

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued			
PGM 4		THIRD PENSION	
1817		1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing	
1818		Month Year	
1819		1 9	
1820		1 <input type="checkbox"/> During or after 1982 – SKIP to 95 2 <input type="checkbox"/> Before 1982 3 <input type="checkbox"/> Don’t know	
1821		1 <input type="checkbox"/> Yes – SKIP to Check Item F-17, page 84 2 <input type="checkbox"/> No – ASK 95	
1822		1 <input type="checkbox"/> Yes – ASK 96a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	
1823		1 <input type="checkbox"/> Same as employer in 6a, page 4 – SKIP to 98a, page 76	
PGM 11		Name	
6056			
City			
State			
County			
PGM 3		PGM 3	
1824		1 <input type="checkbox"/> A private employer? 2 <input type="checkbox"/> A military organization? 3 <input type="checkbox"/> The Federal government (civilian)? 4 <input type="checkbox"/> A State or local government? 5 <input type="checkbox"/> A union? 6 <input type="checkbox"/> Any other source?	
1907		1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Something 3 <input type="checkbox"/> Very little/Nothing	
1908		Month Year	
1909		1 9	
1910		1 <input type="checkbox"/> During or after 1982 – SKIP to 95 2 <input type="checkbox"/> Before 1982 3 <input type="checkbox"/> Don’t know	
1911		1 <input type="checkbox"/> Yes – SKIP to Check Item F-17, page 84 2 <input type="checkbox"/> No – ASK 95	
1912		1 <input type="checkbox"/> Yes – ASK 96a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	
1913		1 <input type="checkbox"/> Same as employer in 6a, page 4 – SKIP to 98a, page 76	
PGM 11		Name	
6061			
City			
State			
County			
PGM 3		PGM 3	
1914		1 <input type="checkbox"/> A private employer? 2 <input type="checkbox"/> A military organization? 3 <input type="checkbox"/> The Federal government (civilian)? 4 <input type="checkbox"/> A State or local government? 5 <input type="checkbox"/> A union? 6 <input type="checkbox"/> Any other source?	

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued				
98a. How many years did you work for the employer who offered this plan?	PGM 4	FIRST PENSION PLAN	PGM 3	SECOND PENSION PLAN
	1645	Number of years	1735	Number of years
	1646	1 <input type="checkbox"/> Don't know	1736	1 <input type="checkbox"/> Don't know
b. How many years were you included in this plan? Please include only the years that count toward your pension or retirement benefits.	1647	Number of years	1737	Number of years
	1648	1 <input type="checkbox"/> Don't know	1738	1 <input type="checkbox"/> Don't know
99a. <i>SHOW FLASHCARD H</i> (As mentioned before,) In the most common pension or retirement plan, Type A, the amount of the benefit is usually based on a FORMULA involving age, years of service, and salary. In other plans, Type B, money is accumulated in a type of SAVINGS ACCOUNT for you until your retirement. Is this plan a "formula" plan, Type A, or a "savings account" plan, Type B?	1649	1 <input type="checkbox"/> Type A (formula) – ASK 99b 2 <input type="checkbox"/> Type B (savings) – SKIP to 103, page 78 3 <input type="checkbox"/> Both – SKIP to 100a 4 <input type="checkbox"/> Don't know – ASK 99b	1739	1 <input type="checkbox"/> Type A (formula) – ASK 99b 2 <input type="checkbox"/> Type B (savings) – SKIP to 103, page 78 3 <input type="checkbox"/> Both – SKIP to 100a 4 <input type="checkbox"/> Don't know – ASK 99b
	b. How much did you contribute to this plan?	1650	Percent of pay	1740
1651		1 <input type="checkbox"/> Don't know	1741	1 <input type="checkbox"/> Don't know
	OR		OR	
	1652	\$ . 00 per (Dollars only)	1742	\$ . 00 per (Dollars only)
	1653	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	1743	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify
100a. If you had worked long enough for this employer, at what age would you first become eligible to receive FULL benefits?	1654	Age – ASK 100b	1744	Age – ASK 100b
	1655	1 <input type="checkbox"/> Don't know – SKIP to 101b, page 78 2 <input type="checkbox"/> Never eligible – ASK 100b	1745	1 <input type="checkbox"/> Don't know – SKIP to 101b, page 78 2 <input type="checkbox"/> Never eligible – ASK 100b
b. What was your salary when you left this employer?	1656	\$ . 00 per (Dollars only)	1746	\$ . 00 per (Dollars only)
	1657	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	1747	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify
	1658	1 <input type="checkbox"/> Don't know	1748	1 <input type="checkbox"/> Don't know
CHECK ITEM F-14  Refer to 100a above.	1659	1 <input type="checkbox"/> Box 2 "Never eligible" is marked in 100a – SKIP to 101b, page 78 2 <input type="checkbox"/> All others – ASK 101a, page 78	1749	1 <input type="checkbox"/> Box 2 "Never eligible" is marked in 100a – SKIP to 101b, page 78 2 <input type="checkbox"/> All others – ASK 101a, page 78

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued				
PGM 4	THIRD PENSION PLAN	PGM 3	FOURTH PENSION PLAN	NOTES
1825	_____ Number of years	1915	_____ Number of years	
1826	1 <input type="checkbox"/> Don’t know	1916	1 <input type="checkbox"/> Don’t know	
1827	_____ Number of years	1917	_____ Number of years	
1828	1 <input type="checkbox"/> Don’t know	1918	1 <input type="checkbox"/> Don’t know	
1829	1 <input type="checkbox"/> Type A (formula) – ASK 99b 2 <input type="checkbox"/> Type B (savings) – SKIP to 103, page 78 3 <input type="checkbox"/> Both – SKIP to 100a 4 <input type="checkbox"/> Don’t know – ASK 99b	1919	1 <input type="checkbox"/> Type A (formula) – ASK 99b 2 <input type="checkbox"/> Type B (savings) – SKIP to 103, page 78 3 <input type="checkbox"/> Both – SKIP to 100a 4 <input type="checkbox"/> Don’t know – ASK 99b	
1830	_____ Percent of pay	1920	_____ Percent of pay	
1831	1 <input type="checkbox"/> Don’t know	1921	1 <input type="checkbox"/> Don’t know	
	<b>OR</b>		<b>OR</b>	
1832	\$ _____ . <input type="text" value="00"/> per ↘ (Dollars only)	1922	\$ _____ . <input type="text" value="00"/> per ↘ (Dollars only)	
1833	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗ _____	1923	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗ _____	
1834	_____ Age – ASK 100b	1924	_____ Age – ASK 100b	
1835	1 <input type="checkbox"/> Don’t know – SKIP to 101b, page 78 2 <input type="checkbox"/> Never eligible – ASK 100b	1925	1 <input type="checkbox"/> Don’t know – SKIP to 101b, page 78 2 <input type="checkbox"/> Never eligible – ASK 100b	
1836	\$ _____ . <input type="text" value="00"/> per ↘ (Dollars only)	1926	\$ _____ . <input type="text" value="00"/> per ↘ (Dollars only)	
1837	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗ _____	1927	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗ _____	
1838	1 <input type="checkbox"/> Don’t know	1928	1 <input type="checkbox"/> Don’t know	
1839	1 <input type="checkbox"/> Box 2, "Never eligible" is marked in 100a – SKIP to 101b, page 78 2 <input type="checkbox"/> All others – ASK 101a, page 78	1929	1 <input type="checkbox"/> Box 2, "Never eligible" is marked in 100a – SKIP to 101b, page 78 2 <input type="checkbox"/> All others – ASK 101a, page 78	

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued

	PGM 4	FIRST PENSION PLAN	PGM 4	SECOND PENSION PLAN
<b>101a.</b> If you had started to receive your full pension benefits at this earliest age, how much would you receive?  <i>If don't know ASK: What percentage of your pay would you receive if you had started to receive your full pension benefits at this earliest age?</i>	<b>1660</b> _____ Percent of pay <b>1661</b> 1 <input type="checkbox"/> Don't know  <b>OR</b> <b>1662</b> \$ _____ <b>00</b> per <i>(Dollars only)</i> <b>1663</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	<b>1750</b> _____ Percent of pay <b>1751</b> 1 <input type="checkbox"/> Don't know  <b>OR</b> <b>1752</b> \$ _____ <b>00</b> per <i>(Dollars only)</i> <b>1753</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify		
<b>b.</b> If you had wished, could you have retired earlier and still received reduced benefits from this plan?	<b>1664</b> 1 <input type="checkbox"/> Yes – ASK 102a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>SKIP to Check Item F-15</i>	<b>1754</b> 1 <input type="checkbox"/> Yes – ASK 102a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>SKIP to Check Item F-15</i>		
<b>102a.</b> If you had worked long enough for this employer, at what age would you be eligible to retire and receive REDUCED benefits?	<b>1665</b> _____ Age – SKIP to 102c <b>1666</b> 1 <input type="checkbox"/> Presently eligible – ASK 102b 2 <input type="checkbox"/> Don't know – SKIP to Check Item F-15	<b>1755</b> _____ Age – SKIP to 102c <b>1756</b> 1 <input type="checkbox"/> Presently eligible – ASK 102b 2 <input type="checkbox"/> Don't know – SKIP to Check Item F-15		
<b>b.</b> At what age did you become eligible?	<b>1667</b> _____ Age – ASK 102c <b>1668</b> 1 <input type="checkbox"/> Don't know – SKIP to Check Item F-15	<b>1757</b> _____ Age – ASK 102c <b>1758</b> 1 <input type="checkbox"/> Don't know – SKIP to Check Item F-15		
<b>c.</b> If you (were to start/had started) to receive reduced benefits from this plan at this earliest age, how much would you receive?  <i>If don't know ASK: What percentage of your pay would you receive if you (were to start/had started) to receive reduced benefits from this plan at this earliest age?</i>	<b>1669</b> _____ Percent of pay <b>1670</b> 1 <input type="checkbox"/> Don't know  <b>OR</b> <b>1671</b> \$ _____ <b>00</b> per <i>(Dollars only)</i> <b>1672</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	<b>1759</b> _____ Percent of pay <b>1760</b> 1 <input type="checkbox"/> Don't know  <b>OR</b> <b>1761</b> \$ _____ <b>00</b> per <i>(Dollars only)</i> <b>1762</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify		
<b>CHECK ITEM F-15</b>  <i>Refer to item 99a, page 76.</i>	<b>1673</b> 1 <input type="checkbox"/> Box 3 marked in 99a – ASK 103 2 <input type="checkbox"/> Box 4 marked in 99a – SKIP to 105a, page 80 3 <input type="checkbox"/> All others – SKIP to Check Item F-16, page 80	<b>1763</b> 1 <input type="checkbox"/> Box 3 marked in 99a – ASK 103 2 <input type="checkbox"/> Box 4 marked in 99a – SKIP to 105a, page 80 3 <input type="checkbox"/> All others – SKIP to Check Item F-16, page 80		
<b>103.</b> Could you tell me a little more about your account plan? Is it a thrift or savings plan, a 401K, a profit-sharing plan, a stock-purchase plan, or what?  <i>Mark (X) all that apply.</i>	<b>1674</b> 1 <input type="checkbox"/> Thrift or savings <b>1675</b> 2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA) <b>1676</b> 3 <input type="checkbox"/> Profit sharing <b>1677</b> 4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP) <b>1678</b> 5 <input type="checkbox"/> Other – Specify <b>PGM 10</b> <b>6047</b> _____ <b>PGM 3</b> <b>1679</b> 6 <input type="checkbox"/> Don't know	<b>1764</b> 1 <input type="checkbox"/> Thrift or savings <b>1765</b> 2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA) <b>1766</b> 3 <input type="checkbox"/> Profit sharing <b>1767</b> 4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP) <b>1768</b> 5 <input type="checkbox"/> Other – Specify <b>PGM 10</b> <b>6052</b> _____ <b>PGM 3</b> <b>1769</b> 6 <input type="checkbox"/> Don't know		

