

Section IV – HEALTH

**CHECK
ITEM W(1)**

Refer to R3 on the Information Sheet

- (0539) 1 ☐ Respondent in Labor Force Group A – SKIP to 57a
2 ☐ All others – ASK 55

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

- (0540) 1 ☐ Yes – ASK 56
2 ☐ No – SKIP to 57a

56. When did you become unable to work altogether?

- (0541)

Month	

(0542)

Year			
1	9		

 } SKIP to Check Item W(2)

57a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?

- (0543) 1 ☐ Yes – ASK 57b
2 ☐ No – SKIP to 58a

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

- (0544) _____ Years
AND
(0545) _____ Months

58a. Has your health ever prevented you from working for 6 or more months in a row?

- (0546) 1 ☐ Yes – ASK 58b
2 ☐ No – SKIP to Check Item W(2)

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

- (0547) _____ Years
AND
(0548) _____ Months

c. When did you recover?

- (0549)

Months	

(0550)

Year			
1	9		

(0551) 1 ☐ Not yet recovered

**CHECK
ITEM W(2)**

Refer to R3 on the Information Sheet

- Respondent is in –
(0552) 1 ☐ Labor Force Group A – ASK 59
2 ☐ All others – SKIP to 60a, page 34

SHOW FLASHCARD (H)

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

- (0553) 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
(0554) 7 ☐ Reach for supplies, materials, etc.
* 8 ☐ Use hands and fingers to manipulate supplies, equipment, etc.
9 ☐ Read printed documents, books, instructions, etc.
(0555) 10 ☐ Hear special sounds (signals, directions, etc.)
(0556) 11 ☐ Deal with people

Section IV - HEALTH - Continued

SHOW FLASHCARD (I)

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

- 0557 1 ☐ Yes - ASK 60b
2 ☐ No - SKIP to 60c

b. Which ones?

Mark (X) each activity mentioned.

For each activity marked, ASK -
Can you . . . at all?

- | | Yes | No |
|--|---------------------------------|----------------------------|
| <input type="checkbox"/> Walking | 0558 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Using stairs or inclines | 0559 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Standing for long periods of time | 0560 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Sitting for long periods | 0561 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Stooping, kneeling or crouching | 0562 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Lifting or carrying weights up to 10 lbs. | 0563 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Lifting or carrying heavy weights | 0564 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Reaching | 0565 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Using hands and fingers | 0566 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Seeing (even with glasses) | 0567 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Hearing | 0568 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Dealing with people | 0569 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="checkbox"/> Other - Specify | 0570 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

SHOW FLASHCARD (J)

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

- 0571 2 ☐ No - GO to 60d
1 ☐ Yes - Which ones? - Mark (X) each problem mentioned
- 0572 *
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
0573 *
7 ☐ Shortness of breath, trouble breathing
8 ☐ Other - Specify

Notes

Section IV – HEALTH – Continued

SHOW FLASHCARD (K)

60d. Which of these conditions would you have trouble working under **BECAUSE OF YOUR HEALTH**?

(Mark (X) each condition mentioned.)

- (0574) 1 ☐ Fumes, dust or smoke
 * 2 ☐ Hot places
 3 ☐ Cold places
 4 ☐ Damp places
 5 ☐ Noise or vibrations
 6 ☐ Confusion or disorder
 (0575) 7 ☐ Working indoors
 * 8 ☐ Working outdoors
 9 ☐ Other – Specify _____
 (0576) 10 ☐ None

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

- (0577) 1 ☐ Yes
 2 ☐ No

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

- (0578) 1 ☐ Yes
 2 ☐ No

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

- (0579) 1 ☐ Yes – ASK 60h
 2 ☐ No – SKIP to 60i

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

- (0580) 1 ☐ Frequently
 2 ☐ Occasionally
 3 ☐ Rarely

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

- (0581) 1 ☐ Better
 2 ☐ Worse
 3 ☐ Same

CHECK ITEM X(1)

Refer to Household Record Card Composition Information

- (0582) 1 ☐ Respondent lives alone – SKIP to Check Item Y, page 36
 2 ☐ Other – ASK 60j

j. 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?

- (0583) 1 ☐ Yes – ASK 60k
 2 ☐ No – SKIP to Check Item X(2)

k. Which family member is this?

(Mark all (X) that apply.)

- (0584) 1 ☐ Husband
 * 2 ☐ Son or daughter
 3 ☐ Respondent's parent(s)
 4 ☐ Husband's parent(s)
 5 ☐ Sister or brother
 6 ☐ Other relative – Specify _____

l. How does (family member in item k) health affect your work?

(Mark (X) all that apply.)

(If more than one, indicate the person that affects the respondent the most.)

- (0585) 1 ☐ Prevents respondent from working
 * 2 ☐ Affects number of hours – must work more
 3 ☐ Affects number of hours – must work less
 4 ☐ Affects respondent's work schedule
 5 ☐ Affects kind of work
 6 ☐ Affects location
 (0586) 7 ☐ Other effects – Specify _____

CHECK ITEM X(2)

Marital Status of Respondent – Refer to R9 on the Information Sheet

- (0587) 1 ☐ Respondent is married, spouse present
 2 ☐ Respondent is married, spouse absent
 3 ☐ All others – SKIP to Check Item Y, page 36

Section IV – HEALTH – Continued

61a. Does your husband's health or physical condition limit the amount or kind of work he can do in any way?

- 0588 1 ☐ Yes – ASK 61b
2 ☐ No – SKIP to Check Item Y

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

0589 _____ Years

AND

0590 _____ Months

**CHECK
ITEM Y**

Refer to R3 on the
Information Sheet

- 0591 1 ☐ Respondent is currently in Labor Force Group A or B – ASK 62
2 ☐ Respondent is currently in Labor Force Group C – SKIP to 66, page 38

62. 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?

- 0592 1 ☐ Yes – ASK 63
2 ☐ No – SKIP to 64
3 ☐ Undecided – SKIP to 65

63. Why do you think you would work?

(Mark (X) only one box.)

- 0593 1 ☐ Specific liking for kind of work currently engaged in
2 ☐ Would have nothing to do without work; would be bored
3 ☐ Companionship of other workers
4 ☐ Other Specify _____

SKIP
to 66,
page
38

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

(Mark (X) only one box.)

- 0594 1 ☐ Specific dislike for kind of work currently engaged in
2 ☐ Don't enjoy working
3 ☐ Have hobbies and plans for activities when not working
4 ☐ Don't get along with fellow workers
5 ☐ Would rather keep house, take care of children
6 ☐ Return to school
7 ☐ Other Specify _____

SKIP
to 66,
page
38

65. On what would it depend?

(Mark (X) only one box.)

