#### **APPENDIX A**

#### **Wave 11 Questionnaire**

## 1996 Panel - Wave 11 Topical Modules

## **Child Support Topical Module**

## -CS03-

Earlier we recorded that (read above for names of all children) did not have their other parent staying in the household.

## ENTER (P) TO PROCEED

## -CS04-

Does (child's name) have a parent living elsewhere?

- (1) Yes
- (2) No

#### -CS05-

There are many reasons why children may not live with both of their biological or adoptive parents. Why doesn't (child's name) have a biological or adoptive parent living outside the household?

- (1) other parent has died
- (2) both parents live in the household
- (3) parents are separated/divorced
- (4) don't want contact with child's other parent
- (5) don't know where child's other parent is
- (6) other parent lives elsewhere
- (7) other parent legally terminated their parental rights
- (8) other parent is no longer recognized as a parent by this household
- (9) child was adopted by a single parent
- (10) other

-CS08-
Earlier we recorded that you had a child support agreement. These next few questions concern child support. Child support payments can be specified in written or verbal child support agreements. Have child support payments ever been agreed to or awarded for (child/children's names)?
(1) Yes (2) No
-CS10-
Which children are covered by a written or verbal child support agreement?
ENTER LINE NUMBER OF EACH CHILD (N) No more
-CS13-
Were any of these children covered by different child support agreements? By that we mean separate agreements involving different absent parents?
(1) Yes (2) No
-CS14-
How many different child support agreements cover these children?
(number of agreements)
-CS15-
Which of these children were covered by the MOST RECENT child support agreement?
ENTER LINE NUMBERS OF EACH CHILD COVERED BY THE MOST RECENT AGREEMENT
(N) No more

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The following questions refer to the MOST RECENT CHILD SUPPORT AGREEMENT. This is the agreement covering (READ CHILD NAME(S) ABOVE).

Was this a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written verbal agreement?

- (1) Voluntary written agreement ratified by the court
- (2) Court-ordered agreement
- (3) Other type of written agreement
- (4) A non-written verbal agreement

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In what year was this agreement FIRST reached?

\_\_\_\_\_ Year

## -CS19-

What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.

\$\_\_\_\_\_ AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

#### -CS21-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

- (1) BACKUP AND CORRECT
- (P) Proceed

-CS22-
Has the dollar amount ever changed?
(1) Yes
(2) No
-CS23-
In what year was the amount LAST changed?
Year
-CS24-
What was the dollar amount for the agreement after the last change?
\$ AMT per
(1) Per week
(2) Biweekly
(3) Per month
(4) Per year
-CS26-
NOTE TO FR:THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.
(1) BACKUP AND CORRECT
(P) Proceed
-CS27-
Was that change made or agreed to by a government agency such as a court or child support agency?
(1) Yes
(2) No

-CS28	-
	Were any payments due from (reference month 1) to (reference month 4)?
	(1) Yes
	(2) No
-CS29	-
	Why weren't any payments due during that period?
	(1) Child(ren) over the age limit
	(2) Other parent not working
	(3) Other parent in jail or institution
	(4) Payment suspended by court or child support agency
	(5) Other reason
-CS30	-
	What is the total amount of child support payments from the most recent agreement that you were supposed to receive during that period?
	\$ AMT
-CS32	-
	NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.
	(1) BACKUP AND CORRECT
	(P) Proceed
-CS33	
	How are these payments supposed to be received? Are they received (READ RESPONSES)
	<ul><li>(1) Directly from the other parent</li><li>(2) Through the court?</li><li>(3) Through the welfare or child support agency?</li><li>(4) Some other method</li></ul>

-CS34	_
	What is the total amount that you actually received in child support payments under that agreement, during that period?
	ENTER "N" FOR NONE
	\$ AMT
-CS36	
	NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.
	(1) BACKUP AND CORRECT (P) Proceed
-CS37	_
	How regularly were these payments received? Are they received (READ RESPONSES)
	(1) All of the time
	(2) Most of the time
	(3) Some of the time
	(4) None of the time
-CS38	-
	Under the terms of the agreement with the other parent, are you due any back payments for child support owed prior to the last 12 months?
	(1) Yes
	(2) No
-CS39	
	What would you say the amount of back payments due you is (read responses)?
	(1) Less than \$500
	(2) Between \$500 and \$5,000
	(3) More than \$5,000

## -CS40-

What kinds of provisions for health care costs are included in the child support agreement? Read all responses, Enter all yes responses.