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued				
PGM 4	THIRD PENSION PLAN	PGM 4	FOURTH PENSION PLAN	NOTES
1840	Percent of pay	1930	Percent of pay	
1841	1 <input type="checkbox"/> Don't know	1931	1 <input type="checkbox"/> Don't know	
OR		OR		
1842	\$ <div>00</div> per <div>(Dollars only)</div>	1932	\$ <div>00</div> per <div>(Dollars only)</div>	
1843	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	1933	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	
1844	1 <input type="checkbox"/> Yes – ASK 102a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-15	1934	1 <input type="checkbox"/> Yes – ASK 102a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-15	
1845	Age – SKIP to 102c	1935	Age – SKIP to 102c	
1846	1 <input type="checkbox"/> Presently eligible – ASK 102b 2 <input type="checkbox"/> Don't know – SKIP to Check Item F-15	1936	1 <input type="checkbox"/> Presently eligible – ASK 102b 2 <input type="checkbox"/> Don't know – SKIP to Check Item F-15	
1847	Age – ASK 102c	1937	Age – ASK 102c	
1848	1 <input type="checkbox"/> Don't know – SKIP to Check Item F-15	1938	1 <input type="checkbox"/> Don't know – SKIP to Check Item F-15	
1849	Percent of pay	1939	Percent of pay	
1850	1 <input type="checkbox"/> Don't know	1940	1 <input type="checkbox"/> Don't know	
OR		OR		
1851	\$ <div>00</div> per <div>(Dollars only)</div>	1941	\$ <div>00</div> per <div>(Dollars only)</div>	
1852	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	1942	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	
1853	1 <input type="checkbox"/> Box 3 marked in 99a – ASK 103 2 <input type="checkbox"/> Box 4 marked in 99a – SKIP to 105a, page 80 3 <input type="checkbox"/> All others – SKIP to Check Item F-16, page 80	1943	1 <input type="checkbox"/> Box 3 marked in 99a – ASK 103 2 <input type="checkbox"/> Box 4 marked in 99a – SKIP to 105a, page 80 3 <input type="checkbox"/> All others – SKIP to Check Item F-16, page 80	
1854	1 <input type="checkbox"/> Thrift or savings	1944	1 <input type="checkbox"/> Thrift or savings	
1855	2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA)	1945	2 <input type="checkbox"/> 401K/403B/Supplemental Retirement Account (SRA)	
1856	3 <input type="checkbox"/> Profit sharing	1946	3 <input type="checkbox"/> Profit sharing	
1857	4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP)	1947	4 <input type="checkbox"/> Stock purchase, Employee Stock Ownership Program (ESOP)	
1858	5 <input type="checkbox"/> Other – Specify	1948	5 <input type="checkbox"/> Other – Specify	
PGM 10		PGM 10		
6057		6062		
PGM 3		PGM 3		
1859	6 <input type="checkbox"/> Don't know	1949	6 <input type="checkbox"/> Don't know	

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued

104a. How much did YOUR EMPLOYER contribute to this plan?	PGM 4	FIRST PENSION PLAN	PGM 4	SECOND PENSION PLAN
	1680	Percent of pay	1770	Percent of pay
b. How much did YOU contribute to this plan?	1681	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	1771	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know
	OR		OR	
	1682	\$ (Dollars only) . 00 per	1772	\$ (Dollars only) . 00 per
	1683	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	1773	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify
	PGM 10		PGM 10	
	6048		6053	
	1684	Percent of pay	1774	Percent of pay
	1685	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	1775	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know
	OR		OR	
	1686	\$ (Dollars only) . 00 per	1776	\$ (Dollars only) . 00 per
1687	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	1777	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify	
PGM 10		PGM 10		
6049		6054		
105a. Roughly how much money is in your account at present? Include both your and your employer's contributions and earnings.	PGM 3		PGM 3	
b. Were you able to choose how the money in your account is invested?	1688	\$ (Dollars only) . 00	1778	\$ (Dollars only) . 00
	1689	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know	1779	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don't know
106a. How (is/was) the money in this account invested? (Is/Was) it mostly in stocks, mostly in interest-earning assets, (is/was) it split between these, or what?	1690	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1780	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
	1691	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify 5 <input type="checkbox"/> Don't know	1781	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – Specify 5 <input type="checkbox"/> Don't know
CHECK ITEM F-16	1692	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 106b 2 <input type="checkbox"/> All others – SKIP to 106c, page 82	1782	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – ASK 106b 2 <input type="checkbox"/> All others – SKIP to 106c, page 82
Refer to item R3 on the Information sheet.  Is sample person currently married?				
106b. If you die before your husband, will your husband be able to receive regular monthly payments from this plan, either now or in the future?	1693	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1783	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued				
PGM 4	THIRD PENSION PLAN	PGM 4	FOURTH PENSION PLAN	NOTES
1860	Percent of pay	1950	Percent of pay	
1861	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know	1951	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know	
OR		OR		
1862	\$ <div></div> <div>00</div> per <div></div> <i>(Dollars only)</i>	1952	\$ <div></div> <div>00</div> per <div></div> <i>(Dollars only)</i>	
1863	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – <i>Specify</i> <div></div>	1953	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – <i>Specify</i> <div></div>	
PGM 10		PGM 10		
6058		6063		
PGM 3		PGM 3		
1864	Percent of pay	1954	Percent of pay	
1865	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know	1955	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know	
OR		OR		
1866	\$ <div></div> <div>00</div> per <div></div> <i>(Dollars only)</i>	1956	\$ <div></div> <div>00</div> per <div></div> <i>(Dollars only)</i>	
1867	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – <i>Specify</i> <div></div>	1957	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – <i>Specify</i> <div></div>	
PGM 10		PGM 10		
6059		6064		
PGM 3		PGM 3		
1868	\$ <div></div> <div>00</div> <i>(Dollars only)</i>	1958	\$ <div></div> <div>00</div> <i>(Dollars only)</i>	
1869	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know	1959	1 <input type="checkbox"/> Nothing 2 <input type="checkbox"/> Don’t know	
1870	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	1960	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	
1871	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – <i>Specify</i> <div></div> <div></div> 5 <input type="checkbox"/> Don’t know	1961	1 <input type="checkbox"/> Mostly (51%) or all stocks 2 <input type="checkbox"/> Mostly (51%) or all interest-earning assets 3 <input type="checkbox"/> Split evenly between the two 4 <input type="checkbox"/> Other – <i>Specify</i> <div></div> <div></div> 5 <input type="checkbox"/> Don’t know	
1872	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – <i>ASK 106b</i> 2 <input type="checkbox"/> All others – <i>SKIP to 106c, page 82</i>	1962	1 <input type="checkbox"/> Box 1 or 2 marked in R3 – <i>ASK 106b</i> 2 <input type="checkbox"/> All others – <i>SKIP to 106c, page 82</i>	
1873	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	1963	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know	

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued

106c. At what age do you expect to begin to collect benefits from this pension or retirement plan?

PGM 4	FIRST PENSION PLAN
1694	_____ Age – SKIP to 106f
1695	1 <input type="checkbox"/> Haven't decided yet } ASK 2 <input type="checkbox"/> Don't know } 106d

PGM 3	SECOND PENSION PLAN
1784	_____ Age – SKIP to 106f
1785	1 <input type="checkbox"/> Haven't decided yet } ASK 2 <input type="checkbox"/> Don't know } 106d

d. Are you eligible to retire now?

1696	1 <input type="checkbox"/> Yes – ASK 106e 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 106g
------	--

1786	1 <input type="checkbox"/> Yes – ASK 106e 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 106g
------	--

e. At what age did you become eligible?

1697	_____ Age – ASK 106f
1698	1 <input type="checkbox"/> Don't know – SKIP to 106g

1787	_____ Age – ASK 106f
1788	1 <input type="checkbox"/> Don't know – SKIP to 106g

f. If you (were to start/had started) to receive your pension benefits at this age, how much would you receive?

If don't know ASK:

What percentage of your pay would you receive if you (were to start/had started) to receive your pension benefits at this age?

1699	_____ Percent of pay
1700	1 <input type="checkbox"/> Don't know
	OR
1701	\$ _____ . 00 per (Dollars only)
1702	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗

1789	_____ Percent of pay
1790	1 <input type="checkbox"/> Don't know
	OR
1791	\$ _____ . 00 per (Dollars only)
1792	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify ↗

g. Did you ever work for another employer under this same plan?

1703	1 <input type="checkbox"/> Yes – ASK 106h 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 106i
------	--

1793	1 <input type="checkbox"/> Yes – ASK 106h 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 106i
------	--

h. How many years were you covered under this plan for all of your employers?

1704	_____ Number of years
1705	1 <input type="checkbox"/> Don't know

1794	_____ Number of years
1795	1 <input type="checkbox"/> Don't know

i. Has there ever been a time when your employer offered you a special increase in benefits from this pension plan if you retired during that period of time? Sometimes these offers are called "buyouts" or "windows".

1706	1 <input type="checkbox"/> Yes – ASK 106j 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-17, page 84
------	--





1796	1 <input type="checkbox"/> Yes – ASK 106j 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item F-17, page 84
------	--

j. When is the most recent period during which these special benefits were offered?

