

**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-3121**  
(11-21-83)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# 1984 SURVEY OF WORK EXPERIENCE OF MATURE WOMEN

## NATIONAL LONGITUDINAL SURVEYS

### METHODS OF LOCATING RESPONDENT WHO HAS MOVED

(Fill only if respondent has MOVED.)

Successful      Unsuccessful

- |            |                            |   |
|------------|----------------------------|---|
| <b>001</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> New occupants  |
| <b>002</b> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> Neighbors  |
| <b>003</b> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> Landlord or apartment manager                                    |
| <b>004</b> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> Post office  |
| <b>005</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> Telephone company (including directory and information operator) |
| <b>006</b> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> Persons listed on back of record card                            |
| <b>007</b> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> Other — Specify _____  |

### RECORD OF CALLS

Date	Time	Comments
	a.m.	
	p.m.	
	a.m.	
	p.m.	
	a.m.	
	p.m.	
	a.m.	
	p.m.	

### RECORD OF INTERVIEW

Method of interview <b>008</b> 1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit 3 <input type="checkbox"/> Both	Date completed Month   Day   Year <b>009</b>	Length of interview (Minutes) <b>010</b>	Interview time Began   Ended a.m.   a.m. p.m.   p.m.	Regional Office code ____ 00	Interviewed by
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### NONINTERVIEW REASON

- 011** ☐ Unable to contact respondent — Specify \_\_\_\_\_
- 6 ☐ Temporarily absent — Give return date (Mo., day, Yr.) \_\_\_\_\_
- 7 ☐ Armed Forces \_\_\_\_\_
- 8 ☐ Institutionalized — Specify name, type, and date of return (Mo., day, Yr.) \_\_\_\_\_
- 9 ☐ Refused — Give full explanation \_\_\_\_\_
- 10 ☐ Deceased — Give source of information and date of death (Mo., day, Yr.) \_\_\_\_\_
- 11 ☐ Moved outside U.S. (other than Armed Forces) — Give source of information \_\_\_\_\_
- 12 ☐ Other — Specify \_\_\_\_\_

**R1.** Address where respondent living at time of interview —  
Transcribe information for this item from LGT-1C record card item 1b.

- 012** 1 ☐ Same as questionnaire label — GO to R2  
2 ☐ Different from questionnaire label — Transcribe

Number and street

Place

State

ZIP code

**R2.** Permanent address — Transcribe information from  
LGT-1C record card item 1e.

Enter permanent address in box ONLY if different  
from R1.

Number and street

Place

State

ZIP code

# **INFORMATION SHEET**

## **Part A — INTERVIEWER TRANSCRIPTION ITEM**

**R3.** Marital status — *Transcribe from Household Record Card item 7.*

- 013** 1 ☐ Married, spouse present  
 2 ☐ Married, spouse absent  
 3 ☐ Widowed  
 4 ☐ Divorced  
 5 ☐ Separated  
 6 ☐ Never married

## **Part B — 1982 INFORMATION**

**R4.** Interview status in 1982

- 014** 1 ☐ Interview in 1982 — *SKIP to item 1, page 3, AND begin regular interview*  
 2 ☐ Noninterview in 1982 — *ASK R5*

**R5.** What were you doing around August 1, 1982 — working, keeping house, or something else?

- 015** 1 ☐ Working ..... } *SKIP to R7*  
 2 ☐ With a job, but not at work .. }  
 3 ☐ Looking for work ..... }  
 4 ☐ Going to school ..... }  
 5 ☐ Keeping house ..... } *ASK R6*  
 6 ☐ Unable to work ..... }  
 7 ☐ Other — *Specify* /  
 \_\_\_\_\_

**R6.** Did you do any work at all at that time in 1982, not counting work around the house?

- 016** 1 ☐ Yes — *ASK R7*  
 2 ☐ No — *Mark "Not employed in 1982" in R7 and begin regular interview with item 1, page 3*

**R7.** For whom did you work then?

\_\_\_\_\_

(Employer's name)

- 017** 1 ☐ Not employed in 1982 — *SKIP to item 1, page 3, and begin regular interview*  
 2 ☐ Employed — No name given

**R8.** Enter date of 1982 interview OR 08/01/82 if noninterview in 1982.

**018**

Month	Day	Year

**R9.** If interviewed in 1982, enter date of 1982 interview. If noninterview in 1982, enter date of last interview.

**019**

Month	Day	Year

**R10.** Marital status if interviewed in 1982, or marital status in 1981 if not interviewed in 1982.

- 020** 1 ☐ Married, spouse present  
 2 ☐ Married, spouse absent  
 3 ☐ Widowed  
 4 ☐ Divorced  
 5 ☐ Separated  
 6 ☐ Never married  
 9 ☐ Noninterview in 1981 and 1982

**R11.** Present Labor Force Group Status. Refer to items 1, 2, 3b, and 4a, page 3.

- 021** 1 ☐ Labor Force Group A ("WK" in 1, or Yes" in 2a or "Other" in 3b)  
 2 ☐ Labor Force B, ("LK" in 1, or "Layoff" or "New job" in 3b, or "Yes" in 4a)  
 3 ☐ Labor Force Group C (All others)

Notes

# Section I — EMPLOYMENT

## 1. What were you doing most of LAST WEEK — working, keeping house, or something else?

- 022 1 ☐ **WK** — Working — *SKIP to 2b*  
 2 ☐ **J** — With a job but not at work  
 3 ☐ **LK** — Looking for work  
 4 ☐ **S** — Going to school  
 5 ☐ **KH** — Keeping house  
 6 ☐ **U** — Unable to work — *SKIP to 5a*  
 7 ☐ **R** — Retired  
 8 ☐ **OT** — Other — *Specify* \_\_\_\_\_
- } ASK 2a  
 } ASK 2a

## 2a. Did you do any work at all LAST WEEK, not counting work around the house?

NOTE: If farm, ask about unpaid work.

- 023 1 ☐ Yes — ASK 2b  
 2 ☐ No — *SKIP to 3a*

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

- 024 \_\_\_\_\_ Hours — *SKIP to 6a, page 4*

If "J" is marked in item 1 — *SKIP to 3b*

## 3a. Did you have a job or business from which you were temporarily absent or on layoff LAST WEEK?

- 025 1 ☐ Yes — ASK 3b  
 2 ☐ No — *SKIP to 4a*

## b. Why were you absent from work LAST WEEK?

- 026 1 ☐ On layoff — ASK 3c  
 2 ☐ New job to begin within 30 days — *SKIP to 4b*  
 3 ☐ Other — *Specify* \_\_\_\_\_
- } *SKIP to 6a, page 4*

## c. When did this layoff begin?

- 027 

Month	Day	Year

 — *SKIP to 4b*

If "LK" is marked in item 1 — *SKIP to 4b*

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

- 028 1 ☐ Yes — ASK 4b  
 2 ☐ No — *SKIP to 5a*

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

- 029 1 ☐ No — *GO to 5a*  
 Yes — **Why?**  
 2 ☐ Already had a job  
 3 ☐ Temporary illness  
 4 ☐ Going to school  
 5 ☐ Child care problems  
 6 ☐ Husband would not permit  
 7 ☐ Other family or personal reasons  
 8 ☐ Did not want to work  
 9 ☐ Other — *Specify* \_\_\_\_\_

If "On Layoff" is marked in 3b — *SKIP to 6a*

## 5a. Between (Date in R8) and LAST WEEK, were you ever employed at a full-time or part-time job?

- 030 1 ☐ Yes — Complete R11, then *SKIP to 6a, page 4*  
 2 ☐ No — Complete R11, then ASK 5b

## b. Between (Date in R8) and LAST WEEK, have you looked for work or been on layoff from a job?

- 031 1 ☐ Yes — ASK 5c  
 2 ☐ No — *SKIP to 5e*

## c. How many weeks were you looking for work or on layoff in the past 12 months, that is from (Present month) 1983 to (Present month) 1984?

