

Section 5 – TOPICAL MODULES

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS

CHECK ITEM T1	Refer to cc item 27. Is . . . the designated parent or guardian of children under 15 years of age who live in this household?	8000	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6, page 48												
CHECK ITEM T2	Is "Worked" marked on the ISS for . . . ?	8002	1 <input type="checkbox"/> Yes – SKIP to Check Item T4 2 <input type="checkbox"/> No												
CHECK ITEM T3	Refer to section 1, item 30a, page 12. Was . . . enrolled in school during the reference period?	8003	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6, page 48												
CHECK ITEM T4	Refer to cc items 18, 19a, and 24. Enter person numbers, names, and ages of children under 15, who are household members, beginning with the youngest. Ask 1a–1f for youngest child and then repeat for second and third youngest child.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">YOUNGEST</th> <th style="width: 33%;">SECOND YOUNGEST</th> <th style="width: 33%;">THIRD YOUNGEST</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> 8004 Person No. <input style="width: 20px; height: 15px;" type="text"/> </td> <td style="text-align: center;"> 8006 Person No. <input style="width: 20px; height: 15px;" type="text"/> </td> <td style="text-align: center;"> 8008 Person No. <input style="width: 20px; height: 15px;" type="text"/> </td> </tr> <tr> <td style="text-align: center;">Name _____</td> <td style="text-align: center;">Name _____</td> <td style="text-align: center;">Name _____</td> </tr> <tr> <td style="text-align: center;">Age _____</td> <td style="text-align: center;">Age _____</td> <td style="text-align: center;">Age _____</td> </tr> </tbody> </table>	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST	8004 Person No. <input style="width: 20px; height: 15px;" type="text"/>	8006 Person No. <input style="width: 20px; height: 15px;" type="text"/>	8008 Person No. <input style="width: 20px; height: 15px;" type="text"/>	Name _____	Name _____	Name _____	Age _____	Age _____	Age _____	
YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST													
8004 Person No. <input style="width: 20px; height: 15px;" type="text"/>	8006 Person No. <input style="width: 20px; height: 15px;" type="text"/>	8008 Person No. <input style="width: 20px; height: 15px;" type="text"/>													
Name _____	Name _____	Name _____													
Age _____	Age _____	Age _____													
1a. Now we have a few questions about how the children are cared for while . . . works (is in school). During (Last month) what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that . . . worked (was enrolled in school)? Mark the arrangement in which the child spent the most hours in a typical week. Mark (X) only one box.	8010 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48 14 <input type="checkbox"/> . . . did not work (not enrolled in school) last month } SKIP to Check Item T6, page 48	8012 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48	8014 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48												
	b. Where was (Name of child) usually cared for under this arrangement?	8016 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – Specify ↓ _____	8018 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – Specify ↓ _____	8020 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – Specify ↓ _____											
	c. Was (Name of child) usually cared for this way during all of the hours that . . . worked (was in school)?	8022 1 <input type="checkbox"/> Yes – SKIP to next child or Check Item T5 2 <input type="checkbox"/> No	8024 1 <input type="checkbox"/> Yes – SKIP to next child or Check Item T5 2 <input type="checkbox"/> No	8026 1 <input type="checkbox"/> Yes – SKIP to next child or Check Item T5 2 <input type="checkbox"/> No											

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
1d. About how many hours per week was (Name of child) usually cared for under this arrangement while . . . was at work (in school)?	8028 <input type="text"/> <input type="text"/> Hours	8030 <input type="text"/> <input type="text"/> Hours	8032 <input type="text"/> <input type="text"/> Hours
e. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that . . . worked (was in school)? <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i> <i>Mark (X) only one box.</i>	8034 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) <div style="text-align: right; margin-top: 10px;"> <i>SKIP to next child or Check Item T5</i> </div>	8036 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) <div style="text-align: right; margin-top: 10px;"> <i>SKIP to next child or Check Item T5</i> </div>	8038 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) <div style="text-align: right; margin-top: 10px;"> <i>SKIP to Check Item T5</i> </div>
f. Where was (Name of child) usually cared for under this other arrangement?	8040 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – <i>Specify</i> _____	8042 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – <i>Specify</i> _____	8044 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – <i>Specify</i> _____
CHECK ITEM T5	8046 Are any of the children cared for by a "Grandparent," "Other relative of child," "Nonrelative of child," "Day/Group care center," or "Nursery or preschool"? (Codes 4, 5, 6, 7, or 8 marked in 1a or 1e) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T6, page 48</i>		
2a. Did . . . (or . . . 's family) usually pay (cash) for any of the child care that . . . 's children received? <i>Include cost of preschool and nursery school; exclude cost of kindergarten, elementary or secondary school.</i>	8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2c</i>		
b. In a typical week, how much did . . . (or . . . 's family) pay for child care (for all children receiving child care)?	8050 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK		
c. (Besides any cash payment) Did . . . pay for any child care through a noncash arrangement such as providing room and board or exchanging child care services?	8052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		
3. During the month of (last month) did . . . (or . . . 's spouse) lose any time from work (school) because the person who usually took care of the child (children) was not available?	8054 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

