

NOTICE — All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purpose.

FORM **LGT-3151**
(2-28-89)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PGM 2

1989 SURVEY OF WORK EXPERIENCE OF MATURE WOMEN

NATIONAL LONGITUDINAL SURVEYS

001 1 ☐ Respondent a noninterview in 1987 — *GO to Information Sheet and complete items R5—R7.*

METHODS OF LOCATING RESPONDENT WHO HAS MOVED

(Fill only if respondent has MOVED.)

Successful Unsuccessful

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

RECORD OF CALLS

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

PGM 3

RECORD OF INTERVIEW

Method of interview	Date completed	Length of interview (Minutes)	Interview time	Regional Office code	Interviewed by (Name and code)
1 <input type="checkbox"/> Tel. 2 <input type="checkbox"/> Per. visit 009 3 <input type="checkbox"/> Both	Month Day Year 010	011	Began Ended a.m. a.m. p.m. p.m.	_____ 00	

NONINTERVIEW REASON

- 012** ☐ Unable to contact respondent — *Specify* _____
 6 ☐ Temporarily absent — *Give return date (Mo., Day, Yr.)* _____
 7 ☐ Armed Forces — *Give source of information and date of return (Mo., Day, Yr.)* _____
 8 ☐ Institutionalized — *Specify name, type, and date of return (Mo., Day, Yr.)* _____
 9 ☐ Refused — *Give full explanation* _____
 10 ☐ Deceased — *Give source of information and date of death (Mo., Day, Yr.)* _____
 11 ☐ Moved outside U.S. (other than Armed Forces) — *Give source of information* _____
 12 ☐ Other — *Specify* _____

R1. Address where respondent living at time of interview — *Transcribe information for this item from LGT-1D record card item 1b.*

- 013** 1 ☐ Same as questionnaire label — *GO to R2*
 2 ☐ Different from questionnaire label — *Transcribe* ☒

Number and street

Place

State

ZIP Code

R2. Permanent address — *Transcribe information from LGT-1D record card item 1e.*

Enter permanent address in box ONLY if different from R1. ☒

Number and street

Place

State

ZIP Code

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY

1. What were you doing most of LAST WEEK — working, keeping house, or something else?

- 014
- 1 ☐ **WK** — Working — *SKIP to 2b*
 - 2 ☐ **J** — With a job but not at work
 - 3 ☐ **LK** — Looking for work
 - 4 ☐ **S** — Going to school
 - 5 ☐ **KH** — Keeping house
 - 6 ☐ **U** — Unable to work — *SKIP to 5*
 - 7 ☐ **R** — Retired
 - 8 ☐ **OT** — Other — *Specify* ☐

2a. Did you do any work at all LAST WEEK, not counting work around the house?

NOTE: If farm or business operator in household, ask about unpaid work.

- 017
- 1 ☐ Yes
 - 2 ☐ No — *SKIP to 3a*

2b. How many hours did you work LAST WEEK at all jobs?

018 _____ Hours ☐

If "J" is marked in item 1, SKIP to 3b

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

- 024
- 1 ☐ Yes
 - 2 ☐ No — *SKIP to 4a, page 3*

3b. Why were you absent from work LAST WEEK?

- 025
- 1 ☐ Own illness
 - 2 ☐ Illness of family member
 - 3 ☐ On vacation
 - 4 ☐ Bad weather
 - 5 ☐ New job to begin within 30 days — *SKIP to 4c and then ask 4d(2), page 3*
 - 6 ☐ Temporary layoff (under 30 days)
 - 7 ☐ Indefinite layoff (30 days or more or no definite recall date)
 - 8 ☐ Labor dispute
 - 9 ☐ Other — *Specify* ☐
- ASK 3c*
- SKIP to 4d(3), pg. 3*
- ASK 3c*

2c. Do you USUALLY work 35 hours or more a week at this job?

- 015
- 1 ☐ Yes — **What is the reason you worked less than 35 hours LAST WEEK?**
 - 2 ☐ No — **What is the reason you USUALLY work less than 35 hours a week?**

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

- 016
- 1 ☐ Slack work
 - 2 ☐ Material shortage
 - 3 ☐ Plant or machine repair
 - 4 ☐ New job started during week
 - 5 ☐ Job terminated during week
 - 6 ☐ Could find only part-time work
 - 7 ☐ Holiday (legal or religious)
 - 8 ☐ Labor dispute
 - 9 ☐ Bad weather
 - 10 ☐ Own illness
 - 11 ☐ Illness of family member
 - 12 ☐ On vacation
 - 13 ☐ Too busy with housework
 - 14 ☐ Too busy with school, personal business, etc.
 - 15 ☐ Did not want full-time work
 - 16 ☐ Full-time work week under 35 hours
 - 17 ☐ Other reason — *Specify* ☐

SKIP to 6a, page 4, and enter job worked last week.

CHECK ITEM A

Respondent worked —

- 019
- 1 ☐ 49 hours or more — *SKIP to 6a, page 4, and enter job worked at last week*
 - 2 ☐ 1–34 hours — *ASK 2c*
 - 3 ☐ 35–48 hours — *SKIP to 2d* ☐

2d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?

- 020
- 2 ☐ No — *ASK 2e*
 - 1 ☐ Yes — **How many hours did you take off?**

021 _____ Hours ☐

NOTE: Correct item 2b if lost time not already deducted; if item 2b is reduced below 35 hours, ask item 2c; otherwise SKIP to 6a, page 4.

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

- 022
- 2 ☐ No — *SKIP to 6a, page 4*
 - 1 ☐ Yes — **How many extra hours did you work?**

023 _____ Hours ☐

NOTE: Correct item 2b if extra hours not already included and SKIP to 6a, page 4.

3c. Are you getting wages or salary for any of the time off LAST WEEK?

- 026
- 1 ☐ Yes
 - 2 ☐ No
 - 3 ☐ Self-employed

3d. Do you usually work 35 hours or more a week at this job?

- 027
- 1 ☐ Yes
 - 2 ☐ No
- Go to 6a, page 4, and enter job held last week.*

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

If "LK" is marked in item 1 — SKIP to 4b

4a. Have you been looking for work during the past 4 weeks?

028

- 1 ☐ Yes — ASK 4b
2 ☐ No — SKIP to 5

b. What have you been doing in the last 4 weeks to find work?

029

- 8 ☐ Nothing — SKIP to 5

Mark (X) all that apply; do not read list.

030

*

- Checked with $\left\{ \begin{array}{l} 1 ☐ \text{ State employment agency} \\ 2 ☐ \text{ Private employment agency} \\ 3 ☐ \text{ Employer directly} \\ 4 ☐ \text{ Friends or relatives} \end{array} \right.$
- 5 ☐ Placed or answered ads
6 ☐ Other — Specify (e.g., JTPA, union or professional register, etc.) ∇

If "box 5" marked in item 3b — ASK item 4c and then ASK 4d(2)

c. Why did you start looking for work? Was it because you lost or quit a job at that time (Pause) or was there some other reason?

031

- 1 ☐ Lost job
2 ☐ Quit job
3 ☐ Wanted temporary work
4 ☐ Children are older
5 ☐ Enjoy working
6 ☐ Help with family expenses
7 ☐ Other — Specify ∇

ASK 4d(1)

d. (1) How many weeks have you been looking for work?
(2) How many weeks ago did you start looking for work?
(3) How many weeks ago were you laid off?

032

_____ Weeks

e. Have you been looking for full-time or part-time work?

033

- 1 ☐ Full-time
2 ☐ Part-time

f. Is there any reason why you could not take a job LAST WEEK?