- 032 \_\_\_\_\_ Weeks  
 0 ☐ Less than 1 week

## d. How many weeks were you looking for work or on layoff in the 12 months before that, from (Present month) 1982 to (Present month) 1983?

- 033 \_\_\_\_\_ Weeks  
 0 ☐ Less than 1 week

## CHECK ITEM A

Refer to items 5c and 5d above.

- 034 1 ☐ Entry in 5c + entry in item 5d = 104 weeks — *SKIP to 13a, page 8*  
 2 ☐ All others — ASK 5e

## 5e. What was the main reason you were not working or looking for work during the remaining (these) weeks?

- 035 01 ☐ Care for elderly parents  
 02 ☐ Child care problems  
 03 ☐ Other personal, family reasons  
 04 ☐ Own illness  
 05 ☐ Pregnancy  
 07 ☐ Labor dispute  
 08 ☐ Did not want to work  
 09 ☐ Vacation  
 10 ☐ No suitable jobs available, would not have done any good to look  
 11 ☐ School  
 12 ☐ Retired  
 13 ☐ Other — *Specify* \_\_\_\_\_

*SKIP to 13a, page 8*

# Section I — EMPLOYMENT — Continued

**6a. For whom did you (last) work?** (Name of company, business, organization, or other employer)

**6g. How many hours per week do (did) you usually work at that job?**

**043** \_\_\_\_\_ Hours

**h. When did you first start working for** (Entry in 6a)?

Month		Day		Year	
<b>044</b>					

## CHECK ITEM C

Refer to item 6h above.

- 045** 1 ☐ Date in 6h is 10/15/83 or later —  
SKIP to Check Item D
- 2 ☐ All others — ASK 6i

**6i. Since** (Date in 6h) **did you ever stop working for** (Entry in 6a) **for a period of 6 months or more?**

- 046** 1 ☐ No — SKIP to Check Item D
- 2 ☐ Yes — **How many times?**

} ASK 6j

**047** 1 ☐ Once

**j. When did you (last) return to** (Entry in 6a)?

Month		Day		Year	
<b>048</b>					

## CHECK ITEM D

Refer to item 6f this page.

- 049** 1 ☐ "O" or "WP" marked in item 6f —  
SKIP to Check Item E, page 5
- 2 ☐ All others — ASK 7a

**7a. (Have/Had) you been promoted at any time since** (Date in R8, page 2)?

- 050** 1 ☐ Yes — ASK 7b
- 2 ☐ No — SKIP to 8, page 5

**b. Was your promotion within the last 12 months?**

- 051** 1 ☐ Yes
- 2 ☐ No

## CHECK ITEM B

Refer to R7, page 2 and item 6a above.

- 036** 1 ☐ Employer's name in R7 same as 6a —  
SKIP to 6c
- 2 ☐ Employer's name in R7 different from  
6a — ASK 6b
- 3 ☐ All others — SKIP to 6c

**6b. Our records show that you were working for** (Employer's name in R7, page 2) **when we last interviewed you on** (Date in R8, page 2). **Is** (Employer's name in 6a) **the same employer?**

- 037** 1 ☐ Yes
- 2 ☐ No

**c. What kind of business or industry (is/was)** (Entry in 6a)? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm.) — Specify

**1960 Code**

**038**

--	--	--

**1980 Code**

**039**

--	--	--

**d. What kind of work (are/were) you doing?** (For example: registered nurse, high school chemistry teacher, waitress) — Specify

**1960 Code**

**040**

--	--	--

**1980 Code**

**041**

--	--	--

**e. What (are/were) your most important activities or duties?** (For example: typed, kept account books, filed, sold real estate, operated business machine, cleaned buildings.)

**f. (Are/Were) you —**

- 042** 1 ☐ **P** — An employee of a **PRIVATE** company, business, or individual for wages, salary, or commissions?
- \* 2 ☐ **G** — A **GOVERNMENT** employee (federal, state, county, or local)?
- 3 ☐ . . Federal
- 4 ☐ . . State
- 5 ☐ . . Other
- 6 ☐ **O** — Self-employed in your **OWN** business, professional practice, or farm?  
Is this business incorporated?
- 7 ☐ . . Yes
- 8 ☐ . . No (or farm)
- 9 ☐ **WP** — Working **WITHOUT PAY** in family business or farm?

# Section I — EMPLOYMENT — Continued

## 7c. Did the promotion give you —

If more than one promotion, ask about most recent.  
Read each category and mark "Yes" or "No" box  
for each one.

### (1) More pay?

- 052 1 ☐ Yes  
2 ☐ No

### (2) More challenging work?

- 053 1 ☐ Yes  
2 ☐ No

### (3) More authority over other workers?

- 054 1 ☐ Yes  
2 ☐ No

### (4) More responsibility?

- 055 1 ☐ Yes  
2 ☐ No

### (5) Anything else?

- 056 1 ☐ Yes — Specify \_\_\_\_\_  
2 ☐ No

## 8. Altogether, how much do (did) you usually earn at this job before deductions?

057 \$ \_\_\_\_\_ per hour  
Dollars Cents

OR

058 \$ \_\_\_\_\_ per  
Dollars only 00

- 059 2 ☐ Day  
3 ☐ Week  
4 ☐ Biweekly  
5 ☐ Month  
6 ☐ Year  
7 ☐ Other — Specify \_\_\_\_\_

## CHECK ITEM E

Present Labor Force Group status. Refer to items 1, 2, 3b, and 4a, page 3.

- 060 1 ☐ Labor Force Group A ("WK" in 1, or "Yes" in 2a or "Other" in 3b) — ASK 9a  
2 ☐ Labor Force B, ("LK" in 1, or "Layoff" or "New job" in 3b, or "Yes" in 4a)  
3 ☐ Labor Force Group C (All others)
- SKIP to Check Item F

**Note:** Mark corresponding box in R11 if not already marked.

## 9a. How do you feel about the job you have now? Do you — (Read each answer category.)

- 061 1 ☐ Like it very much?  
2 ☐ Like it fairly well?  
3 ☐ Dislike it somewhat?  
4 ☐ Dislike it very much?