(ENTER "N" AFTER LAST REPLY)

- (1) Non-custodial parent to provide health insurance
- (3) Non-custodial parent to pay actual medical costs directly
- (4) Child support payments to include cash medical support
- (5) No provisions for health insurance were included in agreement
- (6) Other provisions

#### -CS41-

What child custody arrangements does the child support agreement for (READ NAMES OF CHILDREN ABOVE) specify?

- (1) Joint legal and physical custody
- (2) Joint legal with mother physical custody
- (3) Joint legal with father physical custody
- (4) Mother legal and physical custody
- (5) Father legal and physical custody
- (6) Split custody
- (7) Other custody arrangement

## -CS42-

Does the child support agreement specify the amount of time that the (child/children) will spend with the other parent?

- (1) Yes
- (2) No

## -CS44-

Did all the children spend about the same number of days with the other parent in the last 12 months?

- (1) Yes
- (2) No

-CS45-	
I I	What is the total amount of time (READ NAMES OF CHILDREN ABOVE) spent with the other parent from (reference month 1) to (reference month 4)? ENTER ONE RESPONSE ENTER "N" FOR NO TIME
- - -	Number of days Number of weeks Number of Months
-CS46-	
7	Where does the other parent of (READ NAMES OF CHILDREN ABOVE) now live?
(	1) Same county or city 2) Same State (different county or city) 3) Different State 4) Other parent now deceased 5) Other 6) Unknown
-CS47-	
	Do you and the other parent still live in the same State or States where the initial child support agreement was reached?
	(1) Yes (2) No
-CS48-	
V	Who moved?
(	<ul><li>(1) Subject person</li><li>(2) Other parent</li><li>(3) Both subject person and other parent</li></ul>

-CS49-
Now I would like to ask a few questions specifically about the MOST RECENT NON-WRITTEN CHILD SUPPORT AGREEMENT OR UNDERSTANDING.
In what year was this agreement first reached?
Year
-CS50-
What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.
\$ AMT per
<ul><li>(1) Per week</li><li>(2) Biweekly</li><li>(3) Per month</li><li>(4) Per year</li></ul>
-CS52-
NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.
(1) BACKUP AND CORRECT (P) Proceed
-CS53-
Has the dollar amount ever changed?
(1) Yes (2) No
-CS54-
In what year was the amount LAST changed?
Year

-CS55-
What was the dollar amount for the agreement after the last change?
\$ AMT per
(1) Per week
(2) Biweekly
(3) Per month
(4) Per year
-CS57-
NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.
(1) BACKUP AND CORRECT
(P) Proceed
-CS58-
Were any payments to be received from (reference month 1) to (reference month 4)?
(1) Yes
(2) No
-CS59-
Why weren't any payments due during that period?
(1) Child(ren) over the age limit
(2) Other parent not working
(3) Other parent in jail or institution
(4) Other reason
-CS60-
What is the total amount of child support payments from the most recent agreement that you were supposed to receive during that period?
\$ AMT

-CS62	-
	NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE
	(1) BACKUP AND CORRECT (P) Proceed
-CS63	-
	What was the total amount that you actually received under that agreement, during that period?
	ENTER "N" FOR NONE
	\$ AMT
-CS65	-
	NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.
	(1) BACKUP AND CORRECT (P) Proceed
-CS66	-
	How regularly are child support payments received? Are they received (READ RESPONSES)
	(1) All of the time
	<ul><li>(2) Most of the time</li><li>(3) Some of the time</li><li>(4) None of the time</li></ul>
-CS67	-
	Under the terms of the agreement with the other parent, are you due any back payments for child support owed prior to the last 12 months?
	(1) Yes (2) No

## -CS68-

What would you say the amount of back payments due you is (read responses)?

- (1) Less than \$500
- (2) Between \$500 and \$5,000
- (3) More than \$5,000

### -CS69-

What kinds of provisions for health care costs are included in the child support agreement? Read all responses, Enter all yes responses.

(ENTER "N" AFTER LAST REPLY)

- (1) Non-custodial parent to provide health insurance
- (2) Custodial parent to provide health insurance
- (3) Non-custodial parent to pay actual medical costs directly
- (4) Child support payments include cash medical support
- (5) No provisions for health insurance were included in agreement
- (6) Other provisions

#### -CS70-

What child custody arrangements does the child support agreement for (READ NAMES OF CHILDREN ABOVE) specify?

- (1) Child(ren) live with mother
- (2) Child(ren) live with father
- (3) Child(ren) live with mother and with father
- (4) None
- (5) Other

#### -CS71-

Does the child support agreement specify the amount of time that the (child/children) will spend with the other parent?