034

- 2 ☐ No — GO to 5
1 ☐ Yes — Why? ∇

035

- 1 ☐ Already has a job
2 ☐ Temporary illness
3 ☐ Going to school
4 ☐ Other — Specify ∇

5. When did you last work at a regular job or business lasting 2 consecutive weeks or more, either full-time or part-time?

Enter date OR mark "Never" box, then mark (X) box 2 or 3 as appropriate.

036

037

038

Month		Day		Year	

Mark (X) appropriate box below ∇

- 1 ☐ Never
- 2 ☐ Date above is on or after date in R8 (Information Sheet) — Complete R14, (Information Sheet) then ASK 6a, page 4.
- 3 ☐ Date above is before date in R8 OR "Never" box marked above — Complete R14, (Information Sheet) then SKIP to 19, page 14.

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

6a. For whom did you (last) work?

(Name of company, business organization, or other employer)

039

☐

CHECK ITEM B

Refer to R7 on Information Sheet and item 6a above.

040

- 1 ☐ Employer's name in R7 SAME as 6a — SKIP to 7a
 2 ☐ Employer's name in R7 DIFFERENT from 6a — ASK 6b
 3 ☐ All others — SKIP to 7a

6b. Our records show that you were working for (Employer's name in R7) when we last interviewed you on (Date in R8). Is (Employer's name in 6a) the same employer?

041

- 1 ☐ Yes
 2 ☐ No

7a. When did you first start working for (Employer in 6a)?

042

Month		Day		Year	

b. Have you ever left (Employer in 6a) to work somewhere else?

043

- 1 ☐ Yes — ASK 7c
 2 ☐ No — SKIP to 8a

c. When did you (last) return to (Employer in 6a)?

044

Month		Day		Year	

8a. About how many people (are/were) employed in the whole company?

Do not read answer categories.

045

- 1 ☐ Less than 10
 2 ☐ 10—24
 3 ☐ 25—99
 4 ☐ 100—499
 5 ☐ 500—999
 6 ☐ 1,000 or more

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

Do not read answer categories.

046

- 1 ☐ Less than 10
 2 ☐ 10—24
 3 ☐ 25—99
 4 ☐ 100—499
 5 ☐ 500—999
 6 ☐ 1,000 or more

NOTES

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

9a. In what city and State (is/was) (Employer in 6a) located?

047

City State

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

048

1960 code

049

1980 code

c. (Are/Were) you —

Transcribe entry in 9c to R15 on the Information Sheet.

050

*

1 ☐ **P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? — ASK 9d**

2 ☐ **G — A GOVERNMENT employee (Federal, State, county, or local)?**

3 ☐ . . Federal

4 ☐ . . State

5 ☐ . . Other

6 ☐ **O — Self-employed in your OWN business, professional practice, or farm? Is this business incorporated?**

7 ☐ . . Yes

8 ☐ . . No (or farm)

9 ☐ **WP — Working WITHOUT PAY in family business or farm?**

SKIP
to 9e

d. (Is/Was) this a nonprofit organization?

051

1 ☐ Yes

2 ☐ No

e. (Are/Were) you covered by Social Security or Railroad Retirement on this job?

052

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

NOTES

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

10a. What kind of work (are/were) you doing?

(For example: registered nurse, high school chemistry teacher, waitress.)

053

1960 code

054

1980 code

b. What (are/were) your most important activities or duties?

(For example: typed, kept account books, filed, sold real estate, operated business machine, cleaned buildings.)

CHECK ITEM C

Refer to item 7c, page 4.

055

- 1 ☐ 7c is blank — ASK 11, omit introductory phrase
2 ☐ Date entered in 7c — Before asking 11, READ introductory phrase

INTRODUCTION — Since the time you (last) returned to (Employer in 6a), that is since (Date entered in 7c) . . .

11. When did you start working as a (Entry in 10a) for (Employer in 6a, page 4)?

056

Month		Day		Year	

12. How (do/did) you feel about the job you (have now/had)? (Do/Did) you (Read answer categories) —

057

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

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

058

(1)

059

(2)

060

(3)

061

1 ☐ Nothing

14. What (are/were) the things you like(d) least about your job?

062

(1)

063

(2)

064

(3)

065

1 ☐ Nothing

CHECK ITEM D

Refer to item R15 on the Information Sheet.

066

- 1 ☐ "P" or "G" in R15 — ASK 15a, page 7
2 ☐ "O" in R15 — SKIP to 15v, page 10
3 ☐ "WP" in R15 — SKIP to 15x, page 10

NOTES

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued


15a. Altogether, how much (do/did) you usually earn at this job before deductions?

067

\$ _____ per hour — *SKIP to 15d*
(Dollars) (Cents)

OR

068

\$ _____ per 
(Dollars only)

069

- 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly (every two weeks)
5 ☐ Twice a month
6 ☐ Month
7 ☐ Year
8 ☐ Other — *Specify* _____

} ASK 15b

b. (Are/Were) you paid by the hour on this job?

070

- 1 ☐ Yes — ASK 15c
2 ☐ No — *SKIP to 15d*

c. How much (do/did) you earn per hour?

071

\$ _____ per hour
(Dollars) (Cents)

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

072

_____ Hours per day

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

073

_____ Hours per week

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

074

- 1 ☐ Yes — ASK 15g
2 ☐ No
3 ☐ No, but receive compensating time off
4 ☐ Never worked overtime

} SKIP to 15i

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

075

_____ Hours per day

076

_____ Hours per week

h. For all hours worked over (Entry in 15g), (are/were) you paid straight time, time and one-half, double time, or what?

077

- 1 ☐ Compensating time off
2 ☐ Straight time
3 ☐ Time and one-half
4 ☐ Double time
5 ☐ Other — *Specify* _____

Mark (X) all that apply.

i. Now, I'd like to ask you a few questions about working at home.

078

- 1 ☐ Yes — ASK 15j
2 ☐ No — *SKIP to 15k*

(Do/Did) you ever do any of your regularly scheduled work for (Employer in 6a, page 4) at home?

j. How many hours per week (do/did) you usually work for (Employer in 6a, page 4) at home?

079

_____ Hours per week

k. (Are/Were) your wages (salary) on this job set by a collective bargaining agreement between your employer and a union or employee association?

080

- 1 ☐ Yes — ASK 15l
2 ☐ No — *SKIP to 15m, page 8*
3 ☐ Don't know

l. (Are/Were) you a member of that union or employee association?

081

- 1 ☐ Yes
2 ☐ No

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

15m. (Do/Did) you supervise the work of other employees, or tell them what work to do?

082

- 1 ☐ Yes — ASK 15n
2 ☐ No — SKIP to 15q

n. About how many people (do/did) you supervise?

083

_____ Number of people

o. (Do/Did) any of these employees supervise other employees?

084

- 1 ☐ Yes
2 ☐ No

p. (Do/Did) you have any say about their pay or promotion?

085

- 1 ☐ Yes
2 ☐ No

q. (Does/Did) your boss have a supervisor over him or her?

086

- 1 ☐ Yes
2 ☐ No

r. (Have/Had) you been promoted at any time since (Date in R8)?

087

- 1 ☐ Yes — ASK 15s
2 ☐ No — SKIP to 15u, page 9

s. Was your promotion within the last 12 months?

088

- 1 ☐ Yes
2 ☐ No

t. Did the promotion give you —

If more than one promotion, ask about most recent. Read each category and mark "Yes" or "No" box for each one.

(1) More pay?

