

County

<p>1. What were you doing most of LAST WEEK – working, keeping house, or something else?</p> <p>0023 1 <input type="checkbox"/> WK – Working – Mark (X) box 1 in R9 on the Information Sheet and SKIP to 2b</p> <p>2 <input type="checkbox"/> J – With a job but not at work – Mark (X) box 1 in R9 on the Information Sheet and ASK 2a</p> <p>3 <input type="checkbox"/> LK – Looking for work } ASK 2a</p> <p>4 <input type="checkbox"/> S – Going to school }</p> <p>5 <input type="checkbox"/> KH – Keeping house }</p> <p>6 <input type="checkbox"/> U – Unable to work – SKIP to Check Item A-2, page 3</p> <p>7 <input type="checkbox"/> R – Retired } ASK 2a</p> <p>8 <input type="checkbox"/> OT – Other – Specify <u> </u></p>	<p>2a. Did you do any work at all LAST WEEK, not counting work around the house?</p> <p>NOTE: If farm or business operator in household, ask about unpaid work.</p> <p>0026 1 <input type="checkbox"/> Yes – Mark (X) box 1 in R9 on the Information Sheet and GO to 2b</p> <p>2 <input type="checkbox"/> No – SKIP to 3a</p> <p>2b. How many hours did you work LAST WEEK at all jobs?</p> <p>0027 <u> </u> Hours</p> <p style="text-align: center;">CHECK ITEM A-1</p> <p>Respondent worked –</p> <p>0028 1 <input type="checkbox"/> 49 hours or more – SKIP to 6a, page 3, and enter job worked at last week</p> <p>2 <input type="checkbox"/> 1–34 hours – ASK 2c</p> <p>3 <input type="checkbox"/> 35–48 hours – SKIP to 2d</p> <p>2d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?</p> <p>0029 2 <input type="checkbox"/> No – ASK 2e</p> <p>1 <input type="checkbox"/> Yes – How many hours did you take off? <u> </u></p> <p>0030 <u> </u> Hours</p> <p>NOTE: Correct item 2b if lost time not already deducted; if item 2b is reduced below 35 hours, ask item 2c; otherwise SKIP to 6a, page 3.</p> <p>2e. Did you work any overtime or at more than one job LAST WEEK?</p> <p>0031 2 <input type="checkbox"/> No – SKIP to 6a, page 3</p> <p>1 <input type="checkbox"/> Yes – How many extra hours did you work? <u> </u></p> <p>0032 <u> </u> Hours</p> <p>NOTE: Correct item 2b if extra hours not already included and SKIP to 6a, page 3.</p>	<p style="text-align: right;">If "J" is marked in item 1, SKIP to 3b</p> <p>3a. Did you have a job or business from which you were temporarily absent or on layoff LAST WEEK?</p> <p>0033 1 <input type="checkbox"/> Yes – Mark (X) box 1 in R9 on the Information Sheet and ASK 3b</p> <p>2 <input type="checkbox"/> No – SKIP to 4a, page 3</p> <p>3b. Why were you absent from work LAST WEEK?</p> <p>0034 1 <input type="checkbox"/> Own illness } ASK 3c</p> <p>2 <input type="checkbox"/> Illness of family member }</p> <p>3 <input type="checkbox"/> On vacation }</p> <p>4 <input type="checkbox"/> Bad weather }</p> <p>5 <input type="checkbox"/> New job to begin within 30 days – ASK 4c and 4d(2), page 3</p> <p>6 <input type="checkbox"/> Temporary layoff (under 30 days) } ASK 4d(3), page 3</p> <p>7 <input type="checkbox"/> Indefinite layoff (30 days or more or no definite recall date) }</p> <p>8 <input type="checkbox"/> Labor dispute } ASK 3c</p> <p>9 <input type="checkbox"/> Other – Specify <u> </u></p> <p>3c. Are you getting wages or salary for any of the time off LAST WEEK?</p> <p>0035 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Self-employed</p> <p>3d. Do you usually work 35 hours or more a week at this job?</p> <p>0036 1 <input type="checkbox"/> Yes } SKIP to 6a, page 3, and enter job held last week.</p> <p>2 <input type="checkbox"/> No }</p>
<p>2c. Do you USUALLY work 35 hours or more a week at this job?</p> <p>0024 1 <input type="checkbox"/> Yes – What is the reason you worked less than 35 hours LAST WEEK?</p> <p>2 <input type="checkbox"/> No – What is the reason you USUALLY work less than 35 hours a week?</p> <p>Mark (X) the appropriate reason; do not read list.</p> <p>0025 1 <input type="checkbox"/> Slack work</p> <p>2 <input type="checkbox"/> Material shortage</p> <p>3 <input type="checkbox"/> Plant or machine repair</p> <p>4 <input type="checkbox"/> New job started during week</p> <p>5 <input type="checkbox"/> Job terminated during week</p> <p>6 <input type="checkbox"/> Could find only part-time work</p> <p>7 <input type="checkbox"/> Labor dispute</p> <p>8 <input type="checkbox"/> Did not want full-time work</p> <p>9 <input type="checkbox"/> Full-time work week under 35 hours</p> <p>10 <input type="checkbox"/> Attends school</p> <p>11 <input type="checkbox"/> Holiday (legal or religious)</p> <p>12 <input type="checkbox"/> Bad weather</p> <p>13 <input type="checkbox"/> Own illness</p> <p>14 <input type="checkbox"/> Illness of family member</p> <p>15 <input type="checkbox"/> On vacation</p> <p>16 <input type="checkbox"/> Too busy with housework, personal business, etc.</p> <p>17 <input type="checkbox"/> Other – Specify <u> </u></p>	<p style="text-align: center;">SKIP to 6a, page 3, and enter job worked at last week</p>	

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued		
If "LK" marked in item 1, page 2 – SKIP to 4b		
4a. Have you been looking for work during the past 4 weeks?	0037	1 <input type="checkbox"/> Yes – ASK 4b 2 <input type="checkbox"/> No – SKIP to Check Item A-2
b. What have you been doing in the last 4 weeks to find work?	0038	8 <input type="checkbox"/> Nothing – SKIP to Check Item A-2
Anything else?	0039	1 <input type="checkbox"/> State employment agency
Mark (X) all that apply; do not read list.	0040	2 <input type="checkbox"/> Private employment agency
	0041	3 <input type="checkbox"/> Employer directly
	0042	4 <input type="checkbox"/> Friends or relatives
	0043	5 <input type="checkbox"/> Placed or answered ads
	0044	6 <input type="checkbox"/> School employment service
	0045	7 <input type="checkbox"/> Other – Specify (e.g., JTPA, union or professional register, etc.)
If box 5 marked in item 3b, page 2 – ASK item 4c and then ASK 4d(2)	0046	1 <input type="checkbox"/> Lost job 2 <input type="checkbox"/> Quit job 3 <input type="checkbox"/> Wanted temporary work 4 <input type="checkbox"/> Children are older 5 <input type="checkbox"/> Enjoy working 6 <input type="checkbox"/> Help with family expenses 7 <input type="checkbox"/> Other – Specify
c. Why did you start looking for work? Was it because you lost or quit a job at that time (PAUSE) or was there some other reason?		ASK 4d(1)
d. (1) How many weeks have you been looking for work?		
(2) How many weeks ago did you start looking for work?	0047	Weeks
(3) How many weeks ago were you laid off?		
e. Have you been looking for full-time or part-time work?	0048	1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time
f. Is there any reason why you could not take a job LAST WEEK?	0049	2 <input type="checkbox"/> No – SKIP to Check Item A-2 1 <input type="checkbox"/> Yes – Why?
Mark (X) only one reason.	0050	1 <input type="checkbox"/> Already has a job 2 <input type="checkbox"/> Temporary illness 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Husband would not permit 6 <input type="checkbox"/> Other family or personal reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Other – Specify
CHECK ITEM A-2		
Refer to items 1, 2a, and 3a, page 2, and 4a, above.	0051	Respondent is in – 1 <input type="checkbox"/> Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) 2 <input type="checkbox"/> Labor Force Group B ("LK" in 1 or "Yes" in 4a) 3 <input type="checkbox"/> Labor Force Group C (All others)
Mark (X) corresponding box in R9 on the Information sheet, if not already marked.		
5. When did you last work at a regular job or business lasting 2 consecutive weeks or more, either full-time or part-time?	0052	Month Day Year Transcribe date to R10 on the Information Sheet and mark (X) appropriate box (2 or 3) below
Enter date OR mark (X) "Never" box, then mark (X) box 2 or 3 as appropriate.	0053	1 <input type="checkbox"/> Never – Mark (X) box 3 below
	0054	2 <input type="checkbox"/> Date above is on or after date in R6 on the Information Sheet – Mark box 2 in R10, then ASK 6a
		3 <input type="checkbox"/> Date above is before date in R6 on the Information Sheet OR "Never" box marked above – Mark Box 3 in R10, then SKIP to Check Item B-6, page 30
6a. For whom did you (last) work?	0055	
(Name of company, business organization, or other employer)	PGM 6	
	6001	

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued							
CHECK ITEM A-3	PGM 3 ↓						
<i>Refer to R5 on the Information Sheet and item 6a, page 3.</i>	<div>0056</div> <div>1 <input type="checkbox"/> Employer's name in R5 SAME as 6a – SKIP to 7b</div> <div>2 <input type="checkbox"/> Employer's name in R5 DIFFERENT from 6a – ASK 6b</div> <div>3 <input type="checkbox"/> All others – SKIP to 7a</div>						
6b. Our records show that you were working for (Employer's name in R5) when we last interviewed you on (Date in R6). Is (Employer's name in 6a, page 3) the same employer?	<div>0057</div> <div>1 <input type="checkbox"/> Yes – SKIP to 7b</div> <div>2 <input type="checkbox"/> No – ASK 6c</div>						
c. Did your last employment change give you – <i>Read each category and mark (X) "Yes" or "No" box for each one.</i>							
(1) More pay?	<div>0058</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>						
(2) More challenging work?	<div>0059</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>						
(3) More authority over other workers?	<div>0060</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>						
(4) More responsibility?	<div>0061</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>						
(5) Anything else?	<div>0062</div> <div>1 <input type="checkbox"/> Yes – Specify _____</div> <div>2 <input type="checkbox"/> No</div>						
7a. When did you first start working for (Employer in 6a, page 3)?	<div>0063</div> <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year			
Month	Day	Year					
b. (Have/had) you ever left (Employer in 6a, page 3) to work somewhere else since (Date in R6/date in 7a)? <i>Read whichever date is most recent.</i>	<div>0064</div> <div>1 <input type="checkbox"/> Yes – ASK 7c</div> <div>2 <input type="checkbox"/> No – SKIP to 8a</div>						
c. When did you (last) return to (Employer in 6a, page 3)?	<div>0065</div> <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year			
Month	Day	Year					
8a. Many companies or organizations have employees at more than one location. BESIDES the place where you (work/worked), [(does/did) (Employer in 6a, page 3)/do you] have any employees working at any OTHER locations (as far as you know)?	<div>0066</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don't know</div>						
b. At the place where you (work/worked), how many employees [(does/did) (Employer in 6a, page 3)/do you] have?	<div>0067</div> <div>_____ Number of employees</div> <div>0068</div> <div>1 <input type="checkbox"/> Varies</div> <div>2 <input type="checkbox"/> Don't know</div>						
CHECK ITEM A-4	<div>0069</div> <div>1 <input type="checkbox"/> Box 1 marked in 8a – ASK 8c</div> <div>2 <input type="checkbox"/> All others – SKIP to 9a, page 5</div>						
<i>Refer to 8a above.</i>							
8c. (As far as you know), about how many employees [(does/did) (Employer in 6a, page 3)/do you] have working at all of (its/your) OTHER locations – under 1,000 employees or 1,000 employees or more?	<div>0070</div> <div>1 <input type="checkbox"/> Under 1,000 employees</div> <div>2 <input type="checkbox"/> 1,000 employees or more</div> <div>3 <input type="checkbox"/> Don't know</div>						

