

| | |
|--|---|
| Section 7 – INCOME AND ASSETS – Continued | |
| 112. In the past 12 months, did you (or your husband/partner) receive any other type of income; for example, royalties, annuities, contributions from family members other than parents living elsewhere? | 1478 2 <input type="checkbox"/> No – ASK 113 1 <input type="checkbox"/> Yes – How much <input checked="" type="checkbox"/> 1479 \$ <input type="text"/> . <input type="text"/> |
| 113. So far as your overall financial position is concerned, would you say you (and your husband/partner) are better off, about the same, or worse off than you were at this time last year? | 1480 1 <input type="checkbox"/> Better off 2 <input type="checkbox"/> Same 3 <input type="checkbox"/> Worse off |
| CHECK ITEM F-8 | |
| Refer to Items 34c, and 34e, page 32. | 1481 1 <input type="checkbox"/> Only respondent (and/or husband/partner and/or children under 14) listed – SKIP to 115a 2 <input type="checkbox"/> Other family members listed – ASK 114 3 <input type="checkbox"/> No family members listed – SKIP to 115a |
| SHOW FLASHCARD G. 114. In the past 12 months, what was the total income of ALL family members living here OTHER THAN yourself (and your husband/partner)? Mark (X) only one box. | 1482 1 <input type="checkbox"/> \$ 0 – \$3,999 2 <input type="checkbox"/> 4,000 – 5,999 3 <input type="checkbox"/> 6,000 – 7,499 4 <input type="checkbox"/> 7,500 – 9,999 5 <input type="checkbox"/> 10,000 – 14,999 6 <input type="checkbox"/> 15,000 – 17,499 7 <input type="checkbox"/> 17,500 – 19,999 8 <input type="checkbox"/> 20,000 – 24,999 9 <input type="checkbox"/> 25,000 – 34,999 10 <input type="checkbox"/> 35,000 – 49,999 11 <input type="checkbox"/> 50,000 – 74,999 12 <input type="checkbox"/> 75,000 – 99,999 13 <input type="checkbox"/> 100,000 and over 14 <input type="checkbox"/> Nothing 15 <input type="checkbox"/> Don't know 16 <input type="checkbox"/> Refused |
| 115a. During the last 12 months, considering all of your savings, investments, and reserve funds, overall did you put more money into these accounts or take more money out of these accounts in this year? | 1483 1 <input type="checkbox"/> Put more money in 2 <input type="checkbox"/> Take more money out } ASK 115b 3 <input type="checkbox"/> Amount did not change – SKIP to 116 |
| b. How much money did you (put into/take out of) your savings? | 1484 \$ <input type="text"/> . <input type="text"/> |
| SHOW FLASHCARD G. 116. The questions I just asked you referred to the last 12 months. Now I would like you to think back to the previous 12 months. In other words, the time from (present month) 1991 to (present month) 1992. What was the total income of all family members living here during that 12 month period? Mark (X) only one box. | 1485 1 <input type="checkbox"/> \$ 0 – \$3,999 2 <input type="checkbox"/> 4,000 – 5,999 3 <input type="checkbox"/> 6,000 – 7,499 4 <input type="checkbox"/> 7,500 – 9,999 5 <input type="checkbox"/> 10,000 – 14,999 6 <input type="checkbox"/> 15,000 – 17,499 7 <input type="checkbox"/> 17,500 – 19,999 8 <input type="checkbox"/> 20,000 – 24,999 9 <input type="checkbox"/> 25,000 – 34,999 10 <input type="checkbox"/> 35,000 – 49,999 11 <input type="checkbox"/> 50,000 – 74,999 12 <input type="checkbox"/> 75,000 – 99,999 13 <input type="checkbox"/> 100,000 and over 14 <input type="checkbox"/> Nothing 15 <input type="checkbox"/> Don't know 16 <input type="checkbox"/> Refused |
| NOTES | |
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Section 8 – EDUCATION AND TRAINING

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|---|---|
| <p>Now I have some questions about your education.</p> <p>117a. Have you attended regular school since (Date in R6)?</p> | <p>1488 1 <input type="checkbox"/> Yes – ASK 117b 2 <input type="checkbox"/> No – SKIP to Check Item G-2, page 74</p> |
| <p>b. Are you currently attending school?</p> | <p>1489 1 <input type="checkbox"/> Yes – ASK 117c 2 <input type="checkbox"/> No – SKIP to 117e</p> |
| <p>c. Are you enrolled full time or part time?</p> | <p>1490 1 <input type="checkbox"/> Full time 2 <input type="checkbox"/> Part time</p> |
| <p>d. What grade are you attending?</p> | <p>High School 1 2 3 4 1491 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> – SKIP to 117f</p> <p>College 1 2 3 4 5 6+ 1492 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> – SKIP to Check Item G-1</p> <p>7 1493 <input type="checkbox"/> Nonacademic degree or diploma educational program – SKIP to 118a</p> |
| <p>e. What is the highest grade of regular school you have completed?</p> | <p>High School 1 2 3 4 1494 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> – ASK 117f</p> <p>College 1 2 3 4 5 6+ 1495 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> – SKIP to Check Item G-1</p> <p>7 1496 <input type="checkbox"/> Nonacademic degree or diploma educational program – SKIP to 118a</p> |
| <p>f. Have you received a high school diploma or GED since (Date in R6)?</p> | <p>1497 1 <input type="checkbox"/> Yes – ASK 117g 2 <input type="checkbox"/> No – SKIP to Check Item G-2, page 74</p> |
| <p>g. Which do you have, a high school diploma or a GED?</p> | <p>1498 1 <input type="checkbox"/> High school diploma 2 <input type="checkbox"/> GED 3 <input type="checkbox"/> Both</p> <p>} SKIP to Check Item G-2, page 74</p> |
| <p>CHECK ITEM G-1</p> <p>Refer to Items 117d and 117e, above.</p> | <p>1499 1 <input type="checkbox"/> Completed or attending college 2 + – ASK 118a 2 <input type="checkbox"/> All others – SKIP to Check Item G-2, page 74</p> |
| <p>118a. Have you received a college degree since (Date in R6)?</p> | <p>1500 1 <input type="checkbox"/> Yes – ASK 118b 2 <input type="checkbox"/> No – SKIP to Check Item G-2, page 74</p> |
| <p>b. What degree was it?</p> <p>Mark (X) most advanced degree received; do not read list.</p> | <p>1501 1 <input type="checkbox"/> Associate (2 or 3 year course) 2 <input type="checkbox"/> Bachelor's (BA, BS, AB) 3 <input type="checkbox"/> Master's (MA, MS, MBA) 4 <input type="checkbox"/> Doctorate (PhD, MD, LLB, JD) 5 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></p> |
| <p>c. When did you receive this degree?</p> | <p>1502 Month </p> <p>1503 Year 1 9 </p> |
| <p>d. What was your major field of study?</p> | <p>1504 </p> |

| | |
|---|---|
| Section 8 – EDUCATION AND TRAINING – Continued | |
| CHECK ITEM G-2 | |
| Refer to R7 on the Information Sheet. | 1505 1 <input type="checkbox"/> Box 8 or 9 marked in R7 – SKIP to 120a 2 <input type="checkbox"/> Box 1–7 marked in R7 – ASK 119a |
| 119a. At our last interview on (Date in R6), you were enrolled in (Type of training in R7). Did you complete the program? | 1506 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, dropped out 3 <input type="checkbox"/> No, still attending |
| b. Since (Date in R6), how long (have you been attending/did you attend) this course or program? | 1507 _____ Weeks 1508 0 <input type="checkbox"/> Less than 1 week |
| 120a. (Not counting the training you just told me about) Since (Date in R6), have you taken any on-the-job training courses? | 1509 1 <input type="checkbox"/> Yes – ASK 120b 2 <input type="checkbox"/> No – SKIP to Check Item G-3 |
| b. Did you complete this training? | 1510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, dropped out 3 <input type="checkbox"/> No, still attending |
| c. What job (are/were) you being trained for? | 1511 <input type="text"/> <input type="text"/> <input type="text"/> 1960 code 1512 <input type="text"/> <input type="text"/> <input type="text"/> 1990 code 1513 1 <input type="checkbox"/> Same job as in item 9e |
| d. Why did you decide to take this program? Mark (X) only one; do not read list. | 1514 1 <input type="checkbox"/> To obtain work 2 <input type="checkbox"/> To improve job or professional skills 3 <input type="checkbox"/> To get better or different job 4 <input type="checkbox"/> Required by employer for present job 5 <input type="checkbox"/> To improve current job situation 6 <input type="checkbox"/> To improve basic skills like reading, writing, or arithmetic 7 <input type="checkbox"/> For general education 8 <input type="checkbox"/> For personal development or pleasure 9 <input type="checkbox"/> Had extra time; bored staying at home 10 <input type="checkbox"/> Other reason – Specify <input checked="" type="checkbox"/> _____ |
| e. Since (Date in R6), how many weeks have you spent in on-the-job training courses? | 1515 _____ Weeks 1516 0 <input type="checkbox"/> Less than 1 week |
| f. How many hours per week (are you spending/have you spent) in this training? | 1517 _____ Hours per week 1518 0 <input type="checkbox"/> Less than 1 hour |
| CHECK ITEM G-3 | |
| Refer to Items 117d and 117e, page 73. | 1519 1 <input type="checkbox"/> Box 7 marked in 117d or 117e – SKIP to 121b READ phrase in parentheses 2 <input type="checkbox"/> All others – ASK 121a |
| 121a. Since (Date in R6), have you taken any other training or educational programs OTHER THAN on-the-job or regular school (that you just told me about)? | 1520 1 <input type="checkbox"/> Yes – ASK 121b, OMIT phrase in parentheses 2 <input type="checkbox"/> No – SKIP to 123a, page 76 |
| b. (Now I'd like to ask you some questions about the regular school that you told me about.) Did you complete this training or educational program? If more than one, ask about most recent. | 1521 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, dropped out 3 <input type="checkbox"/> No, still attending |

