

Section 3 — HOUSEHOLD MEMBERS — Continued

31. Continued

PERSONS 3 YEARS OLD AND OLDER	PERSONS 14 YEARS OLD AND OLDER			
	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 31h and 31i.		
		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 work done longest.)	
Was ... enrolled in school at anytime in the last 12 months? Circle 1 — Yes 2 — No				
(31f)	(31g)	(31h)	(31i)	
				OFFICE USE 1960 codes
378 1 2	379	380		381
385 1 2	386	387		388
392 1 2	393	394		395
399 1 2	400	401		402
406 1 2	407	408		409
413 1 2	414	415		416
420 1 2	421	422		423
427 1 2	428	429		430
434 1 2	435	436		437
441 1 2	442	443		444
448 1 2	449	450		451
455 1 2	456	457		458
462 1 2	463	464		465
469 1 2	470	471		472
476 1 2	477	478		479
483 1 2	484	485		486

Section 4 — FAMILY MEMBERS

CHECK ITEM O

Refer to item 31c, page 26.

487

- 1 ☐ Husband or male partner listed — *GO to Check Item P*
- 2 ☐ All others — *SKIP to 33a*

CHECK ITEM P

Refer to item 31g, page 27.

488

- 1 ☐ Husband or male partner worked 52 weeks — *SKIP to 33a*
- 2 ☐ All others — *ASK 32*

32. You said your (husband/partner) worked (Entry in 31g) weeks in the last 12 months.

How many of the remaining (52 minus entry in item 31g) weeks was he looking for work or on layoff from a job?

489

- _____ Weeks
- 0 ☐ None

33a. How many persons not counting yourself (or your husband/partner) are dependent upon you (or your husband/partner) for at least one-half of their support?

490

- _____ Persons — *ASK 33b*
- 0 ☐ None — *SKIP to 33d*

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

491

- 1 ☐ Yes — *ASK 33c*
- 2 ☐ No — *SKIP to 33d*

c. What is their relationship to you?

Mark (X) all that apply.

492

*

- 1 ☐ Son
- 2 ☐ Daughter
- 3 ☐ Mother
- 4 ☐ Father
- 5 ☐ Mother-in-law
- 6 ☐ Father-in-law
- 7 ☐ Brother
- 8 ☐ Sister
- 9 ☐ Other — *Specify* _____

493

*

d. (Besides these dependents) Are there (any/other) family members or friends that you (or your husband/partner) regularly give money to?

494

- 2 ☐ No — *SKIP to 34a, page 29*
- 1 ☐ Yes — **How many?** _____ — *ASK 33e*

e. What is their relationship to you?

Mark (X) all that apply.

495

*

- 1 ☐ Son
- 2 ☐ Daughter
- 3 ☐ Mother
- 4 ☐ Father
- 5 ☐ Mother-in-law
- 6 ☐ Father-in-law
- 7 ☐ Brother
- 8 ☐ Sister
- 9 ☐ Other — *Specify* _____

496

*

NOTES

Section 4 — FAMILY MEMBERS — Continued

	497	498	FIRST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD	FIFTH CHILD
	2 <input type="checkbox"/> No — SKIP to 35, page 30 1 <input type="checkbox"/> Yes — How many? <u>4</u>		Name	Name	Name	Name	Name
34a. Do you have any children who have attended college during the past 12 months?							
b. What are their names? <i>Enter the name of each child at the top of a column in 34b. Beginning with the "First Child" column, complete items 34c—f as appropriate for each child listed.</i>							
c. Did (Read name of child) live at home while attending college?	499	504	509	514	519	524	529
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Did you (or your husband/partner) contribute more than half of (his/her) support?	500	505	510	515	520	525	530
	1 <input type="checkbox"/> Yes — SKIP to 34f 2 <input type="checkbox"/> No — ASK 34e	1 <input type="checkbox"/> Yes — SKIP to 34f 2 <input type="checkbox"/> No — ASK 34e	1 <input type="checkbox"/> Yes — SKIP to 34f 2 <input type="checkbox"/> No — ASK 34e	1 <input type="checkbox"/> Yes — SKIP to 34f 2 <input type="checkbox"/> No — ASK 34e	1 <input type="checkbox"/> Yes — SKIP to 34f 2 <input type="checkbox"/> No — ASK 34e	1 <input type="checkbox"/> Yes — SKIP to 34f 2 <input type="checkbox"/> No — ASK 34e	1 <input type="checkbox"/> Yes — SKIP to 34f 2 <input type="checkbox"/> No — ASK 34e
e. Did you help with (his/her) college expenses?	501	506	511	516	521	526	531
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. What (other) sources of funds did (he/she) use to pay for (his/her) college expenses? <i>Mark (X) all that apply</i>	502	507	512	517	522	527	532
	* 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	* 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	* 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	* 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	* 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	* 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	* 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

NOTES

Section 5 — WORK ATTITUDES

35. 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.

