

## Section 5 – TOPICAL MODULES

### Part A – RECIPIENCY HISTORY

**Statement A** → Now I have some questions regarding past participation in Government programs.

**CHECK ITEM T1** Was an interview obtained for . . . in Wave 1? **8000** 1  Yes  
2  No – SKIP to Check Item T3

**INTERVIEWER INSTRUCTION** – Review the "Income Roster" on page 5 to determine if any changes were reported in the reciprocity of ISS Codes 1 – 10, 20–35, 40, and 41 during the previous reference period. Make any necessary changes in the "Reciprocity History Roster" below.

**CHECK ITEM T2** Are any income types or special indicators listed in the Reciprocity History Roster below? **8002** 1  Yes  
2  No – SKIP to Check Item T3

**1. During our last visit we recorded that . . . received (Read all sources listed below) sometime during the period (8 months ago) through (5 months ago). When did . . . first begin to receive (Read each source)? (In column d, record beginning date of reciprocity that was occurring sometime in the period 5 to 8 months ago.)**

RECIPIENCY HISTORY ROSTER (ISS Codes 1 – 10, 20–35, 40, 41, 172, 176)								
Line No. (a)	Source (b)	ISS code (c)	Date reciprocity began (d)					
			Month	OR	DK	Year	OR	DK
1		<b>8004</b> <input type="text"/>	<b>8006</b> <input type="text"/>	x1	<input type="checkbox"/>	<b>8008</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	x1	<input type="checkbox"/>
2		<b>8010</b> <input type="text"/>	<b>8012</b> <input type="text"/>	x1	<input type="checkbox"/>	<b>8014</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	x1	<input type="checkbox"/>
3		<b>8016</b> <input type="text"/>	<b>8018</b> <input type="text"/>	x1	<input type="checkbox"/>	<b>8020</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	x1	<input type="checkbox"/>
4		<b>8022</b> <input type="text"/>	<b>8024</b> <input type="text"/>	x1	<input type="checkbox"/>	<b>8026</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	x1	<input type="checkbox"/>
5		<b>8028</b> <input type="text"/>	<b>8030</b> <input type="text"/>	x1	<input type="checkbox"/>	<b>8032</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	x1	<input type="checkbox"/>
6		<b>8034</b> <input type="text"/>	<b>8036</b> <input type="text"/>	x1	<input type="checkbox"/>	<b>8038</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	x1	<input type="checkbox"/>
7		<b>8040</b> <input type="text"/>	<b>8042</b> <input type="text"/>	x1	<input type="checkbox"/>	<b>8044</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	x1	<input type="checkbox"/>
8		<b>8046</b> <input type="text"/>	<b>8048</b> <input type="text"/>	x1	<input type="checkbox"/>	<b>8050</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/>	x1	<input type="checkbox"/>

**CHECK ITEM T3** Is . . . 18 years of age or over? **8052** 1  Yes  
2  No – SKIP to Check Item T10, page 48

**CHECK ITEM T4** Is "Food stamps" (code 27) listed in the Reciprocity History Roster? **8054** 1  Yes  
2  No – SKIP to 2b

**2a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?** **8056** 1  Yes – SKIP to 2d  
2  No – SKIP to Check Item T5

**b. Has . . . ever applied for the Federal Government's Food Stamp Program?** **8058** 1  Yes  
2  No – SKIP to Check Item T5

**c. Has . . . ever been authorized to receive food stamps?** **8060** 1  Yes  
2  No – SKIP to Check Item T5

**d. When did . . . first start receiving food stamps?**  
**8062**   Month x1  Don't know  
**8064**  1  9  Year x1  Don't know

**e. For how long did . . . receive food stamps that time?**  
**8066**   Years  
 OR  
**8068**   Months  
**8070** x1  Don't know

**f. How many times in all have there been when . . . was authorized to receive food stamps?** **8072**   Times  
x1  Don't know

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – RECIPIENCY HISTORY (Continued)**

<b>CHECK ITEM T5</b>	Is . . . a designated parent or guardian of children under 18 who live in this household?	<b>8074</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T7</i>
<b>CHECK ITEM T6</b>	Is "AFDC" (code 20) listed in the Recipency History Roster?	<b>8076</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
<b>3a.</b>	Besides this period of time, have there been any other times when . . . received AFDC (ADC)?	<b>8078</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T7</i>
<b>b.</b>	Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?	<b>8080</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T7</i>
<b>c.</b>	Has . . . ever received AFDC (ADC) benefits?	<b>8082</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T7</i>
<b>d.</b>	When did . . . first start receiving AFDC (ADC) benefits?	<b>8084</b>	<input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> Don't know
		<b>8086</b>	<b>1</b> <b>9</b> <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> Don't know
<b>e.</b>	For how long did . . . receive AFDC (ADC) that time?	<b>8088</b>	<input type="text"/> <input type="text"/> Years
			OR
		<b>8090</b>	<input type="text"/> <input type="text"/> Months
		<b>8092</b>	x1 <input type="checkbox"/> DK
<b>f.</b>	How many times in all have there been when . . . received AFDC (ADC)?	<b>8094</b>	<input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
<b>CHECK ITEM T7</b>	Is "SSI" (codes 3 or 4) listed in the Recipency History Roster?	<b>8096</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4b</i>
<b>4a.</b>	Besides this period of time, have there been any other times when . . . received SSI benefits?	<b>8098</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 4d</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T8</i>
<b>b.</b>	Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?	<b>8100</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T8</i>
<b>c.</b>	Has . . . ever received SSI benefits?	<b>8102</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T8</i>
<b>d.</b>	When did . . . first start receiving SSI?	<b>8104</b>	<input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> Don't know
		<b>8106</b>	<b>1</b> <b>9</b> <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> Don't know
<b>e.</b>	For how long did . . . receive SSI that time?	<b>8108</b>	<input type="text"/> <input type="text"/> Years
			OR
		<b>8110</b>	<input type="text"/> <input type="text"/> Months
		<b>8112</b>	x1 <input type="checkbox"/> DK
<b>CHECK ITEM T8</b>	Is "Medicaid" (code 173) marked in cc item 47 for Wave 1?	<b>8114</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T10, page 48</i>
<b>CHECK ITEM T9</b>	Is "SSI" or "AFDC" (codes 3, 4, or 20) marked in cc item 45 for Wave 1?	<b>8116</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T10, page 48</i> 2 <input type="checkbox"/> No

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – RECIPIENCY HISTORY (Continued)**

**5. During our last visit we recorded that . . . was covered by (Use local name for Medicaid). This question concerns the coverage that was being received at that time. When did that period of coverage first begin?**

**8118**   Month x1  Don't know

**8120**     Year x1  Don't know

**8122** x3  Never covered by Medicaid

**CHECK ITEM T10** Was . . . covered by a health insurance plan? (Is item 27a or 27b, page 10 marked "Yes"?)

**8124** 1  Yes  
2  No – SKIP to item 7

**6. We have recorded that . . . is covered by a private health insurance plan. For how long has . . . been covered by health insurance without interruption?**