- (1) Yes
- (2) No

-CS73-	-
	Did all the children spend about the same number of days with the other parent in the last 12 months?
	(1) Yes
	(2) No
-CS74-	
	What is the total amount of time (READ NAMES OF CHILDREN ABOVE) spent with the other
	parent from (reference month 1) to (reference month 4)?
	ENTER ONE RESPONSE
	ENTER "N" FOR NO TIME
	Number of days
	Number of weeks
	Number of Months
-CS77-	
	One reason a parent might not have a written agreement about child support payments is because the
	child's father was never LEGALLY IDENTIFIED.
	Was (child's name)'s father ever legally identified by a court ruling?
	(1) Yes
	(2) No
-CS78-	
	Was (child's name)'s father ever legally identified by a blood test or other genetic test?
	(1) Yes
	(2) No
-CS79-	<u> </u>
	Did (child's name)'s father ever write his OWN signature on the application for (child's name)'s birth
	certificate?
	(1) Yes
	(2) No

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Other than the application for a birth certificate, did (child's name)'s father ever sign a statement that legally specifies that he is (child's name)'s father?

- (1) Yes
- (2) No

## -CS81-

Did (child's name)'s father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (child's name)'s father?

- (1) Yes
- (2) No

## -CS83-

One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.

Were you ever married to (child's name)'s father?

- (1) Yes
- (2) No

## -CS84-

Was (child's name)'s father ever legally identified by a court ruling?

- (1) Yes
- (2) No

## -CS85-

Was (child's name)'s father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

## -CS86-

Did (child's name)'s father ever write his OWN signature on the application for (child's name)'s birth certificate?

- (1) Yes
- (2) No

### -CS87-

Other than the application for a birth certificate, did (child's name)'s father ever sign a statement that legally specifies that he is (child's name)'s father?

- (1) Yes
- (2) No

#### -CS88-

Did (child's name)'s father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (child's name)'s father?

- (1) Yes
- (2) No

#### -CS89-

Why was this agreement for (READ NAMES OF CHILDREN ABOVE) never put in writing? (Enter all yes responses. ENTER "N" AFTER LAST REPLY)

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

-CS90-
Where does the other parent for this agreement now live?
(1) Same county or city
(2) Same State (different county or city)
(3) Different State
(4) Other parent now deceased
(5) Other
(6) Unknown
-CS91-
Do you and the other parent still live in the same States(s) where the initial child support agreement was reached?
(1) Yes
(2) No
-CS92-
Who moved?
(1) Subject person
(2) Other parent
(3) Both subject person and other parent
Tana 4
-CS94-
Now I would like to ask a few questions about the OTHER CHILD SUPPORT AGREEMENTS you had for (READ NAMES OF CHILDREN ABOVE).  What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.
\$ AMT per
(1) Per week
(2) Biweekly
(3) Per month
(4) Per year

-CS96-
NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.
(1) BACKUP AND CORRECT (P) Proceed
-CS97-
What is the total amount that you actually received in child support payments under that agreement during that period ?
ENTER "N" IF NOTHING RECEIVED
\$ AMT
-CS99-
NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.
(1) BACKUP AND CORRECT (P) Proceed
-CS100-
For, (READ NAMES ABOVE), have you ever asked a public agency, such as the child support enforcement office or welfare agency, for help in obtaining child support?
(1) Yes (2) No
-CS101-
In what year did you LAST ASK for help?
Year

## -CS102-

What type of help did you ask for in your last contact? Enter all yes responses. (ENTER "N" AFTER LAST REPLY)

- (1) Locate the other parent
- (2) Establish paternity
- (3) Establish support obligation
- (4) Establish medical support
- (5) Enforce support order
- (6) Modify an order
- (7) Other

#### -CS103-

Did you receive any help from the agency as a result of your last contact?

- (1) Yes
- (2) No

#### -CS104-

What kind of help did you receive as a result of your last contact? Enter all yes responses. (ENTER "N" AFTER LAST REPLY)

- (1) Locate the other parent
- (2) Establish paternity
- (3) Establish support obligation
- (4) Establish medical support
- (5) Enforce support order
- (6) Modify an order
- (7) Other

## -CS107-

One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.

Was (child's name)'s father ever legally identified by a court ruling?

