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FORM LGT-431
(11-16-70)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NATIONAL LONGITUDINAL SURVEYS
SURVEY OF WORK EXPERIENCE
OF YOUNG WOMEN

1971

001 1 ☐ Respondent a noninterview in 1970 – Go to page 28

METHODS OF LOCATING RESPONDENT WHO HAS MOVED

RECORD OF CALLS

Successful			Unsuccessful			Date	Time	Comments
002	1 <input type="checkbox"/>	2 <input type="checkbox"/>	New occupants				a.m.	
003	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Neighbors				p.m.	
004	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Apartment house manager				a.m.	
005	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Post office				p.m.	
006	1 <input type="checkbox"/>	2 <input type="checkbox"/>	School				a.m.	
007	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Persons listed on information sheet				p.m.	
008	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Other -- Specify →				a.m.	
							p.m.	

RECORD OF INTERVIEW

Date completed Month / Day / Year	Interview time		Interviewed by
	Began	Ended	
009	a.m.	a.m.	
010	p.m.	p.m.	

NONINTERVIEW REASON

011	<input type="checkbox"/> Unable to contact respondent – Specify	
6	<input type="checkbox"/> Temporarily absent – Give return date	
8	<input type="checkbox"/> Institutionalized – Specify type	
9	<input type="checkbox"/> Refused	
0	<input type="checkbox"/> Deceased	
A	<input type="checkbox"/> Other – Specify	

TRANSCRIPTION FROM HOUSEHOLD RECORD CARD

Item 13 – Marital status of respondent				
012	1 <input type="checkbox"/> Married, spouse present	3 <input type="checkbox"/> Widowed	5 <input type="checkbox"/> Separated	
	2 <input type="checkbox"/> Married, spouse absent	4 <input type="checkbox"/> Divorced	6 <input type="checkbox"/> Never married	
013	If respondent has moved, enter new address			
	1. Number and street			
014				
	2. City	3. County	4. State	5. ZIP code
015				

NOTES

I. EDUCATIONAL STATUS	
1. Are you attending or enrolled in regular school?	1. (016) 1 <input type="checkbox"/> Yes – ASK 2a 2 <input type="checkbox"/> No ↗ When were you last enrolled? (017) _____ Month _____ Year – SKIP to Check Item B
2a. What grade are you attending?	2a. (018) 1 Elementary 2 3 4 5 6 7 8 2 High school 2 3 4 3 College 2 3 4 5 6 +
b. Are you enrolled as a full-time or part-time student?	b. (019) 1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time
CHECK ITEM A	Refer to item 101R on Information Sheet <input type="checkbox"/> Respondent not in school in 1970 – ASK 3a <input type="checkbox"/> Respondent in school in 1970 – SKIP to Check Item C
CHECK ITEM B	Refer to item 101R on Information Sheet <input type="checkbox"/> Respondent in school in 1970 – SKIP to Check Item F <input type="checkbox"/> All others – SKIP to 22a on page 6
3a. At this time last year, you were not enrolled in school. How long had you been out of school before returning?	3a. (020) _____ Years
b. Why did you return?	b. (021) <input type="checkbox"/>
c. In what curriculum are you enrolled?	c. (022) <input type="checkbox"/> <input type="checkbox"/> _____ _____ SKIP to 5
CHECK ITEM C	Refer to items 2a and 101R on Information Sheet <input type="checkbox"/> Respondent in high school in 1970, college now – SKIP to 5 <input type="checkbox"/> Other – ASK 4
4. Are you attending the same school as you were at this time last year?	4. (023) 1 <input type="checkbox"/> Yes – SKIP to 10 2 <input type="checkbox"/> No – ASK 5
5. What is the name of the school you now attend?	5. _____
6. Where is this school located?	6. (024) <input type="checkbox"/> <input type="checkbox"/> _____ City _____ County _____ State
7. Is this school public or private?	7. (025) 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private
8. When did you enter this school?	8. (026) _____ Month _____ Year
CHECK ITEM D	Refer to item 2a or item 101R on Information Sheet <input type="checkbox"/> Respondent in college now – SKIP to 14a <input type="checkbox"/> Respondent in high school now <input type="checkbox"/> Respondent not in school in 1970 } SKIP to 22a on page 6 <input type="checkbox"/> Other – ASK 9
9. Why did you change schools?	9. (027) <input type="checkbox"/>
10. Would you say you now like school more, about the same, or less than you did last year?	10. (028) 1 <input type="checkbox"/> More 2 <input type="checkbox"/> Less 3 <input type="checkbox"/> About the same

I. EDUCATIONAL STATUS - Continued

11. Are you enrolled in the same curriculum now as you were last year?	11. (029) <input type="checkbox"/> Yes 1 <input type="checkbox"/> College - SKIP to 14a 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> Elementary 4 <input type="checkbox"/> No - ASK 12
12. In what curriculum are you enrolled now?	12. (030) <input type="text"/>
13. How did you happen to change your curriculum?	13. (031) <input type="text"/>
<input type="checkbox"/> Respondent not now in college - SKIP to Check Item E	
14a. How much is the full-time tuition this year at the college you attend?	14a. (032) \$ _____
b. Do you have a scholarship, fellowship, assistantship, or other type of financial aid this year?	b. (033) 1 <input type="checkbox"/> Yes - ASK c 2 <input type="checkbox"/> No - SKIP to Check Item E
c. What kind?	c. (034) 1 <input type="checkbox"/> Scholarship 2 <input type="checkbox"/> Fellowship 3 <input type="checkbox"/> Assistantship 4 <input type="checkbox"/> Loan 5 <input type="checkbox"/> Other - Specify _____
d. How much is it per year?	d. (035) \$ _____
CHECK ITEM E	Refer to item 101R on Information Sheet <input type="checkbox"/> Respondent in college 3-6 in 1970 - ASK 15a <input type="checkbox"/> Other - SKIP to 22a on page 6
15a. Have you received a degree since last year at this time?	15a. (036) 1 <input type="checkbox"/> Yes - ASK b 2 <input type="checkbox"/> No - SKIP to 22a on page 6
b. What degree was it?	b. (037) 1 <input type="checkbox"/> Bachelor's (B.A., B.S., A.B.) 2 <input type="checkbox"/> Master's (M.S., M.A., M.B.A.) 3 <input type="checkbox"/> Doctor's (Ph.D.) 4 <input type="checkbox"/> Other - Specify _____
c. In what field did you receive your degree?	c. (038) <input type="text"/>
d. Why did you decide to continue your education after receiving this degree?	d. (039) <input type="text"/> SKIP to 22a on page 6
CHECK ITEM F	Refer to item 101R on Information Sheet <input type="checkbox"/> Respondent in high school 1-3 last year - ASK 16a <input type="checkbox"/> Respondent in high school 4 last year - SKIP to 17a <input type="checkbox"/> Respondent in college 1-3 last year - SKIP to 19a <input type="checkbox"/> Respondent in college 4+ last year - SKIP to 20a <input type="checkbox"/> Respondent in elementary school last year - ASK 16a
16a. At this time last year, you were attending your _____ year of high school. Did you complete that year?	16a. (040) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Why did you drop out of high school?	b. (041) <input type="text"/>
c. Do you expect to return?	c. (042) 1 <input type="checkbox"/> Yes - ASK d 2 <input type="checkbox"/> No - SKIP to 24 on page 6
d. When do you expect to return?	d. (043) 1 <input type="checkbox"/> Within a year 2 <input type="checkbox"/> Within two years 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Other

I. EDUCATIONAL STATUS – Continued

17a. Did you graduate from high school?		17a.	(044) 1 <input type="checkbox"/> Yes – SKIP to Check Item G 2 <input type="checkbox"/> No – ASK b
b. Why not?		b.	(045) <input type="checkbox"/>
CHECK ITEM G	Refer to item 102R on Information Sheet		(046) 1 <input type="checkbox"/> Respondent had planned to enter college when last interviewed – ASK 18a 2 <input type="checkbox"/> Respondent had not planned to enter college when last interviewed – SKIP to 22a 3 <input type="checkbox"/> Respondent not asked about educational goal – SKIP to 22a
18a. When we last interviewed you, you said you planned to go to college. Have your plans changed?		18a.	(047) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to c
b. What caused your plans to change?		b.	(048) 1 <input type="checkbox"/> Poor grades, lacked ability, wasn't accepted because of low grades, etc. 2 <input type="checkbox"/> Economic reasons (couldn't afford, had to work instead, unable to obtain financial assistance) 3 <input type="checkbox"/> Disliked school, lost interest, had enough school 4 <input type="checkbox"/> Marriage, pregnancy or children 5 <input type="checkbox"/> Personal health reasons 6 <input type="checkbox"/> Other – Specify _____
c. Why are you presently not enrolled in college?		c.	(049) 1 <input type="checkbox"/> Economic reasons (couldn't afford, have to work, unable to obtain financial assistance, etc.) 2 <input type="checkbox"/> Was rejected or turned down 3 <input type="checkbox"/> Waiting to be accepted by a school 4 <input type="checkbox"/> Marriage, pregnancy or children 5 <input type="checkbox"/> Personal health reasons 6 <input type="checkbox"/> Other – Specify _____
d. When do you plan to enroll in college?		d.	(050) _____ Month _____ Year – SKIP to 22a x <input type="checkbox"/> Don't plan to enroll – SKIP to 24
19a. Last year at this time you were in college. Why did you decide to drop out?		19a.	(051) <input type="checkbox"/> _____ x <input type="checkbox"/> Received degree – SKIP to 21a
b. Do you expect to return?		b.	(052) 1 <input type="checkbox"/> Yes – ASK c 2 <input type="checkbox"/> No – SKIP to 24
c. When do you think you will return?		c.	(053) 1 <input type="checkbox"/> Within a year 2 <input type="checkbox"/> Within two years 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Other
20a. Last year at this time you were in college. Did you receive a degree?		20a.	(054) 1 <input type="checkbox"/> Yes – SKIP to 21a 2 <input type="checkbox"/> No – ASK b
b. Why did you decide to drop out?		b.	(055) <input type="checkbox"/>
c. Do you expect to return?		c.	(056) 1 <input type="checkbox"/> Yes – ASK d 2 <input type="checkbox"/> No – SKIP to 24
d. When?		d.	(057) 1 <input type="checkbox"/> Within a year 2 <input type="checkbox"/> Within two years 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Other