089

- 1 ☐ Yes
2 ☐ No

(2) More challenging work?

090

- 1 ☐ Yes
2 ☐ No

(3) More authority over other workers?

091

- 1 ☐ Yes
2 ☐ No

(4) More responsibility?

092

- 1 ☐ Yes
2 ☐ No

(5) Anything else?

093

- 1 ☐ Yes — Specify _____
2 ☐ No

NOTES

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

SHOW FLASHCARD A.

15u. Which of the fringe benefits on this card (does/did) your employer make available to you?

Mark (X) all that apply.

094

*

- 1 ☐ Medical, surgical, or hospital insurance that covers any illness or injury **off** the job
- 2 ☐ Life insurance that would cover a death for reasons **not** connected with your job
- 3 ☐ A retirement pension program
- 4 ☐ Training or educational opportunities
- 5 ☐ Profit sharing
- 6 ☐ Stock options

095

*

- 7 ☐ Free or discounted meals
- 8 ☐ Free or discounted merchandise
- 9 ☐ Paid sick leave

096

- 10 ☐ Paid maternity leave

097

- 11 ☐ Unpaid maternity leave

098

- 12 ☐ Paid vacation

099

- 13 ☐ Flexible work hours

100

- 14 ☐ Child day care

101

- 15 ☐ Paid personal time

102

- 16 ☐ Time off for child care

103

- 17 ☐ Time off for elder care

104

- 18 ☐ Flexible menu of benefits (ability to choose benefit options)

105

- 19 ☐ Any other benefits — *Specify* ☐

106

- 20 ☐ None

SKIP
to 15y,
page
10

NOTES

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

15v. (Do/Did) you employ other people?

107

- 1 ☐ Yes — ASK 15w
2 ☐ No — SKIP to 15x

W. How many?

108

_____ Number of people

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

109

_____ Hours per week

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

110

- 1 ☐ **Regular day shift**
2 ☐ **Regular evening shift**
3 ☐ **Regular night shift**
4 ☐ **Split shift**
5 ☐ **Hours vary**

Read answer categories.

Mark (X) only one category.

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

111

_____ Minutes

CHECK ITEM E

Refer to R14 (Information Sheet) — If R14 not marked refer to items 1, 2a, 3a, and 4a, pages 2 and 3.

112

- Respondent is in —
- 1 ☐ Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) — SKIP to 17a, page 12
- 2 ☐ Labor Force Group B ("LK" in 1 or "Yes" in 4a)
- 3 ☐ Labor Force Group C (All others)
- } ASK 16a

Mark (X) corresponding box in R14 (Information Sheet), if not already marked.

16a. When did you stop working as a (Entry in 10a, page 6) for (Employer in 6a, page 4)?

113

Month		Day		Year	

NOTES

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

16b. Why did you leave (Employer in 6a, page 4)?

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

If laid off, probe for specific reason.

114

INVOLUNTARY REASON

- 01 ☐ Plant closed, employer went out of business
- 02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 03 ☐ Temporary layoff or furloughed for economic reasons
- 04 ☐ Laid off for any other reason — Specify ↴

- 05 ☐ Discharged
- 06 ☐ Compulsory retirement

VOLUNTARY REASON

- 07 ☐ Found better job
- 08 ☐ Didn't like work, hours, working conditions
- 09 ☐ Dissatisfied with wages
- 10 ☐ Interpersonal relations at work
- 11 ☐ Respondent's health; disability
- 12 ☐ Husband's health, disability
- 13 ☐ Care for elderly parents
- 14 ☐ Other family or personal reasons; child care
- 15 ☐ Husband's retirement
- 16 ☐ Husband's change in employment
- 17 ☐ Didn't like location, community
- 18 ☐ Returned to school
- 19 ☐ Voluntary retirement
- 20 ☐ Started own business, became self-employed
- 21 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 22 ☐ No opportunity for advancement
- 23 ☐ Transportation problem
- 24 ☐ Other — Specify ↴

C. Did you have a new job lined up before you left this one?

115

- 1 ☐ Yes
- 2 ☐ No

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

CHECK ITEM F

Refer to R15 on the Information Sheet.

116

- 1 ☐ Entry in R15 is "P" or "G" — ASK 16d
2 ☐ Entry in R15 is "O" or "WP" — SKIP to 16f

16d. While you were working for (Employer in 6a, page 4) were you also working for someone else?

117

- 1 ☐ Yes — SKIP to 18a
2 ☐ No — ASK 16e

e. In addition to working for wages and salary, did you operate your own farm, business, or profession?

118

- 1 ☐ Yes — SKIP to 18a
2 ☐ No — SKIP to 19, page 14

f. In addition to working for (Employer in 6a, page 4) did you do any work for wages or salary?

119

- 1 ☐ Yes — SKIP to 18a
2 ☐ No — SKIP to 19, page 14

17a. How much longer do you intend to stay at this job?

Read answer categories.

120

- 1 ☐ Less than one year
2 ☐ 1 to 2 years
3 ☐ 3 to 5 years
4 ☐ 6 to 9 years
5 ☐ 10 years or more
6 ☐ Don't know

CHECK ITEM G

Refer to R15 on the Information Sheet.

121

- 1 ☐ Entry in R15 is "P" or "G" — ASK 17b
2 ☐ All others — SKIP to 17d

17b. Did you work for more than one employer last week?

122

- 1 ☐ Yes — SKIP to 18a
2 ☐ No — ASK 17c

c. In addition to working for wages and salary, did you operate your own farm, business, or profession last week?

123

- 1 ☐ Yes — SKIP to 18a
2 ☐ No — SKIP to 17e

d. In addition to working for (Employer in 6a, page 4) did you do any (other) work for wages or salary last week?

124

- 1 ☐ Yes — SKIP to 18a
2 ☐ No — ASK 17e

e. Did you have any other job at which you did not work last week?

125

- 1 ☐ Yes — ASK 18a
2 ☐ No — SKIP to 19, page 14

18a. For whom (do/did) you work in addition to (Employer in 6a, page 4)? (Name of company, business organization or other employer)

126

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

127

 1960 code

128

 1980 code

c. (Are/Were) you —

129

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

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

18d. What kind of work (are/were) you doing?

(For example: registered nurse, high school chemistry teacher, waitress.)

130

--	--	--

1960 code

131

--	--	--

1980 code

e. What (are/were) your most important activities or duties?

(For example: typed, kept account books, filed, sold real estate, operated business machines, cleaned buildings.)

CHECK ITEM H

Refer to item 18c, page 12.

132

- 1 ☐ If "P" or "G" in item 18c — **ASK 18f**
 2 ☐ If "O" or "WP" in item 18c — **SKIP to 18i**

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

133

\$ _____ . _____ per hour — **SKIP to 18i**
 (Dollars) (Cents)

OR

134

\$ _____ .

00

 per ∇
 (Dollars only)

135

- 2 ☐ Day
 3 ☐ Week
 4 ☐ Biweekly (every two weeks)
 5 ☐ Twice a month
 6 ☐ Month
 7 ☐ Year
 8 ☐ Other — Specify _____

ASK 18g

g. (Are/Were) you paid by the hour on this job?

136

- 1 ☐ Yes — **ASK 18h**
 2 ☐ No — **SKIP to 18i**

h. How much (do/did) you earn per hour?

137

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

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

138

_____ Hours per day

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

139

_____ Hours per week

k. When did you start working for (Employer in 18a, page 12)?

140

Month		Day		Year	

l. When did you stop working for (Employer in 18a, page 12)?