- (1) Yes
- (2) No

-CS10	8-
	Was (child's name)'s father ever legally identified by a blood test or other genetic test?
	(1) Yes
	(2) No
-CS10	9-
	Did (child's name)'s father ever write his OWN signature on the application for (child's name)'s birth certificate?
	(1) Yes
	(2) No
-CS11	0-
	Other than the application for a birth certificate, did (child's name)'s father ever sign a statement that legally specifies that he is (child's name)'s father?
	(1) Yes
	(2) No
-CS11	1-
	Did (child's name)'s father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (child's name)'s father?
	(1) Yes
	(2) No
-CS11	3-
	One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.
	Were you ever married to (child's name)'s father?
	(1) Yes
	(2) No

-CS1	15-
	Do (READ NAMES ABOVE) all have the same father?
	(1) Yes (2) No
-CS1	16-
	Was (child's name)'s father ever legally identified by a court ruling?
	(1) Yes (2) No
-CS1	17-
	Was (child's name)'s father ever legally identified by a blood test or other genetic test?
	(1) Yes (2) No
-CS1	18-
	Did (child's name)'s father ever write his OWN signature on the application for (child's name) birth certificate?
	(1) Yes (2) No
-CS1	19-
	Other than the application for a birth certificate, did (child's name)'s father ever sign a statement that legally specifies that he is (child's name)'s father?
	(1) Yes (2) No

#### -CS120-

Did (child's name)'s father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (child's name)'s father?

- (1) Yes
- (2) No

### -CS123-

Do (READ NAMES ABOVE) all have the same mother or father?

- (1) Yes
- (2) No

## -CS124-

Why were child support payments not agreed to or awarded for (child's name)? (Enter all yes responses, ENTER "N" AFTER LAST REPLY)

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property or cash settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

#### -CS125-

Where does the other parent for (child's name) now live?

- (1) Same county or city
- (2) Same State (different county or city)
- (3) Different State
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

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What is the total amount of time (child's name) spent with the other parent from (reference month 1) to (reference month 4)?

ENTER ONE RESPONSE

ENTER "N" FOR NO TIME

Numb	er of:
	Days
or	
	Weeks
or	
	Months

## -CS128-

Why were child support agreements not agreed to or awarded for (child's name)? (Enter all yes responses, ENTER "N" AFTER LAST REPLY)

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property or cash settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

## -CS129-

Where does the other parent for (child's name) now live?

- (1) Same county or city
- (2) Same State (different county or city)
- (3) Different State
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

-CS13	30-
	What is the total amount of time (child's name) spent with the other parent from (reference month 1) to (reference month 4)? ENTER ONE RESPONSE ENTER "N" FOR NO TIME
	Number of: Days
	or Weeks
	or Months
-CS13	31-
	Were any payments received from the other parent in the last 12 months for (READ NAMES ABOVE) ?
	(1) Yes (2) No
-CS13	32-
	What is the total amount that you received from the other parent in the past 12 months?
	\$ AMT
-CS13	34-
	NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.
	(1) BACKUP AND CORRECT (P) Proceed
-CS13	35-
	For ANY of the children we have discussed, did the child's other parent or parents provide any non-cash items during the last 12 months? Such items would include things such as diapers or clothing, or services such as child care.
	(1) Yes (2) No

# SUPPORT FOR NON-HOUSEHOLD MEMBERS

-SUP01-	
	during the past 12 months, did you make payments for the support of your child or children under 21 ears of age who live outside the household?
	R NOTE: Do not include payments for a child who is away at school but who is considered part of the ousehold. Do not include payments already reported by another household member.
,	1) Yes 2) No
-SUP02-	
D	rid you make regular payments, lump-sum payments, or some other kind of payment?
	R NOTE: CHECK ALL THAT APPLY nter "N" for no more.
(2	2) Regular payments 2) Lump sum payments 3) Other
-SUP03-	
F	or how many children did you make support payments?
N	Sumber of Children:
-SUP04-	
Н	low many of these children were under 18 years of age?
N	fumber of Children:

-SUP05-
Were any of these payments the result of a court order or some other kind of agreement?
(1) Yes (2) No
-SUP06-
The next few questions concern the most recent child support agreement for your children.
How many children were covered by that agreement?
Number of Children:
-SUP07-
Was this agreement a : FR: READ ALL CATEGORIES
<ol> <li>(1) Voluntary written agreement ratified by the court</li> <li>(2) Court-ordered agreement</li> <li>(3) Other type of written agreement</li> <li>(4) Non-written agreement</li> </ol>
-SUP08-
In what year was this agreement FIRST reached?
Year:
-SUP09-
Has the dollar amount agreed to originally ever been changed?
(1) Yes (2) No

-SUF	P10-
	In what year was the amount last changed?
	Voor
	Year:
-SUF	P11-
	Was this change made or agreed to by a court or child support agency?
	(1) Yes
	(2) No
-SUF	P12-
	Are you still supposed to pay child support?
	(1) Yes
	(2) No
-SUF	P13-
	How much did you pay in child support under this agreement during the past 12 months? ENTER "N" FOR NONE
	Amount: \$
-SUF	P14-
	Were these payments made -
	FR NOTE: READ ALL CATEGORIES
	(1) Through employment related wage withholding?
	(2) Directly to the other parent?
	(3) Directly to the court?
	(4) Directly to a child support agency?
	(5) By some other method?