**8126**   Months

OR

**8128**   Years

**8130** x3  Have always had insurance  
x1  DK

} SKIP to Check Item T11

**7. We have recorded that . . . is not currently covered by a private health insurance plan. When was the last time . . . was covered by private health insurance?**

**8132**   Month x1  Don't know

**8134**     Year x1  Don't know

**8136** x3  Has never been covered

**CHECK ITEM T11** Is . . . the reference person?

**8138** 1  Yes  
2  No – SKIP to Check Item T14

**CHECK ITEM T12** Refer to cc item 16a. Is this housing unit public or subsidized?

**8140** 1  Yes  
2  No – SKIP to Check Item T13

**8. For how long has . . . been living in public or subsidized housing?**

**8142**   Months

OR

**8144**   Years

**8146** x3  Have always lived in public housing  
x1  DK

} SKIP to Check Item T14

**CHECK ITEM T13** Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20–27, or code 173?

**8148** 1  Yes  
2  No – SKIP to Check Item T14

**9. Is . . . on a waiting list for public or subsidized housing?**

**8150** 1  Yes  
2  No

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY**

<b>CHECK ITEM T14</b>	Is . . . 18 to 64 years old?	<b>8200</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T23, page 52</i>
<b>STATEMENT B</b> → <b>Now I would like to ask some questions about some of the jobs . . . has held.</b>			
<b>CHECK ITEM T15</b>	Is there an employer or business listed in cc item 42 or 43?	<b>8202</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T17</i>
	<i>ASK OR VERIFY –</i> <b>1. What was the name of . . . 's MAIN employer or business during the period (8 months ago) through (5 months ago)?</b> <i>(If more than one, enter name of latest employer)</i>	<b>PGM 8</b>	Name of employer or business <b>8204</b> _____ _____
<b>CHECK ITEM T16</b>	<i>Refer to cc item 42 or 43.</i> What is the ID number of this employer or business?	<b>PGM 7</b> <b>8206</b> <b>8208</b>	<input type="checkbox"/> Employer number OR <input type="checkbox"/> Business number                 } <i>SKIP to 3</i>
<b>CHECK ITEM T17</b>	Is "Worked" (code 170) marked on the ISS?	<b>8210</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
	<i>ASK OR VERIFY –</i> <b>2. What was the name of . . . 's MAIN employer or business during the past 4 months?</b>	<b>PGM 8</b> <b>8212</b>	Name of employer or business _____
<b>CHECK ITEM T18</b>	<i>Refer to Check Item E3, page 14, Check Item E6, page 16, Check Item S1, page 18, or Check Item S7, page 20.</i> What is the ID number of this employer or business?	<b>PGM 7</b> <b>8214</b> <b>8216</b>	<input type="checkbox"/> Employer number OR <input type="checkbox"/> Business number
<b>3. When did . . . start working for (Read name of employer or business)?</b> <i>(If worked for more than one period of time, ask about latest period)</i>		<b>8218</b> <b>8220</b>	_____ Month      x1 <input type="checkbox"/> Don't know 1 9 _____ Year      x1 <input type="checkbox"/> Don't know
<b>CHECK ITEM T19</b>	Is "Employer number" filled in Check Item T16 or T18 above?	<b>8222</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 6a</i>
<b>4a. About how many persons are (were) employed by . . . 's employer at the location where . . . works (worked)?</b>		<b>8224</b>	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more } <i>SKIP to 4d</i> x1 <input type="checkbox"/> DK
<b>b. Does (Did) . . . 's employer operate in more than one location?</b>		<b>8226</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 4d</i> x1 <input type="checkbox"/> DK
<b>c. About how many persons are (were) employed by . . . 's employer at ALL LOCATIONS?</b>		<b>8228</b>	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK
<b>d. Is (Was) . . . a member of a labor union at that job?</b>		<b>8230</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>e. Is (Was) . . . covered by a union contract at that job?</b>		<b>8232</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY – Continued**

<b>4f. For how many years has . . . done the kind of work that . . . does on this job?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">8234</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%;">Years</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="3" style="vertical-align: middle;">SKIP to 6a</td> </tr> <tr> <td></td> <td align="center" colspan="3">OR</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8236</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Months</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8238</td> <td colspan="5">x1 <input type="checkbox"/> DK</td> </tr> </table>	8234			Years	}	SKIP to 6a		OR			8236			Months	8238	x1 <input type="checkbox"/> DK				
8234			Years	}	SKIP to 6a																
	OR																				
8236			Months																		
8238	x1 <input type="checkbox"/> DK																				
<b>5a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">8240</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T20</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8242</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8244</td> <td colspan="5">x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more</td> </tr> </table>	8240			Month	}	SKIP to Check Item T20	8242	1	9			Year	8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more						
8240			Month	}	SKIP to Check Item T20																
8242	1	9					Year														
8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more																				
<b>b. What is the main reason . . . never worked 2 consecutive weeks or more at a job or business?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">8246</td> <td colspan="4"> <input type="checkbox"/> 1 Taking care of home or family  <input type="checkbox"/> 2 Ill or disabled  <input type="checkbox"/> 3 Going to school  <input type="checkbox"/> 4 Couldn't find work  <input type="checkbox"/> 5 Didn't want to work  <input type="checkbox"/> 7 Other  x1 <input type="checkbox"/> DK                 </td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T23, page 52</td> </tr> </table>	8246	<input type="checkbox"/> 1 Taking care of home or family <input type="checkbox"/> 2 Ill or disabled <input type="checkbox"/> 3 Going to school <input type="checkbox"/> 4 Couldn't find work <input type="checkbox"/> 5 Didn't want to work <input type="checkbox"/> 7 Other x1 <input type="checkbox"/> DK				}	SKIP to Check Item T23, page 52													
8246	<input type="checkbox"/> 1 Taking care of home or family <input type="checkbox"/> 2 Ill or disabled <input type="checkbox"/> 3 Going to school <input type="checkbox"/> 4 Couldn't find work <input type="checkbox"/> 5 Didn't want to work <input type="checkbox"/> 7 Other x1 <input type="checkbox"/> DK				}	SKIP to Check Item T23, page 52															
<b>6a. Before this job when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">8248</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T22</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8250</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8252</td> <td colspan="5">x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T22</td> </tr> </table>	8248					Month	}	SKIP to Check Item T22	8250	1	9			Year	8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T22				
8248			Month	}	SKIP to Check Item T22																
8250	1	9					Year														
8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T22																				
<b>CHECK ITEM T20</b> Is the year in item 5a or item 6a between 1976 and 1987?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">8254</td> <td colspan="5"> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No – SKIP to Check Item T22                 </td> </tr> </table>	8254	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to Check Item T22																		
8254	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to Check Item T22																				
<b>6b. What was the name of . . . 's employer or business at that time?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">PGM 8</td> <td colspan="5">Name of employer or business</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8256</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	Name of employer or business					8256	_____												
PGM 8	Name of employer or business																				
8256	_____																				
<b>c. What kind of company, business, or industry was (Name of employer or business)?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8258</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	_____					8258	_____												
PGM 8	_____																				
8258	_____																				
<b>d. Was that business mainly – (Read categories)</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8260</td> <td colspan="5"> <input type="checkbox"/> 1 Manufacturing?  <input type="checkbox"/> 2 Wholesale trade?  <input type="checkbox"/> 3 Retail trade?  <input type="checkbox"/> 4 Some other kind of business?                 </td> </tr> </table>	PGM 8	_____					8260	<input type="checkbox"/> 1 Manufacturing? <input type="checkbox"/> 2 Wholesale trade? <input type="checkbox"/> 3 Retail trade? <input type="checkbox"/> 4 Some other kind of business?												
PGM 8	_____																				
8260	<input type="checkbox"/> 1 Manufacturing? <input type="checkbox"/> 2 Wholesale trade? <input type="checkbox"/> 3 Retail trade? <input type="checkbox"/> 4 Some other kind of business?																				
<b>e. What kind of work was . . . doing on that job?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8262</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	_____					8262	_____												
PGM 8	_____																				
8262	_____																				
<b>f. What were . . . 's main activities or duties?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8264</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	_____					8264	_____												
PGM 8	_____																				
8264	_____																				
<b>g. Did . . . work for an employer on that job or was . . . self-employed?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">PGM 7</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8266</td> <td colspan="5"> <input type="checkbox"/> 1 Worked for an employer  <input type="checkbox"/> 2 Self-employed                 </td> </tr> </table>	PGM 7	_____					8266	<input type="checkbox"/> 1 Worked for an employer <input type="checkbox"/> 2 Self-employed												
PGM 7	_____																				
8266	<input type="checkbox"/> 1 Worked for an employer <input type="checkbox"/> 2 Self-employed																				
<b>h. When did . . . START working for (Name of employer or business)?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; padding: 2px;">8268</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T20</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8270</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> </table>	8268			Month	}	SKIP to Check Item T20	8270	1	9			Year								
8268			Month	}	SKIP to Check Item T20																
8270	1	9					Year														