I. EDUCATIONAL STATUS – Continued	
21a. What degree did you receive?	21a. (058) 1 <input type="checkbox"/> Associate (2 year course) 2 <input type="checkbox"/> Bachelor's (B.A., B.S., A.B.) 3 <input type="checkbox"/> Master's (M.S., M.A., M.B.A.) 4 <input type="checkbox"/> Doctor's (Ph.D.) 5 <input type="checkbox"/> Other – Specify _____
b. In what field of study did you receive your degree?	b. (059) <input type="text"/>
22a. How much education would you like to get? If "Other," Specify _____ _____	22a. (060) High school 1 <input type="checkbox"/> 1 yr. 2 <input type="checkbox"/> 2 yrs. 3 <input type="checkbox"/> 3 yrs. 4 <input type="checkbox"/> 4 yrs. College { 5 <input type="checkbox"/> 2 yrs. (complete junior college) 6 <input type="checkbox"/> 4 yrs. (graduate from 4-year college) 7 <input type="checkbox"/> 6 yrs. (master's degree or equivalent) 8 <input type="checkbox"/> 7 + yrs. (Ph.D. or professional degree) Other 9 <input type="checkbox"/> Don't know, other responses
b. As things stand now how much education do you think you will actually get? If "Other," Specify _____ _____	b. (061) High school 1 <input type="checkbox"/> 1 yr. 2 <input type="checkbox"/> 2 yrs. 3 <input type="checkbox"/> 3 yrs. 4 <input type="checkbox"/> 4 yrs. College { 5 <input type="checkbox"/> 2 yrs. (complete junior college) 6 <input type="checkbox"/> 4 yrs. (graduate from 4-year college) 7 <input type="checkbox"/> 6 yrs. (master's degree or equivalent) 8 <input type="checkbox"/> 7 + yrs. (Ph.D. or professional degree) Other 9 <input type="checkbox"/> Don't know, other responses
CHECK ITEM H	Refer to item 22a and item 102R on Information Sheet <input type="checkbox"/> Educational goal different from when last interviewed – ASK 23 <input type="checkbox"/> Educational goal same as when last interviewed } SKIP to 24 <input type="checkbox"/> Respondent not asked about educational goal
23. When we last interviewed you, you said you would like to get (amount of education indicated in 102R) Why have you changed your plans?	23. (062) <input type="text"/>
24. How much encouragement has (did) your father given (give) you to continue your education beyond high school?	24. (063) 1 <input type="checkbox"/> Much 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
25. How much encouragement has (did) your mother given (give) you to continue your education beyond high school?	25. (064) 1 <input type="checkbox"/> Much 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
26. How much help in continuing your schooling after high school do you expect to get (have you received) from your parents?	26. (065) 1 <input type="checkbox"/> Much 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
27. How much encouragement have (did) your teachers and other adults in your high school given (give) you to continue your education beyond high school?	27. (066) 1 <input type="checkbox"/> Much 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None
28. How many of your friends plan to go to college or are actually attending college?	28. (067) 1 <input type="checkbox"/> Many of them 2 <input type="checkbox"/> Some of them 3 <input type="checkbox"/> Few or none of them
Notes	

I. EDUCATIONAL STATUS – Continued

<input type="checkbox"/> Respondent now attends school – SKIP to 30	
29a. Since this time last year have you taken any training courses or educational programs of any kind, either on the job or elsewhere?	29a. (068) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 30
b. What kind of training or education program did you take? (Specify below, then mark one box)	b. (069) 1 <input type="checkbox"/> Professional, technical 2 <input type="checkbox"/> Managerial 3 <input type="checkbox"/> Clerical 4 <input type="checkbox"/> Skilled manual 5 <input type="checkbox"/> Other
c. Where did you take this training course? (Specify below, then mark one box)	c. (070) 1 <input type="checkbox"/> Business college, technical institute 2 <input type="checkbox"/> Company training school 3 <input type="checkbox"/> Correspondence course 4 <input type="checkbox"/> Regular school 5 <input type="checkbox"/> Other
d. How long did you attend this course or program?	d. (071) _____ Months 99 <input type="checkbox"/> Still attending
e. How many hours per week did you spend on this training?	e. (072) 1 <input type="checkbox"/> 1–4 2 <input type="checkbox"/> 5–9 3 <input type="checkbox"/> 10–14 4 <input type="checkbox"/> 15–19 5 <input type="checkbox"/> 20 or more
f. Did you complete this program?	f. (073) 1 <input type="checkbox"/> Yes – When? _____ Month _____ Year – SKIP to h 2 <input type="checkbox"/> No, dropped out – When? _____ Month _____ Year – ASK g x <input type="checkbox"/> No, still enrolled – SKIP to h
g. Why didn't you complete this program?	g. (074) 1 <input type="checkbox"/> Found a job 2 <input type="checkbox"/> Interfered with school 3 <input type="checkbox"/> Too much time involved 4 <input type="checkbox"/> Lost interest 5 <input type="checkbox"/> Too difficult 6 <input type="checkbox"/> Other – Specify _____
h. Why did you decide to get this training?	h. (075) 1 <input type="checkbox"/> To obtain work 2 <input type="checkbox"/> To improve current job situation 3 <input type="checkbox"/> To get better job than present one 4 <input type="checkbox"/> Wanted to continue education 5 <input type="checkbox"/> Need it; worthwhile 6 <input type="checkbox"/> Other – Specify _____
i. Do you use this training on your present job?	i. (076) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not employed
j. Did you receive a certificate for this training?	j. (077) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Notes	(078)
	(079)
	(080)

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY

30. What were you doing most of LAST WEEK – working, going to school, or something else?

(081) 1 ☐ WK – Working – SKIP to 31b
2 ☐ J – With a job but not at work
3 ☐ LK – Looking for work
4 ☐ S – Going to school
5 ☐ KH – Keeping house
6 ☐ U – Unable to work – SKIP to 34
7 ☐ OT – Other – Specify →

31c. Do you USUALLY work 35 hours or more a week at this job?

(082) 1 ☐ Yes – What is the reason you worked less than 35 hours LAST WEEK?
2 ☐ No – What is the reason you USUALLY work less than 35 hours a week?

(Mark the appropriate reason)

(083) 1 ☐ Slack work
2 ☐ Material shortage
3 ☐ Plant or machine repair
4 ☐ New job started during week
5 ☐ Job terminated during week
6 ☐ Could find only part-time work
7 ☐ Labor dispute
8 ☐ Did not want full-time work
9 ☐ Full-time work week under 35 hours
10 ☐ Attends school
11 ☐ Holiday (legal or religious)
12 ☐ Bad weather
13 ☐ Own illness
14 ☐ On vacation
15 ☐ Too busy with housework, personal business, etc.
16 ☐ Other – Specify →

(SKIP to 35a and enter job worked at last week)

31a. Did you do any work at all LAST WEEK, not counting work around the house?

☐ Yes ☐ No – SKIP to 32a

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

(084) _____ Hours

CHECK ITEM I

Respondent worked –

(085) 1 ☐ 49 hours or more – SKIP to 35a and enter job worked at last week
2 ☐ 1–34 hours – ASK c
3 ☐ 35–48 hours – ASK d

31d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?

☐ Yes – How many hours did you take off?

(086) _____ Hours

☐ No – GO to 31e

NOTE: Correct item 31b if lost time not already deducted; if item 31b is reduced below 35 hours, ask item c, otherwise SKIP to 35a.

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

☐ Yes – How many extra hours did you work?

(087) _____ Hours

☐ No

NOTE: Correct item 31b if extra hours not already included and SKIP to 35a.

(If “J” in 30, SKIP to b)

32a. Did you have a job (or business) from which you were temporarily absent or on layoff LAST WEEK?

☐ Yes
☐ No – ASK 33a

b. Why were you absent from work LAST WEEK?

(088) 1 ☐ Own illness
2 ☐ On vacation
3 ☐ Bad weather
4 ☐ Labor dispute
5 ☐ New job to begin within 30 days } ASK 33c and 33d(2)
6 ☐ Temporary layoff (less than 30 days) }
7 ☐ Indefinite layoff (30 days or more or no definite recall date) } ASK 33d(3)
8 ☐ School interfered
9 ☐ Other – Specify →

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

(089) 1 ☐ Yes
2 ☐ No
3 ☐ Self-employed

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

(090) 1 ☐ Yes
2 ☐ No

(GO to 35a and enter job held last week)

Notes

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

(If "LK" in 30, ASK b)

33a. Have you been looking for work during the past 4 weeks?

☐ Yes ☐ No – SKIP to 34

b. What have you been doing in the last 4 weeks to find work?
(Mark all methods used; do not read list)

(091) ☐ Nothing – SKIP to 34

Checked with

1 ☐ State employment agency
2 ☐ Private employment agency
3 ☐ Employer directly
4 ☐ Friends or relatives

5 ☐ Placed or answered ads
6 ☐ School employment service
7 ☐ Other – Specify – e.g., MDTA, union or professional register, etc.

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

(092) 1 ☐ Lost job
2 ☐ Quit job
3 ☐ Wanted temporary work
4 ☐ Children are older
5 ☐ Enjoy working
6 ☐ Help with family expenses
7 ☐ Other – Specify

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

(093) _____ Weeks

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

(094) 1 ☐ Full-time
2 ☐ Part-time

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

(095) Yes →

1 ☐ Needed at home
2 ☐ Temporary illness
3 ☐ Going to school
4 ☐ Child care not available
5 ☐ Other – Specify

6 ☐ No

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

☐ Date of last interview or later (item I00R on Information Sheet) – Specify

(096) Month Day Year – SKIP to 40a on page 11

2 ☐ All others – SKIP to 41a on page 11

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

☐ Date of last interview or later (item I00R on Information Sheet) – Specify

(097) Month Day Year – SKIP to 40a on page 11

2 ☐ Before date of last interview (item I00R on Information Sheet) and "unable" now and "unable" in item I03R on the Information Sheet – SKIP to 76a

3 ☐ All others – SKIP to 41a on page 11

DESCRIPTION OF JOB OR BUSINESS

35a. Do you have more than one job?

(098) 1 ☐ Yes – Record information about primary job only
2 ☐ No

(099) ☐

b. For whom did you work? (Name of company, business, organization, or other employer)

(100) _____ City _____ State

c. In what city and State is . . . located?