## -SUP15-

What kinds of provisions for health care costs were included in the child support agreement?

Mark all that apply.

Enter "N" for no more.

- (1) Non-custodial parent to provide health insurance
- (2) Custodial parent to provide health insurance
- (3) Non-custodial parent to pay medical costs directly
- (4) Child support payments to include cash medical support
- (5) Other provision
- (6) No provisions for health insurance or expenses

## -SUP16-

What child support custody arrangement does the child support agreement specify?

- (1) Joint legal and physical custody
- (2) Joint legal with mother physical custody
- (3) Joint legal with father physical custody
- (4) Mother legal and physical custody
- (5) Father legal and physical custody
- (6) Split custody
- (7) Other-Specify

## -SUP17-

Does the child support agreement specify the amount of time you may spend with your (child/children)?

- (1) Yes
- (2) No

-SUP18-
What is the total amount of time you spent with your (child/children) under age 21 during the last 12 months?
FR: Allow one response in one category only. Enter "N" for NONE.
Days: Weeks: Months:
-SUP19-
We talked about the most recent support agreement. Was there any other agreement that covered your other (child/children) under age 21 living outside of this household?
(1) Yes (2) No
-SUP20-
How much did you pay in child support for your (child/children) during the past 12 months?
ENTER "N" FOR NONE.
Amount:\$
-SUP21-
Did you make any payments for any other of your children under age 21 living outside the household without any kind of child support agreement in place?
(1) Yes
(2) No
-SUP22-
What is the total amount of the payments you made on behalf of your children under age 21 in the last 1 months?
Amount: \$

-SUP23-	
	What is the total amount of time you spent with your (child/children) under age 21 during the past 12 nonths?
F	R: Allow one response in one category only. Enter "N" for NONE.
D	Pays:
	Veeks:
M	Ionths:
-SUP24-	
	During the past 12 months, did you make regular or lump sum payments for the support of any other erson not living in your household?
(1	1) Yes
	2) No
(2	2) 140
-SUP25-	
Fe	or how may other persons did/do you make support payments?
Po	ersons:
-SUP26-	
Н	low is this person you make support payments for related to you?
(1	) Parent
(2	2) Spouse
(3	3) Ex-spouse
(4	1) Child under 21
(5	5) Child over 21
(6	6) Other relative
(7	7) Not related

-SUP27-		
Where was this person most often living during the past 12 months?		
FR: READ ALL CATEGORIES		
<ul><li>(1) Private home or apartment</li><li>(2) Nursing home</li><li>(3) Someplace else</li></ul>		
-SUP28-		
How much did you pay for the support of this person during the past 12 months?		
Amount: \$		
-SUP30-		
How is this person you make support payments for related to you?		
<ul> <li>(1) Parent</li> <li>(2) Spouse</li> <li>(3) Ex-spouse</li> <li>(4) Child under 21</li> <li>(5) Child over 21</li> <li>(6) Other relative</li> <li>(7) Not related</li> </ul>		
-SUP31-		
Where was this person most often living during the past 12 months?		
FR: READ ALL CATEGORIES		
<ul><li>(1) Private home or apartment</li><li>(2) Nursing home</li><li>(3) Someplace else</li></ul>		
-SUP32-		
How much did you pay for the support of this person during the past 12 months?		
Amount: \$		

-SUP	34-
	How much did you pay for the support of other persons that we have not talked about during the past 12 months?
	Amount: \$

## ADULT DISABILITY TOPICAL MODULE

-ADQ1-
--------

These next few questions are about your health. Would you say your health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very Good
- (3) Good
- (4) Fair
- (5) Poor

## -ADQ2-

## MARK BY OBSERVATION IF APPARENT.

Do you use any of the following aids?

- (1) Yes (2) No
- a. A cane, crutches, or a walker?
- b. A wheelchair or an electric scooter?
- c. A hearing aid?

## -ADQ3-

Have you used a cane, crutches, or a walker for six months or longer?

- (1) Yes
- (2) No

## -ADQ4-

Do you have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if you usually wear(s) them?