- 0595 1 ☐ Health
2 ☐ Type of work doing
3 ☐ Availability of work
4 ☐ Attitude of family or friends
5 ☐ Other Specify _____

Notes

0596 Number of family members

0597 Number of household members

Notes

Section V – FAMILY MEMBERS

INTERVIEWER

Refer to Household Record Card, items 4–10. Transcribe for all current family members the line number (in 66a), name (in 66b), relationship (in 66c), and date of birth (in 66d). Then ask items 66e through 66k, as applicable. If the respondent has no family members listed SKIP to Check Item Z(1), page 40.

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

TRANSCRIBE FROM RECORD CARD

Line number	Name	RELATIONSHIP TO RESPONDENT		Date of birth			Age		
		What is . . . 's relationship to you? <i>Example: husband, son, mother, father-in-law, brother, etc.</i>		(Enter two digits each for the month, day and year)			How old was . . . on January 1, 1983?		
		66a.	66b.	66c.	66d.	Mo.	Day	Yr.	66e.
		Respondent		OFFICE USE	(0598)				
		Husband	(0599)		(0600)				(0601)
			(0608)		(0609)				(0610)
			(0617)		(0618)				(0619)
			(0626)		(0627)				(0628)
			(0635)		(0636)				(0637)
			(0644)		(0645)				(0646)
			(0653)		(0654)				(0655)
			(0662)		(0663)				(0664)
			(0671)		(0672)				(0673)
			(0680)		(0681)				(0682)
			(0689)		(0690)				(0691)
			(0698)		(0699)				(0700)
			(0707)		(0708)				(0709)
			(0716)		(0717)				(0718)
			(0725)		(0726)				(0727)
			(0734)		(0735)				(0736)
			(0743)		(0744)				(0745)

Section V – FAMILY MEMBERS – Continued

66.(Continued)

Persons 3 years old and older				Persons 14 years old and older			
Is . . . attending or enrolled in school? Circle 1 – Yes 2 – No	What (is the highest) grade (ever attended)? OO – Never attended P – Preschool K – Kindergarten EI–E8 HI–H4 CI–C6+	Did . . . finish the grade (year)? Circle 1 – Yes 2 – No	In the past 12 months, how many weeks did . . . work either full- or part-time (NOT counting work around the house)?	If person worked at all in the past 12 months ask 66j and 66k.			
				In the 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 job).		
66f.	66g.	66h.	66i.	66j.	66k.	OFFICE USE	
1 2		1 2					
0602 1 2	0603	0604 1 2	0605	0606		0607	
0611 1 2	0612	0613 1 2	0614	0615		0616	
0620 1 2	0621	0622 1 2	0623	0624		0625	
0629 1 2	0630	0631 1 2	0632	0633		0634	
0638 1 2	0639	0640 1 2	0641	0642		0643	
0647 1 2	0648	0649 1 2	0650	0651		0652	
0656 1 2	0657	0658 1 2	0659	0660		0661	
0665 1 2	0666	0667 1 2	0668	0669		0670	
0674 1 2	0675	0676 1 2	0677	0678		0679	
0683 1 2	0684	0685 1 2	0686	0687		0688	
0692 1 2	0693	0694 1 2	0695	0696		0697	
0701 1 2	0702	0703 1 2	0704	0705		0706	
0710 1 2	0711	0712 1 2	0713	0714		0715	
0719 1 2	0720	0721 1 2	0722	0723		0724	
0728 1 2	0729	0730 1 2	0731	0732		0733	
0737 1 2	0738	0739 1 2	0740	0741		0742	
0746 1 2	0747	0748 1 2	0749	0750		0751	

Section V – FAMILY MEMBERS – Continued

CHECK ITEM Z(1)	Refer to 66c, page 38	(0752) 1 <input type="checkbox"/> Respondent's husband listed in 66c –GO to Check Item Z(2) 2 <input type="checkbox"/> All others – SKIP to Check Item Z(3)
CHECK ITEM Z(2)	Refer to 66i, page 39	(0753) 1 <input type="checkbox"/> Husband worked 52 weeks –SKIP to Check Item Z(3) 2 <input type="checkbox"/> All others – ASK 67
67. You said your husband worked (entry for husband in item 66i) weeks in the last 12 months? How many of the remaining (52 minus entry in item 66i) weeks was he looking for work or on layoff from a job?		(0754) _____ Weeks 0 <input type="checkbox"/> None
CHECK ITEM Z(3)	Are there any persons living here who are not related to you by blood or marriage?	(0755) 1 <input type="checkbox"/> Yes – ASK 68 2 <input type="checkbox"/> No – SKIP to 69a, page 41

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

Line number	Name	What is . . . 's relationship to you?	Sex	What is . . . current age?
	List below all persons living here who are not related to the respondent. In column a, enter the line number from the record card.	Example: partner, boarder, foster child	Circle 1 – Male or 2 – Female	
a.	b.	c.	d.	e.
			(0756)	(0757) 1 2 (0758)
			(0759)	(0760) 1 2 (0761)
			(0762)	(0763) 1 2 (0764)
			(0765)	(0766) 1 2 (0767)
			(0768)	(0769) 1 2 (0770)

CHECK ITEM Z(4)	Refer to item 68 If "Partner" recorded in 68c for any of the names in 68b, substitute the word "partner" for "husband" in the income questions.
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Notes

Section VI – ASSETS AND INCOME

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

(0771) 2 ☐ No – SKIP to 70
1 ☐ Yes – ASK 69b

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

(0772) \$ _____ . 00

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

(0773) \$ _____ . 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.?

(0774) \$ _____ . 00
0 ☐ None

70. Do you (or your husband/partner) have any money in savings or checking accounts, savings and loan companies, money market funds, or credit unions?

(0775) 2 ☐ No – ASK 71a
1 ☐ Yes – How much altogether?

(0776) \$ _____ . 00

71. Do you (or your husband/partner) have any –
a. U.S. Savings Bonds?

(0777) 2 ☐ No – ASK 71b
1 ☐ Yes – What is their face value?

(0778) \$ _____ . 00

b. Stocks bonds, or shares in mutual funds?

(0779) 2 ☐ No – ASK 71c
1 ☐ Yes – About how much is their market value?

(0780) \$ _____ . 00

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

(0781) 2 ☐ No – ASK 72a
1 ☐ Yes – How much?

(0782) \$ _____ . 00

72a. Do you (or your husband/partner) rent, own or have an investment in a farm?