## b. What are the things you like most about your job?

- 062 \_\_\_\_\_ (1)  
063 \_\_\_\_\_ (2)  
064 \_\_\_\_\_ (3)  
065 0 ☐ Nothing

## c. What are the things you don't like about your job?

- 066 \_\_\_\_\_ (1)  
067 \_\_\_\_\_ (2)  
068 \_\_\_\_\_ (3)  
069 0 ☐ Nothing

## CHECK ITEM F

Refer to item 5a, page 3.

- 070 1 ☐ Box 1 (Yes) marked in 5a — ASK 10a  
2 ☐ All others — SKIP to Check Item G, page 6

## 10a. When did you stop working for (Entry in 6a, page 4)?

071 

Month	Day	Year

# Section I — EMPLOYMENT — Continued

## 10b. Why did you leave (Entry in 6a, page 4)?

Mark (X) only one category; do not read list.

If laid off, probe for specific reason.

### INVOLUNTARY REASON

- 072** 01 ☐ Plant closed, employer went out of business
- 02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 03 ☐ Laid off for any other reason — Specify

- 04 ☐ Discharged
- 05 ☐ Compulsory retirement

### VOLUNTARY REASON

- 06 ☐ Found better job
- 07 ☐ Didn't like work, hours, working conditions
- 08 ☐ Dissatisfied with wages
- 09 ☐ Interpersonal relations at work
- 10 ☐ Health; disability
- 11 ☐ Care for elderly parents
- 12 ☐ Other family or personal reasons; child care
- 13 ☐ Didn't like location, community
- 14 ☐ Returned to school
- 15 ☐ Voluntary retirement
- 16 ☐ Started own business, became self-employed
- 17 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 18 ☐ No opportunity for advancement
- 19 ☐ Transportation problem
- 20 ☐ Other — Specify

## CHECK ITEM G

Refer to item 6b, page 4.

- 073** 1 ☐ Box 2 (No) marked in 6b — ASK 11a
- 2 ☐ All others — SKIP to 11c

## 11a. On (Date in R8, page 2), you were working for (Employer's name in R7, page 2). Why did you leave that job?

Mark (X) only one category; do not read list.

If laid off, probe for specific reason.

- 21 ☐ Did not leave job — SKIP to 12a, page 7

### INVOLUNTARY REASON

- 074** 01 ☐ Plant closed, employer went out of business
- 02 ☐ End of temporary job, end of seasonal work (e.g., construction, farming, etc.)
- 03 ☐ Laid off for any other reason — Specify

- 04 ☐ Discharged
- 05 ☐ Compulsory retirement

### VOLUNTARY REASON

- 06 ☐ Found better job
- 07 ☐ Didn't like work, hours, working conditions
- 08 ☐ Dissatisfied with wages
- 09 ☐ Interpersonal relations at work
- 10 ☐ Health; disability
- 11 ☐ Care for elderly parents
- 12 ☐ Other family or personal reasons, child care
- 13 ☐ Didn't like location, community
- 14 ☐ Returned to school
- 15 ☐ Voluntary retirement
- 16 ☐ Started own business, became self-employed
- 17 ☐ Respondent was self-employed AND sold business or dissolved partnership
- 18 ☐ No opportunity for advancement
- 19 ☐ Transportation problem
- 20 ☐ Other — Specify

ASK  
11b

## b. When did you stop working for (Employer's name in R7, page 2)?

Month	Day	Year
<b>075</b>		

## c. (Including) (Entry in 6a) How many employers have you worked for since (Date in R8, page 2)?

**076** \_\_\_\_\_ Employer(s)

**CHECK ITEM H**

Refer to item 10a, page 5.

- 077 1 ☐ Date in 10a is more than 12 months ago — Mark "None" box in 12a and SKIP to 12b
- 2 ☐ 10a is blank } ASK 12a
- 3 ☐ All others }

**12a. In the last 12 months, how many different weeks did you work altogether? Count any weeks in which you did any work at all and weeks in which you were on paid vacation or paid sick leave.**

078 \_\_\_\_\_ Weeks — GO to Check Item I below

o ☐ None — SKIP to 12b

**CHECK ITEM I**

Refer to item 12a above.

- 079 1 ☐ 52 weeks in 12a — SKIP to 12d
- 2 ☐ 1—51 weeks in 12a — ASK 12b

**12b. You said you worked (Entry in 12a) weeks in the last 12 months. How many of the remaining (52 minus entry in 12a) weeks were you looking for work or on layoff from a job?**

080 \_\_\_\_\_ Weeks

o ☐ None

081 1 ☐ Don't know

**CHECK ITEM J**

Refer to items 12a and 12b above.

- 082 1 ☐ Entry in 12a + entry in 12b = 52 weeks — SKIP TO 12d
- 2 ☐ All others — ASK 12c

**12c. What was the main reason you were not working or looking for work during the remaining weeks in the last 12 months?**

- 083 01 ☐ Care for elderly parents
- 02 ☐ Child care problems
- 03 ☐ Other personal, family reasons
- 04 ☐ Own illness
- 05 ☐ Pregnancy
- 06 ☐ Layoff
- 07 ☐ Labor dispute
- 08 ☐ Did not want to work
- 09 ☐ Vacation
- 10 ☐ No suitable jobs available, would not have done any good to look
- 11 ☐ School
- 12 ☐ Retired
- 13 ☐ Other - Specify/

**d. We've just been talking about the last 12 months, that is from (Present month) 1983 to (Present month) 1984. Now I'd like you to think back to the 12 months before that, in other words, the time from (Present month) 1982 to (Present month) 1983.**

**During that 12-month period how many different weeks did you work altogether? Count any weeks in which you did any work at all and weeks in which you were on paid vacation or sick leave.**

084 \_\_\_\_\_ Weeks

o ☐ None

085 1 ☐ Don't know

**CHECK ITEM K**

Refer to item 12d above.

- 086 1 ☐ 52 weeks in item 12d — SKIP to Check Item L, page 8
- 2 ☐ All others — ASK 12e

**12e. How many of the remaining (52 minus entry in 12d) weeks were you looking for work or on layoff from a job?**

087 \_\_\_\_\_ Weeks

o ☐ None

088 1 ☐ Don't know

**CHECK ITEM L**

Refer to R11, page 2.

- 089** 1 ☐ Box 1 marked in R11 —  
SKIP to 13d
- 2 ☐ ALL others — ASK 13a

**13a. If you were offered a job by some employer in this area, do you think you would take it?**

Mark (X) only one category.