- (1) Yes
- (2) No
- (3) Person is Blind

-ADQ5-
Are you able to see the words and letters in ordinary newspaper print at all?
(1) Yes
(2) No
-ADQ6-
Do you have difficulty hearing what is said in a normal conversation with another person even when wearing your hearing aid? Do you have difficulty hearing what is said in a normal conversation with another person?
(1) Yes
(2) No
(3) Person is deaf
-ADQ7-
Are you able to hear what is said in a normal conversation at all?
(1) Yes
(2) No
-ADQ8-
Do you have difficulty having your speech understood?
FR NOTE: DO NOT enter "1" for "Yes" if the person has trouble simply because they speak a language other than English.
(1) Yes
(2) No
-ADQ9-
In general, are people able to understand your speech at all?
(1) Yes

(2) No

-ADQ10-	
Do you have any difficulty lifting and carrying something as heavy as 10 pounds - such as a bag of groceries?	
(1) Yes (2) No	
-ADQ11-	
Are you able to lift and carry this much weight at all?	
(1) Yes	
(2) No	
-ADQ12-	
Would you have any difficulty lifting and carrying something heavier - say a 25 pound bag of pet food?	
(1) Yes	
(2) No	
-ADQ13-	
Would you be able to lift and carry a 25 pound bag of pet food at all?	
(1) Yes	
(2) No	
-ADQ14-	
Do you have any difficulty pushing or pulling large objects such as a living room chair?	
(1) Yes	
(2) No	
-ADQ15-	
Are you able to push or pull such large objects at all?	
(1) Yes	
(2) No	

ADQ16-
Do you have any difficulty -
(1) Yes (2) No
a. Standing or being on your feet for one hour?
b. Sitting for one hour?
c. Stooping, crouching, or kneeling?
d. Reaching over head?
ADQ17-
Do you have difficulty using your hands and fingers to do things such as picking up a glass or grasping a pencil?
(1) Yes
(2) No
ADQ18-
Are you able to use your hands and fingers to grasp and handle at all?
(1) Yes
(2) No
ADQ19-
Do you have any difficulty walking up a flight of 10 stairs?
(1) Yes
(2) No
ADQ20-
Are you able to walk up a flight of 10 stairs at all?
(1) Yes
(2) No

-ADQ2	21-	
	Do you have any difficulty walking a quarter of a mile - about 3 city blocks?	
	(1) Yes (2) No	
-ADQ2	22-	
	Are you able to walk a quarter of a mile at all?	
	(1) Yes (2) No	
-ADQ2	23-	
	Do you have any difficulty using an ordinary telephone?	
	(1) Yes (2) No	
-ADQ24-		
	Are you able to use an ordinary telephone at all?	
	(1) Yes (2) No	

# -ADQ25-

Because of a physical or mental health condition, do you have difficulty doing any of the following by yourself?

FR NOTE: EXCLUDE THE EFFECTS OF TEMPORARY CONDITIONS - IF AN AID IS USED, ASK WHETHER THE PERSON HAS DIFFICULTY WHEN USING THE AID.

(1) Yes (2) No
a. Getting around INSIDE the home?
b. Going OUTSIDE the home, for example, to shop or visit a doctor's office?
c. Getting in and out of bed or a chair?
d. Taking a bath or shower?
e. Dressing?
f. Walking?
g. Eating?
h. Using or getting to the toilet?
i. Keeping track of money or bills?
j. Preparing meals?
k. Doing light housework such as washing dishes or sweeping a floor?
l. Taking the right amount of prescribed medicine at the right time?

# -ADQ26-

Do you need the help of another person with:
FR NOTE: Read activity listed
(1) Yes (2) No
a. Getting around INSIDE the home?
b. Going OUTSIDE the home, for example, to shop or visit a doctor's office?
c. Getting in and out of bed or a chair?
d. Taking a bath or shower?
e. Dressing?
f. Walking?
g. Eating?
h. Using or getting to the toilet?
i. Keeping track of money and bills?
j. Preparing meals?
k. Doing light housework such as washing dishes or sweeping a floor?
1. Taking the right amount of prescribed medicine at the right time?

### -AD27A-

You have said you need(s) the help of and	ther person with one or	more activities. Who	generally helps
you with these activities?			

Mark only one.

First Helper

\_\_\_\_

### **RELATIVE**

- (1) Son
- (2) Daughter
- (3) Spouse
- (4) Parent
- (5) Other relative

### **NONRELATIVE**

- (6) Friend or Neighbor
- (7) Paid help
- (8) Other nonrelative

Did not receive help

(9) Did not receive help

# -AD27B-

# ASK OR VERIFY: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

Is the person who generally helps you with these activities a member of this household?

