


NOTICE — All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purpose.		FORM LGT-381 (11-22-76)		
		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		
		SURVEY OF WORK EXPERIENCE OF MATURE WOMEN 1977 NATIONAL LONGITUDINAL SURVEYS		
(001) 1 <input type="checkbox"/> Respondent a noninterview in 1976 — GO to page 39				
METHODS OF LOCATING RESPONDENT WHO HAS MOVED (Fill only if respondent has MOVED.)		RECORD OF CALLS		
<div>Successful Unsuccessful</div> <div><div><div>(002) 1 <input type="checkbox"/></div><div>2 <input type="checkbox"/></div><div>New occupants</div></div><div><div>(003) 1 <input type="checkbox"/></div><div>2 <input type="checkbox"/></div><div>Neighbors</div></div><div><div>(004) 1 <input type="checkbox"/></div><div>2 <input type="checkbox"/></div><div>Landlord or apartment manager</div></div><div><div>(005) 1 <input type="checkbox"/></div><div>2 <input type="checkbox"/></div><div>Post office</div></div><div><div>(006) 1 <input type="checkbox"/></div><div>2 <input type="checkbox"/></div><div>Telephone company (including directory and information operator)</div></div><div><div>(007) 1 <input type="checkbox"/></div><div>2 <input type="checkbox"/></div><div>Persons listed on back of record card</div></div><div><div>(008) 1 <input type="checkbox"/></div><div>2 <input type="checkbox"/></div><div>Other — Specify </div></div></div>		Date	Time	Comments
			a.m.	
			p.m.	
			a.m.	
			p.m.	
			a.m.	
			p.m.	
			a.m.	
			p.m.	
RECORD OF INTERVIEW				
<div>Date completed</div> <div>Month Day Year</div> <div>(009)</div>		<div>Interview time</div> <div>Began Ended</div> <div>a.m. a.m.</div> <div>p.m. p.m.</div>		<div>Regional Office code</div> <div>(011) _____ 00</div>
<div>Length of interview (minutes)</div> <div>(010)</div>		<div>Interviewed by</div>		
NONINTERVIEW REASON				
<div><div><div>(012) <input type="checkbox"/> Unable to contact respondent — Specify</div><div>6 <input type="checkbox"/> Temporarily absent — Give return date</div><div>8 <input type="checkbox"/> Institutionalized — Specify name, type and date of return</div><div>9 <input type="checkbox"/> Refused — Give full explanation</div><div>10 <input type="checkbox"/> Deceased</div><div>11 <input type="checkbox"/> Other — Specify</div></div><div></div></div>				
<div>1977 State/county</div> <div>(013)</div>		<div>If respondent has moved, enter new address</div> <div>1. Number and street</div>		
<div>PSU</div> <div>(014)</div>				
<div>SMSA</div> <div>(015)</div>	<div>2. City</div>	<div>3. County</div>	<div>4. State</div>	<div>5. ZIP code</div>

I. CURRENT LABOR FORCE STATUS

<p>1. What were you doing most of LAST WEEK – working, keeping house, or something else?</p> <p>(016) 1 <input type="checkbox"/> WK – Working – SKIP to 2b 2 <input type="checkbox"/> J – With a job but not at work 3 <input type="checkbox"/> LK – Looking for work 4 <input type="checkbox"/> S – Going to school 5 <input type="checkbox"/> KH – Keeping house 6 <input type="checkbox"/> U – Unable to work – SKIP to 5 7 <input type="checkbox"/> OT – Other – Specify _____</p>	<p>2a. Did you do any work at all LAST WEEK, not counting work around the house?</p> <p>(NOTE: If farm or business operator in household, ask about unpaid work.)</p> <p>(019) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a</p> <p>2b. How many hours did you work LAST WEEK at all jobs?</p> <p>(020) _____ Hours</p>	<p>(If “J” in 1, SKIP to b)</p> <p>3a. Did you have a job (or business) from which you were temporarily absent or on layoff LAST WEEK?</p> <p>(024) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a</p>
<p>2c. Do you USUALLY work 35 hours or more a week at this job?</p> <p>(017) 1 <input type="checkbox"/> Yes – What is the reason you worked less than 35 hours LAST WEEK? 2 <input type="checkbox"/> No – What is the reason you USUALLY work less than 35 hours a week?</p> <p>(Mark the appropriate reason)</p> <p>(018) 1 <input type="checkbox"/> Slack work 2 <input type="checkbox"/> Material shortage 3 <input type="checkbox"/> Plant or machine repair 4 <input type="checkbox"/> New job started during week 5 <input type="checkbox"/> Job terminated during week 6 <input type="checkbox"/> Could find only part-time work 7 <input type="checkbox"/> Holiday (legal or religious) 8 <input type="checkbox"/> Labor dispute 9 <input type="checkbox"/> Bad weather 10 <input type="checkbox"/> Own illness 11 <input type="checkbox"/> Illness of family member 12 <input type="checkbox"/> On vacation 13 <input type="checkbox"/> Too busy with housework 14 <input type="checkbox"/> Too busy with school, personal business, etc. 15 <input type="checkbox"/> Did not want full-time work 16 <input type="checkbox"/> Full-time work week under 35 hours 17 <input type="checkbox"/> Other reason – Specify _____</p> <p>(If entry in 2c, SKIP to 6a and enter job worked last week.)</p>	<p>CHECK ITEM A</p> <p>Respondent worked –</p> <p>(021) 1 <input type="checkbox"/> 49 hours or more – SKIP to 6a 2 <input type="checkbox"/> 1–34 hours – ASK 2c 3 <input type="checkbox"/> 35–48 hours – ASK 2d</p>	
	<p>2d. Did you lose any time or take any time off LAST WEEK for any reason such as illness, holiday, or slack work?</p> <p><input type="checkbox"/> Yes – How many hours did you take off?</p> <p>(022) _____ Hours (NOTE: Correct 2b if lost time not already deducted; if 2b reduced below 35, fill 2c, otherwise SKIP to 6a.)</p> <p><input type="checkbox"/> No</p>	<p>3b. Why were you absent from work LAST WEEK?</p> <p>(025) 1 <input type="checkbox"/> Own illness 2 <input type="checkbox"/> Illness of family member 3 <input type="checkbox"/> On vacation 4 <input type="checkbox"/> Bad weather 5 <input type="checkbox"/> New job to begin within 30 days – 6 <input type="checkbox"/> Temporary layoff (under 30 days) 7 <input type="checkbox"/> Indefinite layoff (30 days or more or no definite recall date) 8 <input type="checkbox"/> Labor dispute 9 <input type="checkbox"/> Other – Specify _____</p> <p>ASK 3c ASK 4c and 4d(2) ASK 4d(3) ASK 3c</p>
	<p>2e. Did you work any overtime or at more than one job LAST WEEK?</p> <p><input type="checkbox"/> Yes – How many extra hours did you work?</p> <p>(023) _____ Hours (NOTE: Correct 2b if extra hours not already included and SKIP to 6a.)</p> <p><input type="checkbox"/> No – SKIP to 6a</p>	<p>3c. Are you getting wages or salary for any of the time off LAST WEEK?</p> <p>(026) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Self-employed</p>
		<p>3d. Do you usually work 35 hours or more a week at this job?</p> <p>(027) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(SKIP to 6a and enter job held last week.)</p>

Notes

I. CURRENT LABOR FORCE STATUS – Continued

4a. (If "LK" in 1, SKIP to b)

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

1 ☐ Yes – ASK 4b

2 ☐ No – SKIP to 5

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

(Mark all methods used; do not read list)

0 ☐ Nothing – SKIP to 5

Checked with

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

5 ☐ Placed or answered ads

6 ☐ Other – Specify – e.g., 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?**

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?**

Weeks

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

1 ☐ Full time

2 ☐ Part time

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

Yes ☐

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

No ☐

g. **When did you last work at a regular job or business lasting 2 consecutive weeks or more, either full time or part time? (Enter date and mark (X) one box below)**

Month Day Year – Mark box below ☐

1 ☐ Date entered in 98R or later (item 98R on Information Sheet) – SKIP to 13a

2 ☐ Never worked 2 consecutive weeks or more

3 ☐ All others

5. **When did you last work at a regular job or business lasting 2 consecutive weeks or more, either full time or part time? (Enter date and mark (X) the box below)**

Month Day Year – Mark box below ☐

1 ☐ Date entered in 98R or later (item 98R on Information Sheet) – SKIP to 13a

2 ☐ Never worked 2 consecutive weeks or more

3 ☐ All others

6a.(1) **DESCRIPTION OF JOB OR BUSINESS**

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

(2) **Is this the full and complete name of the company?**

☐ Yes

☐ No – What is the full and complete name?

(3) **Do you ever refer to the company by any other name?**

☐ Yes – What is that name?

☐ No

(4) **To the best of your knowledge, has the name of the company changed in the past five years?**

☐ Yes – What was the name?

☐ No

(5) **About how many people are employed in the whole company?**

1 ☐ Less than 10

2 ☐ 10–24

3 ☐ 25–99

4 ☐ 100–499

5 ☐ 500–999

6 ☐ 1,000 or more

(6) **About how many people work in the same plant or office as you do?**

1 ☐ Less than 10

2 ☐ 10–24

3 ☐ 25–99

4 ☐ 100–499

5 ☐ 500–999

6 ☐ 1,000 or more

b. **In what city and State is . . . located?**

City State

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

d. **Were you –**

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 ☐ O – Self-employed in your OWN business, professional practice, or farm?

(If not a farm)

Is this business incorporated?

4 ☐ Yes 5 ☐ No

6 ☐ WP – Working WITHOUT PAY in family business or farm?

I. CURRENT LABOR FORCE STATUS – Continued				
6e. What kind of work were you doing? (For example: electrical engineer, receptionist, high school English teacher, waitress)	6e.	(044)		
f. What were your most important activities or duties? (For example: typing, keeping account books, selling shoes, driving taxi)	f.			
g. When did you first start working for (entry in 6a)?	g.	(045)	Month	Day
h. Have you ever left (entry in 6a) to work somewhere else?	h.	(046)	1 <input type="checkbox"/> Yes – ASK i 2 <input type="checkbox"/> No – SKIP to k	
i. When did you (last) leave (entry in 6a)?	i.	(047)	Month	Day
j. When did you (last) return to (entry in 6a)?	j.	(048)	Month	Day
k. When did you start working as a (entry in 6e) for (entry in 6a)?	k.	(049)	Month	Day
l. What methods did you use to look for work before you took this job? (Mark all that apply; do not read list to respondent)	l.	(050)	1 <input type="checkbox"/> State employment agency * 2 <input type="checkbox"/> Private employment agency 3 <input type="checkbox"/> Employer(s) directly 4 <input type="checkbox"/> Friends or relatives 5 <input type="checkbox"/> Placed or answered ads 6 <input type="checkbox"/> Other – Specify (e.g., CETA, union or professional register) ↘	
m. How did you find out about the job you have now? (Mark only one; do not read list to respondent)	m.	(051)	1 <input type="checkbox"/> State employment agency 2 <input type="checkbox"/> Private employment agency 3 <input type="checkbox"/> Employer directly 4 <input type="checkbox"/> Friends or relatives 5 <input type="checkbox"/> Newspaper ad 6 <input type="checkbox"/> Other – Specify (e.g., CETA, union or professional register) ↘	
Notes				