- 090** 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 — Specify

ASK  
13b

- 8 ☐ No, definitely not
- 9 ☐ No, health won't permit
- 10 ☐ No, don't want to work  
(no need to)
- 11 ☐ No, husband doesn't want  
me to work
- 12 ☐ No, too busy with home  
and/or family
- 13 ☐ No, other — Specify

SKIP  
to Check  
Item M,  
page 9

**13b. How many hours per week would you want to work?**

**091** \_\_\_\_\_ Hours

**C. What would the wage or salary have to be?**

**092** \$ \_\_\_\_\_ . \_\_\_\_\_ per hour  
Dollars Cents

OR

**093** \$ \_\_\_\_\_ **00** per  
Dollars Only

- 094** 2 ☐ Day
- 3 ☐ Week
- 4 ☐ Biweekly
- 5 ☐ Month
- 6 ☐ Year
- 7 ☐ Any pay
- 8 ☐ Other — Specify

**d. 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?**

- 095** 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Undecided

Notes



## Section 2 — HEALTH

### CHECK ITEM M

Refer to item 1, page 3.

- 096** 1 ☐ "U" marked in item 1 —  
SKIP to 14c  
2 ☐ All others — ASK 14a

#### 14a. Does your health or physical condition limit the AMOUNT of work you can do (other than housework)?

- 097** 1 ☐ Yes  
2 ☐ No

#### b. Does your health or physical condition limit the KIND of work you can do (other than housework)?

- 098** 1 ☐ Yes  
2 ☐ No

#### c. Do you have any health problem or condition that limits in any way the AMOUNT or KIND of housework you can do?

- 099** 1 ☐ Yes  
2 ☐ No

► No other household members listed on record card — SKIP to Check Item N

#### 15a. Does the health condition of any other person living in this household affect the KIND or AMOUNT of work you can do or where you can work?

- 100** 1 ☐ Yes — ASK 15b  
2 ☐ No — SKIP to Check Item N

#### b. Which household member(s) is (are) this (these)?

Mark (X) all that apply.

- 101** 1 ☐ Husband  
\* 2 ☐ Son or daughter  
3 ☐ Respondent's parent(s)  
4 ☐ Husband's parent(s)  
5 ☐ Sister or brother  
6 ☐ Other relative — Specify/

- 102** 7 ☐ Other nonrelative — Specify/

#### 15c. How does (Entry/entries in 15b) health affect your work?

Mark (X) all that apply.

- 103** 1 ☐ Prevents respondent from working  
\* 2 ☐ Respondent had to go to work  
3 ☐ Affects number of hours — must work more  
4 ☐ Affects number of hours — must work less  
5 ☐ Affects respondent's work schedule  
6 ☐ Affects kind/type of work  
**104** 7 ☐ Affects location  
\* 8 ☐ Other — Specify/

#### d. How long has your work been affected in this way?

**105** \_\_\_\_\_ Years

AND

**106** \_\_\_\_\_ Months

**107** 1 ☐ Don't know

### CHECK ITEM N

Refer to R3, page 2.

- 108** 1 ☐ Respondent married, spouse present  
2 ☐ Respondent married, spouse absent  
3 ☐ All others — SKIP to 17a, page 10

} ASK 16a

#### 16a. Does your husband's health or physical condition limit the AMOUNT or KIND of work he can do?

- 109** 1 ☐ Yes — ASK 16b  
2 ☐ No — SKIP to 17a, page 10

#### b. How long has he been limited in this way?

**110** \_\_\_\_\_ Years

AND

**111** \_\_\_\_\_ Months

**112** 1 ☐ Don't know

### Section 3 — VOLUNTEER WORK

**17a. In the past 12 months did you do any unpaid volunteer work?**

- 113** 1 ☐ Yes — SKIP to 17c  
2 ☐ No — ASK 17b

**b. Have you given any time in the past year to activities aimed at changing social conditions, such as work with educational groups, environmental groups, landlord/tenant groups or other consumer groups, women's groups, or minority groups?**

- 114** 1 ☐ Yes  
2 ☐ No } SKIP to 20a, page 11

**C. How many weeks?**

**115** \_\_\_\_\_ Weeks

**18. On the average, how many hours per week did you do volunteer work during these (Entry in 17c) weeks?**

**116** \_\_\_\_\_ Hours per week

**19a. What organization did you work for?**

*(If more than one organization, ask about the one for which she worked the most hours during the past 12 months.)*

Mark (X) only one box.

- 117** 1 ☐ Hospital or clinic  
2 ☐ School  
3 ☐ Church  
4 ☐ Political organization  
5 ☐ Groups such as Community Chest, United Fund, Heart Fund  
6 ☐ Boy Scouts, Girl Scouts, Little League, etc.  
7 ☐ Civic or community action  
8 ☐ Social and welfare  
9 ☐ Other — Specify/

**b. Thinking about all of your volunteer work in the past year, has any of this work involved attempts at changing social conditions such as working with educational groups, landlord/tenant groups or other consumer groups, women's groups or minority groups?**

- 118** 1 ☐ Yes  
2 ☐ No

Notes

# Section 4 — HOUSEHOLD ACTIVITIES

Now I would like to ask you a few questions about work around the home (even though you live alone).

**20a.** Would you say that — week in and week out — you have the sole responsibility, someone else has the sole responsibility, or that you share the responsibility with someone else for —

**b.** If column b or c is marked, ASK — Who usually performs this task or shares it with you? (Mark principal helper.)

**c.** If column b is marked, ASK — Would you say that you are responsible for this task — less than half of the time, about half of the time, or more than half of the time?

	Respondent has sole responsibility (a)	Respondent shares responsibility with others (b)	Others have responsibility (c)	Not applicable (d)	Husband (e)	Children (f)	Hired help (g)	Other (h)	Less than half of the time (i)	About half of the time (j)	More than half of the time (k)
(1) Grocery shopping? . . .	119 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	120 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	121 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(2) Child care, including helping with children?	122 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	123 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	124 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(3) Caring for chronically ill or disabled persons living in this household? . . . . .	125 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	126 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	127 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) Cooking? . . . . .	128 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	129 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	130 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(5) Cleaning the dishes after meals . . . . .	131 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	132 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	133 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(6) Cleaning the house? . .	134 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	135 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	136 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(7) Washing the clothes?	137 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	138 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	139 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(8) Yard and home maintenance? . . . . .	140 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	141 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	142 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(9) Family paperwork, like paying bills and checking the checkbook? . . . . .	143 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	144 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	145 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

# Section 4 — HOUSEHOLD ACTIVITIES — Continued

**21a. How many hours per week would you say you usually spend doing (these and) other household tasks?**

**146** \_\_\_\_\_ Hours per week  
☐ None

## CHECK ITEM O

Refer to item 20a (3), page 11.

- 147** 1 ☐ Boxes 1, 2, or 3 marked in 20a(3) — ASK 21b  
 2 ☐ All others — SKIP to 21c

**21b. You said that chronically ill or disabled persons are cared for in this household. Which household member(s) is (are) this (these)?**

Mark (X) all that apply.