524 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

525 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

526 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

527 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

528 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

529 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.

530 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

531 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.

532 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

533 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.

534 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

36. 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 — Is it 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.

535 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

536 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

537 1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Section 5 — WORK ATTITUDES — Continued

CHECK ITEM Q

Refer to R3 on the Information Sheet.

538

- | | |
|--|-----------------------------|
| 1 <input type="checkbox"/> Married, spouse present | } <i>GO to Check Item R</i> |
| 2 <input type="checkbox"/> Married, spouse absent | |
| 3 <input type="checkbox"/> Widowed | } <i>SKIP to 38</i> |
| 4 <input type="checkbox"/> Divorced | |
| 5 <input type="checkbox"/> Separated | |
| 6 <input type="checkbox"/> Never married | |

CHECK ITEM R

Refer to R4 on the Information Sheet.

539

- 1 ☐ In Labor Force Group A or B — *ASK 37a*
 2 ☐ In Labor Force Group C — *SKIP to 37b*

37a. How does your husband feel about your working? Does he *(Read answer categories) —*

540

- | | |
|--|---------------------|
| 1 <input type="checkbox"/> Like it very much? | } <i>SKIP to 38</i> |
| 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? | |

b. How do you think your husband would feel about your working now? Would he *(Read answer categories) —*

541

- 1 ☐ Like it very much?
 2 ☐ Like it somewhat?
 3 ☐ Not care either way?
 4 ☐ Dislike it somewhat?
 5 ☐ Dislike it very much?

38. Now I'd like your opinion about homemaking activities. How do you feel about keeping house in your own home? Do you *(Read answer categories) —*

542

- 1 ☐ Like it very much?
 2 ☐ Like it somewhat?
 3 ☐ Dislike it somewhat?
 4 ☐ Dislike it very much?

39a. During 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?

543

- 1 ☐ Yes — *ASK 39b*
 2 ☐ No — *SKIP to 40a, page 32*

b. For what reason(s)

Mark (X) all that apply.

544

*

- 1 ☐ Race
 2 ☐ Religion
 3 ☐ Sex
 4 ☐ Age
 5 ☐ Marital status
 6 ☐ Nationality

545

*

- 7 ☐ Disability
 8 ☐ Other — *Specify* _____

c. In what way(s) have you been discriminated against?

Mark (X) all that apply.

546

*

- 1 ☐ Not hired or interviewed
 2 ☐ Not promoted or assigned to certain jobs
 3 ☐ Demoted or laid-off (actual or threatened)
 4 ☐ General company discrimination
 5 ☐ Paid less for same work
 6 ☐ Other — *Specify* _____

Section 5 — WORK ATTITUDES — Continued

40a. 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 in 40a, ASK —

b. Who usually performs this task or shares it with you?

Mark principal helper.

If column (b) is marked in 40a, 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/ Partner (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? ...	547 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	548 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	549 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(2) Child care, including helping with children? ...	550 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	551 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	552 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(3) Caring for chronically ill or disabled persons living in this household? ..	553 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	554 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	555 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) Cooking? ...	556 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	557 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	558 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(5) Cleaning the dishes after meals?	559 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	560 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	561 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(6) Cleaning the house?	562 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	563 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	564 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(7) Washing the clothes? ...	565 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	566 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	567 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(8) Yard and home maintenance?	568 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	569 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	570 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(9) Family paperwork, like paying bills and balancing the check-book?	571 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	572 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	573 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

NOTES

Section 5 – WORK ATTITUDES – Continued

40d. How many hours per week would you say you usually spend doing (these and) other household tasks?

574 _____ Hours per week
0 ☐ None

CHECK ITEM S

Refer to item 40a (3), page 32.

575
1 ☐ Boxes 1, 2, or 3 marked in 40a (3) — Ask 40e
2 ☐ All others — SKIP to 40f

40e. You said that chronically ill or disabled persons are cared for in this household. Which household member(s) is (are) this (these)?

Mark (X) all that apply.

