

# Maytag Employees in Transition

SURVEY CODE #: \_\_\_\_\_



We appreciate your taking the time to complete this survey, which should take about 20 minutes.

**ALL SURVEY ANSWERS WILL BE COMPLETELY ANONYMOUS.**

Your survey will be given a number code that only a computer will know, making sure there will be no way to connect an individual to his/her answers. However, if you are concerned about answering any particular question you may skip it. If you would prefer to answer these questions in person instead of on paper, please contact us via the information on the last page. That information, when filed, will remain anonymous as well.

## BACKGROUND

1. What is your gender? (Circle **one**)

Male

Female

2. How would you define your race/ethnicity? (Circle **one**)

a. White

d. Asian

b. Black

e. Native American

c. Hispanic

f. Other \_\_\_\_\_

3. How old are you? \_\_\_\_\_

4. At the time you were laid off from Maytag, what was the *highest* grade/level of education you had completed? (Circle the **number** of the grade completed.)

1 2 3 4 5 6 7 8

(Grade School)

9 10 11 12

(High School)

13 14 15 16

(Two or Four Year College)

Other \_\_\_\_\_

5. How old were you when you first went to work at Maytag? \_\_\_\_\_

6. How many years did you work at Maytag? \_\_\_\_\_

7. Did you start working at Admiral/Magic Chef/Maytag soon after: (Check **all** that apply)

Dropping out of high school

Graduating from high school

Getting a military discharge

Attending college

Getting laid off when OMC cut back (finally closing in 1984)

Getting laid off when the Galesburg Mental Health Hospital closed in 1985

Getting laid off when Gates cut back

Getting laid off when another company in Galesburg or elsewhere closed

Company and location: \_\_\_\_\_

Quitting another business for the chance to work at Magic Chef/Maytag

After not working for awhile (such as after marriage and/or children)

Over →

8. Over your years at Maytag, did you work in/as? (Check **all** that apply)

- Foam tech
- Maintenance or journeyman (such as electrician, pipefitter, etc.)
- Various production line jobs
- Various warehouse jobs, shipping, etc.
- Press room or plastics
- Paint Shop
- Quality control

9. Approximately how many different job classifications did you have at Maytag? \_\_\_\_\_

10. Which job did you work for the longest period of time?  
\_\_\_\_\_

11. What was your highest classification? \_\_\_\_\_

**LIFE NOW**

12. Overall, how do you rate your work experiences?

	Job before Maytag	Working at Maytag	Job(s) between Maytag and the work you do now	Current work
Very Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Some people strongly identify with their job. For others, the job is just a way to earn a paycheck. How do you identify with your work?

	Job before Maytag	Working at Maytag	Jobs between Maytag and your current work status	Current job if working
Doing a good job matters to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly identify with co-workers; almost like family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly identify with the industry or mission of employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify somewhat with the job, but not with my co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers are almost family, but I do not identify with the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just a way to earn a pay check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am so interested in my job that it continues to engage me even outside of the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't stand my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How do you feel about the following statements?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The American Dream is out of reach for US manufacturing workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is permanently out of my reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is out of reach for my children and grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is still within reach, but different kinds of jobs will be required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic changes always occurred; we have to keep up with the times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have to invent our own personal futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can't count on working for just one company during your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel betrayed by the "Dream" I grew up on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The American Dream is possible for those who adapt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Do you feel you are

	Upper class	Upper-middle class	Middle class	Lower-middle class	Lower class
Firmly in the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falling from the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving up from the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grew up in the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your children will be in the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FINANCES

16. When describing your past and current family finances, would you say that you. (Check **all** that apply)

	Working at Maytag	One or more years after leaving Maytag	Now
Live comfortably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet basic expenses with little for extras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Just enough</i> for basic expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Not enough</i> for basic expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Several of the following financial situations may apply to you/your family. (Check **all** that apply)