- 148** 1 ☐ Husband  
 \* 2 ☐ Son or daughter  
 3 ☐ Respondent's parent(s)  
 4 ☐ Husband's parent(s)  
 5 ☐ Sister or brother  
 6 ☐ Other relative — Specify

**149** 7 ☐ Other nonrelative — Specify  
 \*

**C. Do you regularly spend time taking care of or helping a relative or friend who is not a household member?**

- 150** 1 ☐ Yes — ASK 21d  
 2 ☐ No — SKIP to Check Item P, page 13

**21d. What is their relationship to you?**

Mark (X) all that apply.

- 151** 1 ☐ Parent(s)  
 \* 2 ☐ Husband's parent(s)  
 3 ☐ Grandchild/Grandchildren  
 4 ☐ Son(s)/Daughter(s)  
 5 ☐ Brother(s)/Sister(s)  
 6 ☐ Other relative(s)  
**152** 7 ☐ Friend(s)  
 \* 8 ☐ Other — Specify

For each box marked in item 21d, ASK —

**E. How many hours per week do you spend taking care of or helping (Read person(s) from 21d)?**

**153**   Hours per week (1)

**154**   Hours per week (2)

**155**   Hours per week (3)

**156**   Hours per week (4)

**157**   Hours per week (5)

**158**   Hours per week (6)

**159**   Hours per week (7)

**160**   Hours per week (8)

Notes

# Section 5 — MARITAL STATUS

## CHECK ITEM P

Refer to R10, page 2.

- 161** 1 ☐ Box 9 "Noninterview in 1981 and 1982" marked in R10 — *SKIP* to 22b  
2 ☐ All others — *ASK* 22a

Refer to R9 and R10, page 2.

**22a.** When we talked to you on (Date in R9) you said you were (Entry in R10). Has there been any change in your marital status since then? That is, have you been married, widowed, divorced, separated, remarried, or reunited?

- 162** 1 ☐ Yes — *SKIP* to 23a  
2 ☐ No — *SKIP* to 24, page 14

**b.** Has there been any change in your marital status since April 1, 1981? That is, have you been married, widowed, divorced, separated, remarried, or reunited?

- 163** 1 ☐ Yes — *ASK* 23a  
2 ☐ No — *SKIP* to 24, page 14

	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE	FOURTH CHANGE
<b>23a.</b> Since (Date in R9, page 2), what was the (first/second/third/fourth) change in your marital status?	<b>164</b> 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	<b>168</b> 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	<b>172</b> 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited	<b>176</b> 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Remarried 6 <input type="checkbox"/> Reunited
<b>b.</b> When did that happen? Enter month and year.	<b>165</b> Month <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <b>166</b> Year <div style="border: 1px solid black; width: 60px; height: 20px; margin: 2px; display: flex; justify-content: space-between; padding: 0 5px;"> <span>1</span><span>9</span><span></span><span></span> </div>	<b>169</b> Month <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <b>170</b> Year <div style="border: 1px solid black; width: 60px; height: 20px; margin: 2px; display: flex; justify-content: space-between; padding: 0 5px;"> <span>1</span><span>9</span><span></span><span></span> </div>	<b>173</b> Month <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <b>174</b> Year <div style="border: 1px solid black; width: 60px; height: 20px; margin: 2px; display: flex; justify-content: space-between; padding: 0 5px;"> <span>1</span><span>9</span><span></span><span></span> </div>	<b>177</b> Month <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <b>178</b> Year <div style="border: 1px solid black; width: 60px; height: 20px; margin: 2px; display: flex; justify-content: space-between; padding: 0 5px;"> <span>1</span><span>9</span><span></span><span></span> </div>
<b>c.</b> After that, was there any OTHER change in your marital status?	<b>167</b> 1 <input type="checkbox"/> Yes — <i>GO</i> to next column 2 <input type="checkbox"/> No — <i>SKIP</i> to 24, page 14	<b>171</b> 1 <input type="checkbox"/> Yes — <i>GO</i> to next column 2 <input type="checkbox"/> No — <i>SKIP</i> to 24, page 14	<b>175</b> 1 <input type="checkbox"/> Yes — <i>GO</i> to next column 2 <input type="checkbox"/> No — <i>SKIP</i> to 24, page 14	<b>179</b> 1 <input type="checkbox"/> Yes — <i>ASK</i> 23a–c, enter info. in "Notes"; then, <i>GO</i> to 24, page 14 2 <input type="checkbox"/> No — <i>GO</i> to 24, page 14

Notes

Total number of family members

**180**

Total number of household members

**181**

# Section 6 — EDUCATION AND WORK EXPERIENCE

**24. Now, I have a few questions about the EDUCATION AND WORK EXPERIENCE of ALL persons living here.**

**INTERVIEWER :** Refer to Household Record Card. If respondent lives alone, enter line number (in 24a) and name (in 24b). Then SKIP to 26a. For all current household members enter line number (in 24a), name (in 24b), relationship (in 24c), and date of birth (in 24d). Then ASK items 24e—24i as applicable.

## TRANSCRIBE FROM RECORD CARD.

Line number (24a)	Name (24b)	RELATIONSHIP TO RESPONDENT (24c)		OFFICE USE	What is . . . 's date of birth? (24d) <i>(Enter two digits each for the month, day, and year)</i>			How old is . . . today? (24e)
		What is . . . 's relationship to you?  EXAMPLE:  Husband, son, mother, father-in-law, brother, housekeeper, boarder, partner, etc.			Month	Day	Year	Age
		Respondent			182			183
			184		185			186
			191		192			193
			198		199			200
			205		206			207
			212		213			214
			219		220			221
			226		227			228
			233		234			235
			240		241			242
			247		248			249
			254		255			256
			261		262			263
			268		269			270
			275		276			277
			282		283			284
			289		290			291

**24. Continued**Page 15

**Section 6 — EDUCATION AND WORK EXPERIENCE — Continued**

**CHECK ITEM Q**

Refer to R3, page 2.

- 296** 1 ☐ Respondent is married, spouse present —  
GO to Check Item R  
2 ☐ All others — SKIP to 26a

**CHECK ITEM R**

Refer to item 24g, page 15.

