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Appendix G: Questionnaires

This appendix contains the questionnaires sent out by Thorndike and Hagen in 1955 and by the NBER in 1969.

Survey of Post-War Education and Employment

Do not write in this column

1. Name _____

2. Present Address _____

3. (a) What schooling have you had since your first separation from the Armed Forces? If none, check here. _____

Example:	Place	Major Subjects	Dates Attended		Degree, Certificate or Diploma Earned
			From	To	
	University of Maryland	Mathematics	Sept. 1946	June 1950	B. A.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(b) Have you had any on-the-job training since you were separated from the Armed Forces? Yes _____ No _____ If yes, what kind? _____

(c) If your schooling or on-the-job training was taken under the GI Bill, under what public law did you receive education benefits?

PL 16 (for disabled veterans) _____ PL 346 (other veterans) _____

4. What jobs have you had since your separation from the Armed Forces? (Please list your present job first, the one before that next, etc.)

Examples	Title of Job	Dates		Kind of Business or Industry	Last Monthly Salary (Considered)
		Starting	Ending		
a.	Welder	Feb. 1949	Present	Aircraft Factory	\$390
b.	Sheet Metal Worker	June 1947	Feb. 1949	Automobile Factory	\$270
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

5. (a) Describe what you do in your present job _____

(b) How many employees do you supervise? _____

(c) How well do you think you are performing in your present work? (Check one box)
 Barely Satisfactory About as well as average Better than average Outstandingly Successful

(d) How well do you like the type of work you are now doing? (Check one box)
 Dislike it O.K. It's a job Like it very much Better than any other

6. Do you have a license or have you passed a certifying examination of any kind? (Example—Master Plumber License, CPA, Licensed Electrician, Teacher, etc.) Yes _____ No _____ If yes, what kind? _____

7. (a) When were you first separated from the Armed Forces? _____

(b) Have you had any tours of extended active duty since your first separation from the Armed Forces? (Do not count short tours of duty for reserve training.) Yes _____ No _____ If yes, please give dates:
 1. From _____ to _____
 2. From _____ to _____

8. Did you ever receive vocational counseling through the Veterans Administration? Yes _____ No _____

9. Please give your Social Security number if it is readily available _____

(Use the other side of the blank for any comments that you think will give us a better picture of your post-World War II career.)

Questionnaire sent to all men in survey sample.

A TWENTY-FIVE YEAR FOLLOW-UP SURVEY

Sponsored by the National Bureau of Economic Research, New York, New York

We plan to begin tabulations by July 1, and would appreciate your returning the questionnaire as soon as possible.

Identification

Disregard the small numbers to the right of the boxes; they are for tabulation purposes.

GENERAL INFORMATION

1. What is your age (last birthday)? years. 6-7
2. Please check X below to indicate your marital status.

Single	<input type="checkbox"/>	6-1	Date		
Married	<input type="checkbox"/>	-2	19	9-10	
Divorced	<input type="checkbox"/>	-3			
Widower	<input type="checkbox"/>	-4			
Other	<input type="checkbox"/>	-5			
3. How many children do you have?

None	<input type="checkbox"/>	15-1	4	<input type="checkbox"/>	-5
1	<input type="checkbox"/>	-2	5	<input type="checkbox"/>	-6
2	<input type="checkbox"/>	-3	6 or more	<input type="checkbox"/>	-7
3	<input type="checkbox"/>	-4			
4. Do you own your own home or co-operative apartment?

Yes—house	<input type="checkbox"/>	16-1
Yes—apartment	<input type="checkbox"/>	-2
No	<input type="checkbox"/>	-3
5. What is the state of your general health?

Excellent	<input type="checkbox"/>	28-1
Good	<input type="checkbox"/>	-2
Fair	<input type="checkbox"/>	-3
Poor	<input type="checkbox"/>	-4
6. What is your approximate height?

..... ft. inches	29-31
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7. What is your approximate weight?

..... lbs.	32-34
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EDUCATIONAL BACKGROUND

1. Please fill in the following form. We have included an illustrative set of responses in dark type.

SCHOOLS ATTENDED	DATES ATTENDED	GRADUATED (X if yes)	TYPE OF DEGREE RECEIVED	DATE DEGREE RECEIVED
HIGH SCHOOL				
Locust Valley, Pennsylvania	1938-42	X		
.....			
.....	..... 17-18	<input type="checkbox"/>	19-1	
VOCATIONAL TRAINING				
Automotive Repair School	1946	X		
.....			
.....	<input type="checkbox"/>	20-1	
UNDERGRADUATE COLLEGE OR UNIVERSITY				
U. of Colorado, Boulder	1943, 45-48	X	B.A.	1948
.....			
.....	<input type="checkbox"/>	21-1	22-1
				-2
.....	.....			23-24
GRADUATE SCHOOL				
.....	<input type="checkbox"/>		
.....	<input type="checkbox"/>	25-1	26-27

2. Please indicate the highest grade of schooling completed by each of the following family members: (High school graduate would be 12, college graduate 16, etc.):

	Highest Grade Completed	
Wife	..... yrs.	61-62
Your father	..... yrs.	63-64
Wife's father	..... yrs.	65-66

your choice by circling the appropriate number on the scale from 5 (very great importance) to 1 (very little importance).