(101) _____

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

e. Were you –

(102) 10 ☐ P – An employee of a PRIVATE company, business, or individual for wages, salary, or commissions?
20 ☐ G – A GOVERNMENT employee (Federal, State, county, or local)?
30 ☐ O – Self-employed in your OWN business, professional practice, or farm?
(If not a farm)
Is this business incorporated?
31 ☐ Yes 32 ☐ No
40 ☐ WP – Working WITHOUT PAY in family business or farm?

(103) _____

f. What kind of work were you doing? (For example: registered nurse, high school English teacher, waitress)

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

h. What was your job title?

i. When did you start working for (ENTRY IN 35b)?

☐ Date of last interview or later (item I00R on Information Sheet) – Specify

(104) Month Day Year

2 ☐ Before date of last interview (item I00R on Information Sheet)

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

**CHECK
ITEM J**

- ☐ "P" or "G" in item 35e – *ASK 36a*
☐ "O" or "WP" in item 35e – *SKIP to 37a*

36a. Altogether, how much do you usually earn at this job before deductions?

36a.

(105) \$ _____ (Dollars) . _____ (Cents) per: ➔

(106) 1 ☐ Hour

(107) \$ _____ (Dollars only) per: ➔

(108) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Other – Specify _____

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

b.

(109) _____ Hours

c. Do you receive extra pay when you work over a certain number of hours?

c.

(110) 1 ☐ Yes – *ASK d*

2 ☐ No

3 ☐ No, but received compensating time off

4 ☐ Never work overtime

} *SKIP to f*

d. After how many hours do you receive extra pay?

d.

(111) _____ Hours per day

(112) _____ Hours per week

e. For all hours worked over (entry in d) are you paid straight time, time and one-half, double time or what?

e.

(113) 1 ☐ Compensating time off

2 ☐ Straight time

3 ☐ Time and one-half

4 ☐ Double time

5 ☐ Other – Specify _____

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

f.

(114) 1 ☐ Yes – *ASK g*

2 ☐ No – *SKIP to 37a*

g. What is the name of the union or employee association?

g.

(115) ☐ _____

h. Are you a member of that union or employee association?

h.

(116) 1 ☐ Yes

2 ☐ No

37a. Before you began to work as a (entry in 35f) for (entry in 35b), did you do any other kind of work for (entry in 35b)?

37a.

(117) 1 ☐ Yes – *SKIP to 38a*

2 ☐ No

b. Excluding vacations and paid sick leave, during the time you have worked at this job, were there any full weeks in which you didn't work since (date of last interview)?

b.

☐ Yes – How many weeks?

(118) _____ Weeks

0 ☐ No – *SKIP to Check Item K*

c. Why were you not working during these _____ weeks?

c.

(119) 1 ☐ School

2 ☐ Personal, family reasons

3 ☐ Own illness

4 ☐ Child-care problems

5 ☐ Pregnancy

6 ☐ Layoff

7 ☐ Labor dispute

8 ☐ Did not want to work

9 ☐ Other

Notes

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued				
CHECK ITEM K	Refer to item 35i <input type="checkbox"/> Current job started before date of last interview – SKIP to Check Item R <input type="checkbox"/> Current job started date of last interview or later – SKIP to 39			
38a. When did you start working as a (entry in 35f) for (entry in 35b)?	38a.	(120)	Month Day Year	
b. Excluding vacations and paid sick leave, during the time you have worked as a (entry in 35f), for (entry in 35b), were there any full weeks in which you didn't work since (date of last interview)?	b.	(121)	<input type="checkbox"/> Yes – How many weeks? _____ Weeks 0 <input type="checkbox"/> No – SKIP to Check Item L	
c. Why were you not working during these _____ weeks?	c.	(122)	1 <input type="checkbox"/> School 2 <input type="checkbox"/> Personal, family reasons 3 <input type="checkbox"/> Own illness 4 <input type="checkbox"/> Child-care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Layoff 7 <input type="checkbox"/> Labor dispute 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Other	
CHECK ITEM L	<input type="checkbox"/> Item 38a is earlier than date of last interview – SKIP to Check Item R <input type="checkbox"/> Item 38a is date of last interview or later – ASK 39			
39. Just before you started on this job, was there a period of a week or more in which you were not working?	39.	(123)	1 <input type="checkbox"/> Yes – SKIP to 52 2 <input type="checkbox"/> No – SKIP to 42a	
40a. You said you last worked at a regular job on (entry in 33g or 34). (Interviewer: Use calendar to determine the number of weeks since respondent last worked.) That would be about _____ weeks since you last worked. In how many of these weeks were you looking for work or on layoff from a job?	40a.	(1)	(124)	_____ Weeks since last worked
		(2)	(125)	_____ Weeks looking or on layoff
CHECK ITEM M	<input type="checkbox"/> 40a(1) is equal to 40a(2) – SKIP to 42a <input type="checkbox"/> 40a(1) is greater than 40a(2) – ASK b			
40b. That leaves _____ weeks that you were not working or looking for work. What would you say was the main reason you were not looking for work during that period?	40b.	(126)	_____ Weeks	
		(127)	1 <input type="checkbox"/> Personal, family reasons 2 <input type="checkbox"/> Ill or disabled, unable to work 3 <input type="checkbox"/> In school 4 <input type="checkbox"/> Child-care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Couldn't find work 7 <input type="checkbox"/> Vacation 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Other – Specify _____	
41a. Since (date of last interview) in how many different weeks did you do any work at all?	41a.	(128)	_____ Weeks 0 <input type="checkbox"/> None	
b. Since (date of last interview) have you spent any weeks looking for work or on layoff from a job?	b.	(129)	<input type="checkbox"/> Yes – How many weeks _____ Weeks 0 <input type="checkbox"/> No	
CHECK ITEM N	Interviewer: Use calendar to determine the number of weeks since date of last interview.			
	(1)	(130)	_____ Weeks since date of last interview	
	(2)	(131)	_____ Weeks on layoff or looking for work <input type="checkbox"/> (1) is equal to (2) – SKIP to Check Item R <input type="checkbox"/> (1) is greater than (2) – ASK c	
41c. What would you say was the main reason you were not looking for work during (the rest of) that time?	41c.	(132)	1 <input type="checkbox"/> Personal, family reasons 2 <input type="checkbox"/> Ill or disabled, unable to work 3 <input type="checkbox"/> In school 4 <input type="checkbox"/> Child-care problems 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Couldn't find work 7 <input type="checkbox"/> Vacation 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Other – Specify _____	

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY

42. Now let's talk about -		<div>The job you worked at before you started to work as a (ENTRY IN 35f OR 42a) for (ENTRY IN 35b OR 42a)</div> <div>The last job you worked at; that is, the one which ended on (ENTRY IN 33g OR 34)</div>		42a. (138) <input type="checkbox"/> Same as 35b - SKIP to 42e	
a. For whom did you work? (Name of company, business, organization or other employer)		(139) <input type="text"/>		b. (139) <input type="text"/> City, State	
b. In what city and State is . . . located?		(140) <input type="text"/>		c. (140) <input type="text"/>	
c. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)		(141) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP		d. (141) <input type="text"/>	
d. Class of worker.		(142) <input type="text"/>		e. (142) <input type="text"/>	
e. What kind of work were you doing? (For example: stock clerk, high school English teacher, waitress)		(143) <input type="text"/>		f. (143) <input type="text"/>	
f. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics, typing)		(144) <input type="text"/>		g. (144) <input type="text"/>	
g. What was your job title?		(145) <input type="text"/>		(145) <input type="text"/>	
43a. Altogether, how much did you usually earn at this job before all deductions?		43a. (143) \$ <input type="text"/>		(144) <input type="text"/> per <input type="text"/>	
b. How many hours per week did you usually work at this job?		b. (145) <input type="text"/> Hours		(145) <input type="text"/>	
44a. When did you start working as a (ENTRY IN 42e) for (ENTRY IN 42a)?		44a. (146) <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year		(146) <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year	
b. When did you stop working as a (ENTRY IN 42e) for (ENTRY IN 42a)?		b. (147) <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year		x <input type="checkbox"/> Still working there - SKIP to 46	
45a. Why did you happen to leave this job (change the kind of work you were doing)?		45a. (148) <input type="text"/>		(148) <input type="text"/>	
b. Did you have a new job lined up before you left this one?		b. (149) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		(149) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
46. Excluding vacations and paid sick leave, during the time you worked at this job were there any full weeks in which you didn't work on this job since (date of last interview)?		46. <input type="checkbox"/> Yes - How many weeks?		(150) <input type="text"/> Weeks - ASK 47a	
		0 <input type="checkbox"/> No - SKIP to 48		(150) <input type="text"/>	
47a. Why were you not working during these . . . weeks at this job?		47a. (151) 1 <input type="checkbox"/> Layoff 2 <input type="checkbox"/> Labor dispute 3 <input type="checkbox"/> In school 4 <input type="checkbox"/> Personal family reasons 5 <input type="checkbox"/> Own illness 6 <input type="checkbox"/> Child care 7 <input type="checkbox"/> Pregnancy 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Other		(151) 1 <input type="checkbox"/> Layoff 2 <input type="checkbox"/> Labor dispute 3 <input type="checkbox"/> In school 4 <input type="checkbox"/> Personal family reasons 5 <input type="checkbox"/> Own illness 6 <input type="checkbox"/> Child care 7 <input type="checkbox"/> Pregnancy 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Other	
b. Were you working for someone else during this period(s)?		b. (152) 1 <input type="checkbox"/> Yes - Go to next column and record information about this job 2 <input type="checkbox"/> No		(152) 1 <input type="checkbox"/> Yes - Go to next column and record information about this job 2 <input type="checkbox"/> No	
48. Did you do any other kind of work for (ENTRY IN 42a) just before (DATE IN 44a)?		48. (153) 1 <input type="checkbox"/> Yes - GO to next column and record information about this job 2 <input type="checkbox"/> No		(153) 1 <input type="checkbox"/> Yes - GO to next column and record information about this job 2 <input type="checkbox"/> No	
CHECK ITEM O	Item 44a is: 1. Date of last interview or later 2. Before date of last interview	1. <input type="checkbox"/> - SKIP to 50 2. <input type="checkbox"/> - ASK 49		1. <input type="checkbox"/> - SKIP to 50 2. <input type="checkbox"/> - ASK 49	
49. Have you worked for anyone else since (date of last interview)?		49. (154) 1 <input type="checkbox"/> Yes - GO to next column and record information 2 <input type="checkbox"/> No - SKIP to Check Item R		(154) 1 <input type="checkbox"/> Yes - GO to next column and record information 2 <input type="checkbox"/> No - SKIP to Check Item R	
50. While you were working for (ENTRY IN 42a), were you also working for someone else?		50. (155) 1 <input type="checkbox"/> Yes - GO to next column and record information about simultaneous job 2 <input type="checkbox"/> No - ASK 51		(155) 1 <input type="checkbox"/> Yes - GO to next column and record information about simultaneous job 2 <input type="checkbox"/> No - ASK 51	
51. JUST before you started working as a (ENTRY IN 42e) for (ENTRY IN 42a) was there a period of a week or more in which you were not working?		51. (156) 1 <input type="checkbox"/> Yes - ASK 52 2 <input type="checkbox"/> No - GO to next column and record information about previous job		(156) 1 <input type="checkbox"/> Yes - ASK 52 2 <input type="checkbox"/> No - GO to next column and record information about previous job	
52. When did this period in which you were not working start?		52. (157) <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year		(157) <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year	
		x <input type="checkbox"/> Never worked before		x <input type="checkbox"/> Never worked before	
53a. Interviewer: Determine number of weeks not working. If item 52 is before date of last interview count only weeks since that time.		53a. (158) <input type="text"/> Weeks not working		(158) <input type="text"/> Weeks not working	
b. That would be about . . . weeks that you were not working. How many of those weeks were you looking for work or on layoff from a job?		b. (159) <input type="text"/> Weeks looking or on layoff		(159) <input type="text"/> Weeks looking or on layoff	
CHECK ITEM P	1. 53a is equal to 53b 2. 53a is greater than 53b	1. <input type="checkbox"/> - SKIP to Check Item Q 2. <input type="checkbox"/> - ASK 54		1. <input type="checkbox"/> - SKIP to Check Item Q 2. <input type="checkbox"/> - ASK 54	
54. That leaves . . . weeks that you were not working or look for work. What would you say was the main reason that you were not looking for work during that period?		54. (160) 1 <input type="checkbox"/> Ill or disabled, unable to work 2 <input type="checkbox"/> In school 3 <input type="checkbox"/> Personal family reason 4 <input type="checkbox"/> Vacation 5 <input type="checkbox"/> Couldn't find work 6 <input type="checkbox"/> Child care 7 <input type="checkbox"/> Pregnancy 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Other		(160) 1 <input type="checkbox"/> Ill or disabled, unable to work 2 <input type="checkbox"/> In school 3 <input type="checkbox"/> Personal family reason 4 <input type="checkbox"/> Vacation 5 <input type="checkbox"/> Couldn't find work 6 <input type="checkbox"/> Child care 7 <input type="checkbox"/> Pregnancy 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Other	
CHECK ITEM Q	1. Item 52 is date of last interview or later 2. Item 52 is before date of last interview	1. <input type="checkbox"/> - Go to next column and record information about previous job 2. <input type="checkbox"/> - SKIP to Check Item R		1. <input type="checkbox"/> - Go to next column and record information about previous job 2. <input type="checkbox"/> - SKIP to Check Item R	

