

Section 3 — WORK ATTITUDES — Continued

50a. Since January 1983, do you feel that, so far as work is concerned, you have been in any way discriminated against because of your race?

463

- 1 ☐ Yes — ASK 50b
- 2 ☐ No — SKIP to 51a, page 39

b. What was the most recent way in which you were discriminated against because of your race?

*Mark (X) only one way; do **not** read the list.*

464

- 1 ☐ Not hired or interviewed
- 2 ☐ Not promoted or assigned to certain jobs
- 3 ☐ Evaluation of job performance
- 4 ☐ Relations with co-workers
- 5 ☐ Relations with supervisors
- 6 ☐ Paid less for same work
- 7 ☐ Demoted or laid-off; actual/threatened
- 8 ☐ Nothing specific, just thinks employer discriminates
- 9 ☐ Nothing specific, just thinks there is discrimination in general
- 10 ☐ Other — Specify J

c. What, if anything, did you do about it?

*If respondent took more than one action, mark (X) the last one taken; do **not** read list.*

465

- 1 ☐ Took no specific action
- 2 ☐ Tried to solve the problem informally
- 3 ☐ Registered a complaint with a supervisor
- 4 ☐ Filed a grievance with employer or union
- 5 ☐ Took legal action (EEOC, filed lawsuit, went to court)
- 6 ☐ Other — Specify J

d. What eventually happened?

*If more than one result, mark (X) the last event that happened; do **not** read list.*

466

- 1 ☐ Nothing
- 2 ☐ Employer took action to solve the problem
- 3 ☐ Grievance or other legal action was settled in my favor
- 4 ☐ Grievance or other legal action was unsuccessful
- 5 ☐ I quit the job
- 6 ☐ Other — Specify J

Section 3 — WORK ATTITUDES — Continued

51a. Since January 1983, do you feel that, so far as work is concerned, you have been in any way discriminated against because of your religion, nationality, marital status, health, or for any other reason?

467

- 1 ☐ Yes — ASK 51b
2 ☐ No — SKIP to 52a, page 41

b. For what reason?

If more than one reason, mark (X) the most recent one.

468

- 1 ☐ Religion
2 ☐ Nationality
3 ☐ Marital Status
4 ☐ Health
5 ☐ Other — Specify ↓

c. What was the most recent way in which you were discriminated against because of your (entry in item 51b above)?

*Mark (X) only one way; do **not** read the list.*

469

- 1 ☐ Not hired or interviewed
2 ☐ Not promoted or assigned to certain jobs
3 ☐ Evaluation of job performance
4 ☐ Relations with co-workers
5 ☐ Relations with supervisors
6 ☐ Paid less for same work
7 ☐ Demoted or laid-off; actual/threatened
8 ☐ Nothing specific, just thinks employer discriminates
9 ☐ Nothing specific, just thinks there is discrimination in general
10 ☐ Other — Specify ↓

d. What, if anything, did you do about it?

*If respondent took more than one action, mark (X) the last one taken; do **not** read list.*

470

- 1 ☐ Took no specific action
2 ☐ Tried to solve the problem informally
3 ☐ Registered a complaint with a supervisor
4 ☐ Filed a grievance with employer or union
5 ☐ Took legal action (EEOC, filed lawsuit, went to court)
6 ☐ Other — Specify ↓

Section 3 — WORK ATTITUDES — Continued

51e. What eventually happened?

If more than one result, mark (X) the last event that happened; do **not** read list.

471

- 1 ☐ Nothing
- 2 ☐ Employer took action to solve the problem
- 3 ☐ Grievance or other legal action was settled in my favor
- 4 ☐ Grievance or other legal action was unsuccessful
- 5 ☐ I quit the job
- 6 ☐ Other — Specify

NOTES

Section 4 — VOLUNTEER WORK

52a. In the past 12 months, did you do any unpaid volunteer work?

472

- 1 ☐ Yes — ASK 52b
2 ☐ No — SKIP to Check Item O, page 42

b. How many weeks?

473

_____ Weeks

c. On the average, how many hours per week did you do volunteer work during these weeks?

474

_____ Hours per week

d. What organization did you work for?

475

If more than one organization, mark (X) the one for which she worked the most hours during the past 12 months.

Do not read list.

- 1 ☐ Hospital or clinic
2 ☐ School
3 ☐ Church
4 ☐ Political organization
5 ☐ Groups such as Community Chest, United Fund, Heart Fund
6 ☐ Boy Scouts, Girl Scouts, Little League, etc.
7 ☐ Civic or community action
8 ☐ Social and welfare
9 ☐ Other — Specify _____

e. As a result of this unpaid volunteer work, did you find a job for pay?

476

- 1 ☐ Yes
2 ☐ No

NOTES

Section 5 — CHILD CARE

CHECK ITEM O

Refer to items 5 and 8a—c on the Household Record Card (LGT-1C).

477

- 1 ☐ Respondent has one or more children under 18 in the household — ASK 53
- 2 ☐ All others — SKIP to Check Item P, page 46

53. Did you do any work for pay in the last four weeks?

478

- 1 ☐ Yes — SKIP to 56a, page 44
- 2 ☐ No — ASK 54

54. Not counting kindergarten, elementary or secondary school, in the past four weeks (has your child/have any of your children) been cared for in any regular arrangement such as a day-care center, nursery school, play group, baby sitter, relative, or some other REGULAR child care arrangement?

479

- 1 ☐ Yes — ASK 55
- 2 ☐ No — SKIP to Check Item P, page 46

55. In the past four weeks, did you REGULARLY participate in any of the following types of activities while your (child was/children were) being cared for?

READ list and mark (X) all that apply.

480

*

- 1 ☐ Going to school
- 2 ☐ Other instruction or training
- 3 ☐ Looking for work
- 4 ☐ Volunteer work
- 5 ☐ Recreational activities
- 6 ☐ Shopping
- 7 ☐ Other — Specify }

481

*

- 8 ☐ No regular activities

NOTES

NOTES

Section 5 — CHILD CARE — Continued

56a. Who usually takes care of your child(ren) while you are (working/participating in your activity/activities)?

INTERVIEWER: Refer to Household Record Card. Mark (X) for the youngest child in each column below and fill the appropriate column(s) for the **youngest** child in that age group.