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued		
9a. What kind of business or industry (is/was) this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	0071	<div></div> <div></div> <div></div> 1960 code
	0072	<div></div> <div></div> <div></div> 1990 code
b. (Are/Were) you – Transcribe entry in 9b to R11 on the Information Sheet.	0073	<div>1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? – Transcribe entry to R11 and ASK 9c</div> <div>2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)?</div> <div>3 <input type="checkbox"/> Federal</div> <div>4 <input type="checkbox"/> State</div> <div>5 <input type="checkbox"/> Other</div> <div>6 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? Is this business incorporated?</div> <div>7 <input type="checkbox"/> Yes</div> <div>8 <input type="checkbox"/> No (or farm)</div> <div>9 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div> <div>Transcribe entry to R11 and SKIP to 9d</div>
c. (Is/Was) this a nonprofit organization?	0074	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
d. (Are/Were) you covered by Social Security or Railroad Retirement on this job?	0075	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don't know</div>
e. What kind of work (are/were) you doing? (For example: registered nurse, high school chemistry teacher, waitress.)	0076	<div></div> <div></div> <div></div> 1960 code
	0077	<div></div> <div></div> <div></div> 1990 code
f. What (are/were) your most important activities or duties? (For example: typed, kept account books, filed, sold real estate, operated business machine, cleaned buildings.)		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
CHECK ITEM A-5		
Refer to address label. Are the words "SPLIT BALLOT" printed on the label?	0078	<div>1 <input type="checkbox"/> Yes – ASK 10a</div> <div>2 <input type="checkbox"/> No – ASK 10b</div>
10a. How (do/did) you feel about the job you (have now/had)? (Do/Did) you (Read answer categories) –	0079	<div>1 <input type="checkbox"/> Like it very much?</div> <div>2 <input type="checkbox"/> Like it somewhat?</div> <div>3 <input type="checkbox"/> Neither like nor dislike it?</div> <div>4 <input type="checkbox"/> Dislike it somewhat?</div> <div>5 <input type="checkbox"/> Dislike it very much?</div> <div>SKIP to Check Item A-6, page 6</div>
b. How (do/did) you feel about the job you (have now/had)? (Do/Did) you (Read answer categories) –	0080	<div>1 <input type="checkbox"/> Like it very much?</div> <div>2 <input type="checkbox"/> Like it fairly well?</div> <div>3 <input type="checkbox"/> Dislike it somewhat?</div> <div>4 <input type="checkbox"/> Dislike it very much?</div>

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

CHECK ITEM A-6		0081	1 <input type="checkbox"/> "P" or "G" in R11 – GO to Check Item A-7 2 <input type="checkbox"/> "O" in R11 – SKIP to 17a, page 9 3 <input type="checkbox"/> "WP" in R11 – SKIP to 17c, page 9
Refer to R11 on the Information Sheet.			
CHECK ITEM A-7		0082	1 <input type="checkbox"/> "Teaching" mentioned in 9f – SKIP to 11b 2 <input type="checkbox"/> All others – ASK 11a
Refer to item 9f, page 5.			
11a. Altogether, how much (do/did) you usually earn at this job before deductions?	0083	\$ _____ per hour – SKIP to 11f (Dollars) (Cents)	
		OR	
	0084	\$ _____ per 00 (Dollars only)	
	0085	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 _____	
	0086	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	
		} SKIP to 11d } SKIP to 11f	
b. In the last 12 months (you worked), what was your total pay for (this/that) teaching job, before deductions?	0087	\$ _____ 00 (Dollars only)	
c. How many months of work (does/did) this pay cover?	0088	_____ Months	
d. (Are/Were) you paid by the hour on this job?	0089	1 <input type="checkbox"/> Yes – ASK 11e 2 <input type="checkbox"/> No – SKIP to 11f	
e. How much (do/did) you earn per hour?	0090	\$ _____ per hour (Dollars) (Cents)	
f. How many hours per day (do/did) you USUALLY work at this job?	0091	_____ Hours per day	
g. How many hours per week (do/did) you USUALLY work at this job?	0092	_____ Hours per week	
CHECK ITEM A-8		0093	1 <input type="checkbox"/> 11g is equal to or more than 35 hours per week – ASK 11h 2 <input type="checkbox"/> All others – SKIP to 11i
Refer to 11g above.			
11h. Not counting overtime hours, would your employer (allow/have allowed) you to change your work schedule to REDUCE the number of hours you (work/ worked) each week?	0094	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	
i. Counting paid vacations and paid sick leave as weeks of work, how many weeks per year (do/did) you usually work at (this/that) job?	0095	_____ Weeks per year	
12a. (Do/Did) you receive extra pay when you (work/worked) over a certain number of hours?	0096	1 <input type="checkbox"/> Yes – ASK 12b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, but receive compensating time off 4 <input type="checkbox"/> Never worked overtime	
		} SKIP to 13a, page 7	
b. After how many hours (do/did) you receive extra pay?	0097	_____ Hours per day	
	0098	AND/OR	
		_____ Hours per week	
c. For all hours worked over (Entry in 12b), (are/were) you paid straight time, time and one-half, double time, or something else?	0099	1 <input type="checkbox"/> Compensating time off	
	0100	2 <input type="checkbox"/> Straight time	
	0101	3 <input type="checkbox"/> Time and one-half	
	0102	4 <input type="checkbox"/> Double time	
	0103	5 <input type="checkbox"/> Other – Specify _____	
Mark (X) all that apply.			

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

<p>13a. Now , I'd like to ask you a few questions about working at home.</p> <p>(Do/Did) you usually do any of your work for (Employer in 6a, page 3) at home?</p>	<p>0104</p>	<p>1 <input type="checkbox"/> Yes – ASK 13b</p> <p>2 <input type="checkbox"/> No – SKIP to 13e</p>
<p>b. How many hours per week (do/did) you usually work for (Employer in 6a, page 3) at home?</p>	<p>0105</p> <p>0106</p>	<p>_____ Hours per week on average</p> <p>1 <input type="checkbox"/> Works at home all the time – Skip to 13e</p>
<p>c. When you said earlier that you usually (work/worked) (Number of hours in 11g, page 6) hours per week, had you already included the (Number of hours in 13b) hours per week that you usually (work/ worked) at home?</p>	<p>0107</p>	<p>1 <input type="checkbox"/> Yes – SKIP to 13e</p> <p>2 <input type="checkbox"/> No – ASK 13d</p>
<p>d. Thinking of the number of hours per week that you usually (work/worked) at home and the number of hours per week that you usually (work/worked) at your place of employment, altogether how many hours per week (do/did) you USUALLY work at this job?</p>	<p>0108</p>	<p>_____ Hours per week</p>
<p>e. (Are/Were) your wages or salary on this job set by a collective bargaining agreement between your employer and a union or employee association?</p>	<p>0109</p>	<p>1 <input type="checkbox"/> Yes – ASK 13f</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } SKIP to 14a</p>
<p>f. (Are/Were) you a member of that union or employee association?</p>	<p>0110</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>14a. (Do/Did) you supervise the work of other employees, or tell them what work to do?</p>	<p>0111</p>	<p>1 <input type="checkbox"/> Yes – ASK 14b</p> <p>2 <input type="checkbox"/> No – SKIP to 14e</p>
<p>b. About how many people (do/did) you supervise on a day-to-day basis?</p>	<p>0112</p>	<p>_____ Number of people</p>
<p>c. (Do/Did) you have any say about their pay or promotion?</p>	<p>0113</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>d. (Do/Did) any of the employees that you supervise, supervise OTHER employees?</p>	<p>0114</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>e. (Does/Did) your boss have a supervisor over him or her?</p>	<p>0115</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

NOTES

[illegible]

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

SHOW FLASHCARD A.
16a. Which of the fringe benefits on this card (does/did) your employer make available to you?

Any others?

Mark (X) all that apply.

- 0126
- 1 ☐ Medical, surgical, hospital, dental, or vision insurance that covers any illness or injury **off** the job
- 0127
- 2 ☐ Life insurance that would cover a death for reasons **not** connected with your job
- 0128
- 3 ☐ A retirement pension program
- 0129
- 4 ☐ Training or educational opportunities
- 0130
- 5 ☐ Profit sharing
- 0131
- 6 ☐ Stock options
- 0132
- 7 ☐ Free or discounted meals
- 0133
- 8 ☐ Free or discounted merchandise
- 0134
- 9 ☐ Paid sick leave
- 0135
- 10 ☐ Paid maternity leave
- 0136
- 11 ☐ Unpaid maternity leave
- 0137
- 12 ☐ Paid vacation or leave
- 0138
- 13 ☐ Flexible work hours
- 0139
- 14 ☐ Child day care
- 0140
- 15 ☐ Paid personal time
- 0141
- 16 ☐ Time off for child care
- 0142
- 17 ☐ Time off for elder care
- 0143
- 18 ☐ Flexible menu of benefits (ability to choose benefit options)
- 0144
- 19 ☐ Any other benefits – *Specify* ☒
- 0145
- 20 ☐ None

CHECK ITEM A-9

Refer to item 16a above.

- 0146
- 1 ☐ Box 9, 12, or 15 marked in 16a – ASK 16b
- 2 ☐ All others – SKIP to 16c

16b. How many days per year of paid vacation, paid sick leave, and/or personal time (does/did) your employer provide for?

Mark (X) all that apply.

- 0147
- _____ Vacation days (Leave)
- 0148
- _____ Sick leave
- 0149
- _____ Personal time
- 0150
- 1 ☐ Don't know
- 2 ☐ Unlimited time
- 3 ☐ Other – *Specify* ☒

c. Now let's look at your typical work week. What shift (do/did) you usually work?

Read answer categories.

Mark (X) only one box.

- 0151
- 1 ☐ **Regular day shift**
- 2 ☐ **Regular evening shift**
- 3 ☐ **Regular night shift**
- 4 ☐ **Split shift**
- 5 ☐ **Hours vary**

d. How long (does/did) it usually take to get to work from home?