- 297** 1 ☐ Husband worked 52 weeks in last 12 months — SKIP to 26a  
2 ☐ All others — ASK 25a

**25a. You said your husband worked (Entry in 24g) weeks in the last 12 months. How many of the remaining (52 minus entry in 24g) was he looking for work or on layoff from a job?**

**298** \_\_\_\_\_ Weeks

o ☐ None

**b. As a result of your husband's not working, did you start working or looking for work?**

- 299** 1 ☐ Yes  
2 ☐ No

▶ No other family member 14 years or older listed in 24b, page 14 — SKIP to 26a

**c. As a result of your husband's not working, did any other family members start working or looking for work?**

- 300** 1 ☐ Yes  
2 ☐ No

**26a. How many persons, not counting yourself (and your husband), are dependent upon you (and your husband) for at least one-half of their support?**

**301** \_\_\_\_\_ Person(s)

o ☐ None — SKIP to 27

**b. How many of these persons are attending college?**

**302** \_\_\_\_\_ Person(s)

o ☐ None

**27. (Besides the dependents you just told me about) Do you have any children who have attended college in the last 12 months?**

- 303** 1 ☐ No — SKIP to 28a  
2 ☐ Yes — **How many?**

**304** \_\_\_\_\_ Child(ren)

**Section 7 — EXTRA EXPENSES**

**28a. In the last 12 months, have you (or your husband) incurred any large medical or health expenses not primarily covered by insurance for yourself (yourselves) or anyone else?**

- 305** 1 ☐ Yes — ASK 28b  
2 ☐ No — SKIP to 28c

**b. What was the total amount of these medical or health care expenses that you (or your husband) incurred during this period? Do not include amounts covered by insurance.**

- 306** 1 ☐ Less than \$500  
2 ☐ \$500 — \$999  
3 ☐ \$1000 — \$1999  
4 ☐ \$2000 — \$4999  
5 ☐ \$5000 or more  
6 ☐ Refused  
7 ☐ Don't know

**c. In the last 12 months, have you (or your husband) incurred any large educational expenses for yourself (yourselves) or anyone else?**

- 307** 1 ☐ Yes — ASK 28d  
2 ☐ No — SKIP to 28e

**d. What was the total amount of these educational expenses that you (or your husband) incurred during this period?**

- 308** 1 ☐ Less than \$500  
2 ☐ \$500 — \$999  
3 ☐ \$1000 — \$1999  
4 ☐ \$2000 — \$4999  
5 ☐ \$5000 or more  
6 ☐ Refused  
7 ☐ Don't know

**e. In the last 12 months, have you (or your husband) incurred any large expenses or losses not covered by insurance due to fire, theft, or natural disasters?**

- 309** 1 ☐ Yes — ASK 28f  
2 ☐ No — SKIP to 29a, page 17

**f. What was the total amount of these expenses or losses that you (or your husband) incurred during this period. Do not include amounts covered by insurance.**

- 310** 1 ☐ Less than \$500  
2 ☐ \$500 — \$999  
3 ☐ \$1000 — \$1999  
4 ☐ \$2000 — \$4999  
5 ☐ \$5000 or more  
6 ☐ Refused  
7 ☐ Don't know



# Section 8 — INCOME

Now I would like to ask a few questions about your income in the last 12 months.

**29a.** During the last 12 months, did you receive any income from wages, salary, commissions, or tips?

- 311** 1 ☐ Yes — ASK 29b  
2 ☐ No — SKIP to 29c

**b.** How much did you receive from all jobs before deductions for taxes or anything else?

**312** \$ \_\_\_\_\_ . **00**

**c.** During the last 12 months, did you receive any income from working on your own or in your own business, professional practice, partnership, or farm?

- 313** 2 ☐ No — SKIP to 29d  
1 ☐ Yes — **How much?** (Obtain net income)

\$ \_\_\_\_\_ less \$ \_\_\_\_\_ =  
Gross income Expenses

**314** \$ \_\_\_\_\_ . **00**  
Net income

- 315** 1 ☐ Loss  
2 ☐ Broke even

## **316 COMPUTER USE**

**29d.** During the last 12 months did you receive any unemployment compensation?

- 317** 2 ☐ No — SKIP to 29e  
1 ☐ Yes

(1) How many weeks?

**318** \_\_\_\_\_ Weeks

(2) How much did you receive per week on the average?

**319** \$ \_\_\_\_\_ . **00** per week

**e.** During the last 12 months did you receive any alimony?

- 320** 2 ☐ No — SKIP to 29f  
1 ☐ Yes — **How much?**

**321** \$ \_\_\_\_\_ . **00**

**29f.** During the last 12 months did you receive any child support?

- 322** 2 ☐ No — SKIP to 29g  
1 ☐ Yes — **How much?**

**323** \$ \_\_\_\_\_ . **00**

**g.** During the last 12 months did you receive any Social Security Payments such as Retired Worker, Spouse Survivor Benefits, or Railroad Retirement Benefits? Do not include disability payments.

- 324** 2 ☐ No — SKIP to 29h  
1 ☐ Yes

(1) How many months?

**325** \_\_\_\_\_ Months

(2) How much did you receive per month on the average?

**326** \$ \_\_\_\_\_ . **00** per month

**h.** During the last 12 months, did you receive any disability benefits such as Social Security Disability, Worker's Compensation, or Veteran's Compensation?

- 327** 2 ☐ No — SKIP to 29i  
1 ☐ Yes — **How much altogether?**

**328** \$ \_\_\_\_\_ . **00**

**i.** During the last 12 months, did you receive any (other) pension income from any source such as a private employer, military, or state, local, or the federal government?

- 329** 2 ☐ No — SKIP to Check Item S, page 18  
1 ☐ Yes — **How much altogether?**

**330** \$ \_\_\_\_\_ . **00**

**j.** When did you first start receiving this pension?

**331**

Month	Day	Year

**Section 8 — INCOME — Continued**

**CHECK ITEMS**

Refer to Check Item Q, page 16.

- 332** 1 ☐ Box 1 marked in Check item Q — ASK 30a  
 2 ☐ All others — SKIP to 31a

**Now I would like to ask a few questions about your husband's income in the last 12 months.**

**30a. During the last 12 months, did your husband receive any income from wages, salary, commissions, or tips?**

- 333** 1 ☐ Yes — ASK 30b  
 2 ☐ No — SKIP to 30c

**b. How much did he receive from all jobs before deductions for taxes or anything else?**

**334** \$ \_\_\_\_\_ . **00**

**c. During the last 12 months, did your husband receive any income from working on his own, or in his own business, professional practice, partnership, or farm?**

- 335** 2 ☐ No — SKIP to 30d  
 1 ☐ Yes — **How much?** (Obtain net income)

**336** \$ \_\_\_\_\_ less \$ \_\_\_\_\_ =  
                     Gross income                      Expenses

**337** \$ \_\_\_\_\_ . **00**  
                     Net income

- 338** 1 ☐ Loss  
 2 ☐ Broke even

**339 COMPUTER USE**

**30d. During the last 12 months, did your husband receive any unemployment compensation?**

- 340** 2 ☐ No — SKIP to 30e  
 1 ☐ Yes

**(1) How many weeks?**

**341** \_\_\_\_\_ Weeks

**(2) How much did he receive per week on the average?**

**342** \$ \_\_\_\_\_ . **00** per week

**30e. During the last 12 months, did your husband receive any Social Security, Retired Worker benefits, or Railroad Retirement benefits? Do not include disability payments.**

- 343** 2 ☐ No — ASK 30f  
 1 ☐ Yes

**(1) How many months?**

**344** \_\_\_\_\_ Months

**(2) How much per month on the average?**

**345** \$ \_\_\_\_\_ . **00** per month

**f. During the last 12 months, did your husband receive any disability benefits such as Social Security Disability, Worker's Compensation, or Veteran's Compensation?**