141

Month		Day		Year	

142

- 1 ☐ Still working there

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

If "Never" box is marked in item 5, mark box 7 in item 19a and skip to item 26a, page 20.

19. Now let's think back to (Date in R10). We'd like for you to start with your most recent employer before (Employers named in 6a and 18a) and talk about all of the employers for whom you have worked three consecutive months or more either full time or part time since (Date in R10)?

	Employer 1		Employer 3	
	Name	— SKIP to 19b	Name	— SKIP to 19b
19a. For whom did you work three consecutive months or more in addition to or just before you started to work for (Employers in 6a, page 4 and 18a, page 12/Employer in 19a)?	143 <input type="checkbox"/> Same as _____ — ASK 19b 7 <input type="checkbox"/> Have not worked for anyone else or since (Date in R10) — SKIP to 26a, page 20.	189 <input type="checkbox"/> Same as _____ — ASK 19b 7 <input type="checkbox"/> Have not worked for anyone else — SKIP to 26a, page 20.		
b. <input type="checkbox"/> No name entered in R7 — SKIP to 19c Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R7)?	144 <input type="checkbox"/> Yes — SKIP to 19f 2 <input type="checkbox"/> No — ASK 19c	190 <input type="checkbox"/> Yes — SKIP to 19f 2 <input type="checkbox"/> No — ASK 19c		
c. In what city and State was (Employer in 19a) located?	145 _____ City _____ State _____	191 _____ City _____ State _____		
d. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	146 _____	192 _____		
e. (Are/Were) you —	147 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm?	193 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm?		
f. What kind of work were you doing? (For example: stock clerk, high school English teacher, accountant.)	148 _____	194 _____		

19g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)	 	
19f. If "O" or "WP" marked in 19e of column being filled -- SKIP to 20b 20a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.	<div>149</div> <div>\$ _____ (Dollars) _____ (Cents) per ∇</div> <div>150</div>	<div>195</div> <div>\$ _____ (Dollars) _____ (Cents) per ∇</div> <div>196</div>
b. How many hours per week did you usually work at this job?	<div>151</div> <div>_____ Hours per week</div> <div>152</div>	<div>197</div> <div>_____ Hours per week</div> <div>198</div>
21. When did you start working for (Employer in 19a)?	<div>153</div> <div>Item 21 is --</div> <div>1 On or after date entered in R10 -- ENTER date from item 21 in box below</div> <div>2 Before date entered in R10 -- ENTER date from R10 in box below</div> <div>154</div>	<div>199</div> <div>Item 21 is --</div> <div>1 On or after date entered in R10 -- ENTER date from item 21 in box below</div> <div>2 Before date entered in R10 -- ENTER date from R10 in box below</div> <div>200</div>
<div>22.</div> <div>When did you stop working for (Employer in 19a)?</div>	<div>155</div> <div>Item 21 is --</div> <div>1 On or after date entered in R10 -- ENTER date from item 21 in box below</div> <div>2 Before date entered in R10 -- ENTER date from R10 in box below</div> <div>156</div>	<div>201</div> <div>Item 21 is --</div> <div>1 On or after date entered in R10 -- ENTER date from item 21 in box below</div> <div>2 Before date entered in R10 -- ENTER date from R10 in box below</div> <div>202</div>
23. Why did you leave this employer?	<div>157</div> <div>_____</div> <div>158</div>	<div>203</div> <div>_____</div> <div>204</div>
24a. Between (Date in Check Item I) and (Date in item 22), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 19a)?	<div>159</div> <div>2 <input type="checkbox"/> No -- SKIP to 25, page 16</div> <div>1 <input type="checkbox"/> Yes -- How many weeks? ∇</div> <div>158</div> <div>_____ Weeks</div>	<div>205</div> <div>2 <input type="checkbox"/> No -- SKIP to 25, page 16</div> <div>1 <input type="checkbox"/> Yes -- How many weeks? ∇</div> <div>204</div> <div>_____ Weeks</div>
b. Did these weeks in which you didn't work occur all at one time? NOTE -- If "No" in item 24b, ask items 24c--e about the longest time of not working.	<div>159</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No -- How many times? ∇</div> <div>160</div> <div>_____ Times</div>	<div>205</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No -- How many times? ∇</div> <div>206</div> <div>_____ Times</div>

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

Employer 3

Employer 1

24c. When did this period in which you were not working start?

161

Month	Day	Year

Month	Day	Year

207

d. When did this period in which you were not working stop?

162

Month	Day	Year

Month	Day	Year

208

e. Why were you not working during these weeks?

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

163

- 01 ☐ Care for elderly parents
02 ☐ Child care problems
03 ☐ Other personal, family reasons
04 ☐ Own illness
05 ☐ Pregnancy
06 ☐ Layoff
07 ☐ Labor dispute
08 ☐ Did not want to work
09 ☐ Vacation
10 ☐ No suitable jobs available, would not have done any good to look
11 ☐ School
12 ☐ Retired
13 ☐ Husband's disability
14 ☐ Working for another employer
15 ☐ Other — Specify ☐

- 209 01 ☐ Care for elderly parents
02 ☐ Child care problems
03 ☐ Other personal, family reasons
04 ☐ Own illness
05 ☐ Pregnancy
06 ☐ Layoff
07 ☐ Labor dispute
08 ☐ Did not want to work
09 ☐ Vacation
10 ☐ No suitable jobs available, would not have done any good to look
11 ☐ School
12 ☐ Retired
13 ☐ Husband's disability
14 ☐ Working for another employer
15 ☐ Other — Specify ☐

25. While you were working for (Employer in 19a) were you also working for someone else for a period that lasted three consecutive months or more other than those previously mentioned.

164

- 1 ☐ Yes — Go to 19a in next employer section, record information about simultaneous employer
2 ☐ No — Go to Check Item J

- 210 1 ☐ Yes — Go to 19a in next employer section, record information about simultaneous employer
2 ☐ No — Go to Check Item J

CHECK ITEM J

Refer to item 21, page 15 and R10 (on the Information Sheet).

165

- Item 21 is —
1 ☐ On or after date entered in R10 — GO to next employer section and record information about previous employer
2 ☐ Before date entered in R10 — SKIP to 26a, page 20

- 211 1 ☐ On or after date entered in R10 — GO to next employer section and record information about previous employer
2 ☐ Before date entered in R10 — SKIP to 26a, page 20

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

	Employer 2		Employer 4	
	Name	— SKIP to 19b	Name	— SKIP to 19b
19a. For whom did you work three consecutive months or more in addition to or just before you started to work for (Employers in 6a, page 4 and 18a, page 12/Employer in 19a)?	166	<input type="checkbox"/> Same as _____ — ASK 19b <input type="checkbox"/> Have not worked for anyone else — SKIP to 26a, page 20.	212	<input type="checkbox"/> Same as _____ — ASK 19b <input type="checkbox"/> Have not worked for anyone else — SKIP to 26a, page 20.
b. <input type="checkbox"/> No name entered in R7 — SKIP to 19c Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R7)?	167	1 <input type="checkbox"/> Yes — SKIP to 19f 2 <input type="checkbox"/> No — ASK 19c	213	1 <input type="checkbox"/> Yes — SKIP to 19f 2 <input type="checkbox"/> No — ASK 19c
c. In what city and State was (Employer in 19a) located?	168	____ City _____ State	214	____ City _____ State
d. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	169	____	215	____
e. (Are/Were) you —	170	1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm?	216	1 <input type="checkbox"/> P — An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G — A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O — Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP — Working WITHOUT PAY in family business or farm?
f. What kind of work were you doing? (For example: stock clerk, high school English teacher, accountant.)	171	____	217	____

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

Employer 4

Employer 2

19g. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)

If "O" or "WP" marked in 19e of column being filled — SKIP to 20b

20a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.

b. How many hours per week did you usually work at this job?