- 0152
- _____ Minutes – SKIP to Check Item A-10, page 10

17a. (Do/Did) you employ other people at your place of business?

- 0153
- 1 ☐ Yes – ASK 17b
- 2 ☐ No – SKIP to 17c

b. How many?

- 0154
- _____ Number of people

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

- 0155
- _____ Hours per week

d. (Do/Did) you usually do any of your work for this job at home?

- 0156
- 1 ☐ Yes – ASK 17e
- 2 ☐ No – SKIP to Check Item A-10, page 10

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

- 0157
- _____ Hours per week on average – ASK 17f, page 10
- 0158
- 1 ☐ Works at home all the time – SKIP to Check Item A-10, page 10

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued								
17f. When you said earlier that you usually (work/worked) (Numbers of hours in 17c, page 9) hours per week, had you already included the (Number of hours in 17e, page 9) hours per week that you usually (work/worked) at home?	0159	1 <input type="checkbox"/> Yes – SKIP to Check Item A-10 2 <input type="checkbox"/> No – ASK 17g						
g. Thinking of the number of hours per week that you usually (work/worked) at home and the number of hours per week that you usually (work/worked) for yourself, altogether, how many hours per week (do/did) you USUALLY work at this job?	0160	_____ Hours per week						
CHECK ITEM A-10								
Refer to R9 on the Information Sheet. If R9 is not marked refer to items 1, 2a, and 3a, page 2, and 4a, page 3. Mark (X) corresponding box in R9 on the Information Sheet, if not already marked.	0161	Respondent is in — 1 <input type="checkbox"/> Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) – SKIP to Check Item A-12, page 11 2 <input type="checkbox"/> Labor Force Group B ("LK" in 1 or "Yes" in 4a) 3 <input type="checkbox"/> Labor Force Group C (All others) } ASK 18a						
18a. When did you stop working for (Employer in 6a, page 3)?	0162	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year			
Month	Day	Year						
b. Why did you leave this (job or business)? Mark (X) main reason; do not read list. If laid off, probe for specific reason.	0163	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 <input checked="" type="checkbox"/> _____ _____ _____ 5 <input type="checkbox"/> Discharged or fired 6 <input type="checkbox"/> Compulsory retirement EMPLOYEE INITIATED – VOLUNTARY REASON 7 <input type="checkbox"/> To get married 8 <input type="checkbox"/> Pregnancy 9 <input type="checkbox"/> Children or child care 10 <input type="checkbox"/> Care for elderly parents – other elderly 11 <input type="checkbox"/> Found better job 12 <input type="checkbox"/> Respondent's health; disability 13 <input type="checkbox"/> Dissatisfied with wages 14 <input type="checkbox"/> Didn't like work, hours, working conditions 15 <input type="checkbox"/> Interpersonal relations at work 16 <input type="checkbox"/> Didn't like job location, community 17 <input type="checkbox"/> Husband's retirement 18 <input type="checkbox"/> Husband's change in employment 19 <input type="checkbox"/> Other family or personal reasons 20 <input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.) 21 <input type="checkbox"/> Started own business, became self-employed 22 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership 23 <input type="checkbox"/> No opportunity for advancement 24 <input type="checkbox"/> Transportation problem 25 <input type="checkbox"/> Husband's health; disability 26 <input type="checkbox"/> Respondent's voluntary retirement 27 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 28 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____ _____						

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued		
18c. Did you have a new job or business lined up before you left this one?	0164	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM A-11 Refer to R11 on the Information Sheet.	0165	1 <input type="checkbox"/> "P" or "G" in R11 – ASK 18d 2 <input type="checkbox"/> All others – SKIP to 18f
18d. While you were working for (Employer in 6a, page 3) were you also working for someone else?	0166	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – ASK 18e
e. In addition to working for wages and salary, did you operate your own farm, business, or profession?	0167	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – SKIP to Check Item A-15, page 13
f. In addition to working for (Employer in 6a, page 3), did you do any work for wages or salary?	0168	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – SKIP to Check Item A-15, page 13
CHECK ITEM A-12 Refer to R11 on the Information Sheet.	0169	1 <input type="checkbox"/> "P" or "G" in R11 – ASK 19a 2 <input type="checkbox"/> All others – SKIP to 19c
19a. Did you work for more than one employer last week?	0170	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – ASK 19b
b. In addition to working for wages and salary, did you operate your own farm, business, or professional practice last week?	0171	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – SKIP to 19d
c. In addition to working for (Employer in 6a, page 3) did you do any (other) work for wages or salary last week?	0172	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No – ASK 19d
d. Did you have any other job at which you did not work last week?	0173	1 <input type="checkbox"/> Yes – ASK 20a 2 <input type="checkbox"/> No – SKIP to Check Item A-15, page 13
20a. For whom (do/did) you work in addition to (Employer in 6a, page 3)? (Name of company, business organization, or other employer)	0174	<div><div></div><div>PGM 6</div><div>6002</div></div>
b. What kind of business or industry (is/was) this? (For example: TV and radio manufacturer retail shoe store, State Labor Department, farm.)	0175	<div><div></div><div></div><div></div>1960 code</div> <div><div></div><div></div><div></div>1990 code</div>
c. (Are/Were) you –	0177	<div><div>*</div><div>1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</div><div>2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county , or local)?</div><div>3 <input type="checkbox"/> Federal</div><div>4 <input type="checkbox"/> State</div><div>5 <input type="checkbox"/> Other</div><div>6 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? Is this business incorporated?</div><div>7 <input type="checkbox"/> Yes</div><div>8 <input type="checkbox"/> No (or farm)</div><div>9 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div></div>
d. What kind of work (are/were) you doing? (For example: electrical engineer, high school chemistry teacher, waitress.)	0178	<div><div></div><div></div><div></div>1960 code</div> <div><div></div><div></div><div></div>1990 code</div>

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

20e. What (are/were) your most important activities or duties? <i>(For example: typed, kept account books, filed, sold real estate, operated business machines, cleaned buildings.)</i>		<div></div> <div></div> <div></div>
CHECK ITEM A-13 <i>Refer to item 20c, page 11.</i>	0180	1 <input type="checkbox"/> "P" or "G" marked in item 20c – <i>GO to Check Item A-14</i> 2 <input type="checkbox"/> All others – <i>SKIP to 21f</i>
CHECK ITEM A-14 <i>Refer to item 20e above.</i>	0181	1 <input type="checkbox"/> "Teaching" mentioned in 20e – <i>SKIP to 21b</i> 2 <input type="checkbox"/> All others – <i>ASK 21a</i>
21a. Altogether, how much (do/did) you usually earn at this job before deductions?	0182	\$ _____ per hour – <i>SKIP to 21f</i> <div align="center"><small>(Dollars) (Cents)</small></div>
	0183	<div align="center">OR</div> \$ _____ <div align="center">00</div> per <div align="center"><small>(Dollars only)</small></div>
	0184	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 – <i>Specify</i> _____
	0185	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused
		<div align="right">} <i>SKIP to 21d</i></div>
b. In the last 12 months (you worked), what was your total pay for (this/that) teaching job, before deductions?	0186	\$ _____ <div align="center">00</div> <div align="center"><small>(Dollars only)</small></div>
c. How many months of work (does/did) this pay cover?	0187	_____ Months
d. (Are/Were) you paid by the hour on this job?	0188	1 <input type="checkbox"/> Yes – <i>ASK 21e</i> 2 <input type="checkbox"/> No – <i>SKIP to 21f</i>
e. How much (do/did) you earn per hour?	0189	\$ _____ per hour <div align="center"><small>(Dollars) (Cents)</small></div>
f. How many hours per day (do/did) you USUALLY work at (this/that) job?	0190	_____ Hours per day
g. How many hours per week (do/did) you USUALLY work at this job?	0191	_____ Hours per week
22a. (Do/Did) you usually do any of your work for (this/that) job at home?	0192	1 <input type="checkbox"/> Yes – <i>ASK 22b</i> 2 <input type="checkbox"/> No – <i>SKIP to 23a, page 13</i>
b. How many hours per week (do/did) you usually work for (this/that) job at home?	0193 0194	_____ Hours per week on average 1 <input type="checkbox"/> Works at home all the time – <i>SKIP to 23a, page 13</i>
c. When you said earlier that you usually (work/worked) (Number of hours in 21g) hours per week, had you already included the (Number of hours in 22b) hours per week that you usually (work/worked) at home?	0195	1 <input type="checkbox"/> Yes – <i>SKIP to 23a, page 13</i> 2 <input type="checkbox"/> No – <i>ASK 22d</i>
d. Thinking of the number of hours per week that you usually (work/worked) at home and the number of hours per week that you usually (work/worked) at your place of employment, altogether, how many hours per week (do/did) you USUALLY work at this job?	0196	_____ Hours per week

Section 1 – CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued									
23a. When did you start working for (Employer in 20a, page 11)?		<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> <div>0197</div>		Month	Day	Year			
Month	Day	Year							
b. When did you stop working for (Employer in 20a, page 11)?		<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> <div>0198</div> – ASK 23c <div>0199</div> 1 <input type="checkbox"/> Still working there – SKIP to Check Item A-15		Month	Day	Year			
Month	Day	Year							
c. Why did you leave that job/business? Mark (X) main reason; do not read list. If laid off, probe for specific reason.		<div>0200</div> <div>EMPLOYER INITIATED – INVOLUNTARY REASON</div> 1 <input type="checkbox"/> Plant closed, employer went out of business2 <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 reasons4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/> <div>5 <input type="checkbox"/> Discharged or fired6 <input type="checkbox"/> Compulsory retirement<div>EMPLOYEE INITIATED – VOLUNTARY REASON</div>7 <input type="checkbox"/> To get married8 <input type="checkbox"/> Pregnancy9 <input type="checkbox"/> Children or child care10 <input type="checkbox"/> Care for elderly parents – other elderly11 <input type="checkbox"/> Found better job12 <input type="checkbox"/> Respondent’s health; disability13 <input type="checkbox"/> Dissatisfied with wages14 <input type="checkbox"/> Didn’t like work, hours, working conditions15 <input type="checkbox"/> Interpersonal relations at work16 <input type="checkbox"/> Didn’t like job location, community17 <input type="checkbox"/> Husband’s retirement18 <input type="checkbox"/> Husband’s change in employment19 <input type="checkbox"/> Other family or personal reasons20 <input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.)21 <input type="checkbox"/> Started own business, became self-employed22 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership23 <input type="checkbox"/> No opportunity for advancement24 <input type="checkbox"/> Transportation problem25 <input type="checkbox"/> Husband’s health; disability26 <input type="checkbox"/> Respondent’s voluntary retirement27 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program28 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div>							