576
*
1 ☐ Husband/Partner
2 ☐ Son or daughter
3 ☐ Respondent's parent(s)
4 ☐ Husband's parents
5 ☐ Sister or brother
6 ☐ Other relative — Specify ↓

577 7 ☐ Other nonrelative — Specify ↓

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

578
1 ☐ Yes — ASK 40g
2 ☐ No — SKIP to Check Item T, page 34

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

579 _____ Hours per week

NOTES

Section 6 — HEALTH

CHECK ITEM T

Refer to R4 on the Information sheet

580

- 1 ☐ Respondent in Labor Force Group A —
SKIP to 42a
- 2 ☐ All others — ASK 41a

41a. Does your health or physical condition prevent you from working altogether?

581

- 1 ☐ Yes — ASK 41b
- 2 ☐ No — SKIP to 42a

b. When did you become unable to work altogether?

582

Month	

583

Year	
1	9

SKIP to 43a

42a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?

584

- 1 ☐ Yes — ASK 42b
- 2 ☐ No — SKIP to 43a

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

585

_____ Years

AND

586

_____ Months

43a. During the past 5 years, has your health ever prevented you from working for 6 or more months in a row?

587

- 1 ☐ Yes — ASK 43b
- 2 ☐ No — SKIP to Check Item U

b. How long were you prevented from working?

If more than one, ask about most recent.

588

_____ Years

AND

589

_____ Months

c. When did you recover?

590

Month	

591

Year	
1	9

592

- 1 ☐ Not yet recovered

CHECK ITEM U

Refer to R4 on the Information Sheet.

593

- Respondent is in —
- 1 ☐ Labor Force Group A — ASK 44
- 2 ☐ All others — SKIP to 45a, page 35

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

Mark (X) all that apply.

594

*

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

595

*

596

597

Section 6 — HEALTH — Continued

SHOW FLASHCARD E		598	1 <input type="checkbox"/> Yes — ASK 45b 2 <input type="checkbox"/> No — SKIP to 45c
45a. 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?	
<input type="checkbox"/> Walking	599	Yes	No
<input type="checkbox"/> Using stairs or inclines	600	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Standing for long periods of time	601	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Sitting for long periods	602	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Stooping, kneeling, or crouching	603	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Lifting or carrying weights up to 10 lbs.	604	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Lifting or carrying heavy weights	605	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Reaching	606	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Using hands and fingers	607	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Seeing (even with glasses)	608	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Hearing	609	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Dealing with people	610	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/> Other — Specify _____	611	1 <input type="checkbox"/>	2 <input type="checkbox"/>
SHOW FLASHCARD F		612	2 <input type="checkbox"/> No — Go to 45d 1 <input type="checkbox"/> Yes — Which ones? — Mark (X) each problem mentioned
c. Are there any things on this card that bother you enough to be a problem?		613	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
		614	7 <input type="checkbox"/> Shortness of breath, trouble breathing
		*	8 <input type="checkbox"/> Other — Specify _____
SHOW FLASHCARD G		615	1 <input type="checkbox"/> Fumes, dust, or smoke
d. 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
		616	6 <input type="checkbox"/> Confusion or disorder
		*	7 <input type="checkbox"/> Working indoors
			8 <input type="checkbox"/> Working outdoors
			9 <input type="checkbox"/> Other — Specify _____
		617	10 <input type="checkbox"/> None
e. Are you able to go outdoors without help from another person?		618	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Are you able to use public transportation, such as trains or buses, without help from another person?		619	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Do you ever need help from others in looking after your personal care, such as dressing, bathing, eating, and other daily activities?		620	1 <input type="checkbox"/> Yes — ASK 45h 2 <input type="checkbox"/> No — SKIP to 45i
h. Would you say you need this kind of help frequently, occasionally, or rarely?		621	1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Rarely
i. During the past 5 years, has your health condition become better, worse, or remained about the same?		622	1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> Same

Section 6 — HEALTH — Continued

46a. Are any of the problems you have told me about the result of an accidental injury?

623

- 1 ☐ Yes — ASK 46b
2 ☐ No — SKIP to 46f

b. Was there more than one accident?

624

- 1 ☐ Yes
2 ☐ No

If "Yes" in 46b, read this statement before asking 46c —
I would like you to answer the following questions about the accident which had the most serious effect on your health.

c. Did this accident occur while you were on the job?

625

- 1 ☐ Yes — ASK 46d
2 ☐ No — SKIP to 46e

d. How were you injured?

Mark (X) all that apply.

626

- *
1 ☐ By a moving motor vehicle
2 ☐ Tripped or fell
3 ☐ Struck by falling object
4 ☐ Machinery
5 ☐ Burned
6 ☐ Other — Specify _____

e. When were you injured?