**Section 5 — TOPICAL MODULES (Continued)**

**Part B — EMPLOYMENT HISTORY (Continued)**

<p><b>6i. What was the main reason . . . stopped working for</b> <i>(Name of employer or business)?</i></p>	<p><b>8272</b>    <input type="checkbox"/> Layoff, plant closed  <input type="checkbox"/> Discharged  <input type="checkbox"/> Job was temporary and ended  <input type="checkbox"/> Found a better job  <input type="checkbox"/> Retirement/old age  <input type="checkbox"/> Did not like working conditions  <input type="checkbox"/> Dissatisfied with earnings  <input type="checkbox"/> Did not like location  <input type="checkbox"/> Going to school  <input type="checkbox"/> Became pregnant/had child  <input type="checkbox"/> Health reasons  <input type="checkbox"/> Other family or personal reasons  <input type="checkbox"/> Other — <i>Specify</i> ↓</p>
<p><b>7a. In what year did . . . first work six straight months or longer at a regular job or business?</b></p>	<p><b>8274</b>    <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> <p>x3 <input type="checkbox"/> Never worked 6 straight months at a job or business — <i>SKIP to Check Item T23, page 52</i>  x1 <input type="checkbox"/> DK — <i>SKIP to 8a</i></p>
<p><b>b. Since</b> <i>(Year in 7a)</i> <b>has . . . always worked at least six months during the year?</b></p>	<p><b>8276</b>    <input type="checkbox"/> Yes — <i>SKIP to Check Item T23, page 52</i>  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK — <i>SKIP to Check Item T23, page 52</i></p>
<p><b>c. How many years were there when . . . worked at least 6 months?</b></p>	<p><b>8278</b>    <input type="text"/> <input type="text"/> Years  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T21</b>    Is the year in item 7a between 1976 and 1987?</p>	<p><b>8280</b>    <input type="checkbox"/> Yes — <i>SKIP to 8a</i>  <input type="checkbox"/> No</p>
<p><b>7d. Since 1976 how many years have there been when . . . worked at least 6 months during the year?</b></p>	<p><b>8282</b>    x5 <input type="checkbox"/> All years  OR  <input type="text"/> <input type="text"/> Years  OR  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T22</b>    Is there a year entered in item 7a or in item 3 (page 49)?</p>	<p><b>8284</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No — <i>SKIP to Check Item T23, page 52</i></p>
<p><b>8a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since</b> <i>(Year in 7a or 3)</i>, <b>have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?</b></p>	<p><b>8286</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No — <i>SKIP to Check Item T23, page 52</i></p>
<p><b>b. About how many times has . . . gone 6 months or longer without working at a job or business?</b></p>	<p><b>8288</b>    <input type="text"/> <input type="text"/> Times  x1 <input type="checkbox"/> DK</p>
<p><b>c. When was the last time that . . . went 6 months or longer without working at a job or business?</b></p>	<p align="center">FROM</p> <p><b>8290</b>    <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p align="center">TO</p> <p><b>8292</b>    <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
<p><b>d. What was the reason . . . did not work at a job or business during that time?</b></p>	<p><b>8294</b>    <input type="checkbox"/> Took care of family or home  <input type="checkbox"/> Own illness or disability  <input type="checkbox"/> Could not find work  <input type="checkbox"/> Going to school  <input type="checkbox"/> Became pregnant/had child  <input type="checkbox"/> Other — <i>Specify</i> ↓</p>

**Section 5 – TOPICAL MODULES – Continued**

**Part C – WORK DISABILITY HISTORY**

<b>CHECK ITEM T23</b>	Refer to cc item 24. What is ...'s age?	<b>8300</b>	1 <input type="checkbox"/> 15 years – <i>SKIP to Statement D, page 54</i> 2 <input type="checkbox"/> 16 to 67 years 3 <input type="checkbox"/> 68 years or over – <i>SKIP to Statement D, page 54</i>
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**STATEMENT C** → **Now I want to talk about any health or physical condition ... may have that affected ...'s ability to work.**