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	Working at Maytag	One or more years after leaving Maytag	Now
Postponed major expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had trouble paying for medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had difficulty paying rent or mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was unable to afford vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borrowed money from family or a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate out less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased credit card debt to pay bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delayed seeking medical help when ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delayed or eliminated college for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took out loans or second mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used up savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postponed or will postpone retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earned more money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loaned money to family or friends to help them with living expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had no financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. After you were laid off from Maytag, did you receive unemployment benefits? (Circle **one**)

- a. No, I did not apply
- b. No, I got a job right away
- c. Yes, for *less than 26* weeks
- d. Yes, for 26 weeks
- e. Yes, *more than 26* weeks
- f. Yes, but exhausted all allowable benefits and I am still not working

19. After you were laid off from Maytag, did you receive any public assistance benefits? (Circle **all** that apply)

- a. No, did not need them
- b. No, did not apply
- c. Yes, got food stamps
- d. Yes, got SSI (Supplemental Security Income)
- e. Yes, got Section 8 housing
- f. Yes, went on welfare
- g. Other (explain) \_\_\_\_\_

20. Do you have a pension from Maytag? (Circle **one** and explain)

- a. Yes, whole pension (“30 and out”)
- b. Yes, some pension
- c. No

If yes, how much? \_\_\_\_\_

21. How long do you believe it took or will take you and your family to recover financially from the closing of Maytag? (Circle **one**)

- Less than a year
- One to two years
- Three to five years
- Six to ten years
- More than ten years
- Never

22. Several of the following housing situations may apply to you/your family. (Check **all** that apply)

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	Working at Maytag	One or more years after leaving Maytag	Now
Own my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live with someone else in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After living independently had others move in with me to help pay expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved into <i>less</i> expensive housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved into <i>more</i> expensive housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to move but could not sell house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved for better job opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorced or ended a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarried or found new partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved back with old partner to pay bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved to get help from family elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Are you working now? (Circle **all** that apply)

- a. Full-time    b. Part-time    c. Unemployed    d. Stopped looking    e. Retired

24. Are you self-employed? (Circle **all** that apply)

- a. Full-time    b. Part-time    c. No

25. How many *full-time* jobs have you had since Maytag closed? (Circle **one**)

- 1    2    3    4    5 or more    none

26. How many *part-time* jobs have you had since Maytag closed? (Circle **one**)

- 1    2    3    4    5 or more    none

27. Have you had to work several of these jobs at the same time? (Circle **one** and explain)

- Yes    No    If yes, how many and please explain\_\_\_\_\_

28. Did several generations of your family work at Maytag? (Circle **one** and explain)

- Yes    No    If yes, how many and please explain\_\_\_\_\_

Had enough time in at Maytag to retire, so I tried retirement	Full retirement	Partial retirement		
Looked for another job	Yes	No		
Took GED courses and earned HS diploma	Yes	No		
Earned certificate(s) at a community college	1 certificate	2 certificate	more than 3	
Earned degree(s) at a community college	AA	AS	AA & AS	
Took courses at a four year college	Yes	No		
Earned a bachelor's degree	BA	BS		
Have had spells of unemployment	1 spell	2 spells	3 spells	4 spells
Still don't have a job	Yes	No		

30. If you entered a job retraining program, where did you go?

\_\_\_\_\_

31. What did you study? \_\_\_\_\_

32. On a scale of 1 to 10, with 1 being *very unhappy* and 10 being *very happy*, how happy are you with the program you went to?

Very Unhappy Very Happy  
 1      2      3      4      5      6      7      8      9      10

33. I got a job in the area in which I trained. (Circle **one** and explain, if necessary.)

Yes    No    Explain \_\_\_\_\_

34. If you are working now, how strongly do you agree or disagree with the following statements compared to your job at Maytag?