- 346** 2 ☐ No — ASK 30g  
 1 ☐ Yes — **How much altogether?**

**347** \$ \_\_\_\_\_ . **00**

**g. During the last 12 months, did your husband receive any (other) pension income from any source such as a private employer, military, or state, local or the federal government?**

- 348** 2 ☐ No — SKIP to 31a  
 1 ☐ Yes — **How much altogether?**

**349** \$ \_\_\_\_\_ . **00**

**31a. In the last 12 months, did you (or your husband) receive any food stamps under the Government's Food Stamp Plan?**

- 350** 1 ☐ Yes — ASK 31b  
 2 ☐ No — SKIP to 32a

**b. In how many months did you (or your husband) receive stamps?**

**351** \_\_\_\_\_ Months

**c. In the most recent month food stamps were received, what was the total face value of the food stamps received?**

**352** \$ \_\_\_\_\_ . **00**

**32a. In the last 12 months, did you (or your husband) receive any other public welfare or public assistance?**

- 353** 1 ☐ Yes — ASK 32b  
 2 ☐ No — SKIP to 33a, page 19

**Section 8 — INCOME — Continued**

**32b. How many months?**

**354** \_\_\_\_\_ Months

**C. How much did you receive per month on the average?**

**355** \$ \_\_\_\_\_ . **00** per month

**33a. Did you (or your husband) receive any other income such as rent, interest, dividends, annuities, or income from any other source?**

- 356** 1 ☐ Yes — ASK 33b  
 2 ☐ No — SKIP to Check Item T

**b. How much did you receive during the last 12 months?**

**357** \$ \_\_\_\_\_ . **00**

**CHECK ITEM T**

Refer to item 24, page 14.

- 358** 1 ☐ Family members 14 years or older, other than respondent and husband, listed in 24 — ASK 34  
 2 ☐ All others — SKIP to 35

**34. During the last 12 months, what was the total income of all family members living here, other than yourself (and your husband)?**

**359** \$ \_\_\_\_\_ . **00**

0 ☐ None

**35. Which of these four statements best describes your (family's) ability to get along on your (its) income? Read answer categories.**

- 360** 1 ☐ I (We) always have money left over  
 2 ☐ I (We) have enough with a little extra sometimes  
 3 ☐ I (We) have just enough, no more  
 4 ☐ I (We) can't make ends meet

**CHECK ITEM U**

Refer to item 24, page 14.

- 361** 1 ☐ Nonrelated household members 14 years of age or older listed in 24 — ASK 36  
 2 ☐ All others — SKIP to Check Item V, page 20

**36. During the last 12 months, what was the total income of all individuals living here who are not related to you?**

**362** \$ \_\_\_\_\_ . **00**

- 363** 0 ☐ None  
 1 ☐ Don't know

Notes

## Section 9 — RETIREMENT

### CHECK ITEM V

Refer to R11, page 2.

- 364** 1 ☐ Box 1 marked in R11 } *SKIP to 38*  
 2 ☐ Box 2 marked in R11 }  
 3 ☐ Box 3 marked in R11 — ASK 37

### 37. Do you expect to take a job for pay at some time in the future?

- 365** 1 ☐ Yes — ASK 38  
 2 ☐ No } *SKIP to 40*  
 3 ☐ Don't know, maybe }

### 38. At what age do you expect to stop working at a regular job?

- 366** \_\_\_\_\_ Age }  
**367** 1 ☐ Don't know } *ASK 39a*  
 2 ☐ Already stopped }  
 3 ☐ Don't plan to stop — *SKIP to 39b*

### 39a. (When you reach retirement age,) Would you want to (continue working) (return to work) if you could work fewer hours (than you did before)?

- 368** 1 ☐ Yes } *All SKIP to*  
 2 ☐ No } *Check Item*  
 3 ☐ Don't know } *W-1*

### b. When you reach retirement age, would you like to work fewer hours?

- 369** 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

### CHECK ITEM W-2

Refer to item 6f, page 4.

- 371** 1 ☐ "P" or "G" marked in 6f — ASK 39c  
 2 ☐ All others — *SKIP to 40*

### 39c. Do you think your employer would allow you to work fewer hours (if you should decide you wanted to)?

- 372** 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

### 40. About how many years altogether have you been employed in jobs covered by Social Security or Railroad Retirement?

**373** \_\_\_\_\_ Years

- 374** 1 ☐ Don't know  
 2 ☐ None

### CHECK ITEM X

Refer to R3, page 2.

- 375** 1 ☐ Respondent is married, spouse present — ASK 41a  
 2 ☐ Respondent is married, spouse absent — ASK 41a  
 3 ☐ All others — *SKIP to 42, page 21*

### 41a. At what age does your husband expect to stop working at a regular job?

- 376** \_\_\_\_\_ Age }  
**377** 1 ☐ Does not plan to retire } *SKIP to 42,*  
 2 ☐ Don't know } *page 21*  
 3 ☐ Already retired — ASK 41b

### b. When did he retire?

Month	Day	Year

- 378** \_\_\_\_\_  
**379** 1 ☐ Don't know

### CHECK ITEM W-1

Refer to Check Item V above.

- 370** 1 ☐ Box 1 marked in Check Item V — *GO to Check Item W-2*  
 2 ☐ All others — *SKIP to 40*

## Section 10 — PARENTS

**Now I'd like to ask you some questions about your parents.**

### 42. Are your father and mother living?

- 380** 1 ☐ BOTH parents alive  
 2 ☐ MOTHER alive, father dead  
 3 ☐ FATHER alive, mother dead  
 4 ☐ NEITHER parent alive —  
 SKIP to Check Item Z
- } GO to  
Check  
Item Y

### CHECK ITEM Y

Refer to item 42 above, and items 5 and 6 on the record card.

- 381** 1 ☐ Both parents live with respondent  
 2 ☐ Only living parent lives with respondent  
 3 ☐ Both parents live outside respondent's household  
 4 ☐ Only living parent lives outside respondent's household  
 5 ☐ One parent lives with respondent, other parent does not
- } SKIP to  
Check  
Item Z
- } ASK  
43a

### 43a. Do your parents (Does your father/mother/parent) need someone to help take care of them (him/her) because of health reasons?

- 382** 1 ☐ Yes — ASK 43b  
 2 ☐ No — SKIP to 44

### b. Who usually provides this help?

Mark (X) all that apply.

- 383** 1 ☐ Respondent  
 \* 2 ☐ Respondent's husband  
 3 ☐ Other relative  
 4 ☐ Private nurse, home nurse, or other hired help in the home  
 5 ☐ Institutions (such as hospitals, nursing homes)  
 6 ☐ Other — Specify/
- \_\_\_\_\_

### 44. Approximately how many miles do your parents (does your father/mother) live from here?

**384** \_\_\_\_\_ Miles

### CHECK ITEM Z

Refer to R3, page 2.