21. When did you start working for (Employer in 19a)?

CHECK ITEM I

Refer to item 21 and R10 (on the Information Sheet).

22. When did you stop working for (Employer in 19a)?

23. Why did you leave this employer?

24a. Between (Date in Check Item I) **and** (Date in item 22), **were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for** (Employer in 19a)?

b. Did these weeks in which you didn't work occur all at one time?

NOTE — If "No" in item 24b, ask items 24c — e about the longest time of not working.

172

☐ \$ _____ (Dollars) _____ (Cents) per ∇

173

174

_____ Hours per week

175

Month	Day	Year

176

Item 21 is —

- 1 ☐ On or after date entered in R10 — ENTER date from item 21 in box below
- 2 ☐ Before date entered in R10 — ENTER date from R10 in box below

177

Month	Day	Year

178

Month	Day	Year

179

180

- 2 ☐ No — SKIP to 25, page 19
- 1 ☐ Yes — How many weeks? ∇

181

_____ Weeks

182

- 1 ☐ Yes
- 2 ☐ No — How many times? ∇

183

_____ Times

218

☐ \$ _____ (Dollars) _____ (Cents) per ∇

219

220

_____ Hours per week

221

Month	Day	Year

222

Item 21 is —

- 1 ☐ On or after date entered in R10 — ENTER date from item 21 in box below
- 2 ☐ Before date entered in R10 — ENTER date from R10 in box below

223

Month	Day	Year

224

Month	Day	Year

225

226

- 2 ☐ No — SKIP to 25, page 19
- 1 ☐ Yes — How many weeks? ∇

227

_____ Weeks

228

- 1 ☐ Yes
- 2 ☐ No — How many times? ∇

229

_____ Times

24c. When did this period in which you were not working start?	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="border: 1px solid black; width: 30px; margin-top: 5px; text-align: center;">184</div>	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="border: 1px solid black; width: 30px; margin-top: 5px; text-align: center;">230</div>
d. When did this period in which you were not working stop?	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="border: 1px solid black; width: 30px; margin-top: 5px; text-align: center;">185</div>	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="border: 1px solid black; width: 30px; margin-top: 5px; text-align: center;">231</div>
e. Why were you not working during these weeks ? <i>Mark (X) the main reason; do not read list.</i>	<div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>186</div> <div> <input type="checkbox"/> 01 Care for elderly parents <input type="checkbox"/> 02 Child care problems <input type="checkbox"/> 03 Other personal, family reasons <input type="checkbox"/> 04 Own illness <input type="checkbox"/> 05 Pregnancy <input type="checkbox"/> 06 Layoff <input type="checkbox"/> 07 Labor dispute <input type="checkbox"/> 08 Did not want to work <input type="checkbox"/> 09 Vacation <input type="checkbox"/> 10 No suitable jobs available, would not have done any good to look <input type="checkbox"/> 11 School <input type="checkbox"/> 12 Retired <input type="checkbox"/> 13 Husband's disability <input type="checkbox"/> 14 Working for another employer <input type="checkbox"/> 15 Other — Specify ↗ </div> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>232</div> <div> <input type="checkbox"/> 01 Care for elderly parents <input type="checkbox"/> 02 Child care problems <input type="checkbox"/> 03 Other personal, family reasons <input type="checkbox"/> 04 Own illness <input type="checkbox"/> 05 Pregnancy <input type="checkbox"/> 06 Layoff <input type="checkbox"/> 07 Labor dispute <input type="checkbox"/> 08 Did not want to work <input type="checkbox"/> 09 Vacation <input type="checkbox"/> 10 No suitable jobs available, would not have done any good to look <input type="checkbox"/> 11 School <input type="checkbox"/> 12 Retired <input type="checkbox"/> 13 Husband's disability <input type="checkbox"/> 14 Working for another employer <input type="checkbox"/> 15 Other — Specify ↗ </div> </div> </div>
25. While you were working for (Employer in 19a) were you also working for someone else for a period that lasted three consecutive months or more other than those previously mentioned.	<div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>187</div> <div> <input type="checkbox"/> 1 Yes — Go to 19a in next employer section, record information about simultaneous employer <input type="checkbox"/> 2 No — Go to Check Item J </div> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>233</div> <div> <input type="checkbox"/> 1 Yes — SKIP to 26a, page 20 <input type="checkbox"/> 2 No — Go to Check Item J </div> </div> </div>
<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">CHECK ITEM J</div> <div style="padding: 10px;"> <p>Refer to item 21, page 18 and R10 (on the Information Sheet).</p> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div>188</div> <div> <div style="text-align: center;">Item 21 is —</div> <div> <input type="checkbox"/> 1 On or after date in R10 — GO to next employer section and record information about previous employer <input type="checkbox"/> 2 Before date entered in R10 — SKIP to 26a, page 20 </div> </div> </div> </div>		

Section 1 — CURRENT LABOR FORCE STATUS AND WORK HISTORY — Continued

If "Never" box is marked in item 5, mark the "None" box in 26a and ask 26b.

26a. Now, let's think back to the date of our last interview, that is (Date in R8).

Since (Date in R8), in how many different weeks did you do any work at all, not including work around the house?

235 _____ Weeks
0 ☐ None

b. Since (Date in R8), have you spent any weeks, while you were not working, looking for work (or being on layoff from a job)?

236 _____
2 ☐ No
1 ☐ Yes — How many weeks? ↗

237 _____ Weeks

CHECK ITEM K

Field Representative —

First: Use calendar to determine the number of weeks since entry in R8, then enter in (1) _____ → (1)

238 _____ Weeks since date entered in R8

Second: Add the entries in 26a and 26b, then enter the sum in (2) _____ → (2)

239 _____ Weeks working, on layoff, or looking for work

240 _____
1 ☐ (1) is equal to (2) — SKIP to Check Item L, page 21
2 ☐ (1) is greater than (2) — ASK 26c

26c. What would you say was the main reason you were not working or looking for work during (the rest of) that time?

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

- 241
- 01 ☐ Care for elderly parents
 - 02 ☐ Child care problems
 - 03 ☐ Other personal, family reasons
 - 04 ☐ Own illness
 - 05 ☐ Pregnancy
 - 06 ☐ Layoff
 - 07 ☐ Labor dispute
 - 08 ☐ Did not want to work
 - 09 ☐ Vacation
 - 10 ☐ No suitable jobs available, would not have done any good to look
 - 11 ☐ School
 - 12 ☐ Retired
 - 13 ☐ Husband's disability
 - 14 ☐ Working for another employer
 - 15 ☐ Other — Specify ↗

NOTES

Section 2 — MARITAL STATUS

CHECK ITEM L

Refer to R9 on the Information Sheet.

- 242** 1 ☐ Box 9 "Noninterview in 1986 and 1987" marked in R9 — *SKIP to 27b*
 2 ☐ All others — *ASK 27a*

Refer to R10 and R9 on the Information Sheet.

27a. When we talked to you on (Date in R10) you said you were (Entry in R9). Has there been any change in your marital status since then? That is, have you been married, widowed, divorced, separated, remarried, or reunited?

- 243** 1 ☐ Yes — *SKIP to 28a*
 2 ☐ No — *SKIP to Check Item M*

b. Has there been any change in your marital status since (Date in R10)? That is, have you been married, widowed, divorced, separated, remarried, or reunited?