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
My new job fits my interests and abilities better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is less emotional stress on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am less tired at the end of a shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is less required overtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is more job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fewer environmental/safety hazards at new job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My wages are better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health benefits are better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My retirement program is better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers and management get along better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My new co-workers are friendlier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am more eager to go to work most days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. If you got a job in a field **other** than the one in which you trained, in what field is your new job?

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36. How many adults in your household currently work and contribute to your *total household income*?  
(Circle **one**)

1                      2                      3                      4 or more

37. What is your *total household income* range? (Check a box in each column)

	While at Maytag	Between then and Now	Now
Less than \$10,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$10,001-\$20,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$20,001-\$30,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$30,001-\$40,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$40,001-\$50,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$50,001-\$60,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$60,001-\$70,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$70,001-\$80,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$80,001-\$90,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$90,001-\$100,000 a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$100,001 a year or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. What combination of full-time and part-time jobs do you work now for your household to reach the current total household income above? (Circle **one**.)

- a. 1 full-time
- b. 2 full-time
- c. 1 full-time and 1 part-time
- d. 2 part-time
- e. 1 full-time and 2 part-time
- f. 3 part-time
- g. 4 part-time
- h. not working
- i. other: \_\_\_\_\_

39. How many hours per week do you generally work *now*? \_\_\_\_\_ hours/week

40. How many hours per week did you work *when you were at Maytag*? \_\_\_\_\_ hours/week

41. What are all the sources for your households income? (Circle **all** that apply)

- a. employment
- b. pension
- c. Social Security Retirement
- d. Social Security Disability
- e. Social Security Survivor benefits
- f. public assistance
- g. food stamps
- h. Veteran benefits
- i. other: \_\_\_\_\_

## HEALTH

42. During your years at Maytag were you ever exposed to any health and safety hazards (such as chemicals, repetitive trauma, etc.)?

Yes    No    If yes, please explain briefly about where or how \_\_\_\_\_

Over →

43. How often and to what extent were you exposed to health and safety hazards? (Circle **all** that apply.) 8
- a. Daily
  - b. Weekly
  - c. Monthly
  - d. Yearly
  - e. Irregular intervals
  - f. Severe exposure
  - g. Significant exposure
  - h. Moderate exposure
  - i. Irregular intervals

44. What is/was your health insurance coverage? (Check **all** that apply)

	While at Maytag	Between then and Now	Now
No health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance only for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance for me and my spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance for me, my spouse, and my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance for me and my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Medicaid or other public health benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covered by my spouse's health policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A private health insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. If yes on health insurance above, is this insurance *better* or *worse* than you had at Maytag?

- a. Better
- b. Worse
- c. About the same

46. On a scale of 1 to 10, with 1 being *very poor health* and 10 being *excellent health*, how would you rate your general health when you *worked at Maytag*? (Circle **one**)

- Very Poor Health Excellent Health
- 1    2    3    4    5    6    7    8    9    10

47. On a scale of 1 to 10, with 1 being *very poor health* and 10 being *excellent health*, and taking into consideration the normal aging process, how would you rate your *current* general health? (Circle **one**)

- Very Poor Health Excellent Health
- 1    2    3    4    5    6    7    8    9    10

48. Do you have any health problem(s) that you think may be related to your work at Maytag? (Circle **all** that apply)

- a. No health problems
- b. Yes, repetitive stress disorder (such as carpal tunnel syndrome)
- c. Yes, breathing problems/asthma
- d. Yes, irregular heart beats
- e. Yes, problem pregnancy/birth defects
- f. Yes, cancer (If yes, what kind?) \_\_\_\_\_
- g. Other: (Please explain): \_\_\_\_\_



49. Have there been long-term effects of your health/medical problem(s)? (Circle **all** that apply.)

- a. No health problem
- b. Yes, need regular medical care
- c. Yes, must restrict physical activity (such as needing a desk job)
- e. Yes, it has limited my ability to work full-time
- f. Yes, I need to be on disability
- g. Other: \_\_\_\_\_

50. On a scale of 1 to 10, with 10 reflecting “most satisfied with your life,” how would you rate your level of satisfaction with your life *when you worked at Maytag?* (Circle **one**.)