Enter line number of person, or N if not a household member

# -AD27C-

Does anyone else help you with these activities?

Mark only one.

### NO ONE ELSE HELPED

(1) No one else helped

#### **RELATIVE**

- (2) Son
- (3) Daughter
- (4) Spouse
- (5) Parent
- (6) Other relative

### **NONRELATIVE**

- (7) Friend or Neighbor
- (8) Paid help
- (9) Other nonrelative

#### -AD27D-

#### ASK OR VERIFY: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

Is this person a member of this household?

Enter line number of person, or N if not a household member

# -ADQ29-

For how long have you needed help of another person?

- (1) Less than 6 months
- (2) 6 to 11 month
- (3) 1 to 2 years
- (4) 3 to 5 years
- (5) More than 5 years

# -ADQ30-

During the past month, did you or your family pay for any of the help that you received?

- (1) Yes
- (2) No

# -ADQ31-

How much was paid for such help?

\$\_\_\_\_\_ Enter (\$0-\$999999) or (N) for none

# -ADQ32-

### SHOW FLASHCARD BB FOR PERSONAL VISIT INTERVIEWS.

I have recorded that you have difficulty with certain activities. Which condition or conditions cause these difficulties?

Any Others?

Enter (N) for None or no more.

Enter (H) for list of health conditions.

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

### -ADQ33-

I have recorded that your health is fair. Which condition or conditions cause your health problems?

#### SHOW FLASHCARD BB FOR PERSONAL VISIT INTERVIEWS.

Enter (H) for list of health conditions.

Any Others?

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

Mark all that apply; Enter (N) for None or no more

-ADQ34-
Is this condition the result of a motor vehicle accident? Are any of these conditions the result of a motor vehicle accident?
(1) Yes (2) No
-ADQ35-
Which of the conditions that you mentioned do you consider to be the main reason for your difficulties?
PRESS (H) TO SEE A LIST OF CONDITIONS
Main condition
-ADQ36-
When did (name of condition or main condition) first begin to bother you?
(S) Since birth
Year
-ADQ36B-
Do you know what month?
Month
-ADQ37-
Have you had this condition for at least 5 months?
(1) Yes (2) No

-ADQ38-	
Is this condition expected to last for at least 12 more months?	
(1) Yes	
(2) No	
-ADQ39-	
Do you have -	
(1) Yes (2) No	
a. A learning disability such as dyslexia?	
b. Mental retardation?	
c. A developmental disability such as autism or cerebral palsy?	
d. Alzheimer's disease or any other serious problem with confusion or for	rgetfulness?
e. Any other mental or emotional condition?	
-ADQ40-	
Are you frequently depressed or anxious?	
(1) Yes	
(2) No	
-ADQ41-	
Do you have -	
(1) Yes (2) No	
a. A lot of trouble getting along with other people and making and keeping	ng friendships?
b. A lot of trouble concentrating long enough to finish everyday tasks?	
c. A lot of trouble coping with day-to-day stresses?	

-ADQ42	2-
	During the past 12 months, did the problems just mentioned seriously interfere with your ability to manage everyday activities?
(	(1) Yes
(	(2) No
-ADQ43	3-
	Do you have a long-lasting physical or mental condition that has made it difficult to remain employed or to find a job?
(	(1) Yes
(	(2) No
-ADQ4	1-
1	Does your health or condition prevent you from working at a job or business?
(	(1) Yes
	(2) No
-ADQ45	5-
	Do you have a physical, mental, or other health condition that limits the kind or amount of work you can do around the house?
(	(1) Yes
	(2) No
-ADQ46	<u>5</u> -
]	Does your health or condition completely prevent you from doing work around the house?
(	(1) Yes

(2) No

# -ADQ47-

# SHOW FLASHCARD BB FOR PERSONAL VISIT INTERVIEWS.

I have recorded that you have a limitation in working. Which condition or conditions cause this limitation?

Enter (H) for list of health conditions

Enter (N) for None or no more

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

Any Others?

# -ADQ48-

Which of the conditions that you mentioned do you consider to be the main reason for your limitation?

# PRESS (H) TO SEE A LIST OF CONDITIONS

# -ADQ49-

In the last 12 months, have you applied for social security disability benefits for yourself?

- (1) Yes
- (2) No

# CHILD DISABILITY TOPICAL MODULE

-CDIN-
--------

The questions in this section ask about any physical or mental conditions which your children may have.

# PRESS "ENTER" TO CONTINUE

# -CDQ1A-

Does (child's name) have a serious physical or mental condition or a developmental delay that limits ordinary activities?