(0783) 2 ☐ No – SKIP to 73a
1 ☐ 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.)

(0784) \$ _____ . 00

c. Does that include the value of this house?

(0785) 2 ☐ No
1 ☐ 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.)

(0786) \$ _____ . 00
0 ☐ None

73a. Do you (or your husband/partner) own or have an investment in a business or professional practice?

(0787) 2 ☐ No – SKIP to 74a, page 42
1 ☐ Yes – ASK 73b

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/partner's share only.)

(0788) \$ _____ . 00

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

(0789) \$ _____ . 00
0 ☐ None

Section VI – ASSETS AND INCOME – Continued

74a. Do you (or your husband/partner) own any other real estate – not counting the property on which you are living?

- (0790) 2 ☐ No – SKIP to 75
1 ☐ Yes – ASK 74b

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

(0791) \$ _____ . 00

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

(0792) \$ _____ . 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.?

(0793) \$ _____ . 00
0 ☐ None

75. Do you (or your husband/partner) own an automobile(s)?

- (0794) 2 ☐ No – ASK 76
1 ☐ Yes – How many? ↘
(0795) _____

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

- (0796) 2 ☐ No
1 ☐ Yes – How much altogether? ↘
(0797) \$ _____ . 00

SHOW FLASHCARD (L)

77a. In the past 12 months, what was the total income of ALL family members living here?

(Mark (X) only one box.)

- (0798) 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

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

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

(0799) \$ _____ . 00
0 ☐ None

Section VI – ASSETS AND INCOME – Continued

77c. Did you receive any –

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

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

(0800) 2 ☐ No – SKIP to 77c(2)
1 ☐ Yes – How much?

(0801) \$ _____ .00

(0802) 1 ☐ Loss amount

(0803)

OFFICE USE

(2) Unemployment compensation?

(0804) 2 ☐ No – SKIP to 77c(3)
1 ☐ Yes – ASK 77c(3)(a)

(a) How many weeks?

(0805) _____ Weeks

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

(0806) \$ _____ .00 per week

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

(0807) 2 ☐ No – SKIP to 77c(4)
1 ☐ Yes – ASK 77c(3)(a)

(a) How many weeks?

(0808) _____ Weeks

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

(0809) \$ _____ .00 per week

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

(0810) 2 ☐ No – SKIP to 77d
1 ☐ Yes – ASK 77c(4)(a)

(a) How many months?

(0811) _____ Months

(b) How much per month on the average?

(0812) \$ _____ .00 per month

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

If Yes, list amount received during the last 12 months

(1) Veteran's compensation or pension?

(0813) 2 ☐ No – ASK 77d(2)
1 ☐ Yes – How much?

(0814) \$ _____ .00

(2) Worker's compensation?

(0815) 2 ☐ No – ASK 77d(3)
1 ☐ Yes – How much?

(0816) \$ _____ .00

(3) Social Security disability payment?

(0817) 2 ☐ No – ASK 77d(4)
1 ☐ Yes – How much?

(0818) \$ _____ .00

(4) Any other disability payment? Specify

(0819) 2 ☐ No – Go to Check Item Z(5), page 44
1 ☐ Yes – How much?

(0820) \$ _____ .00

Section VI – ASSETS AND INCOME – Continued

CHECK
ITEM Z(5)

Refer to items 66 and 68,
pages 37–39.

0821 1 ☐ Husband listed in 66 or partner listed
in 68 – ASK 78

2 ☐ Other – SKIP to 79

78. Now I would like to ask a few questions about your
(husband's/partner's) income in the last 12 months.

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

0822 \$ _____ 00

0 ☐ None

b. Did your husband/partner receive any –

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

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

0823 2 ☐ No – ASK 78b(2)

1 ☐ Yes – How much?

0824 \$ _____ 00

0825 1 ☐ Loss amount

0826

OFFICE USE

(2) Unemployment compensation?

0827 2 ☐ No – SKIP to 78b(3)

1 ☐ Yes – ASK 78b(2)(a)

(a) How many weeks?

0828 _____ Weeks

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

0829 \$ _____ 00 per week

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

0830 2 ☐ No – SKIP to 78b(3)

1 ☐ Yes – ASK 78b(3)(a)

(a) How many weeks?

0831 _____ Weeks

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

0832 \$ _____ 00 per weeks

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

0833 2 ☐ No – SKIP to 78c, page 45

1 ☐ Yes – ASK 78b(4)(a)

(a) How many months?

0834 _____ Months

(b) How much per month on the average?

0835 \$ _____ 00 per month

Section VI – ASSETS AND INCOME – Continued

78c. In the last 12 months did your husband/partner receive income as a result of disability or illness such as –

If Yes, list amount received during the last 12 months

(1) Veteran's compensation or pension?

0836 2 ☐ No

1 ☐ Yes – How much?

0837 \$ _____ . 00

(2) Worker's compensation?

0838 2 ☐ No

1 ☐ Yes – How much?

0839 \$ _____ . 00

(3) Social Security disability payment?

0840 2 ☐ No

1 ☐ Yes – How much?

0841 \$ _____ . 00

(4) Any other disability payment? Specify

0842 2 ☐ No

1 ☐ Yes – How much?

0843 \$ _____ . 00

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

a. Any income from operating a farm?

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

0844 2 ☐ No

1 ☐ Yes – How much?

0845 \$ _____ . 00

0846 1 ☐ Loss amount

0847

OFFICE USE

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

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

0848 2 ☐ No

1 ☐ Yes – How much?

0849 \$ _____ . 00

0850 1 ☐ Loss amount

0851

OFFICE USE

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

0852 2 ☐ No

1 ☐ Yes – How much?

0853 \$ _____ . 00

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

0854 1 ☐ Yes – ASK 80b

2 ☐ No – SKIP to 81a, page 46

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

0855 _____ Months

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

0856 \$ _____ . 00 per month

Section VI – ASSETS AND INCOME – Continued

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

- (0857) 1 ☐ Yes – ASK 81b
2 ☐ No – SKIP to 82a

b. How many months?

(0858) _____ Months

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

(0859) \$ _____ . per month

82a. Did you (or your husband/partner) receive any Supplemental Security Income or any other public assistance from the local, State, or Federal Government?

- (0860) 1 ☐ Yes – ASK 81b
2 ☐ No – SKIP to 83

b. How many months?

(0861) _____ Months

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

(0862) \$ _____ . per month

83. During the past 12 months did you (or your husband/partner) receive any alimony?

- (0863) 2 ☐ No – ASK 84
1 ☐ Yes – How much?

