanted to come 2 <input type="checkbox"/> Employer wanted respondent transferred } SKIP to 124
120. Did you want employment during the 12 months after you moved?	1016	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 122
121. Did you have a new job arranged before the move?	1017	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
122. About when did you first start to work after your move?	1018	<div data-bbox="885 1459 982 1543"> Month <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> </div> <div data-bbox="885 1564 1079 1648"> Year <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; text-align: center;">1</div> <div style="width: 20px; height: 20px; text-align: center;">9</div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> </div>
123. Did you go to work for a new employer, were you self-employed, or were you working without pay in a family business or farm?	1020	1 <input type="checkbox"/> New employer 2 <input type="checkbox"/> Self-employed 3 <input type="checkbox"/> Without pay in family business/farm
<div data-bbox="55 1795 235 1890">CHECK ITEM OO</div> <div data-bbox="235 1795 803 1890">Refer to 115.</div>	1021	1 <input type="checkbox"/> "Yes" in 115 — ASK 124 2 <input type="checkbox"/> "No" in 115 — SKIP to 126b
124. In general, how do you like your work here compared with the work you did before you moved?	1022	1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> About the same

Section VIII — GEOGRAPHIC MOBILITY — Continued

125. How did the move affect —

a. Any seniority rights you may have had?

1023

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

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

1024

- 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 rights (other than Social Security) before the move

c. Your earnings?

1025

- 1 ☐ Raised
 - 2 ☐ Lowered
 - 3 ☐ Unchanged
- } **SKIP to 126b**

126a. Since your move, have you ever considered working outside the home?

1026

- 1 ☐ Yes — ASK 126b
- 2 ☐ No — SKIP to 127

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

1027

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

127. Were you married at the time you moved?

1028

- 1 ☐ Yes — ASK 128a
- 2 ☐ No — SKIP to 145

128a. Did your husband move here too?

1029

- 1 ☐ Yes — ASK 128b
- 2 ☐ No — SKIP to 145

b. Did he move here in the last 12 months?

1030

- 1 ☐ Yes
- 2 ☐ No

129. Did he move here in the same month and year as you did?

1031

- 1 ☐ Yes — SKIP to 131
- 2 ☐ No — ASK 130

130. In what month and year did he move?

1032

Month	

1033

Year			
1	9		

131. Was your husband looking for work or on layoff right before you moved here?

1034

- 1 ☐ Yes
- 2 ☐ No

132. Was your husband looking for work or on layoff right after you moved here?

1035

- 1 ☐ Yes
- 2 ☐ No

133. Was your husband employed at any time in the 12-month period just before his move?

1036

- 1 ☐ Yes
- 2 ☐ No

**CHECK
ITEM PP**

Refer to 128b.

1037

- 1 ☐ Husband moved in last 12 months ("Yes" in 128b) — ASK 134a
- 2 ☐ All others — SKIP to 134b

134a. Has your husband been employed since you moved here?

1038

- 1 ☐ Yes — SKIP to Check Item QQ
- 2 ☐ No — SKIP to 144a

Section VIII — GEOGRAPHIC MOBILITY — Continued

134b. Was your husband employed at any time in the 12-month period just after his move?

1039

- 1 ☐ Yes — SKIP to Check Item QQ
2 ☐ No — ASK 134c

c. Has your husband ever been employed since he moved here?

1040

- 1 ☐ Yes — SKIP to 138
2 ☐ No — SKIP to 144a

**CHECK
ITEM QQ**

Refer to 133, page 48.

1041

- 1 ☐ "Yes" in 133 — ASK 135
2 ☐ "No" in 133 — SKIP to 139

135. Did your husband continue to work for the same employer after the move as he had before?

1042

- 1 ☐ Yes — ASK 136
2 ☐ No — SKIP to 139

136. Was your husband employed in the same location after the move or was he transferred or reassigned to a new location?