	<input type="checkbox"/> 0—2 years old	<input type="checkbox"/> 3—5 years old	<input type="checkbox"/> 6—8 years old	<input type="checkbox"/> 9—11 years old	<input type="checkbox"/> 12+ years old
1. In own home by relative					
a. Father	482 <input type="checkbox"/> *	491 <input type="checkbox"/> *	500 <input type="checkbox"/> *	509 <input type="checkbox"/> *	518 <input type="checkbox"/> *
b. Older brother or sister of child(ren)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Age?	483 <input type="checkbox"/>	492 <input type="checkbox"/>	501 <input type="checkbox"/>	510 <input type="checkbox"/>	519 <input type="checkbox"/>
c. Grandparent	484 <input type="checkbox"/> *	493 <input type="checkbox"/> *	502 <input type="checkbox"/> *	511 <input type="checkbox"/> *	520 <input type="checkbox"/> *
d. Other relative	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
2. In own home by nonrelative	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
3. In relative's home	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
4. In nonrelative's home	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Day/Group Care Center	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Nursery/Preschool	485 <input type="checkbox"/> *	494 <input type="checkbox"/> *	503 <input type="checkbox"/> *	512 <input type="checkbox"/> *	521 <input type="checkbox"/> *
7. Child in kindergarten, elementary, or secondary school	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
8. Child cares for self (without supervision)	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
9. Respondent's work/activity at home	486 <input type="checkbox"/>	495 <input type="checkbox"/>	504 <input type="checkbox"/>	513 <input type="checkbox"/>	522 <input type="checkbox"/>
10. Respondent cares for child at work/activity place	487 <input type="checkbox"/>	496 <input type="checkbox"/>	505 <input type="checkbox"/>	514 <input type="checkbox"/>	523 <input type="checkbox"/>
11. Other arrangement	488 <input type="checkbox"/>	497 <input type="checkbox"/>	506 <input type="checkbox"/>	515 <input type="checkbox"/>	524 <input type="checkbox"/>
	Specify ↘	Specify ↘	Specify ↘	Specify ↘	Specify ↘

56b. How dependable (is this/are these) arrangement(s)? For instance, during the past four weeks, how often have you had to make last minute plans for the care of your child(ren) in order for you to (work/ participate in your activity/activities)? Does this occur frequently, occasionally, rarely, or very rarely?

- 1. Frequently
- 2. Occasionally
- 3. Rarely
- 4. Very rarely

c. About how many hours per week (is your child/are your children) usually cared for under (this/these) arrangement(s)?

NOTES

INTERVIEWER: For each column marked in 56a, mark the same column below and fill the appropriate column(s) for the **youngest** child in that age group.

<input type="checkbox"/> 0—2 years old	<input type="checkbox"/> 3—5 years old	<input type="checkbox"/> 6—8 years old	<input type="checkbox"/> 9—11 years old	<input type="checkbox"/> 12+ years old
<div>489<div>1<input type="checkbox"/></div><div>2<input type="checkbox"/></div><div>3<input type="checkbox"/></div><div>4<input type="checkbox"/></div></div>	<div>498<div>1<input type="checkbox"/></div><div>2<input type="checkbox"/></div><div>3<input type="checkbox"/></div><div>4<input type="checkbox"/></div></div>	<div>507<div>1<input type="checkbox"/></div><div>2<input type="checkbox"/></div><div>3<input type="checkbox"/></div><div>4<input type="checkbox"/></div></div>	<div>516<div>1<input type="checkbox"/></div><div>2<input type="checkbox"/></div><div>3<input type="checkbox"/></div><div>4<input type="checkbox"/></div></div>	<div>525<div>1<input type="checkbox"/></div><div>2<input type="checkbox"/></div><div>3<input type="checkbox"/></div><div>4<input type="checkbox"/></div></div>
<div>490<div>Hours</div></div>	<div>499<div>Hours</div></div>	<div>508<div>Hours</div></div>	<div>517<div>Hours</div></div>	<div>526<div>Hours</div></div>

Section 6 — HEALTH

CHECK ITEM P

Refer to R4 (Information Sheet).

527

- 1 ☐ Respondent in Labor Force Group A — *SKIP to 59a*
 2 ☐ All others — *ASK 57*

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

528

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

58. When did you become unable to work altogether?

529

Month	

530

Year	
1	9

} *SKIP to 60a*

59a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?

531

- 1 ☐ Yes — *ASK 59b*
 2 ☐ No — *SKIP to 60a*

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

532

_____ Years
 AND

533

_____ Months

60a. Has your health ever prevented you from working for 6 or more months in a row?

534

- 1 ☐ Yes — *ASK 60b*
 2 ☐ No — *SKIP to Check Item Q*

b. How long were you prevented from working?

Most recent if more than one.

535

_____ Years
 AND

536

_____ Months

c. When did you recover?

537

Month	

538

Year	
1	9

539

- 1 ☐ Not yet recovered

CHECK ITEM Q

Refer to R4 (Information Sheet).

540

- Respondent is in —
 1 ☐ Labor Force Group A — *ASK 61*
 2 ☐ All others — *SKIP to 62a, page 47*

SHOW FLASHCARD ⓐ

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

Mark (X) all that apply.

541

*

- 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

542

*

543

544

Section 6 — HEALTH — Continued

SHOW FLASHCARD (H)

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

545

- 1 ☐ Yes — ASK 62b
2 ☐ No — SKIP to 62c

b. Which ones?

Mark (X) each activity mentioned.

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

Yes No

(1) ☐ Walking

546

1 ☐ 2 ☐

(2) ☐ Using stairs or inclines

547

1 ☐ 2 ☐

(3) ☐ Standing for long periods of time

548

1 ☐ 2 ☐

(4) ☐ Sitting for long periods

549

1 ☐ 2 ☐

(5) ☐ Stooping, kneeling, or crouching

550

1 ☐ 2 ☐

(6) ☐ Lifting or carrying weights up to 10 lbs.

551

1 ☐ 2 ☐

(7) ☐ Lifting or carrying heavy weights

552

1 ☐ 2 ☐

(8) ☐ Reaching

553

1 ☐ 2 ☐

(9) ☐ Using hands and fingers

554

1 ☐ 2 ☐

(10) ☐ Seeing (even with glasses)

555

1 ☐ 2 ☐

(11) ☐ Hearing

556

1 ☐ 2 ☐

(12) ☐ Dealing with people

557

1 ☐ 2 ☐

(13) ☐ Other — Specify

558

1 ☐ 2 ☐

SHOW FLASHCARD (I)

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

559

- 1 ☐ Yes — ASK 62d
2 ☐ No — SKIP TO 62e, page 48

d. Which ones?