- 244** 1 ☐ Yes — *SKIP to 28a*
 2 ☐ No — *GO to Check Item M*

CHECK ITEM M

Refer to R3 on the Information Sheet.

- 245** 1 ☐ Box 1 or 2 marked in R3 — *SKIP to 29, page 22*
 2 ☐ All others — *SKIP to 31, page 24*

	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE
28a. Since (Date in R10), what was the (first/second/third) change in your marital status?	246 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	250 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	254 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited
b. When did that happen? <i>Enter month and year.</i>	247 <div style="border: 1px solid black; padding: 2px; text-align: center;">Month</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;"></div> 248 <div style="border: 1px solid black; padding: 2px; text-align: center;">Year</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px auto; text-align: center;"> <div style="display: inline-block; width: 20px; text-align: center;">1</div> <div style="display: inline-block; width: 20px; text-align: center;">9</div> <div style="display: inline-block; width: 20px; text-align: center;"></div> <div style="display: inline-block; width: 20px; text-align: center;"></div> </div>	251 <div style="border: 1px solid black; padding: 2px; text-align: center;">Month</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;"></div> 252 <div style="border: 1px solid black; padding: 2px; text-align: center;">Year</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px auto; text-align: center;"> <div style="display: inline-block; width: 20px; text-align: center;">1</div> <div style="display: inline-block; width: 20px; text-align: center;">9</div> <div style="display: inline-block; width: 20px; text-align: center;"></div> <div style="display: inline-block; width: 20px; text-align: center;"></div> </div>	255 <div style="border: 1px solid black; padding: 2px; text-align: center;">Month</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;"></div> 256 <div style="border: 1px solid black; padding: 2px; text-align: center;">Year</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px auto; text-align: center;"> <div style="display: inline-block; width: 20px; text-align: center;">1</div> <div style="display: inline-block; width: 20px; text-align: center;">9</div> <div style="display: inline-block; width: 20px; text-align: center;"></div> <div style="display: inline-block; width: 20px; text-align: center;"></div> </div>
c. After that, was there any OTHER change in your marital status?	249 1 <input type="checkbox"/> Yes — <i>GO to next column</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item N, page 22</i>	253 1 <input type="checkbox"/> Yes — <i>GO to next column</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item N, page 22</i>	257 1 <input type="checkbox"/> Yes — <i>ASK 28a–c, enter info. in "Notes"; then, GO to Check Item N, page 22</i> 2 <input type="checkbox"/> No — <i>GO to Check Item N, page 22</i>

Section 2 — MARITAL STATUS — Continued

CHECK ITEM N

Refer to most recent change entered in 28a, page 21.

- 258** 1 ☐ Box 1, 5, or 6 marked in item 28a — ASK 29
 2 ☐ All others — SKIP to 31, page 24

29. When was your husband born?

259	Month		260	Year	

30a. Since (Date entered in R10) has your husband been enrolled in regular school?

- 261** 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

	1	2	3	4	5	6	7	8
262	<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

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

College

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

Never attended

	1
265	<input type="checkbox"/>

OFFICE USE ONLY

Total number of family members

266		
------------	--	--

Total number of household members

267		
------------	--	--

NOTES

NOTES

Section 3 — HOUSEHOLD MEMBERS

FIELD REPRESENTATIVE: Refer to Household Record Card. Transcribe for all current household members the line number (in 31a), name (in 31b), relationship to respondent (in 31c), and date of birth (in 31d). Then ask items 31e through 31i, as applicable. If respondent lives alone, ask 31e of the respondent; then SKIP to Check Item O, page 26.

31. Now, I have a few questions about the WORK EXPERIENCE of ALL persons living here.

TRANSCRIBE FROM RECORD CARD.

Line No. (31a)	Name (31b)	RELATIONSHIP TO RESPONDENT (31c)		OFFICE USE	Date of birth (31d) <i>(Enter two digits each for the month, day, and year)</i>			How old is ... today? (31e)
					Month	Day	Year	Age
		Respondent			268			269
			270		271			272
			277		278			279
			284		285			286
			291		292			293
			298		299			300
			305		306			307
			312		313			314
			319		320			321
			326		327			328
			333		334			335
			340		341			342
			347		348			349
			354		355			356
			361		362			363
			368		369			370
			375		376			377

Section 3 — HOUSEHOLD MEMBERS — Continued

31. Continued

PERSONS 14 YEARS OLD AND OLDER

Did . . . do any work at all last week? <i>Circle</i> 1 — Yes 2 — No (31f)	In the past 12 months, how many weeks did . . . work either full or part time (NOT counting work around the house)? (31g)	<i>If Person worked at all in the past 12 months, ASK 31h and 31i.</i> In the weeks that . . . worked, how many hours did . . . usually work per week? (31h)	What kind of work was . . . doing in the past 12 months? <i>(If more than one, record the work done longest.)</i> (31i)	OFFICE USE 1960 codes
273 1 2	274	275	276	
280 1 2	281	282	283	
287 1 2	288	289	290	
294 1 2	295	296	297	
301 1 2	302	303	304	
308 1 2	309	310	311	
315 1 2	316	317	318	
322 1 2	323	324	325	
329 1 2	330	331	332	
336 1 2	337	338	339	
343 1 2	344	345	346	
350 1 2	351	352	353	
357 1 2	358	359	360	
364 1 2	365	366	367	
371 1 2	372	373	374	
378 1 2	379	380	381	

Section 4 — FAMILY MEMBERS

CHECK ITEM O

Refer to item 31c, page 24.

382

- 1 ☐ Husband or male partner listed — *GO to Check Item P*
- 2 ☐ All others — *SKIP to 33a, page 27*

CHECK ITEM P

Refer to item 31g, page 25.

383

- 1 ☐ Husband or male partner worked 52 weeks — *Mark box 1 in 32d, then SKIP to 33a, page 27*
- 2 ☐ All others — *ASK 32a*

32a. 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?

384

_____ Weeks

- 0 ☐ None

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

No other FAMILY MEMBER 14 years or older listed in 31c and 31e, page 24 — *SKIP to 32d*

385

- 1 ☐ Yes
- 2 ☐ No

c. As a result of your (husband/partner) not working, did any other FAMILY MEMBERS start working or looking for work?

386

- 1 ☐ Yes
- 2 ☐ No

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

387

- 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
- 7 ☐ **R** — Retired
- 8 ☐ **OT** — Other — *Specify* ☐

NOTES

Section 4 — FAMILY MEMBERS — Continued

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?

388

_____ Persons — ASK 33b

0 ☐ None — SKIP to 33d

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

389

1 ☐ Yes

2 ☐ No

c. What is their relationship to you?

Mark (X) all that apply.

390

*

1 ☐ Son

2 ☐ Daughter

3 ☐ Mother

4 ☐ Father

5 ☐ Mother-in-law

6 ☐ Father-in-law

391

*

7 ☐ Brother

8 ☐ Sister

9 ☐ Other — Specify ☐

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

392

2 ☐ No — SKIP to 34a, page 28

1 ☐ Yes — **How many?** ☐

393

_____ — ASK 33e

e. What is their relationship to you?

Mark (X) all that apply.

394

*

1 ☐ Son

2 ☐ Daughter

3 ☐ Mother

4 ☐ Father

5 ☐ Mother-in-law

6 ☐ Father-in-law

395

*

7 ☐ Brother

8 ☐ Sister

9 ☐ Other — Specify ☐

NOTES

Section 4 — FAMILY MEMBERS — Continued

34a. Do you have any children who have attended college during the past 12 months?