	From
	Month
1707	
	Year
1708	1 9
	To
	Month
1709	
	Year
1710	1 9
1711	1 <input type="checkbox"/> Don't know

	From
	Month
1797	
	Year
1798	1 9
	To
	Month
1799	
	Year
1800	1 9
1801	1 <input type="checkbox"/> Don't know



Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued												
PGM 4	THIRD PENSION PLAN	PGM 3	FOURTH PENSION PLAN	NOTES								
1874	_____ Age – SKIP to 106f	1964	_____ Age – SKIP to 106f									
1875	1 <input type="checkbox"/> Haven’t decided yet } ASK 2 <input type="checkbox"/> Don’t know } 106d	1965	1 <input type="checkbox"/> Haven’t decided yet } ASK 2 <input type="checkbox"/> Don’t know } 106d									
1876	1 <input type="checkbox"/> Yes – ASK 106e 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 106g	1966	1 <input type="checkbox"/> Yes – ASK 106e 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 106g									
1877	_____ Age – ASK 106f	1967	_____ Age – ASK 106f									
1878	1 <input type="checkbox"/> Don’t know – SKIP to 106g	1968	1 <input type="checkbox"/> Don’t know – SKIP to 106g									
1879	_____ Percent of pay	1969	_____ Percent of pay									
1880	1 <input type="checkbox"/> Don’t know	1970	1 <input type="checkbox"/> Don’t know									
	OR		OR									
1881	\$ _____ . <input type="text" value="00"/> per 	1971	\$ _____ . <input type="text" value="00"/> per 									
	(Dollars only)		(Dollars only)									
1882	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 	1972	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly (every two weeks) 3 <input type="checkbox"/> Twice a month 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Quarter 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Other – Specify 									
1883	1 <input type="checkbox"/> Yes – ASK 106h 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 106i	1973	1 <input type="checkbox"/> Yes – ASK 106h 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to 106i									
1884	_____ Number of years	1974	_____ Number of years									
1885	1 <input type="checkbox"/> Don’t know	1975	1 <input type="checkbox"/> Don’t know									
1886	1 <input type="checkbox"/> Yes – ASK 106j 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item F-17, page 84	1976	1 <input type="checkbox"/> Yes – ASK 106j 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item F-17, page 84									
1887	From <table><tr><td>Month</td><td></td><td></td></tr></table>	Month			1977	From <table><tr><td>Month</td><td></td><td></td></tr></table>	Month					
Month												
Month												
1888	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			1978	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			
1	9											
1	9											
1889	To <table><tr><td>Month</td><td></td><td></td></tr></table>	Month			1979	To <table><tr><td>Month</td><td></td><td></td></tr></table>	Month					
Month												
Month												
1890	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			1980	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9			
1	9											
1	9											
1891	1 <input type="checkbox"/> Don’t know	1981	1 <input type="checkbox"/> Don’t know									

## Section 7C – RESPONDENT'S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued

[illegible]

Section 7C – RESPONDENT’S FUTURE PENSION(S) FROM PREVIOUS EMPLOYERS – Continued				
PGM 4	THIRD PENSION PLAN	PGM 4	FOURTH PENSION PLAN	NOTES
1892	1 <input type="checkbox"/> Lump sum – <b>How much?</b> ↗	1882	1 <input type="checkbox"/> Lump sum – <b>How much?</b> ↗	
1893	\$ <u>                    </u> · <u>                    </u> (Dollars only) (Cents)	1883	\$ <u>                    </u> · <u>                    </u> (Dollars only) (Cents)	
1894	2 <input type="checkbox"/> Increase in benefits – <b>What percentage?</b> ↗	1884	2 <input type="checkbox"/> Increase in benefits – <b>What percentage?</b> ↗	
1895	<u>                    </u> Percent	1885	<u>                    </u> Percent	
1896	3 <input type="checkbox"/> Credit for extra years of service – <b>How many extra years?</b> ↗	1886	3 <input type="checkbox"/> Credit for extra years of service – <b>How many extra years?</b> ↗	
1897	<u>                    </u> Years	1887	<u>                    </u> Years	
1898	4 <input type="checkbox"/> Increase in benefits – <b>What amount and time unit?</b> ↗	1888	4 <input type="checkbox"/> Increase in benefits – <b>What amount and time unit?</b> ↗	
1899	\$ <u>                    </u> · <u>                    </u> per ↗ (Dollars only) (Cents)	1889	\$ <u>                    </u> · <u>                    </u> per ↗ (Dollars only) (Cents)	
1900	<u>                    </u> (Year, month, etc.)	1890	<u>                    </u> (Year, month, etc.)	
1901	5 <input type="checkbox"/> Benefits begin before they would otherwise have been available – <b>What age will you be when benefits begin?</b> ↗	1891	5 <input type="checkbox"/> Benefits begin before they would otherwise have been available – <b>What age will you be when benefits begin?</b> ↗	
1902	<u>                    </u> Age	1892	<u>                    </u> Age	
1903	6 <input type="checkbox"/> Additional or improved medical benefits	1893	6 <input type="checkbox"/> Additional or improved medical benefits	
1904	7 <input type="checkbox"/> Other – <i>Specify</i> ↗	1894	7 <input type="checkbox"/> Other – <i>Specify</i> ↗	
PGM 10		PGM 10		
6060		6065		
PGM 3		PGM 3		
1905	8 <input type="checkbox"/> Don’t know	1895	8 <input type="checkbox"/> Don’t know	
1906	1 <input type="checkbox"/> 4 or more plans marked in 93, return to 94a, page 74, omit phrase in brackets and fill in next column	1896	1 <input type="checkbox"/> 5 or more plans marked in 93 – <i>GO to Check Item G-1, page 86</i>	NOTES
	2 <input type="checkbox"/> All others – <i>Includes 3 plans marked in 93, SKIP to Check Item G-1, page 86</i>		2 <input type="checkbox"/> All others – <i>Includes 4 plans marked in 93, GO to Check Item G-1, page 86</i>	

Section 8 – GEOGRAPHIC MOBILITY	
<b>CHECK ITEM G-1</b>	
Refer to R7 on the Information sheet. Is place or residence recorded in R7 the same (city/town/county) as respondent's current residence?	<div>2016</div> <div>1 <input type="checkbox"/> Yes – ASK 107a</div> <div>2 <input type="checkbox"/> No – SKIP to 107b, READ phrase in parentheses</div>
<b>107a. Our records show that when we talked with you on (Date entered in R6), you were living in the same (city/town/county) as you are now. Since (Date entered in R6), have you ever moved from (Residence in R7) and then returned here again?</b>	<div>2017</div> <div>1 <input type="checkbox"/> Yes – ASK 107b, OMIT phrase in parentheses</div> <div>2 <input type="checkbox"/> No – SKIP to 107g</div>
<b>b. (Our records show that when we talked with you on (Date entered in R6), you were living in (Residence in R7).) What month and year did you move (back) here?</b>	<div>2018</div> <div>Month</div> <div>2019</div> <div>19</div> <div>Year</div>
<b>c. Where did you live just before moving to this (town/city/county)?</b>	<div>2020</div> <div>Number and street</div> <div>Place</div> <div>State</div> <div>ZIP Code</div> <div>County</div> <div>Foreign country</div>
<b>d. How many miles is it to your residence in (Place and state entered in 107c)?</b>	<div>2021</div> <div>Miles</div>
<b>e. How long had you lived in (Place and state entered in 107c) before you moved here?</b>	<div>2022</div> <div>1 <input type="checkbox"/> All my life</div> <div>2023</div> <div>Years</div> <div>AND/OR</div> <div>2024</div> <div>Months</div>
SHOW FLASHCARD K	
<b>f. Why did you leave (Place and state entered in 107c)?</b> <b>Any other reason?</b> Mark (X) all that apply.	<div>2025</div> <div>1 <input type="checkbox"/> Health reasons</div> <div>2026</div> <div>2 <input type="checkbox"/> You and/or husband/partner retired</div> <div>2027</div> <div>3 <input type="checkbox"/> To be nearer relatives and friends</div> <div>2028</div> <div>4 <input type="checkbox"/> Husband/partner received transfer and/or promotion</div> <div>2029</div> <div>5 <input type="checkbox"/> You received transfer and/or promotion</div> <div>2030</div> <div>6 <input type="checkbox"/> Husband/partner lost job and new location offered better re-employment opportunities</div> <div>2031</div> <div>7 <input type="checkbox"/> You lost your job and new location offered better re-employment opportunities</div> <div>2032</div> <div>8 <input type="checkbox"/> New location offered generally better employment opportunities</div> <div>2033</div> <div>9 <input type="checkbox"/> Divorce or marriage led to relocation</div> <div>2034</div> <div>10 <input type="checkbox"/> Other family reasons</div> <div>2035</div> <div>11 <input type="checkbox"/> Other employment-related reasons</div> <div>2036</div> <div>12 <input type="checkbox"/> New location generally more desirable</div> <div>2037</div> <div>13 <input type="checkbox"/> No particular reason</div> <div>2038</div> <div>14 <input type="checkbox"/> Other reason – Specify</div>
<b>g. Do you have another residence at which you normally spend time during some part of the year?</b>	<div>2039</div> <div>1 <input type="checkbox"/> Yes – ASK 107h, page 87</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item H-1, page 88</div>

## Section 8 - GEOGRAPHIC MOBILITY - Continued

**107h. Where is this other residence located?**

2040		
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[illegible]