Mark (X) each problem mentioned.

560

*

- 1 ☐ Pain
2 ☐ Tiring easily, no energy
3 ☐ Weakness, lack of strength
4 ☐ Aches, swelling, sick feeling
5 ☐ Fainting spells, dizziness
6 ☐ Nervousness, tension, anxiety, depression
7 ☐ Shortness of breath, trouble breathing
8 ☐ Other — Specify

561

*

NOTES

Section 6 — HEALTH — Continued

SHOW FLASHCARD (J)

62e. Which of these conditions would you have trouble working under BECAUSE OF YOUR HEALTH?

Mark (X) each condition mentioned.

562

*

- 1 ☐ Fumes, dust, or smoke (other than cigarettes)
- 2 ☐ Hot places
- 3 ☐ Cold places
- 4 ☐ Damp places
- 5 ☐ Noise or vibrations
- 6 ☐ Confusion or disorder

563

*

- 7 ☐ Cigarette smoke
- 8 ☐ Working indoors
- 9 ☐ Working outdoors

564

- 10 ☐ Other — Specify _____

565

- 11 ☐ None

63a. Do you ever need help from others in looking after your personal care such as dressing, bathing, eating, and other daily activities?

566

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

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

567

- 1 ☐ Frequently
- 2 ☐ Occasionally
- 3 ☐ Rarely

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

568

- 1 ☐ Better
- 2 ☐ Worse
- 3 ☐ Same

CHECK ITEM R

Refer to Household Record Card Composition Information (LGT-1C).

569

- 1 ☐ Respondent lives alone — SKIP to 67a, page 49
- 2 ☐ All others — ASK 65a

65a. Does the health condition of any family member living here affect the KIND or AMOUNT of work you can do or where you can work?

570

- 1 ☐ Yes — ASK 65b
- 2 ☐ No — SKIP to Check Item S

b. Which family member is this?

Mark (X) all that apply.

571

*

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

c. How does (family member in item 65b) health affect your work?

Mark (X) all that apply.

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

572

*

- 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
- 7 ☐ Other effects — Specify _____

573

CHECK ITEM S

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

574

- 1 ☐ Box 1 or 2 marked in R3
- 2 ☐ Male partner listed in item 5 on Household Record Card
- 3 ☐ All others — SKIP to 67a, page 49

ASK 66a, page 49

Section 6 — HEALTH — Continued

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

575

- 1 ☐ Yes — ASK 66b
2 ☐ No — SKIP to 67a

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

576

____ Years

AND

577

____ Months

67a. Are you (or your husband/partner), (or any other family member of this household) covered by any medical or hospital insurance like Blue Cross, Blue Shield, or Medicaid?

578

- 1 ☐ Yes — ASK 67b
2 ☐ No — SKIP to 68, page 50

If "Yes" marked in item 67a and the respondent lives with no other family members, SKIP to 67c.

579

b. Are you (and your husband/partner) (and all other family members of this household) covered under the same medical or hospital insurance plan?

- 1 ☐ Yes — ASK 67c
2 ☐ No — SKIP to 67d

c. Is this medical insurance provided by a group policy on your job, (a group policy on your husband's/partner's job), or do you buy it directly from a medical insurance company?

580

- 1 ☐ Own job
2 ☐ Husband's/partner's job
3 ☐ Bought directly from company
4 ☐ Other — Specify _____

} SKIP to 68, page 50

d. Which of the family members of this household are covered by hospital or medical insurance?

Mark (X) all that apply.

For each box marked in 67d, ASK 67e (Read each category)

67e. Is this insurance for (Reference person(s) in 67d) —

Mark main source only.

	Provided by a group policy at your job? (1)	Provided by a group policy at your husband's/partner's job (2)	Bought directly from a medical insurance company? (3)	Provided through Medicaid? (4)	Provided through Veteran's benefits? (5)	Provided through any other source? — Specify (6)
581 1 <input type="checkbox"/> Respondent	582 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
583 2 <input type="checkbox"/> Husband/partner	584 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
585 3 <input type="checkbox"/> Children	586 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
587 4 <input type="checkbox"/> Children under own policies	588 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
589 5 <input type="checkbox"/> Parents	590 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
591 6 <input type="checkbox"/> Husband's parents	592 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Section 6 – HEALTH – Continued

68. Now I'd like to ask you some questions about your parents.

593

- 1 ☐ Yes — ASK 68b
 2 ☐ No — SKIP to 68c
 3 ☐ Don't know — SKIP to 68e

a. Is your mother living?

b. How old is your mother today?

594

_____ Age

595

- 1 ☐ Don't know

} SKIP to 68e

c. How old was your mother when she died?

596

_____ Age

597

- 1 ☐ Don't know

d. What was the date of her death?

598

Month

--	--

599

Year

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

e. Is your father living?

600

- 1 ☐ Yes — ASK 68f
 2 ☐ No — SKIP to 68g
 3 ☐ Don't know — SKIP to 69, page 52

f. How old is your father today?

601

_____ Age

602

- 1 ☐ Don't know

} SKIP to 69, page 52

g. How old was your father when he died?

603

_____ Age

604

- 1 ☐ Don't know

h. What was the date of his death?

605

Month

--	--

606

Year

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

OFFICE USE ONLY

Total number of family members

607

--	--

Total number of household members

608

--	--

NOTES

NOTES

Section 7 — HOUSEHOLD MEMBERS

INTERVIEWER: Refer to Household Record Card. Transcribe for all current household members the line number (in 69a), name (in 69b), and relationship to respondent (in 69c). Then ask items 69d through 69g, as applicable. If the respondent lives alone, ask 69d of the respondent; then SKIP to Check Item T, page 54.

69. Now, I have a few questions about the work experience of ALL persons living here.

TRANSCRIBE FROM RECORD CARD.

Line No.	Name	RELATIONSHIP TO RESPONDENT	Date of birth
		EXAMPLE: Husband, son, mother, father-in-law, brother, housekeeper, boarder, partner, etc.	<i>Enter two digits each for the month, day, and year</i>
(69a)	(69b)	(69c)	(69d)
			Month Day Year
		Respondent	609
		610	611
		615	616
		620	621
		625	626
		630	631
		635	636
		640	641
		645	646
		650	651
		655	656
		660	661
		665	666
		670	671
		675	676
		680	681
		685	686

Section 7 — HOUSEHOLD MEMBERS — Continued

69. Continued

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)?

(69e)

If Person worked at all in the past 12 months, ASK 69f and 69g.