396 ☐ No — SKIP to 35a, page 29
☐ Yes — How many? ☒ 2
 397 _____ — ASK 34b

b. What are their names?

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.

c. What is (Read name of child) date of birth?

d. Did (Read name of child) live at home while attending college?

e. Did you (or your husband/partner) contribute more than half of (his/her) support?

f. How much (do/did) you (or your husband/partner) pay toward (his/her) college expenses per year?

FIRST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD	FIFTH CHILD
Name	Name	Name	Name	Name
398 _____	402 _____	406 _____	410 _____	414 _____
Month Day Year	Month Day Year	Month Day Year	Month Day Year	Month Day Year
399 <input type="checkbox"/> Yes <input type="checkbox"/> No	403 <input type="checkbox"/> Yes <input type="checkbox"/> No	407 <input type="checkbox"/> Yes <input type="checkbox"/> No	411 <input type="checkbox"/> Yes <input type="checkbox"/> No	415 <input type="checkbox"/> Yes <input type="checkbox"/> No
400 <input type="checkbox"/> Yes <input type="checkbox"/> No	404 <input type="checkbox"/> Yes <input type="checkbox"/> No	408 <input type="checkbox"/> Yes <input type="checkbox"/> No	412 <input type="checkbox"/> Yes <input type="checkbox"/> No	416 <input type="checkbox"/> Yes <input type="checkbox"/> No
401 \$ _____ per year	405 \$ _____ per year	409 \$ _____ per year	413 \$ _____ per year	417 \$ _____ per year

NOTES

Section 5 — WORK ATTITUDES

35a. 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?

418

- 1 ☐ Yes — ASK 35b
 2 ☐ No — SKIP to 36a, page 30

b. For what reason(s)?

Mark (X) all that apply.

419

*

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

420

*

- 7 ☐ Disability
 8 ☐ Other — Specify ↴

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

Mark (X) all that apply.

421

*

- 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 ↴

NOTES

Section 5 – WORK ATTITUDES – Continued

36a. 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 36a – ASK 36b

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

Mark principal helper.

If column (b) is marked in 36a – ASK 36c

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? ...	422 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	423 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	424 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(2) Child care, including helping with children? ...	425 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	426 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	427 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(3) Caring for chronically ill or disabled persons living in this household? ...	428 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	429 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	430 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) Cooking? ...	431 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	432 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	433 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(5) Cleaning the dishes after meals? ...	434 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	435 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	436 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(6) Cleaning the house? ...	437 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	438 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	439 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(7) Washing the clothes? ...	440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	441 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	442 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(8) Yard and home maintenance? ...	443 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	444 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	445 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(9) Family paperwork, like paying bills and balancing the check-book? ...	446 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	447 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	448 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

36d. How many hours per week would you say you usually spend doing (these and) other household tasks?

449

_____ Hours per week

o ☐ None

Section 5 — WORK ATTITUDES — Continued

CHECK ITEM Q

Refer to item 36a (3), page 30.

450

- 1 ☐ Boxes 1, 2, or 3 marked in 36a (3) — Ask 37a
2 ☐ All others — SKIP to 37b

37a. 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.

451

*

- 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 ↴

452

- 7 ☐ Other nonrelative — Specify ↴

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

453

- 1 ☐ Yes — ASK 37c
2 ☐ No — SKIP to 38a, page 32

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

454

_____ Hours per week

NOTES

Section 6 — HEALTH

38a. 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?

- 455 ☐ 1 Yes — ASK 38b
☐ 2 No — SKIP to 39a, page 33

b. 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 38b, ASK 38c (Read each category)

38c. Is this insurance for (Reference person(s) in 38b) — Mark main source only

	Provided by a group policy at your CURRENT job?	Provided by a group policy at your husband's/partner's CURRENT job?	Bought directly from a medical insurance company?	Provided through Medicaid?	Provided through Veteran's benefits?	Provided by a group policy at your FORMER job?	Provided by a group policy at your husband's/partner's FORMER job?	Provided by job of other family member?	Provided through any other source? Specify ∇
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
456 <input type="checkbox"/> 1 Respondent	457 <input type="checkbox"/> 1	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"/>
458 <input type="checkbox"/> 2 Husband/Partner	459 <input type="checkbox"/> 1	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"/>
460 <input type="checkbox"/> 3 Children	461 <input type="checkbox"/> 1	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"/>
462 <input type="checkbox"/> 4 Children under own policies	463 <input type="checkbox"/> 1	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"/>
464 <input type="checkbox"/> 5 Parents	465 <input type="checkbox"/> 1	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"/>
466 <input type="checkbox"/> 6 Husband's parents	467 <input type="checkbox"/> 1	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"/>
468 <input type="checkbox"/> 7 Grandchildren	469 <input type="checkbox"/> 1	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"/>
470 <input type="checkbox"/> 8 Other family members	471 <input type="checkbox"/> 1	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"/>

CHECK ITEM R

Refer to items 38b and 38c above.

- 472 ☐ 1 Box 1 in 38b AND boxes 1—9 in 38c are blank for the respondent — ASK 39a, page 33
☐ 2 All others — SKIP to 40a, page 33

Section 6 — HEALTH — Continued

39a. Since (Date in R8), have YOU ever been covered by any medical or hospital insurance like Blue Cross or Blue Shield?

473

- 1 ☐ Yes — ASK 39b
2 ☐ No — SKIP to 40g

b. What is the reason that you are not currently covered by any medical or hospital insurance?

Is it because —

Read answer categories and mark (X) all that apply.

474

*

- 1 ☐ Your husband left a job or changed a job?
2 ☐ You left a job or changed a job?
3 ☐ You were divorced or separated?
4 ☐ You were widowed?
5 ☐ Employer does not offer insurance?
6 ☐ Too expensive, can't afford?
7 ☐ Have been healthy?
8 ☐ Anything else? — Specify ☐

SKIP to 40f

40a. Since (Date in R8) have you ever had a change in your medical or hospital coverage?

476

- 1 ☐ Yes — ASK 40b
2 ☐ No — SKIP to Check Item S

b. Was the change in YOUR medical or hospital coverage because —

Read answer categories and mark (X) all that apply. If more than one change, mark the reason(s) for the most recent change.

477

*

- 1 ☐ Your husband left a job or changed a job?
2 ☐ You left a job or changed a job?
3 ☐ You were divorced or separated?
4 ☐ You were widowed?
5 ☐ Became eligible for medicare?
6 ☐ Anything else? — Specify ☐

c. When your medical or hospital coverage changed, did you go without health insurance coverage for a period of time?

If more than one change, ask about the most recent.

478

- 1 ☐ Yes — SKIP to 40f
2 ☐ No — ASK 40d

d. Did you temporarily pay for medical or hospital coverage on your own?

479

- 1 ☐ Yes
2 ☐ No

e. Did you maintain your medical or hospital coverage through another family member's health insurance benefits?

480

- 1 ☐ Yes
2 ☐ No } SKIP to Check Item S

f. How long (were you/have you been) without medical or hospital coverage?

If more than one change, ask about the most recent.

481

_____ Months

g. (Was/Has) your whole family (been) without medical or hospital coverage for this period of time?

482

- 1 ☐ Yes
2 ☐ No

CHECK ITEM S

Refer to R14 on the Information sheet.

483

- 1 ☐ Respondent in Labor Force Group A — SKIP to 42a, page 34
2 ☐ All others — ASK 41a

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

484

- 1 ☐ Yes — ASK 41b
2 ☐ No — SKIP to 42a, page 34

b. When did you become unable to work altogether?