Least Satisfied Most Satisfied

1      2      3      4      5      6      7      8      9      10

51. On a scale of 1 to 10, with 10 reflecting “most satisfied with your life,” how would you rate your level of satisfaction with your life *now?* (Circle **one**.)

Least Satisfied Most Satisfied

1      2      3      4      5      6      7      8      9      10

52. Sometimes layoffs can cause emotional or relationship problems. Do/have you suffer(ed) from any of these? (Check **all** that apply)

	While at Maytag	Between then and Now	Now
Sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not able to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crying spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periods of rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting drunk at least once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting drunk at least once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs <i>to sleep</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs <i>to calm down</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs <i>for depression</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a short temper with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tensions in my marriage/relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel lonely and isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Socially, how important to you were your co-workers at Maytag? (Circle **one**)
- a. Very important; *really* miss my Maytag circle
  - b. Somewhat important; miss my Maytag circle
  - c. Not very important; *hardly* miss my Maytag circle
  - d. Not important at all
54. Since Maytag closed, have you increased your participation in or started a new social network through any of the following? (Circle **all** that apply)
- a. No new or increased participation in any group
  - b. Yes, my church, temple, mosque
  - c. Yes, AA meetings or other support group
  - d. Yes, time with my family
  - e. Yes, sports/recreational group (such as bowling league, quilting bee, book group, regular card game, bingo night, walking group, gym)
  - f. Other: \_\_\_\_\_
55. Compared to the time you worked at Maytag, has your sense of social isolation changed at all? (Circle **one**)
- a. Less socially isolated
  - b. About the same
  - c. More socially isolated
  - d. Did not feel socially isolated while at Maytag and do not feel socially isolated now
56. Have your children/stepchildren been affected by the closing of Maytag? (Circle **all** that apply.)
- a. I have no children/stepchildren
  - b. No problems with my children/stepchildren
  - c. Grades in school *went down*
  - d. Grades in school *went up*
  - e. Decided to stay in school
  - f. Decided *to go* to college
  - g. Decided *not to go* to college
  - h. Decided to drop out of high school
  - i. Decided to drop out of college
  - j. Decided to move away from Galesburg (to: \_\_\_\_\_)
  - k. Disappointed; had wanted to work at Maytag
  - l. Decided to go to work to help support the family
  - m. Became worried about me
  - n. Became depressed
  - o. Had problems with friends
  - p. Got into drugs/alcohol
  - q. Other: \_\_\_\_\_
57. What, if anything, do you most miss about working at Maytag?
- \_\_\_\_\_
- \_\_\_\_\_

58. What, if anything, are you glad to be rid of in life after Maytag?

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Do you have any additional comments? (Use back side if you need more space.)

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**Thank you so much for taking the time to answer these questions**

**IMPORTANT NOTE**

This survey is ANONYMOUS, **however**, if you would be willing to have someone from our survey team telephone you or visit with you to interview you for a longer individual story, or to discuss these questions further, or if you would like to answer these questions in person instead of on paper, please fill out your name and contact information below.

Thank you so much.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Contact:**

Marilyn Webb  
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## Maytag Employees in Transition

Survey Code \_\_\_\_\_

59. A good description of my new job (if I now have one) or career area is:

- Auto and engine mechanics
- Clerical work
- Computer programmer and technician
- Construction
- Designing and Engineering
- Education
- Emergency medical
- Financial services and insurance
- Foreman
- Government service
- Law enforcement, fireman
- Machinist, licensed electrician, welder, other skill or craft
- Manufacturing, line-work
- Marketing
- Medical secretary
- Nursing and radiology
- Office management
- Receptionist
- Restaurant and food catering
- Retail sales
- Social services
- Warehouse, shipping and receiving
- Other:

\_\_\_\_\_

60. My job is (we do not need to know *where* you work, only what you do):

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