(0864) \$ _____ .

84. During the past 12 months did you (or your husband/partner) receive any child support?

- (0865) 2 ☐ No – ASK 85
1 ☐ Yes – How much?

(0866) \$ _____ .

85. In the past 12 months, did you (or your husband/partner) receive any other type of income; for example, royalties, annuities, contributions from family members living elsewhere, pensions or Social Security survivors benefits?

- (0867) 2 ☐ No – ASK 86
1 ☐ Yes – How much?

(0868) \$ _____ .

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

- (0869) 1 ☐ Same
2 ☐ Better off
3 ☐ Worse off

**CHECK
ITEM AA**

Refer to items 66 and 68,
pages 38–40

- (0870) 1 ☐ Only respondent (and husband/partner and their children under 14) listed in 66 or 68 – SKIP to CHECK ITEM BB, page 47
2 ☐ Other family members listed in 66 – ASK 87

SHOW FLASHCARD (M)

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

(Mark (X) only one box.)

- (0871) 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

Section VII – MARITAL HISTORY, FERTILITY AND OTHER FAMILY BACKGROUND

CHECK ITEM BB(1)	Refer to R9 on the Information Sheet	0872 1 <input type="checkbox"/> Box 6 (Never married is marked in R9 on the Information Sheet – SKIP to 93, page 49 2 <input type="checkbox"/> All others – GO to Check Item: BB(2)												
CHECK ITEM BB(2)	Refer to R12 on the Information Sheet	0873 1 <input type="checkbox"/> If box 2 (Noninterview in 1978) is marked – SKIP to 88b(2) 2 <input type="checkbox"/> Other – ASK 88a												
88a. Have you had any change in your marital status since (date in R13 on the Information Sheet)?		0874 1 <input type="checkbox"/> Yes – ASK 88b(1) 2 <input type="checkbox"/> No – SKIP to 93, page 49												
b. How many times have you been – (1) married since January 1978 (including your current marriage)?		0875 _____ Marriages – SKIP to 88c												
(2) married (including current marriage)?		0876 _____ Marriages												
c. What was the date of your present (most recent) marriage?		0877 <table border="1"> <tr><td colspan="2">Month</td></tr> <tr><td></td><td></td></tr> </table> 0878 <table border="1"> <tr><td colspan="4">Year</td></tr> <tr><td>1</td><td>9</td><td></td><td></td></tr> </table>	Month				Year				1	9		
Month														
Year														
1	9													
CHECK ITEM CC(1)	Refer to item 66, page 38	0879 1 <input type="checkbox"/> Husband listed in 66 – SKIP to Check Item DD(1), page 48 2 <input type="checkbox"/> Other – ASK 88d												
d. What is your (present/most recent) husband's date of birth?		0880 <table border="1"> <tr><td colspan="2">Month</td></tr> <tr><td></td><td></td></tr> </table> 0881 <table border="1"> <tr><td colspan="4">Year</td></tr> <tr><td>1</td><td>9</td><td></td><td></td></tr> </table>	Month				Year				1	9		
Month														
Year														
1	9													
e. What is the highest grade of regular school your (present/most recent) husband has completed? (Use codes on card (N).)		0882 _____ Grade 0883 1 <input type="checkbox"/> Did not attend school												
f. What kind of work (does/did) your (present/most recent) husband do? (If more than one occupation, indicate longest type of employment.)		0884 <table border="1"> <tr><td></td><td></td><td></td></tr> </table> _____												
CHECK ITEM CC(2)	Refer to R9 on the Information Sheet	0885 1 <input type="checkbox"/> Divorced or widowed – ASK 89 2 <input type="checkbox"/> Separated – SKIP to 90 3 <input type="checkbox"/> All others – SKIP to Check Item DD(1), page 48												
89. When did your most recent marriage end?		0886 <table border="1"> <tr><td colspan="2">Month</td></tr> <tr><td></td><td></td></tr> </table> 0887 <table border="1"> <tr><td colspan="4">Year</td></tr> <tr><td>1</td><td>9</td><td></td><td></td></tr> </table> } SKIP to Check Item DD(1), page 48	Month				Year				1	9		
Month														
Year														
1	9													
90. When did your present separation begin?		0888 <table border="1"> <tr><td colspan="2">Month</td></tr> <tr><td></td><td></td></tr> </table> 0889 <table border="1"> <tr><td colspan="4">Year</td></tr> <tr><td>1</td><td>9</td><td></td><td></td></tr> </table>	Month				Year				1	9		
Month														
Year														
1	9													

Section VII – MARITAL HISTORY, FERTILITY AND OTHER FAMILY BACKGROUND – Continued

**CHECK
ITEM DD(1)**

Refer to item 88b(1) or 88b(2),
page 47

- (0890) 1 ☐ Two or more marriages – ASK 91a
2 ☐ One marriage – SKIP to 93, page 49

91a. When did your previous marriage take place?

(0891) Month
[][]

(0892) Year
[1][9][][]

b. What is (was) your previous husband's date of birth?

(0893) Month
[][]

(0894) Year
[1][9][][]

c. What was the highest grade of regular school completed by your previous husband when you were married to him?
(Use codes on card (N).)

(0895) _____ Grade
(0896) 1 ☐ Did not attend school

d. What kind of work did your previous husband do when you were married to him? (If more than one occupation, indicate the longest kind of employment.)

(0897) [][][]

e. When did your previous marriage end?

(0898) Month
[][]

(0899) Year
[1][9][][]

f. How did your previous marriage end?

- (0900) 1 ☐ Divorced or annulled
2 ☐ Widowed

**CHECK
ITEM DD(2)**

Refer to item 88b(1) or 88b(2),
page 47

- (0901) 1 ☐ Three or more marriages – ASK 92a
2 ☐ Two marriages – SKIP to 93, page 49

92. Now I would like to talk about the husband you had previous to the one you just told me about.

a. When did your previous marriage take place?

(0902) Month
[][]

(0903) Year
[1][9][][]

b. What is (was) your previous husband's date of birth?

(0904) Month
[][]

(0905) Year
[1][9][][]

c. What was the highest grade of regular school completed by your previous husband when you were married to him?
(Use codes on card (N).)

(0906) _____ Grade
(0907) 1 ☐ Did not attend school

d. What kind of work did your previous husband do when you were married to him? (If more than one occupation, indicate the longest kind of employment.)

(0908) [][][]

e. When did your previous marriage end?

(0909) Month
[][]

(0910) Year
[1][9][][]

f. How did your previous marriage end?