627

Month

--	--

Year

628

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

f. Are any of these problems the result of the kind of work you (do/did) or the kind of place you (work/worked)?

629

- 1 ☐ Yes
2 ☐ No

47a. 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?

630

- 1 ☐ Yes — ASK 47b
2 ☐ No — SKIP to Check Item V

b. Which family member is this?

Mark (X) all that apply.

631

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

CHECK ITEM V

Refer to item 5 on Household Record Card and R3 on the Information Sheet.

632

- 1 ☐ Box 1 or 2 marked in R3
2 ☐ Male partner listed in item 5 on Household Record Card } ASK 48
3 ☐ All others — SKIP to Check Item W

48. Does your (husband's/partner's) health or physical condition limit the amount or kind of work he can do?

633

- 1 ☐ Yes — ASK 49
2 ☐ No — SKIP to Check Item W

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

634

_____ Years
AND

635

_____ Months

CHECK ITEM W

Refer to R4 on the Information Sheet.

636

- 1 ☐ Respondent is currently in Labor Force Group A or B — ASK 50a
2 ☐ Respondent is currently in Labor Force Group C — SKIP to 51, page 37

50a. 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?

637

- 1 ☐ Yes
2 ☐ No
3 ☐ 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?

638

- 1 ☐ Good wages
2 ☐ Liking the work

Section 7 – ASSETS AND INCOME

51. In 1986, what was the total income of all family members here?

639 \$ _____ . **00**

52a. Is this (house/apartment) owned or being bought by you (or your husband/partner)?

640 1 ☐ Yes — ASK 52b
2 ☐ No — SKIP to 52d

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

641 \$ _____ . **00**

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

642 \$ _____ . **00**

d. In 1986, did you (and your husband/partner) live in public housing or pay lower rent because of subsidies from State, Federal, or local governments?

643 1 ☐ Yes
2 ☐ No

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

644 2 ☐ No — ASK 54
1 ☐ Yes — **How much altogether?** ↓
645 \$ _____ . **00**

54. Do you (or your husband/partner) have any —

a. U.S. Savings Bonds?

646 2 ☐ No — SKIP to 54b
1 ☐ Yes — **What is their face value?** ↓
647 \$ _____ . **00** — ASK 54b

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

648 2 ☐ No — SKIP to 54c
1 ☐ Yes — **What is their market value?** ↓
649 \$ _____ . **00** — ASK 54c

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

650 2 ☐ No — SKIP to 55a, page 38
1 ☐ Yes — **How much?** ↓
651 \$ _____ . **00** — ASK 55a, page 38

NOTES

Section 7 — ASSETS AND INCOME — Continued

55a. Do you (or your husband/partner) rent, own, or have an investment in a farm?

652

- 1 ☐ Yes — ASK 55b
2 ☐ No — SKIP to 56a

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.)

653

\$ _____ . 00

c. Does that include the value of this house?

654

- 1 ☐ Yes
2 ☐ No

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

655

\$ _____ . 00
0 ☐ None

56a. Do you (or your husband/partner) own or have an investment in a business or professional practice?

656

- 1 ☐ Yes — ASK 56b
2 ☐ No — SKIP to 57a

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.)

657

\$ _____ . 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.)

658

\$ _____ . 00
0 ☐ None

57a. Do you (or your husband/partner) own any other real estate, not counting the property on which you are living?

659

- 1 ☐ Yes — ASK 57b
2 ☐ No — SKIP to 58a, page 39

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

660

\$ _____ . 00

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

661

\$ _____ . 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?

662

\$ _____ . 00
0 ☐ None

Section 7 — ASSETS AND INCOME — Continued

58a. Do you (or your husband/partner) own any automobiles, vans, trucks, or motorcycles?

663

- 1 ☐ Yes — ASK 58b
2 ☐ No — SKIP to 59

b. How many of each?

664

_____ Automobiles

665

_____ Vans or trucks

666

_____ Motorcycles

59. 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?

667

- 2 ☐ No — SKIP to 60a
1 ☐ Yes — **How much altogether?**

668

\$ _____ . 00 — ASK 60a

60a. Now I would like to ask a few questions about your income in 1986.

In 1986, how much did you receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

669

\$ _____ . 00
0 ☐ None

b. In 1986, did you receive any —

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

670

- 2 ☐ No — SKIP to 60b (2)
1 ☐ Yes — **How much?**

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

671

\$ _____ . 00 — ASK 60b (2)

672

- 1 ☐ Loss
2 ☐ Broke even } ASK 60b (2)

673

COMPUTER USE ONLY

(2) Unemployment compensation?