<b>CHECK ITEM T24</b>	Is "Disabled" (code 171) marked on the ISS for ...?	<b>8302</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 1a</i> 2 <input type="checkbox"/> No
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<b>CHECK ITEM T25</b>	Is "Disabled" (code 171) marked on the control card for ...?	<b>8304</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 1b</i>
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<b>1 a.</b> We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	<b>8306</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 1c</i> 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 54</i>
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<b>b.</b> Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do?	<b>8308</b>	1 <input type="checkbox"/> Yes – <i>Mark "171" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 54</i>
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<b>c.</b> When did ... become limited in the kind or amount of work that ... could do at a job?	<b>8310</b>	<input type="text"/> <input type="text"/> Month <span style="float: right;">x1 <input type="checkbox"/> Don't know</span>
	<b>8312</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <span style="float: right;">x1 <input type="checkbox"/> Don't know</span>
	<b>8314</b>	OR x3 <input type="checkbox"/> Person was limited before person became of working age – <i>SKIP to 2a</i> x5 <input type="checkbox"/> Person became limited after retiring – <i>SKIP to Statement D, page 54</i>

<b>d.</b> Was ... employed at the time ...'s work limitation began?	<b>8316</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 2a</i> 2 <input type="checkbox"/> No
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<b>e.</b> When was the last time ... worked before ...'s work limitation began?	<b>8318</b>	<input type="text"/> <input type="text"/> Month <span style="float: right;">x1 <input type="checkbox"/> Don't know</span>
	<b>8320</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <span style="float: right;">x1 <input type="checkbox"/> Don't know</span>
	<b>8322</b>	OR x3 <input type="checkbox"/> Had never been employed before work limitation began

<b>2 a.</b> What health condition is the main reason for ...'s work limitation?	<b>8324</b>	Code <input type="text"/> <input type="text"/> Name of health condition _____ _____
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<b>b.</b> Was this condition caused by an accident or injury?	<b>8326</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T26</i>
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<b>c.</b> Where did the accident or injury take place – was it (Read categories) – <i>Mark (X) only one.</i>	<b>8328</b>	1 <input type="checkbox"/> On the job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In the home? 4 <input type="checkbox"/> Somewhere else?
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<b>CHECK ITEM T26</b>	Is "Worked" (code 170) marked on the ISS?	<b>8330</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T27</i> 2 <input type="checkbox"/> No
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<b>3 a.</b> Does ...'s health or condition prevent ... from working at a job or business?	<b>8332</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
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<b>b.</b> When did ... become unable to work at a job?	<b>8334</b>	<input type="text"/> <input type="text"/> Month <span style="float: right;">x1 <input type="checkbox"/> Don't know</span>
	<b>8336</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <span style="float: right;">x1 <input type="checkbox"/> Don't know</span>
	<b>8338</b>	OR x3 <input type="checkbox"/> Has never been able to work at a job – <i>SKIP to Statement D, page 54</i>

**Section 5 – TOPICAL MODULES (Continued)**

**Part C – WORK DISABILITY HISTORY (Continued)**

**CHECK  
ITEM T27**

*Refer to item 8a, page 4.*

Did . . . usually work 35 or more hours per week during the reference period?

**8340**

- 1  Yes – *SKIP to 4b*
- 2  No

**4a.** Is . . . now able to work at a full-time job or is . . . only able to work part-time?

**8342**

- 1  Full-time
- 2  Part-time

**b.** Is . . . now able to work regularly or is . . . only able to work occasionally or irregularly?

**8344**

- 1  Regularly
- 2  Only occasionally or irregularly

**c.** Is . . . now able to do the same kind of work . . . did before . . . 's work limitation began?

**8346**

- 1  Yes, able to do same kind of work
- 2  No, not able to do same kind of work
- 3  Did not work before limitation began

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part D – EDUCATION AND TRAINING HISTORY**

**STATEMENT D**

Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.

**CHECK ITEM T28**

Refer to cc item 31b.

Was . . . 's highest grade attended grade 12 or less? (Codes 00–12 in cc item 31b)

- 8400 1  Yes  
2  No – SKIP to item 3a

**1. When did . . . last attend elementary or high school?**

- 8402   Month x1  Don't know  
8404 1 9   Year x1  Don't know  
8406 1  Currently attending – SKIP to Check Item T32, page 56  
2  Never attended

**2. Has . . . received a high school diploma? (Include GED's.)**

- 8408 1  Yes  
2  No – SKIP to Check Item T31

**3a. When did . . . receive a high school diploma?**

- 8410   Month x1  Don't know  
8412 1 9   Year x1  Don't know

**b. Was the high school that . . . attended public; private, church-related; or private, not church-related?**

- 8414 1  Public  
2  Private, church-related  
3  Private, not church-related  
4  Did not attend high school  
x1  DK

**CHECK ITEM T29**

Refer to cc item 31b.

Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31b.)

- 8416 1  Yes  
2  No – SKIP to Check Item T31

**4a. When did . . . first attend college or a university?**

- 8418   Month x1  Don't know  
8420 1 9   Year x1  Don't know

**b. What is the highest degree beyond a high school diploma that . . . has earned?**

- 8422 1  PhD or equivalent  
2  Professional degree such as Dentistry, Medicine, Law, or Theology  
3  Master's degree  
4  Bachelor's degree  
5  Associate degree  
6  Vocational certificate or diploma  
7  Has not earned a degree } SKIP to 4f  
x1  DK

**c. When did . . . receive that degree?**

- 8424   Month x1  Don't know  
8426 1 9   Year x1  Don't know

(SHOW FLASHCARD FF)

**d. In what field of study did . . . receive that degree?**

- 8428   Code   Field of study  
x1  Don't know

**CHECK ITEM T30**

Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)

- 8430 1  Yes  
2  No – SKIP to Check Item T31

**4e. When did . . . receive his/her Bachelor's degree?**

- 8432   Month x1  Don't know  
8434 1 9   Year x1  Don't know } SKIP to Check Item T31

(SHOW FLASHCARD FF)

**f. In what field of study were the courses that . . . took at college or university?**

- 8436   Code   Field of study  
x1  Don't know

**g. When was the last time that . . . was a student at a college or university?**

- 8438   Month x1  Don't know  
8440 1 9   Year x1  Don't know  
OR  
8442 1  Is still a student

**Section 5 – TOPICAL MODULES (Continued)**

**Part D – EDUCATION AND TRAINING HISTORY (Continued)**

**CHECK  
ITEM T31**

Refer to cc item 24.  
Is . . . 65 years of age or over?

- 8444** 1  Yes – *SKIP to Check Item T32, page 56*  
2  No

**5a. Has . . . ever received training designed to help find a job, improve job skills or learn a new job?**

- 8446** 1  Yes  
2  No  
x1  DK } *SKIP to Check Item T32, page 56*

**b. Was any of this training sponsored by any of the following programs (Read categories)?**

Mark (X) all that apply.

- 8448** 1  Job Training Partnership Act (JTPA)  
**8450** 2  Comprehensive Employment Training Act (CETA)  
**8452** 3  Work Incentive Program (WIN)  
**8454** 4  Trade Adjustment Assistance Act  
**8456** 5  Veterans' Training Programs  
**8458** 6  No – *SKIP to 5d*

**c. What type of training program is (was) this?**

Mark (X) all that apply.