- (0911) 1 ☐ Divorced or annulled
2 ☐ Widowed

Section VII – MARITAL HISTORY, FERTILITY AND OTHER FAMILY BACKGROUND – Continued

93. Since January 1978, have you had any children born to you?

(0912) ² ☐ No – SKIP to 95a, page 50
¹ ☐ Yes – ASK 94

94. Now I have a few questions about each child who has been born to you since January 1978.

Line No.	What are their names? a.	What is . . . 's sex? Circle 1 – Male 2 – Female b.	What is . . . 's date of birth? c.		Is . . . living? Circle 1 – Yes – ASK e 2 – No – GO to next child d.	Is . . . now living in your home? Circle 1 – Yes – GO to next child 2 – No – ASK f. e.	When did . . . leave home? (Enter month and year) f.	Where does . . . usually live? Circle 1 – With his/her father 2 – With other relative – Specify 3 – With foster care 4 – With adopted parents 5 – Long term care institution 6 – Away at school 7 – Other – Specify g.
			Mo.	Day				
1		(0913) 2		(0914)	(0915) 2	(0916) 2	(0917)	(0918) 1 2-Specify 3 4 5 6 7-Specify
2		(0919) 2		(0920)	(0921) 2	(0922) 2	(0923)	(0924) 1 2-Specify 3 4 5 6 7-Specify
3		(0925) 2		(0926)	(0927) 2	(0928) 2	(0929)	(0930) 1 2-Specify 3 4 5 6 7-Specify
4		(0931) 2		(0932)	(0933) 2	(0934) 2	(0935)	(0936) 1 2-Specify 3 4 5 6 7-Specify
5		(0937) 2		(0938)	(0939) 2	(0940) 2	(0941)	(0942) 1 2-Specify 3 4 5 6 7-Specify
6		(0943) 2		(0944)	(0945) 2	(0946) 2	(0947)	(0948) 1 2-Specify 3 4 5 6 7-Specify

Section VII - MARITAL HISTORY, FERTILITY AND OTHER FAMILY BACKGROUND - Continued

95a. Since January 1978, have you ever adopted any children or did your husband(s) have children who came to live with you (when you married him/them)?

(0949) 2 ☐ No - SKIP to 97a, page 51
1 ☐ Yes - ASK 95b

b. How many children?

(0950) _____ Number of children

96. Now I have a few questions about any adopted children or children of your husband(s) who came to live with you when you married him (them).

Line No.	What are their names?	What is ...'s sex? Circle 1 - Male 2 - Female	What is ...'s date of birth?	c.		In what year did ... come into your household? (Enter last two digits of year)	Is ... adopted? Circle 1 - Yes 2 - No	Is ... living? Circle 1 - Yes - ASK g 2 - No - GO to next child	Is ... currently living in your home? Circle 1 - Yes - GO to next child 2 - No - ASK h	When did ... leave your home? (Enter month and year.)	h.		Is ... attending or enrolled in regular school? Circle 1 - Yes 2 - No	If "Yes" - What grade (year)? If "No" - What was the highest grade (year) of school completed? (Refer to Card N.)
				Mo.	Day						Mo.	Yr.		
1		(0951) 2	(0952)			(0953)	(0954) 2	(0955) 2	(0956) 2	(0957)			(0958) 2	(0959)
2		(0960) 2	(0961)			(0962)	(0963) 2	(0964) 2	(0965) 2	(0966)			(0967) 2	(0968)
3		(0969) 2	(0970)			(0971)	(0972) 2	(0973) 2	(0974) 2	(0975)			(0976) 2	(0977)
4		(0978) 2	(0979)			(0980)	(0981) 2	(0982) 2	(0983) 2	(0984)			(0985) 2	(0986)
5		(0987) 2	(0988)			(0989)	(0990) 2	(0991) 2	(0992) 2	(0993)			(0994) 2	(0995)

Notes

Section VII – MARITAL HISTORY, FERTILITY AND OTHER FAMILY BACKGROUND – Continued

97a. How many persons, not counting yourself (and your husband) are dependent upon you (and your husband) for at least one-half of their support?

(0996) _____ Persons – ASK 97b
0 ☐ None – SKIP to Check Item EE(1)

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

(0997) 2 ☐ No – SKIP to Check Item EE(1)
1 ☐ Yes – How many?

(0998) _____ Dependents – ASK 97c

c. What is their relationship to you?

(0999) 1 ☐ Son – How many?

(1000) _____

(1001) 2 ☐ Daughter – How many?

(1002) _____

(1003) 3 ☐ Respondent's mother

(1004) 4 ☐ Respondent's father

(1005) 5 ☐ Respondent's spouse's mother

(1006) 6 ☐ Respondent's spouse's father

(1007) 7 ☐ Brother or sister – How many?

(1008) _____

(1009) 8 ☐ Other – Specify _____
How many?

(1010) _____

CHECK
ITEM EE(1)

Refer to R9 on the
Information Sheet

(1011) 1 ☐ Box 1 or 2 marked – ASK 98a
2 ☐ All others – SKIP to 99

98a. Has your husband been married before?

(1012) 1 ☐ Yes
2 ☐ No – SKIP to 99

b. Does your husband have children from a former marriage not living here?

(1013) 1 ☐ Yes – ASK 98c
2 ☐ No – SKIP to 99

c. Does he support them?

(1014) 1 ☐ Yes
2 ☐ No

99. Now I'd like to ask you about your views toward family size which is important in studying population growth in the United States.

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

(1015) _____ Children

b. How many children have you ever had, not counting stillbirths?

(1016) _____ Children

c. Altogether, how many (more) children do you actually expect to have?

(1017) _____ Children
0 ☐ None – SKIP to 100, page 52

d. How many children do you expect to have within the next 5 years?

(1018) _____ Children
0 ☐ None – SKIP to 100, page 52

e. When do you expect to have your next child?

(1019) 1 ☐ Within the next 12 months
2 ☐ 13–24 months from now
3 ☐ More than 24 months but less than 5 years from now

Section VIII – EDUCATION

100. Now I have some questions about your educational background.

a. Do you have a high school diploma or have you ever passed a high school equivalency or GED test?

- (1020) 1 ☐ Yes – ASK 100b
2 ☐ No – SKIP to 101

b. Which do you have, a high school diploma or a GED?

- (1021) 1 ☐ High school diploma
2 ☐ GED
3 ☐ Both – (Ask 100c regarding high school diploma)

c. When did you receive your (high school diploma/GED)?