Section 2 – RETROSPECTIVE WORK HISTORY				
25a. For whom did you work just before you started to work for <i>(Employers in 6a, page 3 and 20a, page 11/ Employer in 25a)?</i> <i>[Alternate phrase for simultaneous employer: While you were working for (Employer in previous column) who else were you working for?]</i>	PGM 6	Employer 1	PGM 6	Employer 5
	Name 6003		Name 6007	
	PGM 3 ↓		PGM 3 ↓	
	0210		0342	
	0211	1 <input type="checkbox"/> Same as SKIP to 25b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30	0343	1 <input type="checkbox"/> Same as SKIP to 25b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30
CHECK ITEM B-1 Refer to R5 on the Information Sheet and item 25a, above.	0212	1 <input type="checkbox"/> No name entered in R5 – SKIP to 25c 2 <input type="checkbox"/> Same name in 25a and R5 – SKIP to 25c 3 <input type="checkbox"/> All others – ASK 25b	0344	1 <input type="checkbox"/> No name entered in R5 – SKIP to 25c 2 <input type="checkbox"/> Same name in 25a and R5 – SKIP to 25c 3 <input type="checkbox"/> All others – ASK 25b
25b. Is that the same employer as the one where you had been working at our last interview, that is <i>(Employer name in R5)?</i>	0213	1 <input type="checkbox"/> Yes – SKIP to 25e 2 <input type="checkbox"/> No – ASK 25c	0345	1 <input type="checkbox"/> Yes – SKIP to 25e 2 <input type="checkbox"/> No – ASK 25c
c. What kind of business or industry was this? <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i>	0214	<div></div> 1960 code	0346	<div></div> 1960 code
	0215	<div></div> 1990 code	0347	<div></div> 1990 code
d. (Are/Were) you –	0216	1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?	0348	1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?
e. What kind of work were you doing? <i>(For example: stock clerk, high school English teacher, accountant.)</i>	0217	<div></div> 1960 code	0349	<div></div> 1960 code
	0218	<div></div> 1990 code	0350	<div></div> 1990 code
f. What were your most important activities or duties? <i>(For example: selling clothing, keeping account books, teaching mathematics.)</i>				
CHECK ITEM B-2 Refer to item 25d above.	0219	1 <input type="checkbox"/> "P" or "G" marked in 25d – ASK 26a, page 15 2 <input type="checkbox"/> All others – SKIP to 26b, page 15	0351	1 <input type="checkbox"/> "P" or "G" marked in 25d – ASK 26a, page 15 2 <input type="checkbox"/> All others – SKIP to 26b, page 15
NOTES				

Section 2 - RETROSPECTIVE WORK HISTORY - Continued

	Employer 1	Employer 5												
26a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.	0220 \$ _____ . _____ per hour <div style="text-align: center;">(Dollars) (Cents)</div>	0352 \$ _____ . _____ per hour <div style="text-align: center;">(Dollars) (Cents)</div>												
	OR	OR												
	0221 \$ _____ . 00 per _____ <div style="text-align: center;">(Dollars only)</div>	0353 \$ _____ . 00 per _____ <div style="text-align: center;">(Dollars only)</div>												
	0222 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 _____ ↘	0354 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 _____ ↘												
	0223 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	0355 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused												
b. How many hours per day did you USUALLY work at this job?	0224 _____ Hours per day	0356 _____ Hours per day												
c. How many hours per week did you USUALLY work at this job?	0225 _____ Hours per week	0357 _____ Hours per week												
27. When did you start working for (Employer in 25a, page 14)?	0226 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year				0358 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
CHECK ITEM B-3 Refer to item 27 above and R6 on the Information Sheet.	Item 27 is – 0227 1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 27 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year				Item 27 is – 0359 1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 27 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
	0228 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year				0360 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
28. When did you stop working for (Employer in 25a, page 14)?	0229 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year				0361 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
	0230 1 <input type="checkbox"/> Still working there – SKIP to 30a, page 16	0362 1 <input type="checkbox"/> Still working there – SKIP to 30a, page 16												

[illegible]

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

<div>29. Why did you leave this employer/business? Mark (X) main reason; do not read list. If laid off, probe for specific reason.</div>	<div>Employer 1</div> <div>0231</div> <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>5 <input type="checkbox"/> Discharged or fired</div> <div>6 <input type="checkbox"/> Compulsory retirement</div> <div>EMPLOYEE INITIATED – VOLUNTARY REASON</div> <div>7 <input type="checkbox"/> To get married</div> <div>8 <input type="checkbox"/> Pregnancy</div> <div>9 <input type="checkbox"/> Children or child care</div> <div>10 <input type="checkbox"/> Care for elderly parents – other elderly</div> <div>11 <input type="checkbox"/> Found better job</div> <div>12 <input type="checkbox"/> Respondent’s health; disability</div> <div>13 <input type="checkbox"/> Dissatisfied with wages</div> <div>14 <input type="checkbox"/> Didn’t like work, hours, working conditions</div> <div>15 <input type="checkbox"/> Interpersonal relations at work</div> <div>16 <input type="checkbox"/> Didn’t like job location, community</div> <div>17 <input type="checkbox"/> Husband’s retirement</div> <div>18 <input type="checkbox"/> Husband’s change in employment</div> <div>19 <input type="checkbox"/> Other family or personal reasons</div> <div>20 <input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.)</div> <div>21 <input type="checkbox"/> Started own business, became self-employed</div> <div>22 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</div> <div>23 <input type="checkbox"/> No opportunity for advancement</div> <div>24 <input type="checkbox"/> Transportation problem</div> <div>25 <input type="checkbox"/> Husband’s health; disability</div> <div>26 <input type="checkbox"/> Respondent’s voluntary retirement</div> <div>27 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</div> <div>28 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div>	<div>Employer 5</div> <div>0363</div> <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>5 <input type="checkbox"/> Discharged or fired</div> <div>6 <input type="checkbox"/> Compulsory retirement</div> <div>EMPLOYEE INITIATED – VOLUNTARY REASON</div> <div>7 <input type="checkbox"/> To get married</div> <div>8 <input type="checkbox"/> Pregnancy</div> <div>9 <input type="checkbox"/> Children or child care</div> <div>10 <input type="checkbox"/> Care for elderly parents – other elderly</div> <div>11 <input type="checkbox"/> Found better job</div> <div>12 <input type="checkbox"/> Respondent’s health; disability</div> <div>13 <input type="checkbox"/> Dissatisfied with wages</div> <div>14 <input type="checkbox"/> Didn’t like work, hours, working conditions</div> <div>15 <input type="checkbox"/> Interpersonal relations at work</div> <div>16 <input type="checkbox"/> Didn’t like job location, community</div> <div>17 <input type="checkbox"/> Husband’s retirement</div> <div>18 <input type="checkbox"/> Husband’s change in employment</div> <div>19 <input type="checkbox"/> Other family or personal reasons</div> <div>20 <input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.)</div> <div>21 <input type="checkbox"/> Started own business, became self-employed</div> <div>22 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</div> <div>23 <input type="checkbox"/> No opportunity for advancement</div> <div>24 <input type="checkbox"/> Transportation problem</div> <div>25 <input type="checkbox"/> Husband’s health; disability</div> <div>26 <input type="checkbox"/> Respondent’s voluntary retirement</div> <div>27 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</div> <div>28 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div>
	<div>30a. Between (Date in Check Item B-3, page 15) and ((Date in item 28, page 15)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn’t work for (Employer in 25a, page 14)?</div> <div>0232</div> <div>2 <input type="checkbox"/> No – SKIP to 30g, page 17</div> <div>1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/></div> <div>0233</div> <div>Weeks</div>	<div>0364</div> <div>2 <input type="checkbox"/> No – SKIP to 30g, page 17</div> <div>1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/></div> <div>0365</div> <div>Weeks</div>

Section 2 – RETROSPECTIVE WORK HISTORY – Continued															
30b. Did the weeks in which you didn't work occur all at one time? <i>NOTE: If "No" in item 30b, ask items 30c–e about the longest time of not working.</i>	Employer 1		Employer 5												
	0234	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>	0366 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>												
	0235	_____ Times	0367 _____ Times												
	c. Think about the (longest) period of time when you didn't work. When did this begin?	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>0236 </td><td> </td><td> </td></tr></table>	Month	Day	Year	0236			<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>0368 </td><td> </td><td> </td></tr></table>	Month	Day	Year	0368		
	Month	Day	Year												
0236															
Month	Day	Year													
0368															
d. When did the (longest) period in which you were not working stop?	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>0237 </td><td> </td><td> </td></tr></table>	Month	Day	Year	0237			<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>0369 </td><td> </td><td> </td></tr></table>	Month	Day	Year	0369			
Month	Day	Year													
0237															
Month	Day	Year													
0369															
e. Why were you not working during these weeks? <i>Mark (X) the main reason; do not read list.</i>	0238 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Respondent retired 17 <input type="checkbox"/> Husband retired 18 <input type="checkbox"/> Working for another employer 19 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 20 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> _____ _____	0370 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Respondent retired 17 <input type="checkbox"/> Husband retired 18 <input type="checkbox"/> Working for another employer 19 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 20 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> _____ _____													
CHECK ITEM B-4 <i>Refer to item 30a, page 16.</i>	0239	1 <input type="checkbox"/> Box 1, "Yes," marked in 30a – ASK 30f 2 <input type="checkbox"/> All others – SKIP to 30g	0371 1 <input type="checkbox"/> Box 1, "Yes," marked in 30a – ASK 30f 2 <input type="checkbox"/> All others – SKIP to 30g												
30f. While you were NOT working for (Employer in 25a, page 14), were you working for someone else?	0240	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0372 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
g. While you were WORKING for (Employer in 25a, page 14), were you also working for someone else?	0241	1 <input type="checkbox"/> Yes – SKIP to 25a for Employer 2, page 18, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5	0373 1 <input type="checkbox"/> Yes – SKIP to 25a for Employer 6, page 18, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5												
CHECK ITEM B-5 <i>Refer to item 27, page 15 and R6 on the Information Sheet.</i>	0242	Item 27 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to 25a for Employer 2, page 18, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30	0374 Item 27 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to 25a for Employer 6, page 18, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30												