- 8460** 1  Classroom training—job skills  
**8462** 2  Classroom training—basic education  
**8464** 3  On-the-job training  
**8466** 4  Job search assistance  
**8468** 5  Work experience  
**8470** 6  Other
- } *SKIP to 5e*

**d. Where did . . . receive this training?**

Mark (X) all that apply.

- 8472** 1  Apprenticeship program  
**8474** 2  Business, commercial, or vocational school  
**8476** 3  Junior or community college  
**8478** 4  Program completed at a 4 year college or graduate school  
**8480** 5  High school vocational program  
**8482** 6  Training program at work  
**8484** 7  Military (exclude basic training)  
**8486** 8  Correspondence course  
**8488** 9  Training or experience received on previous job  
**8490** 10  Sheltered workshop  
**8492** 11  Vocational rehabilitation centers  
**8494** 12  Other

**e. Does . . . use this training on . . . 's (most recent) job?**

- 8496** 1  Yes  
2  No

**f. When did . . . start this (most recent) training?**

(If more than one training occurred, ask about the most recent one)

- 8498**   Month x1  Don't know  
**8500** 1  9   Year x1  Don't know

**g. For how many weeks did . . . attend this (most recent) training program?**

- 8502**   Weeks  
**8504** x3  Currently attending  
x4  Less than 1 week  
x1  Don't know

**h. Who paid for this (most recent) program?**

Mark (X) all that apply.

- 8506** 1  Self or family  
**8508** 2  Employer  
**8510** 3  Federal, State, or local government  
**8512** 4  Someone else

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part E – FAMILY BACKGROUND**

<b>CHECK ITEM T32</b>	Refer to cc item 24. What is . . . 's age?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">8550</td> <td style="width:10%; padding: 2px;">1 <input type="checkbox"/> 24 or younger</td> <td rowspan="3" style="font-size: 2em; padding: 0 5px;">}</td> <td rowspan="3" style="padding: 2px;"><i>SKIP to Check Item T34</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> 65 or older</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> 25 to 64 years old</td> </tr> </table>	8550	1 <input type="checkbox"/> 24 or younger	}	<i>SKIP to Check Item T34</i>		2 <input type="checkbox"/> 65 or older		3 <input type="checkbox"/> 25 to 64 years old																													
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	3 <input type="checkbox"/> 25 to 64 years old																																						
<b>STATEMENT E</b> → Now I would like to ask some questions about the family . . . grew up in, around the time of . . . 's 16th birthday.																																							
<b>1. When . . . was 16 years old, how many older and younger brothers and sisters did . . . have? Include stepbrothers and stepsisters, and adopted children.</b>  <i>(Probe for the number of older and younger siblings)</i>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">8551</td> <td style="width:10%; padding: 2px;">x3 <input type="checkbox"/> No brothers or sisters</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8552</td> <td style="padding: 2px;"><input type="checkbox"/> Older Brothers</td> <td style="width:10%; padding: 2px;">x1 <input type="checkbox"/> Don't know</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8554</td> <td style="padding: 2px;"><input type="checkbox"/> Younger brothers</td> <td style="padding: 2px;">x1 <input type="checkbox"/> Don't know</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8556</td> <td style="padding: 2px;"><input type="checkbox"/> Older sisters</td> <td style="padding: 2px;">x1 <input type="checkbox"/> Don't know</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8558</td> <td style="padding: 2px;"><input type="checkbox"/> Younger sisters</td> <td style="padding: 2px;">x1 <input type="checkbox"/> Don't know</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8560</td> <td style="padding: 2px;"><input type="checkbox"/> Total</td> <td style="padding: 2px;">x1 <input type="checkbox"/> Don't know</td> <td></td> </tr> </table>		8551	x3 <input type="checkbox"/> No brothers or sisters			8552	<input type="checkbox"/> Older Brothers	x1 <input type="checkbox"/> Don't know		8554	<input type="checkbox"/> Younger brothers	x1 <input type="checkbox"/> Don't know		8556	<input type="checkbox"/> Older sisters	x1 <input type="checkbox"/> Don't know		8558	<input type="checkbox"/> Younger sisters	x1 <input type="checkbox"/> Don't know		8560	<input type="checkbox"/> Total	x1 <input type="checkbox"/> Don't know													
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8560	<input type="checkbox"/> Total	x1 <input type="checkbox"/> Don't know																																					
<b>2a. When . . . was 16 was . . . living with:</b>  <i>(Interviewer: Read only as many categories to respondent as are necessary to determine who guardians were. Mark only one box.)</i>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">8562</td> <td style="width:10%; padding: 2px;">1 <input type="checkbox"/> Both natural parents . . . . .</td> <td rowspan="6" style="font-size: 2em; padding: 0 5px;">}</td> <td rowspan="6" style="padding: 2px;"><i>SKIP to 3a</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> Natural mother and stepfather . .</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> Natural father and stepmother . .</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">4 <input type="checkbox"/> Natural mother only parent present</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">5 <input type="checkbox"/> Natural father only parent present</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">6 <input type="checkbox"/> Other</td> </tr> </table>		8562	1 <input type="checkbox"/> Both natural parents . . . . .	}	<i>SKIP to 3a</i>		2 <input type="checkbox"/> Natural mother and stepfather . .		3 <input type="checkbox"/> Natural father and stepmother . .		4 <input type="checkbox"/> Natural mother only parent present		5 <input type="checkbox"/> Natural father only parent present		6 <input type="checkbox"/> Other																						
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	6 <input type="checkbox"/> Other																																						
<b>b. When . . . was 16, who was . . . living with that was the head of the family?</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">8564</td> <td style="width:10%; padding: 2px;">1 <input type="checkbox"/> Father</td> <td rowspan="7" style="font-size: 2em; padding: 0 5px;">}</td> <td rowspan="7" style="padding: 2px;"><i>SKIP to 5a</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> Grandfather</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> Some other male</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">4 <input type="checkbox"/> Mother . . . . .</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">5 <input type="checkbox"/> Grandmother . . . . .</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">6 <input type="checkbox"/> Some other female . . .</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">7 <input type="checkbox"/> Not applicable — <i>SKIP to Check Item T34</i></td> </tr> </table>		8564	1 <input type="checkbox"/> Father	}	<i>SKIP to 5a</i>		2 <input type="checkbox"/> Grandfather		3 <input type="checkbox"/> Some other male		4 <input type="checkbox"/> Mother . . . . .		5 <input type="checkbox"/> Grandmother . . . . .		6 <input type="checkbox"/> Some other female . . .		7 <input type="checkbox"/> Not applicable — <i>SKIP to Check Item T34</i>																				
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	4 <input type="checkbox"/> Mother . . . . .																																						
	5 <input type="checkbox"/> Grandmother . . . . .																																						
	6 <input type="checkbox"/> Some other female . . .																																						
	7 <input type="checkbox"/> Not applicable — <i>SKIP to Check Item T34</i>																																						
<b>3a. When . . . was 16, what was . . . 's (father's/stepfather's or person marked in item 2b) occupation?</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">8566</td> <td style="width:10%; padding: 2px;">x1 <input type="checkbox"/> Did not have a paying job or business — <i>SKIP to 4</i></td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">PGM 8</td> <td style="padding: 2px;"><i>Write in occupation</i></td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8568</td> <td style="padding: 2px;">_____</td> <td colspan="2"></td> </tr> </table>		8566	x1 <input type="checkbox"/> Did not have a paying job or business — <i>SKIP to 4</i>			PGM 8	<i>Write in occupation</i>			8568	_____																										
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PGM 8	<i>Write in occupation</i>																																						
8568	_____																																						
<b>b. What kind of business or industry was he working for?</b>  <i>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</i>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">PGM 8</td> <td style="padding: 2px;">_____</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8570</td> <td style="padding: 2px;">_____</td> <td colspan="2"></td> </tr> </table>		PGM 8	_____			8570	_____																														
PGM 8	_____																																						
8570	_____																																						
<b>4. What is the highest grade of school . . . 's (father/stepfather or the person marked in item 2b) ever completed?</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">PGM 7</td> <td colspan="3"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8572</td> <td style="padding: 2px;">1 <input type="checkbox"/> Never attended</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> Elementary 1–8</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> High school 1–3</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">4 <input type="checkbox"/> High school graduate</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">5 <input type="checkbox"/> College 1–3</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">6 <input type="checkbox"/> College 4</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">7 <input type="checkbox"/> College 5 or more</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> <td colspan="2"></td> </tr> </table>		PGM 7				8572	1 <input type="checkbox"/> Never attended				2 <input type="checkbox"/> Elementary 1–8				3 <input type="checkbox"/> High school 1–3				4 <input type="checkbox"/> High school graduate				5 <input type="checkbox"/> College 1–3				6 <input type="checkbox"/> College 4				7 <input type="checkbox"/> College 5 or more				x1 <input type="checkbox"/> DK		
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	x1 <input type="checkbox"/> DK																																						
<b>CHECK ITEM T33</b>	Refer to item 2a. Is box 1, 2, or 3 marked in item 2a?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">8574</td> <td style="width:10%; padding: 2px;">1 <input type="checkbox"/> Yes</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> No — <i>SKIP to Check Item T34</i></td> <td colspan="2"></td> </tr> </table>		8574	1 <input type="checkbox"/> Yes				2 <input type="checkbox"/> No — <i>SKIP to Check Item T34</i>																														
8574	1 <input type="checkbox"/> Yes																																						
	2 <input type="checkbox"/> No — <i>SKIP to Check Item T34</i>																																						
<b>5a. When . . . was 16, what was . . . 's (mother's/stepmother's or person marked in item 2b) occupation?</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">8576</td> <td style="width:10%; padding: 2px;">x1 <input type="checkbox"/> Did not have a paying job or business — <i>SKIP to 6</i></td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">PGM 8</td> <td style="padding: 2px;"><i>Write in occupation</i></td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8578</td> <td style="padding: 2px;">_____</td> <td colspan="2"></td> </tr> </table>		8576	x1 <input type="checkbox"/> Did not have a paying job or business — <i>SKIP to 6</i>			PGM 8	<i>Write in occupation</i>			8578	_____																										
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<b>6. What is the highest grade of school . . . 's (mother/stepmother or the person marked in item 2b) ever completed?</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; padding: 2px;">PGM 7</td> <td colspan="3"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8582</td> <td style="padding: 2px;">1 <input type="checkbox"/> Never attended</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> Elementary 1–8</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> High school 1–3</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">4 <input type="checkbox"/> High school graduate</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">5 <input type="checkbox"/> College 1–3</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">6 <input type="checkbox"/> College 4</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">7 <input type="checkbox"/> College 5 or more</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> <td colspan="2"></td> </tr> </table>		PGM 7				8582	1 <input type="checkbox"/> Never attended				2 <input type="checkbox"/> Elementary 1–8				3 <input type="checkbox"/> High school 1–3				4 <input type="checkbox"/> High school graduate				5 <input type="checkbox"/> College 1–3				6 <input type="checkbox"/> College 4				7 <input type="checkbox"/> College 5 or more				x1 <input type="checkbox"/> DK		
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**Section 5 – TOPICAL MODULES (Continued)**