II. CURRENT LABOR FORCE STATUS AND WORK HISTORY – Continued

	(2)	(3)	(4)												
42a.	(161) <input type="checkbox"/> Never worked before – <i>SKIP to Check Item R</i> <input type="checkbox"/> Same as _____ – <i>SKIP to 42e</i>	(184) <input type="checkbox"/> Never worked before – <i>SKIP to Check Item R</i> <input type="checkbox"/> Same as _____ – <i>SKIP to 42e</i>	(207) <input type="checkbox"/> Never worked before – <i>SKIP to Check Item R</i> <input type="checkbox"/> Same as _____ – <i>SKIP to 42e</i>												
b.	(162) <input type="text"/> <input type="text"/> <input type="text"/> City, State	(185) <input type="text"/> <input type="text"/> <input type="text"/> City, State	(208) <input type="text"/> <input type="text"/> <input type="text"/> City, State												
c.	(163) <input type="text"/> <input type="text"/> <input type="text"/>	(186) <input type="text"/> <input type="text"/> <input type="text"/>	(209) <input type="text"/> <input type="text"/> <input type="text"/>												
d.	(164) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	(187) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	(210) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP												
e.	(165) <input type="text"/> <input type="text"/> <input type="text"/>	(188) <input type="text"/> <input type="text"/> <input type="text"/>	(211) <input type="text"/> <input type="text"/> <input type="text"/>												
f.															
g.															
43a.	(166) \$ _____ (167) <input type="text"/> per _____	(189) \$ _____ (190) <input type="text"/> per _____	(212) \$ _____ (213) <input type="text"/> per _____												
b.	(168) _____ Hours	(191) _____ Hours	(214) _____ Hours												
44a.	(169) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>	Month	Day	Year	(192) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>	Month	Day	Year	(215) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>	Month	Day	Year			
Month	Day	Year													
Month	Day	Year													
Month	Day	Year													
b.	(170) <table><tr><td>Month</td><td>Day</td><td>Year</td><td><input type="checkbox"/> Still working there – <i>SKIP to 46</i></td></tr></table>	Month	Day	Year	<input type="checkbox"/> Still working there – <i>SKIP to 46</i>	(193) <table><tr><td>Month</td><td>Day</td><td>Year</td><td><input type="checkbox"/> Still working there – <i>SKIP to 46</i></td></tr></table>	Month	Day	Year	<input type="checkbox"/> Still working there – <i>SKIP to 46</i>	(216) <table><tr><td>Month</td><td>Day</td><td>Year</td><td><input type="checkbox"/> Still working there – <i>SKIP to 46</i></td></tr></table>	Month	Day	Year	<input type="checkbox"/> Still working there – <i>SKIP to 46</i>
Month	Day	Year	<input type="checkbox"/> Still working there – <i>SKIP to 46</i>												
Month	Day	Year	<input type="checkbox"/> Still working there – <i>SKIP to 46</i>												
Month	Day	Year	<input type="checkbox"/> Still working there – <i>SKIP to 46</i>												
45a.	(171) <input type="text"/> <input type="text"/>	(194) <input type="text"/> <input type="text"/>	(217) <input type="text"/> <input type="text"/>												
b.	(172) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(195) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(218) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
46.	<input type="checkbox"/> Yes – How many weeks? (173) _____ Weeks – <i>ASK 47a</i> 0 <input type="checkbox"/> No – <i>SKIP to 48</i>	<input type="checkbox"/> Yes – How many weeks? (196) _____ Weeks – <i>ASK 47a</i> 0 <input type="checkbox"/> No – <i>SKIP to 48</i>	<input type="checkbox"/> Yes – How many weeks? (219) _____ Weeks – <i>ASK 47a</i> 0 <input type="checkbox"/> No – <i>SKIP to 48</i>												
47a.	(174) 1 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Child care 2 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Pregnancy 3 <input type="checkbox"/> In school 8 <input type="checkbox"/> Did not want to work 4 <input type="checkbox"/> Personal family reasons 9 <input type="checkbox"/> Other 5 <input type="checkbox"/> Own illness	(197) 1 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Child care 2 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Pregnancy 3 <input type="checkbox"/> In school 8 <input type="checkbox"/> Did not want to work 4 <input type="checkbox"/> Personal family reasons 9 <input type="checkbox"/> Other 5 <input type="checkbox"/> Own illness	(220) 1 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Child care 2 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Pregnancy 3 <input type="checkbox"/> In school 8 <input type="checkbox"/> Did not want to work 4 <input type="checkbox"/> Personal family reasons 9 <input type="checkbox"/> Other 5 <input type="checkbox"/> Own illness												
b.	(175) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information about this job</i> 2 <input type="checkbox"/> No	(198) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information about this job</i> 2 <input type="checkbox"/> No	(221) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information about this job</i> 2 <input type="checkbox"/> No												
48.	(176) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information about this job</i> 2 <input type="checkbox"/> No	(199) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information about this job</i> 2 <input type="checkbox"/> No	(222) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information about this job</i> 2 <input type="checkbox"/> No												
1.	<input type="checkbox"/> – <i>SKIP to 50</i>	<input type="checkbox"/> – <i>SKIP to 50</i>	<input type="checkbox"/> – <i>SKIP to 50</i>												
2.	<input type="checkbox"/> – <i>ASK 49</i>	<input type="checkbox"/> – <i>ASK 49</i>	<input type="checkbox"/> – <i>ASK 49</i>												
49.	(177) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R</i>	(200) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R</i>	(223) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R</i>												
50.	(178) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information about simultaneous job</i> 2 <input type="checkbox"/> No – <i>ASK 51</i>	(201) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information about simultaneous job</i> 2 <input type="checkbox"/> No – <i>ASK 51</i>	(224) 1 <input type="checkbox"/> Yes – <i>GO to next column and record information about simultaneous job</i> 2 <input type="checkbox"/> No – <i>ASK 51</i>												
51.	(179) 1 <input type="checkbox"/> Yes – <i>ASK 52</i> 2 <input type="checkbox"/> No – <i>GO to next column and record information about previous job</i>	(202) 1 <input type="checkbox"/> Yes – <i>ASK 52</i> 2 <input type="checkbox"/> No – <i>GO to next column and record information about previous job</i>	(225) 1 <input type="checkbox"/> Yes – <i>ASK 52</i> 2 <input type="checkbox"/> No – <i>GO to next column and record information about previous job</i>												
52.	(180) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> <input type="checkbox"/> Never worked before	Month	Day	Year	(203) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> <input type="checkbox"/> Never worked before	Month	Day	Year	(226) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> <input type="checkbox"/> Never worked before	Month	Day	Year			
Month	Day	Year													
Month	Day	Year													
Month	Day	Year													
53a.	(181) _____ Weeks not working	(204) _____ Weeks not working	(227) _____ Weeks not working												
b.	(182) _____ Weeks looking or on layoff	(205) _____ Weeks looking or on layoff	(228) _____ Weeks looking or on layoff												
1.	<input type="checkbox"/> – <i>SKIP to Check Item Q</i>	<input type="checkbox"/> – <i>SKIP to Check Item Q</i>	<input type="checkbox"/> – <i>SKIP to Check Item Q</i>												
2.	<input type="checkbox"/> – <i>ASK 54</i>	<input type="checkbox"/> – <i>ASK 54</i>	<input type="checkbox"/> – <i>ASK 54</i>												
54.	(183) 1 <input type="checkbox"/> Ill or disabled, unable to work 6 <input type="checkbox"/> Child care 2 <input type="checkbox"/> In school 7 <input type="checkbox"/> Pregnancy 3 <input type="checkbox"/> Personal family reasons 8 <input type="checkbox"/> Did not want to work 4 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other 5 <input type="checkbox"/> Couldn't find work	(206) 1 <input type="checkbox"/> Ill or disabled, unable to work 6 <input type="checkbox"/> Child care 2 <input type="checkbox"/> In school 7 <input type="checkbox"/> Pregnancy 3 <input type="checkbox"/> Personal family reasons 8 <input type="checkbox"/> Did not want to work 4 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other 5 <input type="checkbox"/> Couldn't find work	(229) 1 <input type="checkbox"/> Ill or disabled, unable to work 6 <input type="checkbox"/> Child care 2 <input type="checkbox"/> In school 7 <input type="checkbox"/> Pregnancy 3 <input type="checkbox"/> Personal family reasons 8 <input type="checkbox"/> Did not want to work 4 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other 5 <input type="checkbox"/> Couldn't find work												
1.	<input type="checkbox"/> – <i>GO to next column and record information about previous job</i>	<input type="checkbox"/> – <i>GO to next column and record information about previous job</i>	<input type="checkbox"/> – <i>GO to next column and record information about previous job</i>												
2.	<input type="checkbox"/> – <i>SKIP to Check Item R</i>	<input type="checkbox"/> – <i>SKIP to Check Item R</i>	<input type="checkbox"/> – <i>SKIP to Check Item R</i>												