674

- 1 ☐ Yes — ASK 60b (2) (a)
2 ☐ No — SKIP to 60b (3)

(a) How many weeks?

675

_____ Weeks

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

676

\$ _____ . 00 per week — ASK 60b (3)

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

677

- 1 ☐ Yes — ASK 60b (3) (a)
2 ☐ No — SKIP to 60b (4), page 40

(a) How many weeks?

678

_____ Weeks

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

679

\$ _____ . 00 per week — ASK 60b (4), page 40

Section 7 — ASSETS AND INCOME — Continued

60b. Continued

In 1986, did you receive any —

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

680

- 1 ☐ Yes — ASK 60b (4) (a)
2 ☐ No — SKIP to 60c

(a) How many months?

681

Months

(b) How much per month on the average?

682

\$ 00 per month — ASK 60c

C. In 1986, did you receive income as a result of disability or illness such as —

If "Yes," list amount received during 1986.

(1) Veteran's compensation or pension?

683

- 2 ☐ No — SKIP to 60c (2)
1 ☐ Yes — How much?

684

\$ 00 — ASK 60c (2)

(2) Worker's compensation?

685

- 2 ☐ No — SKIP to 60c (3)
1 ☐ Yes — How much?

686

\$ 00 — ASK 60c (3)

(3) Social Security disability payment?

687

- 2 ☐ No — SKIP to 60c (4)
1 ☐ Yes — How much?

688

\$ 00 — ASK 60c (4)

(4) Any other disability payment? Specify

689

- 2 ☐ No — SKIP to 61a
1 ☐ Yes — How much?

690

\$ 00 — ASK 61a

61a. In 1986, did you receive any pension income from any source other than Social Security or Railroad Retirement?

691

- 1 ☐ Yes — ASK 61b
2 ☐ No — SKIP to Check Item X, page 41

b. Did you receive pension income from —

If "Yes," list amount received during 1986.

(1) Private employer?

692

- 2 ☐ No — SKIP to 61b (2)
1 ☐ Yes — How much?

693

\$ 00 — ASK 61b (2)

(2) Military?

694

- 2 ☐ No — SKIP to 61b (3)
1 ☐ Yes — How much?

695

\$ 00 — ASK 61b (3)

(3) Federal government (civilian)?

696

- 2 ☐ No — SKIP to 61b (4)
1 ☐ Yes — How much?

697

\$ 00 — ASK 61b (4)

(4) State or local government?

698

- 2 ☐ No — SKIP to 61b (5), page 41
1 ☐ Yes — How much?

699

\$ 00 — ASK 61b (5), page 41

Section 7 — ASSETS AND INCOME — Continued

61b. Continued

Did you receive pension income from —
If "Yes," list amount received during 1986.

(5) Union?

700

2 ☐ No — SKIP to 61b (6)

1 ☐ Yes — **How much?**

701

\$ _____ . **00** — ASK 61b (6)

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

702

2 ☐ No — SKIP to 61b (7)

1 ☐ Yes — **How much?**

703

\$ _____ . **00** — ASK 61b (7)

(7) Other sources? — Specify

704

2 ☐ No — SKIP to Check Item X

1 ☐ Yes — **How much?**

705

\$ _____ . **00** — GO to Check Item X

CHECK ITEM X

Refer to item 5 on Household Record Card and
R3 on the Information Sheet.

706

1 ☐ Box 1 or 2 marked in R3

2 ☐ Male partner listed in item 5
on Household Record Card

3 ☐ All others — SKIP to 64, page 45

} ASK 62a, page 42

NOTES

Section 7 — ASSETS AND INCOME — Continued

62a. Now, I would like to ask a few questions about your (husband's/partner's) income in 1986.

In 1986, how much did your (husband/partner) receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?

707 \$ _____ **00**

o ☐ None

b. In 1986, did your (husband/partner) receive any —

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

708

2 ☐ No — *SKIP to 62b (2)*

1 ☐ Yes — **How much?**

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

709

\$ _____ **00** — *ASK 62b (2)*

710

1 ☐ Loss

2 ☐ Broke even

} *ASK 62b (2)*

711

COMPUTER USE ONLY

(2) Unemployment compensation?

712

1 ☐ Yes — *ASK 62b (2) (a)*

2 ☐ No — *SKIP to 62b (3)*

(a) How many weeks?