	Great Importance	←-----→					Little Importance	
Basic skills (reading, mathematics, etc.)	5	4	3	2	1		67	
General knowledge (history, literature, science, etc.)	5	4	3	2	1		68	
Career preparation (vocational, professional, etc.)	5	4	3	2	1		69	
Activities (school clubs, newspapers, sports, etc.)	5	4	3	2	1		70	
Social awareness (current social problems, community action, etc.)	5	4	3	2	1		71	

3. Based on your own personal experience, what do you think high schools and colleges should concentrate on? Indicate

WORK EXPERIENCE, EARNINGS, AND INCOME

1. We would like you to describe your work experience below, starting with your present job. An illustrative set of responses have been included in dark type.

For the earnings information, even very rough estimates will be helpful. If you are self-employed, mark column 1 as self-employed and interpret the salary columns as total income. If you have more than one job, please report salary on main job only.

Position Held	Years Worked	Beginning Salary (Annual full time)	Ending Salary	Pension Plan (X if yes)	Average Weekly Hours During Last Year		Card II
					Main Job	Other Jobs	
Foreman	1961-69	\$7,500	\$8,600	X	42	4	
PRESENT JOB	<input type="checkbox"/>
PREVIOUS JOBS	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
FIRST JOB (Full-time, after finishing school)	<input type="checkbox"/>

Office Use

..... 6-10

..... 11-15

..... 16-17

..... 18-19

..... 20-21

..... 22-1

2. For the past year, please indicate the number of weeks spent doing each of the following:

	Number of Weeks	Card III
Full-time work (or both full and part-time)	6-7	
Part-time work	8-9	
Paid vacation	10-11	
Out of work or on layoff	12-13	
Check <input type="checkbox"/> if seasonal	14-1	
Unable to work due to illness	15-16	
Other (please specify)	17-18	
Total	52	

and your wife's father (C) during most of their working lives.

JOB DESCRIPTION	Card IV		
	A Your Own Job	B Father's Job	C Wife's Father's Job
Business Proprietor (owner) Check X if farm operator	<input type="checkbox"/> 6-1	<input type="checkbox"/> 8-1	<input type="checkbox"/> 10-1
A <input type="checkbox"/> 12-1 B <input type="checkbox"/> 13-1 C <input type="checkbox"/> 14-1			
Managerial (executive, office manager, etc.)	<input type="checkbox"/> -2	<input type="checkbox"/> -2	<input type="checkbox"/> -2
Professional (Doctor, lawyer, accountant, teacher, etc.)	<input type="checkbox"/> -3	<input type="checkbox"/> -3	<input type="checkbox"/> -3
Self-employed	<input type="checkbox"/> -3	<input type="checkbox"/> -3	<input type="checkbox"/> -3
Salaried	<input type="checkbox"/> -4	<input type="checkbox"/> -4	<input type="checkbox"/> -4
Check X if teacher			
A <input type="checkbox"/> 15-1 B <input type="checkbox"/> 16-1 C <input type="checkbox"/> 17-1			
Technical (draftsman, surveyor, medical, etc.)	<input type="checkbox"/> -5	<input type="checkbox"/> -5	<input type="checkbox"/> -5
Office worker	<input type="checkbox"/> -6	<input type="checkbox"/> -6	<input type="checkbox"/> -6
Salesman	<input type="checkbox"/> -7	<input type="checkbox"/> -7	<input type="checkbox"/> -7
Service worker	<input type="checkbox"/> -8	<input type="checkbox"/> -8	<input type="checkbox"/> -8
Protective (policeman, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail or wholesale trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Blue-collar" employee			
Foreman or supervisor	<input type="checkbox"/> 7-1	<input type="checkbox"/> 9-1	<input type="checkbox"/> 11-1
Skilled	<input type="checkbox"/> -2	<input type="checkbox"/> -2	<input type="checkbox"/> -2
Semi-skilled	<input type="checkbox"/> -3	<input type="checkbox"/> -3	<input type="checkbox"/> -3
Unskilled	<input type="checkbox"/> -4	<input type="checkbox"/> -4	<input type="checkbox"/> -4
Other (please specify)	<input type="checkbox"/> -5	<input type="checkbox"/> -5	<input type="checkbox"/> -5
Don't know	<input type="checkbox"/> -6	<input type="checkbox"/> -6	<input type="checkbox"/> -6
Not applicable	<input type="checkbox"/> -7	<input type="checkbox"/> -7	<input type="checkbox"/> -7

3. Please indicate your total household income for the following years. If your income was unusually high or low in these years, please indicate the average for surrounding years (e.g. 1967-68-69).