III. WORK ATTITUDES

CHECK ITEM R

Respondent is in —

- ☐ Labor Force Group A ("WK" or "J" in 30 or "Yes" in 31a or 32a) — *SKIP to Check Item S*
☐ Labor Force Group B ("LK" in 30 or "Yes" in 33a) — *SKIP to 57a*
☐ Labor Force Group C (All others) — *ASK 55a*

55a. Do you intend to look for work of any kind in the next 12 months?

55a.

- (299) 1 ☐ Yes — definitely } *ASK b*
 2 ☐ Yes — probably }
☐ Maybe — What does it depend on? _____ } *SKIP to 56a*
 3 ☐ No }
 4 ☐ Don't know } *SKIP to 56a*

b. When do you intend to start looking for work?

b.

(300) _____ Month

c. What kind of work do you think you will look for?

c.

(301) ☐ ☐ ☐

d. What will you do to find work?
(Mark as many as apply)

d.

- (302) Check with { 1 ☐ State employment agency (or counselor)
 2 ☐ Private employment agency
 3 ☐ Employer directly
 4 ☐ Friends or relatives
 5 ☐ Placed or answered ads
 6 ☐ School employment service
 7 ☐ Other — Specify _____

56a. Why would you say that you are not looking for work at this time?

56a.

- (303) 1 ☐ School
 2 ☐ Health reasons
 3 ☐ Husband (parents) would not permit
 4 ☐ Believes no work available
 5 ☐ Does not want to work at this time of year
 6 ☐ Pregnancy
 7 ☐ Personal, family reasons
 8 ☐ Other or no reason

b. If you were offered a job by some employer in THIS AREA, do you think you would take it?

b.

- (304) 1 ☐ Yes, definitely
 2 ☐ Yes, if it is something I can do
 3 ☐ Yes, if satisfactory wage
 4 ☐ Yes, if satisfactory location
 5 ☐ Yes, if child care available
 6 ☐ Yes, if husband (parents) agree
 7 ☐ Yes, if other _____ } *ASK c*
 8 ☐ No, health won't permit
 9 ☐ No, it will interfere with school
 10 ☐ No, parents (husband) don't want me to
 11 ☐ No, too busy with home and/or family
 12 ☐ No, other _____ } *SKIP to 67 on page 17*

c. How many hours per week would you be willing to work?

c.

- (305) 1 ☐ 1-4
 2 ☐ 5-14
 3 ☐ 15-24
 4 ☐ 25-34
 5 ☐ 35-40
 6 ☐ 41-48
 7 ☐ 49 or more

d. What kind of work would it have to be?

d.



(306) ☐ ☐ ☐

e. What would the wage or salary have to be?

e.

- (307) \$ _____ (Dollars) . _____ (Cents) per: →
 (308) 1 ☐ Hour
 (309) \$ _____ (Dollars only) per: →
 (310) 2 ☐ Day
 3 ☐ Week
 4 ☐ Biweekly
 5 ☐ Month
 6 ☐ Year
 7 ☐ Any pay
 8 ☐ Other — Specify _____ } *SKIP to 67 on page 17*

III. WORK ATTITUDES – Continued

57a. What type of work are you looking for?	57a.	(311) <input type="text"/> <input type="text"/> <input type="text"/>
b. What would the wage or salary have to be for you to be willing to take it?	b.	(312) \$ _____ . _____ per:  (Dollars) (Cents) (313) 1 <input type="checkbox"/> Hour (314) \$ _____ per:  (Dollars only) (315) 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Biweekly 5 <input type="checkbox"/> Month 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Any pay 8 <input type="checkbox"/> Other – Specify _____
58a. Are there any restrictions, such as hours or location of job that would be a factor in your taking a job?	58a.	(316) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 67 on page 17
b. What are these restrictions?	b.	(317) <input type="text"/> _____ _____ _____ SKIP to 67 on page 17
CHECK ITEM S	Respondent: <input type="checkbox"/> Was in Labor Force Group C last year (Item 103R on Information Sheet) – ASK 59 <input type="checkbox"/> All others – SKIP to 60	
59. At this time last year, you were not looking for work. What made you decide to take a job?	59.	(318) 1 <input type="checkbox"/> Recovered from illness 2 <input type="checkbox"/> Bored 3 <input type="checkbox"/> Completed education 4 <input type="checkbox"/> Needed money 5 <input type="checkbox"/> Other – Specify _____
60. How do you feel about the job you have now? Do you like it very much, like it fairly well, dislike it somewhat, dislike it very much?	60.	(319) 1 <input type="checkbox"/> Like it very much 2 <input type="checkbox"/> Like it fairly well 3 <input type="checkbox"/> Dislike it somewhat 4 <input type="checkbox"/> Dislike it very much
61. What are the things you like best about your job?	61.	(320) <input type="text"/> <input type="text"/> <input type="text"/> (1) _____ (321) <input type="text"/> <input type="text"/> <input type="text"/> (2) _____ (322) <input type="text"/> <input type="text"/> <input type="text"/> (3) _____
62. What are the things about your job that you don't like?	62.	(323) <input type="text"/> <input type="text"/> <input type="text"/> (1) _____ (324) <input type="text"/> <input type="text"/> <input type="text"/> (2) _____ (325) <input type="text"/> <input type="text"/> <input type="text"/> (3) _____

Notes

III. WORK ATTITUDES - Continued

63. Suppose someone IN THIS AREA offered you a job in the same line of work you're in now. How much would the new job have to pay for you to be willing to take it?

(If amount given per hour, record dollars and cents. Otherwise, round to the nearest dollar.)

63.

(326) \$ _____ per: ➤
(Dollars) (Cents)

(327) 1 ☐ Hour

(328) \$ _____ per: ➤
(Dollars only)

(329) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Any pay

8 ☐ Other - Specify _____

(330) 9 ☐ I wouldn't take it at any conceivable pay

10 ☐ I would take a steady job at same or less pay

11 ☐ Would accept job; don't know specific amount

12 ☐ Don't know

13 ☐ Other

CHECK
ITEM T

☐ Respondent not married and not enrolled in school - ASK 64

☐ All other - SKIP to Check Item U

64. What if this job were IN SOME OTHER PART OF THE COUNTRY - how much would it have to pay in order for you to be willing to take it?

(If amount given per hour, record dollars and cents. Otherwise, round to the nearest dollar.)

64.

(331) \$ _____ per: ➤
(Dollars) (Cents)

(332) 1 ☐ Hour

(333) \$ _____ per: ➤
(Dollars only)

(334) 2 ☐ Day

3 ☐ Week

4 ☐ Biweekly

5 ☐ Month

6 ☐ Year

7 ☐ Any pay

8 ☐ Other - Specify _____

(335) 9 ☐ I wouldn't take it at any conceivable pay

10 ☐ I would take a steady job at same or less pay

11 ☐ Would accept job; don't know specific amount

12 ☐ Depends on location, cost of living

13 ☐ Don't know

14 ☐ Other

CHECK
ITEM U

Refer to item 103R on the Information Sheet

☐ Respondent in Labor Force Group A in 1970 - ASK 65

☐ All other - SKIP to 67

65. Would you say you like your present job more, less, or about the same as (the job you held) last year?

65.

(336) 1 ☐ More } ASK 66
2 ☐ Less }

3 ☐ Same - SKIP to 67

66. What would you say is the main reason that you like your present job (more, less)?

66.