713

_____ Weeks

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

714

\$ _____ **00** per week — *ASK 62b (3)*

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

715

1 ☐ Yes — *ASK 62b (3) (a)*

2 ☐ No — *SKIP to 62b (4), page 43*

(a) How many weeks?

716

_____ Weeks

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

717

\$ _____ **00** per week — *ASK 62b (4), page 43*

NOTES

Section 7 — ASSETS AND INCOME — Continued

62b. Continued

In 1986, did your (husband/partner) receive any —

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

718

- 1 ☐ Yes — ASK 62b (4) (a)
2 ☐ No — SKIP to 62c

(a) How many months?

719

_____ Months

(b) How much per month on the average?

720

\$ _____ . per month — ASK 62c

C. In 1986, did your (husband/partner) receive income as a result of disability or illness such as —

If "Yes," list amount received during 1986.

(1) Veteran's compensation or pension?

721

- 2 ☐ No — SKIP to 62c (2)
1 ☐ Yes — **How much?** ↓

722

\$ _____ . — ASK 62c (2)

(2) Worker's compensation?

723

- 2 ☐ No — SKIP to 62c (3)
1 ☐ Yes — **How much?** ↓

724

\$ _____ . — ASK 62c (3)

(3) Social Security disability payment?

725

- 2 ☐ No — SKIP to 62c (4)
1 ☐ Yes — **How much?** ↓

726

\$ _____ . — ASK 62c (4)

(4) Any other disability payment? Specify ↓

727

- 2 ☐ No — SKIP to 63a, page 44
1 ☐ Yes — **How much?** ↓

728

\$ _____ . — ASK 63a, page 44

NOTES

Section 7 — ASSETS AND INCOME — Continued

63a. In 1986, did your (husband/partner) receive any pension income from any source other than Social Security or Railroad Retirement?

729

- 1 ☐ Yes — ASK 63b
2 ☐ No — SKIP to 64, page 45

b. Did your (husband/partner) receive pension income from —

730

- 2 ☐ No — SKIP to 63b(2)
1 ☐ Yes — **How much?** ↓

If "Yes," list amount received during 1986.

(1) Private employer?

731

\$ _____ . **00** — ASK 63b(2)

(2) Military?

732

- 2 ☐ No — SKIP to 63b(3)
1 ☐ Yes — **How much?** ↓

733

\$ _____ . **00** — ASK 63b(3)

(3) Federal government (civilian)?

734

- 2 ☐ No — SKIP to 63b(4)
1 ☐ Yes — **How much?** ↓

735

\$ _____ . **00** — ASK 63b(4)

(4) State or local government?

736

- 2 ☐ No — SKIP to 63b(5)
1 ☐ Yes — **How much?** ↓

737

\$ _____ . **00** — ASK 63b(5)

(5) Union?

738

- 2 ☐ No — SKIP to 63b(6)
1 ☐ Yes — **How much?** ↓

739

\$ _____ . **00** — ASK 63b(6)

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

740

- 2 ☐ No — SKIP to 63b(7)
1 ☐ Yes — **How much?** ↓

741

\$ _____ . **00** — ASK 63b(7)

(7) Other sources? — Specify ↓

742

- 2 ☐ No — SKIP to 64, page 45
1 ☐ Yes — **How much?** ↓

743

\$ _____ . **00** — ASK 64, page 45

NOTES

Section 7 — ASSETS AND INCOME — Continued

64. In 1986, did you (or your husband/partner) receive —

a. Any income from operating a farm?

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

744

2 ☐ No — SKIP to 64b

1 ☐ Yes — **How much?**

745

\$ _____ **00** — ASK 64b

746

1 ☐ Loss

2 ☐ Broke even

} ASK 64b

747

COMPUTER 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)

748

2 ☐ No — SKIP to 64c

1 ☐ Yes — **How much?**

749

\$ _____ **00** — ASK 64c

750

1 ☐ Loss

2 ☐ Broke even

} ASK 64c

751

COMPUTER USE

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

752

2 ☐ No — SKIP to 65a

1 ☐ Yes — **How much?**

753

\$ _____ **00** — ASK 65a

65a. In 1986, did you (or your husband/partner) receive any food stamps under the Government's Food Stamp Plan?

754

1 ☐ Yes — ASK 65b

2 ☐ No — SKIP to 66a

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

755

_____ Months

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

756

\$ _____ **00**

66a. In 1986, did you (or your husband/partner) receive any income from Aid to Families with Dependent Children (AFDC)?

757

1 ☐ Yes — ASK 66b

2 ☐ No — SKIP to 67a

b. How many months?