| Section 8 – EDUCATION AND TRAINING – Continued | |
|--|---|
| 121c. What kind of training course or educational program (are you taking/did you take)? <i>Enter name of training class on line provided and then mark (X) the appropriate box.</i> <i>Mark (X) only one category; do not read list.</i> | <div>1522</div> <div><div><input type="checkbox"/> Professional, technical</div><div><input type="checkbox"/> Managerial</div><div><input type="checkbox"/> Clerical</div><div><input type="checkbox"/> Skilled manual (including apprenticeship)</div><div><input type="checkbox"/> Sales</div><div><input type="checkbox"/> Services</div><div><input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div></div> <div>PGM 7</div> <div>6012</div> <div>PGM 3 ↓</div> |
| d. What kind of school or organization (provides/provided) instruction for this training course or educational program? <i>Mark (X) only one category; do not read list.</i> | <div>1523</div> <div><div><input type="checkbox"/> Business college, technical institute</div><div><input type="checkbox"/> Company training classes offered by employer</div><div><input type="checkbox"/> Correspondence school</div><div><input type="checkbox"/> High school (including night school)</div><div><input type="checkbox"/> 2-year college</div><div><input type="checkbox"/> 4-year college or university</div><div><input type="checkbox"/> Area vocational school</div><div><input type="checkbox"/> Community organization (e.g., church, temple, synagogue, YMCA, Red Cross, neighborhood association, etc.)</div><div><input type="checkbox"/> Nursing school, hospital, medical school or college</div><div><input type="checkbox"/> Federal, State, or local government agency including military reserve, Manpower, JTPA</div><div><input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div></div> |
| e. What kind of work (are/were) you being trained for? | <div>1524</div> <div><div><div></div><div></div><div></div></div>1960 code</div> <div>1525</div> <div><div><div></div><div></div><div></div></div>1990 code</div> <div>1526</div> <div><div><input type="checkbox"/> None</div><div><input type="checkbox"/> Same job as in item 9e</div></div> |
| f. Did you enroll in this training or educational program because your employer required it? | <div>1527</div> <div><div><input type="checkbox"/> Yes – SKIP to 121h</div><div><input type="checkbox"/> No – ASK 121g</div></div> |
| g. Why did you decide to take this program? <i>Mark (X) only one; do not read list.</i> | <div>1528</div> <div><div><input type="checkbox"/> To obtain work</div><div><input type="checkbox"/> To improve job or professional skills</div><div><input type="checkbox"/> To get a better or different job</div><div><input type="checkbox"/> Encouraged by employer</div><div><input type="checkbox"/> To improve current job situation</div><div><input type="checkbox"/> To improve basic skills like reading, writing, or arithmetic</div><div><input type="checkbox"/> For general education</div><div><input type="checkbox"/> For personal development or pleasure</div><div><input type="checkbox"/> Had extra time; bored staying at home</div><div><input type="checkbox"/> Other reason – Specify <input checked="" type="checkbox"/></div></div> |
| h. Since (Date in R6), how long (have you been attending/did you attend) this training? | <div>1529</div> <div><div>Weeks</div></div> <div>1530</div> <div><div><input type="checkbox"/> Less than 1 week</div></div> |
| i. How many hours per week (do/did) you spend on this training? | <div>1531</div> <div><div>Hours per week</div></div> <div>1532</div> <div><div><input type="checkbox"/> Less than 1 hour</div></div> |

Section 9 – GEOGRAPHIC MOBILITY

CHECK ITEM H-1

Refer to R8 on the Information Sheet.
Is place of residence recorded in R8 the same (city/town/county) as respondent's current residence?

1560

- 1 ☐ Yes – ASK 124a
2 ☐ No – SKIP to 124b, READ phrase in parentheses

124a. Our records show that when we talked with you on (Date in R6), you were living in the same (city/town/county) as you are now. Since (Date in R6), have you ever moved from (Residence in R8) and then returned here again?

1561

- 1 ☐ Yes – ASK 124b, OMIT phrase in parentheses
2 ☐ No – SKIP to Check Item I-1, page 78

b. (Our records show that when we talked with you on (Date in R6), you were living in (Residence in R8).) What month and year did you move (back) here?

1562

Month
|
|

1563

Year
1 9 | |

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

1564

| |

Number and street

Place

State

ZIP Code

County

Foreign country

d. How many miles is it to your residence in (Place and state entered in 124c)?

1565

_____ Miles

e. How long had you lived in (Place and state entered in 124c) before you moved here?

1566

_____ Years

AND/OR

1567

_____ Months

1568

- 1 ☐ All my life

SHOW FLASHCARD H.

f. Why did you leave (Place and state entered in 124c)?

Any other reason?

Mark (X) all that apply.

1569

- 1 ☐ Health reasons

1570

- 2 ☐ You and/or husband/partner retired

1571

- 3 ☐ To be nearer relatives and friends

1572

- 4 ☐ Husband/partner received transfer and/or promotion

1573

- 5 ☐ You received transfer and/or promotion

1574

- 6 ☐ Husband/partner lost job and new location offered better re-employment opportunities

1575

- 7 ☐ You lost your job and new location offered better re-employment opportunities

1576

- 8 ☐ New location offered generally better employment opportunities

1577

- 9 ☐ Divorce or marriage led to relocation

1578

- 10 ☐ Other family reasons

1579

- 11 ☐ Other employment-related reasons

1580

- 12 ☐ New location generally more desirable

1581

- 13 ☐ No particular reason

1582

- 14 ☐ Other reason – Specify ☒

NOTES

Section 10 – HUSBAND’S CURRENT LABOR FORCE STATUS

CHECK ITEM I-1

Refer to R3 on the Information Sheet.

1583

- 1 ☐ Box 1 or 2 marked in R3 – ASK 125a
2 ☐ All others – SKIP to 145, page 102

125a. We are interested in your husband’s retirement status and his retirement plans. At the present time, does he think of himself as retired, partly retired, or not retired at all?
(Probe if respondent is unsure of husband’s retirement status.)

1584

- 1 ☐ Retired – ASK 125b
2 ☐ Partly retired
3 ☐ Not retired at all } SKIP to 126

b. In what month and year did he most recently (retire/stop working)?

1585

| | | |
|-------|-----|------|
| Month | Day | Year |
| | | |

126. What was your husband doing most of LAST WEEK—retired, working, looking for work, or something else?

1586

- 1 ☐ WK – Working – Mark (X) box 1 in R12 on the Information Sheet and SKIP to 127b
2 ☐ J – With a job but not at work
3 ☐ LK – Looking for work } ASK 127a
4 ☐ S – Going to school } ASK 127a
5 ☐ KH – Keeping house } ASK 127a
6 ☐ U – Unable to work – SKIP to 130, page 79
7 ☐ R – Retired
8 ☐ OT – Other – Specify } ASK 127a

127a. Did your husband do any work at all LAST WEEK, not counting work around the house?

NOTE: If farm, ask about unpaid work.

1587

- 1 ☐ Yes – Mark box 1 in R12 on the Information Sheet and ASK 127b
2 ☐ No – SKIP to Check Item I-2

b. How many hours did your husband work LAST WEEK at all jobs?

1588

_____ Hours – SKIP to 131a, page 79

CHECK ITEM I-2

Refer to item 126.

1589

- 1 ☐ "J" marked in 126 – SKIP to 128b
2 ☐ All others – ASK 128a

128a. Did your husband have a job or business from which he was temporarily absent or on layoff LAST WEEK?

1590

- 1 ☐ Yes – Mark box 1 in R12 on the Information Sheet and ASK 128b
2 ☐ No – SKIP to Check Item I-3

b. Why was he absent from work LAST WEEK?

1591

- 1 ☐ On layoff – ASK 128c
2 ☐ New job to begin within 30 days – SKIP to 130
3 ☐ Other – Specify } Mark box 1 in R12 on the Information Sheet. Then SKIP to 131a, page 79

c. When did this layoff begin?

1592

| |
|-------|
| Month |
| |

1593

| |
|------|
| Year |
| 1 9 |

} SKIP to 129c, page 79

CHECK ITEM I-3

Refer to item 126.

1594

- 1 ☐ "LK" marked in 126 – SKIP to 129b
2 ☐ All others – ASK 129a

129a. Has your husband been looking for work during the past 4 weeks?

1595

- 1 ☐ Yes – ASK 129b
2 ☐ No – SKIP to 130, page 79

b. What has he been doing in the last 4 weeks to find work?

1596

- 8 ☐ Nothing – SKIP to 130, page 79

Anything else?

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

1597

- 1 ☐ State employment agency

1598

- 2 ☐ Private employment agency

1599

- 3 ☐ Employer directly

1600

- 4 ☐ Friends or relatives

1601

- 5 ☐ Placed or answered ads

1602

- 6 ☐ School employment service

1603

- 7 ☐ Other – Specify (e.g., JTPA, union or professional register, etc.)

| Section 10 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued | | | | | | | | |
|---|--|--|-------|-----|------|--|--|--|
| 129c. Is there any reason why he could not take a job LAST WEEK? <i>Mark (X) only one reason.</i> | <div>1613</div> <div>1614</div> | <div><div><input type="checkbox"/> No – ASK 130</div><div><input type="checkbox"/> Yes – Why? ➤</div></div> <div><div><input type="checkbox"/> Already has a job</div><div><input type="checkbox"/> Temporary illness</div><div><input type="checkbox"/> Other – Specify ➤</div></div> | | | | | | |
| 130. Between January 1, 1991, and last week, was your husband ever employed at a full time or part time job? | <div>1615</div> | <div><div><input type="checkbox"/> Yes – ASK 131a</div><div><input type="checkbox"/> No – SKIP to Check Item J-5, page 100</div></div> | | | | | | |
| 131a. For whom (does/did) your husband (last) work? <i>(Name of company, business, organization, or other employer)</i> | <div>1616</div> <div>PGM 6</div> <div>6013</div> <div>PGM 3 ⬇</div> | <div></div> | | | | | | |
| b. What kind of business or industry (is/was) this? <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i> | <div>1617</div> <div>1618</div> | <div><div><div></div><div></div><div></div></div>1960 code</div> <div><div><div></div><div></div><div></div></div>1990 code</div> | | | | | | |
| c. (Is/was) your husband . . . | <div>1619</div> <div>*</div> | <div><div><input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?</div><div><div><input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)?</div><div><div><input type="checkbox"/> Federal</div><div><input type="checkbox"/> State</div><div><input type="checkbox"/> Other</div></div></div><div><div><input type="checkbox"/> O – Self-employed in his OWN business, professional practice, or farm? Is this business incorporated?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No (or farm)</div></div></div><div><div><input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div></div></div> | | | | | | |
| d. What kind of work (is/was) your husband doing? <i>(For example: electrical engineer, waiter, stock clerk, farmer)</i> | <div>1620</div> <div>1621</div> | <div><div><div></div><div></div><div></div></div>1960 code</div> <div><div><div></div><div></div><div></div></div>1990 code</div> | | | | | | |
| e. What (are/were) your husband’s most important activities or duties? <i>(For example: selling cars, operating printing press, finishing concrete, cleaning buildings)</i> | | <div></div> <div></div> <div></div> <div></div> | | | | | | |
| f. When did he start working for (Employer in 131a)? | <div>1622</div> | <table><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td></td><td></td><td></td></tr></table> | Month | Day | Year | | | |
| Month | Day | Year | | | | | | |
| | | | | | | | | |
| NOTES | | | | | | | | |
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Section 10 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued

CHECK ITEM I-4

Refer to item 131c, page 79.