Section 2 – RETROSPECTIVE WORK HISTORY – Continued				
25a. For whom did you work just before you started to work for (Employers in 6a, page 3 and 20a, page 11/ Employer in 25a)? [Alternate phrase for simultaneous employer: While you were working for (Employer in previous column) who else were you working for?]	PGM 6	Employer 2	PGM 6	Employer 6
	Name 6004		Name 6008	
	PGM 3 ↓		PGM 3 ↓	
	0243		0375	
	0244	1 <input type="checkbox"/> Same as SKIP to 25b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30	0376	1 <input type="checkbox"/> Same as SKIP to 25b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30
CHECK ITEM B-1	0245	1 <input type="checkbox"/> No name entered in R5 – SKIP to 25c 2 <input type="checkbox"/> Same name in 25a and R5 – SKIP to 25c 3 <input type="checkbox"/> All others – ASK 25b	0377	1 <input type="checkbox"/> No name entered in R5 – SKIP to 25c 2 <input type="checkbox"/> Same name in 25a and R5 – SKIP to 25c 3 <input type="checkbox"/> All others – ASK 25b
Refer to R5 on the Information Sheet and item 25a, above.				
25b. Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R5)?	0246	1 <input type="checkbox"/> Yes – SKIP to 25e 2 <input type="checkbox"/> No – ASK 25c	0378	1 <input type="checkbox"/> Yes – SKIP to 25e 2 <input type="checkbox"/> No – ASK 25c
c. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	0247	<div></div> 1960 code	0379	<div></div> 1960 code
	0248	<div></div> 1990 code	0380	<div></div> 1990 code
d. (Are/Were) you –	0249	1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?	0381	1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?
e. What kind of work were you doing? (For example: stock clerk, high school English teacher, accountant.)	0250	<div></div> 1960 code	0382	<div></div> 1960 code
	0251	<div></div> 1990 code	0383	<div></div> 1990 code
f. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)				
CHECK ITEM B-2	0252	1 <input type="checkbox"/> "P" or "G" marked in 25d – ASK 26a, page 19 2 <input type="checkbox"/> All others – SKIP to 26b, page 19	0384	1 <input type="checkbox"/> "P" or "G" marked in 25d – ASK 26a, page 19 2 <input type="checkbox"/> All others – SKIP to 26b, page 19
Refer to item 25d above.				
NOTES				

Section 2 – RETROSPECTIVE WORK HISTORY – Continued																
26a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.	Employer 2		Employer 6													
	0253	\$ _____ per hour <small>(Dollars) (Cents)</small>	0385	\$ _____ per hour <small>(Dollars) (Cents)</small>												
	OR		OR													
	0254	\$ _____ per <small>(Dollars only)</small>	0386	\$ _____ per <small>(Dollars only)</small>												
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 _____	0255		0387													
	0256		0388													
	0257		0389													
	0258		0390													
27. When did you start working for (Employer in 25a, page 18)?	Month Day Year 0259 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 30px;">Month</td><td style="width: 30px;">Day</td><td style="width: 30px;">Year</td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </table>		Month	Day	Year				Month Day Year 0391 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 30px;">Month</td><td style="width: 30px;">Day</td><td style="width: 30px;">Year</td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </table>		Month	Day	Year			
Month	Day	Year														
Month	Day	Year														
CHECK ITEM B-3 Refer to item 27 above and R6 on the Information Sheet.																
28. When did you stop working for (Employer in 25a, page 18)?	Item 27 is – 0260 1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 27 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below Month Day Year 0261 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 30px;">Month</td><td style="width: 30px;">Day</td><td style="width: 30px;">Year</td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </table>		Month	Day	Year				Item 27 is – 0392 1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 27 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below Month Day Year 0393 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 30px;">Month</td><td style="width: 30px;">Day</td><td style="width: 30px;">Year</td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </table>		Month	Day	Year			
	Month	Day	Year													
	Month	Day	Year													
0262 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 30px;">Month</td><td style="width: 30px;">Day</td><td style="width: 30px;">Year</td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </table>		Month	Day	Year				0394 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 30px;">Month</td><td style="width: 30px;">Day</td><td style="width: 30px;">Year</td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </table>		Month	Day	Year				
Month	Day	Year														
Month	Day	Year														
0263 1 <input type="checkbox"/> Still working there – SKIP to 30a, page 20		0395 1 <input type="checkbox"/> Still working there – SKIP to 30a, page 20														
NOTES																

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

29. Why did you leave this employer/business? <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	Employer 2	Employer 6
	<div>0264</div> <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 – <i>Specify</i> <input type="checkbox"/></div> <div></div> <div>5 <input type="checkbox"/> Discharged or fired</div> <div>6 <input type="checkbox"/> Compulsory retirement</div> <div>EMPLOYEE INITIATED – VOLUNTARY REASON</div> <div>7 <input type="checkbox"/> To get married</div> <div>8 <input type="checkbox"/> Pregnancy</div> <div>9 <input type="checkbox"/> Children or child care</div> <div>10 <input type="checkbox"/> Care for elderly parents – other elderly</div> <div>11 <input type="checkbox"/> Found better job</div> <div>12 <input type="checkbox"/> Respondent’s health; disability</div> <div>13 <input type="checkbox"/> Dissatisfied with wages</div> <div>14 <input type="checkbox"/> Didn’t like work, hours, working conditions</div> <div>15 <input type="checkbox"/> Interpersonal relations at work</div> <div>16 <input type="checkbox"/> Didn’t like job location, community</div> <div>17 <input type="checkbox"/> Husband’s retirement</div> <div>18 <input type="checkbox"/> Husband’s change in employment</div> <div>19 <input type="checkbox"/> Other family or personal reasons</div> <div>20 <input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.)</div> <div>21 <input type="checkbox"/> Started own business, became self-employed</div> <div>22 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</div> <div>23 <input type="checkbox"/> No opportunity for advancement</div> <div>24 <input type="checkbox"/> Transportation problem</div> <div>25 <input type="checkbox"/> Husband’s health; disability</div> <div>26 <input type="checkbox"/> Respondent’s voluntary retirement</div> <div>27 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</div> <div>28 <input type="checkbox"/> Other – <i>Specify</i> <input type="checkbox"/></div> <div></div> <div></div>	<div>0396</div> <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 – <i>Specify</i> <input type="checkbox"/></div> <div></div> <div>5 <input type="checkbox"/> Discharged or fired</div> <div>6 <input type="checkbox"/> Compulsory retirement</div> <div>EMPLOYEE INITIATED – VOLUNTARY REASON</div> <div>7 <input type="checkbox"/> To get married</div> <div>8 <input type="checkbox"/> Pregnancy</div> <div>9 <input type="checkbox"/> Children or child care</div> <div>10 <input type="checkbox"/> Care for elderly parents – other elderly</div> <div>11 <input type="checkbox"/> Found better job</div> <div>12 <input type="checkbox"/> Respondent’s health; disability</div> <div>13 <input type="checkbox"/> Dissatisfied with wages</div> <div>14 <input type="checkbox"/> Didn’t like work, hours, working conditions</div> <div>15 <input type="checkbox"/> Interpersonal relations at work</div> <div>16 <input type="checkbox"/> Didn’t like job location, community</div> <div>17 <input type="checkbox"/> Husband’s retirement</div> <div>18 <input type="checkbox"/> Husband’s change in employment</div> <div>19 <input type="checkbox"/> Other family or personal reasons</div> <div>20 <input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.)</div> <div>21 <input type="checkbox"/> Started own business, became self-employed</div> <div>22 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</div> <div>23 <input type="checkbox"/> No opportunity for advancement</div> <div>24 <input type="checkbox"/> Transportation problem</div> <div>25 <input type="checkbox"/> Husband’s health; disability</div> <div>26 <input type="checkbox"/> Respondent’s voluntary retirement</div> <div>27 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</div> <div>28 <input type="checkbox"/> Other – <i>Specify</i> <input type="checkbox"/></div> <div></div> <div></div>
30a. Between <i>(Date in Check Item B-3, page 19) and ((Date in item 28, page 19)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn’t work for</i> <i>(Employer in 25a, page 18)?</i>	<div>0265</div> <div>2 <input type="checkbox"/> No – <i>SKIP to 30g, page 21</i></div> <div>1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/></div> <div>0266</div> <div></div> <div>Weeks</div>	<div>0397</div> <div>2 <input type="checkbox"/> No – <i>SKIP to 30g, page 21</i></div> <div>1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/></div> <div>0398</div> <div></div> <div>Weeks</div>

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

	Employer 2	Employer 6												
30b. Did the weeks in which you didn't work occur all at one time? <i>NOTE: If "No" in item 30b, ask items 30c–e about the longest time of not working.</i>	0267 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 0268 _____ Times	0399 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 0400 _____ Times												
c. Think about the (longest) period of time when you didn't work. When did this begin?	0269 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				0401 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
d. When did the (longest) period in which you were not working stop?	0270 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				0402 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
e. Why were you not working during these weeks? <i>Mark (X) the main reason; do not read list.</i>	0271 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Respondent retired 17 <input type="checkbox"/> Husband retired 18 <input type="checkbox"/> Working for another employer 19 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 20 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> _____	0403 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Respondent retired 17 <input type="checkbox"/> Husband retired 18 <input type="checkbox"/> Working for another employer 19 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 20 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> _____												
CHECK ITEM B-4 <i>Refer to item 30a, page 20.</i>	0272 1 <input type="checkbox"/> Box 1, "Yes," marked in 30a – <i>ASK 30f</i> 2 <input type="checkbox"/> All others – <i>SKIP to 30g</i>	0404 1 <input type="checkbox"/> Box 1, "Yes," marked in 30a – <i>ASK 30f</i> 2 <input type="checkbox"/> All others – <i>SKIP to 30g</i>												
30f. While you were NOT working for (Employer in 25a, page 18), were you working for someone else?	0273 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0405 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
g. While you were WORKING for (Employer in 25a, page 18), were you also working for someone else?	0274 1 <input type="checkbox"/> Yes – <i>SKIP to 25a for Employer 3, page 22, use alternate phrase and record information about simultaneous employer</i> 2 <input type="checkbox"/> No – <i>GO to Check Item B-5</i>	0406 1 <input type="checkbox"/> Yes – <i>SKIP to 25a for Employer 7, page 22, use alternate phrase and record information about simultaneous employer</i> 2 <input type="checkbox"/> No – <i>GO to Check Item B-5</i>												
CHECK ITEM B-5 <i>Refer to item 27, page 19 and R6 on the Information Sheet.</i>	0275 Item 27 is – 1 <input type="checkbox"/> On or after date entered in R6 – <i>GO to 25a for Employer 3, page 22, and record information about previous employer</i> 2 <input type="checkbox"/> Before date entered in R6 – <i>SKIP to Check Item B-6, page 30</i>	0407 Item 27 is – 1 <input type="checkbox"/> On or after date entered in R6 – <i>GO to 25a for Employer 7, page 22, and record information about previous employer</i> 2 <input type="checkbox"/> Before date entered in R6 – <i>SKIP to Check Item B-6, page 30</i>												