I. CURRENT LABOR FORCE STATUS – Continued	
<div>CHECK ITEM B</div> <div>Refer to 6d</div>	<div>052</div> <div>1 <input type="checkbox"/> "P" or "G" in item 6d – ASK 7a</div> <div>2 <input type="checkbox"/> "O" or "WP" in item 6d – SKIP to 7m</div>
7a. Altogether, how much do you usually earn at this job before deductions?	<div>7a.</div> <div>053</div> <div>\$ _____ per hour</div> <div>(Dollars) (Cents)</div> <div>OR</div> <div>054</div> <div>\$ _____</div> <div>(Dollars only)</div> <div>055</div> <div>2 <input type="checkbox"/> Day</div> <div>3 <input type="checkbox"/> Week</div> <div>4 <input type="checkbox"/> Biweekly</div> <div>5 <input type="checkbox"/> Month</div> <div>6 <input type="checkbox"/> Year</div> <div>7 <input type="checkbox"/> Other – Specify _____</div>
b. How many hours per week do you usually work at this job?	<div>b.</div> <div>056</div> <div>_____ Hours</div>
c. Do you receive extra pay when you work over a certain number of hours?	<div>c.</div> <div>057</div> <div>1 <input type="checkbox"/> Yes – ASK d</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> No, but receive compensating time off</div> <div>4 <input type="checkbox"/> Never work overtime</div> <div>SKIP to f</div>
d. After how many hours do you receive extra pay?	<div>d.</div> <div>058</div> <div>_____ Hours per day</div> <div>059</div> <div>_____ Hours per week</div>
e. For all hours worked over (entry in d) are you paid straight time, time and one-half, double time or what? (Mark (X) all that apply)	<div>e.</div> <div>060</div> <div>1 <input type="checkbox"/> Compensating time off</div> <div>* 2 <input type="checkbox"/> Straight time</div> <div>3 <input type="checkbox"/> Time and one-half</div> <div>4 <input type="checkbox"/> Double time</div> <div>5 <input type="checkbox"/> Other – Specify _____</div>
f. Are your wages (salary) on this job set by a collective bargaining agreement between your employer and a union or employee association?	<div>f.</div> <div>061</div> <div>1 <input type="checkbox"/> Yes – ASK g</div> <div>2 <input type="checkbox"/> No – SKIP to i</div>
g. What is the name of the union or employee association?	<div>g.</div> <div>062</div> <div><input type="text"/></div>
h. Are you a member of that union or employee association?	<div>h.</div> <div>063</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
Notes	

I. CURRENT LABOR FORCE STATUS – Continued

SHOW FLASHCARD (A)

7i. Which of the fringe benefits on this card does your employer make available to you?
(Mark (X) all that apply)

- 7i. (064) * 1 ☐ Medical, surgical or hospital insurance that covers any illness or injury off the job
- 2 ☐ Life insurance that would cover a death for reasons not connected with your job
- 3 ☐ A retirement program
- 4 ☐ Training or educational opportunities
- 5 ☐ Profit sharing
- 6 ☐ Stock options
- (065) * 7 ☐ Free or discounted meals
- 8 ☐ Free or discounted merchandise
- 9 ☐ Paid sick leave
- 10 ☐ Paid vacation
- x ☐ None

j. What hours do you usually work?

- j. (066) 1 ☐ Regular day shift
- 2 ☐ Regular evening shift
- 3 ☐ Regular night shift
- 4 ☐ Split shift
- 5 ☐ Hours vary

k. Some people would like to work more hours a week if they could be paid for it. Others would prefer to work fewer hours a week even if they earned less. Would you prefer more hours and more pay, fewer hours and less pay, or about the same number of hours at the same pay?

- k. (067) 1 ☐ More hours and more pay } ASK I
- 2 ☐ Fewer hours and less pay }
- 3 ☐ Same hours at the same pay – SKIP to 8a

l. About how many hours would you like to work?

- l. (068) _____ Hours – SKIP to 8a

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

- m. (069) _____ Hours per week

Notes

I. CURRENT LABOR FORCE STATUS – Continued

8a.	How long does it usually take you to get to work?	8a.	<div>(070) _____ Hours</div> <div>AND</div> <div>(071) _____ Minutes</div>
b.	What means of transportation do you usually use to get to work? (Mark as many boxes as apply)	b.	<div>(072) 1 <input type="checkbox"/> Own auto – ASK c(1) and c(2)</div> <div>*</div> <div>2 <input type="checkbox"/> Ride with someone else</div> <div>3 <input type="checkbox"/> Bus or streetcar</div> <div>4 <input type="checkbox"/> Subway or elevated</div> <div>5 <input type="checkbox"/> Railroad</div> <div>6 <input type="checkbox"/> Taxicab</div> <div>7 <input type="checkbox"/> Walk only</div> <div>8 <input type="checkbox"/> Other</div> <div>SKIP to c(2)</div> <div>SKIP to Check Item C</div>
c.(1)	What is the total round trip cost of any parking fees or tolls you have to pay when you drive your own auto?	c.(1)	<div>(073) 0 <input type="checkbox"/> No cost</div> <div>OR</div> <div>(074) \$ _____ per: (Dollars) (Cents)</div> <div>(075) 1 <input type="checkbox"/> Day</div> <div>2 <input type="checkbox"/> Week</div> <div>3 <input type="checkbox"/> Month</div>
(2)	How many miles do you go round trip?	(2)	<div>(076) _____ Miles</div>
	<input type="checkbox"/> Only box 1 marked in b – SKIP to Check Item C		
d.	What is the total cost of the round trip by (means of transportation in b other than own auto)?	d.	<div>(077) 0 <input type="checkbox"/> No cost</div> <div>OR</div> <div>(078) \$ _____ per: (Dollars) (Cents)</div> <div>(079) 1 <input type="checkbox"/> Day</div> <div>2 <input type="checkbox"/> Week</div> <div>3 <input type="checkbox"/> Month</div>
<div>CHECK ITEM C</div> <div>Refer to items 3b and 6d</div>		<div>(080) 1 <input type="checkbox"/> Entry in 3b – SKIP to 9d</div> <div>Item 3b is blank, and –</div> <div>2 <input type="checkbox"/> Entry in 6d is “P” or “G” – ASK 9a</div> <div>3 <input type="checkbox"/> Entry in 6d is “O” or “WP” – SKIP to 9c</div>	
9a.	Did you work for more than one employer last week?	9a.	<div>(081) 1 <input type="checkbox"/> Yes – SKIP to 10a</div> <div>2 <input type="checkbox"/> No – ASK b</div>
b.	In addition to working for wages and salary did you operate your own farm, business, or profession last week?	b.	<div>(082) 1 <input type="checkbox"/> Yes – SKIP to 10a</div> <div>2 <input type="checkbox"/> No – SKIP to d</div>
c.	In addition to this work, did you do any work for wages or salary last week?	c.	<div>(083) 1 <input type="checkbox"/> Yes – SKIP to 10a</div> <div>2 <input type="checkbox"/> No – ASK d</div>
d.	Did you have any other job at which you did not work at all last week?	d.	<div>(084) 1 <input type="checkbox"/> Yes – ASK 10a</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item E(1)</div>

I. CURRENT LABOR FORCE STATUS – Continued

10a. For whom did you work in addition to (entry in 6a)? (Name of company, business organization or other employer)		10a.	(085) <div></div>	
b. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)		b.	(086) <div></div> <div></div> <div></div>	
c. Were you –		c.	(087) 1 <input type="checkbox"/> P – An employee of a PRIVATE company, business or individual for wages, salary, or commission? 2 <input type="checkbox"/> G – A GOVERNMENT employee (Federal, State, county or local)? 3 <input type="checkbox"/> O – Self-employed in your OWN business, professional practice or farm? 4 <input type="checkbox"/> WP – Working WITHOUT PAY in a family business or farm?	
d. What kind of work were you doing? (For example: registered nurse, high school English teacher, waitress)		d.	(088) <div></div> <div></div> <div></div>	
e. What were your most important activities or duties? (For example: typing, keeping account books, selling shoes, driving taxi)		e.		
CHECK ITEM D Refer to 10c			(089) 1 <input type="checkbox"/> If "P" or "G" in item 10c – ASK f 2 <input type="checkbox"/> If "O" or "WP" in item 10c – SKIP to g	
10f. Altogether how much do you usually earn at this job before deductions?		10f.	(090) \$ _____ . _____ per hour (Dollars) (Cents) OR (091) \$ _____ . <div>00</div> per: (Dollars only) (092) 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"/> Other – Specify _____	
g. How many hours per week do you usually work at this job?		g.	(093) _____ Hours per week	
h. When did you start working as a (entry in 10d) for (entry in 10a)?		h.	(094) <div>Month</div> <div>Day</div> <div>Year</div> <div></div>	
CHECK ITEM E(1) Refer to items 6g, 6j, and 6k			Determine which is the most recent date and enter it here. (095) <div>Month</div> <div>Day</div> <div>Year</div>	
CHECK ITEM E(2) Refer to Check Item E(1) and 98R			Determine which is the more recent date and enter it here. (096) <div>Month</div> <div>Day</div> <div>Year</div>	
11a. Since (date in Check Item E(2)) were there any full weeks in which you didn't work, not counting paid vacations and paid sick leave?		11a.	(097) 1 <input type="checkbox"/> No – SKIP to Check Item F 2 <input type="checkbox"/> Yes – How many? (098) _____ Weeks	

I. CURRENT LABOR FORCE STATUS – Continued		
11b. Why were you not working during these _____ weeks?	11b.	(099) 1 <input type="checkbox"/> Personal, family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other – Specify _____ _____
CHECK ITEM F	Refer to Check Item E(2) and 98R	(100) 1 <input type="checkbox"/> Date entered in Check Item E(2) is the same as date entered in 98R – SKIP to Check Item M(1) 2 <input type="checkbox"/> Other – ASK 12
12. Just before (date in Check Item E(2)), was there a period of a week or more in which you were not working?	12.	(101) 1 <input type="checkbox"/> Yes – SKIP to 24 2 <input type="checkbox"/> No – SKIP to 15
13a. You said you last worked at a regular job on (entry in 4g or 5). 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?	13a. (1) (2)	(102) _____ Weeks since last worked (103) _____ Weeks looking or on layoff
CHECK ITEM G	Refer to 13a(1) and 13a(2)	(104) 1 <input type="checkbox"/> 13a(1) is equal to 13a(2) – SKIP to 15 2 <input type="checkbox"/> 13a(1) is greater than 13a(2) – ASK b
13b. 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? If “Other,” specify here → _____	13b.	(105) _____ Weeks (106) 1 <input type="checkbox"/> Personal, family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other } SKIP to 15
14a. Since (entry in item 98R) in how many different weeks did you do any work at all?	14a.	(107) _____ Weeks 0 <input type="checkbox"/> None
b. Since (entry in item 98R) have you spent any weeks looking for work or on layoff from a job?	b.	(108) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How many weeks? → (109) _____ Weeks
CHECK ITEM H	Interviewer: Use calendar to determine the number of weeks since entry in item 98R. Next: Add the entries in 14a and 14b and enter the sum in (2). (1) (2)	(110) _____ Weeks (since date entered in 98R) (111) _____ Weeks working, on layoff, or looking for work <input type="checkbox"/> (1) is equal to (2) – SKIP to Check Item M(1) <input type="checkbox"/> (1) is greater than (2) – ASK 14c
14c. What would you say was the main reason you were not working or looking for work during (the rest of) that time? If “Other,” specify here → _____	14c.	(112) 1 <input type="checkbox"/> Personal, family reasons 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> Child care problems 4 <input type="checkbox"/> Pregnancy 5 <input type="checkbox"/> Layoff 6 <input type="checkbox"/> Labor dispute 7 <input type="checkbox"/> Did not want to work 8 <input type="checkbox"/> Vacation 9 <input type="checkbox"/> Other } SKIP to Check Item M(1)
Notes	(113) (114) (115)	