(1022)

Month	

 (1023)

Year			
1	9		

 } SKIP to 102

101. Did you ever attend high school?

- (1024) 1 ☐ Yes – ASK 102
2 ☐ No – SKIP to 104a

102. We would like to ask you about the mathematics courses you took in high school.

a. Did you take any algebra courses?

- (1025) 1 ☐ Yes – ASK 102b
2 ☐ No
3 ☐ Don't know } SKIP to 102c

b. How many years did you take algebra?

- (1026) 1 ☐ ½ year
2 ☐ 1 year
3 ☐ 1½ years
4 ☐ 2 or more years

c. Did you take any geometry courses?

- (1027) 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

d. Did you take any trigonometry or calculus courses?

- (1028) 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

e. Did you take any other mathematics or arithmetic courses in high school?

- (1029) 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

**CHECK
ITEM EE(2)**

Refer to items 102a, 102c, 102d, and 102e

- (1030) 1 ☐ Respondent answered "No" or "Don't know" to all four items – SKIP to 102h
2 ☐ All others – ASK 102f

102f. Was there any particular reason why you did not take more mathematics courses in high school?

- (1031) 1 ☐ Yes – Specify _____
2 ☐ No

g. How did you do in these mathematics courses you took in high school? Would you say that you did very well, above average, average, below average, or poorly?

- (1032) 1 ☐ Very well
2 ☐ Above average
3 ☐ Average
4 ☐ Below average
5 ☐ Poorly } SKIP to 103a, page 53

h. Was there any particular reason why you did not take any mathematics courses in high school?

- (1033) 1 ☐ Yes – Specify _____
2 ☐ No

Section VIII – EDUCATION – Continued

103a. Have you ever attended college?

- (1034) 1 ☐ Yes – ASK 103b
2 ☐ No – SKIP to 104a

b. What was your major field of study?

(1035)

104a. Are you attending or enrolled in regular school?

- (1036) 1 ☐ Yes – ASK 104b
2 ☐ No – SKIP to 105a

b. What grade are you attending?

(1037) High school 1 ☐ 2 ☐ 3 ☐ 4 ☐ – SKIP to Check Item FF(2)

(1038) College 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ – SKIP to Check Item FF(1)

105a. Have you attended regular school since (date in R13)?

- (1039) 1 ☐ Yes – ASK 105b
2 ☐ No – SKIP to Check Item FF(2)

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

(1040) High school 1 ☐ 2 ☐ 3 ☐ 4 ☐ – SKIP to Check Item FF(2)

(1041) College 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ – FILL Check Item FF(1)

CHECK
ITEM FF(1)

Refer to 104b and 105b above

- (1042) 1 ☐ Completed or attending college 2+ – ASK 106a
2 ☐ All others – SKIP to Check Item FF(2)

106a. Have you received a college degree since (date in R13)?

- (1043) 1 ☐ Yes – ASK 106b
2 ☐ No – SKIP to Check Item FF(2)

b. What degree was it?

- (1044) 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 did you receive your degree?

(1045)

CHECK
ITEM FF(2)

Refer to R14 on the
Information Sheet

- (1046) 1 ☐ Box 8 or 9 marked – SKIP to Check Item FF(2)
2 ☐ Box 1–7 marked – ASK 106d

106d. At our last interview on (date in R13) you were enrolled in (type of training in R14). Did you complete the program?

- (1047) 1 ☐ Yes
2 ☐ No

e. How long in all did you attend this course or program?

(1048) _____ Weeks

Section VIII – EDUCATION – Continued

107a. Since (date in R13), have you taken any on-the-job training courses?	(1049) 1 <input type="checkbox"/> Yes – ASK 107b 2 <input type="checkbox"/> No – SKIP to 108a
b. How many weeks have you spent in on-the-job training courses?	(1050) _____ Weeks 0 <input type="checkbox"/> Less than 1 week
c. How many hours per week have you spent in this training?	(1051) _____ Hours 0 <input type="checkbox"/> Less than 1 hour
d. Did you complete this training?	(1052) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Dropped out 3 <input type="checkbox"/> No – Still attending
108a. Since (date in R13) have you taken any other training or educational programs other than on-the-job or college courses?	(1053) 1 <input type="checkbox"/> Yes – ASK 108b 2 <input type="checkbox"/> No – SKIP to Check Item HH
b. Did you complete this training?	(1054) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Dropped out 3 <input type="checkbox"/> No – Still attending
c. What kind of training course or educational program (did you take/are you taking)?	(1055) <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> 1 <input type="checkbox"/> Professional, technical ... 2 <input type="checkbox"/> Managerial 3 <input type="checkbox"/> Clerical 4 <input type="checkbox"/> Skilled manual – ASK 108d 5 <input type="checkbox"/> Sales 6 <input type="checkbox"/> Services 7 <input type="checkbox"/> Other – Specify ↓ _____ _____ </div> <div style="flex: 0.5; font-size: 3em; margin: 0 10px;"> } } } </div> <div style="flex: 0.5;"> SKIP to 108e SKIP to 108e </div> </div>
d. Was this part of an apprenticeship program?	(1056) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Where (did you take/are you taking) this training? Specify place and then mark (X) the appropriate box.	Place _____ _____ (1057) <div style="margin-top: 10px;"> 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 four-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"/> Other </div>
f. How long (did you attend/have you been attending) this training?	(1058) _____ Weeks 0 <input type="checkbox"/> Less than 1 week
g. How many hours per week (did/do) you spend on this training?	(1059) _____ Hours 0 <input type="checkbox"/> Less than 1 hour

Section VIII – EDUCATION – Continued

**CHECK
ITEM GG**

Refer to R3 on the
Information Sheet

- (1060) 1 ☐ Labor Force Group A – ASK 108h
2 ☐ All others – SKIP to 108i

108h. Do you use this training on your present job?

- (1061) 1 ☐ Yes
2 ☐ No

i. Did you receive a certificate for this training?

- (1062) 1 ☐ Yes – ASK 108j
2 ☐ No – SKIP to Check Item HH, page 56

j. What kind of certificate?