In the weeks that . . . worked, how many hours did . . . usually work per week?

(69f)

What kind of work was . . . doing in the past 12 months?

(If more than one, record the work done longest.)

(69g)

OFFICE USE
1960 codes

612	613	614
617	618	619
622	623	624
627	628	629
632	633	634
637	638	639
642	643	644
647	648	649
652	653	654
657	658	659
662	663	664
667	668	669
672	673	674
677	678	679
682	683	684
687	688	689

Section 8 — HUSBAND AND EMPLOYMENT

CHECK ITEM T

Refer to item 69c, page 52

690

- 1 ☐ Husband or male partner listed — ASK 70
 2 ☐ All others — SKIP to 72a, page 55

70. What was your (husband/partner) doing most of LAST WEEK — working, looking for work, or something else?

691

- 1 ☐ WK — Working
 2 ☐ J — With a job but not at work
 3 ☐ LK — Looking for work
 4 ☐ S — Going to school
 5 ☐ KH — Keeping house
 6 ☐ U — Unable to work
 8 ☐ OT — Other — Specify

CHECK ITEM U

Refer to item 69e, page 53

692

- 1 ☐ Husband or male partner worked 52 weeks — SKIP to 72a, page 55
 2 ☐ All others — Ask 71a

71a. You said your (husband/partner) worked (Entry in item 69e) weeks in the past twelve months.
 How many of the remaining (52 minus entry in item 69e) weeks was he looking for work or on layoff from a job?

693

_____ Weeks
 0 ☐ None

b. As a result of your (husband's/partner's) not working, did you start working or looking for work?

694

- 1 ☐ Yes
 2 ☐ No

NOTES

Section 9 — ASSETS AND INCOME

72a. Is this (house/apartment) owned or being bought by you (or your husband/partner)?	695	1 <input type="checkbox"/> Yes — ASK 72b 2 <input type="checkbox"/> No — SKIP to 73
b. About how much do you think this property would sell for on today's market?	696	\$ _____ 00
c. About how much do you (or your husband/partner) owe on this property for mortgages, back taxes, home improvement loans, etc.?	697	\$ _____ 00 0 <input type="checkbox"/> 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.?	698	\$ _____ 00 0 <input type="checkbox"/> None
73. Do you (or your husband/partner) have any money in savings or checking accounts, savings and loan companies, money market funds, or credit unions?	699 700	2 <input type="checkbox"/> No — ASK 74 1 <input type="checkbox"/> Yes — How much altogether? \$ _____ 00
74. Do you (or your husband/partner) have any — a. U.S. Savings Bonds?	701 702	2 <input type="checkbox"/> No — ASK 74b 1 <input type="checkbox"/> Yes — What is their face value? \$ _____ 00
b. Stocks, bonds, or shares in mutual funds?	703 704	2 <input type="checkbox"/> No — ASK 74c 1 <input type="checkbox"/> Yes — About how much is their market value? \$ _____ 00
c. Personal loans to others or mortgages you hold (money owed to you by other people)?	705 706	2 <input type="checkbox"/> No — ASK 75a 1 <input type="checkbox"/> Yes — How much? \$ _____ 00
75a. Do you (or your husband/partner) rent, own or have an investment in a farm?	707	1 <input type="checkbox"/> Yes — ASK 75b 2 <input type="checkbox"/> No — SKIP to 76a, page 56
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.)	708	\$ _____ 00
c. Does that include the value of this house?	709	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.)	710	\$ _____ 00 0 <input type="checkbox"/> None

NOTES

Section 9 — ASSETS AND INCOME — Continued

76a. Do you (or your husband/partner) own or have an investment in a business or professional practice?	<div style="border: 1px solid black; padding: 2px;">711</div>	1 <input type="checkbox"/> Yes — ASK 76b 2 <input type="checkbox"/> No — SKIP to 77a
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? <i>(Obtain value of respondent's and husband's/partner's share only.)</i>	<div style="border: 1px solid black; padding: 2px;">712</div>	\$ _____ <div style="border: 1px solid black; padding: 2px; width: 40px; float: right;">00</div>
c. What is the total amount of debts or liabilities owed by the business? <i>(Include respondent's and husband's/partner's share of all liabilities, as carried on the books.)</i>	<div style="border: 1px solid black; padding: 2px;">713</div>	\$ _____ <div style="border: 1px solid black; padding: 2px; width: 40px; float: right;">00</div> 0 <input type="checkbox"/> None
77a. Do you (or your husband/partner) own any other real estate, not counting the property on which you are living?	<div style="border: 1px solid black; padding: 2px;">714</div>	1 <input type="checkbox"/> Yes — ASK 77b 2 <input type="checkbox"/> No — SKIP to 78a
b. About how much do you think this property would sell for on today's market?	<div style="border: 1px solid black; padding: 2px;">715</div>	\$ _____ <div style="border: 1px solid black; padding: 2px; width: 40px; float: right;">00</div>
c. How much is the unpaid amount of any mortgages on this property?	<div style="border: 1px solid black; padding: 2px;">716</div>	\$ _____ <div style="border: 1px solid black; padding: 2px; width: 40px; float: right;">00</div> 0 <input type="checkbox"/> 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.?	<div style="border: 1px solid black; padding: 2px;">717</div>	\$ _____ <div style="border: 1px solid black; padding: 2px; width: 40px; float: right;">00</div> 0 <input type="checkbox"/> None
78a. Do you (or your husband/partner) own any automobiles, vans, trucks, or motorcycles?	<div style="border: 1px solid black; padding: 2px;">718</div>	1 <input type="checkbox"/> Yes — ASK 78b 2 <input type="checkbox"/> No — SKIP to 79
b. How many of each?	<div style="border: 1px solid black; padding: 2px;">719</div> <div style="border: 1px solid black; padding: 2px;">720</div> <div style="border: 1px solid black; padding: 2px;">721</div>	_____ Automobiles _____ Vans or trucks _____ Motorcycles
79. 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?	<div style="border: 1px solid black; padding: 2px;">722</div> <div style="border: 1px solid black; padding: 2px;">723</div>	2 <input type="checkbox"/> No — ASK 80a 1 <input type="checkbox"/> Yes — How much altogether? \$ _____ <div style="border: 1px solid black; padding: 2px; width: 40px; float: right;">00</div>
80a. SHOW FLASHCARD (K) In the past 12 months, what was the total income of ALL family members living here? <i>Mark (X) only one box.</i>	<div style="border: 1px solid black; padding: 2px;">724</div>	1 <input type="checkbox"/> Less than \$3,999 2 <input type="checkbox"/> \$4,000 — \$5,999 3 <input type="checkbox"/> 6,000 — 7,499 4 <input type="checkbox"/> 7,500 — 9,999 5 <input type="checkbox"/> 10,000 — 14,999 6 <input type="checkbox"/> 15,000 — 17,499 7 <input type="checkbox"/> 17,500 — 19,999 8 <input type="checkbox"/> 20,000 — 24,999 9 <input type="checkbox"/> 25,000 — 34,999 10 <input type="checkbox"/> 35,000 — 49,999 11 <input type="checkbox"/> 50,000 and over 12 <input type="checkbox"/> Don't know 13 <input type="checkbox"/> Nothing
Now I would like to ask a few questions about your income in the past 12 months.	<div style="border: 1px solid black; padding: 2px;">725</div>	\$ _____ <div style="border: 1px solid black; padding: 2px; width: 40px; float: right;">00</div> 0 <input type="checkbox"/> None
b. How much did you receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?		0 <input type="checkbox"/> None