Section 2 – RETROSPECTIVE WORK HISTORY – Continued				
25a. For whom did you work just before you started to work for (Employers in 6a, page 3 and 20a, page 11/ Employer in 25a)? [Alternate phrase for simultaneous employer: While you were working for (Employer in previous column) who else were you working for?]	PGM 6	Employer 3	PGM 6	Employer 7
	Name		Name	
	6005		6009	
	PGM 3 ↓		PGM 3 ↓	
	0276	<input type="checkbox"/>	0408	<input type="checkbox"/>
	0277	1 <input type="checkbox"/> Same as SKIP to 25b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30	0409	1 <input type="checkbox"/> Same as SKIP to 25b 2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30
CHECK ITEM B-1	0278	1 <input type="checkbox"/> No name entered in R5 – SKIP to 25c 2 <input type="checkbox"/> Same name in 25a and R5 – SKIP to 25c 3 <input type="checkbox"/> All others – ASK 25b	0410	1 <input type="checkbox"/> No name entered in R5 – SKIP to 25c 2 <input type="checkbox"/> Same name in 25a and R5 – SKIP to 25c 3 <input type="checkbox"/> All others – ASK 25b
25b. Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R5)?	0279	1 <input type="checkbox"/> Yes – SKIP to 25e 2 <input type="checkbox"/> No – ASK 25c	0411	1 <input type="checkbox"/> Yes – SKIP to 25e 2 <input type="checkbox"/> No – ASK 25c
c. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	0280	<input type="text"/> <input type="text"/> <input type="text"/> 1960 code	0412	<input type="text"/> <input type="text"/> <input type="text"/> 1960 code
	0281	<input type="text"/> <input type="text"/> <input type="text"/> 1990 code	0413	<input type="text"/> <input type="text"/> <input type="text"/> 1990 code
d. (Are/Were) you –	0282	1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?	0414	1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? 3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?
e. What kind of work were you doing? (For example: stock clerk, high school English teacher, accountant.)	0283	<input type="text"/> <input type="text"/> <input type="text"/> 1960 code	0415	<input type="text"/> <input type="text"/> <input type="text"/> 1960 code
	0284	<input type="text"/> <input type="text"/> <input type="text"/> 1990 code	0416	<input type="text"/> <input type="text"/> <input type="text"/> 1990 code
f. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)				
CHECK ITEM B-2	0285	1 <input type="checkbox"/> "P" or "G" marked in 25d – ASK 26a, page 23 2 <input type="checkbox"/> All others – SKIP to 26b, page 23	0417	1 <input type="checkbox"/> "P" or "G" marked in 25d – ASK 26a, page 23 2 <input type="checkbox"/> All others – SKIP to 26b, page 23
NOTES				

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

	Employer 3	Employer 7												
26a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.	0286 \$ _____ per hour <div style="text-align: center;">(Dollars) (Cents)</div>	0418 \$ _____ per hour <div style="text-align: center;">(Dollars) (Cents)</div>												
	OR	OR												
	0287 \$ _____ per <div style="text-align: center;">(Dollars only)</div> <div style="border: 1px solid black; width: 30px; text-align: center; float: right; margin-top: -20px;">00</div>	0419 \$ _____ per <div style="text-align: center;">(Dollars only)</div> <div style="border: 1px solid black; width: 30px; text-align: center; float: right; margin-top: -20px;">00</div>												
	0288 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 _____	0420 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 _____												
	0289 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	0421 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused												
b. How many hours per day did you USUALLY work at this job?	0290 _____ Hours per day	0422 _____ Hours per day												
c. How many hours per week did you USUALLY work at this job?	0291 _____ Hours per week	0423 _____ Hours per week												
27. When did you start working for (Employer in 25a, page 22)?	0292 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> </tr> </table>	Month	Day	Year				0424 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> </tr> </table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
CHECK ITEM B-3 Refer to item 27 above and R6 on the Information Sheet.	Item 27 is – 0293 1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 27 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> </tr> </table>	Month	Day	Year				Item 27 is – 0425 1 <input type="checkbox"/> On or after date entered in R6 – ENTER date from item 27 in box below 2 <input type="checkbox"/> Before date entered in R6 – ENTER date from R6 in box below <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> </tr> </table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
28. When did you stop working for (Employer in 25a, page 22)?	0295 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> </tr> </table>	Month	Day	Year				0427 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> <td style="height: 20px; text-align: center;"> </td> </tr> </table>	Month	Day	Year			
Month	Day	Year												
Month	Day	Year												
	0296 1 <input type="checkbox"/> Still working there – SKIP to 30a, page 24	0428 1 <input type="checkbox"/> Still working there – SKIP to 30a, page 24												
NOTES														

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

29. Why did you leave this employer/business? <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	Employer 3	Employer 7
	<div><div>0297</div><div>EMPLOYER INITIATED – INVOLUNTARY REASON</div><div><div>1</div><div><input type="checkbox"/> Plant closed, employer went out of business</div></div><div><div>2</div><div><input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</div></div><div><div>3</div><div><input type="checkbox"/> Temporary layoff or furloughed for economic reasons</div></div><div><div>4</div><div><input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/></div></div><div></div><div></div><div><div>5</div><div><input type="checkbox"/> Discharged or fired</div></div><div><div>6</div><div><input type="checkbox"/> Compulsory retirement</div></div><div>EMPLOYEE INITIATED – VOLUNTARY REASON</div><div><div>7</div><div><input type="checkbox"/> To get married</div></div><div><div>8</div><div><input type="checkbox"/> Pregnancy</div></div><div><div>9</div><div><input type="checkbox"/> Children or child care</div></div><div><div>10</div><div><input type="checkbox"/> Care for elderly parents – other elderly</div></div><div><div>11</div><div><input type="checkbox"/> Found better job</div></div><div><div>12</div><div><input type="checkbox"/> Respondent’s health; disability</div></div><div><div>13</div><div><input type="checkbox"/> Dissatisfied with wages</div></div><div><div>14</div><div><input type="checkbox"/> Didn’t like work, hours, working conditions</div></div><div><div>15</div><div><input type="checkbox"/> Interpersonal relations at work</div></div><div><div>16</div><div><input type="checkbox"/> Didn’t like job location, community</div></div><div><div>17</div><div><input type="checkbox"/> Husband’s retirement</div></div><div><div>18</div><div><input type="checkbox"/> Husband’s change in employment</div></div><div><div>19</div><div><input type="checkbox"/> Other family or personal reasons</div></div><div><div>20</div><div><input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.)</div></div><div><div>21</div><div><input type="checkbox"/> Started own business, became self-employed</div></div><div><div>22</div><div><input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</div></div><div><div>23</div><div><input type="checkbox"/> No opportunity for advancement</div></div><div><div>24</div><div><input type="checkbox"/> Transportation problem</div></div><div><div>25</div><div><input type="checkbox"/> Husband’s health; disability</div></div><div><div>26</div><div><input type="checkbox"/> Respondent’s voluntary retirement</div></div><div><div>27</div><div><input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</div></div><div><div>28</div><div><input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div></div><div></div><div></div></div>	

0429

EMPLOYER INITIATED – INVOLUNTARY REASON

1

☐ Plant closed, employer went out of business

2

☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)

3

☐ Temporary layoff or furloughed for economic reasons

4

☐ Laid off for any other reason – Specify ☒

5

☐ Discharged or fired

6

☐ Compulsory retirement

EMPLOYEE INITIATED – VOLUNTARY REASON

7

☐ To get married

8

☐ Pregnancy

9

☐ Children or child care

10

☐ Care for elderly parents – other elderly

11

☐ Found better job

12

☐ Respondent’s health; disability

13

☐ Dissatisfied with wages

14

☐ Didn’t like work, hours, working conditions

15

☐ Interpersonal relations at work

16

☐ Didn’t like job location, community

17

☐ Husband’s retirement

18

☐ Husband’s change in employment

19

☐ Other family or personal reasons

20

☐ Academic reasons (interfered with school, to go to school, etc.)

21

☐ Started own business, became self-employed

22

☐ Respondent was self-employed AND sold business or dissolved partnership

23

☐ No opportunity for advancement

24

☐ Transportation problem

25

☐ Husband’s health; disability

26

☐ Respondent’s voluntary retirement

27

☐ Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program

28

☐ Other – Specify ☒

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

30b. Did the weeks in which you didn't work occur all at one time? <i>NOTE: If "No" in item 30b, ask items 30c–e about the longest time of not working.</i>	Employer 3		Employer 7													
	0300	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>	0432	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/>												
	0301	_____ Times	0433	_____ Times												
	0302	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				0434	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year			
	Month	Day	Year													
Month	Day	Year														
0303	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				0435	<table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				
Month	Day	Year														
Month	Day	Year														
c. Think about the (longest) period of time when you didn't work. When did this begin?																
d. When did the (longest) period in which you were not working stop?																
e. Why were you not working during these weeks? <i>Mark (X) the main reason; do not read list.</i>	0304 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Respondent retired 17 <input type="checkbox"/> Husband retired 18 <input type="checkbox"/> Working for another employer 19 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 20 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> _____ _____		0436 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Respondent retired 17 <input type="checkbox"/> Husband retired 18 <input type="checkbox"/> Working for another employer 19 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 20 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> _____ _____													
CHECK ITEM B-4 <i>Refer to item 30a, page 24.</i>	0305 1 <input type="checkbox"/> Box 1, "Yes," marked in 30a – ASK 30f 2 <input type="checkbox"/> All others – SKIP to 30g		0437 1 <input type="checkbox"/> Box 1, "Yes," marked in 30a – ASK 30f 2 <input type="checkbox"/> All others – SKIP to 30g													
30f. While you were NOT working for (Employer in 25a, page 22), were you working for someone else?	0306 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0438 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No													
g. While you were WORKING for (Employer in 25a, page 22), were you also working for someone else?	0307 1 <input type="checkbox"/> Yes – SKIP to 25a for Employer 4, page 26, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5		0439 1 <input type="checkbox"/> Yes – SKIP to 25a for Employer 8, page 26, use alternate phrase and record information about simultaneous employer 2 <input type="checkbox"/> No – GO to Check Item B-5													
CHECK ITEM B-5 <i>Refer to item 27, page 23 and R6 on the Information Sheet.</i>	0308 Item 27 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to 25a for Employer 4, page 26, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30		0440 Item 27 is – 1 <input type="checkbox"/> On or after date entered in R6 – GO to 25a for Employer 8, page 26, and record information about previous employer 2 <input type="checkbox"/> Before date entered in R6 – SKIP to Check Item B-6, page 30													