II. WORK EXPERIENCE			
15. Now let's talk about —		<div>The job you worked at, or the type of work you did before you started to work as a (entry in 6e or 15e) for (entry in 6a or 15a)</div> <div>The last job you worked at; that is, the one which ended on (entry in 4g or 5)</div>	
a. For whom did you work? (Name of company, business, organization or other employer)		15a. (116) <input type="checkbox"/> Same as 6a — SKIP to 15e	
b. In what city and State is . . . located?		b. (117) <div></div> City, State	
c. What kind of business or industry is this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm)		c. (118) <div></div>	
d. Class of worker		d. (119) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP	
e. What kind of work were you doing? (For example: waitress, high school English teacher, registered nurse)		e. (120) <div></div>	
f. What were your most important activities or duties? (For example: selling clothing, keeping account books, teaching mathematics, driving taxi)		f. <div></div>	
16a. Altogether, how much did you usually earn at this job before all deductions?		16a. (121) \$ <div></div>	
		(122) <div></div> per <div></div>	
b. How many hours per week did you usually work on this job?		b. (123) <div></div> Hours	
17a. When did you start working as a (entry in 15e) for (entry in 15a)?		17a. (124) <div></div> Month <div></div> Day <div></div> Year	
b. When did you stop working as a (entry in 15e) for (entry in 15a)?		b. (125) <div></div> Month <div></div> Day <div></div> Year — Fill Check Item I	
		x <input type="checkbox"/> Still working there at same occ. — SKIP to 19a	
CHECK ITEM I	Refer to 6a, 10a, and 15a (all columns)	Item 15a is: 1. Same as (entry in 6a, 10a, or 15a) 2. Other	1. (126) 1 <input type="checkbox"/> ASK 18a 2. <input type="checkbox"/> SKIP to 18b
18a. Why did you change the kind of work you were doing?		18a. (127) <div></div> SKIP to 19a	
b. Why did you happen to leave this job?		b. (128) <div></div>	
c. Did you have a new job lined up before you left this one?		c. (129) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
19a. Excluding paid 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 entered in 98R)?		19a. (130) 0 <input type="checkbox"/> No — SKIP to Check Item J 1 <input type="checkbox"/> Yes — How many weeks?	
b. Why were you not working at this job during these . . . weeks?		(131) <div></div> Weeks — Ask b	
c. Were you working for someone else during this period(s)?		b. (132) <div></div>	
		c. (133) 1 <input type="checkbox"/> Yes — GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No — Fill Check Item J	
CHECK ITEM J	Refer to 17a and 98R	Item 17a is: 1. Since date entered in 98R 2. Date entered in 98R or earlier	1. (134) 1 <input type="checkbox"/> — ASK 20 2. <input type="checkbox"/> — SKIP to 21
20. Did you do any other kind of work for (entry in 15a) between (date in 98R) and (date in 17a)?		20. (135) 1 <input type="checkbox"/> Yes — GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No — SKIP to 22	
21. Have you worked for anyone else (since date entered in 98R)?		21. (136) 1 <input type="checkbox"/> Yes — GO to next Col., record Inf. 2 <input type="checkbox"/> No — SKIP to Check Item M(1)	
22. While you were working for (entry in 15a), were you also working for someone else?		22. (137) 1 <input type="checkbox"/> Yes — GO to next Col., record Inf. about simultaneous job 2 <input type="checkbox"/> No — ASK 23	
23. JUST before you started working as a (entry in 15e) for (entry in 15a) was there a period of a week or more in which you were not working?		23. (138) 1 <input type="checkbox"/> Yes — ASK 24 2 <input type="checkbox"/> No — GO to next Col., record Inf. about previous job	
24. When did this period in which you were not working start?		24. (139) <div></div> Month <div></div> Day <div></div> Year	
		x <input type="checkbox"/> Never worked before	
25a. Interviewer: Determine number of weeks not working. If item 24 is before date entered in 98R count only weeks since date entered in 98R.		25a. (140) <div></div> 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. (141) <div></div> Weeks looking or on layoff	
CHECK ITEM K	1. 25a is equal to 25b 2. 25a is greater than 25b	1. (142) 1 <input type="checkbox"/> — SKIP to Check Item L 2. <input type="checkbox"/> — ASK 26	
26. That leaves . . . weeks that you were not working or looking for work. What would you say was the main reason that you were not looking for work during that period?		26. (143) <div></div>	
CHECK ITEM L	1. Item 24 is date entered in 98R or later 2. Item 24 is before date entered in 98R	1. (144) 1 <input type="checkbox"/> — GO to next Col., record Inf. about previous job 2. <input type="checkbox"/> — SKIP to Check Item M(1)	

II. WORK EXPERIENCE - Continued																			
(2)			(3)			(4)													
15a.	(145) <input type="checkbox"/> Never worked before - SKIP to Check Item M(1) <input type="checkbox"/> Same as _____ - SKIP to 15e			(174) <input type="checkbox"/> Never worked before - SKIP to Check Item M(1) <input type="checkbox"/> Same as _____ - SKIP to 15e			(203) <input type="checkbox"/> Never worked before - SKIP to Check Item M(1) <input type="checkbox"/> Same as _____ - SKIP to 15e												
b.	(146) <input type="text"/> <input type="text"/> <input type="text"/> City, State			(175) <input type="text"/> <input type="text"/> <input type="text"/> City, State			(204) <input type="text"/> <input type="text"/> <input type="text"/> City, State												
c.	(147) <input type="text"/> <input type="text"/> <input type="text"/>			(176) <input type="text"/> <input type="text"/> <input type="text"/>			(205) <input type="text"/> <input type="text"/> <input type="text"/>												
d.	(148) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP			(177) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP			(206) 1 <input type="checkbox"/> P 2 <input type="checkbox"/> G 3 <input type="checkbox"/> O 4 <input type="checkbox"/> WP												
e.	(149) <input type="text"/> <input type="text"/> <input type="text"/>			(178) <input type="text"/> <input type="text"/> <input type="text"/>			(207) <input type="text"/> <input type="text"/> <input type="text"/>												
f.																			
16a.	(150) \$ _____ (151) <input type="text"/> per _____			(179) \$ _____ (180) <input type="text"/> per _____			(208) \$ _____ (209) <input type="text"/> per _____												
b.	(152) _____ Hours			(181) _____ Hours			(210) _____ Hours												
17a.	(153) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>			Month	Day	Year	(182) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table>			Month	Day	Year	(211) <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.	(154) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> - Fill Check Item I x <input type="checkbox"/> Still working there at same occ. - SKIP to 19a			Month	Day	Year	(183) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> - Fill Check Item I x <input type="checkbox"/> Still working there at same occ. - SKIP to 19a			Month	Day	Year	(212) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> - Fill Check Item I x <input type="checkbox"/> Still working there at same occ. - SKIP to 19a				Month	Day	Year
Month	Day	Year																	
Month	Day	Year																	
Month	Day	Year																	
I	(155) 1 <input type="checkbox"/> - ASK 18a 2 <input type="checkbox"/> - SKIP to 18b			(184) 1 <input type="checkbox"/> - ASK 18a 2 <input type="checkbox"/> - SKIP to 18b			(213) 1 <input type="checkbox"/> - ASK 18a 2 <input type="checkbox"/> - SKIP to 18b												
18a.	(156) <input type="text"/> <input type="text"/> SKIP to 19a			(185) <input type="text"/> <input type="text"/> SKIP to 19a			(214) <input type="text"/> <input type="text"/> SKIP to 19a												
b.	(157) <input type="text"/> <input type="text"/>			(186) <input type="text"/> <input type="text"/>			(215) <input type="text"/> <input type="text"/>												
c.	(158) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			(187) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			(216) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No												
19a.	(159) 0 <input type="checkbox"/> No - SKIP to Check Item J 1 <input type="checkbox"/> Yes - How many weeks? (160) _____ Weeks - ASK b			(188) 0 <input type="checkbox"/> No - SKIP to Check Item J 1 <input type="checkbox"/> Yes - How many weeks? (189) _____ Weeks - ASK b			(217) 0 <input type="checkbox"/> No - SKIP to Check Item J 1 <input type="checkbox"/> Yes - How many weeks? (218) _____ Weeks - ASK b												
b.	(161) <input type="text"/> <input type="text"/>			(190) <input type="text"/> <input type="text"/>			(219) <input type="text"/> <input type="text"/>												
c.	(162) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No - Fill Check Item J			(191) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No - Fill Check Item J			(220) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No - Fill Check Item J												
J	(163) 1 <input type="checkbox"/> - ASK 20 2 <input type="checkbox"/> - SKIP to 21			(192) 1 <input type="checkbox"/> - ASK 20 2 <input type="checkbox"/> - SKIP to 21			(221) 1 <input type="checkbox"/> - ASK 20 2 <input type="checkbox"/> - SKIP to 21												
20.	(164) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No - SKIP to 22			(193) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No - SKIP to 22			(222) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. about this job 2 <input type="checkbox"/> No - SKIP to 22												
21.	(165) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. 2 <input type="checkbox"/> No - SKIP to Check Item M(1)			(194) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. 2 <input type="checkbox"/> No - SKIP to Check Item M(1)			(223) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. 2 <input type="checkbox"/> No - SKIP to Check Item M(1)												
22.	(166) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. about simultaneous job 2 <input type="checkbox"/> No - ASK 23			(195) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. about simultaneous job 2 <input type="checkbox"/> No - ASK 23			(224) 1 <input type="checkbox"/> Yes - GO to next Col., record Inf. about simultaneous job 2 <input type="checkbox"/> No - ASK 23												
23.	(167) 1 <input type="checkbox"/> Yes - ASK 24 2 <input type="checkbox"/> No - GO to next Col., record Inf. about previous job			(196) 1 <input type="checkbox"/> Yes - ASK 24 2 <input type="checkbox"/> No - GO to next Col., record Inf. about previous job			(225) 1 <input type="checkbox"/> Yes - ASK 24 2 <input type="checkbox"/> No - GO to next Col., record Inf. about previous job												
24.	(168) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> x <input type="checkbox"/> Never worked before			Month	Day	Year	(197) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> x <input type="checkbox"/> Never worked before			Month	Day	Year	(226) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr></table> x <input type="checkbox"/> Never worked before				Month	Day	Year
Month	Day	Year																	
Month	Day	Year																	
Month	Day	Year																	
25a.	(169) _____ Weeks not working			(198) _____ Weeks not working			(227) _____ Weeks not working												
b.	(170) _____ Weeks looking or on layoff			(199) _____ Weeks looking or on layoff			(228) _____ Weeks looking or on layoff												
K	(171) 1 <input type="checkbox"/> - SKIP to Check Item L 2 <input type="checkbox"/> - ASK 26			(200) 1 <input type="checkbox"/> - SKIP to Check Item L 2 <input type="checkbox"/> - ASK 26			(229) 1 <input type="checkbox"/> - SKIP to Check Item L 2 <input type="checkbox"/> - ASK 26												
26.	(172) <input type="text"/> <input type="text"/>			(201) <input type="text"/> <input type="text"/>			(230) <input type="text"/> <input type="text"/>												
L	(173) 1 <input type="checkbox"/> - GO to next Col., record Inf. about previous job 2 <input type="checkbox"/> - SKIP to Check Item M(1)			(202) 1 <input type="checkbox"/> - GO to next Col., record Inf. about previous job 2 <input type="checkbox"/> - SKIP to Check Item M(1)			(231) 1 <input type="checkbox"/> } Fill Check Item M(1) 2 <input type="checkbox"/>												

II. WORK EXPERIENCE – Continued									
CHECK ITEM M(1)	Refer to Check Item E(2) and item 17a (all columns). If E(2) and 17a are ALL blank, refer to 4g or 5	Determine which is the earliest date and record it here. (232) 0 <input type="checkbox"/> "Never worked 2 consecutive weeks or more" in 4g or 5 – SKIP to Check Item N (233) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> – FILL Check Item M(2)		Month	Day	Year			
Month	Day	Year							
CHECK ITEM M(2)	Refer to Check Item M(1)	Date entered in Check Item M(1) is – (234) 1 <input type="checkbox"/> Before June 1972 – SKIP to Check Item N 2 <input type="checkbox"/> June 1972 or later – ASK 27a							
27a. Now, of all the jobs you have had since June 1972, I'd like to know about the one at which you worked the longest. For whom did you work then?	27a.	(235) <table><tr><td></td></tr></table> _____ ASK b							
b. What kind of business or industry was that?	b.	(236) 1 <input type="checkbox"/> Same as 6a – SKIP to 27i (237) <table><tr><td></td><td></td><td></td></tr></table>							
c. Were you – (1) An employee of a PRIVATE company, business or individual for wages, salary, or commission? (2) A GOVERNMENT employee (Federal, State, county or local)? (3) Self-employed in your OWN business, professional practice, or farm? (4) Working WITHOUT PAY in a family business or farm?	c.	(238) 1 <input type="checkbox"/> P – Private 2 <input type="checkbox"/> G – Government 3 <input type="checkbox"/> O – Self-employed 4 <input type="checkbox"/> WP – Without pay							
d. When did you START working at that job?	d.	(239) <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							
e. When did you STOP working at that job?	e.	(240) <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> – ASK f x <input type="checkbox"/> Still working there – SKIP to g		Month	Day	Year			
Month	Day	Year							
f. Why did you happen to leave that job?	f.	(241) <table><tr><td></td><td></td></tr></table>							
g. How much did (do) you earn at that job before deductions at the time you left?	g.	(242) \$ _____ . _____ per hour (Dollars) (Cents) OR (243) \$ _____ . <table><tr><td>00</td></tr></table> per: (Dollars only) (244) 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"/> Other – Specify _____		00					
00									
h. How many hours per week did (do) you usually work at that job?	h.	(245) _____ Hours							
i. What kind of work were you doing longest on that job?	i.	(246) <table><tr><td></td><td></td><td></td></tr></table>							
j. What were your most important activities or duties?	j.								
CHECK ITEM N	Refer to items 1, 2a, 3a and 4a	Respondent is in – (247) 1 <input type="checkbox"/> Labor Force Group A ("WK" or "J" in 1 or "Yes" in 2a or 3a) – SKIP to Check Item O 2 <input type="checkbox"/> Labor Force Group B ("LK" in 1 or "Yes" in 4a) – SKIP to 30a 3 <input type="checkbox"/> Labor Force Group C (All others) – ASK 28a							

II. WORK EXPERIENCE – Continued

28a. Do you intend to look for work of any kind in the next 12 months?