- 1623
- 1 ☐ "P" or "G" marked in 131c – ASK 131g

2 ☐ All others – SKIP to 132g

131g. Altogether, how much (does/did) your husband usually earn at (this/that) job before deductions (in the last year he worked there)?

- 1624
- \$ _____ (Dollars) . _____ (Cents) per hour – SKIP to 131j

OR

1625

\$ _____ (Dollars only) .

00

 per

1626

2 ☐ Day

3 ☐ Week

4 ☐ Biweekly (every two weeks)

5 ☐ Twice a month

6 ☐ Month

7 ☐ Year

8 ☐ Other – Specify ☒

ASK 131h

1627

1 ☐ Don't know

2 ☐ Refused

SKIP to 131j
- h. (Is/was) he paid by the hour on this job?**
- 1628

1 ☐ Yes – ASK 131i

2 ☐ No – SKIP to 131j
- i. How much (does/did) he earn per hour?**
- 1629

\$ _____ (Dollars) . _____ (Cents) per hour
- j. How many hours per day (does/did) he USUALLY work at this job?**
- 1630

_____ Hours per day
- k. How many hours per week (does/did) he USUALLY work at this job?**
- 1631

_____ Hours per week
- CHECK ITEM I-5**
- Refer to item 131k above.
- 1632

1 ☐ 131k is equal to or more than 35 hours per week – ASK 131l

2 ☐ All others – SKIP to 131m
- 131l. Not counting overtime hours, would your husband's employer (allow/have allowed) him to change his work schedule to REDUCE the number of hours he (works/worked) each week?**
- 1633

1 ☐ Yes

2 ☐ No

3 ☐ Don't know
- m. Counting paid vacations and paid sick leave as weeks of work, how many weeks per year (does/did) he usually work at (this/that) job?**
- 1634

_____ Weeks per year
- 132a. Many companies or organizations have employees at more than one location. BESIDES the place where your husband (works/worked), [(does/did) (Employer in 131a)//does your husband] have any employees working at any OTHER locations, as far as you know?**
- 1635

1 ☐ Yes

2 ☐ No

3 ☐ Don't know
- b. At the place where your husband (works/worked), how many employees [(does/did) (Employer in 131a)//does your husband] have?**
- 1636

_____ Number of employees

1637

1 ☐ Varies

2 ☐ Don't know
- CHECK ITEM I-6**
- Refer to item 132a above.
- 1638

1 ☐ Box 1 marked in 132a – ASK 132c

2 ☐ All others – SKIP to 132d
- 132c. As far as you know, about how many employees [(does/did) (Employer in 131a) /does your husband] have working at all of (its/his) OTHER locations – under 1,000 employees or 1,000 employees or more?**
- 1639

1 ☐ Under 1,000 employees

2 ☐ 1,000 employees or more

3 ☐ Don't know
- d. (Is/was) your husband covered by Social Security or Railroad Retirement on his job?**
- 1640

1 ☐ Yes

2 ☐ No

3 ☐ Don't know
- Page 80
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Section 10 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued

| | | | | | | | | |
|--|-------------|---|-------|-----|------|--|--|--|
| 132e. (Are/Were) his wages or salary on this job set by a collective bargaining agreement between his employer and a union or employee association? | 1641 | 1 <input type="checkbox"/> Yes – ASK 132f 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item I-7 | | | | | | |
| f. (Is/was) he a member of that union or employee association? | 1642 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item I-7 | | | | | | |
| g. How many hours per day (does/did) he USUALLY work at this job? | 1643 | _____ Hours per day | | | | | | |
| h. How many hours per week (does/did) he USUALLY work at this job? | 1644 | _____ Hours per week | | | | | | |
| i. How many weeks per year (does/did) he USUALLY work at (this/that) job? | 1645 | _____ Weeks per year | | | | | | |
| CHECK ITEM I-7 Refer to R12 on the Information Sheet. Is respondent's husband currently employed? | 1646 | 1 <input type="checkbox"/> Box 1 marked in R12 (husband in Labor Force Group A) – ASK 132j 2 <input type="checkbox"/> R12 is blank – SKIP to 132k | | | | | | |
| j. At what age does your husband expect to stop working at this job? | 1647 | _____ Age – SKIP to Check Item I-9, page 82 | | | | | | |
| | 1648 | 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Husband doesn't plan to stop working } SKIP to Check Item I-9, page 82 | | | | | | |
| Refer to 125b, page 78, and 131a, page 79. | | | | | | | | |
| k. When did your husband stop working for (Employer in 131a)? | 1649 | <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table> } ASK 132l | Month | Day | Year | | | |
| Month | Day | Year | | | | | | |
| | | | | | | | | |
| | 1650 | 1 <input type="checkbox"/> Same date as in 125b – SKIP to Check Item I-8, page 82 | | | | | | |
| l. Why did your husband leave this (job or business)? Mark (X) only one category; do not read list. If laid off, probe for specific reason. | 1651 | 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"/> Found better job 8 <input type="checkbox"/> Didn't like work, hours, working conditions 9 <input type="checkbox"/> Dissatisfied with wages 10 <input type="checkbox"/> Interpersonal relations at work 11 <input type="checkbox"/> Respondent's health; disability 12 <input type="checkbox"/> Husband's health; disability 13 <input type="checkbox"/> Care for elderly parents 14 <input type="checkbox"/> Other family or personal reasons; child care 15 <input type="checkbox"/> Respondent's retirement 16 <input type="checkbox"/> Respondent's change in employment 17 <input type="checkbox"/> Didn't like location, community 18 <input type="checkbox"/> Returned to school 19 <input type="checkbox"/> Husband's voluntary retirement 20 <input type="checkbox"/> Respondent started own business, became self-employed 21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership 22 <input type="checkbox"/> No opportunity for advancement 23 <input type="checkbox"/> Transportation problem 24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program 25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____ _____ | | | | | | |

Section 10 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued

CHECK ITEM I-8

Refer to Item 131c, page 79.

1652

- 1 ☐ "P" or "G" marked in 131c – ASK 133a
2 ☐ All others – SKIP to 133c

133a. While your husband was working for (Employer in 131a, page 79) was he also working for someone else?

1653

- 1 ☐ Yes – SKIP to 135a
2 ☐ No – ASK 133b

b. In addition to working for wages and salary, did he operate his own farm, business or profession?

1654

- 1 ☐ Yes – SKIP to 135a
2 ☐ No – SKIP to 136

c. In addition to working for (Employer in 131a, page 79) did he do any work for wages or salary?

1655

- 1 ☐ Yes – SKIP to 135a
2 ☐ No – SKIP to 136

CHECK ITEM I-9

Refer to item 131c, page 79.

1656

- 1 ☐ "P" or "G" marked in 131c – ASK 134a
2 ☐ All others – SKIP to 134c

134a. Did your husband work for more than one employer last week?

1657

- 1 ☐ Yes – SKIP to 135a
2 ☐ No – ASK 134b

b. In addition to working for wages and salary, did your husband operate his own farm, business or professional practice last week?

1658

- 1 ☐ Yes – SKIP to 135a
2 ☐ No – SKIP to 134d

c. In addition to working for (Employer in 131a, page 79) did your husband do any (other) work for wages or salary last week?

1659

- 1 ☐ Yes – SKIP to 135a
2 ☐ No – ASK 134d

d. Did your husband have any other job at which he did not work last week?

1660

- 1 ☐ Yes – ASK 135a
2 ☐ No – SKIP to 136

135a. For whom (does/did) your husband work in addition to (Employer in 131a, page 79)?

(Name of company, business organization or other employer)

1661

PGM 6

6014

PGM 3 ↓

b. What kind of business or industry (is/was) this?

(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)

1662

1960 code

1663

1990 code

c. (Is/was) he . . .

1664

*

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

d. What kind of work (is/was) he doing?

(For example: electrical engineer, waiter, stock clerk, farmer)

1665

1960 code

1666

1990 code

Section 10 – HUSBAND’S CURRENT LABOR FORCE STATUS – Continued

135e. What (are/were) his most important activities or duties?
(For example: selling cars, operating printing press, finishing concrete, cleaning buildings)

CHECK ITEM I-10

Refer to Item 135c, page 82.

1667

- ☐ "P" or "G" marked in 135c – ASK 135f
- ☐ All others – SKIP to 135i

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

1668

\$ _____ per hour – SKIP to 135i
(Dollars) (Cents)

OR

1669

\$ _____

00

 per
(Dollars only)

1670

- ☐ Day
- ☐ Week
- ☐ Biweekly (every two weeks)
- ☐ Twice a month
- ☐ Month
- ☐ Year
- ☐ Other – Specify

ASK
135g

1671

- ☐ Don't know
- ☐ Refused
- SKIP to 135i

g. (Is/was) he paid by the hour on this job?

1672

- ☐ Yes – ASK 135h
- ☐ No – SKIP to 135i

h. How much (does/did) he earn per hour?

1673

\$ _____ per hour
(Dollars) (Cents)

i. How many hours per day (does/did) he USUALLY work at this job?