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

25a. For whom did you work just before you started to work for (Employers in 6a, page 3 and 20a, page 11/ Employer in 25a)? [Alternate phrase for simultaneous employer: While you were working for (Employer in previous column) who else were you working for?]	PGM 6	Employer 4	PGM 6	Employer 8
	Name 6006 PGM 3 ↓ 0309 0310	<div>1 <input type="checkbox"/> Same as SKIP to 25b</div> <div>2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30</div>	Name 6010 PGM 3 ↓ 0441 0442	<div>1 <input type="checkbox"/> Same as SKIP to 25b</div> <div>2 <input type="checkbox"/> Have not worked for anyone else – SKIP to Check Item B-6, page 30</div>
CHECK ITEM B-1 Refer to R5 on the Information Sheet and item 25a, above.	0311	<div>1 <input type="checkbox"/> No name entered in R5 – SKIP to 25c</div> <div>2 <input type="checkbox"/> Same name in 25a and R5 – SKIP to 25c</div> <div>3 <input type="checkbox"/> All others – ASK 25b</div>	0443	<div>1 <input type="checkbox"/> No name entered in R5 – SKIP to 25c</div> <div>2 <input type="checkbox"/> Same name in 25a and R5 – SKIP to 25c</div> <div>3 <input type="checkbox"/> All others – ASK 25b</div>
25b. Is that the same employer as the one where you had been working at our last interview, that is (Employer name in R5)?	0312	<div>1 <input type="checkbox"/> Yes – SKIP to 25e</div> <div>2 <input type="checkbox"/> No – ASK 25c</div>	0444	<div>1 <input type="checkbox"/> Yes – SKIP to 25e</div> <div>2 <input type="checkbox"/> No – ASK 25c</div>
c. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)	0313	<div><div></div><div></div><div></div> 1960 code</div>	0445	<div><div></div><div></div><div></div> 1960 code</div>
	0314	<div><div></div><div></div><div></div> 1990 code</div>	0446	<div><div></div><div></div><div></div> 1990 code</div>
d. (Are/Were) you –	0315	<div>1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</div> <div>2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)?</div> <div>3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm?</div> <div>4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div>	0447	<div>1 <input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</div> <div>2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)?</div> <div>3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice, or farm?</div> <div>4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div>
e. What kind of work were you doing? (For example: stock clerk, high school English teacher, accountant.)	0316	<div><div></div><div></div><div></div> 1960 code</div>	0448	<div><div></div><div></div><div></div> 1960 code</div>
	0317	<div><div></div><div></div><div></div> 1990 code</div>	0449	<div><div></div><div></div><div></div> 1990 code</div>
f. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.)				
CHECK ITEM B-2 Refer to item 25d above.	0318	<div>1 <input type="checkbox"/> "P" or "G" marked in 25d – ASK 26a, page 27</div> <div>2 <input type="checkbox"/> All others – SKIP to 26b, page 27</div>	0450	<div>1 <input type="checkbox"/> "P" or "G" marked in 25d – ASK 26a, page 27</div> <div>2 <input type="checkbox"/> All others – SKIP to 26b, page 27</div>

NOTES

Section 2 – RETROSPECTIVE WORK HISTORY – Continued				
26a. Altogether, how much did you last earn with this employer before all deductions? Please specify an hourly wage, if you know it.	Employer 4		Employer 8	
	0319	\$ _____ per hour (Dollars) (Cents)	0451	\$ _____ per hour (Dollars) (Cents)
	0320	\$ _____ (Dollars only)	0452	\$ _____ (Dollars only)
b. How many hours per day did you USUALLY work at this job?	0321		0453	
	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 _____		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 _____	
	0322		0454	
c. How many hours per week did you USUALLY work at this job?	0323		0455	
	0324		0456	
	0325		0457	
27. When did you start working for (Employer in 25a, page 26)?	0326		0458	
	0327		0459	
	0328		0460	
28. When did you stop working for (Employer in 25a, page 26)?	0329		0461	
	0330		0462	
	0331		0463	
NOTES				

Section 2 – RETROSPECTIVE WORK HISTORY – Continued

29. Why did you leave this employer/business? <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i>	Employer 4		Employer 8	
	0330	<p>EMPLOYER INITIATED – INVOLUNTARY REASON</p> <p>1 <input type="checkbox"/> Plant closed, employer went out of business</p> <p>2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</p> <p>3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons</p> <p>4 <input type="checkbox"/> Laid off for any other reason – <i>Specify</i> <input checked="" type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>5 <input type="checkbox"/> Discharged or fired</p> <p>6 <input type="checkbox"/> Compulsory retirement</p> <p>EMPLOYEE INITIATED – VOLUNTARY REASON</p> <p>7 <input type="checkbox"/> To get married</p> <p>8 <input type="checkbox"/> Pregnancy</p> <p>9 <input type="checkbox"/> Children or child care</p> <p>10 <input type="checkbox"/> Care for elderly parents – other elderly</p> <p>11 <input type="checkbox"/> Found better job</p> <p>12 <input type="checkbox"/> Respondent's health; disability</p> <p>13 <input type="checkbox"/> Dissatisfied with wages</p> <p>14 <input type="checkbox"/> Didn't like work, hours, working conditions</p> <p>15 <input type="checkbox"/> Interpersonal relations at work</p> <p>16 <input type="checkbox"/> Didn't like job location, community</p> <p>17 <input type="checkbox"/> Husband's retirement</p> <p>18 <input type="checkbox"/> Husband's change in employment</p> <p>19 <input type="checkbox"/> Other family or personal reasons</p> <p>20 <input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.)</p> <p>21 <input type="checkbox"/> Started own business, became self-employed</p> <p>22 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</p> <p>23 <input type="checkbox"/> No opportunity for advancement</p> <p>24 <input type="checkbox"/> Transportation problem</p> <p>25 <input type="checkbox"/> Husband's health; disability</p> <p>26 <input type="checkbox"/> Respondent's voluntary retirement</p> <p>27 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</p> <p>28 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/></p> <p>_____</p> <p>_____</p>	0462	<p>EMPLOYER INITIATED – INVOLUNTARY REASON</p> <p>1 <input type="checkbox"/> Plant closed, employer went out of business</p> <p>2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</p> <p>3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons</p> <p>4 <input type="checkbox"/> Laid off for any other reason – <i>Specify</i> <input checked="" type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>5 <input type="checkbox"/> Discharged or fired</p> <p>6 <input type="checkbox"/> Compulsory retirement</p> <p>EMPLOYEE INITIATED – VOLUNTARY REASON</p> <p>7 <input type="checkbox"/> To get married</p> <p>8 <input type="checkbox"/> Pregnancy</p> <p>9 <input type="checkbox"/> Children or child care</p> <p>10 <input type="checkbox"/> Care for elderly parents – other elderly</p> <p>11 <input type="checkbox"/> Found better job</p> <p>12 <input type="checkbox"/> Respondent's health; disability</p> <p>13 <input type="checkbox"/> Dissatisfied with wages</p> <p>14 <input type="checkbox"/> Didn't like work, hours, working conditions</p> <p>15 <input type="checkbox"/> Interpersonal relations at work</p> <p>16 <input type="checkbox"/> Didn't like job location, community</p> <p>17 <input type="checkbox"/> Husband's retirement</p> <p>18 <input type="checkbox"/> Husband's change in employment</p> <p>19 <input type="checkbox"/> Other family or personal reasons</p> <p>20 <input type="checkbox"/> Academic reasons (interfered with school, to go to school, etc.)</p> <p>21 <input type="checkbox"/> Started own business, became self-employed</p> <p>22 <input type="checkbox"/> Respondent was self-employed AND sold business or dissolved partnership</p> <p>23 <input type="checkbox"/> No opportunity for advancement</p> <p>24 <input type="checkbox"/> Transportation problem</p> <p>25 <input type="checkbox"/> Husband's health; disability</p> <p>26 <input type="checkbox"/> Respondent's voluntary retirement</p> <p>27 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</p> <p>28 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/></p> <p>_____</p> <p>_____</p>
30a. Between (Date in Check Item B-3, page 27) and ((Date in item 28, page 27)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which you didn't work for (Employer in 25a, page 26)?	0331	<p>2 <input type="checkbox"/> No – <i>SKIP to 30g, page 29</i></p> <p>1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/></p> <p>_____ Weeks</p>	0463	<p>2 <input type="checkbox"/> No – <i>SKIP to 30g, page 29</i></p> <p>1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/></p> <p>_____ Weeks</p>
	0332		0464	

Section 2 – RETROSPECTIVE WORK HISTORY – Continued														
30b. Did the weeks in which you didn't work occur all at one time? <i>NOTE: If "No" in item 30b, ask items 30c–e about the longest time of not working.</i>	Employer 4	Employer 8												
	0333 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 0334 _____ Times	0465 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 0466 _____ Times												
	0335 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				0467 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year			
	Month	Day	Year											
Month	Day	Year												
0336 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				0468 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Month	Day	Year				
Month	Day	Year												
Month	Day	Year												
0337 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Respondent retired 17 <input type="checkbox"/> Husband retired 18 <input type="checkbox"/> Working for another employer 19 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 20 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> _____ _____	0469 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Spouse ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – other elderly 4 <input type="checkbox"/> Child care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Other personal, family reasons 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available 9 <input type="checkbox"/> Did not have enough education or training 10 <input type="checkbox"/> Did not have necessary skills or experience 11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work 12 <input type="checkbox"/> School, attending or returning to 13 <input type="checkbox"/> Vacation 14 <input type="checkbox"/> Layoff 15 <input type="checkbox"/> Labor dispute, strike 16 <input type="checkbox"/> Respondent retired 17 <input type="checkbox"/> Husband retired 18 <input type="checkbox"/> Working for another employer 19 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program 20 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> _____ _____													
CHECK ITEM B-4 <i>Refer to item 30a, page 28.</i>	0338 1 <input type="checkbox"/> Box 1, "Yes," marked in 30a – <i>ASK 30f</i> 2 <input type="checkbox"/> All others – <i>SKIP to 30g</i>	0470 1 <input type="checkbox"/> Box 1, "Yes," marked in 30a – <i>ASK 30f</i> 2 <input type="checkbox"/> All others – <i>SKIP to 30g</i>												
30f. While you were NOT working for (Employer in 25a, page 26), were you working for someone else?	0339 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0471 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
g. While you were WORKING for (Employer in 25a, page 26), were you also working for someone else?	0340 1 <input type="checkbox"/> Yes – <i>SKIP to 25a for Employer 5, page 14, use alternate phrase and record information about simultaneous employer</i> 2 <input type="checkbox"/> No – <i>GO to Check Item B-5</i>	0472 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item B-6, Page 30</i> 2 <input type="checkbox"/> No – <i>GO to Check Item B-5</i>												
CHECK ITEM B-5 <i>Refer to item 27, page 27 and R6 on the Information Sheet.</i>	0341 Item 27 is – 1 <input type="checkbox"/> On or after date entered in R6 – <i>GO to 25a for Employer 5, page 14, and record information about previous employer</i> 2 <input type="checkbox"/> Before date entered in R6 – <i>SKIP to Check Item B-6, page 30</i>	0473 Item 27 is – 1 <input type="checkbox"/> On or after date entered in R6 – <i>GO to Check Item B-6, page 30</i> 2 <input type="checkbox"/> Before date entered in R6 – <i>Go to Check Item B-6, page 30</i>												