- (1063) 1 ☐ Certificate
2 ☐ License
3 ☐ Journeyworker's card
4 ☐ Other – Specify ↓

Notes

Section IX – GEOGRAPHIC MOBILITY

CHECK ITEM HH	Refer to R10 on the Information Sheet. Is place of residence recorded in R10 the same (city/town/county) as respondent's current residence?	(1064) 1 <input type="checkbox"/> Yes – ASK 109a 2 <input type="checkbox"/> No – SKIP to 109b												
109a. Our records show that when we talked with you on (date entered in R11) you were living in the same (city/town/county) as you are now. Since (date entered in R11), have you ever moved from (residence in R10) and then returned here again?		(1065) 1 <input type="checkbox"/> Yes – ASK 109b 2 <input type="checkbox"/> No – SKIP to 150, page 60												
b. When did you (last) move to this (current residence) – was it during the last 12 months?		(1066) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
c. What month and year did you move (back) here?		(1067) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td colspan="2">Month</td></tr> <tr><td> </td><td> </td></tr> </table> (1068) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td colspan="4">Year</td></tr> <tr><td>1</td><td>9</td><td> </td><td> </td></tr> </table>	Month				Year				1	9		
Month														
Year														
1	9													
110. Where did you live just before moving to this (town/city/county)?		(1069) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> Town or city <hr/> County (if no town or city) <hr/> State ZIP code												
111. How many miles is it to your residence in (entry in 110)?		(1070) _____ Miles												
112. How long had you lived in (entry in item 110) before you moved here?		(1071) 1 <input type="checkbox"/> All my life (1072) _____ Years (1073) _____ Months AND												
113. Why did you leave (entry in item 110)? Read first SIX answer categories. Mark (X) all that apply.		(1074) 1 <input type="checkbox"/> Your employment * 2 <input type="checkbox"/> Your husband's employment 3 <input type="checkbox"/> Your retirement 4 <input type="checkbox"/> Your husband's retirement 5 <input type="checkbox"/> Other family considerations 6 <input type="checkbox"/> Community (1075) 7 <input type="checkbox"/> No particular reason * 8 <input type="checkbox"/> Other – Specify ↓ _____												
114. Before you moved here, did you consider moving to other areas?		(1076) 1 <input type="checkbox"/> Yes – ASK 115 2 <input type="checkbox"/> No – SKIP to 116												
115. Why did you come here rather than to SOME OTHER PLACE? Read first FOUR answer categories. Mark (X) all that apply.		(1077) 1 <input type="checkbox"/> Your employment * 2 <input type="checkbox"/> Your husband's employment 3 <input type="checkbox"/> Other family considerations 4 <input type="checkbox"/> Community 5 <input type="checkbox"/> No particular reason 6 <input type="checkbox"/> Other – Specify ↓ _____												

Section IX – GEOGRAPHIC MOBILITY – Continued

116. Were you looking for work or on layoff from a job right before you moved here?	(1078) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
117. Were you looking for work or on layoff from a job right after you moved here?	(1079) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
118. Were you employed at any time in the 12 month period just before the move?	(1080) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
<div style="background-color: #cccccc; padding: 5px; display: inline-block;">CHECK ITEM II</div> Refer to 109b, page 56	(1081) 1 <input type="checkbox"/> Respondent moved in last 12 months ("Yes" in 109b) – ASK 119a 2 <input type="checkbox"/> All others – SKIP to 119b												
If respondent is currently working, mark "Yes" without asking. 119a. Have you been employed since you moved here?	(1082) 1 <input type="checkbox"/> Yes – SKIP to Check Item JJ 2 <input type="checkbox"/> No – SKIP to 129a, page 58												
b. Were you employed at any time in the 12 month period just after the move?	(1083) 1 <input type="checkbox"/> Yes – SKIP to Check Item JJ 2 <input type="checkbox"/> No – ASK 119c												
If respondent is currently working, mark "Yes" without asking. c. Have you ever been employed since you moved here?	(1084) 1 <input type="checkbox"/> Yes – SKIP to 123 2 <input type="checkbox"/> No – SKIP to 129a, page 58												
<div style="background-color: #cccccc; padding: 5px; display: inline-block;">CHECK ITEM JJ</div> Refer to 118	(1085) 1 <input type="checkbox"/> "Yes" in 118 – ASK 120 2 <input type="checkbox"/> "No" in 118 – SKIP to 124												
120. Did you continue to work for the same employer after the move as you had before?	(1086) 1 <input type="checkbox"/> Yes – ASK 121 2 <input type="checkbox"/> No – SKIP to 124												
121. Were you employed in the same location after the move or were you transferred or reassigned to a new location?	(1087) 1 <input type="checkbox"/> Same location – SKIP to 130, page 58 2 <input type="checkbox"/> Transferred or reassigned – ASK 122.												
122. Were you transferred here because you wanted to come here or was it because your employer wanted you here?	(1088) 1 <input type="checkbox"/> Wanted to come 2 <input type="checkbox"/> Employer wanted respondent transferred <div style="float: right; font-size: 2em;">}</div> SKIP to 127												
123. Did you want employment during the 12 months after you moved?	(1089) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <div style="float: right; font-size: 2em;">}</div> SKIP to 125												
124. Did you have a new job arranged before the move?	(1090) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
125. About when did you first start to work after your move?	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 10px;"> (1091) <table border="1" style="border-collapse: collapse;"> <tr><td align="center" colspan="2">Month</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> </div> <div> (1092) <table border="1" style="border-collapse: collapse;"> <tr><td align="center" colspan="4">Year</td></tr> <tr> <td style="width: 30px; height: 20px; text-align: center;">1</td> <td style="width: 30px; height: 20px; text-align: center;">9</td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> </div> </div>	Month				Year				1	9		
Month													
Year													
1	9												
126. 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?	(1093) 1 <input type="checkbox"/> New employer 2 <input type="checkbox"/> Self-employed 3 <input type="checkbox"/> Without pay in family business/farm												
<div style="background-color: #cccccc; padding: 5px; display: inline-block;">CHECK ITEM KK</div> Refer to 118	(1094) 1 <input type="checkbox"/> "Yes" in 118 – ASK 127 2 <input type="checkbox"/> "No" in 118 – SKIP to 129b, page 58												
127. In general, how do you like your work here compared with the work you did before you moved?	(1095) 1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> About the same												