- 385** 1 ☐ Respondent is married, spouse present — ASK 45  
 2 ☐ All others — SKIP to 48a, page 22

### 45. What about your husband's parents — are his mother and father still living?

- 386** 1 ☐ BOTH parents alive  
 2 ☐ MOTHER alive, father dead  
 3 ☐ FATHER alive, mother dead  
 4 ☐ NEITHER parent alive — SKIP to 48a, page 22
- } GO to  
Check  
Item AA

### CHECK ITEM AA

Refer to item 45 above, and items 5 and 6 on the record card.

- 387** 1 ☐ Both husband's parents living with respondent  
 2 ☐ Husband's only living parent lives with respondent  
 3 ☐ Both husband's parents live outside respondent's household  
 4 ☐ Husband's only living parent lives outside respondent's household  
 5 ☐ One of husband's parents lives with respondent, other does not
- } SKIP to  
48a
- } ASK  
46a

### 46a. Do your husband's parents (Does your husband's father/mother/parent) need someone to take care of them (him/her) because of health reasons?

- 388** 1 ☐ Yes — ASK 46b  
 2 ☐ No — SKIP to 47

### b. Who usually provides this help?

Mark (X) all that apply.

- 389** 1 ☐ Respondent  
 \* 2 ☐ Respondent's husband  
 3 ☐ Other relative  
 4 ☐ Private nurse, home nurse, or other hired help in the home  
 5 ☐ Institutions (such as hospitals, nursing homes)  
 6 ☐ Other — Specify/
- \_\_\_\_\_

### 47. Approximately how many miles do they (does she/he) live from here?

**390** \_\_\_\_\_ Miles

## Section 11 — EDUCATION AND TRAINING

**Now I'd like to ask you some questions about your education.**

**48a. Have you attended college since** *(Date entered in R9, page 2)?*

- 391** 1 ☐ Yes — ASK 48b  
2 ☐ No — SKIP to 49a

**b. How many weeks did you attend college?**

- 392** \_\_\_\_\_ Weeks  
o ☐ Less than 1 week

**c. How many hours per week did you usually spend on college education?**

- 393** \_\_\_\_\_ Hours per week

**d. What was your major field of study?**

- 394** ☐ ☐

**e. Have you received a college degree since** *(Date entered in R9, page 2)?*

- 395** 1 ☐ Yes — ASK 48f  
2 ☐ No — SKIP to 49a

**f. What degree was it?**

*Mark (X) most advanced degree received.*

- 396** 1 ☐ Associate (2 or 3 year course)  
2 ☐ Bachelor's (B.A., B.S., A.B., etc.)  
3 ☐ Master's (M.A., M.S., M.B.A., etc.)  
4 ☐ Doctorate (Ph.D., M.D., LL.B., J.D., etc.)  
5 ☐ Other — Specify \_\_\_\_\_

**49a. Since** *(Date entered in R9, page 2), have you taken any on-the-job training courses?*

- 397** 1 ☐ Yes — ASK 49b  
2 ☐ No — SKIP to 50a

**b. How many weeks have you spent in on-the-job training courses?**

- 398** \_\_\_\_\_ Weeks  
o ☐ Less than 1 week

**c. How many hours per week have you spent in this training?**

- 399** \_\_\_\_\_ Hours per week  
o ☐ Less than 1 hour

**49d. Did you complete this training?**

- 400** 1 ☐ Yes  
2 ☐ No — Dropped out  
3 ☐ No — Still attending

**50a. Since** *(Date in R9, page 2) have you taken any other training or educational programs OTHER THAN on-the-job training or college courses (that you just told me about)?*

- 401** 1 ☐ Yes — ASK 50b  
2 ☐ No — SKIP to 51, page 23

**b. Did you complete this training?**

*If more than one, ask about most recent.*

- 402** 1 ☐ Yes  
2 ☐ No — Dropped out  
3 ☐ No — Still attending

**c. What kind of school or organization provides (provided) instruction for this training?**

*Specify below AND then mark the appropriate box.*

*Mark (X) only one.*

- 403** 01 ☐ Business college, technical institute  
02 ☐ Company training school  
03 ☐ Correspondence school  
04 ☐ High school (including night school)  
05 ☐ Community or junior college  
06 ☐ Regular 4-year college or university  
07 ☐ Area vocational school  
08 ☐ Nursing school, hospital, medical school, or college  
09 ☐ Federal, state, or local government agency including military reserve, CETA, Manpower, JTPA  
10 ☐ Apprenticeship  
11 ☐ Community organization (e.g., church temple, synagogue, YMCA, Red Cross, neighborhood association)  
12 ☐ Other place — Specify \_\_\_\_\_

**Note:** *If box 3 is marked in 50b, read "have you been attending."*

**d. How long did you attend (Have you been attending) this training?**

- 404** \_\_\_\_\_ Weeks  
o ☐ Less than 1 week

**Section 11 — EDUCATION AND TRAINING — Continued**

**50e. How many hours per week did (do) you spend on this training?**

**405** \_\_\_\_\_ Hours per week

o ☐ Less than 1 hour

**f. Why did you decide to take this program?**

Mark (X) the main reason.

- |  |   |
|--|---|
| <p><b>406</b> 1 <input type="checkbox"/> To obtain work</p> <p>2 <input type="checkbox"/> To improve current job situation</p> <p>3 <input type="checkbox"/> To get a better job</p> <p>4 <input type="checkbox"/> Had extra time; bored staying at home</p> <p>5 <input type="checkbox"/> To improve basic skills like reading, writing, or arithmetic</p> <p>6 <input type="checkbox"/> For general education, general knowledge</p> <p>7 <input type="checkbox"/> For personal development, pleasure or interest</p> <p>8 <input type="checkbox"/> Other reasons — <i>Specify</i> _____</p> | <p>} ASK 50g</p><br><br><br><br><br><br><br><p>} SKIP to 51</p> |
|--|---|

**g. What kind of work were (are) you being trained for?**

\_\_\_\_\_

**407** ☐ ☐ ☐

**50h. Did you receive a certificate or diploma?**

- 408** 1 ☐ Yes — ASK 50i
- 2 ☐ No — SKIP to 51

**i. What kind?**

- 409** 1 ☐ Certificate
- 2 ☐ License
- 3 ☐ High School diploma or GED
- 4 ☐ Journeyworker's card (formerly Journeyman's card)
- 5 ☐ Other — *Specify* \_\_\_\_\_

**51. Taking things altogether, would you say you're very happy, somewhat happy, somewhat unhappy, or very unhappy these days?**

- 410** 1 ☐ Very happy
- 2 ☐ Somewhat happy
- 3 ☐ Somewhat unhappy
- 4 ☐ Very unhappy

**52. Please give us the names and addresses of two persons who would always know where you could be reached even if you moved away?**

*Enter information in items 14 and 15 on the LGT-1C.*

**THANK YOU FOR TAKING PART IN THIS SURVEY**

Notes

Notes