YEAR	YOUR TOTAL EARNINGS	TOTAL EARNINGS OF OTHER HOUSEHOLD MEMBERS	OTHER INCOME (dividends, capital gains, etc.)	TOTAL FAMILY INCOME
1968	\$.....	\$.....	\$.....	\$.....
1958	\$.....	\$.....	\$.....	\$.....
		19-40		
		41-62		

OCCUPATIONAL INFORMATION

A number of job descriptions are listed below. Please indicate X which of these best describes your own job (A), and which best describes the type of job held by your father (B).

ATTITUDE TOWARD JOB

In this section we want to find out how people feel about their work. Just circle the number that best describes your own evaluation. The numbers constitute a scale ranging from five (highest, best, etc.) to one (lowest, worst, etc.)

		High	←	→	Low	
Do you enjoy your work?	5	4	3	2	1	18
Does your work provide a challenge?	5	4	3	2	1	19
Is your work interesting?	5	4	3	2	1	20

For the items listed below, how does your total work experience to date compare with what you expected when you first started? (3 = about as expected)

Financial compensation	5	4	3	2	1	21
Requirement for independent judgment	5	4	3	2	1	22
Responsibility	5	4	3	2	1	23
Prospects for advancement	5	4	3	2	1	24

Below is a list of possible requirements for achieving success in a particular job or profession. Indicate on the scale where your own type of work should be ranked. That is, to what degree does success in your work depend on: (3 = average importance for success)

Your own performance	5	4	3	2	1	25
Having the right connections	5	4	3	2	1	26
Being able to get along with people	5	4	3	2	1	27
Being lucky or unlucky	5	4	3	2	1	28
Having a college diploma	5	4	3	2	1	29
Working hard	5	4	3	2	1	30

ACTIVITIES

In this section we would like you to indicate X the extent of your participation in social, civic, religious, and other similar activities.

1. Which of the following types of groups, if any, do you devote some amount of time to, either as a member, an active participant, or an officer.

	Type of Participation (X)			No. of Hours During Last Month
	Member-ship	Active Partic-ipant	Leader-ship	
Service organizations (Rotary, Chamber of Commerce, etc.)	<input type="checkbox"/> 31-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	32-33
Youth organizations (scouting, Little League, etc.)	<input type="checkbox"/> 34-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	35-36
Veterans' organizations	<input type="checkbox"/> 37-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	38-39
Professional and trade associations	<input type="checkbox"/> 40-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	41-42
Political organizations	<input type="checkbox"/> 43-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	44-45
Educational organiza-tions (PTA, etc.)	<input type="checkbox"/> 46-1	<input type="checkbox"/> -2	<input type="checkbox"/> -4	47-48
Church or church related organizations				
Religious activity	<input type="checkbox"/> 49-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	50-51
Educational activity	<input type="checkbox"/> 52-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	53-54
Social action	<input type="checkbox"/> 55-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	56-57
Community and social action groups	<input type="checkbox"/> 58-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	59-60
Organized volunteer work (hospital, etc.)	<input type="checkbox"/> 61-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	62-63
Fund raising	<input type="checkbox"/> 64-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	65-66
Personal service	<input type="checkbox"/> 67-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	68-69
Informal helping out—friends, neighbors, or relatives	<input type="checkbox"/> 70-2			71-72
Household tasks	<input type="checkbox"/> 73-2			74-75

2. Please check X below to indicate your religious preference.

	Card V
Protestant	<input type="checkbox"/> 50-1
Catholic	<input type="checkbox"/> -3
Jewish	<input type="checkbox"/> -3
Other	<input type="checkbox"/> -4
None	<input type="checkbox"/> -5

3. Please indicate X which of the following best describes your voting habits:

Always vote in local, state, and national elections	<input type="checkbox"/> 51-1
Always vote in national elections, sometimes in state and local ones	<input type="checkbox"/> -2
Usually vote in national elections	<input type="checkbox"/> -3
Sometimes vote in national elections	<input type="checkbox"/> -4
Seldom vote in any elections	<input type="checkbox"/> -5

4. Do you think of yourself as politically conservative or liberal?

Very conservative	<input type="checkbox"/> 52-1
Moderately conservative	<input type="checkbox"/> -2
Sometimes conservative, sometimes liberal	<input type="checkbox"/> -3
Moderately liberal	<input type="checkbox"/> -4
Very liberal	<input type="checkbox"/> -5

SOCIAL, ECONOMIC, AND POLITICAL ATTITUDES

In this section we would like you to indicate your attitude about various social and economic problems. Please check X the appropriate box, and feel free to add additional explanation where necessary.