1674

_____ Hours per day

j. How many hours per week (does/did) he USUALLY work at this job?

1675

_____ Hours per week

k. When did he start working for (Employer in 135a, page 82)?

1676

| | | |
|-------------|-------------|-------------|
| Month | Day | Year |
| <div></div> | <div></div> | <div></div> |

l. When did he stop working for (Employer in 135a, page 82)?

1677

| | | |
|-------------|-------------|-------------|
| Month | Day | Year |
| <div></div> | <div></div> | <div></div> |

1678

- ☐ Still working there

136. Now, I'd like to talk about all of the employers for whom your husband has worked, either full-time or part-time since January 1, 1991. Has he worked for anyone besides (Employers in 131a, page 79 and 135a, page 82) either full-time or part-time since January 1, 1991?

1679

- ☐ Yes – ASK 137a, page 84
- ☐ No
- ☐ Don't know
- SKIP to Check Item J-5, page 100

| Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY | | | | |
|---|---------|---|---------|---|
| | PGM 6 | Employer 1 | PGM 6 | Employer 5 |
| 137a. For whom did your husband work just before he started to work for <i>(Employers in 131a, page 79 and 135a, page 82 / Employer in 137a)?</i> <i>[Alternate phrase for simultaneous employer: While your husband was working for (Employer in previous column) who else was he working for?]</i> | Name | | Name | |
| | 6015 | | 6019 | |
| | PGM 3 ↓ | | PGM 3 ↓ | |
| | 1690 | | 1814 | |
| | 1691 | <input type="checkbox"/> 1 Has not worked for anyone else – <i>SKIP to Check Item J-5, page 100</i> | 1815 | <input type="checkbox"/> 1 Has not worked for anyone else – <i>SKIP to Check Item J-5, page 100</i> |
| b. What kind of business or industry was this? <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i> | 1692 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1960 code | 1816 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1960 code |
| | 1693 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1990 code | 1817 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1990 code |
| c. Was your husband – | 1694 | <input type="checkbox"/> 1 P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? <input type="checkbox"/> 2 G – A GOVERNMENT employee (Federal, State, county, or local)? <input type="checkbox"/> 3 O – Self-employed in his OWN business, professional practice, or farm? <input type="checkbox"/> 4 WP – Working WITHOUT PAY in family business or farm? | 1818 | <input type="checkbox"/> 1 P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? <input type="checkbox"/> 2 G – A GOVERNMENT employee (Federal, State, county, or local)? <input type="checkbox"/> 3 O – Self-employed in his OWN business, professional practice, or farm? <input type="checkbox"/> 4 WP – Working WITHOUT PAY in family business or farm? |
| | | | | |
| d. What kind of work was he doing? <i>(For example: stock clerk, high school English teacher, accountant.)</i> | 1695 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1960 code | 1819 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1960 code |
| | 1696 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1990 code | 1820 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1990 code |
| e. What were his most important activities or duties? <i>(For example: selling clothing, keeping account books, teaching mathematics.)</i> | | | | |
| | | | | |
| CHECK ITEM J-1 <i>Refer to item 137c, above.</i> | 1697 | <input type="checkbox"/> 1 "P" or "G" marked in 137c – <i>ASK 138a, page 85</i> <input type="checkbox"/> 2 All others – <i>SKIP to 138b, page 85</i> | 1821 | <input type="checkbox"/> 1 "P" or "G" marked in 137c – <i>ASK 138a, page 85</i> <input type="checkbox"/> 2 All others – <i>SKIP to 138b, page 85</i> |
| NOTES | | | | |

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

| | Employer 1 | Employer 5 | | | | | | | | | | | | |
|---|--|--|---|------|--|--|--|---|-------|-----|------|--|--|--|
| 138a. Altogether, how much did your husband last earn with this employer before all deductions? Please specify an hourly wage, if you know it. | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1698</div> <div> \$ _____ per hour <small>(Dollars) (Cents)</small> </div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1699</div> <div> \$ _____ <small>(Dollars only)</small> </div> <div style="border: 1px solid black; padding: 2px; margin-left: 10px;">00</div> <div>per </div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">1700</div> <div style="margin-left: 10px;"> 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1701</div> <div> 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused </div> </div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1822</div> <div> \$ _____ per hour <small>(Dollars) (Cents)</small> </div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1823</div> <div> \$ _____ <small>(Dollars only)</small> </div> <div style="border: 1px solid black; padding: 2px; margin-left: 10px;">00</div> <div>per </div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">1824</div> <div style="margin-left: 10px;"> 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1825</div> <div> 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused </div> </div> | | | | | | | | | | | | |
| | b. How many hours per day did your husband USUALLY work at this job? | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1702</div> <div>_____ Hours per day</div> </div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1826</div> <div>_____ Hours per day</div> </div> | | | | | | | | | | | |
| c. How many hours per week did your husband USUALLY work at this job? | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1703</div> <div>_____ Hours per week</div> </div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1827</div> <div>_____ Hours per week</div> </div> | | | | | | | | | | | | |
| 139. When did your husband start working for (Employer in 137a, page 84)? | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1704</div> <div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> </div> </div> | Month | Day | Year | | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1828</div> <div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> </div> </div> | Month | Day | Year | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM J-2</div> <div style="margin-top: 10px;">Refer to item 139 above.</div> | <div style="margin-top: 10px;">Item 139 is –</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1705</div> <div> 1 <input type="checkbox"/> On or after 1/1/91 – ENTER date from item 139 in box below 2 <input type="checkbox"/> Before 1/1/91 – ENTER 01/01/91 in box below </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1706</div> <div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> </div> </div> | Month | Day | Year | | | | <div style="margin-top: 10px;">Item 139 is –</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1829</div> <div> 1 <input type="checkbox"/> On or after 1/1/91 – ENTER date from item 139 in box below 2 <input type="checkbox"/> Before 1/1/91 – ENTER 01/01/91 in box below </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1830</div> <div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> </div> </div> | Month | Day | Year | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 140. When did your husband stop working for (Employer in 137a, page 84)? | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1707</div> <div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1708</div> <div> 1 <input type="checkbox"/> Still working there – SKIP to 142a, page 86 </div> </div> | Month | Day | Year | | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1831</div> <div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1832</div> <div> 1 <input type="checkbox"/> Still working there – SKIP to 142a, page 86 </div> </div> | Month | Day | Year | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| NOTES | | | | | | | | | | | | | | |

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

| | | |
|--|---|-------------------|
| 141. Why did your husband leave this employer/business? <i>Mark (X) main reason; do not read list.</i> <i>If laid off, probe for specific reason.</i> | Employer 1 | Employer 5 |
| | <div><div>1709</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"/> Found better job</div></div><div><div>8</div><div><input type="checkbox"/> Didn’t like work, hours, working conditions</div></div><div><div>9</div><div><input type="checkbox"/> Dissatisfied with wages</div></div><div><div>10</div><div><input type="checkbox"/> Interpersonal relations at work</div></div><div><div>11</div><div><input type="checkbox"/> Respondent’s health; disability</div></div><div><div>12</div><div><input type="checkbox"/> Husband’s health, disability</div></div><div><div>13</div><div><input type="checkbox"/> Care for elderly parents</div></div><div><div>14</div><div><input type="checkbox"/> Other family or personal reasons; child care</div></div><div><div>15</div><div><input type="checkbox"/> Respondent’s retirement</div></div><div><div>16</div><div><input type="checkbox"/> Respondent’s change in employment</div></div><div><div>17</div><div><input type="checkbox"/> Didn’t like location, community</div></div><div><div>18</div><div><input type="checkbox"/> Returned to school</div></div><div><div>19</div><div><input type="checkbox"/> Husband’s voluntary retirement</div></div><div><div>20</div><div><input type="checkbox"/> Respondent started own business, became self-employed</div></div><div><div>21</div><div><input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership</div></div><div><div>22</div><div><input type="checkbox"/> No opportunity for advancement</div></div><div><div>23</div><div><input type="checkbox"/> Transportation problem</div></div><div><div>24</div><div><input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div></div><div><div>25</div><div><input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div></div><div></div><div></div></div> | |

1833

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

☐ Found better job

8

☐ Didn’t like work, hours, working conditions

9

☐ Dissatisfied with wages

10

☐ Interpersonal relations at work

11

☐ Respondent’s health; disability

12

☐ Husband’s health, disability

13

☐ Care for elderly parents

14

☐ Other family or personal reasons; child care

15

☐ Respondent’s retirement

16

☐ Respondent’s change in employment

17

☐ Didn’t like location, community

18

☐ Returned to school

19

☐ Husband’s voluntary retirement

20

☐ Respondent started own business, became self-employed

21

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

22

☐ No opportunity for advancement

23

☐ Transportation problem

24

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

25

☐ Other – Specify ☒

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

| | Employer 1 | Employer 5 | | | | | | | | | | | | |
|---|--|--|-----|------|--|--|--|--|-------|-----|------|--|--|--|
| 142b. Did the weeks in which your husband didn't work occur all at one time? <i>NOTE: If "No" in item 142b, ask items 142c–e about the longest time of not working.</i> | 1712 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times 1713 _____ Times | 1836 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Times 1837 _____ Times | | | | | | | | | | | | |
| c. Think about the (longest) period of time when your husband didn't work. When did this begin? | 1714 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table> | Month | Day | Year | | | | 1838 <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 your husband was not working stop? | 1715 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table> | Month | Day | Year | | | | 1839 <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 was he not working during these weeks? <i>Mark (X) the main reason; do not read list.</i> | 1716 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – 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 type="checkbox"/> _____ _____ | 1840 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – 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 type="checkbox"/> _____ _____ | | | | | | | | | | | | |
| CHECK ITEM J-3 <i>Refer to item 142a, page 86.</i> | 1717 1 <input type="checkbox"/> Box 1, "Yes," marked in 142a – ASK 142f 2 <input type="checkbox"/> All others – <i>SKIP to 143</i> | 1841 1 <input type="checkbox"/> Box 1, "Yes," marked in 142a – ASK 142f 2 <input type="checkbox"/> All others – <i>SKIP to 143</i> | | | | | | | | | | | | |
| 142f. While your husband was NOT working for (Employer in 137a, page 84), was he working for someone else? | 1718 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1842 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | |
| 143. While your husband was WORKING for (Employer in 137a, page 84), was he also working for someone else? | 1719 1 <input type="checkbox"/> Yes – <i>SKIP to 137a for Employer 2, page 88, use alternate phrase and record information about simultaneous employer</i> 2 <input type="checkbox"/> No – <i>GO to Check Item J-4</i> | 1843 1 <input type="checkbox"/> Yes – <i>SKIP to 137a for Employer 6, page 88, use alternate phrase and record information about simultaneous employer</i> 2 <input type="checkbox"/> No – <i>GO to Check Item J-4</i> | | | | | | | | | | | | |
| CHECK ITEM J-4 <i>Refer to item 139, page 85.</i> | Item 139 is – 1720 1 <input type="checkbox"/> On or after 1/1/91 – <i>GO to 137a for Employer 2, page 88, and record information about previous employer</i> 2 <input type="checkbox"/> Before 1/1/91 – <i>SKIP to Check Item J-5, page 100</i> | Item 139 is – 1844 1 <input type="checkbox"/> On or after 1/1/91 – <i>GO to 137a for Employer 6, page 88, and record information about previous employer</i> 2 <input type="checkbox"/> Before 1/1/91 – <i>SKIP to Check Item J-5, page 100</i> | | | | | | | | | | | | |