**Part F – MARITAL HISTORY**

<b>CHECK ITEM T34</b>	Refer to cc item 26a.  What is . . . 's current marital status?	<b>8600</b> 1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married – <i>SKIP to Statement G, page 59</i>
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**STATEMENT F** → Now I have a few questions about . . . 's marital history.

<b>1.</b>	How many times has . . . been married?	<b>8602</b> 1 <input type="checkbox"/> 1 – <i>SKIP to Check Item T38, page 58</i> 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 +
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<b>2a.</b>	In what month and year did . . . get married for the first time?	<b>8604</b> <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know <b>8606</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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<b>b.</b>	Did . . . 's first marriage end in widowhood or in divorce?	<b>8608</b> 1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
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<b>c.</b>	In what month and year was . . . (widowed/divorced)?	<b>8610</b> <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know <b>8612</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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<b>CHECK ITEM T35</b>	Is "Widowhood" marked in item 2b?	<b>8614</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T36</i> 2 <input type="checkbox"/> No
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<b>2d.</b>	In what month and year did . . . actually stop living with . . . 's spouse?	<b>8616</b> <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know <b>8618</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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<b>CHECK ITEM T36</b>	Refer to item 1. How many times has . . . been married?	<b>8620</b> 1 <input type="checkbox"/> 2 – <i>SKIP to Check Item T38, page 58</i> 2 <input type="checkbox"/> 3 +
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<b>3a.</b>	In what month and year did . . . get married for the second time?	<b>8622</b> <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know <b>8624</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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<b>b.</b>	Did . . . 's second marriage end in widowhood or in divorce?	<b>8626</b> 1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
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<b>c.</b>	In what month and year was . . . (widowed/divorced)?	<b>8628</b> <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know <b>8630</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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<b>CHECK ITEM T37</b>	Is "Widowhood" marked in item 3b?	<b>8632</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T38, page 58</i> 2 <input type="checkbox"/> No
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<b>3d.</b>	In what month and year did . . . actually stop living with . . . 's second spouse?	<b>8634</b> <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know <b>8636</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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NOTES



**Section 5 – TOPICAL MODULES (Continued)**

**Part G – MIGRATION HISTORY**

**STATEMENT G**

Now I have some questions about places where . . . has lived in the past, and where . . . was born.