485

Month

486

Year

SKIP to 42b, page 34

Section 6 — HEALTH — Continued

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

487

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

SHOW FLASHCARD B.

b. What is the MAIN health condition that causes your problem or limitation?

488

c. Are there any others?

489

- 1 ☐ Yes — ASK 42d
2 ☐ No — SKIP to 42e

SHOW FLASHCARD B.

d. What are they?

490

--	--	--

491

--	--	--

492

--	--	--

e. For your main health condition, how long have you been limited in this way?

493

____ Years

AND

494

____ Months

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

495

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

b. How long were you prevented from working?

496

____ Years

AND

497

____ Months

If more than one, ask about most recent.

c. When did you recover?

498

Month	

499

Year			
1	9		

500

- 1 ☐ Not yet recovered

CHECK ITEM T

Refer to R14 on the Information sheet.

501

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

SHOW FLASHCARD C

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

Mark (X) all that apply.

502

- 1 ☐ Walk around
2 ☐ Use stairs and inclines
3 ☐ Stand for long periods
4 ☐ Sitting for long periods of time
5 ☐ Stoop, kneel, or crouch
6 ☐ Lift or carry weights up to 10 pounds

503

- 7 ☐ Lift or carry heavy weights
8 ☐ Reach for supplies, materials, etc.
9 ☐ Use hands and fingers to manipulate supplies, equipment, etc.

504

- 10 ☐ Read printed documents, books, instructions, etc.

505

- 11 ☐ Hear special sounds (signals, directions, etc.)

506

- 12 ☐ Deal with people

Section 6 — HEALTH — Continued

SHOW FLASHCARD D.

45a. Do you ever have any difficulty performing any of the activities on this card?

507

- 1 ☐ Yes — ASK 45b
2 ☐ No — SKIP to 45c

b. Which ones?

Mark (X) each activity mentioned.

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

- | | | Yes | No |
|-----------------------------------------------------------------------------|-----|----------------------------|----------------------------|
| (1) <input type="checkbox"/> Walking | 508 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (2) <input type="checkbox"/> Using stairs or inclines | 509 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (3) <input type="checkbox"/> Standing for long periods of time | 510 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (4) <input type="checkbox"/> Sitting for long periods | 511 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (5) <input type="checkbox"/> Stooping, kneeling, or crouching | 512 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (6) <input type="checkbox"/> Lifting or carrying weights up to 10 lbs. | 513 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (7) <input type="checkbox"/> Lifting or carrying heavy weights | 514 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (8) <input type="checkbox"/> Reaching | 515 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (9) <input type="checkbox"/> Using hands and fingers | 516 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (10) <input type="checkbox"/> Seeing (even with glasses) | 517 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (11) <input type="checkbox"/> Hearing | 518 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (12) <input type="checkbox"/> Dealing with people | 519 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (13) <input type="checkbox"/> Other — Specify | 520 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

SHOW FLASHCARD E.

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

Mark (X) all that apply.

521

- 2 ☐ No — SKIP to 45d
1 ☐ Yes — **Which ones?** — Mark (X) each problem mentioned ↴

522

*

- 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 ↴

523

*

SHOW FLASHCARD F.

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

Mark (X) each condition mentioned.

524

*

- 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
7 ☐ Working indoors
8 ☐ Working outdoors
9 ☐ Cigarette smoke
10 ☐ Other — Specify _____
11 ☐ None

525

*

526

527

If "No" marked in 45a and 45c — SKIP to 45k, page 36

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

528

- 1 ☐ Yes
2 ☐ No

Section 6 – HEALTH – Continued

45f. Are any of the problems you have told me about the result of an accidental injury?	529	1 <input type="checkbox"/> Yes — ASK 45g 2 <input type="checkbox"/> No — SKIP to 45k
g. Was there more than one accident?	530	1 <input type="checkbox"/> Yes — Before asking 45h, READ introductory phrase 2 <input type="checkbox"/> No — ASK 45h. Do not read introductory phrase
I would like you to answer the following questions about the accident which had the most serious effect on your health.		
h. Did this accident occur while you were on the job?	531	1 <input type="checkbox"/> Yes — ASK 45i 2 <input type="checkbox"/> No — SKIP to 45k
i. How were you injured? Mark (X) all that apply.	532	* 1 <input type="checkbox"/> By a moving motor vehicle 2 <input type="checkbox"/> Tripped or fell 3 <input type="checkbox"/> Struck by falling object 4 <input type="checkbox"/> Machinery 5 <input type="checkbox"/> Burned 6 <input type="checkbox"/> Other — Specify _____
j. When were you injured?	533	Month <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>
	534	Year <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px; display: flex; justify-content: space-between; padding: 0 5px;"> 19 </div>
k. During the past 5 years, has your health condition become better, worse, or remained about the same?	535	1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> Same
46a. 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?	536	1 <input type="checkbox"/> Yes — ASK 46b 2 <input type="checkbox"/> No — SKIP to Check Item U
b. Which family member is this? Mark (X) all that apply.	537	* 1 <input type="checkbox"/> Husband/Partner 2 <input type="checkbox"/> Son or daughter 3 <input type="checkbox"/> Respondent's parent(s) 4 <input type="checkbox"/> Husband's parent(s) 5 <input type="checkbox"/> Sister or brother 6 <input type="checkbox"/> Other relative — Specify <input checked="" type="checkbox"/> _____ _____
CHECK ITEM U Refer to item 5 on the Household Record Card and R3 on the Information Sheet.	538	1 <input type="checkbox"/> Box 1 or 2 marked in R3 2 <input type="checkbox"/> Male partner listed in item 5 on Household Record Card 3 <input type="checkbox"/> All others — SKIP to 48a, page 37, Read introductory phrase
47a. Does your (husband's/partner's) health or physical condition limit the amount or kind of work he can do?	539	1 <input type="checkbox"/> Yes — ASK 47b 2 <input type="checkbox"/> No — SKIP to 48a, page 37, Read introductory phrase
b. How long has he been limited in this way?	540	_____ Years
	541	AND _____ Months

Section 6 — HEALTH — Continued

Now I would like to ask you some questions about your daily activities.

48a. Are you able to go outdoors without help from another person?

542

- 1 ☐ Yes
2 ☐ No

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

543

- 1 ☐ Yes
2 ☐ No

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

544

- 1 ☐ Yes — ASK 48d
2 ☐ No — SKIP to 49a

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

545

- 1 ☐ Frequently
2 ☐ Occasionally
3 ☐ Rarely

49a. Because of a health or physical problem, do you have ANY difficulty shopping for personal items, such as toilet items or medicine?

546

- 1 ☐ Yes — ASK 49b
2 ☐ No — SKIP to 50a

b. Do you receive help from another person in shopping?

547

- 1 ☐ Yes — ASK 49c
2 ☐ No — SKIP to 50a

c. Who gives this help?

Mark (X) all that apply.

548

*

- 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 ☐

549

- 7 ☐ Other nonrelative — Specify ☐

50a. Because of a health or physical problem, do you have ANY difficulty in managing your own money, such as keeping track of expenses or paying bills?

550

- 1 ☐ Yes — ASK 50b
2 ☐ No — SKIP to 51a, page 38

b. Do you receive help from another person in managing your money?

551

- 1 ☐ Yes — ASK 50c
2 ☐ No — SKIP to 51a, page 38

c. Who gives this help?

Mark (X) all that apply.

552

*

- 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 ☐

553

- 7 ☐ Other nonrelative — Specify ☐