Place \_\_\_\_\_

State

ZIP code
----------

County

Foreign country
-----------------

**i. In what months of each year do you generally spend time there?**  
*Mark (X) all that apply.*

2041 1 January

2042 2 February

**2043** 3 ☐ March

2044 4 April

2045 5 ☐ May

2046 6 ☐ June2047 7 ☐ July

2048 8 ☐ August

2049 9 □ September

2050 10 ☐ October

2051 11 ☐ November

2052 12 □ December

**j. When did you first start spending part of each year there?**

	Year			
2053	1	9		

Year
------

1	9		
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NOTES
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Section 9 – HUSBAND’S CURRENT LABOR FORCE STATUS						
<b>CHECK ITEM H-1</b>	<b>2063</b>	1 <input type="checkbox"/> Box 1, "Married, spouse present," marked in R3 – ASK 108a 2 <input type="checkbox"/> All others – SKIP to Check Item L-1, page 149				
Refer to R3 on the Information Sheet.						
<b>108a. We are interested in your husband’s retirement status and his retirement plans. At the present time, does he think of himself as retired, partly retired, or not retired at all?</b> (Probe if respondent is unsure of husband’s retirement status.)	<b>2064</b>	1 <input type="checkbox"/> Retired – ASK 108b 2 <input type="checkbox"/> Partly retired 3 <input type="checkbox"/> Not retired at all } SKIP to 109				
<b>b. In what month and year did he most recently (retire/stop working)?</b>	<b>2065</b>	Month <table><tr><td></td><td></td></tr></table>				
	<b>2066</b>	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9		
1	9					
<b>109. What was your husband doing most of LAST WEEK--retired, working, looking for work, or something else?</b>	<b>2067</b>	1 <input type="checkbox"/> <b>WK</b> – Working – Mark box 1 in R13 on the Information Sheet and SKIP to 110b 2 <input type="checkbox"/> <b>J</b> – With a job but not at work } ASK 110a 3 <input type="checkbox"/> <b>LK</b> – Looking for work 4 <input type="checkbox"/> <b>S</b> – Going to school } ASK 110a 5 <input type="checkbox"/> <b>KH</b> – Keeping house 6 <input type="checkbox"/> <b>U</b> – Unable to work – SKIP to 113, page 89 7 <input type="checkbox"/> <b>R</b> – Retired 8 <input type="checkbox"/> <b>OT</b> – Other – Specify <input type="checkbox"/> } ASK 110a				
<b>110a. Did your husband do any work at all LAST WEEK, not counting work around the house?</b> NOTE: If farm, ask about unpaid work.	<b>2068</b>	1 <input type="checkbox"/> Yes – Mark box 1 in R13 on the Information Sheet and ASK 110b 2 <input type="checkbox"/> No – SKIP to Check Item H-2				
<b>b. How many hours did your husband work LAST WEEK at all jobs?</b>	<b>2069</b>	_____ Hours – SKIP to 114a, page 89				
<b>CHECK ITEM H-2</b>	<b>2070</b>	1 <input type="checkbox"/> "J" marked in 109 – SKIP to 111b 2 <input type="checkbox"/> All others – ASK 111a				
Refer to item 109.						
<b>111a. Did your husband have a job or business from which he was temporarily absent or on layoff LAST WEEK?</b>	<b>2071</b>	1 <input type="checkbox"/> Yes – Mark box 1 in R13 on the Information Sheet and ASK 111b 2 <input type="checkbox"/> No – SKIP to Check Item H-3				
<b>b. Why was he absent from work LAST WEEK?</b>	<b>2072</b>	1 <input type="checkbox"/> On layoff – ASK 111c 2 <input type="checkbox"/> New job to begin within 30 days – SKIP to 113, page 89 3 <input type="checkbox"/> Other – Specify <input type="checkbox"/> } SKIP to 114a, page 89				
<b>c. When did this layoff begin?</b>	<b>2073</b>	Month <table><tr><td></td><td></td></tr></table>				
	<b>2074</b>	Year <table><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9		
1	9					
		} SKIP to 112c, page 89				
<b>CHECK ITEM H-3</b>	<b>2075</b>	1 <input type="checkbox"/> "LK" marked in 109 – SKIP to 112b 2 <input type="checkbox"/> All others – ASK 112a				
Refer to item 109.						
<b>112a. Has your husband been looking for work during the past 4 weeks?</b>	<b>2076</b>	1 <input type="checkbox"/> Yes – ASK 112b 2 <input type="checkbox"/> No – SKIP to 113, page 89				
<b>b. What has he been doing in the last 4 weeks to find work?</b> <b>Anything else?</b> Mark (X) all that apply; do not read list.	<b>2077</b>	8 <input type="checkbox"/> Nothing – SKIP to 113, page 89 <b>Checked with</b> <input type="checkbox"/>				
	<b>2078</b>	1 <input type="checkbox"/> State employment agency				
	<b>2079</b>	2 <input type="checkbox"/> Private employment agency				
	<b>2080</b>	3 <input type="checkbox"/> Employer directly				
	<b>2081</b>	4 <input type="checkbox"/> Friends or relatives				
	<b>2082</b>	5 <input type="checkbox"/> Placed or answered ads				
	<b>2083</b>	6 <input type="checkbox"/> School employment service				
	<b>2084</b>	7 <input type="checkbox"/> Other – Specify (e.g., JTPA, union or professional register, etc.) <input type="checkbox"/>				

Section 9 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued			
112c. Is there any reason why he could not take a job LAST WEEK?  Mark (X) only one reason.	2085	2 <input type="checkbox"/> No – ASK 113 1 <input type="checkbox"/> Yes – Why? ↘	
	2086	1 <input type="checkbox"/> Already has a job 2 <input type="checkbox"/> Temporary illness 3 <input type="checkbox"/> Other – Specify ↘ _____	
113. Between January 1, 1982, and last week, was your husband ever employed at a full time or part time job?	2087	1 <input type="checkbox"/> Yes – ASK 114a 2 <input type="checkbox"/> No – SKIP to Check Item J-1, page 111	
114a. For whom (does/did) your husband (last) work?  (Name of company, business, organization, or other employer)	2088	<div></div>	
	PGM 6 6066	_____ _____	
b. In what city, State, and county (is/was) (Employer in 114a) located?	PGM 3		
	2089	<div></div> <div></div>	
		City	State
		County	
c. What kind of business or industry (is/was) this?  (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	2090	<div></div> <div></div> <div></div>	1960 code
	2091	<div></div> <div></div> <div></div>	1980 code
d. What kind of work (is/was) your husband doing?  (For example: electrical engineer, waiter, stock clerk, farmer)	2092	<div></div> <div></div> <div></div>	1960 code
	2093	<div></div> <div></div> <div></div>	1980 code
e. What (are/were) your husband’s most important activities or duties?  (For example: selling cars, operating printing press, finishing concrete, cleaning buildings)		_____ _____ _____ _____	
f. (Is/was) your husband . . .	2094	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"/> Federal 4 <input type="checkbox"/> State 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> O – Self-employed in his OWN business, professional practice, or farm? Is this business incorporated? 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No (or farm) 9 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?	
g. When did he start working for (Employer in 114a)?		<div>Month</div> <div></div> <div></div>	
	2095		
	2096	<div>Year</div> <div>1</div> <div>9</div> <div></div> <div></div>	

Section 9 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued	
CHECK ITEM H-4	
Refer to item 114f, page 89	2097 1 <input type="checkbox"/> "P" or "G" marked in 114f – ASK 114h 2 <input type="checkbox"/> All others – SKIP to 114u, page 91
114h. Altogether, how much (does/did) your husband usually earn at (this/that) job before deductions (in the last year he worked there)?	2098 \$ _____ (Dollars) . _____ (Cents) per hour – SKIP to 114k  OR 2099 \$ _____ (Dollars only) . <input type="text" value="00"/> per 2100 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify <input type="text"/> } ASK 114i  2101 1 <input type="checkbox"/> Don't know } SKIP to 114k 2 <input type="checkbox"/> Refused
i. (Is/was) he paid by the hour on this job?	2102 1 <input type="checkbox"/> Yes – ASK 114j 2 <input type="checkbox"/> No – SKIP to 114k
j. How much (does/did) he earn per hour?	2103 \$ _____ (Dollars) . _____ (Cents) per hour
k. How many hours per day (does/did) he USUALLY work at this job?	2104 _____ Hours per day
l. How many hours per week (does/did) he USUALLY work at this job?	2105 _____ Hours per week
CHECK ITEM H-5	
Refer to item 114l above.	2106 1 <input type="checkbox"/> 114l is equal to or more than 35 hours per week – ASK 114m 2 <input type="checkbox"/> All others – SKIP to 114n
114m. Not counting overtime hours, would your husband’s employer (allow/have allowed) him to change his work schedule to REDUCE the number of hours he (works/worked) each week?	2107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
n. Counting paid vacations and paid sick leave as weeks of work, how many weeks per year (does/did) he usually work at (this/that) job?	2108 _____ Weeks per year
o. Many companies or organizations have employees at more than one location. BESIDES the place where your husband (works/worked), [(does/did) (Employer in 114a, page 89)]does your husband have any employees working at any OTHER locations, as far as you know?	2109 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
p. At the place where your husband (works/worked), how many employees [(does/did) (Employer in 114a, page 89)]does your husband have?	2110 _____ Number of employees 2111 1 <input type="checkbox"/> Varies 2 <input type="checkbox"/> Don't know
CHECK ITEM H-6	
Refer to item 114o above.	2112 1 <input type="checkbox"/> Box 1 marked in 114o – ASK 114q 2 <input type="checkbox"/> All others – SKIP to 114r
114q. As far as you know, about how many employees [(does/did) (Employer in 114a, page 89)]does your husband have working at all of (its/his) OTHER locations – under 1,000 employees or 1,000 employees or more?	2113 1 <input type="checkbox"/> Under 1,000 employees 2 <input type="checkbox"/> 1,000 employees or more 3 <input type="checkbox"/> Don't know
r. (Is/was) your husband covered by Social Security or Railroad Retirement on his job?	2114 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know



Section 9 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued		
<b>114s. (Is/Was/Are/Were) his (wages/salary) on this job set by a collective bargaining agreement between his employer and a union or employee association?</b>	<b>2115</b>	1 <input type="checkbox"/> Yes – ASK 114t 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item H-7
<b>t. (Is/was) he a member of that union or employee association?</b>	<b>2116</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item H-7
<b>u. How many hours per day (does/did) he USUALLY work at this job?</b>	<b>2117</b>	_____ Hours per day
<b>v. How many hours per week (does/did) he USUALLY work at this job?</b>	<b>2118</b>	_____ Hours per week
<b>w. How many weeks per year (does/did) he USUALLY work at (this/that) job?</b>	<b>2119</b>	_____ Weeks per year
<b>CHECK ITEM H-7</b>		
Refer to R13 on the Information Sheet. Is respondent’s husband currently employed?	<b>2120</b>	1 <input type="checkbox"/> Box 1 marked in R13, husband in Labor Force Group A – ASK 114x 2 <input type="checkbox"/> All others – SKIP to 114y
<b>114x. At what age does your husband expect to stop working at this job?</b>	<b>2121</b>	_____ Age – SKIP to Check Item H-9, page 92
	<b>2122</b>	1 <input type="checkbox"/> Don’t know 2 <input type="checkbox"/> Husband doesn’t plan to stop working } SKIP to Check Item H-9, page 92
Refer to 108b, page 88.		
<b>y. When did your husband stop working for (Employer in 114a, page 89) ?</b>	<b>2123</b>	Month ____
	<b>2124</b>	Year 1 9 ____
	<b>2125</b>	1 <input type="checkbox"/> Same date as in 108b – SKIP to Check Item H-8, page 92
<b>z. Why did your husband leave (Employer in 114a, page 89)?</b>  Mark (X) only one category; do not read list. If laid off, probe for specific reason.	<b>2126</b>	EMPLOYER INITIATED – INVOLUNTARY REASON 1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – Specify _____  5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement  EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn’t like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent’s health; disability 12 <input type="checkbox"/> Husband’s health; disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Respondent’s retirement 16 <input type="checkbox"/> Respondent’s change in employment 17 <input type="checkbox"/> Didn’t like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Husband’s voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – Specify _____