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

| | | | | |
|---|---|---|---------------------------------|---|
| 137a. For whom did your husband work just before he started to work for (Employers in 131a, page 79 and 135a, page 82/ Employer in 137a)? | PGM 6 | Employer 2 | PGM 6 | Employer 6 |
| | Name 6016 PGM 3 ↓ 1721 | | Name 6020 PGM 3 ↓ 1845 | |
| [Alternate phrase for simultaneous employer: While your husband was working for (Employer in previous column) who else was he working for?] | 1722 | 1 <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-5, page 100 | 1846 | 1 <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-5, page 100 |
| b. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.) | 1723 | <div></div> 1960 code | 1847 | <div></div> 1960 code |
| | 1724 | <div></div> 1990 code | 1848 | <div></div> 1990 code |
| c. Was your husband – | 1725 | 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 his OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm? | 1849 | 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 his OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm? |
| | d. What kind of work was he doing? (For example: stock clerk, high school English teacher, accountant.) | 1726 | <div></div> 1960 code | 1850 |
| | 1727 | <div></div> 1990 code | 1851 | <div></div> 1990 code |
| e. What were his most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.) | | | | |
| CHECK ITEM J-1 Refer to item 137c, above | 1728 | 1 <input type="checkbox"/> "P" or "G" marked in 137c – ASK 138a, page 89 2 <input type="checkbox"/> All others – SKIP to 138b, page 89 | 1852 | 1 <input type="checkbox"/> "P" or "G" marked in 137c – ASK 138a, page 89 2 <input type="checkbox"/> All others – SKIP to 138b, page 89 |

NOTES

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

| | Employer 2 | Employer 6 | | | | | | | | | | | | |
|--|--|---|-----|------|--|--|--|--|-------|-----|------|--|--|--|
| 138a. Altogether, how much did your husband last earn with this employer before all deductions? Please specify an hourly wage, if you know it. | 1729 \$ _____ per hour <div style="display: flex; justify-content: space-around; font-size: small;"> (Dollars) (Cents) </div> | 1853 \$ _____ per hour <div style="display: flex; justify-content: space-around; font-size: small;"> (Dollars) (Cents) </div> | | | | | | | | | | | | |
| | OR | OR | | | | | | | | | | | | |
| | 1730 \$ _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Dollars only) 00 </div> | 1854 \$ _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Dollars only) 00 </div> | | | | | | | | | | | | |
| | 1731 <div style="margin-top: 5px;"> 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify _____ </div> | 1855 <div style="margin-top: 5px;"> 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly (every two weeks) 5 <input type="checkbox"/> Twice a month 6 <input type="checkbox"/> Month 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Other – Specify _____ </div> | | | | | | | | | | | | |
| | 1732 <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused </div> | 1856 <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused </div> | | | | | | | | | | | | |
| b. How many hours per day did your husband USUALLY work at this job? | 1733 _____ Hours per day | 1857 _____ Hours per day | | | | | | | | | | | | |
| c. How many hours per week did your husband USUALLY work at this job? | 1734 _____ Hours per week | 1858 _____ Hours per week | | | | | | | | | | | | |
| 139. When did your husband start working for (Employer in 137a, page 88)? | 1735 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <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;"> </td> <td> </td> <td> </td> </tr> </table> | Month | Day | Year | | | | 1859 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <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;"> </td> <td> </td> <td> </td> </tr> </table> | Month | Day | Year | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM J-2</div> <div style="margin-top: 5px; font-style: italic;">Refer to item 139 above.</div> | <div style="margin-top: 5px;"> 1736 Item 139 is – 1 <input type="checkbox"/> On or after 1/1/91 – ENTER date from item 139 in box below 2 <input type="checkbox"/> Before 1/1/91 – ENTER 01/01/91 in box below </div> <div style="margin-top: 10px;"> 1737 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <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;"> </td> <td> </td> <td> </td> </tr> </table> </div> | Month | Day | Year | | | | <div style="margin-top: 5px;"> 1860 Item 139 is – 1 <input type="checkbox"/> On or after 1/1/91 – ENTER date from item 139 in box below 2 <input type="checkbox"/> Before 1/1/91 – ENTER 01/01/91 in box below </div> <div style="margin-top: 10px;"> 1861 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <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;"> </td> <td> </td> <td> </td> </tr> </table> </div> | Month | Day | Year | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 140. When did your husband stop working for (Employer in 137a, page 88)? | 1738 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <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;"> </td> <td> </td> <td> </td> </tr> </table> | Month | Day | Year | | | | 1862 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <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;"> </td> <td> </td> <td> </td> </tr> </table> | Month | Day | Year | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 1739 1 <input type="checkbox"/> Still working there – SKIP to 142a, page 90 | 1863 1 <input type="checkbox"/> Still working there – SKIP to 142a, page 90 | | | | | | | | | | | | |
| NOTES | | | | | | | | | | | | | | |

| Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued | | | |
|--|--|--|-------------------|
| 141. Why did your husband 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><div>1740</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></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"/> Found better job</div><div>8 <input type="checkbox"/> Didn’t like work, hours, working conditions</div><div>9 <input type="checkbox"/> Dissatisfied with wages</div><div>10 <input type="checkbox"/> Interpersonal relations at work</div><div>11 <input type="checkbox"/> Respondent’s health; disability</div><div>12 <input type="checkbox"/> Husband’s health, disability</div><div>13 <input type="checkbox"/> Care for elderly parents</div><div>14 <input type="checkbox"/> Other family or personal reasons; child care</div><div>15 <input type="checkbox"/> Respondent’s retirement</div><div>16 <input type="checkbox"/> Respondent’s change in employment</div><div>17 <input type="checkbox"/> Didn’t like location, community</div><div>18 <input type="checkbox"/> Returned to school</div><div>19 <input type="checkbox"/> Husband’s voluntary retirement</div><div>20 <input type="checkbox"/> Respondent started own business, became self-employed</div><div>21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership</div><div>22 <input type="checkbox"/> No opportunity for advancement</div><div>23 <input type="checkbox"/> Transportation problem</div><div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div><div>25 <input type="checkbox"/> Other – <i>Specify</i> <input type="checkbox"/></div><div></div><div></div></div> | <div><div>1864</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></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"/> Found better job</div><div>8 <input type="checkbox"/> Didn’t like work, hours, working conditions</div><div>9 <input type="checkbox"/> Dissatisfied with wages</div><div>10 <input type="checkbox"/> Interpersonal relations at work</div><div>11 <input type="checkbox"/> Respondent’s health; disability</div><div>12 <input type="checkbox"/> Husband’s health, disability</div><div>13 <input type="checkbox"/> Care for elderly parents</div><div>14 <input type="checkbox"/> Other family or personal reasons; child care</div><div>15 <input type="checkbox"/> Respondent’s retirement</div><div>16 <input type="checkbox"/> Respondent’s change in employment</div><div>17 <input type="checkbox"/> Didn’t like location, community</div><div>18 <input type="checkbox"/> Returned to school</div><div>19 <input type="checkbox"/> Husband’s voluntary retirement</div><div>20 <input type="checkbox"/> Respondent started own business, became self-employed</div><div>21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership</div><div>22 <input type="checkbox"/> No opportunity for advancement</div><div>23 <input type="checkbox"/> Transportation problem</div><div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div><div>25 <input type="checkbox"/> Other – <i>Specify</i> <input type="checkbox"/></div><div></div><div></div></div> | |
| 142a. Between <i>(Date in Check Item J-2, page 89)</i> and <i>((Date in item 140, page 89)/now),</i> were there any full weeks, excluding paid vacations and paid sick leave, in which your husband didn’t work for <i>(Employer in 137a, page 88)?</i> | <div><div>1741</div><div>2 <input type="checkbox"/> No – <i>SKIP to 143, page 91</i></div><div>1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/></div><div></div><div><div>1742</div><div>_____ Weeks</div></div></div> | <div><div>1865</div><div>2 <input type="checkbox"/> No – <i>SKIP to 143, page 91</i></div><div>1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/></div><div></div><div><div>1866</div><div>_____ Weeks</div></div></div> | |