Section 9 — ASSETS AND INCOME — Continued

30c. Did you receive any —

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

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

726

2 ☐ No — SKIP to 80c(2)

1 ☐ Yes — How much?

727

\$ _____ . 00 — ASK 80c(2)

728

1 ☐ Loss amount } ASK 80c(2)
2 ☐ Broke even }

729

COMPUTER USE ONLY

(2) Unemployment compensation?

730

1 ☐ Yes — ASK 80c(2)(a)

2 ☐ No — SKIP to 80c(3)

(a) How many weeks?

731

_____ Weeks

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

732

\$ _____ . 00 per week — ASK 80c(3)

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

733

1 ☐ Yes — ASK 80c(3)(a)

2 ☐ No — SKIP to 80c(4)

(a) How many weeks?

734

_____ Weeks

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

735

\$ _____ . 00 per week — ASK 80c(4)

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

736

1 ☐ Yes — ASK 80c(4)(a)

2 ☐ No — SKIP to 80d

(a) How many months?

737

_____ Months

(b) How much per month on the average?

738

\$ _____ . 00 per month — ASK 80d

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 past 12 months.

(1) Veteran's compensation or pension?

739

2 ☐ No — ASK 80d(2)

1 ☐ Yes — How much?

740

\$ _____ . 00 — ASK 80d(2)

(2) Worker's compensation?

741

2 ☐ No — ASK 80d(3)

1 ☐ Yes — How much?

742

\$ _____ . 00 — ASK 80d(3)

(3) Social Security disability payment?

743

2 ☐ No — ASK 80d(4)

1 ☐ Yes — How much?

744

\$ _____ . 00 — ASK 80d(4)

(4) Any other disability payment? — Specify

745

2 ☐ No — Go to Check Item V, page 58

1 ☐ Yes — How much?

746

\$ _____ . 00 — Go to Check Item V, page 58

Section 9 — ASSETS AND INCOME — Continued

CHECK ITEM V

Refer to item 69c, page 52.

747

- 1 ☐ Husband or male partner listed — ASK 81
2 ☐ All others — SKIP to 82, page 59

81. Now I would like to ask a few questions about your (husband's/partner's) income in the past 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?

748

\$ _____ . 00

0 ☐ None

b. Did your (husband/partner) receive any —

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

749

2 ☐ No — SKIP to 81b(2)

1 ☐ Yes — **How much?**

750

\$ _____ . 00 — ASK 81b(2)

751

1 ☐ Loss amount } ASK 81b(2)
2 ☐ Broke even }

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

752

COMPUTER USE ONLY

(2) Unemployment compensation?

753

1 ☐ Yes — ASK 81b(2)(a)

2 ☐ No — SKIP to 81b(3)

(a) How many weeks?

754

_____ Weeks

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

755

\$ _____ . 00 per week — ASK 81b(3)

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

756

1 ☐ Yes — ASK 81b(3)(a)

2 ☐ No — SKIP to 81b(4)

(a) How many weeks?

757

_____ Weeks

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

758

\$ _____ . 00 per week — ASK 81b(4)

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

759

1 ☐ Yes — ASK 81b(4)(a)

2 ☐ No — SKIP to 81c, page 59

(a) How many months?

760

_____ Months

(b) How much per month on the average?

761

\$ _____ . 00 per month — ASK 81c, page 59

NOTES

Section 9 — ASSETS AND INCOME — Continued

81c. In the past 12 months, did your (husband/partner) receive income as a result of disability or illness such as —

If "Yes," list amount received during the past 12 months.

(1) Veteran's compensation or pension?

762

2 ☐ No — SKIP to 81c(2)

1 ☐ Yes — How much?

763

\$ _____ . 00 — ASK 81c(2)

(2) Worker's compensation?

764

2 ☐ No — SKIP to 81c(3)

1 ☐ Yes — How much?

765

\$ _____ . 00 — ASK 81c(3)

(3) Social Security disability payment?

766

2 ☐ No — SKIP to 81c(4)

1 ☐ Yes — How much?

767

\$ _____ . 00 — ASK 81c(4)

(4) Any other disability payment? — Specify

768

2 ☐ No — SKIP to 82

1 ☐ Yes — How much?

769

\$ _____ . 00 — ASK 82

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

a. Any income from operating a farm?

770

2 ☐ No — SKIP to 82b

1 ☐ Yes — How much?

771

\$ _____ . 00 — ASK 82b

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

772

1 ☐ Loss amount
2 ☐ Broke even } ASK 82b

773

COMPUTER USE ONLY

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

774

2 ☐ No — SKIP to 82c

1 ☐ Yes — How much?

775

\$ _____ . 00 — ASK 82c

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

776

1 ☐ Loss amount
2 ☐ Broke even } ASK 82c

777

COMPUTER USE ONLY

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

778

2 ☐ No — SKIP to 83a

1 ☐ Yes — How much?

779

\$ _____ . 00 — ASK 83a

83a. In the past 12 months, did you (or your husband/partner) receive any food stamps under the Government's Food Stamp Plan?

780

1 ☐ Yes — ASK 83b

2 ☐ No — SKIP to 84a, page 60

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

781

_____ Months

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

782

\$ _____ . 00 per month — ASK 84a, page 60

Section 9 — ASSETS AND INCOME — Continued

84a. During the past 12 months, did you (or your husband/partner) receive any income from Aid to Families with Dependent Children (AFDC)?