(337) ☐ ☐

Notes

(338)

(339)

(340)

IV. FUTURE JOB PLANS			
67. Now I would like to talk to about your future job plans. What kind of work would you like to be doing when you are 35 years old?		67.	(341) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<div></div> <div></div> <div></div>
			(342) 1 <input type="checkbox"/> Married, keeping house, raising a family 2 <input type="checkbox"/> Same as oresent job 3 <input type="checkbox"/> Don't know
CHECK ITEM V	Refer to Item 105R on the Information Sheet		(343) 1 <input type="checkbox"/> Respondent's future job plans are the same as when last interviewed – (Entries in 67 and item 105R on the Information Sheet are the same) – SKIP to Check Item W 2 <input type="checkbox"/> Respondent's future job plans differ from when last interviewed – (Entries in 67 and item 105R of Information Sheet differ) – ASK 68 3 <input type="checkbox"/> Respondent not asked about future job plans or "other" or "Don't know" in Item 105R – SKIP to Check Item W
68. When we last interviewed you, you said you thought that you'd like to be (Entry in item 105R of Information Sheet). Why would you say you have changed your plans?		68.	(344) <input type="checkbox"/>
			<div></div> <div></div>
V. HEALTH			
CHECK ITEM W	<input type="checkbox"/> Respondent is currently in school – ASK 69a <input type="checkbox"/> Respondent is not currently enrolled in school – SKIP to 69b		
69a. Do you have any health problem or condition that limits in any way your activity in school?		69a.	(345) 1 <input type="checkbox"/> Yes – SKIP to 70a 2 <input type="checkbox"/> No – ASK b
b. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?		b.	(346) 1 <input type="checkbox"/> Yes – SKIP to 70a 2 <input type="checkbox"/> No – ASK c
c. Do you have any health problem or condition that limits in any way the amount or kind of housework you can do?		c.	(347) 1 <input type="checkbox"/> Yes – SKIP to 70a 2 <input type="checkbox"/> No – ASK d
d. Do you have any health problem or condition that in any way limits your other activity?		d.	(348) 1 <input type="checkbox"/> Yes – SKIP to 70a 2 <input type="checkbox"/> No – SKIP to Check Item X
70a. How long have you been limited in this way?		70a.	(349) 1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months, but less than 6 months 3 <input type="checkbox"/> 6 months, but less than 1 year 4 <input type="checkbox"/> 1 year, but less than 3 years 5 <input type="checkbox"/> 3 years, but less than 5 years 6 <input type="checkbox"/> 5 years, but less than 10 years 7 <input type="checkbox"/> 10 years or longer, but less than life 8 <input type="checkbox"/> All my life
SHOW FLASHCARD (A) b. Do you ever have any difficulty performing any of the activities on this card?		b.	(350) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes – Which ones? – Mark each activity mentioned and for each one marked ask <div>Can you . . . at all? Yes No</div> <div>(351) 1 <input type="checkbox"/> Walking 1 <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>(352) 2 <input type="checkbox"/> Using stairs or inclines 1 <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>(353) 3 <input type="checkbox"/> Standing for long periods 1 <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>(354) 4 <input type="checkbox"/> Sitting for long periods 1 <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>(355) 5 <input type="checkbox"/> Stooping, kneeling or crouching 1 <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>(356) 6 <input type="checkbox"/> Lifting or carrying weights up to 10 pounds 1 <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>(357) 7 <input type="checkbox"/> Reaching { right hand 1 <input type="checkbox"/> 2 <input type="checkbox"/> left hand 1 <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>(358) 8 <input type="checkbox"/> Handling and fingering { right hand 1 <input type="checkbox"/> 2 <input type="checkbox"/> left hand 1 <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>(359) 9 <input type="checkbox"/> Seeing or hearing 1 <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>(360) 10 <input type="checkbox"/> Dealing with people 1 <input type="checkbox"/> 2 <input type="checkbox"/></div>

V. HEALTH – Continued

SHOW FLASHCARD (B)

70c. Are there any things on this card that bother you enough to be a problem?

- 70c. (361) 1 ☐ No
2 ☐ Yes – Which ones? Mark each problem mentioned.
- (362) 1 ☐ Pain
2 ☐ Tiring easily, no energy
3 ☐ Weakness, lack of strength
4 ☐ Aches, swelling, sick feeling
5 ☐ Fainting spells, dizziness
6 ☐ Nervousness, tension, anxiety, depression
7 ☐ Shortness of breath, trouble breathing

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

- d. (363) 1 ☐ Yes
2 ☐ No

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

- e. (364) 1 ☐ Yes
2 ☐ No

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

- f. (365) 1 ☐ Yes – ASK g
2 ☐ No – SKIP to h

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

- g. (366) 1 ☐ Frequently
2 ☐ Occasionally
3 ☐ Rarely

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

- h. (367) 1 ☐ Better
2 ☐ Worse
3 ☐ Same

CHECK
ITEM X

- ☐ Respondent not married – SKIP to Check Item Y
☐ All others – ASK 71

71. Does your husband's health or physical condition limit the amount or kind of work he can do?

71. (368) 1 ☐ Yes – ASK 72a
2 ☐ No – SKIP to Check Item Y

72a. How long has he been limited in this way?

- 72a. (369) 1 ☐ Under 3 months
2 ☐ 3 months, but less than 6 months
3 ☐ 6 months, but less than 1 year
4 ☐ 1 year, but less than 3 years
5 ☐ 3 years or more

b. Is he able to go outdoors without help from another person?

- b. (370) 1 ☐ Yes
2 ☐ No

c. Is he able to use public transportation, such as trains or buses, without help from another person?

- c. (371) 1 ☐ Yes
2 ☐ No

d. Does he ever need help from others in looking after his personal care such as dressing, bathing, eating, and other daily activities?

- d. (372) 1 ☐ Yes – ASK e
2 ☐ No – SKIP to Check Item Y

e. Would you say he needs this kind of help frequently, occasionally, or rarely?

- e. (373) 1 ☐ Frequently
2 ☐ Occasionally
3 ☐ Rarely

Notes

(374)

(375)

(376)

VI. CHILD CARE

CHECK
ITEM Y

☐ In Labor Force Group A ("WK" or "J" in 30 or "Yes" in 31a or 32a) and

☐ At least one child of own in household age 14 or less – ASK 73a

☐ No children of own in household age 14 or less – SKIP to 76a on page 23

☐ In Labor Force Group B ("LK" in 30 or "Yes" in 33a) and

☐ At least one child of own in household age 14 or less – SKIP to 74a on page 21

☐ No children of own in household 14 years old or less – SKIP to 76a on page 23

☐ In Labor Force Group C (all others) and

☐ At least one child of own in household age 14 or less – SKIP to 75a on page 22

☐ No children of own in household age 14 or less – SKIP to 76a on page 23

73a. Who usually takes care of your child(ren) while you are working?

73a.

1. In own home by relative

a. Father

377

1

b. Older brother or sister of child(ren)

2

Age?

c. Other relative

379

1

2. In own home by nonrelative

* 2

3. In relative's home

3

4. In nonrelative's home

4

5. Group care center or day care home, other than "regular" school or formal kindergarten (nursery school, settlement house)

a. Public (i.e., Government sponsored)

5

b. Private

6

6. Child cares for self (without supervision)

7

7. Mother cares for child at work

8

8. In "regular" school or kindergarten while mother is working

9

9. Other

10

Specify

(Youngest child in each column)

0–2 years old

3–5 years old

6+ years old

377

1

378

379

1

*

2

3

4

5

6

7

8

9

10

380

1

381

382

1

*

2

3

4

5

6

7

8

9

10

383

1

384

385

1

*

2

3

4

5

6

7

8

9

10

CHECK
ITEM Z

☐ Child in regular school or kindergarten ("8" checked in item 73a) – ASK 73b

☐ All others – SKIP to 73c

73b. Who usually takes care of your child(ren) while you are working when they are NOT in school?

73b.

1. In own home by relative

a. Father

386

1

b. Older brother or sister of child(ren)

2

Age?

c. Other relative

388

1

2. In own home by nonrelative

* 2

3. In relative's home

3

4. In nonrelative's home

4

5. Group care center or day care home other than "regular" school or formal kindergarten (nursery school, settlement house)

a. Public (i.e., Government sponsored)

5

b. Private

6

6. Child cares for self (without supervision)

7

7. Mother cares for child at work

8

8. Mother works only when child is in school

9

9. Other

10

Specify

(Youngest child in each column)

0–2 years old

3–5 years old

6+ years old

386

1

387

388

1

*

2

3

4

5

6

7

8

9

10

389

1

390

391

1

*

2

3

4

5

6

7

8

9

10

Notes

VI. CHILD CARE – Continued

73c. How dependable are these (is this) arrangement(s)? For instance, during the past two months, how often have you had to make last minute plans for the care of your child(ren) in order for you to work? Does this occur frequently, occasionally, rarely, or very rarely?

73c.

1. Frequently

2. Occasionally

3. Rarely

4. Very rarely

(392) 1 ☐

2 ☐

3 ☐

4 ☐

(393) 1 ☐

2 ☐

3 ☐

4 ☐

(394) 1 ☐

2 ☐

3 ☐

4 ☐

d. What is the total cost of having all of your child(ren) cared for while you are working?

d.

(395) \$ per

(396)

0 ☐ No cost – SKIP to 73g

CHECK ITEM AA

☐ Response to item 73d in dollars per day – ASK 73e

☐ All others – SKIP to 73f

73e. How many days per week do you work?

73e.

f. Does any of this cost cover house-keeping or other services not related to supervision of your child(ren)?

f.

g. Of all the ways your child(ren) could be cared for while you are working, is there any one way that you would prefer to your current arrangement(s)? If yes, specify.

g.

No

Yes:

1. In own home by relative

a. Father

b. Older brother or sister

c. Other relative

2. In own home by nonrelative

3. In relative's home

4. In nonrelative's home

5. Group care center or day care home, other than "regular" school or formal kindergarten (nursery school, settlement house)

a. Public (i.e., Government sponsored) .

b. Private

6. Child cares for self (without supervision)

7. Mother cares for child at work

8. Other –

Specify

(397) Days per week

(398) 1 ☐ Yes

2 ☐ No

(Youngest child in each column)

0–2 years old

3–5 years old

6+ years old

(399) 1 ☐

(400) 1 ☐

*

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

(401) 1 ☐

(402) 1 ☐

*

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

(403) 1 ☐

(404) 1 ☐

*

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

CHECK ITEM BB

☐ At least one child is being cared for in a group center or day care home (Item 73a or b is "5") – SKIP to 76a on page 23

☐ Would prefer to have at least one child cared for in a day care center or day care home (Item 73g is "5") – SKIP to 76a on page 23

☐ All others – ASK 73h

73h. You have not mentioned a group care center at all. If such a group care center were available at no higher cost than the arrangements you currently use, would you use it?

73h.

Yes

No –

Why not?