- 28a. (248) 1 ☐ Yes, definitely } ASK b
2 ☐ Yes, probably }
3 ☐ Maybe – What does it depend on? } SKIP to 28c
4 ☐ No }
5 ☐ Don't know } SKIP to 29a

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

b. (249) _____ Month

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

c. (250)

d. What will you do to find work?
(Mark (X) all that apply)

- d. (251) * Check with { 1 ☐ State employment agency (or counselor)
2 ☐ Private employment agency
3 ☐ Employer directly
4 ☐ Friends or relatives
5 ☐ Place or answer ads
6 ☐ Other – Specify _____

29a. Why would you say that you are not looking for work at this time?
(Mark the main reason)

- 29a. (252) 1 ☐ Health reasons
2 ☐ Husband would not agree
3 ☐ Believes no work available
4 ☐ Does not want to work
5 ☐ No adequate child care
6 ☐ Pregnancy
7 ☐ Personal, family reasons
8 ☐ Other – Specify _____

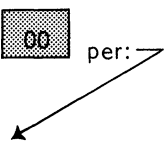
b. If you were offered a job by some employer in THIS AREA, do you think you would take it?
(Mark one answer)

- b. (253) 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 agrees
7 ☐ Yes, if other _____ } ASK c
8 ☐ No, health won't permit
9 ☐ No, don't want to work (no need to)
10 ☐ No, husband doesn't want me to
11 ☐ No, too busy with home and/or family
12 ☐ No, other _____ } SKIP to Check Item Q(1)

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

c. (254)

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

- d. (255) 1 ☐ Any pay
OR
(256) \$ _____ . _____ per hour
(Dollars) (Cents)
OR
(257) \$ _____ . per: 
(Dollars only)
(258) 2 ☐ Day
3 ☐ Week
4 ☐ Biweekly
5 ☐ Month
6 ☐ Year
7 ☐ Other – Specify _____

e. How many hours per week would you want to work?

e. (259) _____ Hours – SKIP to Check Item Q(1)

II. WORK EXPERIENCE – Continued

30a. What type of work are you looking for?	30a. (260) <div></div> <div></div> <div></div>
b. How many hours per week do you want to work?	b. (261) _____ Hours
c. What would the wage or salary have to be for you to be willing to take it?	c. (262) 1 <input type="checkbox"/> Any pay OR (263) \$ _____ . _____ per hour (Dollars) (Cents) OR (264) \$ _____ . <div>00</div> per: <div></div> (Dollars only) (265) 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"/> Other – Specify _____
d. Are there any restrictions, such as hours or location of job that would be a factor in your taking a job?	d. (266) 1 <input type="checkbox"/> Yes – ASK e 2 <input type="checkbox"/> No – SKIP to f
e. What are these restrictions?	e. (267) <div></div> _____
f. If you were offered a job in this area at the same pay as your last job, would you take it?	f. (268) 1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> It depends on type of work 3 <input type="checkbox"/> It depends if satisfied with company 4 <input type="checkbox"/> It depends – Other – Specify below 5 <input type="checkbox"/> No, pay not high enough 6 <input type="checkbox"/> No, other – Specify <div></div> _____ 7 <input type="checkbox"/> Had no prior job <div>SKIP to Check Item Q(1)</div>
<div>CHECK ITEM 0</div> <div>Refer to item 99R on Information Sheet</div>	Respondent – (269) 1 <input type="checkbox"/> Was in Labor Force Group C in 1976 – ASK 31 2 <input type="checkbox"/> All others – SKIP to 32
31. At this time in 1976, you were not looking for work. What made you decide to take a job?	31. (270) 1 <input type="checkbox"/> Recovered from illness (include pregnancy) 2 <input type="checkbox"/> Wanted to work 3 <input type="checkbox"/> Adequate child care available 4 <input type="checkbox"/> Needed money 5 <input type="checkbox"/> Children can care for themselves 6 <input type="checkbox"/> Other – Specify _____
32. 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?	32. (271) 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
33. What are the things you like best about your job?	33. (272) <div></div> <div></div> (1) (273) <div></div> <div></div> (2) (274) <div></div> <div></div> (3)

II. WORK EXPERIENCE – Continued	
34. What are the things about your job that you don't like?	34. (275) <input type="checkbox"/> <input type="checkbox"/>
(1)	(276) <input type="checkbox"/> <input type="checkbox"/>
(2)	(277) <input type="checkbox"/> <input type="checkbox"/>
(3)	
CHECK ITEM P	Refer to item 99R on the Information Sheet
	(278) 1 <input type="checkbox"/> Respondent in Labor Force Group A in 1976 – ASK 35 2 <input type="checkbox"/> All other – SKIP to Check Item Q(1)
35. Would you say you like your present job more, less, or about the same as (the job you held) last year?	35. (279) 1 <input type="checkbox"/> More } ASK 36 2 <input type="checkbox"/> Less } 3 <input type="checkbox"/> Same – SKIP to Check Item Q(1)
36. What would you say is the main reason that you like your present job (more, less)?	36. (280) <input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM Q(1)	Refer to items 11b and 14a–c on Record Card
	(281) 1 <input type="checkbox"/> Respondent has one or more children under 18 in the household – FILL Check Item Q(2) 2 <input type="checkbox"/> All others – SKIP to 38
CHECK ITEM Q(2)	Refer to Check Item N
	(282) 1 <input type="checkbox"/> Respondent is in Labor Force Group A or B – ASK 37a 2 <input type="checkbox"/> Respondent is in Labor Force Group C – SKIP to 37b
37a. Who usually takes (will take) care of your (youngest) child while you are working (and the child is not in school)? (Mark (X) all that apply)	37a. In own home by relative (283) * 1 <input type="checkbox"/> Father 2 <input type="checkbox"/> Older brother or sister of child(ren) 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> In own home by nonrelative 5 <input type="checkbox"/> In relative's home 6 <input type="checkbox"/> In nonrelative's home Child care center (such as nursery school or settlement house) other than regular school or formal kindergarten (284) * 1 <input type="checkbox"/> Public (i.e., Government sponsored) 2 <input type="checkbox"/> Private 3 <input type="checkbox"/> Child cares for self (without supervision) 4 <input type="checkbox"/> Mother cares for child at work 5 <input type="checkbox"/> In "regular" school or kindergarten while mother is working 6 <input type="checkbox"/> Other – Specify ↴ _____
b. In the past 12 months, have you been unable to look for work or take a job due to a lack of child care arrangements?	b. (285) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. If a child 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?	c. (286) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <input type="checkbox"/> Depends – Specify ↴ _____

III. WORK ATTITUDES					
38. We are interested in your opinion about the employment of wives. (HAND CARD (B) TO RESPONDENT). I will read you a series of statements and after each one I would like to know whether you: strongly agree, agree, disagree, or strongly disagree?					
Statements	Strongly agree	Agree	Disagree	Strongly disagree	Undecided
a. Modern conveniences permit a wife to work without neglecting her family	(287) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. A woman's place is in the home, not in the office or shop	(288) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. A job provides a wife with interesting outside contacts	(289) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. A wife who carries out her full family responsibilities doesn't have time for outside employment	(290) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. A working wife feels more useful than one who doesn't hold a job	(291) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. The employment of wives leads to more juvenile delinquency	(292) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Working wives help to raise the general standard of living	(293) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Working wives lose interest in their homes and families	(294) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Employment of both parents is necessary to keep up with the high cost of living	(295) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
39. Now I'd like your opinion about women working. People have different ideas about whether married women should work. Here are three statements about a married woman with children between the ages of 6 and 12. (HAND CARD (C) TO RESPONDENT). In each case, how do you feel about such a woman taking a full-time job outside the home: it is definitely all right, probably all right, probably not all right, or definitely not all right?					
Statements	Definitely all right	Probably all right	Probably not all right	Definitely not all right	No opinion, undecided
a. If it is absolutely necessary to make ends meet	(296) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. If she wants to work and her husband agrees	(297) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. If she wants to work, even if her husband does not particularly like the idea	(298) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
CHECK ITEM R(1)	(299) 1 <input type="checkbox"/> Married spouse present } Fill Check Item R(2) 2 <input type="checkbox"/> Married spouse absent } 3 <input type="checkbox"/> Widowed } 4 <input type="checkbox"/> Divorced } SKIP to 40 5 <input type="checkbox"/> Separated } 6 <input type="checkbox"/> Never married }				
CHECK ITEM R(2)	(300) 1 <input type="checkbox"/> In Labor Force Group A or B – ASK d 2 <input type="checkbox"/> In Labor Force Group C – SKIP to e				
39d. How does your husband feel about your working – does he like it very much, like it somewhat, not care either way, dislike it somewhat, or dislike it very much?	39d.	(301) 1 <input type="checkbox"/> Like it very much } 2 <input type="checkbox"/> Like it somewhat } SKIP to 40 3 <input type="checkbox"/> Not care either way } 4 <input type="checkbox"/> Dislike it somewhat } 5 <input type="checkbox"/> Dislike it very much }			
e. How do you think your husband would feel about your working now – would he like it very much, like it somewhat, not care either way, dislike it somewhat, or dislike it very much?	e.	(302) 1 <input type="checkbox"/> Like it very much 2 <input type="checkbox"/> Like it somewhat 3 <input type="checkbox"/> Not care either way 4 <input type="checkbox"/> Dislike it somewhat 5 <input type="checkbox"/> Dislike it very much			
Notes					

III. WORK ATTITUDES – Continued

40. We would like to find out whether people's outlook on life has any effect on the kind of jobs they have, the way they look for work, how much they work, and matters of that kind. On each of these cards is a pair of statements numbered 1 and 2. For each pair, please select the **ONE** statement which is closer to your opinion. In addition, tell us whether the statement you select is **MUCH CLOSER** to your opinion or **SLIGHTLY CLOSER**.

In some cases you may find that you believe both statements, in other cases you may believe neither one. Even when you feel this way about a pair of statements, select the one statement which is more nearly true in your opinion.

Try to consider each pair of statements separately when making your choices; do not be influenced by your previous choices.

- a. (303) 1 ☐ Many of the unhappy things in people's lives are partly due to bad luck.

- 2 ☐ People's misfortunes result from the mistakes they make.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

- b. (304) 1 ☐ In the long run, people get the respect they deserve in this world.

- 2 ☐ Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

- c. (305) 1 ☐ Without the right breaks, one cannot be an effective leader.

- 2 ☐ Capable people who fail to become leaders have not taken advantage of their opportunities.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

- d. (306) 1 ☐ Becoming a success is a matter of hard work; luck has little or nothing to do with it.

- 2 ☐ Getting a good job depends mainly on being in the right place at the right time.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

- e. (307) 1 ☐ What happens to me is my own doing.

- 2 ☐ Sometimes I feel that I don't have enough control over the direction my life is taking.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

- f. (308) 1 ☐ When I make plans, I am almost certain that I can make them work.