<p><b>1. When did . . . move into this home/apartment/mobile home?</b></p>	<p><b>8700</b>    <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know</p> <p><b>8702</b>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year    x1 <input type="checkbox"/> Don't know</p> <p>x4 <input type="checkbox"/> Always lived here – <i>SKIP to Check Item T42, page 60</i></p>
<p><b>2. Before living here, where did . . . live?</b> <i>(Refer to Flashcard GG for State or country code.)</i></p>	<p><b>8704</b>    1 <input type="checkbox"/> Same state, same county                    2 <input type="checkbox"/> Same state, different county                    <input type="checkbox"/> Different State – <i>Specify code</i></p> <p><b>8706</b>    <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK } <i>SKIP to item 6</i>                    <input type="checkbox"/> Different country – <i>Specify code</i></p> <p><b>8708</b>    <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK</p>
<p><b>3. During what period of time did . . . live there?</b></p>	<p><b>8709</b>    x4 <input type="checkbox"/> Lived there since birth – <i>SKIP to Check Item T42, page 60</i>                    FROM</p> <p><b>8710</b>    <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know</p> <p><b>8712</b>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year    x1 <input type="checkbox"/> Don't know</p> <p>          TO</p> <p><b>8714</b>    <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know</p> <p><b>8716</b>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year    x1 <input type="checkbox"/> Don't know</p>
<p><b>4. Has . . . ever lived in another State or foreign country?</b></p>	<p><b>8718</b>    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No – <i>SKIP to item 7</i></p>
<p><b>5. What State or foreign country was that?</b> <i>(If more than one, ask for most recent.)</i> <i>(Enter code from Flashcard GG.)</i></p>	<p>Specify code</p> <p><b>8720</b>    <input type="text"/> <input type="text"/> _____</p> <p>x1 <input type="checkbox"/> Don't know</p>
<p><b>6. During what period of time did . . . live there?</b></p>	<p><b>8721</b>    x4 <input type="checkbox"/> Lived there since birth – <i>SKIP to Check Item T42, page 60</i>                    FROM</p> <p><b>8722</b>    <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know</p> <p><b>8724</b>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year    x1 <input type="checkbox"/> Don't know</p> <p>          TO</p> <p><b>8726</b>    <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> Don't know</p> <p><b>8728</b>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year    x1 <input type="checkbox"/> Don't know</p>
<p><b>7. In what State or foreign country was . . . born?</b> <i>(Enter code from Flashcard GG.)</i></p>	<p>Specify code</p> <p><b>8730</b>    <input type="text"/> <input type="text"/> _____</p>
<p><b>CHECK ITEM T41</b>    Does the code in item 7 equal a foreign country code of 62–91 or 99?</p>	<p><b>8732</b>    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No – <i>SKIP to Check Item T42, page 60</i></p>
<p><b>8. Is . . . a naturalized citizen of the United States?</b></p>	<p><b>8734</b>    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    3 <input type="checkbox"/> No, born abroad of American parent or parents – <i>SKIP to Check Item T42, page 60</i></p>
<p><b>9. When did . . . come to the United States to stay?</b></p>	<p><b>8736</b>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x5 <input type="checkbox"/> Before 1901</p>

**Section 5 – TOPICAL MODULES (Continued)**

**Part H – FERTILITY HISTORY**

<b>CHECK ITEM T42</b>	Refer to cc items 24 and 28. What is . . . 's age and sex?	<b>8750</b>	1 <input type="checkbox"/> Female – Read Statement H and then SKIP to item 2a 2 <input type="checkbox"/> Male, 18 + years old 3 <input type="checkbox"/> Male, 15–17 years old – SKIP to Check Item T53, page 62																									
<b>STATEMENT H</b> → Now I have a few questions about the number of children, if any, that have been born to . . .																												
	<b>1. How many children, IF ANY, is . . . the father of?</b> <i>(If previously married, include all children born in previous and current marriages. Do not count adopted, foster, or stepchildren.)</i>	<b>8752</b>	[ ] [ ] Number x3 <input type="checkbox"/> None x1 <input type="checkbox"/> Don't Know <span style="float:right;">} SKIP to Check Item T53, page 62</span>																									
	<b>2a. How many children, if any, has . . . ever had?</b> <i>(Do not count stillbirths, adopted, foster, or stepchildren.)</i>	<b>8754</b>	[ ] [ ] Number x3 <input type="checkbox"/> None – SKIP to Check Item T53, page 62																									
<b>CHECK ITEM T43</b>	Is . . . 65 years of age or over?	<b>8756</b>	1 <input type="checkbox"/> Yes – SKIP to Check Item T53, page 62 2 <input type="checkbox"/> No																									
	<b>2b. Are all of . . . 's children currently living in this household?</b>	<b>8758</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T45																									
<b>CHECK ITEM T44</b>	Refer to cc item 24.  Verify the birth date of . . . 's first, second, and last child (if more than one child ever born) and enter the person number of the child(ren).		<table style="width:100%; border:none;"> <tr> <td style="width:10%;"></td> <td style="width:15%;">Month</td> <td style="width:15%;">Year</td> <td style="width:15%;">Person number</td> <td rowspan="6" style="width:10%; vertical-align:middle;">} SKIP to Check Item T53, page 62</td> </tr> <tr> <td>First child</td> <td><b>8760</b> [ ] [ ]</td> <td><b>8762</b> [ ] [ ]</td> <td><b>8764</b> [ ] [ ] [ ]</td> </tr> <tr> <td>Second child</td> <td><b>8766</b> [ ] [ ]</td> <td><b>8768</b> [ ] [ ]</td> <td><b>8770</b> [ ] [ ] [ ]</td> </tr> <tr> <td>Last child</td> <td><b>8772</b> [ ] [ ]</td> <td><b>8774</b> [ ] [ ]</td> <td><b>8776</b> [ ] [ ] [ ]</td> </tr> <tr> <td></td> <td>Month</td> <td>Year</td> <td>Person number</td> </tr> <tr> <td></td> <td>[ ] [ ]</td> <td>[ ] [ ]</td> <td>[ ] [ ] [ ]</td> </tr> </table>		Month	Year	Person number	} SKIP to Check Item T53, page 62	First child	<b>8760</b> [ ] [ ]	<b>8762</b> [ ] [ ]	<b>8764</b> [ ] [ ] [ ]	Second child	<b>8766</b> [ ] [ ]	<b>8768</b> [ ] [ ]	<b>8770</b> [ ] [ ] [ ]	Last child	<b>8772</b> [ ] [ ]	<b>8774</b> [ ] [ ]	<b>8776</b> [ ] [ ] [ ]		Month	Year	Person number		[ ] [ ]	[ ] [ ]	[ ] [ ] [ ]
	Month	Year	Person number	} SKIP to Check Item T53, page 62																								
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	Month	Year	Person number																									
	[ ] [ ]	[ ] [ ]	[ ] [ ] [ ]																									
<b>CHECK ITEM T45</b>	Refer to item 2a. How many children has . . . ever had?	<b>8778</b>	1 <input type="checkbox"/> One child – SKIP to item 5a 2 <input type="checkbox"/> 2 + children																									
	<b>3a. When was . . . 's last child born?</b>	<b>8780</b>	[ ] [ ] Month      x1 <input type="checkbox"/> Don't know																									
		<b>8782</b>	1 9 [ ] [ ] Year      x1 <input type="checkbox"/> Don't know																									
<b>CHECK ITEM T46</b>	Refer to item 3a. Was . . . 's last child born on or after January 1, 1960?	<b>8784</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T48																									
	<b>ASK OR VERIFY –</b> <b>3b. With whom does the child live now?</b>	<b>8786</b>	1 <input type="checkbox"/> <b>Resides in this household</b> – Go to Check Item T47 <b>Resides elsewhere</b> 2 <input type="checkbox"/> In his/her own household <b>With relatives</b> 3 <input type="checkbox"/> With own father 4 <input type="checkbox"/> With own grandparent(s) 5 <input type="checkbox"/> With adoptive parents 6 <input type="checkbox"/> With other relatives <b>With nonrelatives</b> 7 <input type="checkbox"/> In foster care/foster family 8 <input type="checkbox"/> In an institution (hospital) 9 <input type="checkbox"/> In school 10 <input type="checkbox"/> In correctional facility 11 <input type="checkbox"/> Other 12 <input type="checkbox"/> Deceased 13 <input type="checkbox"/> DK <span style="float:right;">} SKIP to Check Item T48</span>																									
<b>CHECK ITEM T47</b>	Write the person number of the last child.	<b>8788</b>	[ ] [ ] [ ] Person number of last child																									
<b>CHECK ITEM T48</b>	Refer to item 2a. How many children has . . . ever had?	<b>8790</b>	1 <input type="checkbox"/> 2 – SKIP to item 5a 2 <input type="checkbox"/> 3 +																									
	<b>4a. When was . . . 's second child born?</b>	<b>8792</b>	[ ] [ ] Month      x1 <input type="checkbox"/> Don't know																									
		<b>8794</b>	1 9 [ ] [ ] Year      x1 <input type="checkbox"/> Don't know																									