783

- 1 ☐ Yes — ASK 84b
2 ☐ No — SKIP to 85a

b. How many months?

784

_____ Months

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

785

\$ _____ . per month — ASK 85a

85a. Did you (or your husband/partner) receive any Supplemental Security Income or any other public assistance from the local, State, or Federal Government?

786

- 1 ☐ Yes — ASK 85b
2 ☐ No — SKIP to 86

b. How many months?

787

_____ Months

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

788

\$ _____ . per month — ASK 86

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

789

- 2 ☐ No — SKIP to 87
1 ☐ Yes — **How much?**

790

\$ _____ . — ASK 87

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

791

- 2 ☐ No — SKIP to 88
1 ☐ Yes — **How much?**

792

\$ _____ . — ASK 88

88. 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?

793

- 2 ☐ No — SKIP to 89
1 ☐ Yes — **How much?**

794

\$ _____ . — ASK 89

89. 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?

795

- 1 ☐ Same
2 ☐ Better off
3 ☐ Worse off

CHECK ITEM W

Refer to items 69c and 69d, page 52.

796

- 1 ☐ Only respondent (and husband/partner/and their children under 14) listed — SKIP to 91, page 61
2 ☐ Other family members listed — ASK 90

SHOW FLASHCARD (L)

90. 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) one box only.

797

- 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
13 ☐ Nothing

Section 10 — MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND

91. Have you had any change in your marital status since (Date in R13)? That is, have you been married, widowed, divorced, separated, remarried, or reunited?

798

- 1 ☐ Yes — SKIP to 92a
2 ☐ No — Go to Check Item X

CHECK ITEM X

799

- 1 ☐ Box 1 or 2 marked in R3 — SKIP to 93, page 62
2 ☐ All others — SKIP to 95, page 63

Refer to R3 (Information Sheet).

92a. Since (Date in R13), what was the (first/second/third/fourth) change in your marital status?

FIRST CHANGE

800

- 1 ☐ Married
2 ☐ Widowed
3 ☐ Divorced
4 ☐ Separated
5 ☐ Remarried
6 ☐ Reunited

SECOND CHANGE

804

- 1 ☐ Married
2 ☐ Widowed
3 ☐ Divorced
4 ☐ Separated
5 ☐ Remarried
6 ☐ Reunited

THIRD CHANGE

808

- 1 ☐ Married
2 ☐ Widowed
3 ☐ Divorced
4 ☐ Separated
5 ☐ Remarried
6 ☐ Reunited

FOURTH CHANGE

812

- 1 ☐ Married
2 ☐ Widowed
3 ☐ Divorced
4 ☐ Separated
5 ☐ Remarried
6 ☐ Reunited

b. When did that happen?

Enter month and year.

801

Month	

805

Month	

809

Month	

813

Month	

802

Year			
1	9		

806

Year			
1	9		

810

Year			
1	9		

814

Year			
1	9		

c. After that, was there any OTHER change in your marital status?

803

- 1 ☐ Yes — Go to next column
2 ☐ No — SKIP to Check Item Y, page 62

807

- 1 ☐ Yes — Go to next column
2 ☐ No — SKIP to Check Item Y, page 62

811

- 1 ☐ Yes — Go to next column
2 ☐ No — SKIP to Check Item Y, page 62

815

- 1 ☐ Yes — ASK 92a—c, enter info. in "Notes"; then, Go to Check Item Y, page 62
2 ☐ No — Go to Check Item Y, page 62

NOTES

CHECK ITEM Y

Refer to most recent change entered in item 92a, page 61.

- 816 1 ☐ Box 1, 5, or 6 marked in item 92a — ASK 93
 2 ☐ All others — SKIP to 95, page 63

93. When was your husband born?

817	Month		818	Year	
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

94a. Since (Date entered in R13), has your husband been enrolled in regular school?

- 819 1 ☐ Yes
 2 ☐ No

b. What is the highest grade or year of regular school that your husband has completed and gotten credit for?

Mark (X) the appropriate box.

Elementary

820	1	2	3	4	5	6	7	8
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

High school

821	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

College

822	1	2	3	4	5	6+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Never attended

823	1
	<input type="checkbox"/>

NOTES

Section 10 — MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND — Continued

95. How many children have ever been born to you?

824

_____ Children — ASK 96

o ☐ None — SKIP to 98a

96. How many of these children have been born to you since (Date in R13)?

825

_____ Children — ASK 97

o ☐ None — SKIP to 98a

97. What (is this child's/are these children's) date(s) of birth?

826

827

828

829

Month	Day	Year

Child 1

Child 2

Child 3

Child 4

98a. Altogether, how many (more) children do you actually expect to have?

830

_____ Children

o ☐ None — SKIP to 99a, page 64

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

831

_____ Children

o ☐ None — SKIP to 99a, page 64

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

Read answer categories.

832

1 ☐ Within the next 12 months

2 ☐ 13—24 months from now

3 ☐ More than 24 months but less than 5 years from now

NOTES

Section 10 — MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND — Continued

99a. Since January 1983, have you ever adopted any children or had any children not born to you come to live with you?

833

1 ☐ Yes — ASK 99b

2 ☐ No — SKIP to 101a, page 65

b. How many children?

834

Children

100. Now I have a few questions about any adopted children or children who came to live with you.

Line No.	What are their names?	What is ...'s sex? Circle 1 — Male 2 — Female	What is ...'s date of birth?			In what year did ... come into your household? Enter last two digits of year.	Is ... adopted? Circle 1 — Yes 2 — No	Is ... a current or former husband's biological child? Circle 1 — Yes 2 — No	Is ... living? Circle 1 — Yes — ASK h 2 — No — SKIP to i	Is ... currently living in your home? Circle 1 — Yes — Go to next child 2 — No — ASK i	When did ... leave your home? Enter month and year.
			Mo.	Day	Yr.						
1	a.	835 1 2	836			837	838 1 2	839 1 2	840 1 2	841 1 2	842
2		843 1 2	844			845	846 1 2	847 1 2	848 1 2	849 1 2	850
3		851 1 2	852			853	854 1 2	855 1 2	856 1 2	857 1 2	858
4		859 1 2	860			861	862 1 2	863 1 2	864 1 2	865 1 2	866
5		867 1 2	868			869	870 1 2	871 1 2	872 1 2	873 1 2	874

NOTES

Section 10 — MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND — Continued

101a. How many persons, not counting yourself (and your husband/ partner), are dependent upon you (and your husband/partner) for at least one-half of their support?