- 2 ☐ It is not always wise to plan too far ahead, because many things turn out to be a matter of good or bad fortune anyhow.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

- g. (309) 1 ☐ In my case, getting what I want has little or nothing to do with luck.

- 2 ☐ Many times we might just as well decide what to do by flipping a coin.

Is this statement much closer or slightly closer to your opinion?

8 ☐ Much 9 ☐ Slightly

III. WORK ATTITUDES – Continued

40h. (310) *	1 <input type="checkbox"/> Who gets to be boss often depends on who was lucky enough to be in the right place first.	2 <input type="checkbox"/> Getting people to do the right thing depends upon ability; luck has little or nothing to do with it.
Is this statement much closer or slightly closer to your opinion?		
8 <input type="checkbox"/> Much 9 <input type="checkbox"/> Slightly		

i. (311) *	1 <input type="checkbox"/> Most people don't realize the extent to which their lives are controlled by accidental happenings.	2 <input type="checkbox"/> There is really no such thing as "luck."
Is this statement much closer or slightly closer to your opinion?		
8 <input type="checkbox"/> Much 9 <input type="checkbox"/> Slightly		

j. (312) *	1 <input type="checkbox"/> In the long run, the bad things that happen to us are balanced by the good ones.	2 <input type="checkbox"/> Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
Is this statement much closer or slightly closer to your opinion?		
8 <input type="checkbox"/> Much 9 <input type="checkbox"/> Slightly		

k. (313) *	1 <input type="checkbox"/> Many times I feel that I have little influence over the things that happen to me.	2 <input type="checkbox"/> It is impossible for me to believe that chance or luck plays an important role in my life.
Is this statement much closer or slightly closer to your opinion?		
8 <input type="checkbox"/> Much 9 <input type="checkbox"/> Slightly		

Notes	(314)
	(315)

IV. RETROSPECTIVE WORK HISTORY

Now I'd like for you to look back over the past 5 years, that is since June 1972.

<p>41. In the past 5 years, since June 1972, for how many different employers have you worked?</p>	<p>41.</p> <p>(316) _____ Employers – ASK 42a</p> <p>x <input type="checkbox"/> Not worked since June 1972 – SKIP to 48</p>
<p>42a. All in all, so far as your work is concerned, would you say that you've progressed during the past 5 years, moved backward, or just about held your own?</p>	<p>42a.</p> <p>(317) 1 <input type="checkbox"/> Progressed – ASK b</p> <p>2 <input type="checkbox"/> Moved backward – SKIP to c</p> <p>3 <input type="checkbox"/> Held own } SKIP to 43a</p> <p>4 <input type="checkbox"/> Retired }</p>
<p>b. In what way(s) would you say you have progressed?</p> <p>(Record up to two responses)</p>	<p>b.</p> <p>(318) <input type="text"/> <input type="text"/></p> <p>(319) <input type="text"/> <input type="text"/></p> <p>} SKIP to 43a</p>
<p>c. In what way(s) would you say you have moved backward?</p> <p>(Record up to two responses)</p>	<p>c.</p> <p>(320) <input type="text"/> <input type="text"/></p> <p>(321) <input type="text"/> <input type="text"/></p>
<p>43a. During the past 5 years, do you feel that so far as work is concerned, you have been in any way discriminated against because of your sex?</p>	<p>43a.</p> <p>(322) 1 <input type="checkbox"/> Yes – ASK b and c</p> <p>2 <input type="checkbox"/> No – SKIP to 44a</p>
<p>b. In what way(s)?</p> <p>(Record up to two responses)</p>	<p>b.</p> <p>(323) <input type="text"/> <input type="text"/></p> <p>(324) <input type="text"/> <input type="text"/></p>
<p>c. Was this by an employer for whom you worked or an employer for whom you did not work?</p>	<p>c.</p> <p>(325) 1 <input type="checkbox"/> Employer for whom respondent worked</p> <p>2 <input type="checkbox"/> Employer for whom respondent did not work</p> <p>3 <input type="checkbox"/> Both</p> <p>4 <input type="checkbox"/> Other</p>
<p>44a. During the past 5 years, do you feel that so far as work is concerned, you have been in any way discriminated against because of your age?</p>	<p>44a.</p> <p>(326) 1 <input type="checkbox"/> Yes – ASK b and c</p> <p>2 <input type="checkbox"/> No – SKIP to 45a</p>
<p>b. In what way(s)?</p> <p>(Record up to two responses)</p>	<p>b.</p> <p>(327) <input type="text"/> <input type="text"/></p> <p>(328) <input type="text"/> <input type="text"/></p>
<p>c. Was this by an employer for whom you worked or an employer for whom you did not work?</p>	<p>c.</p> <p>(329) 1 <input type="checkbox"/> Employer for whom respondent worked</p> <p>2 <input type="checkbox"/> Employer for whom respondent did not work</p> <p>3 <input type="checkbox"/> Both</p> <p>4 <input type="checkbox"/> Other</p>

IV. RETROSPECTIVE WORK HISTORY – Continued

<p>45a. During the past 5 years, do you feel that so far as work is concerned, you have been in any way discriminated against because of your race?</p> <p>b. In what way(s)? (Record up to two responses)</p> <p>c. Was this by an employer for whom you worked or an employer for whom you did not work?</p>	<p>45a.</p> <p>(330) 1 <input type="checkbox"/> Yes – ASK b and c 2 <input type="checkbox"/> No – SKIP to 46a</p> <p>b.</p> <p>(331) <input type="checkbox"/> <input type="checkbox"/></p> <p>(332) <input type="checkbox"/> <input type="checkbox"/></p> <p>c.</p> <p>(333) 1 <input type="checkbox"/> Employer for whom respondent worked 2 <input type="checkbox"/> Employer for whom respondent did not work 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> Other</p>
<p>46a. During that period, do you feel that so far as work is concerned, you have been in any way discriminated against because of religion, nationality, marital status, health, or for any other reason?</p> <p>b. For what reason(s)? (Mark as many as apply)</p> <p>c. In what ways have you been discriminated against? (Record up to two responses)</p> <p>d. Was this by an employer for whom you worked or an employer for whom you did not work?</p>	<p>46a.</p> <p>(334) 1 <input type="checkbox"/> Yes – ASK b, c, and d 2 <input type="checkbox"/> No – SKIP to Check Item S</p> <p>b.</p> <p>(335) 1 <input type="checkbox"/> Religion * 2 <input type="checkbox"/> Nationality 3 <input type="checkbox"/> Marital status 4 <input type="checkbox"/> Health 5 <input type="checkbox"/> Other – Specify _____</p> <p>c.</p> <p>(336) <input type="checkbox"/> <input type="checkbox"/></p> <p>(337) <input type="checkbox"/> <input type="checkbox"/></p> <p>d.</p> <p>(338) 1 <input type="checkbox"/> Employer for whom respondent worked 2 <input type="checkbox"/> Employer for whom respondent did not work 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> Other</p>
<p>CHECK ITEM S</p> <p>Refer to Check Item N</p>	<p>(339) 1 <input type="checkbox"/> In Labor Force Group A – ASK 47 2 <input type="checkbox"/> All others – SKIP to 48a</p>
<p>47. As you look back over the past 5 years, would you say that –</p> <p>a. The pressures you feel in your job have increased, decreased, or remained about the same?</p> <p>b. There has been any change in your ability to keep up with the pace of your job?</p> <p>c. The amount of fatigue you feel at the end of a work day has increased, decreased, or remained about the same?</p>	<p>47.</p> <p>(340) 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Decreased 3 <input type="checkbox"/> Remained about the same</p> <p>a.</p> <p>(341) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – Mark 2 or 3 ↗</p> <p>(342) 2 <input type="checkbox"/> Is it easier? 3 <input type="checkbox"/> Is it harder?</p> <p>b.</p> <p>(343) 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Decreased 3 <input type="checkbox"/> Remained about the same</p> <p>c.</p>

V. HEALTH	
48a. Does your health or physical condition prevent you from working altogether?	48a. (344) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 49a
b. When did you become unable to work altogether?	b. (345) _____ Month (346) 19____ Year } SKIP to Check Item T
49a. Do you have any health problem or condition that limits in any way the amount or kind of work you can do?	49a. (347) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 50a
b. How long have you been limited in this way?	b. (348) _____ Years AND (349) _____ Months
50a. Has your health ever prevented you from working for 6 or more months in a row?	50a. (350) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to Check Item T
b. How long were you prevented from working? (Most recent if more than one)	b. (351) _____ Years AND (352) _____ Months
c. When did you recover?	(353) _____ Month (354) 19____ Year (355) 1 <input type="checkbox"/> Not yet recovered
CHECK ITEM T	Refer to Check Item N Respondent is in – (356) 1 <input type="checkbox"/> Labor Force Group A – ASK 51 2 <input type="checkbox"/> All other – SKIP to 52a
SHOW FLASHCARD (D) 51. Which of the activities on this card do you do regularly on your job? (Mark (X) all that apply)	51. (357) 1 <input type="checkbox"/> Walk around (358) 2 <input type="checkbox"/> Use stairs and inclines (359) 3 <input type="checkbox"/> Stand for long periods (360) 4 <input type="checkbox"/> Stoop, kneel or crouch (361) 5 <input type="checkbox"/> Lift or carry weights up to 10 pounds (362) 6 <input type="checkbox"/> Lift or carry heavy weights (363) 7 <input type="checkbox"/> Reach for supplies, materials, etc. (364) 8 <input type="checkbox"/> Use hands and fingers to manipulate supplies, equipment, etc. (365) 9 <input type="checkbox"/> Read printed documents, books, instructions, etc. (366) 10 <input type="checkbox"/> Hear special sounds (signals, directions, etc.) (367) 11 <input type="checkbox"/> Deal with people
Notes	

V. HEALTH – Continued

SHOW FLASHCARD (E)

52a. Do you ever have any difficulty performing any of the activities on this card?

52a.

(368) 1 ☐ No – GO to 52b

2 ☐ Yes – Which ones? – Mark each activity mentioned and for each marked ask –

Can you . . . at all?

Yes

No

(369) * 1 ☐ Walking

2 ☐

3 ☐

(370) * 1 ☐ Using stairs or inclines

2 ☐

3 ☐

(371) * 1 ☐ Standing for long periods of time

2 ☐

3 ☐

(372) * 1 ☐ Sitting for long periods

2 ☐

3 ☐

(373) * 1 ☐ Stooping, kneeling or crouching

2 ☐

3 ☐

(374) * 1 ☐ Lifting or carrying weights up to 10 lbs.

2 ☐

3 ☐

(375) * 1 ☐ Lifting or carrying heavy weights

2 ☐

3 ☐

(376) * 1 ☐ Reaching

2 ☐

3 ☐

(377) * 1 ☐ Using hands and fingers

2 ☐

3 ☐

(378) * 1 ☐ Seeing (even with glasses)

2 ☐

3 ☐

(379) * 1 ☐ Hearing

2 ☐

3 ☐

(380) * 1 ☐ Dealing with people

2 ☐

3 ☐

(381) * 1 ☐ Other – Specify ↴

2 ☐

3 ☐

SHOW FLASHCARD (F)

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

b.

(382) 1 ☐ No – GO to 52c

2 ☐ Yes – Which one? – Mark each problem mentioned.