Section 2 – RETROSPECTIVE WORK HISTORY – Continued	
CHECK ITEM B-6 Refer to R10 on the Information Sheet.	<div>0474</div> <div><div><div><div>1</div><div><input type="checkbox"/> Box 3 is marked in R10</div></div><div><div>2</div><div><input type="checkbox"/> Box 2 is marked in R10 AND date in R10 is MORE than 12 months ago</div></div><div><div>3</div><div><input type="checkbox"/> Box 2 is marked in R10 AND date in R10 is LESS than 12 months ago</div></div><div><div>4</div><div><input type="checkbox"/> R10 is blank</div></div></div><div><div>Mark "None" in 31a without asking, then GO to Check Item B-7</div><div>ASK 31a</div></div></div>
31a. In the last 12 months, in how many different weeks did you do any work at all, not including work around the house? Please include any weeks in which you were on paid vacation or paid sick leave.	<div>0475</div> <div>_____ Weeks</div> <div>0476</div> <div>1 <input type="checkbox"/> None</div>
CHECK ITEM B-7 Refer to item 31a above.	<div>0477</div> <div><div>1 <input type="checkbox"/> 52 weeks in 31a – SKIP to 32a</div><div>2 <input type="checkbox"/> Less than 52 weeks or "None" marked in 31a – Complete Workspace 1, then ASK 31b</div></div>
WORKSPACE 1 Subtract entry in 31a from 52 to obtain answer.	<div>52</div> <div>0478</div> <div>– _____ (Entry in 31a)</div> <div>0479</div> <div>_____ (Answer – remaining weeks)</div>
31b. You said you (worked (Entry in 31a) weeks/did not work) in the last 12 months. How many of the (remaining) (Answer in Workspace 1) weeks were you looking for work or on layoff from a job?	<div>0480</div> <div>_____ Weeks</div> <div>0481</div> <div>1 <input type="checkbox"/> None</div>
CHECK ITEM B-8 Refer to items 31a and 31b above.	<div>0482</div> <div><div>1 <input type="checkbox"/> Entry in 31a + entry in 31b = 52 weeks – SKIP to Check Item B-9</div><div>2 <input type="checkbox"/> All others – ASK 31c</div></div>
31c. What was the main reason you were not working or looking for work during (the remaining weeks in) the last 12 months? Mark (X) the main reason; do NOT read list.	<div>0483</div> <div><div>1 <input type="checkbox"/> Respondent ill or disabled, unable to work</div><div>2 <input type="checkbox"/> Husband ill or disabled, unable to work</div><div>3 <input type="checkbox"/> Care for elderly parents – other elderly</div><div>4 <input type="checkbox"/> Child care problems</div><div>5 <input type="checkbox"/> Pregnancy</div><div>6 <input type="checkbox"/> Other personal, family reasons</div><div>7 <input type="checkbox"/> Did not want to work</div><div>8 <input type="checkbox"/> No suitable jobs available, would not have done any good to look, believed no work available</div><div>9 <input type="checkbox"/> Did not have enough education or training</div><div>10 <input type="checkbox"/> Did not have necessary skills or experience</div><div>11 <input type="checkbox"/> Seasonal work, part year work, work affected by weather, slack work</div><div>12 <input type="checkbox"/> School, attending or returning to</div><div>13 <input type="checkbox"/> Vacation</div><div>14 <input type="checkbox"/> Layoff</div><div>15 <input type="checkbox"/> Labor dispute, strike</div><div>16 <input type="checkbox"/> Respondent retired</div><div>17 <input type="checkbox"/> Husband retired</div><div>18 <input type="checkbox"/> Working for another employer</div><div>19 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid, or other government program</div><div>20 <input type="checkbox"/> Other – Specify <u> </u></div></div>
CHECK ITEM B-9 Refer to R10 on the Information Sheet.	<div>0484</div> <div><div><div>1 <input type="checkbox"/> Box 3 is marked in R10 – SKIP to 33a, page 31</div><div>2 <input type="checkbox"/> Box 2 is marked in R10</div><div>3 <input type="checkbox"/> R10 is blank</div></div><div>ASK 32a</div></div>
32a. We’ve just been talking about the last 12 months, that is, from (Present month) 1992 to (Present month) 1993. Now I’d like you to think back to the 12 months before that, in other words, the time from (Present month) 1991 to (Present month) 1992. (Pause.) During THAT 12-month period, in how many different weeks did you do any work at all, not including work around the house? Please include any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.	<div>0485</div> <div>_____ Weeks – ASK 32b</div> <div>0486</div> <div><div>1 <input type="checkbox"/> None – SKIP to 32c, page 31</div><div>2 <input type="checkbox"/> Don’t know – ASK 32b</div></div>
b. How many hours per week did you usually work during that 12-month period?	<div>0487</div> <div>_____ Hours per week</div>

Section 2 – RETROSPECTIVE WORK HISTORY – Continued	
32c. Now I'd like you to think back to the 12 months before that, in other words, the time from (Present month) 1990 to (Present month) 1991. (Pause.) During THAT 12-month period, in how many different weeks did you do any work at all, not including work around the house? Please include any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.	0488 _____ Weeks – ASK 32d 0489 1 <input type="checkbox"/> None – SKIP to 32a 2 <input type="checkbox"/> Don't know – ASK 32d
d. How many hours per week did you usually work during that 12-month period?	0490 _____ Hours per week
CHECK ITEM B-10 Refer to item 32a, page 30.	0491 1 <input type="checkbox"/> "52" entered in 32a – SKIP to Check Item B-11 2 <input type="checkbox"/> 32a is blank 3 <input type="checkbox"/> All others } ASK 33a
33a. Between (Present month) 1991 and (Present month) 1992, did you spend any weeks, while you were not working, looking for work or being on layoff from a job?	0492 2 <input type="checkbox"/> No – Go to Check Item B-11 1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/> 0493 _____ Weeks
CHECK ITEM B-11 Refer to item 32c above.	0494 1 <input type="checkbox"/> "52" entered in 32c – SKIP to Check Item B-12 2 <input type="checkbox"/> 32c is blank 3 <input type="checkbox"/> All others } ASK 33b
33b. Between (Present month) 1990 and (Present month) 1991, did you spend any weeks, while you were not working, looking for work or being on layoff from a job?	0495 2 <input type="checkbox"/> No – Go to Check Item B-12 1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/> 0496 _____ Weeks
CHECK ITEM B-12 Refer to the address label. Are the words "Work History Supplement" printed on the label?	0497 1 <input type="checkbox"/> Yes – GO to page 23 of the Work History Supplement Questionnaire (LGT-4161(SUPP)) 2 <input type="checkbox"/> No – GO to Check Item B-13 below
CHECK ITEM B-13 Refer to Household Record Card (LGT-1D), items 5, 6, 7, and 8.	0498 1 <input type="checkbox"/> Respondent DOES NOT have a HUSBAND living in the household – Transcribe from item 7 on the Household Record Card the respondent's current marital status to R3 on the Information Sheet 2 <input type="checkbox"/> Respondent HAS a HUSBAND living in the household – Transcribe from item 7 on the Household Record Card the respondent's current marital status to R3 on the Information Sheet AND transcribe from items 8a-8c the husband's date of birth to R4 on the Information Sheet
CHECK ITEM B-14 Refer to Household Record Card (LGT-1D), items 4, 5, and 6.	0499 1 <input type="checkbox"/> Respondent lives ALONE – Do NOT read Section 3, page 32, introductory statement. Complete 34a and 34b, page 32, for the respondent only and SKIP to 35, page 35 2 <input type="checkbox"/> Respondent lives with HUSBAND ONLY – Do NOT read Section 3, page 32, introductory statement. Complete 34a and 34b, page 32, for respondent AND husband and SKIP to 35, page 35 3 <input type="checkbox"/> All others – Follow Field Representative instructions at the top of Section 3, Household Members, page 32
	OFFICE USE ONLY
	Total number of family members 0500 <input type="text"/>
	Total number of household members 0501 <input type="text"/>
NOTES	

Section 3 – HOUSEHOLD MEMBERS									
FIELD REPRESENTATIVE: Refer to Household Record Card (LGT-1D), items 4, 5, 6, and 8. Complete the instructions below for all current household members (Item 6 is circled "Y" in the 1993 column on the LGT-1D). Transcribe from item 4 on the Household Record Card, the respondent's (and husband's) line number to 34a and name to 34b. Do NOT complete items 34c through 39i. For all other current household members, transcribe from items 4, 5, and 8 on the Household Record Card, the line number to 34a, the name to 34b, the relationship to respondent to 34c, and the date of birth to 34d. Then, ask items 34e through 34i, as applicable.									
Now I have a few questions about the WORK EXPERIENCE of ALL persons living here.									
▶ TRANSCRIBE FROM HOUSEHOLD RECORD CARD (LGT-1D).									
34a. Line No.	b. Name	c. Relationship to respondent EXAMPLE: Son, mother, father-in-law, brother, step-daughter, housekeeper, boarder, partner, etc.			d. Date of birth			e. How old is ... today?	
					OFFICE USE	Month	Day		Year
		Respondent							
		Husband	0515						
			0516		0517				0518
			0523		0524				0525
			0530		0531				0532
			0537		0538				0539
			0544		0545				0546
			0551		0552				0553
			0558		0559				0560
			0565		0566				0567
			0572		0573				0574
			0579		0580				0581
			0586		0587				0588
			0593		0594				0595
			0600		0601				0602
			0607		0608				0609
			0614		0615				0616
NOTES									

Section 3 – HOUSEHOLD MEMBERS – Continued

PERSONS 14 YEARS OLD AND OLDER

f. Did . . . do any work at all last week? <i>Circle</i> 1 – Yes 2 – No <i>then,</i> ASK 34g	g. In the past 12 months, how many weeks did . . . work either full or part time NOT counting work around the house? <i>If none enter "0", and SKIP to next person</i>	<i>If person worked at all in the past 12 months, ASK 34h and 34i.</i>				
		h. In the weeks that . . . worked, how many hours did . . . usually work per week?	i. What kind of work was . . . doing in the past 12 months? <i>If more than one, record the work done longest.</i>			
<div>0519</div> 1 2	<div>0520</div>	<div>0521</div>		<div>0522</div>	OFFICE USE 1960 codes	
<div>0526</div> 1 2	<div>0527</div>	<div>0528</div>		<div>0529</div>		
<div>0533</div> 1 2	<div>0534</div>	<div>0535</div>		<div>0536</div>		
<div>0540</div> 1 2	<div>0541</div>	<div>0542</div>		<div>0543</div>		
<div>0547</div> 1 2	<div>0548</div>	<div>0549</div>		<div>0550</div>		
<div>0554</div> 1 2	<div>0555</div>	<div>0556</div>		<div>0557</div>		
<div>0561</div> 1 2	<div>0562</div>	<div>0563</div>		<div>0564</div>		
<div>0568</div> 1 2	<div>0569</div>	<div>0570</div>		<div>0571</div>		
<div>0575</div> 1 2	<div>0576</div>	<div>0577</div>		<div>0578</div>		
<div>0582</div> 1 2	<div>0583</div>	<div>0584</div>		<div>0585</div>		
<div>0589</div> 1 2	<div>0590</div>	<div>0591</div>		<div>0592</div>		
<div>0596</div> 1 2	<div>0597</div>	<div>0598</div>		<div>0599</div>		
<div>0603</div> 1 2	<div>0604</div>	<div>0605</div>		<div>0606</div>		
<div>0610</div> 1 2	<div>0611</div>	<div>0612</div>		<div>0613</div>		
<div>0617</div> 1 2	<div>0618</div>	<div>0619</div>		<div>0620</div>		

NOTES

Section 4 – MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND

[illegible]