875

_____ Persons — ASK 101b

0 ☐ None — SKIP to 102, page 66

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

876

2 ☐ No — SKIP to 102, page 66

1 ☐ Yes — **How many?** ↓

877

_____ Dependents — ASK 101c

c. What is their relationship to you?

878

1 ☐ Son — **How many?** ↓

879

880

2 ☐ Daughter — **How many?** ↓

881

882

3 ☐ Respondent's mother

883

4 ☐ Respondent's father

884

5 ☐ Respondent's spouse's mother

885

6 ☐ Respondent's spouse's father

886

7 ☐ Brother or sister — **How many?** ↓

887

888

8 ☐ Other — Specify _____
How many? ↓

889

NOTES

Section 11 — EDUCATION AND TRAINING

102. Now I have some questions about your education.

a. Are you attending or enrolled in regular school?

890

- 1 ☐ Yes — ASK 102b
2 ☐ No — SKIP to 103a

b. Are you enrolled full time or part time?

891

- 1 ☐ Full time
2 ☐ Part time

c. What grade are you attending?

892

High school

1 2 3 4

☐ ☐ ☐ ☐ — SKIP to 103c

College

1 2 3 4 5 6+

☐ ☐ ☐ ☐ ☐ ☐ — SKIP to Check Item Z

894

- 7 ☐ Nonacademic degree or diploma educational program — SKIP to Check Item AA, page 67

103a. Have you attended regular school since (Date in R13)?

895

- 1 ☐ Yes — ASK 103b
2 ☐ No — SKIP to Check Item AA, page 67

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

896

High school

1 2 3 4

☐ ☐ ☐ ☐ — SKIP to 103c

College

1 2 3 4 5 6+

☐ ☐ ☐ ☐ ☐ ☐ — SKIP to Check Item Z

898

- 7 ☐ Nonacademic degree or diploma educational program — SKIP to Check Item AA, page 67

c. Have you received a high school diploma or GED since (Date in R13)?

899

- 1 ☐ Yes — ASK 103d
2 ☐ No — SKIP to Check Item AA, page 67

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

900

- 1 ☐ High school diploma
2 ☐ GED
3 ☐ Both
- } SKIP to Check Item AA, page 67

CHECK ITEM Z

Refer to items 102c and 103b above.

901

- 1 ☐ Completed or attending college 2+ — ASK 104a
2 ☐ All others — SKIP to Check Item AA, page 67

104a. Have you received a college degree since (Date in R13)?

902

- 1 ☐ Yes — ASK 104b
2 ☐ No — SKIP to Check Item AA, page 67

b. What degree was it?

903

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

- 1 ☐ Associate (2 or 3 year course)
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. When did you receive this degree?

904

Month

--	--

905

Year

--	--

d. What was your major field of study?

906

--	--

Section 11 — EDUCATION AND TRAINING — Continued

CHECK ITEM AA

Refer to R14 (Information Sheet).

907

- 1 ☐ Box 8 or 9 marked — *SKIP to 106a*
2 ☐ Box 1–7 marked — *ASK 105a*

105a. At our last interview on (Date in R13), you were enrolled in (Type of training in R14). Did you complete the program?

908

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

b. Since (Date in R13), how long (have you been attending/did you attend) this course or program?

909

- _____ Weeks
0 ☐ Less than one week

106a. (Not counting the training you just told me about) — Since (Date in R13), have you taken any on-the-job training courses?

910

- 1 ☐ Yes — *ASK 106b*
2 ☐ No — *SKIP to 107a INTERVIEWER instruction*

b. Did you complete this training?

911

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

c. What job (are/were) you being trained for?

1960 code

912

--	--	--

913

- 1 ☐ Same job as in item 9d, page 5

d. Why did you decide to take this program?

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

914

- 1 ☐ To obtain work
2 ☐ To improve job or professional skills
3 ☐ To get better or different job
4 ☐ Required by employer for present job
5 ☐ To improve current job situation
6 ☐ To improve basic skills like reading, writing, or arithmetic
7 ☐ For general education
8 ☐ For personal development or pleasure
9 ☐ Had extra time; bored staying at home
10 ☐ Other reason — *Specify* _____

e. Since (Date in R13), how many weeks have you spent in on-the-job training courses?

915

- _____ Weeks
0 ☐ Less than one week

f. How many hours per week (are you spending/have you spent) in this training?

916

- _____ Hours per week
0 ☐ Less than one hour

INTERVIEWER: If "Nonacademic degree or diploma educational program" is marked in item 102c or 103b, page 66, skip to introductory phrase above item 107b. Read the INTRODUCTION before asking 107b.

107a. Since (Date in R13), have you taken any other training or educational programs OTHER THAN on-the-job or regular school (that you just told me about)?

917

- 1 ☐ Yes — *SKIP INTRODUCTION and ASK 107b*
2 ☐ No — *SKIP to Check Item BB, page 69*

INTRODUCTION — Now I'd like to ask you some questions about the regular school that you told me about . . .

b. Did you complete this training or educational program?

If more than one, ask about most recent.

918

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

Section 11 — EDUCATION AND TRAINING — Continued

107c. What kind of training course or educational program (are you taking/did you take)?

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

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

919

- | | | |
|--|---|--------------|
| 1 <input type="checkbox"/> Professional, technical . . . | } | SKIP to 107e |
| 2 <input type="checkbox"/> Managerial | | |
| 3 <input type="checkbox"/> Clerical | | |
| 4 <input type="checkbox"/> Skilled manual — ASK 107d | } | SKIP to 107e |
| 5 <input type="checkbox"/> Sales | | |
| 6 <input type="checkbox"/> Services | | |
| 7 <input type="checkbox"/> Other — Specify <u> </u> | | |

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

920

- 1 ☐ Yes
2 ☐ No

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

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

921

- 01 ☐ Business college, technical institute
02 ☐ Company training classes offered by employer
03 ☐ Correspondence school
04 ☐ High school (including night school)
05 ☐ 2-year college
06 ☐ 4-year college or university
07 ☐ Area vocational school
08 ☐ Community organization (e.g., church, temple, synagogue, YMCA, Red Cross, neighborhood association, etc.)
09 ☐ Nursing school, hospital, medical school or college
10 ☐ Federal, State, or local government agency including military reserve, Manpower, JTPA
11 ☐ Other place — Specify

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

1960 code

922

--	--	--

923

- 1 ☐ Same job as in item 9d, page 5
2 ☐ None

g. Did you enroll in this training or educational program because your employer required it?