(Youngest child in each column)

0–2 years old

3–5 years old

6+ years old

(405) 1 ☐

☐

(406) 1 ☐

☐

(407) 1 ☐

☐

SKIP to 76a on page 23

Notes

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VI. CHILD CARE – Continued

74a. Who would take care of your child(ren) if you were to find a job?	74a.	<div>1. In own home by relative<div>a. Father<div>408</div>1 <input type="checkbox"/><div>2 <input type="checkbox"/></div>b. Older brother or sister of child(ren)<div>Age?<div>409</div></div>c. Other relative<div>410</div>1 <input type="checkbox"/></div></div> <div>2. In own home by nonrelative<div>*</div>2 <input type="checkbox"/></div> <div>3. In relative's home3 <input type="checkbox"/></div> <div>4. In nonrelative's home4 <input type="checkbox"/></div> <div>5. Group care center or day care home, other than "regular" school or formal kindergarten (nursery school, settlement house)<div>a. Public (i.e., Government sponsored)5 <input type="checkbox"/></div>b. Private6 <input type="checkbox"/></div> <div>6. Child would care for self (without supervision)7 <input type="checkbox"/></div> <div>7. Mother would care for child at work8 <input type="checkbox"/></div> <div>8. In "regular" school or kindergarten while mother would work9 <input type="checkbox"/></div> <div>9. Other10 <input type="checkbox"/></div> <div>Specify</div>
--	------	---

CHECK ITEM CC	<input type="checkbox"/> Child in regular school or kindergarten ("8" checked in item 74a) – ASK 74b
	<input type="checkbox"/> All others – SKIP to 74c

74b. Who would take care of your child when he is NOT in school, if you were to find a job?	74b.	<div>1. In own home by relative<div>a. Father<div>417</div>1 <input type="checkbox"/><div>2 <input type="checkbox"/></div>b. Older brother or sister of child(ren)<div>Age?<div>418</div></div>c. Other relative<div>419</div>1 <input type="checkbox"/></div></div> <div>2. In own home by nonrelative<div>*</div>2 <input type="checkbox"/></div> <div>3. In relative's home3 <input type="checkbox"/></div> <div>4. In nonrelative's home4 <input type="checkbox"/></div> <div>5. Group care center or day care home, other than "regular" school or formal kindergarten (nursery school, settlement house)<div>a. Public (i.e., Government sponsored)5 <input type="checkbox"/></div>b. Private6 <input type="checkbox"/></div> <div>6. Child would care for self (without supervision)7 <input type="checkbox"/></div> <div>7. Mother would care for child at work8 <input type="checkbox"/></div> <div>8. Mother would work only when child is in school9 <input type="checkbox"/></div> <div>9. Other10 <input type="checkbox"/></div> <div>Specify</div>
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c. What do you think will be the TOTAL cost of having your child(ren) cared for while you are working?	c.	<div>423</div> \$ <div></div> per <div></div>
		<div>424</div> <div></div> <div>o <input type="checkbox"/> No cost anticipated</div> <div>x <input type="checkbox"/> Don't know</div>
d. Will any of this cost cover house-keeping or other services not related to supervision of your child(ren)?	d.	<div>425</div> 1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No
		3 <input type="checkbox"/> Don't know

Notes

VI. CHILD CARE – Continued

74e. Of all the ways your child(ren) could be cared for while you are working, which arrangement would you prefer?
74e.

1. In own home by relative

a. Father
b. Older brother or sister of child(ren)
c. Other relative

2. In own home by nonrelative
3. In relative's home
4. In nonrelative's home
5. Group care center or day care home, other than "regular" school or formal kindergarten (nursery school, settlement house)

a. Public (i.e., Government sponsored)
b. Private

6. Child would care for self (without supervision)
7. Mother would care for child at work.
8. Other –
Specify

(Youngest child in each column)
0–2 years old
3–5 years old
6+ years old

(426) 1
2
3
4
5
6

(427) 1
2
3
4
5
6

(428) 1
2
3
4
5
6

CHECK
ITEM DD

- ☐ Intends to use a group care center or day care home for at least one child (item 74a or b is "5") – SKIP to 76a
☐ Prefers to use a group care center or day care home for at least one child (item 74e is "5") – SKIP to 76a
☐ All other – ASK 74f

74f. You have not mentioned a group care center at all. If such a group care center were available to you at no cost, would you use it?
74f.

Yes
No –
Why not?

(Youngest child in each column)
0–2 years old
3–5 years old
6+ years old

(429) 1

(430) 1

(431) 1

SKIP to 76a

75a. In the past 12 months, have you been unable to look for a job or to take a job due to a lack of child care arrangements?
75a.

(432) 1 Yes
2 No

b. If a group care center or day care home were available for your child(ren) at no cost to you, do you think you might look for a job right now?
b.

(433) 1 Yes
2 No
Depends – Specify

Notes

(434)

(435)

VII. ASSETS AND INCOME	
76a. So far as your overall financial position is concerned, would you say you are better off, about the same, or worse off now than you were at this time last year?	76a. (436) 1 <input type="checkbox"/> Same – SKIP to Check Item EE 2 <input type="checkbox"/> Better off 3 <input type="checkbox"/> Worse off } ASK b
b. In what ways are you (better, worse) off?	b. (437) <input type="text"/>
CHECK ITEM EE	<input type="checkbox"/> Respondent (or husband) is NOT head of household – SKIP to 79a <input type="checkbox"/> Respondent (or husband) is head of household – ASK 77a
77a. In the last 12 months, did you (or your husband) receive financial assistance from any of your relatives?	77a. (438) 1 <input type="checkbox"/> Yes – ASK b–c 2 <input type="checkbox"/> No – SKIP to item 78a
b. From whom?	b. (439) <input type="text"/>
c. How much did you receive?	c. (440) \$ <input type="text"/>
78a. Is this house(apartment) owned or being bought by you (or your husband)?	78a. (441) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 79a
b. About how much do you think this property would sell for on today's market?	b. (442) \$ <input type="text"/>
c. About how much do you (or your husband) owe on this property for mortgages, back taxes, home improvement loans, etc?	c. (443) \$ <input type="text"/> <input type="checkbox"/> None
79a. Do you (or your husband) have any money in savings or checking accounts, savings and loan companies or credit unions?	79a. <input type="checkbox"/> Yes – How much altogether? (444) \$ <input type="text"/> <input type="checkbox"/> No
b. Do you (or your husband) have any – (1) U.S. Savings Bonds?	b. <input type="checkbox"/> Yes – What is their face value? (1) (445) \$ <input type="text"/> <input type="checkbox"/> No
(2) Stocks, bonds, or mutual funds?	(2) <input type="checkbox"/> Yes – About how much is their market value? (446) \$ <input type="text"/> <input type="checkbox"/> No
80a. Do you (or your husband) rent, own, or have an investment in a farm, business, or any other real estate?	80a. (447) 1 <input type="checkbox"/> Yes – ASK b–d 2 <input type="checkbox"/> No – SKIP to 81a
b. Which one?	b. (448) 1 <input type="checkbox"/> Farm 2 <input type="checkbox"/> Business 3 <input type="checkbox"/> Real estate
c. About how much do you think this (business, farm, or other real estate) would sell for on today's market?	c. (449) \$ <input type="text"/>
d. What is the total amount of debt and other liabilities on this (business, farm, or other real estate)?	d. (450) \$ <input type="text"/> <input type="checkbox"/> None
81a. Do you (or your husband) own an automobile(s)?	81a. (451) 1 <input type="checkbox"/> Yes – ASK b–d 2 <input type="checkbox"/> No – SKIP to 82
b. What is (are) the make and model year?	b. (452) <input type="text"/> Model year <input type="text"/> Make (453) <input type="text"/> Model year <input type="text"/> Make (454) <input type="text"/> Model year <input type="text"/> Make
c. Do you owe any money on this (these) automobile(s)?	c. <input type="checkbox"/> Yes – How much? (455) \$ <input type="text"/> (456) \$ <input type="text"/> (457) \$ <input type="text"/> <input type="checkbox"/> No
d. How much would this (these) car(s) sell for on today's market?	d. (458) \$ <input type="text"/> (459) \$ <input type="text"/> (460) \$ <input type="text"/>
82. Do you (or your husband) owe any (other) money to stores, banks, doctors, or anyone else, excluding 30-day charge accounts?	82. <input type="checkbox"/> Yes – How much? (461) \$ <input type="text"/> <input type="checkbox"/> No

VII. ASSETS AND INCOME – Continued

		RESPONDENT	HUSBAND <input type="checkbox"/> Not married
Now I would like to ask a few questions about your income in the last 12 months.			
83a. How much did you (and your husband) receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?	83a.	(462) \$ _____ <input type="checkbox"/> None	(467) \$ _____ <input type="checkbox"/> None
b. Did you (and your husband) receive any income from working on your own or in your own business or farm?	b.	<input type="checkbox"/> Yes – How much? (463) \$ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? (468) \$ _____ <input type="checkbox"/> No
c. Did you (or your husband) receive any unemployment compensation?	c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> (1) How many weeks? (464) _____ (2) How much? (465) \$ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> (469) How many weeks? _____ (470) How much? \$ _____ <input type="checkbox"/> No
d. Did you (or your husband) receive any other income, such as rental income, interest or dividends, income as a result of disability or illness, etc.?	d.	<input type="checkbox"/> Yes – How much? (466) \$ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? (471) \$ _____ <input type="checkbox"/> No
CHECK ITEM FF	(472) 1 <input type="checkbox"/> Respondent (and husband) lives alone – SKIP to 84b 2 <input type="checkbox"/> All others – ASK 84a (If two or more RELATED respondents in household, ask 84a–b only once, and transcribe answers from the first to the other questionnaires.)		
84a. In the past 12 months, what was the total income of ALL family members living here? (Show flashcard)	84a.	(473) 1 <input type="checkbox"/> Under \$1,000 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> 2,000– 2,999 4 <input type="checkbox"/> 3,000– 3,999 5 <input type="checkbox"/> 4,000– 4,999 6 <input type="checkbox"/> 5,000– 5,999 7 <input type="checkbox"/> 6,000– 7,499 8 <input type="checkbox"/> 7,500– 9,999 9 <input type="checkbox"/> 10,000–14,999 10 <input type="checkbox"/> 15,000–24,999 11 <input type="checkbox"/> 25,000 and over	
b. Did anyone in this family receive any welfare or public assistance in the last 12 months?	b.	(474) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