Section 9 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued			
<b>CHECK ITEM H-8</b>		<b>2127</b>	1 <input type="checkbox"/> Entry in 114f is "P" or "G" – ASK 115a 2 <input type="checkbox"/> All others – SKIP to 115c
Refer to Item 114f, page 89.			
<b>115a. While your husband was working for (Employer in 114a, page 89) was he also working for someone else?</b>		<b>2128</b>	1 <input type="checkbox"/> Yes – SKIP to 117a 2 <input type="checkbox"/> No – ASK 115b
<b>b. In addition to working for wages and salary, did he operate his own farm, business or profession?</b>		<b>2129</b>	1 <input type="checkbox"/> Yes – SKIP to 117a 2 <input type="checkbox"/> No – SKIP to 118a, page 94
<b>c. In addition to working for (Employer in 114a, page 89) did he do any work for wages or salary?</b>		<b>2130</b>	1 <input type="checkbox"/> Yes – SKIP to 117a 2 <input type="checkbox"/> No – SKIP to 118a, page 94
<b>CHECK ITEM H-9</b>		<b>2131</b>	1 <input type="checkbox"/> Entry in 114f is "P" or "G" – ASK 116a 2 <input type="checkbox"/> All others – SKIP to 116c
Refer to item 114f, page 89.			
<b>116a. Did your husband work for more than one employer last week?</b>		<b>2132</b>	1 <input type="checkbox"/> Yes – SKIP to 117a 2 <input type="checkbox"/> No – ASK 116b
<b>b. In addition to working for wages and salary, did your husband operate his own farm, business or profession last week?</b>		<b>2133</b>	1 <input type="checkbox"/> Yes – SKIP to 117a 2 <input type="checkbox"/> No – SKIP to 116d
<b>c. In addition to working for (Employer in 114a, page 89) did your husband do any (other) work for wages or salary last week?</b>		<b>2134</b>	1 <input type="checkbox"/> Yes – SKIP to 117a 2 <input type="checkbox"/> No – ASK 116d
<b>d. Did your husband have any other job at which he did not work last week?</b>		<b>2135</b>	1 <input type="checkbox"/> Yes – ASK 117a 2 <input type="checkbox"/> No – SKIP to 118a, page 94
<b>117a. For whom (does/did) your husband work in addition to (Employer in 114a, page 89)?</b> (Name of company, business organization or other employer)		<b>2136</b>	<div><div></div><div></div></div>
<b>b. What kind of business or industry (is/was) this?</b>  (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)		<b>2137</b>	<div><div><div></div><div></div><div></div></div>1960 code</div> <div><div></div><div></div><div></div></div>
		<b>2138</b>	<div><div><div></div><div></div><div></div></div>1980 code</div> <div><div></div><div></div><div></div></div>
<b>c. (Is/was) he . . .</b>		<b>2139</b> *	1 <input type="checkbox"/> <b>P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</b>  2 <input type="checkbox"/> <b>G – A GOVERNMENT employee (Federal, State, county, or local)?</b> 3 <input type="checkbox"/> Federal 4 <input type="checkbox"/> State 5 <input type="checkbox"/> Other  6 <input type="checkbox"/> <b>O – Self-employed in his OWN business, professional practice, or farm? Is this business incorporated?</b> 7 <input type="checkbox"/> Yes 8 <input type="checkbox"/> No (or farm)  9 <input type="checkbox"/> <b>WP – Working WITHOUT PAY in family business or farm?</b>
<b>d. What kind of work (is/was) he doing?</b> (For example: electrical engineer, waiter, stock clerk, farmer)		<b>2140</b>	<div><div><div></div><div></div><div></div></div>1960 code</div> <div><div></div><div></div><div></div></div>
		<b>2141</b>	<div><div><div></div><div></div><div></div></div>1980 code</div> <div><div></div><div></div><div></div></div>

Section 9 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued	
117e. What (are/were) his most important activities or duties?  (For example: selling cars, operating printing press, finishing concrete, cleaning buildings)	<div></div> <div></div> <div></div> <div></div>
CHECK ITEM H-10  Refer to Item 117c, page 92	2142 1 <input type="checkbox"/> Entry in 117c is "P" or "G" – ASK 117f 2 <input type="checkbox"/> All others – SKIP to 117i
117f. Altogether, how much (do/did) he usually earn at this job before deductions?	2143 \$ _____ per hour – SKIP to 117i (Dollars) (Cents)  OR 2144 \$ _____ 00 per (Dollars only) 2145 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify <div></div> <div></div> <div></div> ASK 117g 2146 1 <input type="checkbox"/> Don’t know 2 <input type="checkbox"/> Refused } SKIP to 117i
g. (Is/was) he paid by the hour on this job?	2147 1 <input type="checkbox"/> Yes – ASK 117h 2 <input type="checkbox"/> No – SKIP to 117i
h. How much (does/did) he earn per hour?	2148 \$ _____ per hour (Dollars) (Cents)
i. How many hours per day (does/did) he USUALLY work at this job?	2149 _____ Hours per day
j. How many hours per week (does/did) he USUALLY work at this job?	2150 _____ Hours per week
k. When did he start working for (Employer in 117a, page 92)?	2151 Month <div></div> <div></div> 2152 Year 1 9 <div></div> <div></div>
l. When did he stop working for (Employer in 117a, page 92)?	2153 Month <div></div> <div></div> 2154 Year 1 9 <div></div> <div></div> 2155 1 <input type="checkbox"/> Still working there

Section 9 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued

FIELD REPRESENTATIVE INSTRUCTION: Read 118a to respondent. Then, ASK 118b and then 118c for each year in 118a(1) through 118a(5). If Box 1, "0 weeks" is marked in 118b, DO NOT ask 118c for that year. Instead, ASK 118b for the next year.

**118a. I'd like to know about the years in which your husband worked for pay, either for an employer or in his own business. Please include paid vacations and sick leave.**

**b. How many weeks did he work in (Read year in 118a(1) through 118a(5) as appropriate)? Please give your best estimate.**

**c. How many hours per week did he work, on the average, in (Read year in 118a(1) through 118a(5) as appropriate)? Please give your best estimate.**

Year  
**(1) 1982**

- 2156** 1 ☐ 0 weeks – ASK 118b for the next year  
2 ☐ 1–13 weeks  
3 ☐ 14–26 weeks  
4 ☐ 27–39 weeks  
5 ☐ 40–51 weeks  
6 ☐ 52 weeks  
7 ☐ Don't know
- GO to 118c

- 2157** 1 ☐ 0–20 hours  
2 ☐ 21–34 hours  
3 ☐ 35 or more hours  
4 ☐ Don't know
- ASK 118b for the next year

**(2) 1983**

- 2158** 1 ☐ 0 weeks – ASK 118b for the next year  
2 ☐ 1–13 weeks  
3 ☐ 14–26 weeks  
4 ☐ 27–39 weeks  
5 ☐ 40–51 weeks  
6 ☐ 52 weeks  
7 ☐ Don't know
- GO to 118c

- 2159** 1 ☐ 0–20 hours  
2 ☐ 21–34 hours  
3 ☐ 35 or more hours  
4 ☐ Don't know
- ASK 118b for the next year

**(3) 1984**

- 2160** 1 ☐ 0 weeks – ASK 118b for the next year  
2 ☐ 1–13 weeks  
3 ☐ 14–26 weeks  
4 ☐ 27–39 weeks  
5 ☐ 40–51 weeks  
6 ☐ 52 weeks  
7 ☐ Don't know
- GO to 118c

- 2161** 1 ☐ 0–20 hours  
2 ☐ 21–34 hours  
3 ☐ 35 or more hours  
4 ☐ Don't know
- ASK 118b for the next year

**(4) 1985**

- 2162** 1 ☐ 0 weeks – ASK 118b for the next year  
2 ☐ 1–13 weeks  
3 ☐ 14–26 weeks  
4 ☐ 27–39 weeks  
5 ☐ 40–51 weeks  
6 ☐ 52 weeks  
7 ☐ Don't know
- GO to 118c

- 2163** 1 ☐ 0–20 hours  
2 ☐ 21–34 hours  
3 ☐ 35 or more hours  
4 ☐ Don't know
- ASK 118b for the next year

**(5) 1986**

- 2164** 1 ☐ 0 weeks – GO to 119a, page 95  
2 ☐ 1–13 weeks  
3 ☐ 14–26 weeks  
4 ☐ 27–39 weeks  
5 ☐ 40–51 weeks  
6 ☐ 52 weeks  
7 ☐ Don't know
- GO to 118c

- 2165** 1 ☐ 0–20 hours  
2 ☐ 21–34 hours  
3 ☐ 35 or more hours  
4 ☐ Don't know
- GO to 119a, page 95

Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY					
<b>119a. Now I’d like to talk about all of the employers for whom your husband has worked, either full-time or part-time since January 1, 1987. Has he worked for anyone besides</b> <i>(Employers in 114a, page 89 and Employer in 117a, page 92)</i> <b>either full-time or part-time since January 1, 1987?</b>	<div>2175</div> <div><div><div><input type="checkbox"/> Yes – ASK 119b</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don’t know</div></div><div><div>SKIP to Check Item J-1, page 111</div></div></div>				
<b>b. For whom did your husband work just before he started to work for</b> <i>(Employers in 114a, page 89 and 117a, page 92/ Employer in 119b)?</i>  <i>[Alternate phrase for simultaneous employer: While your husband was working for (Employer in previous column) who else was he working for?]</i>	<div>PGM 3</div> <div>Employer 1</div>		<div>PGM 4</div> <div>Employer 5</div>		
	Name		Name		
	<div>2176</div> <div></div>		<div>2292</div> <div></div>		
	<div>2177</div> <div><input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-1, page 111</div>		<div>2293</div> <div><input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-1, page 111</div>		
<b>c. In what city, State, and county was</b> <i>(Employer in 119b)</i> <b>located?</b>	<div>2178</div> <div></div>		<div>2294</div> <div></div>		
	City		City		State
	County		County		
<b>d. What kind of business or industry was this?</b> <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i>	<div>2179</div> <div></div> 1960 code		<div>2295</div> <div></div> 1960 code		
<b>e. Was your husband –</b>	<div>2180</div> <div><div><input type="checkbox"/> <b>P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</b></div><div><input type="checkbox"/> <b>G – A GOVERNMENT employee (Federal, State, county, or local)?</b></div><div><input type="checkbox"/> <b>O – Self-employed in his OWN business, professional practice, or farm?</b></div><div><input type="checkbox"/> <b>WP – Working WITHOUT PAY in family business or farm?</b></div></div>		<div>2296</div> <div><div><input type="checkbox"/> <b>P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</b></div><div><input type="checkbox"/> <b>G – A GOVERNMENT employee (Federal, State, county, or local)?</b></div><div><input type="checkbox"/> <b>O – Self-employed in his OWN business, professional practice, or farm?</b></div><div><input type="checkbox"/> <b>WP – Working WITHOUT PAY in family business or farm?</b></div></div>		
<b>f. What kind of work was he doing?</b> <i>(For example: stock clerk, high school English teacher, accountant.)</i>	<div>2181</div> <div></div> 1960 code		<div>2297</div> <div></div> 1960 code		
<b>g. What were his most important activities or duties?</b> <i>(For example: selling clothing, keeping account books, teaching mathematics.)</i>					
<b>CHECK ITEM I-1</b>	<div>2182</div> <div><div><input type="checkbox"/> "P" or "G" marked in 119e – ASK 120a, page 96</div><div><input type="checkbox"/> All others – SKIP to 120b, page 96</div></div>		<div>2298</div> <div><div><input type="checkbox"/> "P" or "G" marked in 119e – ASK 120a, page 96</div><div><input type="checkbox"/> All others – SKIP to 120b, page 96</div></div>		
Refer to item 119e above.					

## Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

	PGM 3 Employer 1	PGM 4 Employer 5
<b>120a. Altogether, how much did your husband last earn with this employer before all deductions? Please specify an hourly wage, if you know it.</b>	<b>2183</b> \$ _____ per hour <div style="text-align: center;">(Dollars)     (Cents)</div>	<b>2299</b> \$ _____ per hour <div style="text-align: center;">(Dollars)     (Cents)</div>
	<b>OR</b>	<b>OR</b>
	<b>2184</b> \$ _____ per <div style="text-align: center;">(Dollars only)     <div style="border: 1px solid black; padding: 2px 5px;">00</div> </div>	<b>2300</b> \$ _____ per <div style="text-align: center;">(Dollars only)     <div style="border: 1px solid black; padding: 2px 5px;">00</div> </div>
	<b>2185</b> 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify	<b>2301</b> 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify
	<b>2186</b> 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	<b>2302</b> 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused
<b>b. How many hours per week did your husband usually work at this job?</b>	<b>2187</b> _____ Hours per week	<b>2303</b> _____ Hours per week
<b>121. When did your husband start working for (Employer in 119b)?</b>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Month</span><span>Day</span><span>Year</span> </div> <b>2188</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Month</span><span>Day</span><span>Year</span> </div> <b>2304</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>
<div style="background-color: black; color: white; padding: 2px; display: inline-block;"><b>CHECK ITEM I-2</b></div> Refer to item 121 above.	Item 121 is – <b>2189</b> 1 <input type="checkbox"/> On or after 1/1/87 – ENTER date from item 121 in box below 2 <input type="checkbox"/> Before 1/1/87 – ENTER 01/01/87 in box below  <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Month</span><span>Day</span><span>Year</span> </div> <b>2190</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>	Item 121 is – <b>2305</b> 1 <input type="checkbox"/> On or after date 1/1/87 – ENTER date from item 121 in box below 2 <input type="checkbox"/> Before 1/1/87 – ENTER 01/01/87 in box below  <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Month</span><span>Day</span><span>Year</span> </div> <b>2306</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>
<b>122. When did your husband stop working for (Employer in 119b)?</b>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Month</span><span>Day</span><span>Year</span> </div> <b>2191</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div> <b>2192</b> 1 <input type="checkbox"/> Still working there – SKIP to 124a, page 97	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Month</span><span>Day</span><span>Year</span> </div> <b>2307</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div> <b>2308</b> 1 <input type="checkbox"/> Still working there – SKIP to 124a, page 97
NOTES		

Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued																	
<b>123. Why did your husband leave this employer?</b> <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	PGM 3	Employer 1	PGM 4	Employer 5													
		EMPLOYER INITIATED – INVOLUNTARY REASON		EMPLOYER INITIATED – INVOLUNTARY REASON													
	2193	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/>    5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement	2309	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/>    5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement													
		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn’t like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent’s health; disability 12 <input type="checkbox"/> Husband’s health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Respondent’s retirement 16 <input type="checkbox"/> Respondent’s change in employment 17 <input type="checkbox"/> Didn’t like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Husband’s voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>    		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn’t like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent’s health; disability 12 <input type="checkbox"/> Husband’s health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Respondent’s retirement 16 <input type="checkbox"/> Respondent’s change in employment 17 <input type="checkbox"/> Didn’t like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Husband’s voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>    													
<b>124a. Between (Date in Check Item I-2) and ((Date in item 122)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which your husband didn’t work for (Employer in 119b)?</b>	2194	2 <input type="checkbox"/> No – SKIP to 125, page 98 1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/>  2195 _____ Weeks	2310	2 <input type="checkbox"/> No – SKIP to 125, page 98 1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/>  2311 _____ Weeks													
<b>b. Did the weeks in which your husband didn’t work occur all at one time?</b>  <i>NOTE: If "No" in item 124b, ask items 124c–e about the longest time of not working.</i>	2196	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>  2197 _____ Times	2312	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>  2313 _____ Times													
<b>c. When did the (longest) period in which your husband was not working start?</b>	2198	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	2314	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year															
<input type="text"/>	<input type="text"/>	<input type="text"/>															
Month	Day	Year															
<input type="text"/>	<input type="text"/>	<input type="text"/>															

Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued										
124d. When did the (longest) period in which your husband was not working stop?	PGM 3	Employer 1			PGM 4	Employer 5				
		Month	Day	Year		Month	Day	Year		
	2199					2315				
e. Why was he not working during these weeks?  Mark (X) the main reason; do not read list.	2200	1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____ _____			2316			1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____ _____		
	CHECK ITEM I-3 Refer to item 124a, page 97.		2201	1 <input type="checkbox"/> Box 1, "Yes," marked in 124a – ASK 124f 2 <input type="checkbox"/> All others – SKIP to 125			2317	1 <input type="checkbox"/> Box 1, "Yes," marked in 124a – ASK 124f 2 <input type="checkbox"/> All others – SKIP to 125		
	124f. While your husband was NOT working for (Employer in 119b), was he working for someone else?	2202	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			2318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
125. While your husband was WORKING for (Employer in 119b), was he also working for someone else?	2203	1 <input type="checkbox"/> Yes – SKIP to 119b for Employer 2, page 99, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item I-4			2319	1 <input type="checkbox"/> Yes – SKIP to 119b for Employer 6, page 99, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item I-4				
CHECK ITEM I-4 Refer to item 121, page 96.		2204	Item 121 is – 1 <input type="checkbox"/> On or after 1/1/87 – GO to Employer 2, page 99 and record information about previous employer 2 <input type="checkbox"/> Before 1/1/87 – SKIP to Check Item J-1, page 111			2320	Item 121 is – 1 <input type="checkbox"/> On or after 1/1/87 – GO to Employer 6, page 99 and record information about previous employer 2 <input type="checkbox"/> Before 1/1/87 – SKIP to Check Item J-1, page 111			
NOTES										



Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued						
<b>119b. For whom did your husband work just before he started to work for</b> (Employers in 114a, page 89 and 117a, page 92/ Employer in 119b)? <i>[Alternate phrase for simultaneous employer: While your husband was working for (Employer in previous column) who else was he working for?]</i>	PGM 3	Employer 2		PGM 4	Employer 6	
	Name		Name			
	2205			2321		
	2206	1 <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-1, page 111		2322	1 <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-1, page 111	
<b>c. In what city, State, and county was</b> (Employer in 119b) <b>located?</b>	2207			2323		
	City		State	City		
	County		County		State	
<b>d. What kind of business or industry was this?</b> (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	2208			2324		
	1960 code		1960 code			
<b>e. Was your husband –</b>	2209	1 <input type="checkbox"/> <b>P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</b>		2325	1 <input type="checkbox"/> <b>P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</b>	
		2 <input type="checkbox"/> <b>G – A GOVERNMENT employee (Federal, State, county, or local)?</b>			2 <input type="checkbox"/> <b>G – A GOVERNMENT employee (Federal, State, county, or local)?</b>	
		3 <input type="checkbox"/> <b>O – Self-employed in his OWN business, professional practice, or farm?</b>			3 <input type="checkbox"/> <b>O – Self-employed in his OWN business, professional practice, or farm?</b>	
		4 <input type="checkbox"/> <b>WP – Working WITHOUT PAY in family business or farm?</b>			4 <input type="checkbox"/> <b>WP – Working WITHOUT PAY in family business or farm?</b>	
<b>f. What kind of work was he doing?</b> (For example: stock clerk, high school English teacher, accountant.)	2210			2326		
	1960 code		1960 code			
<b>g. What were his most important activities or duties?</b> (For example: selling clothing, keeping account books, teaching mathematics.)						
<b>CHECK ITEM I-1</b>  Refer to item 119e above.	2211	1 <input type="checkbox"/> "P" or "G" marked in 119e – ASK 120a, page 100 2 <input type="checkbox"/> All others – SKIP to 120b, page 100		2327	1 <input type="checkbox"/> "P" or "G" marked in 119e – ASK 120a, page 100 2 <input type="checkbox"/> All others – SKIP to 120b, page 100	
NOTES						