1. Do you feel that young people today have too much freedom, too little, or about the right amount?

Too much	<input type="checkbox"/> 53-3	About right	<input type="checkbox"/> 53-3	Too little	<input type="checkbox"/> 53-1
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2. Do you feel that people today are too much concerned with financial security, too little, or what?

Too much	<input type="checkbox"/> 54-3	About right	<input type="checkbox"/> 54-2	Too little	<input type="checkbox"/> 54-1
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3. During the past ten years or so, do you think that the pace of racial integration has been too fast, too slow, or about right—considering the welfare of the country as a whole?

Too fast	<input type="checkbox"/> 55-3	About right	<input type="checkbox"/> 55-2	Too slow	<input type="checkbox"/> 55-1
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4. Assuming you thought that the financial possibilities were about the same, would you prefer to work for yourself or for somebody else?

Prefer self-employment	<input type="checkbox"/> 56-3
No preference	<input type="checkbox"/> -2
Prefer salaried employment	<input type="checkbox"/> -1

5. Suppose you thought that the financial advantages were, on the average, slightly favorable if you worked for your-self rather than for someone else. Would you then prefer:

Self-employment	<input type="checkbox"/> 57-3
No preference	<input type="checkbox"/> -2
Salaried employment	<input type="checkbox"/> -1

ASSETS, DEBTS, SAVINGS, AND PURCHASES—OPTIONAL

The following questions are of considerable interest to us, but we know that some people regard financial information of this sort as very personal. If that is your feeling, just skip this section. Please return the form, since the other information will be of great help in the study. Once again, let us note that all replies will be treated with the strictest confidence.

1. Please check X to indicate the approximate amount of your household's assets or debts in each of the following categories:

Card V

	DON'T HAVE	APPROXIMATE AMOUNT (dollars)								
		Under \$1,000	\$1,000-2,000	\$2,000-5,000	\$5,000-10,000	\$10,000-20,000	\$20,000-40,000	\$40,000-80,000	Over \$80,000	
Checking accounts	<input type="checkbox"/> 8-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9	
Savings accounts and government savings bonds	<input type="checkbox"/> 7-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9	
Common stock, mutual funds, other marketable securities (current market value)	<input type="checkbox"/> 8-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9	
Value of your home (what it would currently sell for)	<input type="checkbox"/> 10-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9	
Equity in annuities and life insurance (cash surrender value)	<input type="checkbox"/> 11-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9	
Equity in pension plan (other than Social Security)	<input type="checkbox"/> 12-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9	
Other assets (own business, real estate)	<input type="checkbox"/> 13-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9	
Mortgage on your home	<input type="checkbox"/> 14-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9	
Other personal debt (installment, etc.)	<input type="checkbox"/> 15-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9	

2. Please indicate the approximate change (either increase or decrease) over the past 12 months in each of the following:

	Amount of DECREASE				No Change	Amount of INCREASE			
	Over \$2,000	\$1,000-2,000	\$500-1,000	Under \$500		Under \$500	\$500-1,000	\$1,000-2,000	Over \$2,000
Checking and savings accounts, government bonds	<input type="checkbox"/> 16-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9
Common stock, mutual funds, other marketable securities (count only net new money put in or taken out)	<input type="checkbox"/> 17-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9
Equity in annuities and life insurance (cash surrender value)	<input type="checkbox"/> 18-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9
Equity in a pension plan (other than Social Security)	<input type="checkbox"/> 20-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9
Other assets (count only net purchases or sales)	<input type="checkbox"/> 21-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9
Mortgage balance outstanding	<input type="checkbox"/> 22-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9
Installment and other debts outstanding	<input type="checkbox"/> 23-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7	<input type="checkbox"/> -8	<input type="checkbox"/> -9

3. During the past 12 months, have you

	Yes	No	If yes, Approximate Cost	
Purchased a home	<input type="checkbox"/> 24-1	<input type="checkbox"/> -2	\$	25-29
Purchased a car	<input type="checkbox"/> 30-1	<input type="checkbox"/> -2	\$	31-35
Purchased major durables, appliances, or furniture	<input type="checkbox"/> 36-1	<input type="checkbox"/> -2	\$	37-41
Made major alterations or repairs on your home	<input type="checkbox"/> 42-1	<input type="checkbox"/> -2	\$	43-47

Thank you very much for your cooperation in filling out this questionnaire. If you would like to receive a summary of the results when the study is completed, indicate by X.

Would like summary