Notes

VIII. FAMILY BACKGROUND		
85a. How many persons not counting yourself (or your husband) are dependent upon you (or your husband) for at least one-half of their support?		85a. (475) _____ Number o <input type="checkbox"/> None – SKIP to Check Item GG
b. Do any of these dependents live somewhere else other than here at home with you?		b. <input type="checkbox"/> Yes – How many? (476) _____ Number – ASK c o <input type="checkbox"/> No – SKIP to Check Item GG
c. What is their relationship to you?		c. (477) <input type="checkbox"/>
CHECK ITEM GG	Determine whether or not respondent lives in the same area (SMSA or county) as when last interviewed.	(478) 1 <input type="checkbox"/> Respondent lives in same area (SMSA or county) as when last interviewed – SKIP to 87d 2 <input type="checkbox"/> Respondent lives in different area (SMSA or county) than when last interviewed – ASK 86a
86a. When we last interviewed you, you were living in a different area. How many miles from here is that?		86a. (479) _____ Miles
b. How did you happen to move here?		b. (480) <input type="checkbox"/>
<input type="checkbox"/> Respondent currently in school – SKIP to 87c 87a. Did you have a job lined up here at the time you moved?		87a. (481) 1 <input type="checkbox"/> Yes, different from job held at time of move 2 <input type="checkbox"/> Yes, same as job held at time of move 3 <input type="checkbox"/> Yes, transferred job in same company 4 <input type="checkbox"/> No – ASK b } SKIP to c
b. How many weeks did you look before you found work?		b. (482) _____ Total weeks oo <input type="checkbox"/> Did not look for work – SKIP to c 99 <input type="checkbox"/> Still haven't found work
(1) How many weeks did you look before you moved?		(1) (483) _____ Weeks before
(2) How many weeks did you look after you moved?		(2) (484) _____ Weeks after
c. Since we last interviewed you, have you lived in any area (SMSA or county) other than the present one or the one in which you lived when we interviewed you last?		c. (485) <input type="checkbox"/> Yes – How many? _____ o <input type="checkbox"/> No } SKIP to 88
d. Have you lived in any area (SMSA or county) other than the present one since we last interviewed you?		d. (486) <input type="checkbox"/> Yes – How many? _____ o <input type="checkbox"/> No
88. How many rooms are there in this house or apartment? Do you count bathrooms, porches, balconies, foyers, halls, or half rooms.		88. (487) _____ Number
CHECK ITEM HH	<input type="checkbox"/> Respondent married or never married with own children in household – SKIP to 91 <input type="checkbox"/> Respondent widowed, divorced or separated – SKIP to 90 <input type="checkbox"/> All others – ASK 89	
89. Since the attitudes and plans of young women, like yourself, are among the most important factors in estimating future population growth in the United States, I would like to ask you about your views toward family size.		
a. What do you think is the ideal number of children for a family?		89a. (488) _____ Children
b. How many children do you ever expect to have?		b. (489) _____ Children – SKIP to 92 on page 27
Notes		

VIII. FAMILY BACKGROUND – Continued	
90. Now, I'd like to ask about your views toward family size which is so important in studying population growth in the United States.	
	a. What do you think is the ideal number of children for a family? 90a. (490) _____ Children
	b. How many children have you ever had, not counting stillbirths? b. (491) _____ Children
c. How many (more) children do you ever expect to have? c. (492) _____ Children – SKIP to 92	
91. Now, I'd like to ask you about your views toward family size which is so important in studying population growth in the United States.	
	a. What do you think is the ideal number of children for a family? 91a. (493) _____ Children
	b. How many children have you ever had, not counting stillbirths? b. (494) _____ Children
	c. Altogether, how many (more) children do you actually expect to have? c. (495) _____ Children o <input type="checkbox"/> None – SKIP to 92
	d. How many children do you expect to have within the next five years? d. (496) _____ Children o <input type="checkbox"/> None – SKIP to 92
	e. When do you expect to have your next child? e. (497) 1 <input type="checkbox"/> Within the next 12 months 2 <input type="checkbox"/> 13–24 months from now 3 <input type="checkbox"/> More than 24 months but less than 5 years from now
	(498) _____
	(499) _____
	(500) _____

Now I have a few questions about the education and work experience of the other family members living here.									
Line number	Name List below all persons living here who are related to respondent. <i>Enter line number from the Household Record Card in Column 92a.</i>	Relationship to respondent <i>Example: wife, son, daughter-in-law, brother, etc.</i>	Age <i>As of January 1, 1971</i>	Persons 6-24 years old				Persons 14 years old and over	
				Is . . . attending or enrolled in school? <i>Circle Y - Yes N - No</i>	If "Yes" - What grade (year)?	Did . . . finish this grade (year)?	In the past 12 months how many weeks did . . . work either full- or part-time (not, counting work around the house)?	In the weeks that . . . worked, how many hours did . . . usually work per week?	If person worked at all in the past 12 months -
92a	92b	92c	92d	93	94	95	96	97	98
		(501) Respondent							
		(502)		(503) Y N		Y N	(504)		(505)
		(506)		(507) Y N		Y N	(508)		(509)
		(510)		(511) Y N		Y N	(512)		(513)
		(514)		(515) Y N		Y N	(516)		(517)
		(518)		(519) Y N		Y N	(520)		(521)
		(522)		(523) Y N		Y N	(524)		(525)
		(526)		(527) Y N		Y N	(528)		(529)
		(530)		(531) Y N		Y N	(532)		(533)
		(534)		(535) Y N		Y N	(536)		(537)
		(538)		(539) Y N		Y N	(540)		(541)
		(542)		(543) Y N		Y N	(544)		(545)
		(546)		(547) Y N		Y N	(548)		(549)
		(550)		(551) Y N		Y N	(552)		(553)
		(554)		(555) Y N		Y N	(556)		(557)
		(558)		(559) Y N		Y N	(560)		(561)
		(562)		(563) Y N		Y N	(564)		(565)
		(566)		(567) Y N		Y N	(568)		(569)
		(570)		(571) Y N		Y N	(572)		(573)
		(574)		(575) Y N		Y N	(576)		(577)
		(578)		(579) Y N		Y N	(580)		(581)
		(582)		(583) Y N		Y N	(584)		(585)
		(586)		(587) Y N		Y N	(588)		(589)
		(590)		(591) Y N		Y N	(592)		(593)

INFORMATION SHEET DATA FROM 1970 INTERVIEWS		
100R.	Date of last interview	
594	<div><div></div><div></div><div></div></div> <div>MonthDayYear</div>	
101R.	Whether Respondent was attending or enrolled in school in 1970	
595	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	Grade Respondent was attending OR highest year of regular school completed:	
596	0 <input type="checkbox"/> None 0 1 <input type="checkbox"/> Elem. 1 2 3 4 5 6 7 8 2 <input type="checkbox"/> High 1 2 3 4 3 <input type="checkbox"/> College 1 2 3 4 5 6 7+	
102R.	Respondent's educational goal when last interviewed	
597	1 <input type="checkbox"/> Not asked educational goal 2 <input type="checkbox"/> High 1 2 3 4 3 <input type="checkbox"/> College 2 4 6 7+	
103R.	Respondent's labor force status in 1970	
598	1 <input type="checkbox"/> Unable to work 2 <input type="checkbox"/> Labor Force Group A 3 <input type="checkbox"/> Labor Force Group B 4 <input type="checkbox"/> Labor Force Group C	
104R.	<input type="checkbox"/> Noninterview in 1970 (1) Name of employer in 1970 <div><div></div><div></div></div> <input type="checkbox"/> Not employed in 1970	
105R.	Plans for age 35 when last interviewed	
	<input type="checkbox"/> Working — <i>Specify kind</i> <div><div></div><div></div></div>	
	<input type="checkbox"/> Married, keeping house, raising a family <input type="checkbox"/> Other or don't know	
106R.	Names and address of persons who will always know where respondent can be reached.	
	1. <div><div></div><div></div><div></div></div>	
	2. <div><div></div><div></div><div></div></div>	

99. When we last interviewed you, you mentioned (read names from item 106R on Information Sheet) as persons who will always know where you can be reached even if you moved away. Is this still true? (If so, verify the addresses and telephone numbers and enter below. If not, enter information about other persons who will know the respondent's whereabouts.)	NONINTERVIEWS IN 1970	
	Telephone number	Ask the following questions of all respondents who were noninterviews in 1970. Transcribe the answers to the appropriate item on the Information Sheet, then proceed with the regular interview.
	Address	
	Relationship to respondent	
Name		
(1)		
(2)		
<div><div><div><div><div><div>A. Were you attending or enrolled in regular school at this time last year?</div><div>1 <input type="checkbox"/> Yes — ASK B(1)</div><div>2 <input type="checkbox"/> No — SKIP to B(2)</div></div></div><div><div>B. (1) What grade were you attending at that time?</div><div>(2) What is the highest grade of regular school you have completed?</div><div>1 Elementary 1 2 3 4 5 6 7 8</div><div>2 High school 1 2 3 4</div><div>3 College 1 2 3 4 5 6 7+</div></div><div><div>C. Were you working or looking for work at this time last year?</div><div>1 <input type="checkbox"/> Working</div><div>2 <input type="checkbox"/> With a job, not at work</div><div>3 <input type="checkbox"/> Looking for work</div><div>4 <input type="checkbox"/> Unable to work</div><div>5 <input type="checkbox"/> Other — Specify</div><div><div></div><div></div><div></div></div></div></div><div><div>Transcribe entries to 101R</div><div>Transcribe entries to 103R as follows:</div><div>1. Mark "Labor Force Group A" if box 1 or 2 is marked</div><div>2. Mark "Labor Force Group B" if box 3 is marked</div><div>3. Mark "Labor Force Group C" if respondent was not working or looking for work</div><div>4. Mark "Unable to work" if box 4 is marked</div></div></div><div>WHEN THE TRANSCRIPTION HAS BEEN COMPLETED, BEGIN THE REGULAR INTERVIEW WITH ITEM 1.</div></div>		
Notes		<div>OFFICE USE ONLY</div> <div>107R. <input type="checkbox"/> Noninterview in 1969</div> <div>(1) Name of employer in 1969</div> <div></div> <div></div> <div><input type="checkbox"/> Not employed in 1969</div> <div>108R. (1) Name of employer in 1968</div> <div></div> <div></div> <div><input type="checkbox"/> Not employed in 1968</div> <div>109R. Residence in 1968</div> <div>City</div> <div>State</div>