- (1) Yes
- (2) No

# -CDQ1B-

Does (child's name) have a long-lasting condition that limits his/her ability to move his/her arms or legs?

- (1) Yes
- (2) No

# -CDQ1C-

Does (child's name) have a long-lasting condition that limits his/her ability to walk, run, or play?

- (1) Yes
- (2) No

# -CDQ3-

Because of a physical, learning, or mental condition, does (child's name) have any limitations in his/her ability to do regular school work?

- (1) Yes
- (2) No

-CDQ4-
Has (child's name) ever received special education services?
(1) Yes
(2) No
-CDQ5-
Is (child's name) currently receiving special education services?
(1) Yes
(2) No
-CDQ6-
Does (child's name) have:
(1) Yes (2) No
a. A learning disability such as dyslexia?
b. Mental retardation?
c. A developmental disability such as autism or cerebral palsy?
d. Any other developmental condition for which he/she has received therapy or diagnostic services?
-CDQ7-
MARK BY OBSERVATION IF APPARENT:
Does (child's name) use any of the following aids?
(1) Yes (2) No
a. A cane, crutches, or a walker?
b. A wheelchair or an electric scooter?
c. A hearing aid?

-C	D	$\cap$	8-
- C		v	υ-

Has (child's name) used a cane, crutches, or a walker for six months or longer?

- (1) Yes
- (2) No

# -CDQ9-

Does (child's name) have difficulty seeing the words and letters in ordinary newspaper print, even when wearing glasses or contact lenses if he/she usually wears them?

- (1) Yes
- (2) No
- (3) Person is Blind

### -CDQ10-

Is (child's name) able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
- (2) No

### -CDQ11-

Does (child's name) have difficulty hearing what is said in a normal conversation with another person even when wearing his/her hearing aid?

Does (child's name) have difficulty hearing what is said in a normal conversation with another person?

- (1) Yes
- (2) No
- (3) Person is Deaf

# -CDQ12-

Is (child's name) able to hear what is said in a normal conversation at all?

- (1) Yes
- (2) No

-CDQ13-	
Does (child's name) have any difficulty having his/her speech understood?	
(1) Yes (2) No	
-CDQ14-	
In general, are people able to understand (child's name)'s speech at all?	
(1) Yes (2) No	
-CDQ15-	
Does (child's name) have a long-lasting condition that limits his/her ability to walk, run, or take part in sports and games?	
(1) Yes (2) No	
-CDQ16-	
Because of a long-lasting physical or mental condition does (child's name) have any difficulty getting around INSIDE the home by himself/herself?	
(1) Yes (2) No	
-CDQ17-	
Does (child's name) need the help of another person with getting around inside the home?	
(1) Yes	

(2) No

-CDQ	18-
	Does (child's name) have any difficulty getting in and out of bed or a chair by himself/herself?
	(1) Yes
	(2) No
-CDQ	19-
	Does (child's name) need the help of another person with getting in and out of bed or a chair?
	(1) Yes
	(2) No
-CDQ	20-
	Does (child's name) have any difficulty taking a bath or shower by himself/herself?
	(1) Yes
	(2) No
-CDQ	21-
	Does (child's name) need the help of another person with taking a bath or shower?
	(1) Yes
	(2) No
-CDQ	22-
	Because of a long-lasting condition does (child's name) have any difficulty putting on his/her clothing by himself/herself?
	(1) Yes
	(2) No

-CDQ23-	
Do	es (child's name) need the help of another person with putting on his/her clothing?
(1)	Yes
	No
-CDQ24-	
Doo	es (child's name) have any difficulty eating food by himself/herself?
(1)	Yes
(2)	No
-CDQ25-	
Do	es (child's name) need the help of another person with eating food?
(1)	Yes
(2)	No
-CDQ26-	
Doo	es (child's name) have any difficulty using or getting to the toilet by himself/herself?
(1)	Yes
(2)	No
-CDQ27-	
Doo	es (child's name) need the help of another person with using or getting to the toilet?
(1)	Yes
(2)	No
-CDQ28-	
	es (child's name) have an emotional or mental condition that makes it difficult to play with or get along h other children of the same age?
(1)	Yes
` ′	No

# -CDQ29-

# SHOW FLASHCARD CC FOR PERSONAL VISIT INTERVIEWS.

I have recorded that (child's name) has difficulty with certain activities. Which condition or conditions cause this difficulty?

Any others?

Enter (N) for None or No More.

Enter (H) for list of health conditions.

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

# -CDQ30-

Is this condition the result of a motor vehicle accident? Are any of these conditions the result of a motor vehicle accident?

- (1) Yes
- (2) No