924

- 1 ☐ Yes — SKIP to 107i, page 69
2 ☐ No — ASK 107h, page 69

Section 11 – EDUCATION AND TRAINING – Continued

107h. Why did you decide to take this program?

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

- 925
- 1 ☐ To obtain work
 - 2 ☐ To improve job or professional skills
 - 3 ☐ To get a better or different job
 - 4 ☐ Encouraged by employer
 - 5 ☐ To improve current job situation
 - 6 ☐ To improve basic skills like reading, writing, or arithmetic
 - 7 ☐ For general education
 - 8 ☐ For personal development or pleasure
 - 9 ☐ Had extra time; bored staying at home
 - 10 ☐ Other reason — *Specify* _____

i. Since (Date in R13), how long (have you been attending/did you attend) this training?

- 926 _____ Weeks
- o ☐ Less than one week

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

- 927 _____ Hours per week
- o ☐ Less than one hour

CHECK ITEM BB

Refer to — Item 102c and item 103b, page 66

AND

Check Item AA and item 107a, page 67.

- 928
- 1 ☐ Box 7 marked in 102c or 103b, OR box 2 marked in Check Item AA, OR box 1 marked in 107a } *GO to Check Item CC*
 - 2 ☐ All others — *SKIP to Check Item DD, page 70*

CHECK ITEM CC

Refer to item 5, page 3.

- 929
- 1 ☐ Box 3 marked in 5 — *SKIP to 108b*
 - 2 ☐ All others — *ASK 108a*

108a. Since (Date in R13), have you used this training on the job?

- 930
- 1 ☐ Yes
 - 2 ☐ No

b. Did you receive a certificate for this training?

- 931
- 1 ☐ Yes — *ASK 108c*
 - 2 ☐ No — *SKIP to Check Item DD, page 70*

c. What kind?

- 932
- 1 ☐ Certificate
 - 2 ☐ License
 - 3 ☐ Journeyworker's card (Formerly Journeyman's card)
 - 4 ☐ Other — *Specify* _____

Section 12 — GEOGRAPHIC MOBILITY

CHECK ITEM DD

Refer to R15 (Information sheet).

Is place or residence recorded in R15 the same (city/town/county) as respondent's current residence?

933

- 1 ☐ Yes — ASK 109a
2 ☐ No — SKIP to 109b

109a. Our records show that when we talked with you on (Date entered in R16), you were living in the same (city/town/county) as you are now. Since (Date entered in R16), have you ever moved from (Residence in R15) and then returned here again?

934

- 1 ☐ Yes — ASK 109b
2 ☐ No — SKIP to 114, page 71

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

935

Month	

936

Year			
1	9		

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

Number and street

Place

State

ZIP Code

111. How many miles is it to your residence in (Entry in 110)?

937

_____ Miles

112. How long had you lived in (Entry in 110) before you moved here?

938

- 1 ☐ All my life

939

_____ Years

AND

940

_____ Months

113. Why did you leave (Entry in 110)?

Read first EIGHT answer categories; mark (X) all that apply.

941

- 1 ☐ Health reasons
2 ☐ To be nearer relatives and friends
3 ☐ Husband received transfer and/or promotion
4 ☐ You received transfer and/or promotion
5 ☐ Husband lost job and your new location offered better reemployment opportunities
6 ☐ You lost your job and your new location offered better reemployment opportunities
7 ☐ New location offered generally better employment opportunities
8 ☐ Divorce and/or remarriage led to relocation
9 ☐ Other family reasons

942

- 10 ☐ Other employment — related reasons
11 ☐ New location generally more desirable
12 ☐ No particular reason
13 ☐ Other reason — Specify

943

- 10 ☐ Other employment — related reasons

944

- 11 ☐ New location generally more desirable

945

- 12 ☐ No particular reason

946

- 13 ☐ Other reason — Specify

Section 13 – ATTITUDES AND CONTACT PERSONS

114. 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.

947

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

115. 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

INFORMATION SHEET

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

R3. Current marital status

- 948** 1 ☐ Married, spouse present 4 ☐ Divorced
2 ☐ Married, spouse absent 5 ☐ Separated
3 ☐ Widowed 6 ☐ Never married

R4. Current labor force group

- 949** 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

- 950** 1 ☐ P (Private) 6 ☐ O (Own business)
2 ☐ G (Government) 9 ☐ WP (Working without pay)

R6. Date of 1987 interview OR 01/02/87 if noninterview in 1987.

Month	Day	Year

951

R7. Name of employer in 1987.

(Employer's name)

- 952** 1 ☐ Not employed in 1987
2 ☐ Employed — No name given

R8. Date of 1985 interview OR 01/02/85 if noninterview in 1985.

Month	Day	Year

953

R9. Name of employer in 1985.

(Employer's name)

- 954** 1 ☐ Not employed in 1985
2 ☐ Employed — No name given
3 ☐ Noninterview in 1985

R10. Date of 1983 interview OR 01/02/83 if noninterview in 1983.

Month	Day	Year

955

INFORMATION SHEET
(Continued)

R11. Name of employer in 1983.

(Employer's name)

956

- 1 ☐ Not employed in 1983
2 ☐ Employed — No name given
3 ☐ Noninterview in 1983

R12. Labor Force Group in 1987

957

- 1 ☐ A
2 ☐ B
3 ☐ C
4 ☐ D — Unable to work
5 ☐ Noninterview in 1987

R13. If interviewed in 1987, enter date of 1987 interview.
If noninterview in 1987, enter date of last interview.

Month	Day	Year

958

R14. Type of training enrolled in as of 1987 interview.

959

- 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 1987

R15. Town/city (county) of residence in 1983 (1982 residence if noninterview in 1983).

R16. Date of 1983 interview (date of 1982 interview if noninterview in 1983).

Month	Day	Year

960

Section 14 — NONINTERVIEWS IN 1987

Ask the following of all respondents who were noninterviews in 1987. Transcribe the answers to the appropriate item on the Information Sheet, then proceed with the regular interview.

A. What were you doing around January 2, 1987 — Working or something else?

- 1 ☐ Working
2 ☐ With a job, not at work } ASK B
- 3 ☐ Looking for work
4 ☐ Unable to work
5 ☐ Other — Specify } END of questions
↓

B. For whom did you work?

- _____
_____ } 1. If filled, transfer name of employer to R7
2. If blank, mark "Not employed in 1987" in R7

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