758

_____ Months

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

759

\$ _____ **00** Per month

67a. In 1986, did you (or your husband/partner) receive any Supplemental Security Income or any other public assistance from the local, State, or Federal government?

760

1 ☐ Yes — ASK 67b

2 ☐ No — SKIP to 68, page 46

b. How many months?

761

_____ Months

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

762

\$ _____ **00** Per month

Section 7 — ASSETS AND INCOME — Continued

68. In 1986, did you (or your husband/partner) receive any alimony?

763

2 ☐ No — SKIP to 69

1 ☐ Yes — **How much?**

764

\$ _____ . 00 — ASK 69

69. In 1986, did you (or your husband/partner) receive any child support?

765

2 ☐ No — SKIP to 70

1 ☐ Yes — **How much?**

766

\$ _____ . 00 — ASK 70

70. In 1986, did you (or your husband/partner) receive any contributions from family members living elsewhere?

767

2 ☐ No — SKIP to 71

1 ☐ Yes — **How much?**

768

\$ _____ . 00 — ASK 71

71. In 1986, did you (or your husband/partner) receive any other type of income, for example, royalties, annuities, etc.?

769

2 ☐ No — SKIP to Check Item Y

1 ☐ Yes — **How much?**

770

\$ _____ . 00 — Go to Check Item Y

CHECK ITEM Y

Refer to items 31c and 31e, page 26.

771

1 ☐ Only respondent (and husband/partner and their children under 14) listed — SKIP to 73

2 ☐ Other family members listed — ASK 72

SHOW FLASHCARD H

72. In 1986, what was the total income of ALL family members living here, OTHER THAN you and your (husband/partner)?

Mark (X) only one box.

772

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

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

Read each answer category.

773

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

NOTES

Section 8 — EDUCATION AND TRAINING

74a. Now I'd like to ask you some questions about your education.

Have you attended college since *(Date entered in R10)?*

774

- 1 ☐ Yes — ASK 74b
2 ☐ No — SKIP to 75a

b. How many weeks did you attend college?

775

- _____ Weeks
o ☐ Less than one week

c. How many hours per week did you usually spend on college education?

776

- _____ Hours per week

d. What was your major field of study?

777

--	--

e. Have you received a college degree since *(Date entered in R10)?*

778

- 1 ☐ Yes — ASK 74f
2 ☐ No — SKIP to 75a

f. What degree was it?

Mark (X) most advanced degree received; do not read list.

779

- 1 ☐ Associate (2 or 3 year course)
2 ☐ Bachelor's (B.A., B.S., A.B.)
3 ☐ Master's (M.S., M.A., M.B.A.)
4 ☐ Doctorate (Ph.D., M.D., LL.B., J.D.)
5 ☐ Other — Specify _____

75a. Since *(Date entered in R10)*, **have you taken any on-the-job training courses?**

780

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

b. How many weeks have you spent in on-the-job training courses?

781

- _____ Weeks
o ☐ Less than one week

c. How many hours per week have you spent in this training?

782

- _____ Hours per week
o ☐ Less than one hour

d. Did you complete this training?

783

- 1 ☐ Yes
2 ☐ No, dropped out
3 ☐ No, still attending

76a. Since *(Date entered in R10)*, **have you taken any other training or educational programs OTHER THAN on-the-job training or college courses (that you just told me about)?**

784

- 1 ☐ Yes — ASK 76b
2 ☐ No — SKIP to 77, page 50

b. Did you complete this training?

If more than one, ask about most recent.

785

- 1 ☐ Yes
2 ☐ No, dropped out
3 ☐ No, still attending

NOTES

Section 8 — EDUCATION AND TRAINING — Continued

76c. What kind of training course or educational program did you take (are you taking)?

Specify name of training class on line provided and then mark the appropriate box.

Mark (X) only one category; do not read list.

786

- | | |
|--|---------------|
| 1 <input type="checkbox"/> Professional, technical . . . | } SKIP to 76e |
| 2 <input type="checkbox"/> Managerial | |
| 3 <input type="checkbox"/> Clerical | |
| 4 <input type="checkbox"/> Skilled manual — ASK 76d | |
| 5 <input type="checkbox"/> Sales | } SKIP to 76e |
| 6 <input type="checkbox"/> Services | |
| 7 <input type="checkbox"/> Other — Specify ↓ | |
| _____ | |

d. (Was/Is) this part of an apprenticeship program?

787

- 1 ☐ Yes
2 ☐ No

e. What kind of school or organization provides (provided) instruction for this training?