(383) 1 ☐ Pain

(384) 2 ☐ Tiring easily, no energy

(385) 3 ☐ Weakness, lack of strength

(386) 4 ☐ Aches, swelling, sick feeling

(387) 5 ☐ Fainting spells, dizziness

(388) 6 ☐ Nervousness, tension, anxiety, depression

(389) 7 ☐ Shortness of breath, trouble breathing

(390) 8 ☐ Other – Specify _____


Notes

FORM LGT-381 (11-22-76)

Page 22

V. HEALTH – Continued	
SHOW FLASHCARD ⑥	
52c. Which of these conditions would you have trouble working under BECAUSE OF YOUR HEALTH? (Mark (X) each condition mentioned)	52c. ③91 1 <input type="checkbox"/> Fumes, dust or smoke ③92 2 <input type="checkbox"/> Hot places ③93 3 <input type="checkbox"/> Cold places ③94 4 <input type="checkbox"/> Damp places ③95 5 <input type="checkbox"/> Noise or vibrations ③96 6 <input type="checkbox"/> Confusion or disorder ③97 7 <input type="checkbox"/> Working indoors ③98 8 <input type="checkbox"/> Working outdoors ③99 9 <input type="checkbox"/> Other – Specify _____ ④00 0 <input type="checkbox"/> None
d. Are you able to go outdoors without help from another person?	d. ④01 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Are you able to use public transportation such as trains or buses, without help from another person?	e. ④02 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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. ④03 1 <input type="checkbox"/> Yes – ASK g 2 <input type="checkbox"/> No – SKIP to h
g. Would you say you need this kind of help frequently, occasionally, or rarely?	g. ④04 1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Rarely
h. During the past 5 years, has your health condition become better, worse, or remained about the same?	h. ④05 1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> Same
④ “No” marked in 52a and b – SKIP to Check Item U	
53a. Are any of the problems you have told me about the result of an accidental injury?	53a. ④06 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to Check Item U
b. Was there more than one accident?	b. ④07 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
④ If “Yes” in b, read this statement before asking c: I would like you to answer the following questions about the accident which had the most serious effect on your health.	
c. Did this accident occur while you were on the job?	c. ④08 1 <input type="checkbox"/> Yes – ASK d 2 <input type="checkbox"/> No – SKIP to e
d. How were you injured? (Mark (X) all that apply)	d. ④09 1 <input type="checkbox"/> By a moving motor vehicle ④10 2 <input type="checkbox"/> Tripped or fell ④11 3 <input type="checkbox"/> Struck by falling object ④12 4 <input type="checkbox"/> Machinery ④13 5 <input type="checkbox"/> Burned ④14 6 <input type="checkbox"/> Other – Specify _____
e. When were you injured?	e. ④15 _____ Month ④16 19____ Year
CHECK ITEM U	④17 1 <input type="checkbox"/> Married, spouse present } ASK 54 2 <input type="checkbox"/> Married, spouse absent } 3 <input type="checkbox"/> Other – SKIP to Check Item V
Refer to Check Item R(I)	

V. HEALTH – Continued

54. Does your husband's health or physical condition limit the amount or kind of work he can do?	54.	(418) 1 <input type="checkbox"/> Yes – ASK 55 2 <input type="checkbox"/> No – SKIP to 56
55. How long has he been limited in this way?	55.	(419) _____ Years AND (420) _____ Months
56a. Does the health condition of your husband in any way affect the kind or amount of work you can do or where you work?	56a.	(421) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to Check Item V
b. How does his health affect your work?	b.	(422) <input type="checkbox"/> <input type="checkbox"/>
<div>CHECK ITEM V</div> <div></div> <div>Refer to Check Item N</div>		(423) 1 <input type="checkbox"/> Respondent is currently in Labor Force Group A or B – ASK 57a 2 <input type="checkbox"/> Respondent is currently in Labor Force Group C – SKIP to 57e
57a. If, by some chance, you (and your husband) were to get enough money to live comfortably without working, do you think you would work anyway?	57a.	(424) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to c 3 <input type="checkbox"/> Undecided – SKIP to d
b. Why do you think you would work?	b.	(425) <input type="checkbox"/> _____ SKIP to e
c. Why do you feel that you would not work?	c.	(426) <input type="checkbox"/> _____ SKIP to e
d. On what would it depend?	d.	(427) <input type="checkbox"/> _____ _____
e. What would you say is the most important thing about any job – good wages or liking the kind of work you are doing?	e.	(428) 1 <input type="checkbox"/> Good wages 2 <input type="checkbox"/> Liking the work

Notes

VI. EDUCATION AND TRAINING

58a. What is the highest year of regular school you have completed?		58a.	<div><div>429</div><div>0</div><div><input type="checkbox"/></div><div>Never attended school – SKIP to 59</div></div> <div><div>430</div><div>Elementary</div><div><div>1</div><div><input type="checkbox"/></div><div>2</div><div><input type="checkbox"/></div><div>3</div><div><input type="checkbox"/></div><div>4</div><div><input type="checkbox"/></div><div>5</div><div><input type="checkbox"/></div><div>6</div><div><input type="checkbox"/></div><div>7</div><div><input type="checkbox"/></div><div>8</div><div><input type="checkbox"/></div></div></div> <div><div>431</div><div>High</div><div><div>1</div><div><input type="checkbox"/></div><div>2</div><div><input type="checkbox"/></div><div>3</div><div><input type="checkbox"/></div></div></div> <div><div>432</div><div>High</div><div><div>4</div><div><input type="checkbox"/></div></div></div> <div><div>433</div><div>College</div><div><div>1</div><div><input type="checkbox"/></div><div>2</div><div><input type="checkbox"/></div><div>3</div><div><input type="checkbox"/></div><div>4</div><div><input type="checkbox"/></div><div>5</div><div><input type="checkbox"/></div><div>6+</div><div><input type="checkbox"/></div></div></div>
---------------------------------------------------------------------	--	------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ASK b

VI. EDUCATION AND TRAINING – Continued

59a. Since June 1972, have you taken any training courses or educational programs of any kind, either on the job or elsewhere?

- 59a. (449) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 60

b. Are you still enrolled in this program?
(If more than one, ask about longest program)

- b. (450) 1 ☐ Yes
2 ☐ No

c. What kind of training or education program did you take (are you taking)?
(Specify below, then mark one box)

- c. (451) 1 ☐ Professional, technical
2 ☐ Managerial
3 ☐ Clerical
4 ☐ Skilled manual (including apprenticeship)
5 ☐ Other

d. Where did you take (are you taking) this training course?
(Specify below, then mark one box)

- d. (452) 1 ☐ Business college, technical institute
2 ☐ Company training school
3 ☐ Correspondence course
4 ☐ High school (including night school)
5 ☐ Area vocational school
6 ☐ Junior, Community or four-year College or University
7 ☐ Other – Specify ↴

e. How long did (have) you attend (been attending) this course or program?

- e. (453) _____ Weeks

f. How many hours per week did (do) you spend on this training?

- f. (454) _____ Hours

☐ "Yes" in 59b – SKIP to i

g. Did you complete this program?

- g. (455) 1 ☐ Yes – When? ↴
(456) _____ Month 19____ Year – SKIP to i
(457) 2 ☐ No, dropped out – When? ↴
(458) _____ Month 19____ Year – ASK h

h. Why didn't you complete this program?
(Mark (X) the main reason)

- h. (459) 1 ☐ Found a job
2 ☐ Too much time involved
3 ☐ Lost interest
4 ☐ Too difficult
5 ☐ Marriage
6 ☐ Pregnancy
7 ☐ No one to care for children
8 ☐ Other family reason
9 ☐ Other – Specify ↴

i. Why did you decide to take this program?
(Mark (X) the main reason)

- i. (460) 1 ☐ To obtain work
2 ☐ To improve current job situation
3 ☐ To get a better job
4 ☐ Had extra time
5 ☐ Bored staying home
6 ☐ Education, interest, general knowledge
7 ☐ Other – Specify ↴

☐ Labor Force Group B or C is marked in Check Item N – SKIP to 60

j. Do you use this training on your present job?

- j. (461) 1 ☐ Yes
2 ☐ No

VII. FAMILY MEMBERS

60. 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. Enter the line number from the Household Record Card in column 60a.	RELATIONSHIP TO RESPONDENT Example: husband, son, daughter-in-law, brother, etc.	Date of birth			Persons 3 years old and older			In 1976, how many weeks did . . . work either full-or part-time (not counting work around the house)?	If person worked at all in 1976	What kind of work was . . . doing in 1976? If more than one, record the longest.
			60d.			Is . . . attending or enrolled in regular school? Circle 1 - Yes 2 - No	If "Yes" - What grade (year)? What is the highest grade ever attended? P - Preschool K - Kindergarten, 00-36	Did . . . finish this grade (year)? Circle 1 - Yes 2 - No			
			Mo.	Day	Yr.						
60a.											
		Respondent									
		(462)	(463)			(464) 2	(465)	(466) 2	(467)	(468)	(469)
		(470)	(471)			(472) 2	(473)	(474) 2	(475)	(476)	(477)
		(478)	(479)			(480) 2	(481)	(482) 2	(483)	(484)	(485)
		(486)	(487)			(488) 2	(489)	(490) 2	(491)	(492)	(493)
		(494)	(495)			(496) 2	(497)	(498) 2	(499)	(500)	(501)
		(502)	(503)			(504) 2	(505)	(506) 2	(507)	(508)	(509)
		(510)	(511)			(512) 2	(513)	(514) 2	(515)	(516)	(517)
		(518)	(519)			(520) 2	(521)	(522) 2	(523)	(524)	(525)
		(526)	(527)			(528) 2	(529)	(530) 2	(531)	(532)	(533)
		(534)	(535)			(536) 2	(537)	(538) 2	(539)	(540)	(541)
		(542)	(543)			(544) 2	(545)	(546) 2	(547)	(548)	(549)
		(550)	(551)			(552) 2	(553)	(554) 2	(555)	(556)	(557)
		(558)	(559)			(560) 2	(561)	(562) 2	(563)	(564)	(565)
		(566)	(567)			(568) 2	(569)	(570) 2	(571)	(572)	(573)
		(574)	(575)			(576) 2	(577)	(578) 2	(579)	(580)	(581)
		(582)	(583)			(584) 2	(585)	(586) 2	(587)	(588)	(589)
		(590)	(591)			(592) 2	(593)	(594) 2	(595)	(596)	(597)
		(598)	(599)			(600) 2	(601)	(602) 2	(603)	(604)	(605)
		(606)	(607)			(608) 2	(609)	(610) 2	(611)	(612)	(613)

VIII. ASSETS AND INCOME		
61a. Is this house (apartment) owned or being bought by you (or your husband), or is it rented? If "Other," specify here _____	61a.	(614) 1 <input type="checkbox"/> Owned or being bought by respondent (or husband) – SKIP to 62a 2 <input type="checkbox"/> Rented – ASK b 3 <input type="checkbox"/> No cash rent 4 <input type="checkbox"/> Other } SKIP to 63a
b. How much rent do you pay per month?	b.	(615) \$ _____ 00 per month – SKIP to 63a
62a. About how much do you think this property would sell for on today's market?	62a.	(616) \$ _____ 00
b. How much do you (or your husband) owe on this property for mortgages, back taxes, loans, etc.? (Mortgages include deeds of trust, land contracts, contracts for deed, etc.)	b.	(617) \$ _____ 00 0 <input type="checkbox"/> None
63a. Do you (or your husband) rent, own or have an investment in a farm?	63a.	(618) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 64a
b. What is the total market value of your farm operation? (Include value of land, buildings, house, if you own them, and the equipment, livestock, stored crops, and other assets. Do not include crops held under Commodity Credit Loans.)	b.	(619) \$ _____ 00
c. Does that include the value of this house?	c.	(620) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. How much do you owe on mortgages or other debts in connection with the farm itself, the equipment, livestock, or anything else? (Do not count Commodity Credit Loans.)	d.	(621) \$ _____ 00 0 <input type="checkbox"/> None
64a. Do you (or your husband) own or have an investment in a business or professional practice?	64a.	(622) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 65a
b. What is the total market value of all assets in the business, including tools and equipment? In other words, how much do you think this business would sell for on today's market? (Obtain value of respondent's and husband's share only.)	b.	(623) \$ _____ 00
c. What is the total amount of debts or liabilities owed by the business? (Include respondent's and husband's share of all liabilities, as carried on the books.)	c.	(624) \$ _____ 00 0 <input type="checkbox"/> None
65a. Do you (or your husband) own any other real estate – not counting the property on which you are living?	65a.	(625) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 66a
b. About how much do you think this property would sell for on today's market?	b.	(626) \$ _____ 00
c. How much is the unpaid amount of any mortgages on this property?	c.	(627) \$ _____ 00 0 <input type="checkbox"/> None
d. How much other debt do you have on this property, such as back taxes or assessments, unpaid amounts of home improvement loans, or home repair bills, etc.?	d.	(628) \$ _____ 00 0 <input type="checkbox"/> None
66a. Do you (or your husband) own an automobile?	66a.	(629) 1 <input type="checkbox"/> Yes – ASK b, c, and d 2 <input type="checkbox"/> No – SKIP to 67
b. How many?	b.	(630) _____ Automobiles
c. Do you owe any money on this (these) automobile(s)?	c.	(631) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (632) \$ _____ 00 (633) \$ _____ 00 (634) \$ _____ 00
d. How much would this (these) car(s) sell for on today's market?	d.	(635) \$ _____ 00 (636) \$ _____ 00 (637) \$ _____ 00