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

| | | | | | | | | | | | | | | |
|---|---|---|-----|------|--|--|--|--|-------|-----|------|--|--|--|
| 142b. Did the weeks in which your husband didn't work occur all at one time? <i>NOTE: If "No" in item 142b, ask items 142c–e about the longest time of not working.</i> | Employer 2 1743 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 1744 _____ Times | Employer 6 1867 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> 1868 _____ Times | | | | | | | | | | | | |
| c. Think about the (longest) period of time when your husband didn't work. When did this begin? | 1745 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table> | Month | Day | Year | | | | 1869 <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 your husband was not working stop? | 1746 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table> | Month | Day | Year | | | | 1870 <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 was he not working during these weeks? <i>Mark (X) the main reason; do not read list.</i> | 1747 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – 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"/> _____ _____ | 1871 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – 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 J-3 <i>Refer to item 142a, page 90.</i> | 1748 1 <input type="checkbox"/> Box 1, "Yes," marked in 142a – <i>ASK 142f</i> 2 <input type="checkbox"/> All others – <i>SKIP to 143</i> | 1872 1 <input type="checkbox"/> Box 1, "Yes," marked in 142a – <i>ASK 142f</i> 2 <input type="checkbox"/> All others – <i>SKIP to 143</i> | | | | | | | | | | | | |
| 142f. While your husband was NOT working for (Employer in 137a, page 88), was he working for someone else? | 1749 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1873 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | |
| 143. While your husband was WORKING for (Employer in 137a, page 88), was he also working for someone else? | 1750 1 <input type="checkbox"/> Yes – <i>SKIP to 137a for Employer 3, page 92, use alternate phrase and record information about simultaneous employer</i> 2 <input type="checkbox"/> No – <i>GO to Check Item J-4</i> | 1874 1 <input type="checkbox"/> Yes – <i>SKIP to 137a for Employer 7, page 92, use alternate phrase and record information about simultaneous employer</i> 2 <input type="checkbox"/> No – <i>GO to Check Item J-4</i> | | | | | | | | | | | | |
| CHECK ITEM J-4 <i>Refer to item 139, page 89.</i> | Item 139 is – 1751 1 <input type="checkbox"/> On or after 1/1/91 – <i>GO to 137a for Employer 3, page 92, and record information about previous employer</i> 2 <input type="checkbox"/> Before 1/1/91 – <i>SKIP to Check Item J-5, page 100</i> | Item 139 is – 1875 1 <input type="checkbox"/> On or after 1/1/91 – <i>GO to 137a for Employer 7, page 92, and record information about previous employer</i> 2 <input type="checkbox"/> Before 1/1/91 – <i>SKIP to Check Item J-5, page 100</i> | | | | | | | | | | | | |

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

| | PGM 6 | Employer 3 | PGM 6 | Employer 7 |
|---|-----------------|---|-----------------|---|
| 137a. For whom did your husband work just before he started to work for <i>(Employers in 131a, page 79 and 135a, page 82 / Employer in 137a)?</i> <i>[Alternate phrase for simultaneous employer: While your husband was working for (Employer in previous column) who else was he working for?]</i> | Name 6017 | | Name 6021 | |
| | PGM 3 ↓ 1752 | | PGM 3 ↓ 1876 | |
| | 1753 | 1 <input type="checkbox"/> Has not worked for anyone else – <i>SKIP to Check Item J-5, page 100</i> | 1877 | 1 <input type="checkbox"/> Has not worked for anyone else – <i>SKIP to Check Item J-5, page 100</i> |
| b. What kind of business or industry was this? <i>(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.)</i> | 1754 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1960 code | 1878 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1960 code |
| | 1755 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1990 code | 1879 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1990 code |
| c. Was your husband – | 1756 | 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 his OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm? | 1880 | 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 his OWN business, professional practice, or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm? |
| | | | | |
| d. What kind of work was he doing? <i>(For example: stock clerk, high school English teacher, accountant.)</i> | 1757 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1960 code | 1881 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1960 code |
| | 1758 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1990 code | 1882 | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 1990 code |
| e. What were his most important activities or duties? <i>(For example: selling clothing, keeping account books, teaching mathematics.)</i> | | | | |
| | | | | |
| CHECK ITEM J-1 <i>Refer to item 137c, above.</i> | 1759 | 1 <input type="checkbox"/> "P" or "G" marked in 137c – <i>ASK 138a, page 93</i> 2 <input type="checkbox"/> All others – <i>SKIP to 138b, page 93</i> | 1883 | 1 <input type="checkbox"/> "P" or "G" marked in 137c – <i>ASK 138a, page 93</i> 2 <input type="checkbox"/> All others – <i>SKIP to 138b, page 93</i> |
| NOTES | | | | |

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

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| Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued | | |
|--|---|---|
| 141. Why did your husband 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>EMPLOYER INITIATED – INVOLUNTARY REASON</div> <div>1771 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>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"/> Found better job</div> <div>8 <input type="checkbox"/> Didn’t like work, hours, working conditions</div> <div>9 <input type="checkbox"/> Dissatisfied with wages</div> <div>10 <input type="checkbox"/> Interpersonal relations at work</div> <div>11 <input type="checkbox"/> Respondent’s health; disability</div> <div>12 <input type="checkbox"/> Husband’s health, disability</div> <div>13 <input type="checkbox"/> Care for elderly parents</div> <div>14 <input type="checkbox"/> Other family or personal reasons; child care</div> <div>15 <input type="checkbox"/> Respondent’s retirement</div> <div>16 <input type="checkbox"/> Respondent’s change in employment</div> <div>17 <input type="checkbox"/> Didn’t like location, community</div> <div>18 <input type="checkbox"/> Returned to school</div> <div>19 <input type="checkbox"/> Husband’s voluntary retirement</div> <div>20 <input type="checkbox"/> Respondent started own business, became self-employed</div> <div>21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership</div> <div>22 <input type="checkbox"/> No opportunity for advancement</div> <div>23 <input type="checkbox"/> Transportation problem</div> <div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div> <div>25 <input type="checkbox"/> Other – <i>Specify</i> <input type="checkbox"/></div> | <div>EMPLOYER INITIATED – INVOLUNTARY REASON</div> <div>1895 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>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"/> Found better job</div> <div>8 <input type="checkbox"/> Didn’t like work, hours, working conditions</div> <div>9 <input type="checkbox"/> Dissatisfied with wages</div> <div>10 <input type="checkbox"/> Interpersonal relations at work</div> <div>11 <input type="checkbox"/> Respondent’s health; disability</div> <div>12 <input type="checkbox"/> Husband’s health, disability</div> <div>13 <input type="checkbox"/> Care for elderly parents</div> <div>14 <input type="checkbox"/> Other family or personal reasons; child care</div> <div>15 <input type="checkbox"/> Respondent’s retirement</div> <div>16 <input type="checkbox"/> Respondent’s change in employment</div> <div>17 <input type="checkbox"/> Didn’t like location, community</div> <div>18 <input type="checkbox"/> Returned to school</div> <div>19 <input type="checkbox"/> Husband’s voluntary retirement</div> <div>20 <input type="checkbox"/> Respondent started own business, became self-employed</div> <div>21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership</div> <div>22 <input type="checkbox"/> No opportunity for advancement</div> <div>23 <input type="checkbox"/> Transportation problem</div> <div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div> <div>25 <input type="checkbox"/> Other – <i>Specify</i> <input type="checkbox"/></div> |
| 142a. Between <i>(Date in Check Item J-2, page 93)</i> and <i>((Date in item 140, page 93)/now),</i> were there any full weeks, excluding paid vacations and paid sick leave, in which your husband didn’t work for <i>(Employer in 137a, page 92)?</i> | <div>1772 2 <input type="checkbox"/> No – <i>SKIP to 143, page 95</i></div> <div>1773 1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/> _____ Weeks</div> | <div>1896 2 <input type="checkbox"/> No – <i>SKIP to 143, page 95</i></div> <div>1897 1 <input type="checkbox"/> Yes – How many weeks? <input type="checkbox"/> _____ Weeks</div> |

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

| | Employer 3 | Employer 7 |
|---|--|--|
| 142b. Did the weeks in which your husband didn't work occur all at one time? <i>NOTE: If "No" in item 142b, ask items 142c–e about the longest time of not working.</i> | <div>1774</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> <div>1775</div> _____ Times</div> | <div>1898</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> <div>1899</div> _____ Times</div> |
| c. Think about the (longest) period of time when your husband didn't work. When did this begin? | <div>1776</div> <div>MonthDayYear</div> <div>_____ _____ _____</div> | <div>1900</div> <div>MonthDayYear</div> <div>_____ _____ _____</div> |
| d. When did the (longest) period in which your husband was not working stop? | <div>1777</div> <div>MonthDayYear</div> <div>_____ _____ _____</div> | <div>1901</div> <div>MonthDayYear</div> <div>_____ _____ _____</div> |
| e. Why was he not working during these weeks? <i>Mark (X) the main reason; do not read list.</i> | <div>1778</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 – <i>Specify</i> <input checked="" type="checkbox"/> _____</div> | <div>1902</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 – <i>Specify</i> <input checked="" type="checkbox"/> _____</div> |
| CHECK ITEM J-3 <i>Refer to item 142a, page 94.</i> | <div>1779</div> <div>1 <input type="checkbox"/> Box 1, "Yes," marked in 142a – ASK 142f</div> <div>2 <input type="checkbox"/> All others – <i>SKIP to 143</i></div> | <div>1903</div> <div>1 <input type="checkbox"/> Box 1, "Yes," marked in 142a – ASK 142f</div> <div>2 <input type="checkbox"/> All others – <i>SKIP to 143</i></div> |
| 142f. While your husband was NOT working for (Employer in 137a, page 92), was he working for someone else? | <div>1780</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> | <div>1904</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> |
| 143. While your husband was WORKING for (Employer in 137a, page 92), was he also working for someone else? | <div>1781</div> <div>1 <input type="checkbox"/> Yes – <i>SKIP to 137a for Employer 4, page 96, use alternate phrase and record information about simultaneous employer</i></div> <div>2 <input type="checkbox"/> No – <i>GO to Check Item J-4</i></div> | <div>1905</div> <div>1 <input type="checkbox"/> Yes – <i>SKIP to 137a for Employer 8, page 96, use alternate phrase and record information about simultaneous employer</i></div> <div>2 <input type="checkbox"/> No – <i>GO to Check Item J-4</i></div> |
| CHECK ITEM J-4 <i>Refer to item 139, page 93.</i> | <div>1782</div> <div>Item 139 is –</div> <div>1 <input type="checkbox"/> On or after 1/1/91 – <i>GO to 137a for Employer 4, page 96, and record information about previous employer</i></div> <div>2 <input type="checkbox"/> Before 1/1/91 – <i>SKIP to Check Item J-5, page 100</i></div> | <div>1906</div> <div>Item 139 is –</div> <div>1 <input type="checkbox"/> On or after 1/1/91 – <i>GO to 137a for Employer 8, page 96, and record information about previous employer</i></div> <div>2 <input type="checkbox"/> Before 1/1/91 – <i>SKIP to Check Item J-5, page 100</i></div> |