1043

- 1 ☐ Same location — SKIP to 145
2 ☐ Transferred or reassigned — ASK 137

137. Was he transferred here because he wanted to come here or was it because his employer wanted him here?

1044

- 1 ☐ Wanted to come
2 ☐ Employer wanted him here } SKIP to 142

138. Did your husband want employment in the first 12 months after he moved?

1045

- 1 ☐ Yes
2 ☐ No } SKIP to 140

139. Did he have a job arranged before his move?

1046

- 1 ☐ Yes
2 ☐ No

140. About when did he first start to work after his move?

1047

Month	

1048

Year	
1	9

141. Did he go to work for a new employer, was he self-employed, or did he work without pay in a family business or farm?

1049

- 1 ☐ New employer
2 ☐ Self-employed
3 ☐ Without pay for family business/farm

**CHECK
ITEM RR**

Refer to 133, page 48.

1050

- 1 ☐ "Yes" in 133 — ASK 142
2 ☐ "No" in 133 — SKIP to 144

142. In general, how does he like his work here compared with the work he did before his move?

1051

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

143. How did the move affect —

a. Any seniority rights he may have had?

1052

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

b. Any pension or retirement plan he may have had other than Social Security?

1053

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

c. His earnings?

1054

- 1 ☐ Raised
2 ☐ Lowered
3 ☐ Unchanged } SKIP to 144b

Section VIII — GEOGRAPHIC MOBILITY — Continued

144a. Did he ever want to find a job after he moved here?

1055

- 1 ☐ Yes — ASK 144b
2 ☐ No — SKIP to 145

b. How did the move effect his overall employment opportunities?

1056

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

145. Did you have any friends or relatives living here before you moved here?

1057

- 1 ☐ Yes — ASK 146
2 ☐ No — SKIP to 147

146. In making your decision to move here, how important to you was it to have friends or relatives living here?

1058

- 1 ☐ Very important
2 ☐ Somewhat important
3 ☐ Not very important
4 ☐ Not important at all

Refer to record card items 14 and 15.

147. 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?

- ☐ Yes — Verify addresses and telephone numbers of two contacts.
☐ No — Obtain information for one or two contacts as necessary. Draw a single line through old name(s) to be deleted. If one new contact, enter new information in item 16. If two new contacts, use item 16 and margin of record card.

NOTES

Section IX — NONINTERVIEWS IN 1981

Ask the following of all respondents who were noninterviews in 1981. 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 1981 — 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 150R.
2. If blank, mark "Not employed in 1981" in 150R.

**WHEN THE TRANSCRIPTION HAS BEEN COMPLETED IN ITEM 150R,
BEGIN THE REGULAR INTERVIEW WITH ITEM 1.**

INFORMATION SHEET
(Data from previous interviews)

149R. Date of 1981 interview (or 04/15/81 if noninterview in 1981)

Month	Day	Year

1059

150R. Name of employer in 1981

☐ Not employed in 1981

151R. Marital status at time of 1977 interview (1976 interview if noninterview in 1977)

1060

- | | |
|--|--|
| 1 <input type="checkbox"/> Married, spouse present | 5 <input type="checkbox"/> Separated |
| 2 <input type="checkbox"/> Married, spouse absent | 6 <input type="checkbox"/> Never married |
| 3 <input type="checkbox"/> Widowed | |
| 4 <input type="checkbox"/> Divorced | |

152R. Date of last interview

Month	Day	Year

1061

153R. Date of 1977 interview (1976 interview if noninterview in 1977)

Month	Day	Year

1062

154R. Date of 1972 interview (or most recent interview prior to 1972)

Month	Day	Year

1063

155R. Town/city (county) of residence in 1972 (or most recent interview prior to 1972)

156R. Class of worker

1064

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

TRANSCRIBE FROM RECORD CARD

157R. Current marital status

1065

- | | |
|--|--|
| 1 <input type="checkbox"/> Married, spouse present | 5 <input type="checkbox"/> Separated |
| 2 <input type="checkbox"/> Married, spouse absent | 6 <input type="checkbox"/> Never married |
| 3 <input type="checkbox"/> Widowed | |
| 4 <input type="checkbox"/> Divorced | |

158R. Current labor force status

1066

- | |
|--|
| 1 <input type="checkbox"/> Labor Force A |
| 2 <input type="checkbox"/> Labor Force B |
| 3 <input type="checkbox"/> Labor Force C |