CHECK ITEM T6	Is . . . the female parent of children under 21 years of age who live in this household?	8056	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to part B, page 50</i>
CHECK ITEM T7	Is "Child Support Payments" (code 28) marked on the ISS?	8058	<input type="checkbox"/> Yes – <i>SKIP to 6a</i> <input type="checkbox"/> No
CHECK ITEM T8	<i>Refer to cc item 26a.</i> What is . . . 's marital status?	8060	<input type="checkbox"/> Married, spouse present <input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Widowed – <i>SKIP to part B, page 50</i> <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married <div style="float: right; margin-left: 20px;">} <i>SKIP to 5</i></div>
<i>ASK OR VERIFY –</i>		8062	
	4a. Has . . . ever been divorced?		<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to part B, page 50</i>
	b. Does . . . have any children living here from a marriage that ended in divorce?	8064	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to part B, page 50</i>
	5. These next few questions concern child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?	8066	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 7a</i>
	6a. Was . . . 's (most recent) child support agreement a voluntary written agreement, a court-ordered agreement, or something else?	8068	<input type="checkbox"/> Voluntary written agreement <input type="checkbox"/> Court-ordered agreement <input type="checkbox"/> Other – <i>Specify</i>
	b. How were the payments to be received? Were they – (<i>Read categories</i>)?	8070	<input type="checkbox"/> Directly from the father? <input type="checkbox"/> Through a court? <input type="checkbox"/> Through the welfare agency? <input type="checkbox"/> Some other method?
	c. Which children living here were covered by that agreement?	8072	<input type="checkbox"/> None <input type="checkbox"/> All OR Person No. Name <div style="margin-left: 20px;"> 8074 <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="margin-left: 20px;"> 8076 <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="margin-left: 20px;"> 8078 <input type="text"/> <input type="text"/> <input type="text"/> </div>
	d. Did the agreement specify joint custody of the children?	8080	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Does . . . know the current address of the father?	8082	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Father deceased – <i>SKIP to 6j</i>
	f. Does the father now live in this state?	8084	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 6h</i> <input type="checkbox"/> Don't know
	g. Does the father now live in this city or county?	8086	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<i>ASK OR VERIFY –</i>		8088	
	h. Is . . . still supposed to receive child support payments?		<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 7a</i>
	i. How regularly are the child support payments received – would you say regularly, occasionally, seldom, or never?	8090	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

6j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months?

8092 \$. 00
 OR
 x1 DK

k. What is the total amount that . . . actually received in child support payments during the past 12 months?

8094 \$. 00
 OR
 x3 None
 OR
 x1 DK

7a. Has . . . ever contacted a child support enforcement office for aid in obtaining child support?

8096 1 Yes
 2 No – *SKIP to part B, page 50*

b. Did . . . receive any help from that office?

8098 1 Yes
 2 No – *SKIP to part B, page 50*

c. What type of help did the office provide?

Mark (X) all that apply.

- 8100** 1 Locate the father
- 8102** 2 Establish paternity
- 8104** 3 Establish support obligation
- 8106** 4 Enforce support order
- 8108** 5 Obtain collection
- 8110** 6 Other – *Specify* ↓

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – SUPPORT FOR NONHOUSEHOLD MEMBERS

<p>1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . . 's household?</p> <p><i>(Include alimony or child support; do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member.)</i></p>	<p align="center">8200</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T10</i></p>
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<p>2. Did . . . make regular payments, lump-sum payments, or both?</p>	<p align="center">8202</p> <p>1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both</p>
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<p>3a. Were any of these payments for the support of . . . 's child or children under 21 years of age?</p>	<p align="center">8204</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 4b</i></p>
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<p>b. For how many children did . . . make support payments?</p>	<p align="center">8206</p> <p><input type="text"/> <input type="text"/> Children x1 <input type="checkbox"/> DK</p>
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<p>c. How much did . . . pay in child support during the past 12 months?</p>	<p align="center">8208</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>
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<p>4a. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?</p>	<p align="center">8210</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T10</i></p>
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<p>b. For how many (other) persons did . . . make support payments?</p>	<p align="center">8212</p> <p><input type="text"/> <input type="text"/> Persons x1 <input type="checkbox"/> DK</p>
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<p><i>ASK 4c–4e FOR THE FIRST TWO PERSONS MENTIONED</i></p>									
<p>c. How is this person related to . . .</p> <p><i>Mark (X) only one box.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:50%; text-align: center;">FIRST PERSON</th> <th style="width:50%;"></th> <th style="width:50%; text-align: center;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td>8214</td> <td>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative</td> <td>8216</td> <td>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative</td> </tr> </tbody> </table>		FIRST PERSON		SECOND PERSON	8214	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative	8216	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative
	FIRST PERSON		SECOND PERSON						
8214	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative	8216	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative						