Specify the kind of school or organization on line provided and then mark the appropriate box.

Mark (X) only one category; do not read list.

788

- 01 ☐ Business college, technical institute
02 ☐ Company training school
03 ☐ Correspondence school
04 ☐ High school (including night school)
05 ☐ Community or junior college
06 ☐ Regular 4-year college or university
07 ☐ Area vocational school
08 ☐ Nursing school, hospital, medical school, or college
09 ☐ Federal, State, or local government agency including military reserve, Job Corp, JTPA
10 ☐ Apprenticeship
11 ☐ Community organization (e.g., church, temple, synogogue, YMCA, Red Cross, neighborhood association)
12 ☐ Other place — Specify ↓

NOTES

Section 8 — EDUCATION AND TRAINING — Continued

76f. What kind of work (were/are) you being trained for?

1960 code

789

790

- 1 ☐ Same job as in 10a, page 5
2 ☐ None

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

791

_____ Weeks

- 0 ☐ Less than one week

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

792

_____ Hours per week

- 0 ☐ Less than one hour

i. Why did you decide to take this program?

Mark (X) the main reason; do not read list.

793

- 1 ☐ To obtain work
2 ☐ To improve current job situation
3 ☐ To get a better job
4 ☐ Had extra time; bored staying at home
5 ☐ To improve basic skills like reading, writing, or arithmetic
6 ☐ For general education, general knowledge
7 ☐ For personal development, pleasure or interest
8 ☐ Other reasons — *Specify* _____

CHECK ITEM Z

Refer to R4 on the Information Sheet.

794

- 1 ☐ Respondent is in Labor Force Group A ("1" in R4) — *ASK 76j*
2 ☐ All others — *SKIP to 76k*

76j. Do you use this training on your present job?

795

- 1 ☐ Yes
2 ☐ No

k. Did you receive a certificate or diploma?

796

- 1 ☐ Yes — *ASK 76L*
2 ☐ No — *SKIP to 77, page 50*

l. What kind?

797

- 1 ☐ Certificate
2 ☐ License
3 ☐ High school diploma or GED
4 ☐ Journeyworker's card (formerly journeyman's card)
5 ☐ Other — *Specify* _____

NOTES

Section 9 – ATTITUDES AND CONTACT PERSONS

77. We are interested in the way people are feeling these days.

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

Mark (X) only one category.

798

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

78. Please give us the names and addresses of two persons who would always know where you could be reached even if you moved away.

If same person(s), update the information in items 14 through 17, as appropriate on the LGT-1C.

If new person(s) mentioned, enter the information in items 14 through 17 that are not completed or in the margin of the LGT-1C.

NOTES

Section 10 — NONINTERVIEWS IN 1986

Ask the following of all respondents who were noninterviews in 1986. 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 1986 — 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 R7
} 2. If blank, mark "Not employed in 1986" in R7

**WHEN THE TRANSCRIPTION HAS BEEN COMPLETED IN ITEM R7,
BEGIN THE REGULAR INTERVIEW WITH ITEM 1.**

INFORMATION SHEET

Transcribe from Household Record Card (LGT-1C), item 7.

R3. Current marital status

- 799** 1 ☐ Married, spouse present 4 ☐ Divorced
2 ☐ Married, spouse absent 5 ☐ Separated
3 ☐ Widowed 6 ☐ Never married

R4. Current labor force group

- 800** 1 ☐ A ("WK" or "J" in 1 or "Yes" in 2a or 3a)
2 ☐ B ("LK" in 1 or "Yes" in 4a)
3 ☐ C (All others)

R5. Class of worker

- 801** 1 ☐ P (Private) 6 ☐ O (Own business)
2 ☐ G (Government) 9 ☐ WP (Working without pay)

R6. Date of 1986 interview OR 08/15/86 if noninterview in 1986.

Month	Day	Year
802		

R7. Name of employer in 1986.

(Employer's name)

- 803** 1 ☐ Not employed in 1986
2 ☐ Employed — No name given

R8. Date of 1982 interview OR 08/16/82 if noninterview in 1982.

Month	Day	Year
804		

R9. Marital status if interviewed in 1986, or marital status in 1984 if not interviewed in 1986.

- 805** 1 ☐ Married, spouse present
2 ☐ Married, spouse absent
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married
9 ☐ Noninterview in 1984 and 1986

R10. If interviewed in 1986, enter date of 1986 interview. If noninterview in 1986, enter date of last interview.

Month	Day	Year
806		