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

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|--|---|--|---|--|
| 137a. For whom did your husband work just before he started to work for (Employers in 131a, page 79 and 135a, page 82 /Employer in 137a)? [Alternate phrase for simultaneous employer: While your husband was working for (Employer in previous column) who else was he working for?] | PGM 6 | Employer 4 | PGM 6 | Employer 8 |
| | Name 6018 PGM 3 ↓ 1783 1784 | <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-5, page 100 | Name 6022 PGM 3 ↓ 1907 1908 | <input type="checkbox"/> Has not worked for anyone else – SKIP to Check Item J-5, page 100 |
| b. What kind of business or industry was this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.) | 1785 | <div></div> 1960 code | 1909 | <div></div> 1960 code |
| | 1786 | <div></div> 1990 code | 1910 | <div></div> 1990 code |
| c. Was your husband – | 1787 | <div><input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? <input type="checkbox"/> O – Self-employed in his OWN business, professional practice, or farm? <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div> | 1911 | <div><input type="checkbox"/> P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions? <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county, or local)? <input type="checkbox"/> O – Self-employed in his OWN business, professional practice, or farm? <input type="checkbox"/> WP – Working WITHOUT PAY in family business or farm?</div> |
| | d. What kind of work was he doing? (For example: stock clerk, high school English teacher, accountant.) | 1788 | <div></div> 1960 code | 1912 |
| | 1789 | <div></div> 1990 code | 1913 | <div></div> 1990 code |
| e. What were his most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics.) | | | | |
| | | | | |
| CHECK ITEM J-1 Refer to item 137c, above. | 1790 | <div><input type="checkbox"/> "P" or "G" marked in 137c – ASK 138a, page 97 <input type="checkbox"/> All others – SKIP to 138b, page 97</div> | 1914 | <div><input type="checkbox"/> "P" or "G" marked in 137c – ASK 138a, page 97 <input type="checkbox"/> All others – SKIP to 138b, page 97</div> |
| NOTES | | | | |
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Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

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|--|------------|--|--|------------|-------|---|------|--|--|--|------|--|--|--|-------|-----|------|--|--|--|
| 138a. Altogether, how much did your husband last earn with this employer before all deductions? Please specify an hourly wage, if you know it. | Employer 4 | | | Employer 8 | | | | | | | | | | | | | | | | |
| | 1791 | \$ _____ per hour <small>(Dollars) (Cents)</small> | | | 1915 | \$ _____ per hour <small>(Dollars) (Cents)</small> | | | | | | | | | | | | | | |
| | | OR | | | | OR | | | | | | | | | | | | | | |
| | 1792 | \$ _____ <small>(Dollars only)</small> 00 per | | | 1916 | \$ _____ <small>(Dollars only)</small> 00 per | | | | | | | | | | | | | | |
| | 1793 | 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 | | | 1917 | 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 | | | | | | | | | | | | | | |
| | 1794 | 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused | | | 1918 | 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused | | | | | | | | | | | | | | |
| b. How many hours per day did your husband USUALLY work at this job? | 1795 | _____ Hours per day | | | 1919 | _____ Hours per day | | | | | | | | | | | | | | |
| c. How many hours per week did your husband USUALLY work at this job? | 1796 | _____ Hours per week | | | 1920 | _____ Hours per week | | | | | | | | | | | | | | |
| 139. When did your husband start working for (Employer in 137a, page 96)? | 1797 | <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table> | | | Month | Day | Year | | | | 1921 | <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 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| CHECK ITEM J-2 Refer to item 139 above. | 1798 | Item 139 is – 1 <input type="checkbox"/> On or after 1/1/91 – ENTER date from item 139 in box below 2 <input type="checkbox"/> Before 1/1/91 – ENTER 01/01/91 in box below <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table> | | | Month | Day | Year | | | | 1922 | Item 139 is – 1 <input type="checkbox"/> On or after 1/1/91 – ENTER date from item 139 in box below 2 <input type="checkbox"/> Before 1/1/91 – ENTER 01/01/91 in box below <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 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 140. When did your husband stop working for (Employer in 137a, page 96)? | 1800 | <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table> | | | Month | Day | Year | | | | 1924 | <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 | | | | | | | | | | | | | | | | | | |
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| Month | Day | Year | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | 1801 | 1 <input type="checkbox"/> Still working there – SKIP to 142a, page 98 | | | 1925 | 1 <input type="checkbox"/> Still working there – SKIP to 142a, page 98 | | | | | | | | | | | | | | |

NOTES

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

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| 141. Why did your husband 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 |
| | <div>EMPLOYER INITIATED – INVOLUNTARY REASON</div> <div>1802<div><div>1 <input type="checkbox"/> Plant closed, employer went out of business</div><div>2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</div><div>3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons</div><div>4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/></div><div></div><div></div><div>5 <input type="checkbox"/> Discharged or fired</div><div>6 <input type="checkbox"/> Compulsory retirement</div></div><div>EMPLOYEE INITIATED – VOLUNTARY REASON</div><div>7 <input type="checkbox"/> Found better job</div><div>8 <input type="checkbox"/> Didn’t like work, hours, working conditions</div><div>9 <input type="checkbox"/> Dissatisfied with wages</div><div>10 <input type="checkbox"/> Interpersonal relations at work</div><div>11 <input type="checkbox"/> Respondent’s health; disability</div><div>12 <input type="checkbox"/> Husband’s health, disability</div><div>13 <input type="checkbox"/> Care for elderly parents</div><div>14 <input type="checkbox"/> Other family or personal reasons; child care</div><div>15 <input type="checkbox"/> Respondent’s retirement</div><div>16 <input type="checkbox"/> Respondent’s change in employment</div><div>17 <input type="checkbox"/> Didn’t like location, community</div><div>18 <input type="checkbox"/> Returned to school</div><div>19 <input type="checkbox"/> Husband’s voluntary retirement</div><div>20 <input type="checkbox"/> Respondent started own business, became self-employed</div><div>21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership</div><div>22 <input type="checkbox"/> No opportunity for advancement</div><div>23 <input type="checkbox"/> Transportation problem</div><div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div><div>25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div><div></div><div></div></div> | <div>EMPLOYER INITIATED – INVOLUNTARY REASON</div> <div>1926<div><div>1 <input type="checkbox"/> Plant closed, employer went out of business</div><div>2 <input type="checkbox"/> End of temporary job, end of seasonal work (e.g., construction, farming, etc.)</div><div>3 <input type="checkbox"/> Temporary layoff or furloughed for economic reasons</div><div>4 <input type="checkbox"/> Laid off for any other reason – Specify <input checked="" type="checkbox"/></div><div></div><div></div><div>5 <input type="checkbox"/> Discharged or fired</div><div>6 <input type="checkbox"/> Compulsory retirement</div></div><div>EMPLOYEE INITIATED – VOLUNTARY REASON</div><div>7 <input type="checkbox"/> Found better job</div><div>8 <input type="checkbox"/> Didn’t like work, hours, working conditions</div><div>9 <input type="checkbox"/> Dissatisfied with wages</div><div>10 <input type="checkbox"/> Interpersonal relations at work</div><div>11 <input type="checkbox"/> Respondent’s health; disability</div><div>12 <input type="checkbox"/> Husband’s health, disability</div><div>13 <input type="checkbox"/> Care for elderly parents</div><div>14 <input type="checkbox"/> Other family or personal reasons; child care</div><div>15 <input type="checkbox"/> Respondent’s retirement</div><div>16 <input type="checkbox"/> Respondent’s change in employment</div><div>17 <input type="checkbox"/> Didn’t like location, community</div><div>18 <input type="checkbox"/> Returned to school</div><div>19 <input type="checkbox"/> Husband’s voluntary retirement</div><div>20 <input type="checkbox"/> Respondent started own business, became self-employed</div><div>21 <input type="checkbox"/> Husband was self-employed AND sold business or dissolved partnership</div><div>22 <input type="checkbox"/> No opportunity for advancement</div><div>23 <input type="checkbox"/> Transportation problem</div><div>24 <input type="checkbox"/> Job would interfere with Supplemental Security Income (SSI) payments, Medicaid or other government program</div><div>25 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/></div><div></div><div></div></div> |
| 142a. Between (Date in Check Item J-2, page 97) and ((Date in item 140, page 97)/now), were there any full weeks, excluding paid vacations and paid sick leave, in which your husband didn’t work for (Employer in 137a, page 96)? | <div>1803<div>2 <input type="checkbox"/> No – SKIP to 143, page 99</div><div>1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/></div><div>1804<div>Weeks</div></div></div> | <div>1927<div>2 <input type="checkbox"/> No – SKIP to 143, page 99</div><div>1 <input type="checkbox"/> Yes – How many weeks? <input checked="" type="checkbox"/></div><div>1928<div>Weeks</div></div></div> |

Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued

| Employer 4 | | Employer 8 | |
|---|--|--|--|
| 142b. Did the weeks in which your husband didn't work occur all at one time? <i>NOTE: If "No" in item 142b, ask items 142c-e about the longest time of not working.</i> | <div>18051<input type="checkbox"/> Yes</div> <div>2<input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> <div>1806_____ Times</div></div> | <div>19291<input type="checkbox"/> Yes</div> <div>2<input type="checkbox"/> No – How many times? <input checked="" type="checkbox"/> <div>1930_____ Times</div></div> | |
| c. Think about the (longest) period of time when your husband didn't work. When did this begin? | <div>1807<div>MonthDayYear</div><div><div></div><div></div><div></div></div></div> | <div>1931<div>MonthDayYear</div><div><div></div><div></div><div></div></div></div> | |
| d. When did the (longest) period in which your husband was not working stop? | <div>1808<div>MonthDayYear</div><div><div></div><div></div><div></div></div></div> | <div>1932<div>MonthDayYear</div><div><div></div><div></div><div></div></div></div> | |
| e. Why was he not working during these weeks? <i>Mark (X) the main reason; do not read list.</i> | <div>1809</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 – <i>Specify</i> <input checked="" type="checkbox"/> _____</div> | <div>1933</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 – <i>Specify</i> <input checked="" type="checkbox"/> _____</div> | |
| CHECK ITEM J-3 <i>Refer to item 142a, page 98.</i> | <div>1810</div> <div>1<input type="checkbox"/> Box 1, "Yes," marked in 142a – ASK 142f</div> <div>2<input type="checkbox"/> All others – <i>SKIP to 143</i></div> | <div>1934</div> <div>1<input type="checkbox"/> Box 1, "Yes," marked in 142a – ASK 142f</div> <div>2<input type="checkbox"/> All others – <i>SKIP to 143</i></div> | |
| 142f. While your husband was NOT working for (Employer in 137a, page 96), was he working for someone else? | <div>1811</div> <div>1<input type="checkbox"/> Yes</div> <div>2<input type="checkbox"/> No</div> | <div>1935</div> <div>1<input type="checkbox"/> Yes</div> <div>2<input type="checkbox"/> No</div> | |
| 143. While your husband was WORKING for (Employer in 137a, page 96), was he also working for someone else? | <div>1812</div> <div>1<input type="checkbox"/> Yes – <i>SKIP to 137a for Employer 5, page 84, use alternate phrase and record information about simultaneous employer</i></div> <div>2<input type="checkbox"/> No – <i>GO to Check Item J-4</i></div> | <div>1936</div> <div>1<input type="checkbox"/> Yes – <i>SKIP to Check Item J-5, page 100</i></div> <div>2<input type="checkbox"/> No – <i>GO to Check Item J-4</i></div> | |
| CHECK ITEM J-4 <i>Refer to item 139, page 97.</i> | <div>1813</div> <div>Item 139 is –</div> <div>1<input type="checkbox"/> On or after 1/1/91 – <i>GO to 137a for Employer 5, page 84, and record information about previous employer</i></div> <div>2<input type="checkbox"/> Before 1/1/91 – <i>SKIP to Check Item J-5, page 100</i></div> | <div>1937</div> <div>Item 139 is –</div> <div>1<input type="checkbox"/> On or after 1/1/91 – <i>GO to Check Item J-5, page 100</i></div> <div>2<input type="checkbox"/> Before 1/1/91 – <i>GO to Check Item J-5, page 100</i></div> | |

| | |
|--|---|
| Section 11 – HUSBAND’S RETROSPECTIVE WORK HISTORY – Continued | |
| CHECK ITEM J-5 Refer to items 130, page 79 and 125b, page 78. (Mark first applicable box) | 1938 1 <input type="checkbox"/> Box 2 is marked in 130 2 <input type="checkbox"/> Date in 125b is more than 12 months ago 3 <input type="checkbox"/> All others – ASK 144a } Mark "None" in 144a without asking |
| 144a. In the last 12 months, in how many different weeks did he do any work at all, not including work around the house? Please include any weeks in which he was on paid vacation or paid sick leave. | 1939 _____ Weeks 1940 0 <input type="checkbox"/> None |
| CHECK ITEM J-6 Refer to item 144a above. | 1941 1 <input type="checkbox"/> 52 weeks in 144a – SKIP to 144d 2 <input type="checkbox"/> Less than 52 weeks or "None" marked in 144a – Complete Workspace 2, then ASK 144b |
| WORKSPACE 2 Subtract entry in 144a from 52 to obtain answer. | 52 1942 – _____ (Entry in 144a) 1943 _____ (Answer – remaining weeks) |
| 144b. You said he (worked (Entry in 144a) weeks/did not work) in the last 12 months. How many of the (remaining) (Answer in Workspace 1) weeks was he looking for work or on layoff from a job? | 1944 _____ Weeks 1945 0 <input type="checkbox"/> None |
| CHECK ITEM J-7 Refer to items 144a and 144b above. | 1946 1 <input type="checkbox"/> Entry in 144a + entry in 144b = 52 weeks – SKIP to Check Item J-8 2 <input type="checkbox"/> All others – ASK 144c |
| 144c. What was the main reason he was not working or looking for work during (the remaining weeks in) the last 12 months? Mark (X) the main reason; do NOT read list. | 1947 1 <input type="checkbox"/> Respondent ill or disabled, unable to work 2 <input type="checkbox"/> Husband ill or disabled, unable to work 3 <input type="checkbox"/> Care for elderly parents – 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 – Specify _____ _____ _____ |
| CHECK ITEM J-8 Refer to item 130, page 79. | 1948 1 <input type="checkbox"/> Box 1 marked in 130 – ASK 144d 2 <input type="checkbox"/> Box 2 marked in 130 – SKIP to 144h, page 101 |
| 144d. 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 he do any work at all, not including work around the house? Please include any weeks in which he did any work at all and weeks in which he was on paid vacation or paid sick leave. | 1949 _____ Weeks – ASK 144e 1950 1 <input type="checkbox"/> None – SKIP to 144f, page 101 2 <input type="checkbox"/> Don’t know – ASK 144e |
| e. How many hours per week did he usually work during that 12-month period? | 1951 _____ Hours per week |

Section 11 - HUSBAND'S RETROSPECTIVE WORK HISTORY - Continued

144f. 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 he do any work at all, not including work around the house? Please include any weeks in which he did any work at all and weeks in which he was on paid vacation or paid sick leave.

1952 _____ Weeks – ASK 144g

1 ☐ None – *SKIP to 144h*
2 ☐ Don't know – *ASK 144g*

g. How many hours per week did he usually work during that 12-month period?

1954 _____ Hours per week

CHECK ITEM J-9

Refer to item 144d, page 100.

1955

1 ☐ "52" entered in 144d – *SKIP to Check Item J-10*
2 ☐ 144d is blank } *ASK 144h*
3 ☐ All others }

144h. Between (Present month) 1991 and (Present month) 1992, did he spend any weeks, while he was not working, looking for work or being on layoff from a job?

1956 2 ☐ No - GO to Check Item J-10
1 ☐ Yes - **How many weeks?** *2*

1957 _____ Weeks

CHECK ITEM J-10

Refer to item 144f above.

1958

1 ☐ "52" entered in 144f – *SKIP to 145, page 102*
2 ☐ 144f is blank } *ASK 144i*
3 ☐ All others

144i. Between (Present month) 1990 and (Present month) 1991, did he spend any weeks, while he was not working, looking for work or being on layoff from a job?

1959 2 ☐ No – SKIP to 145, page 102
1 ☐ Yes – **How many weeks?** 2

1960 _____ Weeks

NOTES

| Section 12 – ATTITUDES AND CONTACT PERSONS | |
|---|---|
| <p>145. We are interested in the way people are feeling these days.</p> <p>Taking things altogether, would you say you're very happy, somewhat happy, somewhat unhappy, or very unhappy these days?</p> <p><i>Mark (X) only one category.</i></p> | <div>1970</div> <div><div><input type="checkbox"/> Very happy</div><div><input type="checkbox"/> Somewhat happy</div><div><input type="checkbox"/> Somewhat unhappy</div><div><input type="checkbox"/> Very unhappy</div></div> |
| <p>146. Please give us the names and addresses of two persons who would always know where you could be reached even if you moved away.</p> <p><i>If same person(s), update the information in items 14 and 15 on the LGT-1D.</i></p> <p><i>If new person(s) mentioned, enter the information in items 14 through 17 that are not completed or in the margin of the LGT-1D.</i></p> | |
| OFFICE USE ONLY | |
| <div>Mover/Nonmover</div> <div>1971<div></div></div> | |
| <div>State Code</div> <div>1972<div></div></div> | |
| <div>County Code</div> <div>1973<div></div></div> | |
| <p>147. Mark (X) type of area.</p> | <div>1974</div> <div><div><input type="checkbox"/> Open country/not a farm</div><div><input type="checkbox"/> Farm</div><div><input type="checkbox"/> City/town/village (under 50,000)</div><div><input type="checkbox"/> City (50,000 – 250,000)</div><div><input type="checkbox"/> Suburb of large city</div><div><input type="checkbox"/> Large city (over 250,000)</div></div> |
| <p>148. Mark (X) type of living quarters.</p> <p><i>ASK about elevator if not obvious.</i></p> | <div>1975</div> <div><div><input type="checkbox"/> Detached house</div><div><input type="checkbox"/> Duplex or row house</div><div><input type="checkbox"/> Apartment in building with elevator</div><div><input type="checkbox"/> Apartment in building without elevator</div><div><input type="checkbox"/> Room in hotel/motel with elevator</div><div><input type="checkbox"/> Room in hotel/motel without elevator</div><div><input type="checkbox"/> Room in rooming or boarding house</div><div><input type="checkbox"/> Rented room in private house</div><div><input type="checkbox"/> Trailer (permanent)</div><div><input type="checkbox"/> Trailer (mobile)</div><div><input type="checkbox"/> Other – Specify <div></div></div></div> |
| <p>149. Was respondent's husband/partner present during interview?</p> | <div>1976</div> <div><div><input type="checkbox"/> Yes – ANSWER Item 150</div><div><input type="checkbox"/> No</div></div> |
| <p>150. Would you say the respondent's husband/partner helped the respondent answer questions during the interview?</p> | <div>1977</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> |
| <div>NOTES</div> <div></div> <div></div> <div></div> <div></div> <div></div> | |

NOTES

| INFORMATION SHEET | | |
|--|----------------|-----------------|
| R.O. | Control Number | Name |
| Part A – FIELD REPRESENTATIVE TRANSCRIPTION ITEMS | | Sequence Number |
| <p><i>Transcribe from Household Record Card (LGT-1D), Item 7.</i></p> <p>R3. Current marital status</p> <div><div>PGM 3 4001</div><div><div><div>1</div><div><input type="checkbox"/></div>Married, spouse present</div><div><div>2</div><div><input type="checkbox"/></div>Married, spouse absent</div><div><div>3</div><div><input type="checkbox"/></div>Widowed</div><div><div>4</div><div><input type="checkbox"/></div>Divorced</div><div><div>5</div><div><input type="checkbox"/></div>Separated</div><div><div>6</div><div><input type="checkbox"/></div>Never married</div></div></div> | | |