Section IX – GEOGRAPHIC MOBILITY – Continued

<p>128. How did the move effect –</p> <p>a. Any seniority rights you may have had?</p>	<p>(1096) 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"/> Had no seniority rights before the move</p>												
<p>b. Any pension or retirement plans you may have had other than Social Security?</p>	<p>(1097) 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 rights (other than Social Security) before the move</p>												
<p>c. Your earnings?</p>	<p>(1098) 1 <input type="checkbox"/> Raised 2 <input type="checkbox"/> Lowered 3 <input type="checkbox"/> Unchanged</p> <p>} SKIP to 129b</p>												
<p>129a. Since your move have you ever considered working outside the home?</p>	<p>(1099) 1 <input type="checkbox"/> Yes – ASK 129b 2 <input type="checkbox"/> No – SKIP to 130</p>												
<p>b. How did the move affect your overall employment opportunities?</p>	<p>(1100) 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>130. Were you married at the time you moved?</p>	<p>(1101) 1 <input type="checkbox"/> Yes – ASK 131a 2 <input type="checkbox"/> No – SKIP to 148, page 60</p>												
<p>131a. Did your husband move here too?</p>	<p>(1102) 1 <input type="checkbox"/> Yes – ASK 131b 2 <input type="checkbox"/> No – SKIP to 148, page 60</p>												
<p>b. Did he move here in the last 12 months?</p>	<p>(1103) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>132. Did he move here in the same month and year as you did?</p>	<p>(1104) 1 <input type="checkbox"/> Yes – SKIP to 134 2 <input type="checkbox"/> No – ASK 133</p>												
<p>133. In what month and year did he move?</p>	<p>(1105) <table border="1" style="display: inline-table;"><tr><td colspan="2">Month</td></tr><tr><td> </td><td> </td></tr></table></p> <p>(1106) <table border="1" style="display: inline-table;"><tr><td colspan="4">Year</td></tr><tr><td>1</td><td>9</td><td> </td><td> </td></tr></table></p>	Month				Year				1	9		
Month													
Year													
1	9												
<p>134. Was your husband looking for work or on layoff right before you moved here?</p>	<p>(1107) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>135. Was your husband looking for work or on layoff right after you moved here?</p>	<p>(1108) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>136. Was your husband employed at any time in the 12 month period just before his move?</p>	<p>(1109) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>CHECK ITEM LL</p> <p>Refer to 131b</p>	<p>(1110) 1 <input type="checkbox"/> Husband moved in last 12 months ("Yes" in 131b) – ASK 137a 2 <input type="checkbox"/> All others – SKIP to 137b, page 59</p>												
<p>137a. Has your husband been employed since you moved here?</p>	<p>(1111) 1 <input type="checkbox"/> Yes – SKIP to Check Item MM, page 59 2 <input type="checkbox"/> No – SKIP to 147a, page 60</p>												

Section IX – GEOGRAPHIC MOBILITY – Continued

137b. Was your husband employed at any time in the 12 month period just after his move?

- (1112) 1 ☐ Yes – SKIP to Check Item MM
2 ☐ No – ASK 137c

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

- (1113) 1 ☐ Yes – SKIP to 141
2 ☐ No – SKIP to 147a, page 60

CHECK
ITEM MM

Refer to 136, page 58

- (1114) 1 ☐ "Yes" in 136 – ASK 138
2 ☐ "No" in 136 – SKIP to 142

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

- (1115) 1 ☐ Yes – ASK 139
2 ☐ No – SKIP to 142

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

- (1116) 1 ☐ Same location – SKIP to 148, page 60
2 ☐ Transferred or reassigned – ASK 140

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

- (1117) 1 ☐ Wanted to come
2 ☐ Employer wanted him here } SKIP to 145

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

- (1118) 1 ☐ Yes
2 ☐ No } SKIP to 143

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

- (1119) 1 ☐ Yes
2 ☐ No

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

(1120)

Month	

(1121)

Year			
1	9		

144. 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?

- (1122) 1 ☐ New employer
2 ☐ Self-employed
3 ☐ Without pay for family business/farm

CHECK
ITEM NN

Refer to 136, page 58

- (1123) 1 ☐ "Yes" in 136 – ASK 145
2 ☐ "No" in 136 – SKIP to 147a, page 60

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

- (1124) 1 ☐ Better
2 ☐ Worse
3 ☐ About the same

146. How did the move affect –

a. Any seniority rights he may have had?

- (1125) 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?

- (1126) 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?

- (1127) 1 ☐ Raised
2 ☐ Lowered
3 ☐ Unchanged } SKIP to 147b, page 60

Section IX – GEOGRAPHIC MOBILITY – Continued

147a. Did he ever want to find a job after he moved here?

- (1128) 1 ☐ Yes – ASK 147b
2 ☐ No – SKIP to 148

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

- (1129) 1 ☐ Improved greatly
2 ☐ Improved somewhat
3 ☐ Worsened somewhat
4 ☐ Worsened greatly
5 ☐ No affect

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

- (1130) 1 ☐ Yes – ASK 149
2 ☐ No – SKIP to 150

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

- (1131) 1 ☐ Very important
2 ☐ Somewhat important
3 ☐ Not very important
4 ☐ Not important at all

Refer to record card items 14 and 15.

150. 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

Notes

Notes

Section X – NONINTERVIEWS IN 1982

Ask the following of all respondents who were noninterviews in 1982. 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 1982 – working or something else?

- 1 ☐ Working
2 ☐ With a job, not at work
3 ☐ Looking for work
4 ☐ Unable to work
5 ☐ Other – Specify *↓*

- } ASK B
- } END of questions

B. For whom did you work?

- } 1. If filled, transfer name of employer to R6
- } 2. If blank, mark "Not employed in 1982" in R6

**WHEN THE TRANSCRIPTION HAS BEEN COMPLETED IN ITEM R6,
BEGIN THE REGULAR INTERVIEW WITH ITEM 1.**

INFORMATION SHEET
(Data from previous interviews)

R3. Labor Force Group in 1983

- (1132) 1 ☐ A (Working; with a job but not at work)
2 ☐ B (Looking for work)
3 ☐ C (All others)

R4. Class of worker in 1983

- (1133) 1 ☐ P (Private) 3 ☐ O (Own business)
2 ☐ G (Government) 4 ☐ WP (Working without pay)

R5. Labor Force Group in 1982

- (1134) 1 ☐ A 3 ☐ C
2 ☐ B 4 ☐ D - Unable to work

R6. Name of employer in 1982

☐ Not employed in 1982

R7. Date of 1982 interview or 01/01/82 if noninterview in 1982

(1135)

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

R8. Date of 1980 interview if noninterview in 1982

(1136)

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

R9. Current marital status

- (1137) 1 ☐ Married, spouse present 4 ☐ Divorced
2 ☐ Married, spouse absent 5 ☐ Separated
3 ☐ Widowed 6 ☐ Never married

R10. Town/city (county) of residence in 1973 (1972 residence if noninterview in 1973)

R11. Date of 1973 interview (date of 1972 interview if noninterview in 1973)

(1138)

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

R12. Interview status in 1978

- (1139) 1 ☐ Interview in 1978
2 ☐ Noninterview in 1978

R13. Date of 1978 interview

(1140)

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

R14. Type of training enrolled in as of 1982 interview

- (1141) 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 1982