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Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued																	
123. Why did your husband leave this employer? <i>Mark (X) main reason; do not read list. If laid off, probe for specific reason.</i>	PGM 3	Employer 2	PGM 4	Employer 6													
		EMPLOYER INITIATED – INVOLUNTARY REASON		EMPLOYER INITIATED – INVOLUNTARY REASON													
	2222	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/>  5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement	2338	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/>  5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement													
		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn’t like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent’s health; disability 12 <input type="checkbox"/> Husband’s health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Respondent’s retirement 16 <input type="checkbox"/> Respondent’s change in employment 17 <input type="checkbox"/> Didn’t like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Husband’s voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>  		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn’t like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent’s health; disability 12 <input type="checkbox"/> Husband’s health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Respondent’s retirement 16 <input type="checkbox"/> Respondent’s change in employment 17 <input type="checkbox"/> Didn’t like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Husband’s voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>  													
124a. Between (Date in Check Item I-2) and ((Date in item 122)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which your husband didn’t work for (Employer in 119b)?	2223	2 <input type="checkbox"/> No – SKIP to 125, page 102 1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/> 2224 _____ Weeks	2339	2 <input type="checkbox"/> No – SKIP to 125, page 102 1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/> 2340 _____ Weeks													
b. Did the weeks in which your husband didn’t work occur all at one time? <i>NOTE: If "No" in item 124b, ask items 124c–e about the longest time of not working.</i>	2225	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 2226 _____ Times	2341	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 2342 _____ Times													
c. When did the (longest) period in which your husband was not working start?	2227	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	2343	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year															
<input type="text"/>	<input type="text"/>	<input type="text"/>															
Month	Day	Year															
<input type="text"/>	<input type="text"/>	<input type="text"/>															

Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued																
124d. When did the (longest) period in which your husband was not working stop?	PGM 3	Employer 2					PGM 4	Employer 6								
		Month	Day	Year			Month	Day	Year							
	2228						2344									
e. Why was he not working during these weeks?  Mark (X) the main reason; do not read list.	2229	1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>   					2345					1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>   				
	CHECK ITEM I-3		2230					2346								
	Refer to item 124a, page 101.		1 <input type="checkbox"/> Box 1, "Yes," marked in 124a – ASK 124f 2 <input type="checkbox"/> All others – SKIP to 125					1 <input type="checkbox"/> Box 1, "Yes," marked in 124a – ASK 124f 2 <input type="checkbox"/> All others – SKIP to 125								
124f. While your husband was NOT working for (Employer in 119b), was he working for someone else?		2231					2347									
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No									
125. While your husband was WORKING for (Employer in 119b), was he also working for someone else?		2232					2348									
		1 <input type="checkbox"/> Yes – SKIP to 119b for Employer 3, page 103, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item I-4					1 <input type="checkbox"/> Yes – SKIP to 119b for Employer 7, page 103, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item I-4									
CHECK ITEM I-4		Item 121 is –					Item 121 is –									
Refer to item 121, page 100.		2233					2349									
		1 <input type="checkbox"/> On or after 1/1/87 – GO to Employer 3, page 103 and record information about previous employer 2 <input type="checkbox"/> Before 1/1/87 – SKIP to Check Item J-1, page 111					1 <input type="checkbox"/> On or after 1/1/87 – GO to Employer 7, page 103 and record information about previous employer 2 <input type="checkbox"/> Before 1/1/87 – SKIP to Check Item J-1, page 111									
NOTES																

Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued												
<b>119b. For whom did your husband work just before he started to work for</b> <i>(Employers in 114a, page 89 and 117a, page 92/Employer in 119b)?</i>  <i>[Alternate phrase for simultaneous employer: While your husband was working for (Employer in previous column) who else was he working for?]</i>	PGM 3		Employer 3		PGM 4		Employer 7					
	Name				Name							
	2234				2350							
	2235 1 <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-1, page 111				2351 1 <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-1, page 111							
<b>c. In what city, State, and county was</b> <i>(Employer in 119b) located?</i>	2236				2352							
	City		State		City		State					
	County				County							
<b>d. What kind of business or industry was this?</b> <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i>	2237				2353							
	1960 code				1960 code							
<b>e. Was your husband –</b>	2238		1 <input type="checkbox"/> <b>P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</b>				2354		1 <input type="checkbox"/> <b>P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</b>			
			2 <input type="checkbox"/> <b>G – A GOVERNMENT employee (Federal, State, county, or local)?</b>						2 <input type="checkbox"/> <b>G – A GOVERNMENT employee (Federal, State, county, or local)?</b>			
			3 <input type="checkbox"/> <b>O – Self-employed in his OWN business, professional practice, or farm?</b>						3 <input type="checkbox"/> <b>O – Self-employed in his OWN business, professional practice, or farm?</b>			
			4 <input type="checkbox"/> <b>WP – Working WITHOUT PAY in family business or farm?</b>						4 <input type="checkbox"/> <b>WP – Working WITHOUT PAY in family business or farm?</b>			
<b>f. What kind of work was he doing?</b> <i>(For example: stock clerk, high school English teacher, accountant.)</i>	2239				2355							
	1960 code				1960 code							
<b>g. What were his most important activities or duties?</b> <i>(For example: selling clothing, keeping account books, teaching mathematics.)</i>												
<b>CHECK ITEM I-1</b>  <i>Refer to item 119e above.</i>	2240		1 <input type="checkbox"/> "P" or "G" marked in 119e – ASK 120a, page 104				2356		1 <input type="checkbox"/> "P" or "G" marked in 119e – ASK 120a, page 104			
			2 <input type="checkbox"/> All others – SKIP to 120b, page 104						2 <input type="checkbox"/> All others – SKIP to 120b, page 104			
NOTES												

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Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued						
<b>123. Why did your husband leave this employer?</b> <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	PGM 3	Employer 3	PGM 4	Employer 7		
		EMPLOYER INITIATED – INVOLUNTARY REASON		EMPLOYER INITIATED – INVOLUNTARY REASON		
	2251	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – <i>Specify</i> _____  5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement	2367	1 <input type="checkbox"/> Plant closed, employer went out of business 2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.) 3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons 4 <input type="checkbox"/> Laid off for any other reason – <i>Specify</i> _____  5 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Compulsory retirement		
		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn’t like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent’s health; disability 12 <input type="checkbox"/> Husband’s health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Respondent’s retirement 16 <input type="checkbox"/> Respondent’s change in employment 17 <input type="checkbox"/> Didn’t like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Husband’s voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – <i>Specify</i> _____  _____		EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> Found better job 8 <input type="checkbox"/> Didn’t like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent’s health; disability 12 <input type="checkbox"/> Husband’s health, disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Respondent’s retirement 16 <input type="checkbox"/> Respondent’s change in employment 17 <input type="checkbox"/> Didn’t like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Husband’s voluntary retirement 20 <input type="checkbox"/> Started own business, became self-employed 21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – <i>Specify</i> _____  _____		
<b>124a. Between (Date in Check Item I-2) and ((Date in item 122)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which your husband didn’t work for (Employer in 119b)?</b>	2252	2 <input type="checkbox"/> No – SKIP to 125, page 106 1 <input type="checkbox"/> Yes – <b>How many weeks?</b> _____	2368	2 <input type="checkbox"/> No – SKIP to 125, page 106 1 <input type="checkbox"/> Yes – <b>How many weeks?</b> _____		
	2253	_____ Weeks	2369	_____ Weeks		
	<b>b. Did the weeks in which your husband didn’t work occur all at one time?</b>  <i>NOTE: If "No" in item 124b, ask items 124c–e about the longest time of not working.</i>	2254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <b>How many times?</b> _____	2370	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <b>How many times?</b> _____	
		2255	_____ Times	2371	_____ Times	
<b>c. When did the (longest) period in which your husband was not working start?</b>	2256	Month Day Year ____	2372	Month Day Year ____		

Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued								
124d. When did the (longest) period in which your husband was not working stop?	PGM 3	Employer 3			PGM 4	Employer 7		
		Month	Day	Year		Month	Day	Year
	2257					2373		
e. Why was he not working during these weeks?  Mark (X) the main reason; do not read list.	2258	1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>   			2374	1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>   		
CHECK ITEM I-3  Refer to item 124a, page 105.	2259	1 <input type="checkbox"/> Box 1, "Yes," marked in 124a – ASK 124f 2 <input type="checkbox"/> All others – SKIP to 125			2375	1 <input type="checkbox"/> Box 1, "Yes," marked in 124a – ASK 124f 2 <input type="checkbox"/> All others – SKIP to 125		
124f. While your husband was NOT working for (Employer in 119b), was he working for someone else?	2260	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			2376	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
125. While your husband was WORKING for (Employer in 119b), was he also working for someone else?	2261	1 <input type="checkbox"/> Yes – SKIP to 119b for Employer 4, page 107, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item I-4			2377	1 <input type="checkbox"/> Yes – SKIP to 119b for Employer 8, page 107, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item I-4		
CHECK ITEM I-4  Refer to item 121, page 104.	2262	Item 121 is – 1 <input type="checkbox"/> On or after 1/1/87 – GO to Employer 4, page 107 and record information about previous employer 2 <input type="checkbox"/> Before 1/1/87 – SKIP to Check Item J-1, page 111			2378	Item 121 is – 1 <input type="checkbox"/> On or after 1/1/87 – GO to Employer 8, page 107 and record information about previous employer 2 <input type="checkbox"/> Before 1/1/87 – SKIP to Check Item J-1, page 111		
NOTES								



Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued						
<b>119b. For whom did your husband work just before he started to work for</b> <i>(Employers in 114a, page 89 and 117a, page 92/ Employer in 119b)?</i>  <i>[Alternate phrase for simultaneous employer: While your husband was working for (Employer in previous column) who else was he working for?]</i>	PGM 3	Employer 4		PGM 4	Employer 8	
	Name		Name			
	2263			2379		
	2264	1 <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-1, page 111		2380	1 <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-1, page 111	
<b>c. In what city, State, and county was</b> <i>(Employer in 119b) located?</i>	2265			2381		
	City		State	City		
	County		County			
<b>d. What kind of business or industry was this?</b> <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i>	2266			2382		
	1960 code		1960 code			
<b>e. Was your husband –</b>	2267	1 <input type="checkbox"/> <b>P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</b>		2383	1 <input type="checkbox"/> <b>P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</b>	
		2 <input type="checkbox"/> <b>G – A GOVERNMENT employee (Federal, State, county, or local)?</b>			2 <input type="checkbox"/> <b>G – A GOVERNMENT employee (Federal, State, county, or local)?</b>	
		3 <input type="checkbox"/> <b>O – Self-employed in his OWN business, professional practice, or farm?</b>			3 <input type="checkbox"/> <b>O – Self-employed in his OWN business, professional practice, or farm?</b>	
		4 <input type="checkbox"/> <b>WP – Working WITHOUT PAY in family business or farm?</b>			4 <input type="checkbox"/> <b>WP – Working WITHOUT PAY in family business or farm?</b>	
<b>f. What kind of work was he doing?</b> <i>(For example: stock clerk, high school English teacher, accountant.)</i>	2268			2384		
	1960 code		1960 code			
<b>g. What were his most important activities or duties?</b> <i>(For example: selling clothing, keeping account books, teaching mathematics.)</i>						
<b>CHECK ITEM I-1</b>  <i>Refer to item 119e above.</i>	2269	1 <input type="checkbox"/> "P" or "G" marked in 119e – ASK 120a, page 108 2 <input type="checkbox"/> All others – SKIP to 120b, page 108		2385	1 <input type="checkbox"/> "P" or "G" marked in 119e – ASK 120a, page 108 2 <input type="checkbox"/> All others – SKIP to 120b, page 108	
NOTES						

## Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

120a. Altogether, how much did your husband last earn with this employer before all deductions? Please specify an hourly wage, if you know it.		PGM 3 Employer 4	PGM 4 Employer 8												
		2270 \$ _____ . _____ per hour (Dollars) (Cents) <b>OR</b> 2271 \$ _____ . <span style="border: 1px solid black; padding: 0 5px;">00</span> per (Dollars only) 2272 <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Biweekly (every two weeks) <input type="checkbox"/> Twice a month <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other – Specify  2273 <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	2386 \$ _____ . _____ per hour (Dollars) (Cents) <b>OR</b> 2387 \$ _____ . <span style="border: 1px solid black; padding: 0 5px;">00</span> per (Dollars only) 2388 <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Biweekly (every two weeks) <input type="checkbox"/> Twice a month <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other – Specify  2389 <input type="checkbox"/> Don't know <input type="checkbox"/> Refused												
b. How many hours per week did your husband usually work at this job?		2274 _____ Hours per week	2390 _____ Hours per week												
121. When did your husband start working for (Employer in 119b)?		<table border="1"><thead><tr><th>Month</th><th>Day</th><th>Year</th></tr></thead><tbody><tr><td><div>2275</div></td><td></td><td></td></tr></tbody></table>	Month	Day	Year	<div>2275</div>			<table border="1"><thead><tr><th>Month</th><th>Day</th><th>Year</th></tr></thead><tbody><tr><td><div>2391</div></td><td></td><td></td></tr></tbody></table>	Month	Day	Year	<div>2391</div>		
Month	Day	Year													
<div>2275</div>															
Month	Day	Year													
<div>2391</div>															
<b>CHECK ITEM I-2</b>  Refer to item 121 above.		Item 121 is – <div>2276</div> <input type="checkbox"/> On or after 1/1/87 – ENTER date from item 121 in box below <input type="checkbox"/> Before 1/1/87 – ENTER 01/01/87 in box below <table border="1"><thead><tr><th>Month</th><th>Day</th><th>Year</th></tr></thead><tbody><tr><td><div>2277</div></td><td></td><td></td></tr></tbody></table>	Month	Day	Year	<div>2277</div>			Item 121 is – <div>2392</div> <input type="checkbox"/> On or after date 1/1/87 – ENTER date from item 121 in box below <input type="checkbox"/> Before 1/1/87 – ENTER 01/01/87 in box below <table border="1"><thead><tr><th>Month</th><th>Day</th><th>Year</th></tr></thead><tbody><tr><td><div>2393</div></td><td></td><td></td></tr></tbody></table>	Month	Day	Year	<div>2393</div>		
Month	Day	Year													
<div>2277</div>															
Month	Day	Year													
<div>2393</div>															
122. When did your husband stop working for (Employer in 119b)?		<table border="1"><thead><tr><th>Month</th><th>Day</th><th>Year</th></tr></thead><tbody><tr><td><div>2278</div></td><td></td><td></td></tr></tbody></table> <div>2279</div> <input type="checkbox"/> Still working there – SKIP to 124a, page 109	Month	Day	Year	<div>2278</div>			<table border="1"><thead><tr><th>Month</th><th>Day</th><th>Year</th></tr></thead><tbody><tr><td><div>2394</div></td><td></td><td></td></tr></tbody></table> <div>2395</div> <input type="checkbox"/> Still working there – SKIP to 124a, page 109	Month	Day	Year	<div>2394</div>		
Month	Day	Year													
<div>2278</div>															
Month	Day	Year													
<div>2394</div>															

## NOTES

Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued																
123. Why did your husband leave this employer? <i>Mark (X) main reason; do not read list. If laid off, probe for specific reason.</i>	PGM 3	Employer 4	PGM 4	Employer 8												
	2280	<div>EMPLOYER INITIATED – INVOLUNTARY REASON</div> <div>1 <input type="checkbox"/> Plant closed, employer went out of business</div> <div>2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</div> <div>3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons</div> <div>4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/></div> <div></div> <div>5 <input type="checkbox"/> Discharged</div> <div>6 <input type="checkbox"/> Compulsory retirement</div> <div>EMPLOYEE INITIATED – VOLUNTARY REASON</div> <div>7 <input type="checkbox"/> Found better job</div> <div>8 <input type="checkbox"/> Didn’t like work, hours, working conditions</div> <div>9 <input type="checkbox"/> Dissatisfied with wages</div> <div>10 <input type="checkbox"/> Interpersonal relations at work</div> <div>11 <input type="checkbox"/> Respondent’s health; disability</div> <div>12 <input type="checkbox"/> Husband’s health, disability</div> <div>13 <input type="checkbox"/> Care for elderly parents</div> <div>14 <input type="checkbox"/> Other family or personal reasons; child care</div> <div>15 <input type="checkbox"/> Respondent’s retirement</div> <div>16 <input type="checkbox"/> Respondent’s change in employment</div> <div>17 <input type="checkbox"/> Didn’t like location, community</div> <div>18 <input type="checkbox"/> Returned to school</div> <div>19 <input type="checkbox"/> Husband’s voluntary retirement</div> <div>20 <input type="checkbox"/> Started own business, became self-employed</div> <div>21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership</div> <div>22 <input type="checkbox"/> No opportunity for advancement</div> <div>23 <input type="checkbox"/> Transportation problem</div> <div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div> <div>25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div> <div></div> <div></div>	2396	<div>EMPLOYER INITIATED – INVOLUNTARY REASON</div> <div>1 <input type="checkbox"/> Plant closed, employer went out of business</div> <div>2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</div> <div>3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons</div> <div>4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/></div> <div></div> <div>5 <input type="checkbox"/> Discharged</div> <div>6 <input type="checkbox"/> Compulsory retirement</div> <div>EMPLOYEE INITIATED – VOLUNTARY REASON</div> <div>7 <input type="checkbox"/> Found better job</div> <div>8 <input type="checkbox"/> Didn’t like work, hours, working conditions</div> <div>9 <input type="checkbox"/> Dissatisfied with wages</div> <div>10 <input type="checkbox"/> Interpersonal relations at work</div> <div>11 <input type="checkbox"/> Respondent’s health; disability</div> <div>12 <input type="checkbox"/> Husband’s health, disability</div> <div>13 <input type="checkbox"/> Care for elderly parents</div> <div>14 <input type="checkbox"/> Other family or personal reasons; child care</div> <div>15 <input type="checkbox"/> Respondent’s retirement</div> <div>16 <input type="checkbox"/> Respondent’s change in employment</div> <div>17 <input type="checkbox"/> Didn’t like location, community</div> <div>18 <input type="checkbox"/> Returned to school</div> <div>19 <input type="checkbox"/> Husband’s voluntary retirement</div> <div>20 <input type="checkbox"/> Started own business, became self-employed</div> <div>21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership</div> <div>22 <input type="checkbox"/> No opportunity for advancement</div> <div>23 <input type="checkbox"/> Transportation problem</div> <div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div> <div>25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div> <div></div> <div></div>												
124a. Between (Date in Check Item I-2) and ((Date in item 122)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which your husband didn’t work for (Employer in 119b)?	2281	2 <input type="checkbox"/> No – SKIP to 125, page 110	2397	2 <input type="checkbox"/> No – SKIP to 125, page 110												
		1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/>		1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/>												
	2282	_____ Weeks	2398	_____ Weeks												
b. Did the weeks in which your husband didn’t work occur all at one time?  NOTE: If "No" in item 124b, ask items 124c–e about the longest time of not working.	2283	1 <input type="checkbox"/> Yes	2399	1 <input type="checkbox"/> Yes												
		2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>		2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>												
	2284	_____ Times	2400	_____ Times												
c. When did the (longest) period in which your husband was not working start?	2285	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	2401	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Day	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year													
<input type="text"/>	<input type="text"/>	<input type="text"/>														
Month	Day	Year														
<input type="text"/>	<input type="text"/>	<input type="text"/>														

Section 10 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued									
124d. When did the (longest) period in which your husband was not working stop?	PGM 3	Employer 4			PGM 4	Employer 8			
		Month	Day	Year		Month	Day	Year	
	2286					2402			
e. Why was he not working during these weeks?  Mark (X) the main reason; do not read list.	2287	1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>   			2403	1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents 4 <input type="checkbox"/> Care for other elderly 5 <input type="checkbox"/> Child care problems 6 <input type="checkbox"/> Pregnancy 7 <input type="checkbox"/> Other personal, family reasons 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 10 <input type="checkbox"/> Did not have enough education or training 11 <input type="checkbox"/> Did not have necessary skills or experience 12 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 13 <input type="checkbox"/> School, attending or returning to 14 <input type="checkbox"/> Vacation 15 <input type="checkbox"/> Layoff 16 <input type="checkbox"/> Labor dispute, strike 17 <input type="checkbox"/> Respondent retired 18 <input type="checkbox"/> Husband retired 19 <input type="checkbox"/> Working for another employer 20 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 21 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>   			
	CHECK ITEM I-3  Refer to item 124a, page 109.		2288	1 <input type="checkbox"/> Box 1, "Yes," marked in 124a – ASK 124f 2 <input type="checkbox"/> All others – SKIP to 125		2404	1 <input type="checkbox"/> Box 1, "Yes," marked in 124a – ASK 124f 2 <input type="checkbox"/> All others – SKIP to 125		
	124f. While your husband was NOT working for (Employer in 119b), was he working for someone else?	2289	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		2405	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
125. While your husband was WORKING for (Employer in 119b), was he also working for someone else?	2290	1 <input type="checkbox"/> Yes – SKIP to 119b for Employer 5, page 95, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item I-4		2406	1 <input type="checkbox"/> Yes – SKIP to Check Item J-1, page 111 2 <input type="checkbox"/> No – GO to Check Item I-4				
CHECK ITEM I-4  Refer to item 121, page 108.		2291	Item 121 is – 1 <input type="checkbox"/> On or after 1/1/87 – GO to Employer 5, page 95 and record information about previous employer 2 <input type="checkbox"/> Before 1/1/87 – GO to Check Item J-1, page 111		2407	Item 121 is – 1 <input type="checkbox"/> On or after 1/1/87 – GO to Check Item J-1, page 111 2 <input type="checkbox"/> Before 1/1/87 – GO to Check Item J-1, page 111			
NOTES									