VIII. ASSETS AND INCOME – Continued

67. Do you (or other members of your family living here) have any money in savings or checking accounts, savings and loan companies, or credit unions?	67.	(638) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (639) \$ _____ . 00
68. Do you (or any other members of your family living here) have any of the following –		
a. U.S. Savings bonds?	68a.	(640) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – What is their face value? (641) \$ _____ . 00
b. Stocks, bonds, or shares in mutual funds?	b.	(642) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – What is the market value? (643) \$ _____ . 00
c. Personal loans to others or mortgages you hold (money owed to you by other people)?	c.	(644) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (645) \$ _____ . 00
69. Aside from any debts you have already mentioned, do you (or your husband), now owe any money to stores, doctors, hospitals, banks, or anyone else, excluding 30-day charge accounts?	69.	(646) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much altogether? (647) \$ _____ . 00
70. Now I'd like to ask a few questions on your income in 1976.		
a. In 1976, how much did you receive from wages, salary, commissions, or tips from all jobs before deductions for taxes or anything else?	70a.	(648) \$ _____ . 00 0 <input type="checkbox"/> None
<input type="checkbox"/> Respondent not married – SKIP to c		
b. In 1976, how much did your husband receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?	b.	(649) \$ _____ . 00 0 <input type="checkbox"/> None
<input type="checkbox"/> No other family members 14 years or older – SKIP to 71a		
c. In 1976, how much did all other family members living here receive from wages, salary, commissions, or tips from all jobs, before deductions for taxes or anything else?	c.	(650) \$ _____ . 00 0 <input type="checkbox"/> None
71a. In 1976, did you receive any income from working on your own or in your own business, professional practice, or partnership?	71a.	(651) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (652) \$ _____ . 00
\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)		
<input type="checkbox"/> No other family members 14 years or older – SKIP to 72		
b. In 1976, did any other family members living here receive any income from working on their own or in their own business, professional practice, or partnership?	b.	(653) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (654) \$ _____ . 00
\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)		
72. In 1976, did your family receive any income from operating a farm?	72.	(655) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (656) \$ _____ . 00
\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)		
73. In addition, during 1976, did anyone in this family living here receive any rental income from roomers and boarders, an apartment in this house, or another building, or other real estate?	73.	(657) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (658) \$ _____ . 00
\$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)		
74. In 1976, did anyone in this family living here receive interest or dividends on savings, stocks, bonds, or income from estates or trusts?	74.	(659) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (660) \$ _____ . 00

VIII. ASSETS AND INCOME – Continued

<p>75a. In 1976, did you receive any unemployment compensation?</p> <p>b. How many weeks?</p> <p>c. How much did you receive altogether?</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> No other family members 14 years or older – SKIP to 76a</p> <p>d. In 1976, did any other family members living here receive any unemployment compensation?</p>	75a.	<p>(661) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to d</p> <p>b. (662) _____ Weeks</p> <p>c. (663) \$ _____ . 00</p> <hr style="border-top: 1px dashed black;"/> <p>d. (664) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (665) \$ _____ . 00</p>																	
<p>76a. In 1976, did you receive any Supplemental Unemployment Benefits (SUB) from your employer?</p> <p>b. How many weeks?</p> <p>c. How much did you receive altogether?</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> No other family members 14 years or older – SKIP to 77</p> <p>d. In 1976, did any other family members living here receive any Supplemental Unemployment Benefits?</p>	76a.	<p>(666) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to d</p> <p>b. (667) _____ Weeks</p> <p>c. (668) \$ _____ . 00</p> <hr style="border-top: 1px dashed black;"/> <p>d. (669) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (670) \$ _____ . 00</p>																	
<p>77. In 1976, did anyone in this family living here receive income as a result of disability or illness such as (read list): (If "Yes," to any items in list, enter amount, indicating whether received by respondent or other family member)</p> <p>(1) Veteran's compensation or pension?</p> <p>(2) Worker's compensation?</p> <p>(3) Social Security disability payments?</p> <p>(4) Any other disability payment? – Specify type ▼</p>	77.	<p>(Mark one)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 30%;">Respondent</th> <th style="width: 30%;">Other family member</th> </tr> </thead> <tbody> <tr> <td>(671) 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>(672) \$ _____ . 00</td> <td>(673) \$ _____ . 00</td> </tr> <tr> <td>(674) 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>(675) \$ _____ . 00</td> <td>(676) \$ _____ . 00</td> </tr> <tr> <td>(677) 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>(678) \$ _____ . 00</td> <td>(679) \$ _____ . 00</td> </tr> <tr> <td>(680) 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>(681) \$ _____ . 00</td> <td>(682) \$ _____ . 00</td> </tr> </tbody> </table>		Yes	No	Respondent	Other family member	(671) 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(672) \$ _____ . 00	(673) \$ _____ . 00	(674) 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(675) \$ _____ . 00	(676) \$ _____ . 00	(677) 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(678) \$ _____ . 00	(679) \$ _____ . 00	(680) 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(681) \$ _____ . 00	(682) \$ _____ . 00
	Yes	No	Respondent	Other family member															
(671) 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(672) \$ _____ . 00	(673) \$ _____ . 00																	
(674) 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(675) \$ _____ . 00	(676) \$ _____ . 00																	
(677) 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(678) \$ _____ . 00	(679) \$ _____ . 00																	
(680) 1 <input type="checkbox"/> 2 <input type="checkbox"/>	(681) \$ _____ . 00	(682) \$ _____ . 00																	
<p>78. In 1976, did anyone in this family living here receive any other Social Security payments, such as retired worker, spouse, or survivor's benefits?</p>	78.	<p>(683) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – Who?</p> <p>(684) 1 <input type="checkbox"/> Respondent – How much? (685) \$ _____ . 00</p> <p>(686) 2 <input type="checkbox"/> Husband – How much? (687) \$ _____ . 00</p> <p>(688) 3 <input type="checkbox"/> Other – How much? (689) \$ _____ . 00</p>																	
<p>79. In 1976, did anyone in this family living here receive any Supplemental Security Income checks from the local, State, or Federal Government?</p>	79.	<p>(690) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – Who?</p> <p>(691) 1 <input type="checkbox"/> Respondent – How much? (692) \$ _____ . 00</p> <p>(693) 2 <input type="checkbox"/> Husband – How much? (694) \$ _____ . 00</p> <p>(695) 3 <input type="checkbox"/> Other – How much? (696) \$ _____ . 00</p>																	
<p>80. In 1976, did anyone in this family living here receive any (other) public assistance or welfare payments?</p>	80.	<p>(697) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How much? (698) \$ _____ . 00</p>																	

VIII. ASSETS AND INCOME – Continued

81a. In 1976, did anyone in this family living here buy any food stamps under the Government's Food Stamp Plan?

- 81a. (699) 1 ☐ Yes – ASK b
2 ☐ No – SKIP to 82

b. In how many months during 1976 did anyone in this family living here buy stamps?

b. (700) _____ Months

c. What was the total value of the full monthly food stamp allotment in the most recent month food stamps were bought?

c. (701) \$ _____ . (00)

d. How much was paid for this allotment?

d. (702) \$ _____ . (00)

82. In 1976, did anyone in this family living here receive any income from alimony payments?

82. (703) 0 ☐ No – SKIP to 83
1 ☐ Yes – Who?
(704) 1 ☐ Respondent – How much?
(705) \$ _____ . (00)
(706) 2 ☐ Other – How much?
(707) \$ _____ . (00)

83. In 1976, did anyone in this family living here receive any income from child support payments?

83. (708) 0 ☐ No – SKIP to 84a
1 ☐ Yes – How much?
(709) \$ _____ . (00)

84a. In 1976, did anyone in this family living here receive any pensions from local, State, or Federal Government employment?

- 84a. (710) 0 ☐ No
1 ☐ Yes – Who?
(711) 1 ☐ Respondent – How much?
(712) \$ _____ . (00)
(713) 2 ☐ Husband – How much?
(714) \$ _____ . (00)
(715) 3 ☐ Other – How much?
(716) \$ _____ . (00)

b. In 1976, did anyone in this family living here receive any other retirement pensions, such as private employee or personal retirement benefits?

- b. (717) 0 ☐ No – SKIP to 85
1 ☐ Yes – Who?
(718) 1 ☐ Respondent – How much?
(719) \$ _____ . (00)
(720) 2 ☐ Husband – How much?
(721) \$ _____ . (00)
(722) 3 ☐ Other – How much?
(723) \$ _____ . (00)

85. In 1976, did anyone in this family living here receive any other type of income; for example, royalties, annuities, contributions from family members living elsewhere, etc.?

85. (724) 0 ☐ No
1 ☐ Yes – How much? →
(725) \$ _____ . (00)

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND					
<div><input type="checkbox"/> Respondent has never been married – SKIP to 88a</div> <div>86a. How many times have you been married (including current marriage)?</div> <div>b. What was the date of your present (most recent) marriage?</div> <div>c. What is the date of birth of your present (most recent) husband?</div> <div>d. What is the highest grade of regular school completed by your present (most recent) husband?</div> <div>e. What kind of work does (did) your present (most recent) husband do? (If more than one occupation, indicate longest type of employment)</div>	86a. <div>(726) _____ (Marriages)</div> <div>b. (727) _____ Month (728) 19____ Year</div> <div>c. (729) _____ Month (730) 19____ Year</div> <div>d. (731) 0 <input type="checkbox"/> Did not attend school _____ Grade</div> <div>e. (732) <table><tr><td></td><td></td><td></td><td></td></tr></table></div>				
<div>CHECK ITEM X(1)</div> <div>Refer to Check Item R(1)</div>	<div>(733) 1 <input type="checkbox"/> Divorced or widowed – ASK f 2 <input type="checkbox"/> All other – SKIP to Check Item X(2)</div>				
86f. When did your most recent marriage end?	86f. <div>(734) _____ Month (735) 19____ Year</div>				
<div>CHECK ITEM X(2)</div> <div>Refer to item 86a</div>	<div>(736) 1 <input type="checkbox"/> Two or more marriages – ASK 87a 2 <input type="checkbox"/> One marriage – SKIP to 88a</div>				
87a. When did your previous marriage take place?	87a. <div>(737) _____ Month (738) 19____ Year</div>				
b. What is (was) your previous husband's date of birth?	b. <div>(739) _____ Month (740) 19____ Year</div>				
c. What was the highest grade of regular school completed by your previous husband when you were married to him?	c. <div>(741) 0 <input type="checkbox"/> Did not attend school _____ Grade</div>				
d. What kind of work did your previous husband do when you were married to him? (If more than one occupation, indicate the longest kind of employment)	d. <div>(742) <table><tr><td></td><td></td><td></td><td></td></tr></table></div>				
e. When did your previous marriage end?	e. <div>(743) _____ Month (744) 19____ Year</div>				
f. How did your previous marriage end?	f. <div>(745) 1 <input type="checkbox"/> Divorced (Annulled) 2 <input type="checkbox"/> Widowed</div>				
<div>CHECK ITEM X(3)</div> <div>Refer to item 86a</div>	<div>(746) 1 <input type="checkbox"/> Three or more marriages – ASK 87g 2 <input type="checkbox"/> Two marriages – SKIP to 88</div>				

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued

Now I would like to talk about the husband you had previous to the one you just told me about.

87g. When did your previous marriage take place?

h. What is (was) your previous husband's date of birth?

i. What was the highest grade of regular school completed by your previous husband when you were married to him?

j. What kind of work did your previous husband do when you were married to him?
(If more than one occupation, indicate the longest kind of employment)

k. When did your previous marriage end?

l. How did your previous marriage end?