<p>d. Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p align="center">8218</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p> </td> <td style="width:50%; vertical-align: top;"> <p align="center">8220</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p> </td> </tr> </table>	<p align="center">8218</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>	<p align="center">8220</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>
<p align="center">8218</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>	<p align="center">8220</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>		

<p>6. How much did . . . pay for the support of this person during the past 12 months?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p align="center">8222</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p> </td> <td style="width:50%; vertical-align: top;"> <p align="center">8224</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p> </td> </tr> </table>	<p align="center">8222</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>	<p align="center">8224</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>
<p align="center">8222</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>	<p align="center">8224</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>		

<p>CHECK ITEM T9 Is the entry in 4b "03" or more?</p>	<p align="center">8226</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T10</i></p>
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<p>5. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?</p>	<p align="center">8228</p> <p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
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<p>CHECK ITEM T10 Refer to section 1, item 27g, page 10. Did . . . have a family plan health insurance policy?</p>	<p align="center">8230</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part C, page 52</i></p>
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Section 5 – TOPICAL MODULES (Continued)

Part B – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

6a. We recorded earlier that . . . had a family plan health insurance policy. Did that policy cover anybody who did not live in . . .'s household?

8232

- 1 Yes
2 No – *SKIP to part C, page 52*

b. How many persons outside of . . .'s household were covered by . . .'s policy?

8234

Number
x1 DK

c. How were these persons related to . . . ?

Mark (X) all that apply.

8236

1 Children

8238

2 Spouse

8240

3 Other

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – SHELTER COSTS/ENERGY USAGE

CHECK ITEM T12	Is this the reference person's questionnaire?	8400	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 55</i>
STATEMENT C → These next few questions are about shelter costs and energy usage.			
CHECK ITEM T13	Refer to cc item 15. What is the tenure of these living quarters?	8402	1 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> Rented for cash – <i>SKIP to 3</i> 3 <input type="checkbox"/> Occupied without cash payment – <i>SKIP to 4a</i>
1a.	Is there a mortgage or other home equity loan on this home?	8404	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2</i>
b.	What are the (total) required payments per month on the (mortgages/loans)? <i>(If payment is not made on a monthly basis, calculate monthly average.)</i>	8406	\$ <input type="text"/> . <input type="text"/> 00
c.	Do the required payments include –		Yes No Don't know
	(1) Real estate taxes?	8408	1 <input type="checkbox"/> 2 <input type="checkbox"/> x1 <input type="checkbox"/>
	(2) Fire hazard insurance?	8410	1 <input type="checkbox"/> 2 <input type="checkbox"/> x1 <input type="checkbox"/>
2.	What is the yearly cost for –		
	(1) Real estate taxes?	8412	\$ <input type="text"/> . <input type="text"/> 00 OR x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DK
	(2) Fire hazard insurance?	8414	\$ <input type="text"/> . <input type="text"/> 00 OR x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DK
	(3) Water supply and sewage disposal?	8416	\$ <input type="text"/> . <input type="text"/> 00 OR x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DP
3.	What is the monthly rent for this house (apartment)? <i>(If payment is not made on a monthly basis, calculate monthly average.)</i>	8418	\$ <input type="text"/> . <input type="text"/> 00
4a.	(In addition to rent) does . . . pay for electricity?	8420	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No
		8422	\$ <input type="text"/> . <input type="text"/> 00 OR x1 <input type="checkbox"/> DK
5a.	(In addition to rent) does . . . pay for gas?	8424	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No
		8426	\$ <input type="text"/> . <input type="text"/> 00 OR x1 <input type="checkbox"/> DK
6a.	(In addition to rent) does . . . pay for oil, coal, kerosene, wood, or any other fuel?	8428	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No
		8430	\$ <input type="text"/> . <input type="text"/> 00 OR x1 <input type="checkbox"/> DK
7a.	Altogether, how many rooms are there in this house (apartment)? <i>(Count bedrooms, living rooms, dining rooms, kitchens, and family rooms. Do not count bathrooms, porches, balconies, foyers, halls, or halfrooms.)</i>	8432	<input type="text"/> <input type="text"/> Number of rooms x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
b.	What is the main fuel used for HEATING this home? <i>Mark (X) the ONE used most.</i>	8434	1 <input type="checkbox"/> Gas from underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled, tank, or LP gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or coal oil 5 <input type="checkbox"/> Electricity 6 <input type="checkbox"/> Coal or coke 7 <input type="checkbox"/> Wood 8 <input type="checkbox"/> Solar heat 9 <input type="checkbox"/> Other fuel 10 <input type="checkbox"/> No fuel used x1 <input type="checkbox"/> DK
c.	Does . . . have air-conditioning equipment, either a central system or individual window or wall units?	8436	1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>Go to Check Item C1, page 55</i>