**Section 5 – TOPICAL MODULES (Continued)**

**Part H – FERTILITY HISTORY (Continued)**

<b>CHECK ITEM T49</b>	Refer to item 4a. Was ...'s second child born on or after January 1, 1960?	<b>8796</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 5a
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<b>ASK OR VERIFY –</b> <b>4b. With whom does the child live now?</b>		<b>8798</b>	1 <input type="checkbox"/> <b>Resides in this household</b> – Go to Check Item T50 <b>Resides elsewhere</b> 2 <input type="checkbox"/> In his/her own household <b>With relatives</b> 3 <input type="checkbox"/> With own father 4 <input type="checkbox"/> With own grandparent(s) 5 <input type="checkbox"/> With adoptive parents 6 <input type="checkbox"/> With other relatives <b>With nonrelatives</b> 7 <input type="checkbox"/> In foster care/foster family 8 <input type="checkbox"/> In an institution (hospital) 9 <input type="checkbox"/> In school 10 <input type="checkbox"/> In correctional facility 11 <input type="checkbox"/> Other 12 <input type="checkbox"/> Deceased 13 <input type="checkbox"/> DK
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SKIP to item 5a

<b>CHECK ITEM T50</b>	Write the person number of the second child.	<b>8800</b>	[ ] [ ] [ ] Person number of second child
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<b>5a. When was ...'s (first) child born?</b>		<b>8802</b>	[ ] [ ] Month      x1 <input type="checkbox"/> Don't know <b>8804</b> 1 9 [ ] [ ] Year      x1 <input type="checkbox"/> Don't know
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<b>CHECK ITEM T51</b>	Refer to item 5a. Was ...'s (first) child born on or after January 1, 1960?	<b>8806</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T53, page 62
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<b>ASK OR VERIFY –</b> <b>5b. With whom does the child live now?</b>		<b>8808</b>	1 <input type="checkbox"/> <b>Resides in this household</b> – Go to Check Item T52 <b>Resides elsewhere</b> 2 <input type="checkbox"/> In his/her own household <b>With relatives</b> 3 <input type="checkbox"/> With own father 4 <input type="checkbox"/> With own grandparent(s) 5 <input type="checkbox"/> With adoptive parents 6 <input type="checkbox"/> With other relatives <b>With nonrelatives</b> 7 <input type="checkbox"/> In foster care/foster family 8 <input type="checkbox"/> In an institution (hospital) 9 <input type="checkbox"/> In school 10 <input type="checkbox"/> In correctional facility 11 <input type="checkbox"/> Other 12 <input type="checkbox"/> Deceased 13 <input type="checkbox"/> DK
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SKIP to Check Item T53, page 62

<b>CHECK ITEM T52</b>	Write the person number of the (first) child.	<b>8810</b>	[ ] [ ] [ ] Person number of first child
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NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part I – HOUSEHOLD RELATIONSHIPS**

**CHECK ITEM T53**

What is the composition of this household?

9266

- 1  One person HH . . . . .
- 2  Two person HH consisting of husband and wife
- 3  Two person HH consisting of non-relatives
- 4  Other

} *SKIP to Check Item C1, page 67*

**CHECK ITEM T54**

Is this the Reference Person's questionnaire?

9268

- 1  Yes
- 2  No – *SKIP to Check Item C1, page 67*

*Pretranscribe each person's name and person number into column headings a – n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.*

**AT TIME OF INTERVIEW**

*Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in Roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) Roster space and column.*

**STATEMENT 1**

**Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate.**

*For each person number listed on the left side of this page, ask question 1 and enter codes from Flashcard HH.*

ASK OR VERIFY –		Name	Name	Name	Name	Name	Name
<b>1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a – n)?</b>		9272	9274	9276	9278	9280	9282
	<b>ROSTER</b>	a. Person No.	b. Person No.	c. Person No.	d. Person No.	e. Person No.	f. Person No.
9300	Name						
	Person No.						
9330	Name	9332					
	Person No.						
9360	Name	9362	9364				
	Person No.						
9390	Name	9392	9394	9396			
	Person No.						
9420	Name	9422	9424	9426	9428		
	Person No.						
9450	Name	9452	9454	9456	9458	9460	
	Person No.						
9480	Name	9482	9484	9486	9488	9490	9492
	Person No.						
9510	Name	9512	9514	9516	9518	9520	9522
	Person No.						
9540	Name	9542	9544	9546	9548	9550	9552
	Person No.						
9570	Name	9572	9574	9576	9578	9580	9582
	Person No.						
9600	Name	9602	9604	9606	9608	9610	9612
	Person No.						
9630	Name	9632	9634	9636	9638	9640	9642
	Person No.						
9660	Name	9662	9664	9666	9668	9670	9672
	Person No.						
9690	Name	9692	9694	9696	9698	9700	9702
	Person No.						

**GO to Check Item C1, page 67**