87g.

h.

i.

j.

k.

l.

747

Month

748

19

Year

749

Month

750

19

Year

751

o

☐ Did not attend school

Grade

752

753

Month

754

19

Year

755

1

☐ Divorced (Annulled)

2

☐ Widowed

88a. How many children have ever been born to you?

b. How many of these children are now living?

c. How many of these children are currently living with you in your home?

88a.

b.

c.

756

o

☐ None – SKIP to 90

Number

757

x

☐ All of the above

Number

758

o

☐ None

x

☐ All children mentioned in 88a

Number

Notes

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued												
89. Now I have a few questions about each child who has ever been born to you, beginning with the youngest.												
	What are their names? 89a.	What is . . . 's sex? Circle 1 – Male 2 – Female 89b.	What is . . . 's date of birth? 89c.			Is . . . still living? Circle 1 – Yes – ASK 89e 2 – No – SKIP to 89f 89d.	Is . . . still living in your home? Circle 1 – Yes – GO to next child 2 – No – ASK 89f 89e.	When did . . . leave home? (Enter month and year) Then: - If child is deceased, SKIP to h. - All others, ASK g. 89f.		Is . . . attending or enrolled in regular school? Circle 1 – Yes 2 – No 89g.	If "Yes" – What grade (year)? If "No" – What is the highest year . . . completed? If child is deceased – What was the highest grade (year) of school completed? 89h.	
			Mo.	Day	Yr.			Mo.	Yr.			
1		(759) 2	(760)			(761) 2	(762) 2	(763)		(764) 2	(765)	
2		(766) 2	(767)			(768) 2	(769) 2	(770)		(771) 2	(772)	
3		(773) 2	(774)			(775) 2	(776) 2	(777)		(778) 2	(779)	
4		(780) 2	(781)			(782) 2	(783) 2	(784)		(785) 2	(786)	
5		(787) 2	(788)			(789) 2	(790) 2	(791)		(792) 2	(793)	
6		(794) 2	(795)			(796) 2	(797) 2	(798)		(799) 2	(800)	
7		(801) 2	(802)			(803) 2	(804) 2	(805)		(806) 2	(807)	
8		(808) 2	(809)			(810) 2	(811) 2	(812)		(813) 2	(814)	
9		(815) 2	(816)			(817) 2	(818) 2	(819)		(820) 2	(821)	
10		(822) 2	(823)			(824) 2	(825) 2	(826)		(827) 2	(828)	
11		(829) 2	(830)			(831) 2	(832) 2	(833)		(834) 2	(835)	
12		(836) 2	(837)			(838) 2	(839) 2	(840)		(841) 2	(842)	
13		(843) 2	(844)			(845) 2	(846) 2	(847)		(848) 2	(849)	
14		(850) 2	(851)			(852) 2	(853) 2	(854)		(855) 2	(856)	
15		(857) 2	(858)			(859) 2	(860) 2	(861)		(862) 2	(863)	
16		(864) 2	(865)			(866) 2	(867) 2	(868)		(869) 2	(870)	
17		(871) 2	(872)			(873) 2	(874) 2	(875)		(876) 2	(877)	
18		(878) 2	(879)			(880) 2	(881) 2	(882)		(883) 2	(884)	
19		(885) 2	(886)			(887) 2	(888) 2	(889)		(890) 2	(891)	

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued

90a. Have you ever adopted any children or did your husband(s) have children who came to live with you when you married him (them)?		90a. <div>(892) 1 <input type="checkbox"/> Yes – ASK b 2 <input type="checkbox"/> No – SKIP to 92</div>							
b. How many children?		b. <div>(893) _____ Number</div>							
c. How many of these children are currently living with you in your home?		c. <div>(894) o <input type="checkbox"/> None x <input type="checkbox"/> All children mentioned in 90b _____ Number</div>							
91. Now I have a few questions about any adopted children or children of your husband(s) who came to live with you when you married him (them).									
What are their names?	What is . . . 's sex? Circle 1 – Male 2 – Female	What is . . . 's date of birth?	In what year did . . . come into your household?	Is . . . adopted? Circle 1 – Yes 2 – No	Is . . . living? Circle 1 – Yes – ASK 91g 2 – No – SKIP to 91h	Is . . . currently living in your home? Circle 1 – Yes – GO to next child 2 – No – ASK 91h	When did . . . leave your home? (Enter month and year) Then: - If child is deceased, SKIP to j. - All others, ASK i.	Is . . . attending or enrolled in regular school? Circle 1 – Yes 2 – No	If "Yes" – What grade (year)? If "No" – What is the highest grade (year) completed? If child is deceased – What was the highest grade (year) of school completed?
		91c. Mo. Day Yr.	91d.	91e.	91f.	91g.	91h. Mo. Yr.	91i.	91j.
1			(897)	(898) 2	(899) 2	(900) 2	(901)	(902) 2	(903)
2			(906)	(907) 2	(908) 2	(909) 2	(910)	(911) 2	(912)
3			(915)	(916) 2	(917) 2	(918) 2	(919)	(920) 2	(921)
4			(924)	(925) 2	(926) 2	(927) 2	(928)	(929) 2	(930)
5			(933)	(934) 2	(935) 2	(936) 2	(937)	(938) 2	(939)

Notes

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued

92a. How many brothers and sisters have you ever had?	92a.	(940) 0 <input type="checkbox"/> None – SKIP to 94
		_____ Number – ASK 92b
b. Do any of them live with you in your home now?	b.	(941) 0 <input type="checkbox"/> No – SKIP to 93 1 <input type="checkbox"/> Yes – ASK 92c
c. How many live with you in your home now?	c.	(942) x <input type="checkbox"/> All of them – SKIP to 94 _____ ASK 93

93. Now I have a few questions about each of your brothers and sisters not living in your home.	93a. What are their NAMES?	93b. What is . . . 's SEX? Circle 1 – Male 2 – Female	93c. What is . . . 's date of birth?			93d. What is the highest grade (year) of regular school . . . completed?
			Mo.	Day	Yr.	
1		(943) 1 2	(944)			(945)
2		(946) 1 2	(947)			(948)
3		(949) 1 2	(950)			(951)
4		(952) 1 2	(953)			(954)
5		(955) 1 2	(956)			(957)
6		(958) 1 2	(959)			(960)
7		(961) 1 2	(962)			(963)
8		(964) 1 2	(965)			(966)
9		(967) 1 2	(968)			(969)
10		(970) 1 2	(971)			(972)

Notes	(973)
	(974)
	(975)
	(976)
	(977)

IX. MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued

94a. How many persons, not counting yourself (and your husband) are dependent upon you (and your husband) for at least one-half of their support?	94a.	(978) _____ Number – ASK b 0 <input type="checkbox"/> None – SKIP to Check Item Y
b. Do any of these dependents live somewhere else other than here at home with you?	b.	(979) 0 <input type="checkbox"/> No – SKIP to Check Item Y 1 <input type="checkbox"/> Yes – How many? ↗
c. What is their relationship to you?	c.	(980) _____ ASK c (981) <input type="checkbox"/>

CHECK ITEM Y	Refer to item 107R on Information Sheet. Determine whether or not respondent lives in the same area (SMSA or county) as when last interviewed.	(982) 1 <input type="checkbox"/> Respondent lives in same area (SMSA or county) as when last interviewed – SKIP to 95h
		2 <input type="checkbox"/> Respondent lives in different area (SMSA or county) than when last interviewed – ASK 95a

95a. When we last interviewed you, you were living in a different area. How many miles from here is that?	95a.	(983) _____ Miles
b. How did you happen to move here?	b.	(984) <input type="checkbox"/>
c. Did you have a job lined up here at the time you moved?	c.	(985) 1 <input type="checkbox"/> Yes, different from job held at time of move – SKIP to e 2 <input type="checkbox"/> Yes, same as job held at time of move 3 <input type="checkbox"/> Yes, transferred job in same company } SKIP to g 4 <input type="checkbox"/> No – ASK d
d. How many weeks did you look before you found work?	d.	(986) _____ Total weeks – ASK e 0 <input type="checkbox"/> Did not look for work – SKIP to g 99 <input type="checkbox"/> Still haven't found work – ASK e
e. How many weeks did you look for work before you moved?	e.	(987) _____ Weeks before

<input type="checkbox"/> Had a job lined up (box 1 in 95c) – SKIP to g	f.	(988) _____ Weeks after
f. How many weeks did you look after you moved?	g.	(989) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How many? ↗ } SKIP to Check Item Z (990) _____
g. Since we last interviewed you, have you lived in any area other than the present one or the one in which you lived when we interviewed you last?	h.	(991) 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes – How many? ↗ (992) _____
h. Have you lived in any area other than the present one since we last interviewed you?		

CHECK ITEM Z	Transcribe "Relationship to household head" from Record Card	(993) 1 <input type="checkbox"/> Respondent is head 2 <input type="checkbox"/> Wife of head 3 <input type="checkbox"/> Daughter of head 4 <input type="checkbox"/> Sister of head 5 <input type="checkbox"/> Other – Specify ↗ _____

96. When we last interviewed you, you mentioned (read names from back of record card) 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. If not, cross off incorrect information and enter information about other persons who will know the respondent's whereabouts.)

NOTES

NONINTERVIEWS IN 1976

Ask the following questions of all respondents who were noninterviews in 1976. Transcribe the answer to question A to the Information Sheet, then proceed with the regular interview.

A. What were you doing at this time in 1976 – working, keeping house, or something else?

1 ☐ Working

2 ☐ With a job, not at work

3 ☐ Looking for work

4 ☐ Keeping house

5 ☐ Unable to work

6 ☐ Other – Specify

ASK B

END of questions

Transcribe entries as follows:

1. If box 1 or 2 is checked, mark "Labor Force Group A" in 99R.

2. If box 3 is checked, mark "Labor Force Group B" in 99R.

3. If box 4 or 6 is checked, mark "Labor Force Group C" in 99R

4. If box 5 is checked, mark "C – Unable to work" in 99R

B. For whom did you work?

C. What kind of work were you doing?

WHEN THE TRANSCRIPTION HAS BEEN COMPLETED,
BEGIN THE REGULAR INTERVIEW WITH ITEM 1.

Notes

FORM LGT-381 (11-22-76)

Page 39

☆ U.S.GOVERNMENT PRINTING OFFICE: 1977 - 758-298

X. INFORMATION SHEET DATA FROM PREVIOUS INTERVIEWS			
98R.	Date of last interview or 04/01/76 if noninterview in 1976		
	Month	Day	Year
	994		
99R.	Labor Force Group in 1976		
	995 1 <input type="checkbox"/> A		
	3 <input type="checkbox"/> B		
	5 <input type="checkbox"/> C		
	6 <input type="checkbox"/> C – Unable to work		
100R.	<input type="checkbox"/> Noninterview in 1976 Name of employer in 1976		
	<input type="checkbox"/> Self-employed in 1976		
	<input type="checkbox"/> Not employed in 1976		
101R.	<input type="checkbox"/> Noninterview in 1974 Name of employer in 1974		
	<input type="checkbox"/> Self-employed in 1974		
	<input type="checkbox"/> Not employed in 1974		
102R.	<input type="checkbox"/> Noninterview in 1972 Name of employer in 1972		
	<input type="checkbox"/> Self-employed in 1972		
	<input type="checkbox"/> Not employed in 1972		
103R.	<input type="checkbox"/> Noninterview in 1971 Name of employer in 1971		
	<input type="checkbox"/> Self employed in 1971		
	<input type="checkbox"/> Not employed in 1971		
104R.	<input type="checkbox"/> Noninterview in 1969 Name of employer in 1969		
	<input type="checkbox"/> Self-employed in 1969		
	<input type="checkbox"/> Not employed in 1969		
105R.	<input type="checkbox"/> Noninterview in 1968 Name of employer in 1968		
	<input type="checkbox"/> Self-employed in 1968		
	<input type="checkbox"/> Not employed in 1968		
106R.	Name of employer in 1967		
	<input type="checkbox"/> Self-employed in 1967		
	<input type="checkbox"/> Not employed in 1967		
107R.	Residence at time of last interview.		
	City		
	County		
	State		